

# Notice of Meeting and Agenda

## Edinburgh Integration Joint Board

9.30am Friday 28 September 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

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

## 2. Declaration of Interests

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- 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

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- 3.1 If any

## 4. Minutes and Updates

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- 4.1 Minute of the Edinburgh Integration Joint Board of 15 June 2018 (circulated) submitted for approval as a correct record
- 4.2 Minute of the Edinburgh Integration Joint Board of 10 August 2018 (circulated) submitted for approval as a correct record
- 4.3 Sub-Group Minutes
  - 4.3.1 Audit and Risk Committee – Minute of 23 July 2018 (circulated) – submitted for noting
  - 4.3.2 Strategic Planning Group – Minute of 22 June 2018 (circulated) – submitted for noting
  - 4.3.3 Strategic Planning Group – Minute of 20 July 2018 (circulated) – submitted for noting

## 5. Reports

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- 5.1. Rolling Actions Log – September (circulated)
- 5.2. Internal Audit Annual Opinion – report by the IJB Chief Officer (circulated)
- 5.3. Edinburgh Integration Joint Board Accounts 2017/18 – report by the IJB Chief Officer (circulated)
- 5.4. 2018/19 Financial Position – report by the IJB Chief Officer (circulated)
- 5.5. Evaluation of 2017/18 Winter Plan and Winter Plan 2018/19 – report by the IJB Chief Officer (circulated)

- 5.6. British Sign Language (BSL) Plan 2018-2024 – report by the IJB Chief Officer (circulated)
- 5.7. John’s Campaign – report by the IJB Chief Officer (circulated)
- 5.8. Chief Social Work Officer Annual Report 2017/18 – report by the IJB Chief Officer (circulated)
- 5.9. Edinburgh IJB Annual Performance Report 2017-2018– report by the IJB Chief Officer (circulated)
- 5.10. Public Bodies Climate Change Duties – report by the IJB Chief Officer (circulated)
- 5.11. Cramond Surgery Upgrade – report by the IJB Chief Officer (circulated)
- 5.12. Appointments to Committees and Sub-Committees – report by the IJB Chief Officer (circulated)

## 6. Motions

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- 6.1. None.

## Board Members

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### **Voting**

Councillor Ricky Henderson (Chair), Carolyn Hirst (Vice-Chair), Councillor Robert Aldridge, Michael Ash, Councillor Ian Campbell, Martin Hill, Councillor Melanie Main, Angus McCann, Councillor Susan Webber and Richard Williams.

### **Non-Voting**

Colin Beck, Carl Bickler, Sandra Blake, Andrew Coull, Lynne Douglas, Christine Farquhar, Helen FitzGerald, Kirsten Hey, Jackie Irvine, Carole Macartney, Ian McKay, Moira Pringle, Judith Proctor, Alison Robertson, Ella Simpson and Pat Wynne.



# Item 4.1 - Minutes

## Edinburgh Integration Joint Board

**9:30 am, Friday 15 June 2018**

Dean of Guild Court Room, City Chambers, Edinburgh

**Present:**

**Board Members:**

Councillor Ricky Henderson (Chair), Carolyn Hirst (Vice Chair), Colin Beck, Carl Bickler, Sandra Blake, Councillor Ian Campbell, Andrew Coull, Lynne Douglas, Christine Farquhar, Helen Fitzgerald, Martin Hill, Alex Joyce, Councillor Melanie Main, Ian McKay, Angus McCann, Moira Pringle, Judith Proctor, Ella Simpson and Councillor Susan Webber.

**Officers:** Colin Briggs, Jamie Macrae, Nickola Paul and David White.

**Apologies:** Councillor Robert Aldridge, Michael Ash, Alistair Gaw and Pat Wynne.

## 1. Minutes

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### Decision

To approve the minute of the Edinburgh Integration Joint Board of 18 May 2018 as a correct record.

## 2. Sub-Group Minutes

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Updates were given on Sub-Group and Committee activity.

### Decision

- 1) To note the minute of the meeting of the Audit and Risk Committee of 1 June 2018.
- 2) To note the minute of the meeting of the Professional Advisory Group of 8 May 2018.
- 3) To note the minute of the meeting of the Strategic Planning Group of 11 May 2018.

## 4. Rolling Actions Log

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The Rolling Actions Log for 15 June 2018 was presented.

### Decision

- 1) To agree to close the following actions:
  - (a) Action 3 – Primary Care Population and Premises
  - (b) Action 6 – Add IJB Risk Register to Rolling Actions Log
  - (c) Action 9 (decision 2) – Joint Board Membership and Appointments to Committee and Sub-Groups
  - (d) Action 13 – Financial Performance and Outlook
  - (e) Action 15 – Integration Joint Board Risk Register
  - (f) Action 21 – Royal Edinburgh Campus and St Stephen’s Court
  - (g) Action 24 – Motion by Councillor Webber – NHS Attend Anywhere
- 2) To add an action to request that the new draft licensing policy be circulated to IJB members when published in the summer; a report be brought to the next meeting for discussion and comment; and the Chair to ask the Edinburgh Partnership to submit a joint response.
- 3) To otherwise note the remaining outstanding actions.  
(Reference – Rolling Actions Log 15 June 2018, submitted.)

## 5. IJB Risk Register

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An update was provided on the Joint Board Risk Register and the proposed framework to manage, mitigate and identify risk.

### Decision

- 1) To note the IJB risk register and how the identified risks had changed since last assessed.
- 2) To agree whether the management actions identified against the current risks provided suitable assurance that these risks were being appropriately managed.
- 3) To note the continued development of mitigating controls for IJB identified risks.
- 4) To agree that the Chief Officer would circulate a briefing note to members on finance structures across the City of Edinburgh Council and NHS Lothian, and the interface between the respective groups.

- 5) To agree that the Risk Register would be submitted to the Joint Board every six months.

(References – Edinburgh Integration Joint Board 2 March 2018 (item 12); report by the IJB Chief Officer, submitted.)

## 6. Publication of Annual Performance Report

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The Public Bodies (Joint Working) (Scotland) Act required integration authorities to publish an annual performance report for the period April to March, by the 31<sup>st</sup> July in the year in which the performance period ends. An update was provided on progress in producing the report and approval was sought for the proposed process for the report being signed off prior to publication.

### Decision

- 1) To note the proposed approach to the structure of the annual performance report for 2017/18 and the progress made in developing the report.
- 2) To agree the proposed approach to ensure that the annual performance report was approved and published by 31st July 2018 as set out in paragraph 9 of the report.
- 3) To agree that a future development session or workshop would consider what measurements to include in future versions of the report, and how these would be linked with Directions.

(References – Edinburgh Integration Joint Board 14 July 2017 (item 9); report by the IJB Chief Officer, submitted.)

## 7. Attend Anywhere Service

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Following a motion approved by the Joint Board on 18 May 2018, details were provided of the feasibility of introducing the 'Attend Anywhere' infrastructure within primary care services, quantifying the risks of adoption and non-adoption, and the costs and benefits associated with implementation, in collaboration with NHS Lothian, to support IJB services and priorities including the transformation of primary care services.

### Decision

- 1) To note the current position with the Attend Anywhere platform and the provision of an approved alternative endorsed by NHS Lothian.
- 2) To approve work to support the use of technological solutions within Primary Care was taken forward as a strand of work under the implementation of the Primary Care Improvement Plan once approved by the IJB.

(References – Edinburgh Integration Joint Board, 18 May 2018 (item 19); report by the IJB Chief Officer, submitted.)

## 8. Edinburgh Primary Care Improvement Plan

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The draft Edinburgh Primary Care Improvement Plan (PCIP) was presented, outlining plans to implement the new Scottish General Medical Services contract proposals, prior to submission to the Scottish Government by 1 July 2018.

### Decision

- 1) To approve the proposed submission version of the plan (Appendix 1 of the report).
- 2) To note the next steps action plan (Appendix 2 of the report)
- 3) To note the process required to reach final agreement of the plan (Appendix 4 of the report).
- 4) To note that the plan built on the work carried out by the Edinburgh Health and Social Care Partnership over the previous 5 years and linked to the Primary Care Strategic Commissioning Plan which would be taken forward under the auspices of the Primary Care Reference Board.
- 5) To note the approval of the IJB Strategic Planning Group (11.05.18) and the GP Sub-Committee (anticipated as at 11.06.18) and the support of the pan-Lothian GMS Implementation Group.
- 6) To agree that a verbal update on plans for implementation would be given at the next meeting.

### Declaration of Interest

Carl Bickler and Ian McKay declared non-financial interests in the above item as GPs.

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

## 9. Edinburgh Integration Joint Board Unaudited Annual Accounts 2017/18

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The unaudited 2017/18 annual accounts for the Joint Board were presented for consideration, prior to submission to the external auditors and final sign-off by the Joint Board in September 2018.

### Decision

To note the draft financial statements submitted and the proposed timescale for completion.

(References – report by the IJB Chief Officer, submitted)

## **10. Appointments to Committees and Sub-Committees**

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In terms of paragraph 7.4 of the Joint Board's Standing Orders, an additional item of business was considered on grounds of urgency. Approval was sought to appoint a Chair to the IJB Audit and Risk Committee.

### **Decision**

To approve the appointment of Councillor Susan Webber as Chair of the IJB Audit and Risk Committee

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





# Item 4.2 - Minutes

## Edinburgh Integration Joint Board

**9:30 am, Friday 10 August 2018**

Dean of Guild Court Room, City Chambers, Edinburgh

**Present:**

**Board Members:**

Councillor Ricky Henderson (Chair), Carolyn Hirst (Vice Chair), Councillor Robert Aldridge, Michael Ash, Colin Beck, Carl Bickler, Sandra Blake, Councillor Ian Campbell, Andrew Coull, Lynne Douglas, Christine Farquhar, Helen Fitzgerald, Martin Hill, Jackie Irvine, Carole Macartney, Councillor Melanie Main, Angus McCann, Moira Pringle, Judith Proctor, Ella Simpson, Councillor Susan Webber and Pat Wynne.

**Officers:** Colin Briggs, Jamie Macrae and Nickola Paul.

**Apologies:** Kirsten Hey and Ian McKay.

### 1. Alex Joyce

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#### Decision

To record the Joint Board's thanks to Alex Joyce, who had stepped down from his role on the Edinburgh Integration Joint Board.

### 2. Appointments to Committees and Sub-Committees

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An update was provided on the Joint Board Risk Register and the proposed framework to manage, mitigate and identify risk.

#### Decision

- 1) To approve the appointment of Carole Macartney and Alison Robertson as Service User representatives on the Integration Joint Board.
- 2) To approve the appointment of Carole Macartney and Alison Robertson as Service User representatives on the Strategic Planning Group.

- 3) To approve the appointment of Councillor Ian Campbell to the Strategic Planning Group, in his capacity as the City of Edinburgh Council representative on the NHS Lothian Board.
- 4) To approve the appointment of Dr Richard Williams as a voting member of the Joint Board, replacing Alex Joyce.
- 5) To note the appointment of the new Chief Social Work Officer to the Integration Joint Board and Strategic Planning Group.
- 6) To note the appointment of Nigel Henderson (replacing Graeme Henderson) as a member of the Strategic Planning Group.
- 7) To note that there was still a vacancy for an NHS Lothian voting member on the IJB Audit and Risk Committee.

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

### **3. Proposals for the Health and Social Care Grants Review Programme 2019**

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The proposed prospectus for the Health and Social Care Grants Programme 2019/20 to 2021/22 was presented. The prospectus aimed to provide comprehensive information on how the new application and assessment process would operate. The prospectus and engagement process was discussed in detail, with some suggestions for minor amendments to the text agreed.

#### **Decision**

- 1) To agree the prospectus for the Health and Social Care Grant Programme 2019/20 to 2021/22, subject to the changes agreed.
- 2) To issue a direction to the City of Edinburgh Council to run a grants programme in accordance with this prospectus.

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



# Minutes

## Audit and Risk Committee

**10.00am, Monday 23 July 2018**

Mandela Room, City Chambers, Edinburgh

**Present:**

Councillor Susan Webber (Chair), Mike Ash and Alex Joyce.

**Officers:** Laura Calder (Internal Audit), Jamie Macrae (Committee Services, CEC), Lesley Newdall (Chief Internal Auditor), Moira Pringle (Chief Finance Officer), Grace Scanlin (Scott-Moncrieff).

**Apologies:** Councillor Robert Aldridge, Ella Simpson.

### 1. Minutes

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**Decision**

To approve the minute of 1 June 2018 as a correct record.

### 2. Outstanding Actions

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**Decision**

- 1) To agree to close Actions 2 and 3.
- 2) To otherwise note the outstanding actions.

(Reference – Outstanding Actions, submitted.)

### 3. Work Programme

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#### **Decision**

To note the Work Programme and upcoming reports.

(Reference – Audit and Risk Committee Work Programme, submitted.)

### 4. Internal Audit Annual Opinion 2017/18

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The annual Internal Audit Opinion for the Edinburgh Integration Joint Board (EIJB) for the year ended 31 March 2018 was presented. The opinion was based on the outcomes of three audits included in the EIJB 2017/18 Internal Audit annual plan; the outcomes of relevant Partnership reports referred to the EIJB by the City of Edinburgh Council Governance, Risk, and Best Value Committee and the NHS Lothian Audit Committee; and the status of open Internal Audit findings.

#### **Decision**

- 1) To note the final 'significant enhancements' red rated Internal Audit opinion for the year ended 31 March 2018.
- 2) To agree that the Internal Audit reports supporting the Internal Audit Annual Opinion 2017/18 would be resubmitted to the Committee in September 2018 to allow scrutiny of the individual reports which formed the Audit Opinion.
- 3) To agree that the Health and Social Care Partnership Purchasing Budget Management report and the Review of Social Care Commissioning report would be referred to the Governance, Risk and Best Value Committee for scrutiny.

(Reference – report by the Chief Internal Auditor, submitted.)

### 5. Draft Internal Audit Charter 2018/19

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The revised draft Internal Audit (IA) Charter for 2018/19 was presented for approval on behalf of the EIJB. The Charter was essentially the Terms of Reference between the EIJB and IA. There were two key changes – the Charter now included the opportunity to review the annual governance statement and to do “findings only” work, meaning that findings could be raised immediately if identified. The Charter was now better aligned with the City of Edinburgh Council Charter.

#### **Decision**

To approve the refreshed 2018/19 Internal Audit Charter.

(Reference – report by the Chief Internal Auditor, submitted.)

## 6. Proposed EIJB Internal Audit Plan for 2018/19

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The draft EIJB Internal Audit Plan and supporting risk assessment for the period 1 April 2018 to 31 March 2019 was presented for approval. The Plan included four reviews in order to provide the appropriate level of assurance on the control frameworks designed to manage the EIJB's most significant risks, and to ensure that the Plan could be delivered by Internal Audit resources currently available from the EIJB's two partners, the City of Edinburgh Council and NHS Lothian.

### **Decision**

To approve the draft 2018/19 Internal Audit plan and supporting risk assessment.

(Reference – report by the Chief Internal Auditor, submitted.)

## 7. City of Edinburgh Council and NHS Lothian 2018/19 Internal Audit Plans

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The City of Edinburgh Council and NHS Lothian 2018/19 Internal Audit Plans were presented. A new protocol was proposed which would enable committee to decide which audits would be referred for scrutiny.

### **Decision**

- 1) To agree in principle to a new protocol whereby committee, rather than the Chief Internal Auditor, would decide which audits would be referred to committee for scrutiny.
- 2) That members would review the Council and NHS Lothian Internal Audit plans to determine which audit reports the Committee would like to have referred from the GRBV and NHS Lothian Audit and Risk Committees once completed.

(Reference – report by the Chief Internal Auditor, submitted.)

## 8. Urgent Business

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### **Decision**

- 1) That the Chief Internal Auditor would arrange audit training for members of the committee.
- 2) To note that the Vice Convener of the Governance, Risk and Best Value Committee had offered support to the EIJB to develop its role in audit and scrutiny.
- 3) That the Chair would ask the Chair of the EIJB whether the Annual Opinion report should be presented to the Joint Board in August 2018.

## 9. Date of next meeting

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### **Decision**

To agree that the next meeting would be held at 9:30am on Friday 7 September 2018.



# Minutes

## Edinburgh Integration Joint Board Strategic Planning Group

**10.00am Friday 22 June 2018**  
City Chambers, High Street, Edinburgh

### **Present:**

**Members:** Carolyn Hirst (Chair), Councillor Ricky Henderson (Vice Chair), Colin Beck, Sandra Blake, Colin Briggs, Eleanor Cunningham, Wendy Dale, Christine Farquhar, Dermot Gorman, Belinda Hacking, Stephanie-Anne Harris, Fanchea Kelly, Nickola Paul, Moira Pringle, Rene Rigby and Ella Simpson.

**Apologies:** Graeme Henderson, Judith Proctor and Michele Mulvaney; Councillor Ian Campbell.

**In Attendance:** Gillian Donohoe, (CEC Housing), Katie McWilliams and David White; Steven Rankin (Care Inspectorate and Health Improvement)

## 1. Minute

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### **Decision**

To approve the minute of the Edinburgh Integration Joint Board Strategic Planning Group of 11 May 2018 as a correct record.

## 2. Rolling Actions Log

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### Decision

- 1) To agree to close Action 1 – Transforming Services for People with Disabilities.
- 2) To agree to close Action 5 – Review of Vision & Priorities from the Strategic Plan 2016-19.
- 3) To update the rolling actions log and note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted.)

## 3. Recommendations from the Joint Inspection for Older People

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Updates were provided on progress on the three recommendations from the Joint Inspection of Services for Older People for which this Group had oversight.

The short life working group considering the issue had made recommendations in regard to resources and it was proposed to appoint an Engagement and Participation Manager on an initial two year contract.

Members were assured that all pieces of work were on track.

### Decision

To note the progress made in taking forward the Recommendations from the Joint Inspection for Older People.

(References – Strategic Planning Group 9 March 2018 (item 4) and 11 May 2018 (item 5); verbal update by the Strategic Planning Manager, Service Re-design and Innovation)

## 4. Grants Review

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Two engagement sessions for current and potential grant recipients took place on 26 April 2018 at Easter Road Stadium. The sessions which were attended by 120 people in total, ran for 2-2.5 hours each and included both formal presentations and round table discussions.

Feedback received to date suggested that the sessions were well received, with participants indicating that they were well organised, offered transparent dialogue and were felt to be engaging and inclusive. 80% of those responding said the pre-event briefing and presentation on the day provided good information about the grant review process.

A further two stakeholder engagement events attended by just over 100 people were held on 7 May 2018.



Support for the concepts of a small grants fund and an innovation fund were assessed using an electronic voting system, which made it clear that there was support to explore these options further. The Grants Review would seek expressions of interest from stakeholders to progress this work.

It was proposed to have an independent Chair of the evaluation panel and work was ongoing on engagement with elected members.

The Grants Review Steering Group, under the leadership of the Chief Finance Officer, would address these and other issues to produce final proposals for the new grants programme for recommendation to the Integration Joint Board in August 2018.

### **Decision**

To note the progress being made in undertaking the Health and Social Care Grants Review in collaboration with third sector partners

(References – Strategic Planning Group 9 March 2018 (item 6) and 11 May 2018 (item 3); report by the Strategic Planning Manager, Service Re-Design and Innovation, submitted)

### **Declaration of Interest**

Ella Simpson declared a non-financial interest in the above item as Chair of EVOC

## **5. Directions - Update**

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A brief update on Directions was provided. Directions were being reviewed, with the potential that some would be removed or amended.

### **Decision**

To note the update.

(Reference – Strategic Planning Group 9 March 2018 (item 6) and 11 May 2018 (item 4); verbal update by the Strategic Planning Manager, Service Re-design and Innovation)

## **6. Outline Strategic Commissioning Plans Update**

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A brief update was provided on the work being undertaken to progress the Outline Strategic Commissioning Plans (OSCPs).

### **Decision**

To note the update.

(References – Strategic Planning Group 9 March 2018 (item 5) and 11 May 2018 (item 6); Outline Strategic Commissioning Plans Update, submitted.)

## 7. Planning for adapted housing requirements for people with disabilities

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Gillian Donohoe, CEC Housing, Enabling & Partnerships gave a presentation on the delivery of adaption service and the review of delivery of adaptations across tenures.

The following issues had been identified:

- Adaptations and IJBs
- Adaptations delivery the impact of establishing reference boards
- Current Delivery of Service
- Day to Day Service Delivery
- Options for future delivery of adaptations
- Scope of the proposed work
- National Work: Adapting for Change initiative

During discussion the following points were raised:

- The timescales taken from application to work completed
- The effect the time the process takes on delayed discharge
- The budget provision for the service
- The lack of a joined up connectivity between provision of service for all ages and public and private tenants through a common customer approach
- Consideration of rehousing before adaptation work
- The role of the IJB in the adaptations scheme
- The inclusion of adaptations in the Strategic Plan
- The need for private house builders to offer adapted properties for sale

### **Decision**

To note the presentation.

(Reference – presentation by the Senior Housing Development Officer, submitted.)

## 8. Progress on the Outline Strategic Commissioning Plans (OSCP)

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Nickola Paul gave a presentation on the Progress on the Outline Strategic Commissioning Plans as follows:

- Reference Groups for Older People, Disabilities, Mental Health and Primary Care had been established for each OSCP
- The reference groups would oversee the development of the sections of the strategic plan and would lead on engagement around each section and bring together all sectors and improve understanding
- Each Group had established work streams that were being undertaken

- The Reference groups for each OSCP would provide updates to the Strategic Planning Group
- The Strategic Planning Group would review and provide feedback on sections of the strategic plan, review recommendations made by the reference groups and make suggestions and escalate to the IJB when a decision was required
- Consultants had been appointed to aid the work on care at home.

The Group discussed and raised the following points:

- The work of the reference groups needed to be crosscutting and it was recognised there would be common themes
- Work in respect of physical disabilities was more advanced than learning disabilities
- It was possible that some of the information required by the groups could be available from third sector organisations who had undertaken similar work
- Work was ongoing on the move from the Astley Ainslie
- In respect of inequality there was uneven level of support between women and men
- In regard to Primary Care, work was ongoing to include all providers in discussions
- The independent sector were not represented on the reference groups

#### **Decision**

- 1) To note that the Chairs of the groups would appoint the membership.
- 2) To note that progress reports would be submitted to the Strategic Planning Group.

(Reference – Presentation, submitted)

#### **Declaration of Interest**

Christine Farquhar declared a non-financial interest in the above item as a guardian of a person with disabilities and Chair of Upward Mobility.

## **9. Transforming Disability Services - Transition Planning Between Children's and Adult Services**

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An update was provided on the work being undertaken on transition planning between children's and adult services. It was proposed to bring forward a strategy that would push through services to deliver a whole life approach.

#### **Decision**

To support the direction of travel set out in the verbal update.

(Reference – verbal update by the Strategic Planning Manager, Service Re-design and Innovation)

## **Declaration of Interest**

Christine Farquhar declared a non-financial interest in the above item as a guardian of a person with disabilities and Chair of Upward Mobility.

## **10. Strategic Plan 2016-2019 – Shaping the Vision**

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Since the Strategic Plan 2016-19 had been published a number of other strategic documents have been produced, which should provide the context for consideration of the vision and strategic shifts that the members of the Strategic Plan Group wished to see articulated in the next iteration of the Strategic Plan.

In November 2017 the Integration Joint Board agreed a Statement of Intent that set out seven high level themes on which the Health and Social Care Partnership would focus to address immediate priorities. One of the seven themes was the commitment to deliver five outline strategic commissioning plans by early 2019. Work to deliver these plans also led to the production of a set of cross sectoral underpinning principles for the development of the plans and to the production of a further document identifying the themes that cut across all five plans.

In May 2018, the Interim Chief Officer presented a paper to the Integration Joint Board setting out eight categories requiring sustained change to achieve the ambitions of the Integration Joint Board and Health and Social Care Partnership. This document included a proposed set of short, medium and longer-term actions for delivering the required change.

Each of these strategic documents marked a stage on the journey from the production of the first strategic plan for the Integration Joint Board to an analysis of the pressing issues that the Board and Partnership were currently dealing with and a proposed plan for addressing these. There were common themes and linkages across all these documents which needed to inform the strategic shifts that the Integration Joint Board aspired to be made and be woven into the articulation of that vision.

It was now intended to hold a workshop for members of the Strategic Planning Group to progress the plan. Moving forward it was proposed to circulate the new plan to partners, the workforce and communities for consultation.

## **Decision**

To agree that a summary of the issues raised at the Workshop would be circulated to IJB members and a report submitted to the July meeting of this Group.

(Reference – report by the Chief Officer, Edinburgh Health and Social Care Partnership, submitted)

## **11. Agenda Forward Plan**

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The agenda forward plan was submitted, with proposals for agenda items for the July meeting.

Decision

- 1) To note the forward plan.
- 2) To finalise meeting dates for the Group for the next year and circulate these as soon as possible to allow forward planning of diaries.

(Reference – Agenda Forward Plan – 22 June 2018, submitted.)

## **12. Any Other Business – Valedictory – Wendy Dale**

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The Group recorded their thanks and appreciation to Wendy Dale for her input and commitment to the work of this Group as Strategic Planning Manager, Service Redesign and Innovation and wished her well for the future.

## **13. Representatives of the Care Inspectorate and Health Improvement**

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As part of the follow up procedure from the review of Older Peoples Services, representatives from the Care Inspectorate had attended this meeting in order to view the proceedings of the Group.

The Chair invited the representatives to raise any questions or issues from their observations.

The following points were raised:

- Clarification of the reporting structure to the SPG
- Engagement with Staff and localities on strategic planning
- Working with localities on developing services
- Links between groups on commissioning plans
- Affordability of IJB financial planning

## **Decision**

To thank the Care Inspectorate representatives for their attendance.

## **14. Papers for Information**

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### **Decision**

- 1) To note the Grants Review Interim report.
- 2) To note the Royal Edinburgh Campus and St Stephen's Court report.
- 3) To note the Inclusive Homelessness Service at Panmure St Ann's report.

## **15. Date of Next Meeting**

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Friday 20 July 2018, 10am to 12pm, Dean of Guild Room, City Chambers



# Minutes

## Edinburgh Integration Joint Board Strategic Planning Group

**10.00am Friday 20 July 2018**

City Chambers, High Street, Edinburgh

### **Present:**

**Members:** Carolyn Hirst (Chair), Councillor Ricky Henderson (Vice Chair), Colin Briggs, Ian Brooke (substituting for Ella Simpson), Christine Farquhar, Stephanie-Anne Harris, Nigel Henderson, Fanchea Kelly, Peter McCormick, and Nickola Paul.

**Apologies:** Sandra Blake, Eleanor Cunningham, Katie McWilliam, Moira Pringle, Judith Proctor, Rene Rigby.

**In Attendance:** Mark Paul, Councillor Ian Campbell, Billie Flynn, Alison Robertson and David White.

## 1. Minute

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### **Decision**

- 1) To amend section 8 to read “Work in respect of physical disabilities was **less** advanced than that of learning disabilities.”
- 2) To otherwise approve the minute of the Edinburgh Integration Joint Board Strategic Planning Group of 22 June 2018 as a correct record.

## 2. Rolling Actions Log

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### Decision

- 1) To agree to close Action 5 – Strategic Plan 2016-2019 – Shaping the Vision.
- 2) To agree to close Action 6 – Agenda Forward Plan – Meeting Dates.
- 3) To update the rolling actions log and note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted.)

## 3. Recommendations from the Joint Inspection for Older People

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Updates were provided on progress on the three recommendations from the Joint Inspection of Services for Older People for which this Group had oversight, and there was discussion about the session held with inspectors at the end of the last meeting.

### Decision

- 1) To note the progress made in taking forward the Recommendations from the Joint Inspection of Services for Older People.
- 2) To agree that this item was no longer needed as a Standing Item at the Strategic Planning Group as it would be dealt with under other Agenda headings.

(References – Strategic Planning Group 11 May 2018 (item 5) and 22 June 2018 (item 3); verbal update by the Interim Chief Strategy and Performance Officer)

## 4. Grants Review

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An update was provided on the review of grants. Work was continuing, now led by Moira Pringle. A report to the Joint Board was due on 10 August 2018. It was recognised as a good, collaborative piece of work but it was important to accept that there were risks (for example what happens when people did not receive a grant) as well as future opportunities. It was highlighted that there were still some areas where clarification was required:

- Whether the Healthcare Improvement Scotland funding would be run in parallel, or be part of, the review process.
- Whether any further input would be required by the City of Edinburgh Council and NHS Lothian, following approval by the Joint Board.

Concerns were raised about a lack of carer/service user involvement in the process and the fact that there was not an opportunity to discuss at the Strategic Carers Partnership.



## **Decision**

To note the progress being made in undertaking the Health and Social Care Grants Review.

(References – Strategic Planning Group 11 May 2018 (item 3) and 22 June 2018 (item 4); verbal update by the Interim Chief Strategy and Performance Officer)

## **5. Directions**

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A brief update on Directions was provided. It was highlighted that NHS Lothian's Internal Audit had concluded that Directions could be made clearer, with SMART objectives (this applied to all IJBs).

### **Decision**

To note the update.

(Reference – Strategic Planning Group 11 May 2018 (item 4) and 22 June 2018 (item 5); verbal update by the Strategic Planning Manager, Service Re-design and Innovation)

## **6. Outline Strategic Commissioning Plans Update**

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A brief update was provided on the work being undertaken to progress the Outline Strategic Commissioning Plans (OSCPs).

During the discussion, the group raised the following points:

- Engagement was being led by two officers, one from the Council and another from EVOC.
- The status of Gylemuir House was that, despite previous issues relating to Care Inspectorate standards, the quality of care had improved and feedback was much better. Lengths of stay had also reduced.
- Discussions were taking place with housing providers to better identify oncoming capacity.
- Assessment performance had improved since last October and the backlog was reducing. However, the number of delayed discharges had not changed.
- It was important not to lose sight of population based assessment work.
- An overnight strategy should be considered.

## **Decision**

- 1) To note the developments within each of the strategic planning Reference Groups for Older People, Disabilities, Mental Health and Primary Care.
- 2) That details would be circulated on the Asset Based Approach model.

## **Declaration of Interests**

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

Peter McCormick declared a non-financial interest in the above item as Director of Randolph Hill.

(References – Strategic Planning Group 9 March 2018 (item 5) and 11 May 2018 (item 6); report by the Programme Business Manager, submitted.)

## **7. Strategic Plan – Vision, Values, Priorities**

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An update was provided on the work the Strategic Planning Group commenced in June 2018 to revisit the vision, values and key priorities for the new strategic plan from April 2019 to March 2022. The vision, values and priorities would not be significantly changed from the current strategic plan. Group members provided feedback on the vision and values.

## **Decision**

- 1) To agree the vision and values and on the basis that feedback would be incorporated into the document.
- 2) That the key priorities would be considered at the next meeting of the Strategic Planning Group.

(References – Strategic Planning Group 22 June 2018 (item 10); report by the Programme Business Manager, submitted.)

## **8. St Stephen's Court Development Plan**

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At their meeting on 18 May 2018, the Integration Joint Board approved the commissioning of 16 places in the St Stephen's Court development on the condition that the Strategic Planning Group received a further business case about the further development of the services to be delivered at St Stephen's Court. A Development Plan was provided and approval was sought to proceed. The Chair emphasised the pressing need for projects of this nature, as remaining in hospital could impact negatively on those ready for discharge. It was acknowledged that the learning here was that a more detailed plan at an earlier stage, including a Standard Business Case, would have been helpful.

## **Decision**

- 1) To agree the development of 16 additional places at St Stephen's Court for people with mental health problems as part of the "A place to live" workstream within the Outline Mental Health Commissioning Plan.
- 2) To agree the funding arrangements for the 16 places at St Stephen's Court.
- 3) To agree the role and function of the Implementation Group.
- 4) To note the risks and mitigating actions.
- 5) That a subsequent report would provide details of the background to the development and a detailed plan for the next stage.

## **Declaration of Interest**

Nigel Henderson declared a non-financial interest in the above item as Chief Executive of Penumbra, which provided part of the service at St Stephen's Court.

(Reference – report by the Strategy and Quality Manager Mental Health, submitted.)

## **9. Cramond Surgery Upgrade**

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The Standard Business Case for the upgrade of Cramond Surgery was presented. This came on the back of a severe crisis at the surgery, which was not fit for purpose and had lost several of its partners through resignation.

## **Decision**

- 1) To note that the Cramond Practice operated from a 30 year old surgery which suffered from cramped facilities, poor layout and unsatisfactory access arrangements.
- 2) To note that the Practice agreed to a lease extension of 21 years in April 2017 on the understanding that Edinburgh Health & Social Care Partnership (EHSCP) would support the Practice in its efforts to improve the property.
- 3) To note that the building owner, Assura PLC, had offered £150K to make good dilapidations and also to contribute to the improvement works.
- 4) To note that a preferred option that would create additional clinical capacity and reconfigure the internal layout of the building would incur total capital costs of £366K of which £100K would be funded by Assura.
- 5) To endorse the accompanying Business Case which sought capital funding of £266K from NHS Lothian for the improvements to the Practice surgery.

(Reference – report by the Strategic Lead Primary Care, submitted.)

## 10. Hospital at Home Service in North Edinburgh

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Billie Flynn provided details of the Hospital at Home Service and presented the Standard Business Case for its continued funding and extension to North West Edinburgh. During discussion, the following issues were raised:

- The service was still developing, and had a close relationship with locality teams.
- Carers were involved in the preparation of anticipatory care plans – this was very important to ensure that consideration would be given to respite.
- The money included in the business case was bridging funding, with a view to reducing beds.

### Decision

- 1) To recommend to the Edinburgh Integration Joint Board to release immediate funding of £530,091 to continue the provision of Hospital at Home to North East Edinburgh and extend the service subject to appointments to North West Edinburgh for the rest of the financial year 2018-19.
- 2) To recommend to the Edinburgh Integration Joint Board to consider annual recurrent funding of £868,803 for the provision of Hospital at Home to North Edinburgh based on review of the service in partnership with locality services. This would provide an equitable and sustainable service across Edinburgh.

(Reference – report by Billie Flynn/Andrew Coull, submitted.)

## 11. Agenda Forward Plan

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The agenda forward plan was submitted, with proposals for agenda items for the remaining meetings in 2018.

### Decision

To note the forward plan.

(Reference – Agenda Forward Plan – 20 July 2018, submitted.)

## 12. Date of Next Meeting

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Friday 17 August 2018, 10am to 12pm, Dean of Guild Room, City Chambers

(Note – the Chair indicated that there was potential to move to bi-monthly meetings in 2019, in line with the Edinburgh Integration Joint Board.)

# Rolling Actions Log

## September 2018

28 September 2018

### Item 5.1



No	Subject	Date	Action	Action Owner	Expected completion date	Comments
1	<a href="#">Annual Accounts 2016-17</a>	22-09-17	To request further information on Workforce Planning once this was available.	Chief Officer, Edinburgh Health and Social Care Partnership	December 2018	
2	<a href="#">Financial Update</a>	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.	Chief Officer, Edinburgh Health and Social Care Partnership	Not specified  October 2017	<b>1) Recommended for closure</b> – action plan reported to the IJB through Finance Update reports.

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
			2) That a future Development Session on finance be scheduled.			2) <b>Closed</b> - covered at the October 2017 Development Session.
3	<a href="#">Locality Improvement Plans</a>	17-11-17	To agree that community planning would be covered at a future development session.	Chief Officer, Edinburgh Health and Social Care Partnership	Autumn 2018	A report on the programme of Development Sessions for 2018/19 will be presented in September 2018.
4	<a href="#">Grants Review – Scope, Methodology and Timescales</a>	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.	Chief Officer, Edinburgh Health and Social Care Partnership	August 2018	<b>Recommended for closure</b> – reported to the Joint Board in August 2018.
5	Motion by Councillor Main – John’s Campaign ( <a href="#">Agenda of 17 November 2017</a> )	17-11-17	The IJB recommends that providers, in public, voluntary and private sectors, of all relevant services within its remit, sign up to John’s Campaign by 31st January 2017. A report listing those who have signed up and those who have not signed up with the reasons given will be presented to the Board in two cycles	Chief Officer, Edinburgh Health and Social Care Partnership	September 2018	<b>Recommended for closure</b> – on the agenda for September 2018.

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
6	<a href="#">Winter Plan 2017-18</a>	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.	Chief Officer, Edinburgh Health and Social Care Partnership	September 2018	<b>Recommended for closure</b> – on the agenda for September 2018.
7	<a href="#">Joint Board Membership and Appointments to Committee and Sub-Groups</a>	15-12-17	<p>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.</p> <p>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.</p>	Chief Officer, Edinburgh Health and Social Care Partnership	November 2018	<p>1) <b>Recommended for closure</b> – report to fill vacancies on the Audit and Risk Committee on the agenda for September 2018.</p> <p>2) <b>Closed</b> – reported to the IJB on 18 May 2018.</p>
8	<a href="#">Edinburgh Alcohol and Drug Partnership Funding</a>	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	Chief Officer, Edinburgh Health and	September 2018	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
			impact of service review, redesign and efficiencies in each area of change.	Social Care Partnership		
9	<a href="#">Edinburgh Health and Social Care Partnership Communications Action Plan</a>	26-01-18	To note that a separate engagement/communication plan for the IJB will be presented for consideration and agreement within 6 months.	Chief Officer, Edinburgh Health and Social Care Partnership	September 2018	
10	<a href="#">Whole System Delays – Recent Trends</a>	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.	Chief Officer, Edinburgh Health and Social Care Partnership	December 2018	
11	<a href="#">Carers (Scotland) Act 2016</a>	02-03-18	To request a further report in due course detailing the outcomes of the pilot in the North West locality.	Chief Officer, Edinburgh Health and Social Care Partnership	December 2018	
12	City of Edinburgh Council Motion by Councillor Miller – Attracting and Retaining Carers	29-06-17	1) Agrees to call for a report into the improvements including pay and conditions that could attract and retain care workers, in comparison to other employment options, and meet the shortfall in care provision, taking into account the results of the research.	Chief Officer, Edinburgh Health and Social Care Partnership	January 2019	



No	Subject	Date	Action	Action Owner	Expected completion date	Comments
	<a href="#">(Agenda for 29 June 2017)</a>		2) To instruct officers to remit the report to the Integration Joint Board and Corporate Policy and Strategy Committee for further scrutiny.			
13	<a href="#">Note of Meeting of the Strategic Planning Group of 9 March 2018</a>	18-05-18	To note that the paper on cross cutting themes would be circulated to all Reference Boards for consideration.	Chief Officer, Edinburgh Health and Social Care Partnership	July 2018	<b>Recommended for closure</b> – paper has been circulated to all Reference Boards (April – July 2018).
14	<a href="#">Business Resilience Arrangements and Planning – Spring Update</a>	18-05-18	That an update report be submitted to the Joint Board by the end of 2018	Chief Officer, Edinburgh Health and Social Care Partnership	December 2018	
15	<a href="#">2018/19 Financial Plan</a>	18-05-18	1) To note that the Chief Officer intended to arrange a workshop on the overall programme delivery. 2) To agree that the Chief Officer would submit a report to the next meeting of the IJB providing an interim update on progress against savings targets	Chief Officer, Edinburgh Health and Social Care Partnership	September 2018	
16	<a href="#">Plan for Immediate Pressures and</a>	18-05-18	1) To ask that a communications and engagement strategy to complement the Plan be submitted to a future meeting of the IJB.	Chief Officer, Edinburgh Health and	September 2018	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
	<a href="#">Longer Term Sustainability</a>		2) To ask the Project Lead Officer to arrange a presentation to Board Members either at a development session or at a formal meeting on the assessment project.	Social Care Partnership		
17	<a href="#">The Inclusive Homelessness Service at Panmure St Ann's</a>	18-05-18	To ask the Council and NHS Lothian to develop a framework for the funding of capital projects that are developed in partnership.	Chief Officer, Edinburgh Health and Social Care Partnership	December 2018	
18	<a href="#">Appointments and Review of Sub-Groups</a>	18-05-18	To note that the Chief Officer would provide an update report on the review of Board assurance processes and structures to the next meeting in June, with the final report to be submitted in two cycles (September 2018).	Chief Officer, Edinburgh Health and Social Care Partnership	November 2018	Report to be submitted in November 2018.
19	<a href="#">Rolling Actions Log</a>	15-06-18	To request that the new draft licensing policy be circulated to IJB members when published in the summer; a report be brought to the next meeting for discussion and comment; and the Chair to ask the Edinburgh Partnership to submit a joint response	Chief Officer, Edinburgh Health and Social Care Partnership	Summer 2018	
20	<a href="#">Edinburgh Primary Care Improvement Plan</a>	15-06-18	That a verbal update on plans for implementation would be given at the next meeting.	Chief Officer, Edinburgh Health and	September 2018	<b>Recommended for closure</b> – on the agenda for 28 September 2018.

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
				Social Care Partnership		
21	<a href="#">IJB Risk Register</a>	15-06-18	That the Chief Officer would circulate a briefing note to members on finance structures across the City of Edinburgh Council and NHS Lothian, and the interface between the respective groups.	Chief Officer, Edinburgh Health and Social Care Partnership	Awaiting update	
22	<a href="#">Publication of Annual Performance Report</a>	15-06-18	That a future development session or workshop would consider what measurements to include in future versions of the report, and how these would be linked with Directions.	Chief Officer, Edinburgh Health and Social Care Partnership	Awaiting update	

# Report

## Internal Audit Annual Opinion Edinburgh Integration Joint Board

28 September 2018



### Executive Summary

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1. This purpose of this paper is to refer the Edinburgh Integration Joint Board (EIJB) Internal Audit annual opinion which is included as Appendix 1 for the year ended 31 March 2018 from the EIJB Audit and Risk Committee to the Board for review and noting. It also updates the Board on the arrangements being put in place within the Edinburgh Health and Social Care Partnership to respond to internal audit findings and scrutinise progress in delivering agreed management actions.
2. The 2017/18 annual opinion reflects that Internal Audit considers that significant enhancements are required to the EIJB control environment and governance and risk management frameworks and is therefore reporting a significant enhancement 'red' rated opinion, with our assessment towards the middle of this category.

### Recommendations

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3. The Integration Joint Board is asked to note:
  - i. That there is a number of areas where further work is needed to close internal audit actions and directs the Chief Officer to provide a detailed action plan to the next Audit and Risk Committee.
  - ii. the final 'significant enhancements' red rated Internal Audit opinion for the year ended 31 March 2018; and
  - iii. the arrangements in place in the Partnership to scrutinise audit activity and provide assurance to the EIJB, the City of Edinburgh Council and NHS Lothian.

### Background

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4. It is the responsibility of the EIJB Chief Internal Auditor to provide an independent and objective annual opinion on the adequacy and effectiveness of

the EIJB's control environment, and governance and risk management frameworks in line with the requirements of Public Sector Internal Audit Standards.

5. The annual opinion is provided to the EIJB Audit and Risk Committee and should be used to inform the EIJB Annual Governance Statement. The 2017/18 opinion was presented to the IJB Audit and Risk Committee on 23 July 2018, and subsequently referred to the Board for noting.
6. It is recognised within the Partnership that a different approach to the implementation of audit actions was required. Consequently the Chief Officer has now established an "Assurance Oversight Group", whose purpose is to scrutinise progress against agreed management actions and, in turn, to provide assurance to key stakeholders.

## Main report

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7. The Internal Audit opinion (attached at appendix 1) is based on the outcomes of three audits included in the EIJB 2017/18 Internal Audit annual plan; the outcomes of relevant Partnership reports referred to the EIJB by the City of Edinburgh Council Governance, Risk, and Best Value Committee and the NHS Lothian Audit Committee; and the status of open Internal Audit findings.
8. The opinion is a component part of the annual assurance provided to the EIJB, as there are a number of additional assurance sources that the Committee should consider when forming their own view on the design and effectiveness of the control environment and governance and risk management frameworks.
9. In response to the weaknesses identified in the opinion, the Chief Officer has now established an Assurance Oversight Group. This will form a key plank of the assurance process and has a wide ranging membership, both from within the Partnership and from colleagues in Council and NHS departments with responsibility for delivering elements of the plans. The group held its inaugural meeting on 29<sup>th</sup> August and will agree a work plan over the coming months. It has currently established one sub group, chaired by the Chief Finance Officer, which has been tasked with agreeing the detailed management actions which will support delivery of the findings of the report on the purchasing budget. This sub group ensure that an action plan is in place by 21<sup>st</sup> December 2018.

## Key risks

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10. Covered in section 38 of the main paper.

## Financial implications

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11. There are no financial implications for the EIJB as a consequence of this report.

## Implications for Directions

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12. There are no specific implications for directions arising from this report.

## Equalities implications

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13. There are no equalities impacts.

## Sustainability implications

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14. No direct sustainability implications.

## Involving people

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15. Covered in section 43 of the main paper.

## Impact on plans of other parties

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16. Covered in section 44 of the main paper.

## Background reading/references

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### Public Sector Internal Audit Standards

## Report author

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**Judith Proctor**

**Chief Officer, Edinburgh Health and Social Care Partnership**

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## Appendices

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**Appendix 1**

Internal Audit annual opinion

# Report

## Internal Audit Annual Opinion 2017/18

### IJB Audit and Risk Committee

23 July 2018



#### Executive Summary

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1. This report details Internal Audit's annual opinion for the Edinburgh Integration Joint Board (EIJB) for the year ended 31 March 2018.
2. Internal Audit considers that significant enhancements are required to the EIJB control environment and governance and risk management frameworks and is therefore reporting a 'red' rated opinion (see Appendix 1), with our assessment towards the middle of this category.
3. Our opinion is based on the outcomes of three audits included in the EIJB 2017/18 Internal Audit annual plan; the outcomes of relevant Partnership reports referred to the EIJB by the City of Edinburgh Council Governance, Risk, and Best Value Committee and the NHS Lothian Audit Committee; and the status of open Internal Audit findings.
4. This report is a component part of the annual assurance provided to the EIJB, as there are a number of additional assurance sources that the Committee should consider when forming their own view on the design and effectiveness of the control environment and governance and risk management frameworks.
5. This report is prepared as per the requirements detailed in the Public Sector Internal Audit Standards (PSIAS).

#### Recommendations

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6. It is recommended that the Committee note the final 'significant enhancements' red rated Internal Audit opinion for the year ended 31 March 2018.

#### Background

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7. The Public Sector Internal Audit Standards (PSIAS) provide a coherent and consistent internal audit framework for public sector organisations. Adoption of the PSIAS is mandatory for internal audit teams within UK public sector organisations, and PSIAS require annual reporting on conformance.
8. The objective of Internal Audit is to provide a high quality independent audit service to the EIJB in accordance with PSIAS requirements, that provides

assurance over the control environment established to manage the EIJB's key risks and their overall governance and risk management frameworks.

9. Internal Audit assurance is provided to the EIJB by its two partners, the City of Edinburgh Council (the Council) and NHS Lothian (NHSL), with a total of four audits completed annually (three by the Council and one by NHSL). The role of Chief Internal Auditor for the EIJB is performed by the Council's Chief Internal Auditor.
10. NHSL use a different classification for their Internal Audit findings in comparison to the Council. Details of these classifications and their alignment are included at Appendix 2.
11. It is the responsibility of the Chief Internal Auditor to provide an independent and objective annual opinion on the adequacy and effectiveness of the EIJB's control environment and governance and risk management frameworks in line with PSIAS requirements. The opinion is provided to the EIJB Audit and Risk Committee, and should be used to inform the EIJB Annual Governance Statement.
12. The Internal Audit plan for 2017/18 was based on the March 2017 EIJB risk register which included 6 High and 6 Medium rated risks where audit assurance could be provided. It was agreed by the EIJB Audit and Risk Committee that assurance should be provided annually on High risks with coverage of Medium risks on a rolling 3 year basis. The 2017/18 IA annual plan was approved by the Audit and Risk Committee in June 2018.
13. The IA plan was rebased and approved by the Audit and Risk Committee in December 2017 following a request by the Partnership to review the key financial controls supporting the social care purchasing budget. Consequently, this review was added to the plan and two existing plan reviews consolidated. Details of the audits completed as part of the rebased plan are included at Appendix 3.
14. Where control weaknesses are identified, Internal Audit findings are raised, and management agree recommendations to address the gaps identified. However, it is the responsibility of management to address and rectify control weaknesses via timely implementation of the agreed management actions.
15. The IA definition of an overdue finding is any finding where all agreed management actions have not been implemented by the final date agreed by management and recorded in Internal Audit reports.

## **Main report**

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### **Internal Audit Opinion**

16. Internal Audit considers that significant enhancements are required to the EIJB control environment and governance and risk management frameworks and is therefore reporting a 'red' rated opinion (see Appendix 1), with our assessment towards the middle of this category.



17. This opinion is subject to the inherent limitations of internal audit (covering both the control environment and the assurance provided over controls) as set out in Appendix 4.
18. Internal Audit is not the only source of assurance provided to the EIJB, and there are a number of additional assurance sources (for example, external audit) that the Committee should consider when forming their own view on the design and effectiveness of the EIJB control environment and governance and risk management frameworks.

### **Basis of Opinion**

19. Our opinion is based on the outcomes of three audits included in the rebased EIJB 2017/18 Internal Audit annual plan; the outcomes of relevant Partnership audits completed by the Council and NHSL; and the status of open Internal Audit findings.

### **Audit Outcomes**

20. Assurance was provided on all 6 High and 3 of the Medium rated risks included in the March 2017 EIJB risk register by completion of the three EIJB audits, and Partnership audits performed and referred to the EIJB by the Council and NHSL respectively. Further detail is included at Appendix 5. The remaining Medium rated risks will be covered on a rolling three-year basis, unless any substantive changes are made to the risk register.
21. A total of 66 Internal Audit findings have been raised (29 High; 26 Medium; and 11 Low) across the three audits performed for the EIJB and audits referred to the EIJB by the Council's Governance, Risk, and Best Value Committee (nine) and the NHSL Audit and Risk Committee (two). Further detail is included at Appendix 3, table 1.
22. All three EIJB audits have been completed and include a total of 8 High and 1 Medium rated findings. Further detail is included at Appendix 3, table 2.
23. A total of nine reports were referred to the EIJB Audit and Risk Committee by the Council's Governance, Risk, and Best Value Committee, that have either a direct impact on core IJB activities, or an indirect impact on supplementary IJB activities. These reports included a total of 50 findings (19 High; 22 Medium; and 9 Low). Further detail is included at Appendix 3, table 3.
24. NHSL also referred a total of 2 reports, with a total of 7 findings raised (2 Critical / High; 3 Medium / Significant; and 2 Low / Important) rated findings raised. Further detail is included at Appendix 3. Table 4.

## Status of Internal Audit Findings

25. As at 31 March 2018, the total number of open Internal Audit findings that relate to reviews completed across the 2017/18 EIJB and the Partnership annual plans was 34 (10 High; 20 Medium; and 4 Low). Note that this does not include the 9 findings raised in the in three draft 2017/18 EIJB audit reports.
26. Of these, 28 (82%) comprising 7 High; 17 Medium; and 4 Low were overdue as agreed management actions were not completed by the agreed implementation date. Further detail is included at Appendix 3, table 5.

## Comparison to Prior Year

27. A disclaimer opinion was reported in 2016/17 as capacity constraints resulted in the inability to complete sufficient reviews to provide assurance on 5 of the 6 Medium rated EIJB risks (based on the June 2016 EIJB Risk Register), resulting in an inability to conclude on the EIJB's control environment and governance and risk management frameworks.
28. However, the 2016/17 annual opinion did include details of the number of findings raised and reported to the EIJB in the year to 31 March 2017.
29. Whilst the total number of audits referred to the EIJB by the Council's GRBV and NHSL Audit and Risk Committees in 2017/18 has decreased by 50% in comparison to 2016/17, with a reduction in the number of findings raised (from 88 to 50), the number of High rated findings raised has increased by circa 58% from a total of 12 in 2016/17 to 19 in 2017/18. This is offset by a decrease in the number of Medium and Low rated findings raised.
30. We have also noted an increasing trend in the percentage of open IA findings that are overdue as at 31 March (82% in 2017/18 in comparison to 74% in 2016/17). There has also been an increase in the number of High rated findings that are now overdue (70% in 2017/18 in comparison to 67% in 2016/17). It should be noted that the majority of overdue findings relate to reports referred to the EIJB by the Council. Further detail on open and overdue findings is included at Appendix 3, table 5.

## Internal Audit Independence

31. PSIAS require that Internal Audit must be independent and internal auditors must be objective in performing their work. To ensure conformance with these requirements, both the Council and NHSL Internal Audit teams have established processes to ensure that both team and personal independence is consistently maintained and that any potential conflicts of interest are effectively managed.
32. Neither audit team considers that we have faced any significant threats to our independence during 2017/18, nor do we consider that we have faced any inappropriate scope or resource limitations when completing our work.

33. Internal Audit independence for NHS Lothian was confirmed in the Internal Audit Annual Report and Opinion 2017/18 that was presented to the NHS Lothian Audit and Risk Committee on Monday 18 June.
34. City of Edinburgh Council Internal Audit independence will be confirmed in the City of Edinburgh Council Internal Audit Opinion and Annual Report for the Year Ended 31 March 2018 to be presented at the Governance Risk and Best Value committee on 31 July 2018.

### **Conformance with Public Sector Internal Audit Standards**

35. The City of Edinburgh Council Internal Audit function has not conformed with PSIAS requirements during 2017/18 for the following reasons:
  - There has been insufficient follow-up of Internal Audit findings between April 2015 and October 2017 to monitor and ensure that management actions have been effectively implemented; and
  - Resourcing challenges within the Internal Audit team has impacted completion of the two internal quality assurance reviews included in the 2017/18 Internal Audit annual plan to ensure consistency of audit quality.
36. It should be noted that these instances of non-conformance have had no direct impact on the quality of internal audit reviews completed in 2017/18.
37. The NHSL Internal Audit team has fully conformed with PSIAS requirements during 2017/18. This is confirmed in the Internal Audit Annual Report and Opinion 2017/18 that was presented to the NHS Lothian Audit and Risk Committee on Monday 18 June.

### **Key risks**

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38. If Internal Audit findings are not implemented, the EIJB will remain exposed to the risks detailed in Internal Audit reports. Internal Audit findings are raised as a result of control gaps or deficiencies identified during reviews and therefore inherently impact upon compliance and governance.

### **Financial implications**

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39. There are no financial implications for the EIJB as a consequence of this report.

### **Implications for Directions**

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40. There are no specific implications for directions arising from this report.

### **Equalities implications**

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41. There are no equalities impacts.

### **Sustainability implications**

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42. No direct sustainability implications

## Involving people

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43. The Internal Audit plan on which this opinion is based, is derived from the EIJB from risk register. In preparing the risk register, the Risk function consulted widely with senior management from the Integration Board, NHS Lothian and the City of Edinburgh Council. The Risk register also includes input from members of the Board and the Board's Audit Committee.

## Impact on plans of other parties

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44. The Internal Audit reports brought to the attention of the Committee, that support this opinion, come from 3 different sources:
- Audits completed for the EIJB as part of its Internal Audit Plan for 2017/18. These audits were performed by either the Council's or the NHSL Internal Audit teams under the supervision of the EIJB's Chief Internal Auditor
  - Audits completed by the Council Internal Audit team for the City of Edinburgh Council and referred to the EIJB Audit & Risk Committee by the City of Edinburgh Council's Governance, Risk & Best Value Committee.
  - Audits completed by the NHSL Internal Audit team for NHS Lothian and made available to the EIJB's Audit & Risk Committee by NHS Lothian's Audit & Risk Committee.
45. Reports in the first category require to be incorporated into the work programmes of both Internal Audit teams and may require City of Edinburgh Council Internal Audit team members to work within the NHS as well as in their own environment.

## Background reading / references

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46. [Public Sector Internal Audit Standards](#)

## Report author

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## Appendices

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<b>Appendix 1</b>	<b>Internal Audit opinion types</b>
<b>Appendix 2</b>	<b>Classifications Applied to Internal Audit Findings</b>
<b>Appendix 3</b>	<b>Summary of Internal Audit reports that form the basis of the</b>

## **2017/18 Internal Audit Opinion**

<b>Appendix 4</b>	<b>Limitations and responsibilities of Internal Audit and management responsibilities</b>
<b>Appendix 5</b>	<b>Coverage of EIJB Risks</b>
<b>Appendix 6</b>	<b>NHS Lothian Internal Audit Annual Report and Opinion 2017/18</b>
<b>Appendix 7</b>	<b>Reports Supporting the 2017/18 Internal Audit Opinion</b>

## Appendix 1 - Internal Audit opinion types

The PSIAS require the provision of an annual Internal Audit opinion, but do not provide any methodology or guidance detailing how the opinion should be defined.

Professional judgement is exercised in determining the appropriate opinion, and it should be noted that in giving an opinion, assurance provided can never be absolute

We consider that there are 5 possible opinion types that could apply to the EIJB. These are detailed below:

<p><b>1 'Adequate'</b></p> <p><i>An adequate and appropriate control environment and governance and risk management framework is in place enabling the risks to achieving organisation objectives to be managed</i></p>	<p><b>2 'Generally adequate but with enhancements required'</b></p> <p><i>Areas of weakness and non-compliance in the control environment and governance and risk management framework that that may put the achievement of organisational objectives at risk</i></p>
<p><b>3 Significant enhancements required</b></p> <p><i>Significant areas of weakness and non-compliance in the control environment and governance and risk management framework that puts the achievement of organisational objectives at risk</i></p>	<p><b>4. 'Inadequate'</b></p> <p><i>The framework of control and governance and risk management framework is inadequate with a substantial risk of system failure resulting in the likely failure to achieve organisational objectives</i></p>
<p><b>5. 'Disclaimer'</b></p> <p><i>Inability to complete sufficient reviews and gain sufficient evidence to be able to conclude on the adequacy of the framework of Governance, Risk Management and Control.</i></p>	

## Appendix 2 - Classifications Applied to Internal Audit Findings

City of Edinburgh Council	
Rating	Assessment rationale
<b>Critical</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Critical</b> impact on operational performance; or</li> <li>• <b>Critical</b> monetary or financial statement impact; or</li> <li>• <b>Critical</b> breach in laws and regulations that could result in material fines or consequences; or</li> <li>• <b>Critical</b> impact on the reputation or brand of the organisation which could threaten its future viability.</li> </ul>
<b>High</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Significant</b> impact on operational performance; or</li> <li>• <b>Significant</b> monetary or financial statement impact; or</li> <li>• <b>Significant</b> breach in laws and regulations resulting in significant fines and consequences; or</li> <li>• <b>Significant</b> impact on the reputation or brand of the organisation.</li> </ul>
<b>Medium</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Moderate</b> impact on operational performance; or</li> <li>• <b>Moderate</b> monetary or financial statement impact; or</li> <li>• <b>Moderate</b> breach in laws and regulations resulting in fines and consequences; or</li> <li>• <b>Moderate</b> impact on the reputation or brand of the organisation.</li> </ul>
<b>Low</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Minor</b> impact on the organisation's operational performance ; or</li> <li>• <b>Minor</b> monetary or financial statement impact; or</li> <li>• <b>Minor</b> breach in laws and regulations with limited consequences; or</li> <li>• <b>Minor</b> impact on the reputation of the organisation.</li> </ul>
<b>Advisory</b>	A finding that does not have a risk impact but has been raised to highlight areas of inefficiencies or good practice.

NHS Lothian	
Management Action Rating	Definition
Critical	The issue has a material effect upon the wider organisation.
Significant	The issue is material for the subject under review.
Important	The issue is relevant for the subject under review.
Minor	The issue is a housekeeping point for the subject under review.

## Appendix 3 - Summary of Internal Audit reports that form the basis of the 2017/18 Internal Audit Opinion and Open Internal Audit Findings

1. Total Findings Raised	No of Audits	No of Findings Raised			Totals
		High	Medium	Low	
EIJB Audit Reviews	3	8	1	-	9
City of Edinburgh Council Audit Reviews	9	19	22	9	50
NHS Lothian Audit Reviews	2	2	3	2	7
<b>Total 2017/18</b>	<b>14</b>	<b>29</b>	<b>26</b>	<b>11</b>	<b>66</b>
<b>Total 2016/17</b>	<b>20</b>	<b>12</b>	<b>40</b>	<b>36</b>	<b>88</b>

2. EIJB Audit Reviews	No of Findings Raised			
	High	Medium	Low	Totals
Health and Social Care Partnership Purchasing Budget Management	4	-	-	4
Review of Social Care Commissioning	1	1	-	2
Performance Target Data	3	-	-	3
<b>Total 2017/18 – 3 reports</b>	<b>8</b>	<b>1</b>	<b>-</b>	<b>9</b>
<b>Total 2016/17 – 4 reports</b>	<b>4</b>	<b>5</b>	<b>2</b>	<b>11</b>



## Appendix 3 - Summary of Internal Audit reports that form the basis of the 2017/18 Internal Audit Opinion and Open Internal Audit Findings

### 3. Reports referred by City of Edinburgh Council Governance, Risk and Best Value Committee

	*Impact	No of Findings Raised			Totals
		High	Medium	Low	
Care Homes Assurance Review	Direct	4	12	4	20
Social Work Centre Bank Account Reconciliations	Direct	2	-	-	2
Edinburgh Alcohol and Drug Partnership Contract Management	Direct	1	2	1	4
Asset Management Strategy	Indirect	-	3	2	5
Starters (referred March 18)	Direct	2	1	-	3
Leavers Process (referred Dec 17)	Direct	4	1	1	6
Property Maintenance (referred Dec 17)	Indirect	2	1	1	4
IT Disaster Recovery (referred Dec 17)	Direct	1	-	-	1
Review of External Security (referred Dec 17)	Direct	3	2	-	5
<b>Total 2017/18 – 5 reports</b>		<b>19</b>	<b>22</b>	<b>9</b>	<b>50</b>
<b>Total 2016/17 – 15 reports</b>		<b>8</b>	<b>21</b>	<b>5</b>	<b>34</b>

#### \*Impact Definition

Direct – Audits performed by the City of Edinburgh Council / NHS Lothian where control gaps identified have a direct impact on core IJB activities

Indirect – Audits performed by the City of Edinburgh Council / NHS Lothian where control gaps identified have an impact on ancillary IJB activities.

## Appendix 3 - Summary of Internal Audit reports that form the basis of the 2017/18 Internal Audit Opinion and Open Internal Audit Findings

### 4. Reports identified by NHS Lothian IA as being of interest to the EIJB

	Findings Raised				Totals
	*Impact	Critical	Significant	Important	
Budget Management and Financial Recovery Planning	Direct	-	1	2	3
Whistleblowing	Direct	2	2	-	4
<b>Total 2017/18 – 2 reports</b>		<b>2</b>	<b>3</b>	<b>2</b>	<b>7</b>
<b>Total 2016/17 – 8 reports</b>		<b>-</b>	<b>14</b>	<b>29</b>	<b>43</b>

### 5. Open and Overdue Internal Audit Findings

	Number of findings				Total
	Critical	High/ Critical	Medium/ Significant	Low/ Important	
EIJB	-	2	4	-	6
City of Edinburgh Council	-	8	16	4	28
NHS Lothian	-	-	-	-	-
<b>Total 17/18</b>	<b>-</b>	<b>10</b>	<b>20</b>	<b>4</b>	<b>34</b>
<b>Overdue 17/18</b>	<b>-</b>	<b>7 (70%)</b>	<b>17 (85%)</b>	<b>4 (100%)</b>	<b>28 (82%)</b>
<b>Total 16/17</b>	<b>-</b>	<b>3</b>	<b>23</b>	<b>9</b>	<b>35</b>
<b>Overdue 16/17</b>	<b>-</b>	<b>2 (67%)</b>	<b>18 (78%)</b>	<b>6 (67%)</b>	<b>26 (74%)</b>

## **Appendix 4 - Limitations and responsibilities of Internal Audit and management responsibilities**

The opinion is based solely on the internal audit work performed for the financial year 1 April 2017 to 31 March 2018. Work completed was based on the terms of reference agreed with management for each review. However, where other matters have come to our attention, that are considered relevant, they have been taken into account when finalising our reports and the annual opinion.

There may be additional weaknesses in the EIJB control environment and governance and risk management frameworks that were not identified as they were not included in the 2017/18 EIJB annual internal audit plan; were excluded from the scope of individual reviews; or were not brought to Internal Audit's attention. Consequently, management and the Committee should be aware that the opinion may have differed if these areas had been included, or brought to Internal Audit's attention.

Control environments, no matter how well designed and operated, are affected by inherent limitations. These include the possibility of poor judgment in decision-making; human error; control processes being deliberately circumvented by employees and others; management overriding controls; and the impact of unplanned events.

### **Future periods**

The assessment of controls relating to the Council is for the year ended 31 March 2017. Historic evaluation of effectiveness may not be relevant to future periods due to the risk that:

- the design of controls may become inadequate because of changes in operating environment, law, regulation or other; or
- the degree of compliance with policies and procedures may deteriorate.

### **Responsibilities of Management and Internal Audit**

It is Management's responsibility to develop and effective control environments and governance and risk management frameworks that are designed to prevent and detect irregularities and fraud. Internal audit work should not be regarded as a substitute for Management's responsibilities for the design and operation of these controls.

Internal Audit endeavours to plan its work so that it has a reasonable expectation of detecting significant control weaknesses and, if detected, performs additional work directed towards identification of potential fraud or other irregularities. However, internal audit procedures alone, even when performed with due professional care, do not guarantee that fraud will be detected. Consequently, internal audit reviews should not be relied upon to detect and disclose all fraud, defalcations or other irregularities that may exist.

## Appendix 5 – Coverage of EIJB Risks

Inherent rank (Residual rank)	Risk	Auditable risk	Rating (H/M/L)	Assurance requirement	2017/18 Coverage
1 (3)	There is a risk that a lack of downstream capacity will reduce the Partnership's ability to reduce hospital delays.	YES	H	●	CEC Care Homes Assurance Review EIJB - Review of Social Care Commissioning
2 (7)	There is a risk that a lack of capacity and poor systems in the community are impacting on timely access to care.	YES	H	●	EIJB - Review of Social Care Commissioning
3 (4)	There is a risk that the current levels of GP capacity is unsustainable and will reduce with negative consequences for care.	YES	H	N/A	NHSL IA are conducting an audit on workforce planning with a particular emphasis on GP Sustainability.
4 (2)	There is a risk that performance targets are not achieved resulting in reputational damage.	YES	H	●	EIJB - Review of Social Care Commissioning EIJB – Performance Target Data
5 (1)	There is a risk that the high vacancy levels within District Nurses will impact on safe delivery of care.	YES	H	●	EIJB - Review of Social Care Commissioning
6 (5)	The strategic approach and methodology to procure, evaluate and monitor key contracts of 3rd parties is ineffective.	YES	H	●	Edinburgh Alcohol and Drug Partnership Contract Management Health and Social Care Partnership Purchasing Budget Management
7 (15)	There is a risk that legislation is interpreted differently by the 3 parties (CEC, NHS and IJB) leading to disruption of delivery and directions.	NO	N/A	N/A	N/A

Inherent rank (Residual rank)	Risk	Auditable risk	Rating (H/M/L)	Assurance requirement	2017/18 Coverage
8 (13)	A lack of a well understood, sustainable delegated resource (budget and financial model) increases the risk that the IJB doesn't meet budgets and fails to generate the required level of savings and efficiencies.	YES	M	●	Health and Social Care Partnership Purchasing Budget Management Social Work Centre Bank Account Reconciliations
9 (14)	The NHS and Council are not able to deliver on the directions flowing from the Strategic Plan and/or within the associated directed resource.	YES	M	●	Health and Social Care Partnership Purchasing Budget Management EIJB - Review of Social Care Commissioning
10 (6)	A lack of a defined and collaborative approach with 3rd sector and other partners may lead to a negative impact on the delivery of the strategic outcomes.	YES	M	●	None
11 (16)	There is a risk that the statutory duties of the IJB as set out in the 2014 Act are unmanageable and the decisions made by the IJB Board are secondary to those of NHS Lothian and the Council meaning the IJB Board has limited authority to influence its' collective outcomes.	NO	N/A	N/A	N/A
12 (8)	There is a risk that the corporate capital asset planning / arrangements are not sufficiently responsive to enable delivery of the Strategic Plan.	YES	M	●	CEC Care Homes Assurance Review
13 (9)	There is a risk that there is a lack of knowledge, experience and stability of the IJB Board.	YES	M	●	None
14 (10)	Volatility in IJB membership could change the strategic direction of the IJB.	NO	N/A	N/A	N/A

Inherent rank (Residual rank)	Risk	Auditable risk	Rating (H/M/L)	Assurance requirement	2017/18 Coverage
15 (17)	Welfare Reform has a negative impact on service users which could adversely impact the preventative agenda with a consequential increase in demand on IJB services.	YES	M	●	None
16 (11)	The financial uncertainty of Brexit may negatively affect the financial position of the IJB.	NO	N/A	N/A	N/A
17 (12)	There is a risk that the NHS and/or Council have a financial catastrophe which means the parties must renegotiate the budget for the delegated functions.	NO	N/A	N/A	N/A
18 (18)	The governance structure of the IJB and its partners' means there is a risk of conflicts of interest between the needs of the IJB and individuals place of employment. This could be a barrier to effective decision making which results in inefficiencies in the delivery of services.	NO	N/A	N/A	N/A
19 (19)	The IJB has limited ability to influence the decision making of services hosted elsewhere in Lothian without the consent of other partners meaning there is risk that the IJB cannot drive strategy and operations to help meet its' objectives/outcomes.	NO	N/A	N/A	N/A

Key to frequency of audit work

Assurance Requirement Rating	Frequency
●	Annual
●	Every three years
●	No further work

## Appendix 7 - Reports Supporting the 2017/18 Internal Audit Opinion

1. Health and Social Care Partnership Purchasing Budget Management
2. Review of Social Care Commissioning
3. Performance Target Data
4. Care Homes Assurance Review
5. Social Work Centre Bank Account Reconciliations
6. Alcohol and Drug Partnership Contract Management
7. Asset Management Strategy

## Internal Audit



### Internal Audit Annual Report and Opinion 2017/18

June 2018

This report has been prepared solely for internal use as part of NHS Lothian's internal audit service. No part of this report should be made available, quoted or copied to any external party without Internal Audit's prior consent.



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# 1. Introduction

The Scottish Public Finance Manual (SPFM) requires that:

*“An annual audit assurance is provided to the Accountable Officer through the professional opinion of the Head of Internal Audit (or equivalent) on the adequacy and effectiveness of the internal control system and the extent to which it can be relied upon. That opinion is contained in an annual report from the Head of Internal Audit to the organisation's Audit Committee, and forms part of the assurance required by the Accountable Officer to enable them to sign a Governance Statement to be provided alongside the accounts for which they are directly responsible.”*

The Public Sector Internal Audit Standards (PSIAS) require that:

*“The Chief Audit Executive (Head of Internal Audit) must deliver an annual internal audit opinion and report that can be used by the organisation to inform its governance statement.”*

*“The annual internal audit opinion must conclude on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.”*

- 1.1 To meet the SPFM and PSIAS requirements, this Annual Report summarises our conclusions and key findings from the internal audit work undertaken at NHS Lothian during the year ended 31 March 2018, including our overall opinion on NHS Lothian's internal control system (as related to our work completed and the three key areas of governance, risk and internal control).

## **Acknowledgement**

- 1.2 We would like to take this opportunity to thank all members of management and staff for the help, courtesy and co-operation extended to us during the year.

# 2. Internal audit work performed

## Scope and responsibilities

### Management

2.1 It is management's responsibility to establish a sound internal control system. The internal control system comprises the whole network of systems and processes established to provide reasonable assurance that organisational objectives will be achieved, with particular reference to:

- risk management;
- the effectiveness of operations;
- the economic and efficient use of resources;
- compliance with applicable policies, procedures, laws and regulations;
- safeguards against losses, including those arising from fraud, irregularity or corruption; and
- integrity and reliability of information and data.

### Internal audit

2.2 Internal Audit assists management by examining, evaluating and reporting on the controls, based on internal audit's risk assessment, in order to provide an independent assessment of the adequacy of the internal control system. To achieve this, Internal Audit should:

- analyse the internal control system and establish a review programme;
- identify and evaluate the controls which are established to achieve objectives in the most economic and efficient manner;
- report findings and conclusions and, where appropriate, make recommendations for improvement;
- provide an opinion on the reliability of the controls in the system under review; and
- provide an assurance based on the evaluation of the internal control system within the organisation as a whole.

## Planning process

2.3 In order to provide an annual assurance statement supporting the Governance Statement, we consider NHS Lothian's activities and systems, as aligned to key risks, within the scope of our internal audit reviews.

2.4 Our internal audit plans are designed to provide the Audit and Risk Committee with assurance that NHS Lothian's internal control system is effective in managing NHS Lothian's key risks and value for money is being achieved. Our plans are therefore linked to the NHS Lothian Corporate Risk Register.

2.5 Internal Audit has a three-year strategic Internal Audit Plan which agreed in consultation with senior management and formally approved by the Audit & Risk Committee, alongside annual internal audit plans.

- 2.6 The Annual Internal Audit Plan is subject to revision throughout the year to reflect changes in NHS Lothian's risk profile.
- 2.7 We have planned our work so that we have a reasonable expectation of detecting significant control weaknesses. However, internal audit can never guarantee to detect all fraud or other irregularities and cannot be held responsible for internal control failures.
- 2.8 Our internal audit activity is planned in accordance with the capacity and capability within the internal audit team and is managed to an agreed internal audit budget. Internal audit do not undertaking testing of all NHS lothian internal controls.

## Coverage achieved

- 2.9 The Internal Audit Plan comprises 725 days per annum. During the year we flexed the plan to take account of emerging risks and additional requests, with the Audit and Risk Committee updated during the year. The Internal Audit Plan originally contained 22 reviews. We have completed 19 of these original reviews during 2017/18, with three reviews being deferred into the 2018/19 internal audit plan due to timing of the planned review and ongoing work at NHS lothian. Information on these reviews are included within the Internal audit quarterly progress report submitted to each Audit and Risk Committee and have been approved by Committee. In addition we have also undertaken additional internal audit activity in year:

Additional review	Comments
Whistle blowing allegation regarding unscheduled care waiting times	<p>Following receipt of an allegation regarding potential manipulation of figures relating to the 4-hour waiting time target for Accident and Emergency internal audit conducted a detail review of waiting times figures, processes, and culture across four A&amp;E sites in Lothian.</p> <p>Fieldwork was undertaken in October and November 2017 and reported to the December 2017 Board. Our review identified a number of higher risk findings including compliance with Scottish Government guidance, the NHS Lothian SOP alongside wider organisational culture considerations. As a result of the whistleblowing Scottish Government also commissioned an independent investigation. NHS Lothian took the recommendations extremely seriously, immediately taking action to improve the controls and devising a detailed action plan. This was owned by the Deputy Chief Executive with support from the SMT.</p>
Whistle blowing allegation regarding procurement of MRI scanners	We were requested by the Director of Finance to undertake a review of the arrangements in place and decision making process in regards to the procurement of MRI scanners, following receipt of a whistle blowing. This has been reported to the Director of Finance and the whistleblowing champion.

2.10 We can confirm that no restrictions were placed on our work by management.

2.11 During the year one member of the internal audit team unfortunately passed away following a long term illness. As a result the internal audit programme was re-allocated within the existing team, with some work re-profiled to accommodate the in-year requests for internal audit assistance, and additional resource utilised from graduate trainees within NHS Lothian, for a period of two days per week for eight weeks, and resource from Grant Thornton, also for a period of six weeks. This has ensured that sufficient work was still undertaken across the areas of: governance; risk management and control to inform my annual report and opinion.

## **Reports**

2.12 We have prepared a report for each of the internal audit reviews completed and presented these reports to the Audit and Risk Committee.

2.13 Where relevant, all reports contained management action plans detailing responsible officers and implementation dates. The reports were fully discussed and agreed with management prior to submission to the Audit and Risk Committee.

2.14 We made no critical or significant recommendations that were not accepted by management.

### 3. Summary of reports by control objective and action grade

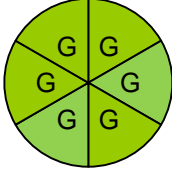
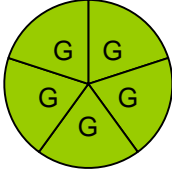
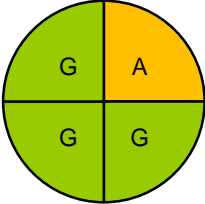
19 internal audit reports have been issued in 2017/18, as summarised in the below tables.

In addition to the reports detailed below we issued a report in regards to the controls, processes and governance in place within NHS Lothian related to the 4 hour emergency care standard, which arose as a result of a whistle blowing allegation, which did not follow the standard internal audit report format.

For our standard internal audit reporting format an updated rating system was introduced from December 2017 onwards, and we have split the reports in to those issues pre and post December 2017:

Pre-December 2017:

Review	Control objective assessment	No. of issues			
		Critical	Significant	Important	Minor
Volunteers expenses		-	-	5	-
Equality and diversity		-	2	3	1
Financial ledger		-	-	2	1
Hospital laundry		-	2	1	1

Review	Control objective assessment	No. of issues			
		Critical	Significant	Important	Minor
Volunteer Recruitment and reimbursement		-	-	5	-
Property transaction monitoring		-	-	1	1
Private Patient Funds		-	1	1	3

Post December 2017:

	Control objective – level of assurance					Critical	High	Medium	Low
Fixed Assets	Significant	Significant	Significant	Significant	Significant	-	-	-	1

	Control objective – level of assurance					Critical	High	Medium	Low
Consultants' Job Planning	Moderate	Moderate	Significant	Moderate		1	1	6	-
	Moderate	Significant	No Assurance	Moderate					

	Control objective – level of assurance						Critical	High	Medium	Low
Information Governance	Significant	Moderate	Significant	Moderate	Significant	Significant	-	1	2	1

	Control objective – level of assurance				Critical	High	Medium	Low
Waiting Times – Monitoring and Reporting of Elective Care Performance	Significant	Limited	Significant	Limited	-	2	-	1

	Control objective – level of assurance				Critical	High	Medium	Low
Network Management	Significant	Limited	Significant	Significant	-	1	-	1

	Control objective – level of assurance					Critical	High	Medium	Low
Mandatory Training	Moderate	Significant	Significant	Moderate	Significant	-	-	2	1



	Control objective – level of assurance					Critical	High	Medium	Low
IT applications	Moderate	Moderate	Significant	Moderate	Significant	-	-	3	1

	Control objective – level of assurance					Critical	High	Medium	Low	
Medicines Management on Wards	Significant	Significant	Moderate	Significant	Moderate	Moderate	-	1	3	3

	Control objective – level of assurance					Critical	High	Medium	Low
Healthcare Governance: Child Protection Services	Significant	Significant	Significant	Significant	Significant	-	-	-	-

	Control objective – level of assurance					Critical	High	Medium	Low
Use of Nursing Midwifery Workload and Workforce Planning Tools	Moderate	Moderate	Moderate	Moderate	Limited	-	1	5	1

	Control objective – level of assurance				Critical	High	Medium	Low
Complaints Management	Significant	Moderate	Significant	Significant	-	1	4	1
	Moderate	Moderate	Limited	Significant				

	Control objective – level of assurance					Critical	High	Medium	Low
Midlothian IJB - Transformational Funding	Significant	Limited	Significant	Limited	Significant	-	2	-	1

The definitions used to grade reports, control objectives and individual actions are set out in Appendix 2.

## Commentary

- 3.2 During the year we identified certain higher risk findings across our work.
- 3.3 In each case we have agreed a management response to these recommendations, and the action is being implemented. Throughout the year we follow up on the implementation of internal audit recommendations and can report good progress by management in implementing recommendations.
- 3.4 The one area we outlined no assurance was related to a specific control objective on consultant job planning. A good discussion took place at the April Audit and Risk Committee, attended by the Medical Director and the Medical Director is taking a series of actions to address the control deficiencies identified. We are comfortable that these control weaknesses are not fundamental to NHS Lothian's overall control environment.
- 3.5 Lastly, as referenced our work on unscheduled care identified a number of actions which although specific to NHS Lothian had wider organisational considerations for example: the use of NHS Lothian SOPs and the interpretation and application of these compared to national guidance, the creation of local procedures and how these are interpreted and followed over time and cultural style and working. Since the identification of these issues this has been a key priority for NHS Lothian with immediate action taking place alongside a detailed short-medium term action plan. A key aspect of this plan is the work of organisational development in supporting teams and embedding the NHS Lothian culture and values throughout.
- 3.6 Given the wider NHS Lothian nature of these issues, the profile and potential reputational risks we have identified this work within our annual opinion, set out in Section 5.

# 4. Performance of Internal Audit

## Independence

- 4.1 PSIAS require us to communicate on a timely basis all facts and matters that may have a bearing on our independence.
- 4.2 We can confirm that the staff members involved in each 2017/18 internal audit reviews were independent of NHS Lothian's operational processes and their objectivity was not compromised in any way.

## Conformance with Public Sector Internal Audit Standards

- 4.3 The Chief Internal Auditor has completed an internal quality assessment of the service provided by the internal audit service, using guidance issued by H M Treasury.
- 4.4 The results of this assessment confirm that the internal audit service conforms to the Public Sector Internal Audit Standards, which are based on the International Standards for the Professional Practice of Internal Auditing. A summary of the results is provided at Appendix 1.

## Performance against Internal Audit performance indicators

- 4.5 We have a suite of internal audit performance indicators which we track and formally report to the Audit and Risk Committee quarterly, and are in the process of assessing these and updating these to ensure they remain relevant for 2018/19. Focus on ensuring achievement of all KPIs will continue to be a focus for 2018/19, and any proposed changes or updates to KPIs will be brought to the Audit and Risk Committee for approval.

# 5. Overall internal audit opinion

## Basis of opinion

- 5.1 The internal audit service at NHS Lothian is required to provide the Audit and Risk Committee with assurance on the systems of internal control. In giving an opinion it should be noted that assurance can never be absolute. The most that the internal audit service can provide is reasonable assurance that there are no major weaknesses in the whole system of internal control.
- 5.2 In assessing the level of assurance to be given, internal audit has taken into account:
- All reviews undertaken as part of the 2017/18 internal audit plan including the additional requests during the year;
  - Matters arising from previous reviews and the extent of management's follow-up action; and
  - The effect of any significant changes in NHS Lothian's objectives or systems.

## Internal Audit Opinion

- 5.3 Overall, Internal Audit's work indicates that NHS Lothian has a framework of controls in place that provides **reasonable assurance** regarding the effective and efficient achievement of the organisation's objectives and the management of key risks.
- 5.4 However we would highlight particular areas of risk around NHS Lothian's unscheduled care arrangements as identified in our report presented to the NHS Lothian Board in December 2017. Particular risks related to compliance with national guidance and NHS Lothian's SOP, recording and reporting of accurate data, and certain organisational culture considerations. Subsequent to our report NHS Lothian management has implemented a revised SOP and taken a number of actions to address the control deficiencies identified. A further independent review was undertaken on behalf of the Scottish Government which is due to report in 2018/19 and Management has reiterated their commitment to take forward the additional actions in this report, particularly in respect of governance, culture and working practices.
- 5.5 Sufficient arrangements are in place, in the areas Internal Audit has reviewed, to promote value for money and secure regularity and propriety in the administration and operation of NHS Lothian controls.

**Chief Internal Auditor**

**18 June 2018**

# Appendix 1 – Summary of Internal Quality Assurance Assessment

We are required by Public Sector Internal Audit Standards to disclose the outcome of our regular internal and external quality assessments. The table below summarises the outcome of our most recent internal quality assessment, in which we have assessed the extent to which our internal audit methodology conforms to the standards.

Standard	Does not conform	Conforms	Improvements identified
<b>Purpose &amp; positioning</b>			
• Remit		✓	
• Reporting lines		✓	
• Independence		✓	
• Other assurance providers		✓	
• Risk-based plan		✓	✓
<b>Structure &amp; resources</b>			
• Competencies		✓	
• Technical training & development		✓	✓
• Resourcing		✓	
• Performance management		✓	
• Knowledge management		✓	
<b>Audit execution</b>			
• Management of the IA function		✓	
• Engagement planning		✓	
• Engagement delivery		✓	
• Reporting		✓	
<b>Impact</b>			
• Standing and reputation of IA		✓	✓
• Impact on organisational delivery		✓	
• Impact on governance, risk and control		✓	

Overall, the Internal Audit service conforms to the requirements of the PSIAS.

We have identified a small number of actions, which will continue to improve the overall effectiveness and consistency with which our methodology is applied. In particular:

- Thinking about Internal Audit training and CPD activities for the team to endure their knowledge remains up to date and they build greater understanding of good practices in internal audit and emerging internal audit tools and techniques

- How we continue to focus on root cause in our internal audit work and ensuring our recommendations actively support management in mitigating/minimising risks. Linked to this a focus on ensuring our recommendations add value to NHS Lothian management and the NHS Lothian control environment helping to identify areas of under-control as well as over-control and inefficiency.

We are happy to provide Audit & Risk Committee members with further details of the information set out above and the assessment process, if required.

# Appendix 2 - Definition of ratings

A points system is used for deriving ratings for each control objective within audit reports, with the system based on the number and significance of control issues raised within audit reports. An updated system was introduced from December 2017 onwards, and we have detailed both the Pre December 2017 and Post December 2017 rating systems below.

## Pre December 2017

### Management Action Ratings

Action Ratings	Definition
<b>Critical</b>	The issue has a material effect upon the wider organisation – 60 points
<b>Significant</b>	The issue is material for the subject under review – 20 points
<b>Important</b>	The issue is relevant for the subject under review – 10 points
<b>Minor</b>	This issue is a housekeeping point for the subject under review – 5 points

### Control Objective Ratings

Action Ratings	Definition
<b>Red</b>	Fundamental absence or failure of controls requiring immediate attention (60 points and above)
<b>Amber</b>	Control objective not achieved - controls in place are inadequate or ineffective (21 – 59 points)
<b>Green</b>	Control objective achieved – no major weaknesses in controls but may be scope for improvement (20 points or less)

**Post December 2017**

**Findings and management actions ratings**

Finding Ratings	Definition
<b>Critical</b>	A fundamental failure or absence in the design or operating effectiveness of controls, which requires immediate attention
<b>High</b>	A key control failure has been identified which could be either due to a failure in the design or operating effectiveness. There are no compensating controls in place, and management should aim to implement controls within a calendar month of the review.
<b>Medium</b>	A control failure has been identified which could be either due to a failure in the design or operating effectiveness. Other controls in place partially mitigate the risk to the organisation, however management should look to implement controls to fully cover the risk identified.
<b>Low</b>	Minor non-compliance has been identified with the operating effectiveness of a control, however the design of the control is effective

**Report ratings and overall assurance provided**

Report Ratings	Definition	When Internal Audit will award this level
<b>No assurance</b>	The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.	The controls are not adequately designed and / or operating effectively and immediate management action is required as there remains a significant amount of residual risk (for instance one Critical finding or a number of High findings)
<b>Limited assurance</b>	The Board can take some assurance from the systems of control in place to achieve the control objective, but there remains a significant amount of residual risk which requires action to be taken.	<p>This may be used when:</p> <ul style="list-style-type: none"> <li>• There are known material weaknesses in key control areas.</li> <li>• It is known that there will have to be changes that are relevant to the control objective (e.g. due to a change in the law) and the impact has not been assessed and planned for.</li> </ul> <p>The controls are deficient in some aspects and require management action (for instance one 'high' finding and a number of other lower rated findings)</p>



<p><b>Moderate assurance</b></p>	<p>The Board can take reasonable assurance that controls upon which the organisation relies to achieve the control objective are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.</p>	<p>In most respects the “purpose” is being achieved. There are some areas where further action is required, and the residual risk is greater than “insignificant”.</p> <p>The controls are largely effective and in most respects achieve their purpose with a limited number of findings which require management action (for instance a mix of ‘medium’ findings and ‘low’ findings)</p>
<p><b>Significant assurance</b></p>	<p>The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective.</p> <p>There may be an insignificant amount of residual risk or none at all.</p>	<p>There is little evidence of system failure and the system appears to be robust and sustainable.</p> <p>The controls adequately mitigate the risk, or weaknesses are only minor (for instance a low number of findings which are all rated as ‘low’ or no findings)</p>

**Appendix 7**

***The City of Edinburgh Council***  
**Internal Audit**

**EIJB1701 – Health and Social Care Partnership  
Purchasing Budget Management**

Final Report

20 July 2018

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This internal audit review is conducted for the Edinburgh Integration Joint Board under the auspices of the rebased 2017/18 internal audit plan approved by the Audit and Risk Committee in December 2017. The review is designed to help the Edinburgh Integration Joint Board assess and refine its internal control environment. It is not designed or intended to be suitable for any other purpose and should not be relied upon for any other purpose. The Edinburgh Integration Joint Board accepts no responsibility for any such reliance and disclaims all liability in relation thereto.

The internal audit work and reporting has been performed in line with the requirements of the Public Sector Internal Audit Standards (PSIAS) and as a result is not designed or intended to comply with any other auditing standards.

Although there is a number of specific recommendations included in this report to strengthen internal control, it is management's responsibility to design, implement and maintain an effective control framework, and for the prevention and detection of irregularities and fraud. This is an essential part of the efficient management of the Edinburgh Integration Joint Board. Communication of the issues and weaknesses arising from this audit does not absolve management of this responsibility. High and Critical risk findings will be raised with senior management and elected members as appropriate

# 1. Background and Scope

## Background

In April 2014, The Scottish Government enacted new legislation, [the Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) (the Act) that required all Health Boards and Local Authorities in Scotland to integrate their health and social care services for adults.

This resulted in the creation of the Edinburgh Joint Integration Board (EIJB) which is responsible for commissioning; directing; and governing; the activities of the Edinburgh Health and Social Care Partnership (the Partnership). The Partnership comprises NHS Lothian, and the City of Edinburgh Council who work together to deliver health and social care services for adults across the City.

Four localities were established across Edinburgh in May 2017 to enable delivery of Partnership services, with emphasis on anticipatory planning for people's care needs and their long-term support in the community. Each locality is responsible for establishing and managing the resources required to support service delivery, including financial planning and management.

## Directions

The Act places an obligation on Integration Joint Boards to issue directions to the Partnership to ensure effective implementation of health and social care strategic plans. To date, the EIJB has issued the following financial directions to the Partnership.

1. **EIJB Direction 2 – Integrated structure** - the City of Edinburgh Council and NHS Lothian are directed to complete the implementation of Phase 2 of the integrated structure; including final assessment of budgetary position and establishment of budgets held on a locality basis; and
2. **EIJB Direction 3 – Key processes**
  - (b) redesign the referral process including the integration of Social Care Direct; and
  - (f) review and simplify the Funding Allocation System used to calculate indicative budgets

## Partnership Budget

The total Partnership budget for 2017/18 was £500M (2016/17 £676M). Of this, the total budget for social care services was £239M (2016/17 £190M), with the purchasing budget set at £148M (2016/17 £143M).

Social care services are predominantly delivered by the Council, with an approved purchasing budget for these services agreed at the start of each financial year. The main drivers of purchasing budget spend are:

- In house services – provision of in house services by the Partnership by CEC and NHS employees;
- Care at Home Contracts – provision of services with 3<sup>rd</sup> party suppliers to provide home care services;
- Block – provision of service via 3<sup>rd</sup> party suppliers with contracts based on pre-agreed volumes;
- Individual Service Funds (ISFs) – value of the care package is paid to a provider chosen by the client who then agrees with the provider how the care will be delivered;
- Direct Payments (DPs) – direct payment made to client who then arranges their own support; and
- Spot – spot purchasing of home care services from external 3<sup>rd</sup> parties when required.

## **Service Delivery and Technology Systems**

The Partnership is supported in social care service delivery by a number of established Council teams, for example; Business Support; Transactions; ICT Solutions; and Strategy and Insight. A full list of the teams contacted during the course of our audit review is included at [Appendix 3 – Partnership Support Teams](#).

The Partnership manages and records delivery of social care on Swift, an established Council care management database introduced in April 2006. All client information (for example assessment and personal support plans information) is recorded on Swift via the AIS (Adults Integrated Solutions) front end application. Swift also records financial data in relation to client financial assessments and external provider charges, and generates care payments and charges via an Oracle payment system interface. The system also supports service delivery planning and ongoing performance reporting.

Client assessment information is also maintained on the NHS 'TRAK' Patient Database, whilst the NHS 'Hospital Dashboard – Tableau' system is used to monitor hospital discharges where subsequent social care support may be required.

### **Scope**

This review was added to the 2017/18 EIJB internal audit plan following identification of a forecast overspend on the Partnership's home care purchasing budget of £12m for the 2017/18 financial year as at 31 August 2017. Initial analysis performed by finance confirmed that this appeared to be driven by increased demand for services and failure to deliver approved savings under the Health and Social Care Transformation Programme.

Our review assessed the adequacy and effectiveness of controls established across the Partnership to support service delivery by the Localities and demand management in line with approved financial budgets. Our full terms of reference are included at [Appendix 5](#).

A separate review of Social Care Commissioning has been completed as part of the EIJB 2017/18 Internal Audit plan.

## 2. Executive summary

### Total number of findings

<b>Critical</b>	-
<b>High</b>	4
<b>Medium</b>	-
<b>Low</b>	-
<b>Advisory</b>	-
<b>Total</b>	<b>4</b>

### Summary of findings

The forecast overspend on the Partnership's home care purchasing budget (£12M at 31 August 2017) has been addressed by obtaining £4.2M of recurring funding from the social care fund, and an additional one-off contribution of circa £7m from the Council.

Whilst this additional funding resolves the Partnership's 2017/18 budget position, it does not address the underlying root causes that contributed to the overspend. Council Finance senior management has advised that the Partnership has not achieved social care service delivery in line with agreed budgets since 2014/15, and attribute this to lack of strategic action to offset increasing ISF / DP growth (£16.6M in 2015/16 and £25.5M in 2017/18) and care at home demand; inability to deliver approved budget savings; and lack of implementation of both internal and external audit recommendations on both business and financial controls.

Our review has confirmed that Partnership management has not delivered against the financial directions (2 and 3) issued by the EIJB to the partnership organisations (the Council and NHSL), and identified four areas where significant and systemic operational and financial control weaknesses have adversely impacted upon purchasing budget spend. Consequently, four High rated findings have been raised.

Whilst noting that delivery against financial direction has not been achieved, it is acknowledged that the Partnership has been impacted by significant changes at senior management level, with three changes at Chief Officer level in the last year. A new senior management team has now been appointed and will focus on reviewing the current operational arrangements supporting service delivery.

The first High rated finding notes that as the Partnership's operating structure had not been finalised, financial budgets (including the locality purchasing budget) had not been devolved / allocated across the localities (as at December 2017), and that the client and cost data maintained in Swift was not aligned with the localities operating model. As a result, the Partnership has not yet met the requirements of the second EIJB direction (Integrated Structure), which required the establishment of locality budgets, and locality managers have been unable to effectively manage locality purchasing costs and budgets.

Management has advised that a 'purchasing realignment group' has been established and is working towards allocation of Partnership budgets across the localities by June 2018.

Our second finding notes that there is currently no funding allocation model used across the Partnership as required by the third EIJB direction (Key Processes – part f). resulting in non-compliance with the requirements of the Social Care (Self-directed Support) (Scotland) Act 2013, as the range of care

options prescribed by the Act cannot be accurately costed to support client choices. This issue was raised as a High rated finding in our Self-directed Support Option 3 review completed in August 2016, and has not yet been resolved.

This finding also reflects weaknesses in the design of financial controls that should be applied end to end processes to ensure that care packages are accurately and consistently costed with variances appropriately approved; care payments are stopped upon cessation of the service; and that all charges for additional services are completely and accurately applied. This finding also highlights a lack of controls within the Swift system enabling care costs to be overwritten, and a lack of segregation of duties when processing Individual Service fund and Direct Payment payments that should be immediately addressed.

The scale and complexity of the operational structure and lack of understanding of holistic processes, responsibilities, and accountabilities of the teams supporting delivery of social care is reflected in our third finding. This finding highlights that end to end procedures supporting service delivery have not been established; the significant number of hand offs between teams involved; and high volumes of manual workarounds applied.

The need to implement a framework to support contract and grant management across the Partnership, with focus on improving controls supporting ongoing supplier and contract management is reflected in our fourth finding. Our main concerns here are that there are no clearly established delegated authorities supporting issue of contracts; contracts are currently being issued in the name of a former employee; contracts are not consistently priced; there is no clearly defined operational guidance supporting use of spot contracts; and no monitoring performed to confirm that the volume and cost of spot contracts is reasonable. Management has advised that a new Partnership contracts manager has recently been appointed who will be responsible for progressing work in these areas.

Effective financial and budget management is also an important element of commissioning, as budgets generally constrain capacity to deliver services. A separate review of social care commissioning (EIJB1702) was completed in June 2018, and the outcomes reported separately. The findings raised in the commissioning review in relation to maturity of social care commissioning; management capacity; and the need for clarity on roles and responsibilities should be considered in the context of addressing the findings raised in this report.

## Management Response

Whilst Partnership and Customer senior management recognise the need to address the financial control weaknesses identified, a wider review of both strategic (for example options in relation to Swift) and current operational service delivery arrangements is required, with appropriate project management resource and capacity to support this process.

In the interim, a Partnership working group will be established / existing working groups refreshed. This group will include Partnership senior management and representation from Finance; Customer; ICT; and Strategy and Insight. The group will ensure that these findings are included in the wider service delivery review, and incorporated into an overarching plan that focuses on delivery of strategic and operational service delivery solutions, with initial focus on addressing the supplier and contract management issues raised in Finding 4.

The Partnership working group will be established by the Chief Finance Officer by **28 September 2018** and the plan produced by **21 December 2018**. The plan will then be reviewed by IA to confirm that it addresses all findings raised in this report, and individual IA findings raised to support subsequent IA follow-up to ensure that the control gaps identified have been effectively addressed.

In the interim, control gaps that expose the Partnership to significant financial risk, or gaps that can be remediated in the short to medium term will be addressed. Management responses in relation to these and agreed implementation dates are included in the detailed findings at Section 3 below.

## 3. Detailed findings

### 1. Purchasing Budget Allocation

Findings	
<p>Whilst an overall Partnership purchasing budget has been established, the budget had not been appropriately devolved / allocated across the localities as at December 2017. Additionally, care package cost data maintained on the Swift system is not aligned with the localities operating model, and no locality financial management information is currently available.</p> <p>Locality Management has advised that they are aware of these issues.</p> <p>Finance senior management confirmed that a draft report was presented to the Partnership senior management team in April highlighting the need for alignment of financial budgets; income and cost centres with the localities operating model. The draft report notes that this exercise is a significant undertaking as it requires amendments to the general ledger; Swift; and other core financial systems.</p> <p>We understand that a 'purchasing realignment group' has been established to resolve allocation of budgets across the localities by June 2018. If this can be resolved in June, locality reporting and budget management will be effective from quarter 2 2018/19.</p>	
Business Implication	Finding Rating
<ul style="list-style-type: none"> <li>Failure to deliver against EIJB direction 2, which requires that budgets should be established and maintained on a locality basis; and</li> <li>Locality managers are unable to monitor actual in comparison to planned spend for their localities; and</li> <li>Budget overspends are not identified in a timely manner.</li> </ul>	<div style="background-color: red; color: white; padding: 10px; width: 60px; margin: 0 auto;">High</div>
Action plans	
Recommendation	Responsible Officer
<ol style="list-style-type: none"> <li>A detailed financial budget allocation delivery plan should be developed with defined timescales for each stage of the implementation of the locality operating model budgets.</li> <li>A consistently applied budget monitoring process should be clearly defined, documented, implemented, and communicated to all budget managers within the Locality operating model; with training provided to budget managers on how budgets should be managed.</li> <li>The budget monitoring process should include, but not be restricted to: <ul style="list-style-type: none"> <li>Agreement on how overspends should be managed against increasing demand for services;</li> <li>Responsibility for ongoing oversight of locality budgets and upward reporting to relevant governance forums / committees; and</li> </ul> </li> </ol>	Chief Finance Officer



4. A detailed plan should be developed and implemented, to ensure that the Swift system is updated so that H&SC Swift system care costs and recharges are aligned with and set against the relevant locality budgets.	
<b>Agreed Management Action</b>	<b>Estimated Implementation Date</b>
These recommendations will be addressed within scope of the strategic management action detailed in the Executive Summary at Section 2.	

## 2. Financial Controls

### Findings

Our review identified a number of significant financial control gaps across the teams supporting delivery of social care by the Partnership, and the processes they apply:

#### 1) Funding allocation model

There is currently no funding allocation model established within the Partnership to ensure that budgets for packages of care are established and monitored based on an ongoing assessment of client needs.

Additionally, there is no evidence to confirm that each of the self-directed support options have been fully discussed with clients, and that they are given the opportunity to choose from the available self-directed support options.

This issue was raised as a High rated finding in our Self-directed Support Option 3 ‘Communication of the budget’ review completed in August 2016, and has not yet been resolved.

#### 2) Delegated financial authorities

No clear delegated financial authorities have been established for approval of the cost of care packages or spot purchase contracts.

Our review established that a number of interim financial guidance documents have been issued, and that there is a lack of clarity re the actual authorisation limits that should be applied. Further details of the guidance that has been issued is included at [Appendix 2](#).

Additionally, the Service Matching Unit (SMU) is processing packages of care initiated by hospital occupational therapists with no independent approval of costs by localities. It was not possible to identify the total volume and costs of these care packages, as it is understood that there is no unique identifier allocated to these cases to confirm their source.

Review of approval of personal support plans for a sample of 20 Individual Service Fund (ISF) and Direct Payment (DP) cases in comparison to the approval limits included within interim financial approval process and the national care home nursing care rate (included within the two documents provided by management as being the current authorisation limits applied as detailed within appendix 2) identified:

- at least five cases that were not appropriately approved within the specified limits; and
- a further four cases where the personal support plan was signed off by either a Hub or Cluster Manager where the cost of care exceeded the £2K per week limit specified. We were unable to confirm whether additional levels of authorisation were required for these costs, as this was not detailed in the interim procedures.

#### 3) Charging Policy / Procedures

Charging policies to support consistent and accurate pricing and charging of social care services provided to clients in addition to their assessed needs have not been finalised. Whilst the Transaction

Team confirmed draft charging procedures have been prepared, Partnership Senior Management has confirmed that there is currently no owner of charging policies and procedures,

Information regarding paying for care and the financial assessment process is available on the Council's external website at [Care and Support at Home](#), however we could not establish who owns this web content and whether the charges specified are accurate. The details provided are not aligned with the information published on the Orb (refer: [receiving care and support at home](#) guidance dated 2013-14 which specifies a rate for £12.50 per hour for any chargeable services.

We did confirm that client charges are being applied on Swift, however, the completeness and accuracy of charges applied could not be confirmed due to lack of an established charging policy detailing the costs to be applied for additional services.

In addition; the Transactions Team confirmed that if an 'allocated worker' has incorrectly indicated whether an element of the support (to be provided) is chargeable, this results in the client either being billed in error or not at all. The Transactions Team indicated that they are not able to assess the completeness and accuracy of the billing report which is produced from the Swift System.

#### **4) Cessation of and reduction in service**

Notification of cessation of and reduction in service is not provided by Social Workers to Business Support in a timely manner, resulting in reliance on external providers to advise of changes in service, and overpayments that must be reclaimed retrospectively from the relevant providers.

All changes should be advised to Business Support by Social Workers via updated case notes on Swift. Notification can also be provided by General Practitioners and hospitals via a share point portal.

This process is not operating effectively partly due to the backlog of locality client reviews and issues regarding the timely update of the SharePoint portal.

Our sample testing identified two overpayments to the value of £14k that had not been reclaimed from external providers.

#### **5) Swift system controls**

Standard care cost rates specified in the 'guide to price' owned by the Partnership's contracts team-are not hard coded into the Swift system to ensure consistent costing of care packages. Our review also confirmed that care costs can be manually entered into Swift.

Additionally, there are no established system approval controls to prevent unauthorised creation or cancellation of services; or changes to the nature or cost of existing services.

Review of a sample of 20 provider rates noted on Personal Support Plans (10 ISFs; and 10 DPs) by the allocated Social Worker and approved by their line managers identified a number of differences between rates detailed in the guide to price; the rates recorded in Swift; and the rates noted on the support plans

We have been unable to confirm whether pricing approval controls are available within Swift, and have not been activated.

#### **6) Payment Controls**

A number of significant control gaps were identified in relation to the payment processes applied by Business Support and the Social Care Finance Transactions Team that require to be addressed, most notably key person dependency and lack of segregation of duties within the Transactions Team.

#### **Business Support - invoice processing and subsequent payment run**

- Significant volumes of queries are raised by Business Support on invoices received from suppliers where they do not include client names or reference numbers, and often include unusual service rates;

- Business Support have only a one hour window to review and process Care at Home invoices on Swift (we understand that this is attributable to a unique one hour window in Swift when invoice headers for Neighbourhood Care at Home Contract Providers can be created - the 'AGEN' hour) impacting their ability to address all invoice queries prior to payment;
- Checks carried out on pre-payment reports are minimal due to transaction volumes and resource constraints; and
- Business support highlighted that a number of providers charged higher rates over the festive period, that were not subject to formal approval.

#### **Individual Service Funds (ISFs) – Transactions Team**

- There is lack of segregation of duties and key person dependency associated with ISF payment processing as one employee is solely responsible for updating service details (including payments) on Swift, and the processing; reviewing; and approving the ISF payment run;
- There is no one else within the team with the knowledge and skills to perform these tasks and the responsible (part time) employee currently manages their annual leave to avoid the timing of payment runs;
- The team confirmed that varying rates are being agreed with ISF providers that are not aligned with the 'guide to price' owned by the contracts team;
- Checks carried out on pre-payment reports are minimal due to transaction volumes and resource constraints and
- Retrospective adjustments are required where a change to the nature or cost of the service provided, or a change in level of client contribution is not advised and processed in a timely manner, resulting in inaccurate payments to providers that have to be subsequently adjusted.

#### **Direct Payments – Transactions and Business Support Teams**

Direct Payments can either be loaded on to a payment card or paid directly into the client's bank account. A review of client expenditure is performed to ensure that clients appropriately disburse funds to meet their assessed needs. Review of this process confirmed that:

- the Transactions team experienced difficulty in identifying new DP cases from Swift workflows as social workers use inconsistent narrative to describe the package of care;
- Checks carried out on pre-payment reports by the Transactions team are minimal due to transaction volumes and resource constraints;
- Reviews of quarterly client paper returns by Business Support (for funds paid directly into client bank accounts) to confirm appropriateness of expenditure for clients not using loaded payment were delayed by a quarter;
- There is no clearly defined methodology supporting sample selection and review of client paper returns within Business Support; and
- The Direct Payment reclaim figure for 2017/18 (reclaim of inappropriate expenditure by clients) was £1.5M.

It is understood that the Business Support is in the process of transferring clients who receive funds directly into their bank accounts on to prepaid cards, enabling more effective real time monitoring of client expenditure, and that submission of paper returns for funds paid directly into client accounts are moving from quarterly to six-monthly.

Business Implication	Finding Rating
<ul style="list-style-type: none"> <li>• Non-compliance with the requirements of the Social Care (Self-directed Support) (Scotland) Act 2013;</li> </ul>	<p><b>High</b></p>

- Financial decisions are made outwith approved authority levels;
- Variations in cost of care are not appropriately authorised;
- Income is not maximised
- Clients are incorrectly charged for contributions to service provision;
- Ineffective supplier management and overpayments for services provided;
- Inconsistent pricing applied to packages of care;
- Packages of care are overpriced;
- Potential risk of fraud;
- Inaccurate payments; and
- Direct Payment reclaims are not processed

### Action plans

#### Recommendation

#### Responsible Officer

1) A funding allocation model or alternative solution should be designed and implemented to ensure that clients are provided with details of their budget when considering their options, (as per legislative requirements), with evidence of budget discussion recorded on Swift;

2) Delegated financial authorities should be established and implemented across the Partnership. These will include (but should not be restricted to) responsibility for approval of care package costs originated from all sources; and details of approval for spot purchase contracts.

A process should also be established and implemented to ensure that evidence of approval in line with delegated authorities is recorded and retained.

An appropriate owner of delegated authorities should be established and timeframes established for their ongoing review and refresh;

3) A charging policy for services provided should be established and implemented across the Partnership. This should specify the charges to be applied for additional services provided.

A process should be established to confirm that these charges are consistently applied.

Charges currently published on the Council's website and on the Orb should be updated to reflect the revised charging policy, and refreshed in line with ongoing review and refresh of the policy.

An appropriate owner of the charging policy should be established and timeframes established for its ongoing review and refresh;

4) A process should be established to ensure that Business Support are advised re cessation of or reduction in services in a timely manner, either by social workers or third party providers;

5) Agreed provider rates should be automatically built into the Swift system. Where the 'alternative cost' field requires to be used, additional authorisation should be obtained in line with agreed delegated authorities.

6) Financial controls available within Swift System should be reviewed and implemented (where feasible) to ensure care costs either cannot be overwritten, or (where they are overwritten) a clear audit trail is available for review.

4) 8 and 10 Neil Jamieson, Senior Manager, Customer

12) John Arthur, Senior Manager, Business Support

- 7) A communication should be sent to all providers specifying that invoices should include client names; reference numbers; and accurate hourly service rates charged;
- 8) Appropriate sample based checks should be performed on pre-payment run reports to confirm the completeness and accuracy of invoices processed by all teams responsible for payments;
- 9) Business Support should escalate any rates applied by providers that are not aligned with agreed rates to management for approval in line with delegated authorities;
- 10) Key person dependency and segregation of duties issues within the Transactions team should be addressed immediately;
- 11) A standard process should be established to ensure that Direct Payment cases are clearly recorded on Swift with a unique identifier, enabling the Transactions team to easily identify them for inclusion in payment runs; and
- 12) A risk based approach should be designed; implemented; and consistently applied to support ongoing review of client paper based returns for Direct payments within the Business Support team, with all instances of inappropriate expenditure escalated for immediate reclaim.

**Agreed Management Action**

**Estimated Implementation Date**

- |  |   |
|--|---|
| <p>1. Management has advised that they will 'risk accept' this recommendation on the basis that the Partnership is compliant with the spirit of SDS legislation as funding is being allocated on the basis of the SDS legislation and is therefore compliant with the spirit of the legislation. There is recognition that the evidence of conversations in relation to allocation of funding should be recorded and this will be addressed as part of the review of the Swift system.</p>   | <p>1. N/A</p>   |
| <p>4. Process is in place for Care homes. Providers submit form with returns to identify changes of circumstances which would affect charging levels (e.g. hospitalisation). No further action required.</p> <p>Transactions would expect that service authorisation would be achieved prior to the activity for financial assessment, otherwise the calculation would be inaccurate. This is a requirement of social workers. Actions will be addressed as part of wider strategic recommendation for the Partnership.</p> <p>Early investigations are in place to determine the legitimacy of the charging team sitting within Business Support, and whether it would be more appropriate to bring this service within Transactions.</p> <p>Due to inappropriate data base use by services in the past, some areas (Transactions Community Alarm Team) make it difficult to ascertain eligibility to continued service. Whilst this risk is mitigated by checks and balances, confident adherence will not be in place until this service is processed within SWIFT and linked to all other social services.</p> | <p>4. 31 January 2019 for decision re charging team; and<br/>29 March 2019 for SWIFT replacement</p> <p>8. 29 March 2019</p> <p>10. 31 October 2018</p> <p>12. 28 September 2018 for IA follow-up</p> |
| <p>8. A quality control framework for sample based checking that is aligned with the process applied to checking benefits payments will be developed (with support from the Quality Control team) and implemented. We will aim for the process to be implemented and operational by 21 December 2018, with a three month period to embed and final closure by 29 March 2019.</p>   |   |

10. The Transactions team have recently decided to apply additional resource to support this function immediately. As well as this, the Team Manager and Customer Manager will be looking across the entire team structure to ensure that segregation of duties is addressed sufficient resilience exists by cross training individuals to participate in the process.

12. The backlog has been addressed and the review process changed to review the full population of client returns every 6 months with effect from January 2018.

Recommendations 1 – 3; 5 – 7; 9; and 11 will be addressed within scope of the strategic management action detailed in the Executive Summary at Section 2.

### 3. Operational structure and processes

#### Findings

Our review confirmed that a significant number of Council teams are involved in supporting the Partnership with delivery of social care.

No holistic social care processes and supporting operational procedures have been established to ensure effective service delivery. The processes applied within individual teams are often complex, involving use of both Council and NHS systems; involve a significant number of hand offs between teams; and involve high volumes of manual workarounds.

A review of a sample of social care operational processes applied by the teams involved, confirmed that they are performed inconsistently and often without a full understanding of their overall purpose or objective, and that the volume of briefing emails issued detailing changes to procedures causes confusion for the teams performing the processes. Additionally, a number of links to procedural documentation on the Orb are broken, or documents have been removed and not replaced. Further detail is provided below:

#### 1. Locality Processes and Procedures

Draft Hub Standard Operating Procedures were created in December 2017 and have not yet been finalised. These provide a high-level overview of locality service delivery and are not supported by current detailed operational procedures.

#### 2. Service Matching Unit (SMU)

- End to end SMU procedures have not been fully reviewed and refreshed since 2012. The SMU Business manager did provide evidence of standalone procedures and process maps that had been reviewed and revised, however these were unclear, and have not been incorporated into end to end procedural documentation.
- Controls in relation to approval of packages of care by hospital Occupational Therapists (OTs) are unclear. The SMU Business Manager was unaware that there had been a 'verbal instruction' received from a locality manager which enabled SMU staff to process all service requests received from occupational therapists without approval. When this issue was identified, the SMU Business Manager issued an instruction to the SMU team limiting the number of hours that could be processed without approval to 18 hours, until the process is clarified.
- Additionally, an inconsistent approach was evident in relation to requests for care received from hospitals, and those received from Social Care Direct (SCD) or social workers, as hospital requests are not supported by a client assessment.

For hospital requests, SMU issues a memo to the third-party care provider asking them to contact the allocated worker directly if they require further information on client needs. Additionally, no

process documentation was evident detailing the process to be applied when sharing personal, sensitive client information with third-party providers.

### 3. Social Care Direct (SCD)

- The need to review and update SCD processes supporting screening and allocation of care referrals to service areas was highlighted by Internal Audit in October 2015, as processes applied were inconsistent and did not include ‘trigger points’ to ensure that clients remained informed of progress with their cases.

SCD processes have not yet been updated, and an SCD options appraisal (being completed by Strategy and Insight); that would improve how referrals are received, recorded, and responded to across the localities is understood to be ‘ongoing’.

Additionally, existing SCD processes have been criticised by the Care Inspectorate and a number of issues were highlighted within the internal Partnership quality assurance report in December 2017.

- Our review also established instances where SCD are copying and pasting client information received from hospitals into the Swift system / Assessment of Needs Forms;

### 4. Client Review Process

There is currently a significant backlog of client reviews to be completed across the localities; and completed reviews are not recorded consistently on Swift to support a clear audit trail between the review and subsequent changes to the nature and cost of care. Specifically:

- The ‘Adult Care Service Reviews’ procedure was last updated in December 2015. The procedure notes that the outcomes of the reviews would be recorded in the ‘My Steps to Support Review Tool’ on the Swift / AIS system or in a Case note titled ‘Review Outcome’ for ease of identification; and
- There was evidence supporting completion of client reviews in Swift, however, the outcomes and decisions are not always consistently recorded in the ‘Outcomes’ and ‘Decisions’ tabs within the system. Some review outcomes were included within case notes; however, these outcomes /decisions were not always clear due to the volume of information included within the case notes.

### 5. Technology Issues

A number of the social care processes require creation of documents such as the Assessment of Needs through a mail merge function within the Swift system. This functionality does not work with Microsoft 2016, resulting in employees reverting to Microsoft 2013 to generate these documents. CGI has advised that this is unsustainable as Microsoft 2013 will become unsupported. No detailed timeframes have been confirmed.

Business Implication	Finding Rating
<ul style="list-style-type: none"> <li>• End to end processes supporting service delivery risks are not clearly understood and are not effectively managed;</li> <li>• Poor quality service for clients;</li> <li>• For care requests received from hospitals, providers may not fully understand the needs of the client and client needs may not be met;</li> <li>• Clients are not effectively matched with the most appropriate service provider;</li> <li>• Incorrect client data is copied into the Swift system and populated in Assessment of Needs Forms;</li> </ul>	<div style="background-color: red; color: black; padding: 10px; width: 60px; margin: 0 auto;">High</div>

- Potential breach of General Data Protection Requirements (effective 25 May 2018) if there is no established process supporting provision of client information to third parties in a secure and compliant manner;
- Review outcomes are not identified and required changes in levels of care not communicated to care providers and associated costs revised;
- There is no clear link from assessments through to revised personal support plans; changes in care provided; and the associated cost;
- Current processes supporting generation of key documents via the mail merge process are unsustainable.

### Action plans

#### Recommendation

#### Responsible Officer

- 1) A review of holistic social care processes should be performed from point of origination / referral to ongoing review and payment processes; and new processes designed and implemented.  
These processes should include (but not be restricted to) responsibilities and accountabilities and hand offs between the teams involved.  
Key controls and checks to be performed to confirm that service delivery is consistently recorded in Swift, costed, and processed completely and accurately should also be included in process documents;
- 2) The process for recording client reviews in Swift should be specifically documented; implemented and consistently applied; and
- 3) ICT should be formally engaged to ensure that an alternative solution is found for the generation of key client documents via Swift; prior to support for Microsoft 2013 being removed.

#### Agreed Management Action

#### Estimated Implementation Date

These recommendations will be addressed within scope of the strategic management action detailed in the Executive Summary at Section 2.

## 4. Supplier and Contract Management

### Findings

A number of significant and systemic control weaknesses have been identified in relation to supplier and contract management where third-party providers are used to provide social care services.

#### 1. Contract Authorisation

The register of 'Proper Officers' held by the Council's Committee Services Team has not been updated to reflect the Partnerships delegated authority for signing contracts under the Council's Scheme of Delegation. A number of contracts continue to be issued with manual signatures, and it is unclear whether these signatories have the required authority.

Additionally, a significant number of contracts (mainly Care at Home Contracts) are being issued with the electronic signature of a former employee. This issue was immediately escalated to the Interim Chief Officer when identified (5 January 2018) and has not yet been fully resolved. [Appendix 4 – Timeline – Electronic Signatures](#) includes details of the issue and progress and actions implemented to date.



## **2. Contracts Team**

The Partnership contracts team is responsible for procurement; agreeing rates with on contract and spot service providers; monitoring supplier performance; and also own the 'guide to price' which specifies the cost of services provided.

Review of the contracts team established that:

- they currently have no established operational processes and procedures;
  - no clear approval and change management process has been established to support changes to the cost of services detailed in the guide to price. The rates included on the Orb are noted as April 2018 rates, however there is no clear audit trail supporting how these costs were established and approved;
  - the 'guide to price' is not aligned with the service costs included in the Swift system;
  - there is no defined ownership of and review of agreed third party supplier rates charged for cost of care, and no established maximum limits for off contract 'spot' purchases;
  - no monitoring is performed on Individual Service Fund (ISF) care providers to ensure that clients are receiving the expected level of care. Effective monitoring of ISFs was raised as a High rated finding in the Personalisation and SDS (Self-Directed Support) – Stage 3 audit report issued in June 2015.
  - Quarterly returns are received from ISF providers detailing how funds received have been disbursed on client care, but are not reviewed due to lack of resources. The Individual Service Fund Agreements request providers to submit quarterly returns, however, there are no detailed procedures specifying the checks to be performed; or when payments should be delayed (as specified in the Payment section of Provider agreements issued by the Contracts Team);
- Consequently, reliance is placed on client complaints or case reviews to identify instances where clients are not receiving the level of service specified within personal support plans. A review of 10 ISFs confirmed that six monthly case reviews had not been completed for 60% of our sample;

## **3. Care at Home Contract**

No formal process has been established to ensure that 'on contract providers' contact the Partnership to advise when the client has been unable or unwilling to accept the service for four consecutive weeks.

The current Care at Home Contract enables 'on contract providers' to continue to receive automatic payments (90% of the client's personal budget) during any length of temporary client absence (section 4.3.5), but does not include a formal definition of 'temporary'.

The contract also specifies (section 4.5.2) that if a client is unable or unwilling to accept the Service for four consecutive weeks and / or the provider believes that they can no longer meet the client's needs, then the provider should contact Social Care Direct to request a review.

Business Support identified one client who was in hospital for more than 3 months, where the provider had been paid £9K. Due to the backlog of reviews, it was unclear whether a review had been requested by the provider and not completed. Business Support persuaded the provider to refund part of the payment, however, the provider was under no contractual obligation to do so.

## **4. Spot Contracts**

Discussions with the teams involved in matching assessments to providers confirmed that a significant volume of spot contracts are issued to meet increasing demand for care. Review of processes supporting the issue of spot contracts confirmed that:

- review of a sample of Spot contracts issued on behalf of Partnership by the Service Matching Unit and Transactions team identified four different variations of the same contract that included different clauses. There is currently no established owner for the content of these contracts;

- there is no clear guidance available detailing when spot contracts should be used. Current practice is that where a package of care cannot be matched to an existing provider and no guide price is available for the service, then a spot contract should be used;
- no management information is available detailing the volume of spot contracts issued, as use of spot contracts and their associated costs are not recorded using a unique identifier in Swift;
- there is no established guidance on acceptable spot contract rates.
- review of a sample of spot contracts established that they do not consistently specify the rate applied for the cost of care. 60% of our sample of spot contracts simply included a weekly total;
- Electronically signed spot contracts are not consistently returned to business support by providers enabling subsequent validation of contract rates against invoices received prior to payment.

#### Business Implication

#### Finding Rating

- Contracts may not be legally enforceable;
- The contracts team is not operating and supporting the Partnership effectively;
- Inconsistent pricing applied to packages of care;
- Inability to confirm that client care needs are being effectively met by ISF service providers;
- Overpayment to 'on contract' where service has not been provided to clients for four consecutive weeks;
- Excessive use of spot contracts that are not appropriately priced;
- Inconsistent terms in spot contracts issued; and
- Spot contract rates are not validated prior to invoice payment;

**High**

#### Action plans

#### Recommendation

#### Responsible Officer

A new framework to support management of contracts and grant across the partnership should be designed and implemented. This should include (but not be restricted to) the following areas:

- 1) Authorities for issuing contracts should be agreed across the Partnership and the register of proper officers updated to reflect the outcomes of this review;
- 2) Revised authorities for contract approval should be communicated and implemented across the Partnership;
- 3) A solution should be implemented to prevent issue of electronically signed contracts by former employees;
- 4) A process should be established to ensure that contract delegated authorities are revised to reflect all new starts and leavers;
- 5) A formal owner of contract authorities should be established and timeframes agreed for their ongoing review;
- 6) Procedures should be established to support the operation of the Partnership contracts team;
- 7) The 'guide to price' should be reviewed and updated to reflect current cost of care (including agreed third-party supplier and spot contract rates), with changes communicated across the Partnership. This document should be used as a single source of truth for pricing.

Costs of care per the guide to price should be updated in the Swift system.

An appropriate owner of delegated authorities should be established and timeframes established for their ongoing review and refresh.

A change management process should be established to support all future guide to price changes in line with approved delegated authorities, ensuring that the changes are also updated on Swift in a timely manner;

- 8) A process should be established to ensure that quarterly provider ISF returns are reviewed to confirm that clients are receiving the expected level of care.

The process should include a clear escalation procedure where it is identified that clients are not receiving the expected level of care.

The review performed should be a risk based sampling approach, with all results and actions taken clearly documented and retained;

- 9) The process for delaying payments to ISF providers should be clearly documented, and should include effective engagement with providers specifying ISF payments have been withheld;

- 10) A process should be established to ensure that the Partnership is advised of all instances of client hospitalisation that lasts for more than four weeks, so that appropriate payment adjustments can be agreed with on contract providers;

- 11) The spot contract template should be reviewed and refreshed, with support from Legal, to ensure that the content of all contracts issued is consistent, and includes specification of rates applied for cost of care in line with the guide to price.

A formal owner of the contract template should be established and timeframes agreed for ongoing review of the content;

- 12) Guidance should be established detailing when spot contracts can be used, and communicated across the partnership.

This guidance should include the requirement to use a unique identifier or field (if possible) on Swift to ensure that spot contracts can be easily identified;

- 13) Management information detailing the volume and value of spot contracts issues should be produced (at least monthly) and provided to budget managers; and

- 14) A process for review and retention of spot contracts should be established, enabling rates applied to be agreed to invoices processed by Business Support prior to invoice payment.

**Agreed Management Action**

**Estimated Implementation Date**

These recommendations will be addressed within scope of the strategic management action detailed in the Executive Summary at Section 2.

# Appendix 1 - Basis of our classifications

Finding rating	Assessment rationale
<b>Critical</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Critical</b> impact on operational performance; or</li> <li>• <b>Critical</b> monetary or financial statement impact; or</li> <li>• <b>Critical</b> breach in laws and regulations that could result in material fines or consequences; or</li> <li>• <b>Critical</b> impact on the reputation or brand of the organisation which could threaten its future viability.</li> </ul>
<b>High</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Significant</b> impact on operational performance; or</li> <li>• <b>Significant</b> monetary or financial statement impact; or</li> <li>• <b>Significant</b> breach in laws and regulations resulting in significant fines and consequences; or</li> <li>• <b>Significant</b> impact on the reputation or brand of the organisation.</li> </ul>
<b>Medium</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Moderate</b> impact on operational performance; or</li> <li>• <b>Moderate</b> monetary or financial statement impact; or</li> <li>• <b>Moderate</b> breach in laws and regulations resulting in fines and consequences; or</li> <li>• <b>Moderate</b> impact on the reputation or brand of the organisation.</li> </ul>
<b>Low</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Minor</b> impact on the organisation's operational performance; or</li> <li>• <b>Minor</b> monetary or financial statement impact; or</li> <li>• <b>Minor</b> breach in laws and regulations with limited consequences; or</li> <li>• <b>Minor</b> impact on the reputation of the organisation.</li> </ul>
<b>Advisory</b>	<p>A finding that does not have a risk impact but has been raised to highlight areas of inefficiencies or good practice.</p>

## Appendix 2 – Financial approval guidance applied across the Partnership

- An interim financial approval process (Purchasing budget - financial approval process and budget monitoring) was established in February 2016 and has not been reviewed. This document details the authorisation levels required to approve specific service types;
- Interim guidance (Assessment and Support Planning Guide) was issued in May 2017 and specified that the authorisation levels for seniors/first line social work managers was to be increased from £400 to £574 in line with the national care home residential home rate. A further change was implemented in June 2017; to £667 (the national care home nursing care rate);
- A briefing paper on the changes for social workers (New Hospital Processes and Standards 290517) was prepared by Cluster managers and issued via email in June 2017; and
- Whilst the June 2017 increase was reflected in Swift questionnaires, the May 2017 Interim guidance was not updated to reflect this change.

The Interim guidance was forward to Internal Audit by a number of managers as evidence of the current procedure applied across the Partnership. When IA queried the national care home rate used in April 2018 the “New Hospital Processes and Standards 290517” paper was provided.

# Appendix 3 – Partnership Support Teams

The table below provides details of teams involved in supporting delivery of social care who were engaged as part of the audit. Please note that this list is not exhaustive and may not be fully complete.

Team	Service Area	Location	Role and Responsibilities
<b>Locality Managers</b>	HSCP	Locality Offices	Lead and manage all locality services delegated to the Edinburgh Health and Social Care Partnership.
<b>Locality Hubs Managers</b>	HSCP	Locality Offices	<p>The Hub is a new operating model which assumes the role and remit of a number of different services, including Intermediate Care, Reablement and Sector Initial Intervention teams and what were previously hospital social workers.</p> <p>Hub teams work directly with the services detailed below to develop effective, person-centred care pathways, and are responsible for monitoring and reducing delayed discharge.</p> <ul style="list-style-type: none"> <li>• Early intervention,</li> <li>• &lt; 6weeks (level of care required)</li> <li>• Reablement</li> <li>• Intermediate Care</li> <li>• Step up and Step down</li> <li>• Range of voluntary organisations</li> </ul>
<b>Locality Cluster Managers</b>	HSCP	Locality Offices	<p>Responsible for a range of community and hospital based services providing assessment and care management services; community and district nursing; AHP services; and homecare services including the following:</p> <ul style="list-style-type: none"> <li>• Complex and continuing care</li> <li>• &gt; 6weeks (level of care required)</li> <li>• Care Homes, Care at Home, Social Work assessment and support</li> <li>• District Nursing, Therapies</li> <li>• Older People’s Mental Health</li> <li>• Carer support, respite services</li> <li>• Hosted services, pharmacy</li> </ul>
<b>Locality Mental Health &amp;</b>	HSCP	Locality Offices	Responsible for the performance, efficiency and development of the locality integrated mental health and substance misuse service:

<b>Team</b>	<b>Service Area</b>	<b>Location</b>	<b>Role and Responsibilities</b>
<b>Substance Misuse Manager</b>			<ul style="list-style-type: none"> <li>• Social work assessment and support, Mental Health Officer team,</li> <li>• Alcohol and drug prevention and rehabilitation services</li> </ul>
<b>Locality Development Manager</b>	HSCP	Locality Offices	Developed Draft Hub Standard Operating Procedures.
<b>Allocated Workers</b>	HSCP	Locality Offices	<p>Allocated workers include:</p> <ul style="list-style-type: none"> <li>• Senior Social Workers</li> </ul> <p>Responsible for the management of all social work teams; allocation of assessments; reviews; and other tasks across the community and hospital sites.</p> <ul style="list-style-type: none"> <li>• Social Workers</li> <li>• Occupational therapist</li> <li>• Community Care Assistant</li> </ul> <p>Responsible for assessments; support planning; and review of people in hospital and in the community.</p> <p>A number of allocated workers were contacted during the course of the audit review to clarify key stages of the end to end process.</p>
<b>Social Care Direct</b>	Resources	Waverley Court	All service referrals are processed through the Social Care Direct team. SCD, who log all referrals onto data systems and progress new referrals to Locality Hub
<b>Service Matching Unit</b>	HSCP	Locality Offices	Matches requests for Care at Home Services to third party providers.
<b>Contracts Team</b>	HSCP	Waverley Court	Responsible for negotiating contracts; monitoring supplier performance; and management of agreed third party provider rates.
<b>Business Support</b>	Resources	Waverley Court / Locality Offices	<p>Business Support provides a business partnering approach between Business Support and services promoting joint working to provide a strong and strategic centre supporting frontline services across the four localities. Responsibilities include:</p> <ul style="list-style-type: none"> <li>• Personal Support Plans</li> <li>• Spot Contracts</li> <li>• Payment of Invoices and</li> <li>• Direct Payments Quarterly Returns</li> </ul>

<b>Team</b>	<b>Service Area</b>	<b>Location</b>	<b>Role and Responsibilities</b>
<b>Customer Transactions Team</b>	Resources	Waverley Court	The transaction team supports the partnership by processing, issuing, and reviewing: <ul style="list-style-type: none"> <li>• Individual Service Funds</li> <li>• Direct Payments</li> <li>• Care Home Contracts</li> <li>• Spot Contracts</li> <li>• Payment of Invoices and</li> <li>• Individual Service Funds Quarterly Returns</li> </ul>
<b>Strategy and Insight</b>	Chief Executive's	Waverley Court	Provide management information / performance reports.
<b>Finance</b>	Resources	Waverley Court	Provides Financial and Budgetary Support to HSCP
<b>ICT Solutions</b>	Resources	Waverley Court	Provides IT support for the Swift system
<b>Financial Systems</b>	Resources	Waverley Court	Maintain user access to the Council's Frontier System (used for budget monitoring) and user information in respect of budget monitoring reports.
<b>Quality Assurance Service</b>	Safer and Stronger Communities	Waverley Court / Locality Offices	Currently supporting Locality teams in completing quality assurance assessments on their key processes; (i.e. screening, allocation, workload management, assessment, service matching, review, etc) which had been graded as being unsatisfactory by the Care Inspectorate and Healthcare Improvement Scotland as part of their Older People's Inspection of 2016.



# Appendix 4 – Electronic Signatures Timeline

Our review established that there were a number of third party contracts being issued on behalf of the Partnership that included the electronic signature of a Senior Manager who had left the organisation in December 2017.

The contract production process involves manually entering information into Swift which is then ‘merged’ into the standard contract documentation.

The electronic signature is embedded in the Swift system and is automatically applied via ‘print’ functionality. Contract documentation is then either printed or saved onto a local drive before being issued (either by post or through SharePoint) to the third-party provider.

A timeline of events from initial discovery of the issue to date is detailed below:

Date	Description of events
<b>05 January 2018</b>	Internal Audit site visit to the Service Matching Unit (SMU) identified that ‘SMU Spot Contracts were being issued to third party providers with the signature of former Senior Manager.
<b>09 January 2018</b>	Internal Audit met with SMU Business Manager who noted that the required change to the spot contracts would need to be completed through the Contracts Team. SMU Business Manager also noted that there would be other documents which held the Electronic Signature of Senior Managers.
<b>09 January 2018</b>	Internal Audit contacts SMU Business Manager and Contracts Officer to advise of the issue and to request that the signatures be updated. Advised via email by Contracts Officer that: “... it is the responsibility of the team using the spot documentation to arrange for the signature updates and that this would not be undertaken by the Contract team who are not involved with Spot Contracts”.
<b>09 January 2018</b>	Internal Audit wrote to Interim Chief Officer to highlight the issue and note that there may be other documents issued with historic electronic signatures.
<b>10 January 2018</b>	Interim Chief Officer issues instruction to all relevant staff regarding the use of the electronic signatures. <u>Action to be taken</u> The email noted that the use of the electronic signature should ‘cease immediately’ and that electronic signatures should only be used by a) current employees; and b) appropriately authorised individuals, i.e. consistent with standing orders.
<b>10 January 2018</b>	SMU Business Support Manager contacts ICT Solutions (Swift Team) with change request form to remove the electronic signature from relevant spot contracts. <u>Action to be taken</u> ICT Solutions (Swift Team) to remove signature from spot contracts.
<b>10 January 2018</b>	SMU Business Support Manager contacts each of the four ‘Locality Managers’ to request that they agree to the use of their ‘electronic signature’ for the Locality that they are responsible for.

Date	Description of events
10 January 2018	<p>Locality Manager notes that a check is required to ensure that the use of Locality Managers signatures is compliant with Standing Orders.</p> <p><u>Action to be taken</u></p> <p>The Senior Accountant, (Finance) was copied in to advise.</p>
10-12 January 2018	<p>Correspondence between the ICT Solutions (Swift Team) and the SMU Business Manager which highlighted difficulties in changing the electronic signature; as the document had been created in a 'bespoke format' and requests that staff manually "delete" the electronic signature from the document until the "issue can be fixed".</p> <p><u>Action to be taken</u></p> <p>SMU staff to manually 'delete' the electronic signature of the member of staff who has left the organisation from the 'spot contract'.</p>
17-23 January 2018	<p>SMU Business Manager advises Internal Audit of the interim process within the NE Locality and provides email evidence of some of the difficulties in the 'signing off' of the spot contracts which is causing slight delays.</p>
30 January 2018	<p>Internal Audit met with SMU Business Manager to discuss the interim process and discuss some of the difficulties that the team are having.</p> <p>Advised that one Locality manager had a 'question over the legality of using electronic signatures on spot contracts' and that the Cluster Managers in a separate Locality were signing off the spot contracts in the interim.</p>
01 February 2018	<p>Internal Audit contacted the Locality Manager's to establish whether there has been a decision on the SMU spot contract process.</p>
01 February 2018	<p>Internal Audit contacted two Cluster Managers who had previously been identified as signing off SMU spot contracts in the absence of the Locality Manager in order to establish the process being followed.</p>
02 February 2018	<p>Hub Manager NW Locality provides confirmation (via email) of the checks undertaken prior to signing off the SMU Spot Contract.</p>
07 February 2018	<p>Update provided by IA to the Interim Chief Officer which notes that there are ongoing challenges re the authorisation and signature of the contracts which is resulting in delays in obtaining care services from third party providers.</p>
07 February 2018  07 February 2018 cont.	<p>Operations Manager (Risk and Compliance) noted that contact had been made with SMU who confirmed that there are no outstanding 'spot purchasing' delays and provided details of interim arrangements in NW.</p> <p>Also noted that the Locality Managers Forum for 8<sup>th</sup> February had been cancelled and that the process for 'spot contracts' would be added to the agenda for the following week.</p> <p><u>Action to be taken</u></p> <p>The four Locality Managers to agree a process for the signing of SMU spot contracts at Locality Forum of 15 February 2018.</p>
07 February 2018	<p>SMU Business Manager requests confirmation from the Operations Manager (Risk and Compliance) of the process to be followed within NE Locality.</p>

Date	Description of events
	<p>Also requests confirmation that the current process followed in SE &amp; SW can continue, i.e. can the electronic signature (of the Senior Manager still in post) continue to be used.</p> <p>Operations Manager (Risk and Compliance) confirms that there is a requirement for all localities to agree on a consistent process and that the proposed process would be discussed at the Locality Managers Forum on 15 February 2018.</p>
<b>07 February 2018</b>	Executive Assistant to Health and Social Care NW Locality Manager confirms that there are no delays in the signing of Spot Purchase Contracts in NW but that there are delays in NE and that the Locality Manager is addressing these.
<b>07 February 2018</b>	Cluster Manager NW confirms that the process noted by the Operations Manager (Risk and Compliance) is the process being followed.
<b>07 February 2018</b>	<p>IA updated the Interim Chief Officer re lack of response from Locality Managers to previous audit correspondence of 01 February.</p> <p>Interim Chief Officer requested that Internal Audit contact the Operations Manager (Risk and Compliance) to take forward. This was completed and a meeting was held on 13 February 2018.</p>
<b>08 February 2018</b>	<p>IA established during site visit to Business Support area office that there are spot contracts issued via a completely different process from the spot purchase contracts which are processed by SMU although both sets of contracts are headed with the same form number / title.</p> <p>In terms of the signature; these spot contracts are printed in hard copy and signed by a Senior Manager and the third-party provider prior to the services being added to the Swift system; rather than being electronically signed by the Locality Manager.</p>
<b>09 February 2018</b>	<p>Three spot purchase contracts which were identified through a Business Support process walkthrough were queried with the SMU Business Manager as to why these spot contracts bypassed the SMU Team.</p> <p>The SMU Business Manager confirmed that one case was for a short-term emergency therefore the spot purchase was appropriate; but that she felt that the remaining two cases should have been processed by the SMU Team.</p>
<b>12 February 2018</b>	The SMU Business Manager provides IA with a breakdown of the difference in the spot purchase contract process between SMU, the Assessors (i.e. Allocated Worker) and Business Support Staff.
<b>13 February 2018</b>	<p>Meeting held between Internal Audit and Operations Manager (Risk and Compliance) to discuss the current position with the electronic signing of the SMU spot contracts. Internal Audit advised of the separate spot contract process established from Business Support site visit of 08 February 2018 (see note above).</p> <p>Operations Manager (Risk and Compliance) advised IA of the proposed interim spot contract process to be discussed at the Locality Managers Forum subject to Locality Managers agreement.</p>
<b>15 February 2018</b>	<p>IA attended the Locality Managers Forum with the Operations Manager (Risk and Compliance), Business Services Manager and each of the Locality Managers.</p> <p>Operations Manager (Risk and Compliance) discussed the proposed interim spot contract process. Locality Managers noted that they would require time to review the</p>

Date	Description of events
	<p>proposed process documentation presented at the meeting and that a decision would be made at the following weeks Locality Managers Forum.</p> <p>The SE Locality Manager noted that she was unaware that the electronic signature was being used for the signing of the SMU Spot Contracts.</p> <p>Email issued from Operations Manager (Risk and Compliance) to Locality Managers 16 February to confirm agreed actions from the meeting and request that a decision on the paper be made by 21 February 2018.</p>
<b>21 February 2018</b>	<p>Internal Audit identified during a walkthrough of the Individual Service Funds (ISFs) process within the Transactions Team (Resources) that the electronic signature for the former Senior Manager was still in use.</p>
<b>26 February 2018</b>	<p>Meeting held between Internal Audit and Operations Manager (Risk and Compliance) to discuss the current position with the electronic signing of the SMU spot contracts. The Operations Manager had advised that feedback had been received from three out of the four Locality Managers as one Manager was not available at the time.</p> <p>Operations Manager advised that she was meeting SMU Business Manager 27 February 2018 and Interim Chief Officer 28 February 2018 to discuss the new interim process.</p>
<b>27 February 2018</b>	<p>Internal Audit informs Operations Manager that ISFs are being electronically signed by former Senior Manager within the Transactions Team (Resources).</p> <p>Internal Audit met with the Transactions Team Manager to advise that Operations Manager had been informed and that the Operations Manager would be in contact regarding the proposed interim process.</p>
<b>27 February 2018</b>	<p>The Transactions Team Manager advised that there are thirteen Residential Care Home contracts and seven Financial Assessment documents and letters which are still using the electronic signature of the former Senior Manager.</p>
<b>27 February 2018</b>	<p>The Transactions Team Manager provides email evidence of correspondence issued to Locality Managers dated 19 January 2018 and 16 February 2018.</p> <p>A response was received to the email dated 16 February from the SE Locality Manager.</p>
<b>27 February 2018</b>	<p>Phone call from Operations Manager notes that ICT Solutions (Swift Team) have advised that a member of the team who has now left the Council had created the SQL signatures using Matrix Code.</p> <p>Replacement of the documents would be a complicated process as the 'whole programme' would need to be recreated. An acceptable work around is to be put in place.</p> <p>Locality Manager has noted that she is unaware that the electronic signatures were being used.</p>
<b>01 March 2018</b>	<p>The Transactions Team Manager confirmed that the list of Residential Care Home contracts and Financial Assessments had been passed to the Operations Manager and ICT Solutions (Swift Team) to be actioned (once process is agreed).</p>
<b>05 March 2018</b>	<p>Email correspondence between the Operations Manager and SE Locality Manager to obtain current position regarding the electronic signature on Care Home Contracts.</p>

Date	Description of events
	SE Locality Manager advised that she is liaising with Transactions Team Manager regarding this issue.
<b>16 April 2018</b>	<p>Transaction Team Manager contacted Internal Audit to advise that she had been in contact with the contracts Team and Legal regarding the use of electronic signatures. Legal have advised that the contracts can be produced with a named person who is a Designated Signatory printed on the contracts without the need to have a signature. However, the Transitions Team Manager noted that there is no current list of signatories in place.</p> <p>The Transactions Team Manager has noted that she is currently having to remove the former Senior Manager's Signature from the contracts and manually sign each one.</p>
<b>16 April 2018</b>	IA met with Interim Chief Officer and Operations Manager as part of initial audit close out meeting and advised them of the email received from the Transactions Team Manager. The Operations Manager agreed to take this forward.
<b>17 April 2018</b>	<p>IA met with Transactions Team Manager to discuss the closure of the audit review and the issue she had raised in respect of the electronic signatures.</p> <p>The Transactions Team Manager advised that she is not a Designated signatory but that there is no current list of Designated Signatories in place. It was established that ISFs were still being issued in the former Senior Manager's name. The Transactions Team Manager advised that this process would stop that day.</p>
<b>17 April 2018</b>	Email from IA to the Interim Chief Officer (HSCP) and Head of Customer Services and IT to advise of current position. It was suggested that a meeting be held by all relevant parties to discuss and agree a way forward. Both the Interim Chief Officer (HSCP) and Head of Customer Services agreed that this was the correct approach.
<b>20 April 2018</b>	<p>Operations manager has set up a 'Short Life Working Group' with the first meeting to be held on 23 April 2018 with the following members of the group required to attend:</p> <ul style="list-style-type: none"> <li>• SE Locality Manager (HSCP)</li> <li>• Operations Manager (HSCP)</li> <li>• ICT/Swift - Systems Development Team Lead (Resources)</li> <li>• Transaction Team Manager (Resources)</li> <li>• SMU Business Manager (HSCP)</li> <li>• Business Support – Business Services Manager and / or Business Support Manager. (Resources)</li> </ul> <p><u>Action to be taken</u></p> <p>Objective: to produce 'end to end' interim flow processes for Chief Officer and Head of Customer Services and IT approval.</p>
<b>23 April 2018</b>	Short life working group meeting held.
<b>26 April 2018</b>	<p>Operations Manager issued draft "Interim Purchase Budget Management Process for Localities" document to IA for comment.</p> <p>IA Comments were returned to the Operations Manager</p>
<b>02 May 2018</b>	Operations Manager issues the "Interim Purchase Budget Management Process

Date	Description of events
	for Localities” to all Cluster and Hub Managers within H&SCP via email.
<b>08-09 May 2018</b>	<p>ICT Solutions issue newly formatted draft contract documentation for consultation to Short Life Working Group.</p> <p><u>Action to be taken</u></p> <p>Short Life Working Group to provide confirmation that the newly formatted draft contract documentation can go ‘Live’ within the Swift system.</p>
<b>09 May 2018</b>	<p>IA contacted Legal Services to obtain confirmation of advice provided.</p> <p>Legal Services confirm that no written advice had been supplied to H&amp;SCP</p> <p>IA met with Senior Solicitor who advised that “all contracts must be signed by ‘Proper Officer’s’ who have the ‘delegated authority’ to sign contracts on behalf of H&amp;SCP. A register of proper officers is held by the “Committee Services” team.</p>
<b>09-10 May 2018</b>	<p>IA contacted Committee Services and requested sight of “Proper Officers’ register. Governance Manager confirmed that the Interim Chief Officer has delegated authority through the Council’s Scheme of Delegation; however, the register required to be updated in terms of subsequent delegation of authority by the Interim Chief Officer.</p>
<b>10 May 2018</b>	<p>At an introductory meeting with the newly appointed Chief Officer; IA updated Interim Chief Officer of current issue regarding delegated authority.</p>
<b>14 May 2018</b>	<p>Interim Chief Officer requests clarification from IA of the detail of the current issue which was provided via email.</p> <p>Operations manager contacted IA to confirm the detail of the delegated authority issue and provided the Interim Chief Officer with a detailed note of the issue.</p> <p>Interim Chief Officer confirmed that new Chief Officer and Chief Finance Officer will determine a way forward with the process.</p>
<b>17 May 2018</b>	<p>Operations Manager has advised IA that Legal advice has now been obtained. A letter requires to be produced by the Chief Officer for each of the ‘Proper Officers’ to give them the appropriate delegated authority to sign contracts. Once issued the letters require to be forwarded to Committee Services to allow them to update the ‘Proper Officers’ register.</p> <p>At this stage only, the Spot Contracts; Care Home Contracts and Individual Service Funds will be updated with the Interim Process / Delegated authority. An analysis requires to be undertaken to identify any other contracts or documents that are electronically signed.</p> <p>The above process requires to be discussed and agreed with the Partnership’s Chief Officer.</p>
<b>24 May 2018</b>	<p>Operations Manager issued email to Committee Services which includes Delegated Authority Letters for both Locality and Cluster Managers within the Partnership.</p>

# Appendix 5 – Terms of Reference

## Health and Social Care – Purchasing Budget Management

To: Michelle Miller, Interim Chief Officer, Edinburgh Health and Social Care Partnership  
Stephen Moir, Executive Director of Resources

From: Lesley Newdall, Chief Internal Auditor

Date: 23<sup>rd</sup> October 2017

Cc: Wendy Dale, Strategic Commissioning Manager, Edinburgh Health and Social Care  
Moira Pringle, Interim Chief Finance Officer, Edinburgh Integration Joint Board  
Hugh Dunn, Head of Finance  
Nicola Harvey, Head of Customer  
Laurence Rockey, Head of Strategy and Insight  
Health and Social Care Locality Managers.

This review has been added to the 2017/18 internal audit plan at the request of the Interim Chief Officer, Health and Social Care, and the Head of Finance.

### Background

The Edinburgh Health and Social Care Partnership (City of Edinburgh Council in partnership with NHS Lothian) is responsible for delivering care and meeting support needs across the City through the recently established Localities model.

The Partnership is committed to reducing delays and waiting times for assessment, care, treatment, and support, and providing the right care at the right time in the right place. Consequently, treatment and support should (where possible) be delivered in homes or in homely settings in the community, and hospital admissions minimised. Where hospital admission is necessary, this should take place in a timely way.

Four localities have been established to deliver these services with emphasis on anticipatory planning for people's care needs and their long-term support in the community.

Locality services are delivered via Hubs and Clusters. Hubs respond to initial service requests, avoid the need for hospital admission, and support the return home of people who have been in hospital. Clusters provide longer term care services and focus on prevention and early intervention,

Each locality is responsible for establishing and managing the resources required to support service delivery, including financial planning and management.

At 31<sup>st</sup> August, the forecast overspend on Health and Social Care home care purchasing was £12m for the 2017/18 financial year. Supporting analysis confirms that this appears to be driven by increased demand for services and failure to deliver approved savings under the Health and Social Care Transformation Programme.

The main drivers of increased purchasing costs are:

- In House – provision of in house services by the Partnership via CEC and NHS employees,
- Block – provision of service via 3<sup>rd</sup> party suppliers with contracts based on pre-agreed volumes,
- Individual Service Funds (ISFs) - value of the care package is paid to a provider chosen by the client who then agrees with the provider how the care will be delivered,
- Direct Payments (DPs)– direct payment made to client who then arranges their own support, and
- Spot – spot purchasing of home care services from external 3<sup>rd</sup> parties when required.

### Scope

Our review will assess the adequacy and effectiveness of controls established across Health and Social Care to support service delivery by the Localities and demand management in line with approved financial budgets, and will provide assurance over the following key Corporate Leadership Team (CLT) and Finance Risks:

- CLT (High): Health and Social Care - through either lack of CEC resource and/or provider capacity, the Council may be unable to secure appropriate contracts with its providers or deliver appropriate services as directed by the Integration Joint Board (IJB) As a result, we may be unable to deliver our own commitments as part of the Health and Social Care Partnership's strategic plan
- Finance (Medium): Approved savings, including procurement-related savings, are not delivered and/or risks and pressures not managed, resulting in service or Council-wide overspends

We will assess the design adequacy and operating effectiveness of the key controls supporting the processes detailed below:

1. Review and prioritisation of initial requests for assessment,
2. Management of waiting lists,
3. Completion, review, and approval of initial assessments, support plans, and future reviews, including costs,
4. Completeness and accuracy of care packages and costs recorded on Swift,
5. Cessation or reduction of service,
6. Completeness and accuracy of charging and payments made to clients and third-party suppliers, and
7. Ongoing budget management.

An early priority will be to review arrangements for assessment and authorisation of ISFs and DPs where increases in financial commitments are most material.

### Approach

Our audit approach is as follows:

- Obtain an understanding of the processes detailed above through discussions with key personnel, review of systems documentation and walkthrough tests;
- Identify the key risks associated with these processes;
- Evaluate the design of the controls in place to address the key risks; and
- Test the operating effectiveness of the key controls.

### Limitations of Scope

The following areas are specifically excluded from the scope of our review:

- Adequacy of the agreed 2017/18 Health and Social Care budget – this was subject to review by Internal Audit in May 2016.
- Compliance with the requirements of the (Self-directed Support) (Scotland) Act 2013 – whilst our scope will not assess full compliance with all requirements of the Act, any instances of non compliance identified from our testing will be raised.

The sub-processes and related control objectives included in the review are:

Sub - process	Control Objectives
1. Review and prioritisation of initial service requests	<ul style="list-style-type: none"> <li>• There is a clearly defined process for recording, assessing, and responding to all requests for assessments received.</li> <li>• The process includes guidance on how requests should be prioritised and a clear escalation process for critical or emergency requests and use of 'spot' contracts.</li> <li>• The process has been communicated across all Localities and is consistently applied.</li> </ul>



Sub - process	Control Objectives
	<ul style="list-style-type: none"> <li>• All requests are correctly prioritised in line with applicable guidance.</li> <li>• Prioritisation of requests is subject to management review and approval.</li> <li>• Requests are then either added to the waiting list, or assessment progressed.</li> </ul>
2. Management of waiting lists (including provision of Performance Management Information)	<ul style="list-style-type: none"> <li>• Localities operate waiting lists within approved tolerance limits.</li> <li>• There is a clearly defined process supporting client transfers from the waiting list to service providers.</li> <li>• The process has been communicated across all Localities and is consistently applied.</li> <li>• Waiting list management information (MI) is provided to all Locality managers on an ongoing basis, and consolidated MI provided to H&amp;SC Senior Management.</li> <li>• MI is reviewed and discussed at Locality and H&amp;SC management meetings and appropriate action taken to address any concerns.</li> </ul>
3. Completion, review, and approval of initial assessments, support plans, and future reviews, including costs,	<ul style="list-style-type: none"> <li>• There is a clearly defined process for completion of initial assessments, support plans and future reviews, including calculation of the cost of care.</li> <li>• Initial and ongoing care assessments are consistently performed and the outcomes recorded.</li> <li>• Clear guidance on cost of care calculation is available and consistently applied.</li> <li>• Cost of care is accurately calculated.</li> <li>• All SDS options (arranged and managed by the Council; ISFs; and DPs) are discussed with the client,</li> <li>• Where clients have requested provision of chargeable services, the associated charges are communicated and included in the cost of care.</li> <li>• There are clearly defined delegation and authorisation controls which identify the financial thresholds at which commitments should be escalated to more senior managers for authorisation.</li> <li>• Assessments, proposed care packages, and costs of care are consistently and thoroughly reviewed and approved by the relevant manager, with evidence of review retained There is an established process for dealing with assessment backlogs.</li> <li>• Volumes of assessment backlogs are monitored by Locality managers and H&amp;SC Senior Management.</li> </ul>
4. Completeness and accuracy of care packages and costs recorded on Swift	<ul style="list-style-type: none"> <li>• Details of the care package to be provided (including costs) are completely and accurately recorded on the Swift system.</li> <li>• Any subsequent changes made (and associated costs) are also recorded on Swift.</li> </ul>

Sub - process	Control Objectives
	<ul style="list-style-type: none"> <li>• There is a clear audit trail in Swift demonstrating that all care packages and costs have been reviewed and approved by managers.</li> </ul>
5. Cessation of Service	<ul style="list-style-type: none"> <li>• There is a clearly defined process supporting cessation or reduction of services on a temporary or permanent basis,</li> <li>• The process has been communicated across all Localities and is consistently applied.</li> <li>• Swift records are updated to record the change in service.</li> </ul>
6. Completeness and accuracy of charging and payments made to clients and third-party suppliers	<ul style="list-style-type: none"> <li>• All payments made (arranged and managed by the Council; ISFs; and DPs) have been checked to Swift prior to payment to confirm accuracy.</li> <li>• All charges to be applied to clients have been identified and completely and accurately invoiced,</li> <li>• All payments made to block 3<sup>rd</sup> party suppliers are in line with contractual terms and conditions.</li> <li>• Block payments are only authorised where service delivery volumes have been achieved.</li> <li>• Payments to spot 3<sup>rd</sup> party suppliers are only made when supported with payment requests that have been authorised in line with applicable authorities or standing orders.</li> </ul>
7. Ongoing budget management	<ul style="list-style-type: none"> <li>• Locality managers have clear visibility of their devolved care purchasing budgets.</li> <li>• Budgets are regularly monitored and reviewed and considered when making decisions in relation to demand and management of waiting lists.</li> <li>• Budget transfers are performed to address emerging overspends.</li> <li>• H&amp;SC senior management have clear visibility of the total H&amp;SC purchasing budget.</li> <li>• H&amp;SC regularly review the purchasing budgets and develop appropriate strategies, and agree and implement actions to deal with any significant variances.</li> </ul>

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### Internal Audit Team

Name	Role	Contact Details
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### Key Contacts

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Marna Green	Locality Manager, North West	Key Contact	0131 553 8318
Nikki Conway	Locality Manager, South East	Key Contact	0131 553 8364
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Karen Dallas	Principal Accountant, (Health and Social Care), Finance, Resources	Key Contact	0131 529 7937
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Edel McManus	Data Services Manager, Strategy and Insight	Key Contact	0131 469 3285
Mary McIntosh	Business Services Manager, Customer, Resources	Key Contact	0131 529 2138
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Katie McWilliam	Strategy Planning & Quality Manager, Older People	Key Contact	0131 553 8382
Liz Davern	Team Manager, Transactions Social Care Finance, Customer, Resources	Key Contact	0131 553 8232

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### Timetable

Fieldwork Start	6 <sup>th</sup> November 2017
Fieldwork Completed	24 <sup>th</sup> November 2017
Initial Discussion – Draft Observations	30 <sup>th</sup> November 201
Submission of Draft Report	8 <sup>th</sup> December 2017
Response from Auditee	15 <sup>th</sup> December 2017
Final Report to Auditee	22 <sup>nd</sup> December 2017

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### Follow Up Process

Where reportable audit findings are identified, the extent to which each recommendation has been implemented will be reviewed in accordance with estimated implementation dates outlined in the final report.

Evidence should be prepared and submitted to Audit in support of action taken to implement recommendations. Actions remain outstanding until suitable evidence is provided to close them down.

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## Appendix 1: Information Request

It would be helpful to have the following available prior to our audit or at the latest our first day of field work:

- Details of the following processes and procedures:
  - Review and prioritisation of service requests;
  - Completion of initial and ongoing care assessments;
  - Calculation of all service support care package costs;
  - Delegated authorisation limits for financial commitments arising from care assessments;
  - Recording care packages and costs on Swift;
  - Payments process for all support services (both invoiced and non-invoiced);
  - Charging process;
  - Cessation of service and removal from Swift
- Details of waiting lists tolerances (e.g. maximum length of waiting lists; maximum time spent on waiting lists).
- Management information on waiting lists across the last year

This list is not intended to be exhaustive; we may require additional information during the audit which we will bring to your attention at the earliest opportunity.

# ***City of Edinburgh Council***

## **Internal Audit**

### **Edinburgh Integration Joint Board - Review of Social Care Commissioning**

Final Report

20 July 2018

EIJB1702

# Contents

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This internal audit review is conducted for the Edinburgh Integration Joint Board under the auspices of the rebased 2017/18 internal audit plan approved by the Audit and Risk Committee in December 2017. The review is designed to help the Edinburgh Integration Joint Board assess and refine its internal control environment. It is not designed or intended to be suitable for any other purpose and should not be relied upon for any other purpose. The Edinburgh Integration Joint Board accepts no responsibility for any such reliance and disclaims all liability in relation thereto.

The internal audit work and reporting has been performed in line with the requirements of the Public Sector Internal Audit Standards (PSIAS) and as a result is not designed or intended to comply with any other auditing standards.

Although there is a number of specific recommendations included in this report to strengthen internal control, it is management's responsibility to design, implement and maintain an effective control framework, and for the prevention and detection of irregularities and fraud. This is an essential part of the efficient management of the Edinburgh Integration Joint Board. Communication of the issues and weaknesses arising from this audit does not

absolve management of this responsibility. High and Critical risk findings will be raised with senior management and elected members as appropriate

# 1. Background and Scope

## Background

The Edinburgh Integration Joint Board (EIJB) was established under the Public Bodies Joint Working Act 2014 (the Act) and is responsible for commissioning health and social care services in Edinburgh for delivery by the Health & Social Care Partnership (The Partnership) established between the City of Edinburgh Council and NHS Lothian.

To ensure that the health and social care services are effectively delivered by the Partnership, it is essential that there is an established process to forecast and monitor demand, and that sufficient capacity is available enabling access to the services provided.

Commissioning is the approach applied by local authorities when planning and resourcing public services (including social care) with the objective of achieving the best possible outcome for the community, whilst meeting current and future client needs. Commissioning should ensure that personalised approaches are provided to meeting needs across all services, and should achieve best value whilst complying with applicable legislation.

A number of demand and capacity assessments and plans have been developed throughout the lifetime of the EIJB; the Partnership and predecessor organisations. These include the Joint Strategic Needs Assessment (2015) and the Partnership Strategic Plan 2016-2019 (created in March 2016).

The EIJB has issued a total of 21 directions (the Directions) to the Partnership that are intended to provide clarity about the changes required in the design and delivery of services. The Directions document notes that the approach to be applied in Edinburgh is focused on 'shifting the balance of care by increasing the range and capacity of community based services' with Principle E focussing on 'making best use of capacity across the whole system'. The document also notes (at section 3 – financial control) that the EIJB 'faces significant financial challenges in 2017/18 and future years, due to the ongoing difficult national economic outlook.

Also included in the Directions document are the recommendations made by the Care Inspectorate (CI) in their May 2017 report. The full report is available at: [Joint Inspection of Adult Health and Social Care Services May 2017](#).

A number of the EIJB directions specifically refer to service demand and capacity, whilst some CI recommendations make specific reference to commissioning. Further detail is included at Appendix 2.

In November 2017, Partnership management presented a 'Statement of Intent' to the EIJB Board. This noted that delivery of health and social care in Edinburgh had been in a period of transition since April 2016, and highlighted a number of governance and operational areas where immediate attention was required, including commissioning for five priority service areas: Older People; Primary Care; Mental Health; Learning Disabilities; and Physical Disabilities.

A detailed Health & Social Care Improvement Programme was then developed in December 2017 to address the issues noted in the statement of intent. Specific actions include undertaking a detailed capacity planning exercise as well as developing commissioning plans across the five priority service areas which robustly analyse and assess demand, capacity, investment choices and associated risks.

Additionally, the 'Whole System Delay' report presented to the EIJB Board on 2 March 2018 highlighted the significant social care commissioning challenges faced by the Partnership, noting that at the end of January 2018:

- 220 people were awaiting hospital discharge;
- 120 of these were waiting for a domiciliary care package; 60 waiting for a care home place; and 40 waiting to be assessed;
- 1,600 people in the community were waiting for a care needs assessment;
- 950 people in the community were waiting for a domiciliary care package; and
- 5 out of the 7 external 'Care at Home' providers used by the Partnership had been suspended to low scoring in regulatory assessments, preventing them from providing care at home services, with a further provider unable to support new clients due to capacity limitations.

## Scope

The objective of this review was to assess the adequacy of design of the controls established within the Partnership in relation to demand forecasting and monitoring and capacity and access management, with focus on the process established to:

- Understand and assess current levels of service provision;
- Assessing current demand;
- Forecasting and planning for future demand;
- Influencing and managing future demand;
- Assessing and managing internal and external capacity;
- Understanding and managing imbalances between demand and capacity.

We also considered overall management, governance and oversight arrangements in place.



## 2. Executive summary

### Total number of findings

<b>Critical</b>	-
<b>High</b>	1
<b>Medium</b>	1
<b>Low</b>	-
<b>Advisory</b>	-
<b>Total</b>	<b>2</b>

### Summary of findings

Partnership social care commissioning processes are not fully established and as mature as would be expected by this point in the Partnership lifecycle, and existing processes do not adequately meet the requirements of the EIJB Directions or address the CI recommendations raised in their May 2017 report.

The Partnership's Statement of Intent confirms that both Partnership management and the EIJB are aware of the significant demand pressures and challenges impacting service delivery. These challenges will be addressed by the Partnership's Improvement Programme which includes plans to develop full strategic commissioning plans for Older People; Mental Health; Learning and Physical Disabilities by December 2018, however further time will be required to develop commissioning plans and processes across the full range of social care services provided.

To ensure that there is sufficient capacity to support future social care demand, it is essential that effective commissioning is performed on an ongoing basis, and appropriate forecasting models and reporting tools developed and implemented to support this process.

It is also important to ensure that commissioning processes are performed and managed by teams that are adequately resourced with the appropriate level of skills and experience, and that all roles; responsibilities and accountabilities for commissioning across the Partnership (including linkages with and hand offs across teams) are documented; communicated; and clearly understood.

Consequently, one High and one Medium rated findings have been raised. Our detailed recommendations are included at section 2 - [Detailed Findings](#).

Effective financial and budget management is also an important element of commissioning, as budgets generally constrain capacity to deliver services. A separate review of the Health and Social Care purchasing budget (EIJB1701) was also completed in June 2018, and the outcomes reported separately. The findings raised in the purchasing budget review in relation to purchasing budget allocation; financial controls; operational structure and processes; and supplier and contract management should also be considered in the context of addressing the known social care commissioning challenges.

### Management Response


Whilst Partnership senior management recognise the need to address the weaknesses identified in commissioning processes, a wider review of both strategic and current operational commissioning processes is required, with appropriate project management resource and capacity to support this process.

The Commissioning Lead Officer role for the Partnership is currently being recruited, and the new Lead Officer will be responsible for reviewing and redesigning (where required) the established commissioning process with support from Partnership executive management.

To achieve this, a Partnership working group will be established / existing working groups refreshed by the new Head of Commissioning that will include Partnership senior management and representation from Finance; ICT; and Strategy and Insight. The group will ensure that the findings raised in this report are incorporated into an overarching plan that focuses on delivery of strategic and operational commissioning solutions.

## 3. Detailed Findings

### 1. Maturity of social care commissioning

Finding	
<p>Social care commissioning processes are not fully established and as mature as would be expected by this point in the Partnership lifecycle, and existing commissioning processes do not adequately meet the requirements detailed in the EIJB Directions, or the recommendations made by the Care Inspectorate in their May 2017 report.</p> <p>This is recognised by Partnership management, and working groups and action plans have been established as part of the improvement programme to ensure that this is addressed.</p> <p>New draft commissioning plans have been developed for five priority service areas: Older People; Primary Care; Mental Health; Learning Disabilities; and Physical Disabilities; and were discussed by the EIJB Board in April 2018. Detailed commissioning plans for these areas are scheduled to be completed by December 2018. This timeframe reflects the scale and complexity of the work to be performed.</p> <p>However, it is essential to ensure that there is also sufficient focus on ensuring that effective commissioning processes are established and maintained across all social care services. This was recognised by the interim Partnership management team and has been included in the Improvement Programme.</p>	
Business Implications	Findings Rating
<ul style="list-style-type: none"> <li>Client social care needs cannot be effectively met;</li> <li>EIJB directions requirements are not achieved;</li> <li>Delivery of social care services is not achieved within budget; and</li> <li>Adverse reputational impacts for the Partnership and EIJB</li> </ul>	 <p><b>High</b></p>
Action plans	
Recommendation	Responsible Officers
<p>1. A new social care commissioning model should be designed and implemented covering all social care services provided by the Partnership. This should include (but should not be restricted to) the ability to:</p> <ul style="list-style-type: none"> <li>Analyse the current level of services provided at the appropriate levels (e.g. for the full service; and by individual localities; clusters and hubs);</li> </ul>	

<ul style="list-style-type: none"> <li>• forecast future demand for services at appropriate levels based on accurate demographics; historic growth analysis; and realistic future growth assumptions;</li> <li>• analyse current and future internal and external provider capacity;</li> <li>• assess current financial performance against budget; and</li> <li>• estimate future funding requirements based on forecast demand and cost of care.</li> </ul> <p>2. The management information currently provided to support commissioning should be reviewed and refreshed to ensure that it includes all relevant information to support effective service delivery, and is accurately aligned with the localities operating model; and</p> <p>3. Demand management strategies should be developed and implemented to support effective risk based management of social care waiting lists, whilst ensuring that urgent cases are prioritised.</p>	
<b>Agreed Management Action</b>	<b>Estimated Implementation Date</b>
These recommendations will be addressed within scope of the strategic management action detailed in the Executive Summary at Section 2.	

## 2. Management Capacity and Roles and Responsibilities

<b>Finding</b>	
<p>Whilst permanent appointments to the roles of Chief Officer; Head of Operations; and Chief Finance Officer have now been made, the Partnership has faced significant challenges in terms of turnover; extended vacancies and interim appointments at senior management level during the last twelve months.</p> <p>Additionally, employees with extensive knowledge of client demographics and commissioning are scheduled to leave the Partnership in June 2018.</p> <p>Our discussions with Partnership managers also highlighted that the roles and responsibilities of strategy; planning; quality and locality Managers in relation commissioning are not clearly understood.</p> <p>The findings raised in our audit of the Health and Social Care purchasing budget highlighted the need to ensure that the budgeting processes are aligned to reflect the localities operating model; and that holistic social care delivery processes and procedures are established across all teams involved in delivering the service. The report also highlighted a number of control gaps in the processes applied by the Partnership's contracts team that need to be addressed.</p>	
<b>Business Implications</b>	<b>Findings Rating</b>
Insufficient commissioning skills and experience within the Partnership to support effective commissioning and delivery of the improvement plan.	<b>Medium</b>
<b>Action plans</b>	
<b>Recommendation</b>	<b>Responsible Officers</b>
1. The commissioning structure across the partnership should be reviewed and refreshed to ensure that: there is sufficient capacity; skills; and	

<p>experience within the partnership to support delivery of the commissioning plans as per the Improvement Plan and support ongoing commissioning processes;</p> <ol style="list-style-type: none"> <li>2. Support for the commissioning process required from the Council and NHS Lothian should be quantified and agreed;</li> <li>3. The review should consider the responsibilities of the existing contracts team in relation to commissioning;</li> <li>4. The revised structure should be implemented; and</li> <li>5. A post implementation review should be performed by management once the new structure has embedded to confirm that it is operating effectively.</li> </ol>	
<p><b>Agreed Management Action</b></p>	<p><b>Estimated Implementation Date</b></p>
<p>These recommendations will be addressed within scope of the strategic management action detailed in the Executive Summary at Section 2.</p>	

# Appendix 1 - Basis of our classifications

Finding rating	Assessment rationale
<b>Critical</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Critical</b> impact on operational performance; or</li> <li>• <b>Critical</b> monetary or financial statement impact; or</li> <li>• <b>Critical</b> breach in laws and regulations that could result in material fines or consequences; or</li> <li>• <b>Critical</b> impact on the reputation or brand of the organisation which could threaten its future viability.</li> </ul>
<b>High</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Significant</b> impact on operational performance; or</li> <li>• <b>Significant</b> monetary or financial statement impact; or</li> <li>• <b>Significant</b> breach in laws and regulations resulting in significant fines and consequences; or</li> <li>• <b>Significant</b> impact on the reputation or brand of the organisation.</li> </ul>
<b>Medium</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Moderate</b> impact on operational performance; or</li> <li>• <b>Moderate</b> monetary or financial statement impact; or</li> <li>• <b>Moderate</b> breach in laws and regulations resulting in fines and consequences; or</li> <li>• <b>Moderate</b> impact on the reputation or brand of the organisation.</li> </ul>
<b>Low</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Minor</b> impact on the organisation's operational performance; or</li> <li>• <b>Minor</b> monetary or financial statement impact; or</li> <li>• <b>Minor</b> breach in laws and regulations with limited consequences; or</li> <li>• <b>Minor</b> impact on the reputation of the organisation.</li> </ul>
<b>Advisory</b>	<p>A finding that does not have a risk impact but has been raised to highlight areas of inefficiencies or good practice.</p>

## Appendix 2 – References to relevant EIJB Directions and Recommendations from the Joint Inspection of Services for Older People

Direction	Title	Page	Narrative
EDI_2017/18_1	Locality working	7	‘work with local people and community organisations to increase the resilience and <b>capacity</b> of communities to promote wellbeing and support their members to live independently’
EDI_2017/18_4	Primary care	13	build and expand GP premises to increase <b>capacity</b> to meet increasing demand as already agreed,
EDI_2017/18_5	Older people	16	finalise <b>capacity</b> plans and prepare detailed proposals for implementation; consider whether care at home contract delivers <b>capacity</b> . Note: Capacity plan was to be completed by 31/10/17
EDI_2017/18_6	Unscheduled care	19	Purpose - To reduce the number of unplanned hospital admissions and support the shift in the balance of care by developing <b>easily accessible</b> community based alternatives to hospital admission for the frail elderly.
DI_2017/18_7	Learning disabilities	21	finalise the costed <b>capacity plan</b> for people with learning disabilities
EDI_2017/18_9	Sensory impairment	26	Purpose - To ensure that people with sensory impairments can <b>access</b> the services they need and supported to take control over their own health and wellbeing.
EDI_2017/18_13	Community based mental health	33	develop business case to support the <b>capacity</b> required for community rehabilitation
EDI_2017/18_14	Substance misuse services	36	strengthen the <b>capacity</b> of community detox
EDI_2017/18_18	Engagement with partners and stakeholders	43	develop and implement an engagement strategy to promote collaborative working with all stakeholders across the partnership. This will support the involvement of citizens, staff and partners from the third, independent and statutory sectors in all stages of the <b>commissioning cycle</b> from service planning and design through to delivery and review;
Appendix C Recommendation 9	Recommendations from the joint	56	The partnership should work with the local community and other stakeholders to develop

Direction	Title	Page	Narrative
	inspection of services for older people report published in May 2017		and implement a cross-sector market facilitation strategy. This should include a risk assessment and set out contingency plans. (A market facilitation strategy sets out in detail the partnership's priorities for the <b>commissioning</b> of services)
Appendix C Recommendation 10		<b>56</b>	<p>The Partnership should produce a revised and updated <b>joint strategic commissioning plan</b> with detail on:</p> <ul style="list-style-type: none"> <li>• how priorities are to be resourced</li> <li>• how joint organisational development planning to support this is to be taken forward</li> <li>• how consultation, engagement and involvement are to be maintained</li> <li>• fully costed action plans including plans for investment and disinvestment</li> <li>• based on identified future needs</li> <li>• expected measurable outcomes.</li> </ul>
Appendix C Recommendation 12		<b>56</b>	The partnership should ensure that there are clear pathways to <b>accessing</b> services

# Appendix 3 – Terms of Reference

## City of Edinburgh Council

### Terms of Reference – Review of Demand, Access and Capacity Management

To: Michelle Miller;

From: Lesley Newdall / Paul McGinty  
Chief Internal Auditor/Principal Audit Manager

#### Introduction and Background

Edinburgh Integration Joint Board (EIJB) is responsible for the planning and commissioning of health and social care services in Edinburgh as delegated by City of Edinburgh Council and NHS Lothian. The Edinburgh Health & Social Care Partnership (EHSCP) is responsible for the operational delivery of these services.

The provision and delivery of health and social care services in Edinburgh is a high profile and fundamentally important aspect of CEC's overall operations. The combined health and social care budget is over £670m and covers a wide range of services.

The significance and importance of health and social care is also reflected in the fact that EIJB has a dedicated Internal Audit service and plan (provided jointly by the Chief Internal Auditors of CEC and NHS Lothian) with reporting directly to the Governance, Risk and Best Value (GRBV) Committee of EIJB.

The original 2017/18 Internal Audit plan for EIJB (February 2017) included three reviews to be undertaken by CEC Internal Audit. These focused on (1) Capacity of Health & Social Care Provision (2) Access to Health & Social Care Provision and (3) District Nursing Provision. This proposed coverage was driven directly by the Internal Audit plan risk assessment for EIJB and the content of the EIJB risk register. In overall terms, the proposed coverage reflected the importance of effective capacity planning and delivery of access to community care services.

A subsequent update to the plan by the CEC Chief Internal Auditor in December 2017 (agreed with the EIJB Audit & Risk Committee) refocused and streamlined the proposed coverage into a combined review of Health & Social Care Provision focusing on both *capacity* and *access*. Specific coverage of District Nursing Provision was deferred.

#### Scope

The scope of this review will therefore be to assess the current framework of control arrangements in place across the EHSCP with respect to capacity, demand and access management. Our work will consider the adequacy of control arrangements in relation to how management:

- Understand and assess current 'as is' service provision
- Assess and consider current demand levels
- Understand and plan for future demand levels
- Seek to influence and manage future demand levels
- Assess and manage internal and external capacity
- Understanding and seek to manage imbalances between demand and capacity



Our work will also consider overall governance and oversight arrangements in place.

### Limitations of Scope

Given the scale and complexity of EIJB / Health & Social Care Partnership operations, we have not undertaken detailed compliance or process control testing at this stage but have focused on assessing the overall framework of control in place.

### Approach

Our approach will involve:

- Meeting with relevant management to record and understand the control and process arrangements in place across the areas outlined above
- Assessing the adequacy of overall control arrangements in place (at a high level initially)
- Capturing our assessment of current arrangements in a structured control framework template.

### Internal Audit Team

Name	Role	Contact Details
Lesley Newdall	Head of Internal Audit	<a href="mailto:Lesley.Newdall@edinburgh.gov.uk">Lesley.Newdall@edinburgh.gov.uk</a>
Paul McGinty	Principal Audit Manager	<a href="mailto:paul.mcqinty@edinburgh.gov.uk">paul.mcqinty@edinburgh.gov.uk</a>

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### Key Contacts

Name	Title	Role	Contact Details
Michelle Miller	Chief Officer	Key Contact	<a href="mailto:Michelle.Miller@edinburgh.gov.uk">Michelle.Miller@edinburgh.gov.uk</a>

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### Indicative Timetable

Planning Meeting / Initial Meeting	8 Feb 2018
Fieldwork Start	W/c 12 Feb
Fieldwork Completed	W/c 9 April
Draft report to Auditee	W/c 16 April
Response from Auditee	W/c 23 April
Final Report to Auditee	W/c 30 April
Final report available	W/c 30 April

# Internal Audit



## Edinburgh IJB – Performance Target Data

May 2018

### Internal Audit Assurance assessment:

Objective One	Objective Two	Objective Three
No Assurance	No Assurance	Significant Assurance

### Timetable

Date closing meeting held: 23 April 2018

Date draft report issued: 14 May 2018

Date management comments received: 20 June 2018

Date Final report issued: 20 June 2018

This report has been prepared for NHS Lothian in our capacity as NHS Lothian Internal Auditors and will be shared with Edinburgh IJB's Internal Audit team and the IJB's Audit & Risk Committee. It has been supported by officers from the IJB, NHS Lothian, and the City of Edinburgh Council.

## **1. Introduction**

- 1.1. The Public Bodies (Joint Working) (Scotland) Act 2014 created an obligation for Integration Joint Boards (IJBs) to issue directions to the Councils and NHS boards in relation to delegated areas of responsibility. The Edinburgh IJB is responsible for the issuing of direction to the City of Edinburgh Council and NHS Lothian.
- 1.2. As at 20 April 2018 the Edinburgh IJB has issued 21 Directions to the City of Edinburgh Council and NHS Lothian relevant to its overall strategic objectives. Most of the directions are divided into separate objectives.
- 1.3. The monitoring of the directions' performance is a responsibility of the IJB Board and its relevant committees. The relevant committees in this case were the Strategic Planning Group (SPG) and the Performance & Quality Subgroup (P&Q).

### **Scope**

- 1.4. This audit sought to establish whether performance objectives have been set for each of the directions' objectives under review and whether performance was monitored by a relevant Board committee at an adequate frequency. It also considered whether the data used to report the performance objectives was accurate and reflected the baseline data.

### **Acknowledgements**

- 1.5. We would like to thank all staff consulted during this review, for their assistance and cooperation.

## 2. Executive Summary

### Summary of Findings

2.1. The table below summarises our assessment of the risks and the adequacy and effectiveness of the controls in place to meet each of the risk areas agreed for this audit. Definitions of the ratings applied to each action are set out in Appendix 1.

No.	Control Objectives	Assurance Level	Number of findings			
			Critical	High	Medium	Low
1	There are clear and effective performance objectives for each EIJB direction which are well articulated and relate back to the Directions	No Assurance	-	1	-	-
2	All relevant performance objectives are being reported to the EIJB Board in a timely manner based on data collected and analysed	No Assurance	-	2	-	-
3	The reported performance objectives are based on complete and accurate information which has been subjected to appropriate validation/data assurance	Significant Assurance	-	-	-	-
<b>TOTAL</b>			-	<b>3</b>	-	-

### Conclusion

- 2.2. The area under review comprised 3 control objectives, of which 2 received No Assurance, and 1 received Significant Assurance.
- 2.3. Timescales and performance objectives have not been clearly stated for all relevant directions. Also, reporting arrangements for directions have not always been stated, i.e. which committee should receive information, who should provide it, and how often it should be provided. In addition, performance information is not always reported to committee with the required frequency. However, performance information provided to the IJB's Board and sub-committees agrees to base data held within NHS Lothian and City of Edinburgh Council electronic systems.

## Main Findings

2.4. We identified three key findings for improvement during the review:

- Having performance objectives for each direction enables more effective performance monitoring by the IJB Board. However an analysis of the 136 direction objectives showed that, of the 127 which should contain a timescale, 89 (70.1%) do not. In addition, of the 83 objectives which should have performance measures stated 59 (71.1%) did not.
- Of the 136 direction objectives, 109 (80.1%) did not state the committee which would receive performance information, 109 (80.1%) did not state the frequency of reporting, and 116 (85.3%) did not state the person responsible for providing the information.
- Of the 136 direction objectives, 27 (19.9%) have stated the committee that performance information will be reported to and how frequently. Of these, only 9 (33.3%) have stated performance objectives. However, an analysis of the minutes and papers of the Strategic Planning Group and the Performance & Quality Subgroup from March 2017 to January 2018 showed that only 6 (66.7%) of these 9 direction objectives had performance information reported about them with the required frequency.

2.5. Of the 21 Directions reviewed, 9 do not state either the timescales, the performance measures, the source of the performance management information, or have information provided to committee with the required frequency; these Directions are Unscheduled Care, Learning Disabilities, Sensory Impairment, Long-Term Conditions, Diabetes, and Workforce Development. In addition, none of the individual Directions have stated all four of these requirements.

2.6. Performance management information reported to committee was complete, accurate and timely and reflected the data held within NHS Lothian's and the City of Edinburgh Council's management information systems based on our sample testing.

2.7. Our two previous audits within the IJB were Performance Targets & Reporting (March 2017) and Directions (August 2017) which had a total of 6 recommendations. At the time of this audit, 5 of these recommendations had still not been fully implemented even though they all had an implementation date of 30 September 2017, and 4 of them had a High rating and one had a Low rating. By not implementing these recommendations in a timely manner there is an increased risk that there is ineffective oversight by the IJB.

### 3. Management Action Plan

<p><b>Control objective 1.1: Performance objectives not stated for all Directions.</b></p> <p><b>Associated risk of not achieving the control objective: Effective performance objectives are not in place for all directions.</b></p>	<p><b>High</b></p>
<p><u>Observation and risk</u></p> <p>Edinburgh IJB is responsible for issuing directions to City of Edinburgh Council and NHS Lothian for its delegated areas of responsibility, in order to fulfil its strategic aims. At the time of the audit, 21 directions have been issued in total for 2017-18. These directions comprise a total of 136 objectives.</p> <p>Having performance objectives for each direction enables more effective performance monitoring by the IJB Board. However an analysis of the 136 direction objectives showed that, of the 127 which should contain a timescale, 89 (70.1%) do not. In addition, of the 83 objectives which should have performance measures stated, 59 (71.1%) did not; for example, the directions for long-term conditions and diabetes.</p> <p>If effective performance objectives are not clearly stated for all relevant directions there is an increased risk that the IJB Board will not be able to monitor their implementation.</p>	
<p><u>Recommendation</u></p> <p>All current and future directions should have clear, effective performance objectives which will enable the implementation of directions to be effectively monitored by the IJB Board.</p>	
<p><u>Management Response</u></p> <p>The need for clearly stated performance objectives is agreed.</p> <p>The context of the development of the performance framework provides an explanation for the way that many of the directions have been expressed. The framework, developed in 2016, focused on two main areas:</p> <ul style="list-style-type: none"> <li>• the findings of the inspection of older people’s services in 2016 – specifically the pressures around assessment and review waiting lists and people waiting for packages of care</li> <li>• responding to the introduction of national performance indicators by the Ministerial Strategic Group.</li> </ul> <p>Regular performance reporting was developed and implemented to support these priorities, with contributions from Strategy and Insight, NHS Lothian’s analytical team, and LIST. Performance monitoring and management by SMT and the IJB’s Performance and Quality</p>	

Subgroup was based on this framework, and work to support this included the development and implementation of the whole system dashboard on Tableau.

Until early in 2018, the directions had not been the focus for performance management, and had not been developed in that context. Work had been undertaken to consider how progress against the directions could be assessed and this showed that many of the indicators in the performance framework were directly relevant for many of the directions, and so the existing framework provided an indirect means of assessing progress with the directions.

The Management Action

Current directions will be reviewed and revised to ensure that they state clear and effective performance objectives.

Responsibility:

Colin Briggs, Director of Strategic Planning  
(NHS Lothian)

Target date:

31 December 2018

<p><b>Control objective 2.1: Not all directions have stated which committee will receive performance objective statistics, how frequently these are provided and who will provide them.</b></p> <p><b>Associated risk of not achieving the control objective: Reporting arrangements have not been clearly stated for all directions.</b></p>	<p><b>High</b></p>
<p><u>Observation and risk</u></p> <p>The IJB Board should be provided with assurance that the directions are being implemented in a timely manner. As such it is vital that the reporting requirements for each direction are explicitly stated, including which committee performance information will be reported to, who will report it, and how frequently it will be reported.</p> <p>Of the 136 direction objectives, 109 (80.1%) did not state the committee which would receive performance information, 109 (80.1%) did not state the frequency of reporting, and 116 (85.3%) did not state the person responsible for providing or collating the information.</p> <p>If reporting arrangements for each direction are not clearly stated there is an increased risk that the IJB Board will not be able to gain assurance that directions are being implemented in a timely manner.</p>	
<p><u>Recommendation</u></p> <p>All current and future directions should clearly state their reporting arrangements, which should include which committee performance information will be reported to, who will report it, and how frequently it will be reported.</p>	
<p><u>Management Response</u></p> <p>The IJB's Performance and Quality subgroup, and Health and Social Care's Senior Management Team have previously had the role of considering all performance reports; with the IJB considering a specific subset. Arrangements for performance scrutiny have been reviewed with the outcome being that the directions will form the focus of performance monitoring, and that the Strategic Planning Group, instead of the Performance and Quality Subgroup will take the lead on considering performance.</p> <p><u>The Management Action</u></p> <p>Reporting requirements for each direction will be explicitly stated, including which committee performance information will be reported to, who will report it, and how frequently it will be reported.</p>	
<p><u>Responsibility:</u></p>	<p><u>Target date:</u></p> <p>31 December 2018</p>



Colin Briggs, Director of Strategic Planning (NHS Lothian)	
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<p><b>Control objective 2.2: Not all performance objective statistics are being reported to IJB committees with the required frequency.</b></p> <p><b>Associated risk of not achieving the control objective: Performance information for directions it not always reported in a timely manner.</b></p>	<p><b>High</b></p>
<p><u>Observation and risk</u></p> <p>Performance information for directions should be reported to relevant IJB committees on a regular basis so that IJB non-executives and others can determine if directions are going to be implemented fully and on time.</p> <p>Of the 136 direction objectives, 27 (19.9%) have stated the committee that performance information will be reported to and how frequently. Of these, only 9 (33.3%) have stated performance objectives. However, an analysis of the minutes and papers of the Strategic Planning Group and the Performance &amp; Quality Subgroup from March 2017 to January 2018 showed that only 6 (66.7%) of these 9 direction objectives had performance information reported about them with the required frequency; for example, for reducing delayed discharges, and reducing occupied bed days.</p> <p>If the reporting of performance information is not performed with the required frequency there is an increased risk that directions are not implemented in a timely manner.</p>	
<p><u>Recommendation</u></p> <p>Performance information for directions should be reported with the frequency stated in the directions.</p>	
<p><u>Management Response</u></p> <p>Agreed.</p> <p><u>The Management Action</u></p> <p>Performance reporting will now be done on the basis of the directions, and will be reported to relevant IJB committees on a regular basis to ensure that the implementation of the directions can be monitored effectively.</p>	
<p><u>Responsibility:</u></p> <p>Colin Briggs, Director of Strategic Planning (NHS Lothian)</p>	<p><u>Target date:</u></p> <p>31 December 2018</p>

## Appendix 1 - Definition of Ratings

### Findings and management actions ratings

Finding Ratings	Definition
<b>Critical</b>	A fundamental failure or absence in the design or operating effectiveness of controls, which requires immediate attention.
<b>High</b>	A key control failure has been identified which could be either due to a failure in the design or operating effectiveness. There are no compensating controls in place, and management should aim to implement controls within a calendar month of the review.
<b>Medium</b>	A control failure has been identified which could be either due to a failure in the design or operating effectiveness. Other controls in place partially mitigate the risk to the organisation, however management should look to implement controls to fully cover the risk identified.
<b>Low</b>	Minor non-compliance has been identified with the operating effectiveness of a control, however the design of the control is effective

### Report ratings and overall assurance provided

Report Ratings	Definition	When Internal Audit will award this level
<b>No assurance</b>	The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.	The controls are not adequately designed and / or operating effectively and immediate management action is required as there remains a significant amount of residual risk (for instance one Critical finding or a number of High findings)
<b>Limited assurance</b>	The Board can take some assurance from the systems of control in place to achieve the control objective, but there remains a significant amount of residual risk which requires action to be taken.	<p>This may be used when:</p> <ul style="list-style-type: none"> <li>• There are known material weaknesses in key control areas.</li> <li>• It is known that there will have to be changes that are relevant to the control objective (e.g. due to a change in the law) and the impact has not been assessed and planned for.</li> </ul> <p>The controls are deficient in some aspects and require management action (for instance one 'high' finding and a number of other lower rated findings)</p>

<p><b>Moderate assurance</b></p>	<p>The Board can take reasonable assurance that controls upon which the organisation relies to achieve the control objective are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.</p>	<p>In most respects the “purpose” is being achieved. There are some areas where further action is required, and the residual risk is greater than “insignificant”.</p> <p>The controls are largely effective and in most respects achieve their purpose with a limited number of findings which require management action (for instance a mix of ‘medium’ findings and ‘low’ findings)</p>
<p><b>Significant assurance</b></p>	<p>The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective.</p> <p>There may be an insignificant amount of residual risk or none at all.</p>	<p>There is little evidence of system failure and the system appears to be robust and sustainable.</p> <p>The controls adequately mitigate the risk, or weaknesses are only minor (for instance a low number of findings which are all rated as ‘low’ or no findings)</p>

## Appendix 2 – Analysis of Individual Directions

Key:

<b>No Direction sub-objectives have this</b>	<b>Some Directions sub-objectives have this</b>	<b>All Direction sub-objectives have this</b>	<b>Not applicable</b>
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Direction Title	Timescale stated	Performance measures stated	Source stated	Performance measures reported with the required frequency
Direction 1 Locality Working				
Direction 2 Integrated Structure				
Direction 3 Key processes				
Direction 4 Primary care				
Direction 5 Older People				
Direction 6 Unscheduled Care				
Direction 7 Learning Disabilities				
Direction 8 Physical Disabilities				
Direction 9 Sensory Impairment				
Direction 10 Long term Conditions				
Direction 11 - Diabetes				
Direction 12 Unpaid carers				
Direction 13 Community Based mental health				
Direction 14 Substance misuse services				
Direction 15 Palliative and end of life care				
Direction 16 Prevention and early intervention				
Direction 17 Technology enabled care				
Direction 18 Engagement with partners and stakeholders				

Direction 19 Workforce development				
Direction 20 Property Strategy				
Direction 21 ICT to support integrated working				

# ***The City of Edinburgh Council***

## **Care Homes Assurance Review: Internal Audit; Health and Safety; and Information Governance**

### **Health & Social Care**

### **Care Homes Reviews – Thematic Report**

### **Final Report**

11<sup>th</sup> February 2018

This assurance review was conducted for the City of Edinburgh Council under the auspices of the 2017/18 internal audit plan approved by the Governance, Risk, and Best Value Committee in March 2017. The review is designed to help the City of Edinburgh Council assess and refine its internal control environment. It is not designed or intended to be suitable for any other purpose and should not be relied upon for any other purpose. The City of Edinburgh Council accepts no responsibility for any such reliance and disclaims all liability in relation thereto.

The internal audit work and reporting has been performed in line with the requirements of the Public Sector Internal Audit Standards (PSIAS) and as a result is not designed or intended to comply with any other auditing standards.

Although there are many specific recommendations included in this report to strengthen internal control, it is management's responsibility to design, implement and maintain an effective control framework, and for the prevention and detection of irregularities and fraud. This is an essential part of the efficient management of the City of Edinburgh Council. Communication of the issues and weaknesses arising from this audit does not absolve management of this responsibility. High and Critical risk findings will be raised with senior management and elected members as appropriate.

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# 1. Background and Scope

## Background

Following successful completion of an Internal Audit assurance programme across the schools managed by Communities and Families in 2015/16 and 2016/17, it was decided that a 'centre based' assurance review would be included in the 2017/18 annual plan (approved by the Governance Risk and Best Value Committee in March 2017), focussing on the Health and Social Care residential care homes for the elderly operated by the Council. This review was performed in conjunction with Corporate Health and Safety and Information Governance.

The Council currently operates ten residential care homes, providing 24-hour care for older people with trained staff and nursing support. Individual care home details are included at **Appendix 3**.

The Gylemuir care facility is unique as it provides an interim care service for patients recently discharged from hospital until more permanent care arrangements are made. The Gylemuir care home plays a vital role in supporting the NHS to reduce 'bed blocking' challenges, and is operated in partnership with the NHS.

Quality of care across all care homes is regulated and monitored by the Care Inspectorate to ensure that care provided meets the required standards detailed in the 'National Care Standards, Care Homes for Older People' requirements published in November 2007.

The Care Inspectorate is responsible for regulating and monitoring quality of care. In addition, the Health and Safety Executive (HSE) and Scottish Fire and Rescue Service (SFRS) are responsible for regulating health and safety (including some aspects of patient safety) and fire, respectively.

It is also essential that the Council ensures that health and safety (including patient safety, property and statutory inspection controls); records management; and other key operational risks (for example, workforce planning and budget management) are effectively managed across all care homes to support delivery of care.

This report summarises common themes arising from our visits, highlighting areas where implementation of effective controls that are consistently applied by both Health & Social Care senior management (Locality Managers) and Business Support is required, and where additional support and guidance from Property and Facilities Management; Human Resources; and Finance business partners would be beneficial in supporting service delivery.

## Scope

All ten care homes were reviewed by Internal Audit, Corporate Health and Safety and Information Governance between January and July 2017.

Standard assurance checklists were developed and applied across all care homes by each of the three teams. The assurance checklists are included at **Appendix 5**.

## 2. Executive Summary

A significant number of systemic control weaknesses were identified across the entire Council care home portfolio by Internal Audit, Health and Safety and Information Governance.

Consequently, 44 Findings (7 High; 29 Medium and 8 low) have been raised. The nature of the Findings and their ratings are summarised in the table below. Further detail on each finding is included in the **Findings and Recommendations** section of the report (section 3 below).

Summary of Findings and Recommendations <sup>1</sup>	High	Medium	Low	Total
<b>Internal Audit</b>	3	1	-	4
A1. Care Home Portfolio				
A2. Financial Controls	1	4	2	7
A3. Workforce Controls	-	5	1	6
A4. Resilience	-	1	-	1
A5. Information Technology	-	1	1	2
<b>Health and Safety</b>	1	7	3	11
B1. Health & Safety Controls				
B2. Property and Statutory Inspection Controls	2	4	-	6
<b>Information Governance</b>	-	6	1	7
C. Records Information and Compliance				
<b>Total</b>	<b>7</b>	<b>29</b>	<b>8</b>	<b>44</b>

### Care Home Action Plans

Each care home was given a status of either red, amber, or green (a RAG status) following completion of the standard checklist and consolidation of results. **Appendix 4 tab 1** details the overall RAG status for each care home for the 8 key areas reviewed. **Tabs 2 – 4** provide more detailed ratings.

Individual Internal Audit; Health and Safety; and Information Governance action plans were then prepared and provided to each Care Home to ensure that specific control weaknesses identified are addressed. Care home managers have been requested to prepare management responses for agreement with the relevant assurance teams.

**Appendix 3** shows that action plans have been finalised for 9 care homes. The Action plan for Royston Mains is still to be finalised.

### Recommendation for Implementation of a Care Homes Self Assurance Programme

Once the Findings noted above have been addressed, it is essential to ensure that the controls implemented continue to be operate effectively in future, and that Business Support arrangements

<sup>1</sup> All Internal Audit and Information Governance Findings have been classified in accordance with Internal Audit ratings methodology. Health and Safety have applied their own ratings methodology. See **appendix 1** for the basis of classifications applied to all Findings.

remain adequately structured and are supported by an effective control framework that is consistently applied to support effective delivery of care home services.

Internal Audit strongly recommends that the Health and Social Care partnership develops and implements a 'self-assurance' programme for care homes similar to that implemented by Communities and Families across schools in 2017/18 following completion of the Internal Audit schools' assurance programme.

This involved developing a standard testing programme that is completed by experienced business managers who visit other schools to assess their controls, make recommendations for improvement, and share best practice examples. This process supports completion of an annual 'self-assurance statement' by head teachers to confirm that the controls in place in their establishment are working effectively and highlight any risks that they feel are not being managed.

Implementation of a similar assurance programme across care homes covering the areas reviewed by Health and Safety, Internal Audit and Information Governance should enable early identification and resolution of control weaknesses, and could potentially prevent future exposure to significant risks.

Given the significant volume and nature of control weaknesses resulting from our review, we have raised a specific High rated Finding reflecting the need to establish a self assurance framework to support effective management of the Council's Care Homes portfolio by Health and Social Care in conjunction with Business Support (refer section 3, A.1.1 below).

## **A. Executive Summary - Internal Audit**

### **A1. Care Homes Portfolio**

**Gylemuir Care Home** – As noted in the Background section above, the Gylemuir care home is unique in terms of the interim care service it provides and is also vital in supporting the NHS with reduction of 'bed blocking' challenges.

Despite this, the strategic operating mode for Gylemuir has not been finalised and the home continues to operate under an interim registration certificate from the Care Inspectorate that is valid until June 2018. We have therefore included one 'High' Finding to ensure that this situation, together with the outcomes of the recent Care Inspectorate reviews of Gylemuir (June and August 2017) are effectively managed and addressed.

### **Changes in the Care Home Portfolio**

Two new care homes have been added to the Council's care home portfolio since 2014 (Gylemuir and Royston Mains) and two care homes (Porthaven and Parkview) closed with their residents transferred across to the new Royston Mains facility.

Several control weaknesses were evident in both the Gylemuir and Royston Mains homes that were attributable to the processes applied when these care homes were established and residents transferred from care homes that were closed. For example, historic bank signatories remain on current bank accounts that related to the homes that were closed. We have therefore included one 'High' and one 'Medium' Findings to ensure that these weaknesses are addressed when making future changes to the care home portfolio.

### **A2. Financial Controls**

Three care homes (Fords Road; Gylemuir; and Royston Mains) were rated as red for financial controls (immediate action required) with a further five rated as amber, and two as green.

Management of centrally allocated budgets was not effective, with 9 of the 10 care homes recording an overspend in 2016/17. This was mainly due to high sickness absence rates, unfilled vacancies & lack of budget for holiday cover for non-care roles necessitating increased expenditure on agency staff.

Additionally, no budgets had been set for any of the care homes by the end of the first quarter of the new financial year, and care home managers have not been receiving relevant financial management information on a regular basis to enable budget management.

Effective engagement between Health and Social Care Senior Management and Health and Social Care Finance is necessary to ensure that care home budgets are realistic and that there is appropriate ongoing oversight of performance of the care homes expenditure against budget.

Other areas of weaknesses identified included failure to review and update signatories for care home bank accounts; inappropriate access rights and approval limits for the Oracle purchasing system. We also confirmed that care home welfare funds were not consistently managed in line with applicable guidance, and lack of review of insurance limits for cash balances held in safes.

Consequently, 1 High; 4 Medium, and 2 Low recommendations are included at section 3.

### **A3. Workforce Controls**

Four care homes (Fords Road; Drumbrae; Gylemuir; and Royston Mains) were rated 'red' for workforce controls, with immediate action required, with a further three assessed as amber. The remaining care homes generally managed training, recruitment and induction, and agency staffing well.

However, action is required to ensure that all care homes consistently maintain the resourcing levels required per Care Inspectorate Dependency Assessments, and to confirm that absence is effectively managed.

5 Medium and 1 Low Findings are therefore included at section 3 to ensure that these weaknesses are addressed.

### **A4. Resilience**

Resilience was generally managed well with four care homes rated as amber and six as green. All care homes had a business continuity plan which had been tailored to their property, and seven had reviewed their business continuity plan within the past year.

Our 'Medium' rated Finding highlights the need for business continuity plans to be updated to reflect the current Health and Social Care management structure, and to ensure that care homes are provided with emergency contact numbers that reflect these and any planned future changes.

### **A5. Technology Equipment and User Access Rights**

Seven care homes have been rated as 'amber' for Technology Equipment and User Access reflecting failure to deactivate active directory user accounts for leavers, leaving them with live e mail accounts and (potentially) access to other Council systems where this has not been revoked. Ferrylee was rated as 'red' overall as we identified issues with removal of leaver's access rights and there was no asset register. Consequently, one 'Medium' rated Finding has been raised.

One 'low' Finding has also been included at Section 3 reflecting the need for care homes to establish and maintain asset registers.

### **A6. Regulatory**

All care homes had registration certificates on public display, and the latest Care Inspectorate reports were available on request. All homes have therefore been assessed as 'green' with no recommendations made.

## **B. Executive Summary – Health and Safety**

All 10 care homes were assessed as partially compliant (amber) with respect to both health and safety and property and statutory controls, with a total of 17 health and safety issues identified that require to be addressed.

### **B1. Health and Safety Controls**

A total of 11 health and safety controls findings were raised (1 High; 7 Medium; and 3 Low) that require to be addressed. The most common areas for improvement include: health and safety roles and responsibilities, risk assessment and control measures, first-aid, fire safety and emergency response. In addition, patient safety issues were identified that also require to be addressed at Ferrylee and Gylemuir Care Homes in relation to ligature and suffocation risks.

Areas of good practice were stress management, control of contractors and traffic management.

## **B2. Property and Statutory Controls**

A total of 6 Property and Statutory Controls Findings were raised (2 High and 4 Medium) that require to be addressed. The most common areas requiring improvement were statutory inspections and the fixture of furniture, and window restrictors to a lesser extent.

Following our visits, immediate action was taken by Property and Facilities Management to resolve issues identified with fixed furniture and window restrictors, as these posed potentially significant safety risks to residents.

Action is required at both local level and Senior Management level to implement improvements for both health and safety and patient safety.

## **C. Executive Summary – Information Governance**

All ten care homes have been rated overall as 'amber' reflecting lack of documented processes supporting the management of information, as well as a lack of awareness around some Council-wide information governance procedures.

All homes scored 'red' on questions regarding documented records management processes, information risk registers and privacy impact assessments.

It was noted that the lack of business support in some care homes was having a significant impact on their ability to address some of the issues that were raised during our reviews. Likewise, some of the care homes felt limited access to technology resources affected their ability to update electronic records in a timely manner.

There were eight questions where all the care homes scored 'green'. These included handling and storing data sensitive data; reviewing data; protecting information when it is taken off site; only using personal data for its intended purpose; and use of confidential waste.

Consequently, 6 Medium and 1 Low rated Findings have been raised to ensure that appropriate action is taken to address these issues.

The chart included at **Appendix 4 tab 4** provides a breakdown of each of the Information Governance themes by care home. The chart shows the information governance strengths of each of the homes, and the areas where further development is required.

# 3. Findings and Recommendations

## A. Internal Audit

### A1. Care Homes Portfolio

<b>A1.1</b>	<b>Care Homes Self Assurance Framework</b>	<b>High</b>
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Action is required to address the significant and systemic operational control gaps emerging from the combined Internal Audit; Health and Safety and Information Governance review of the Council's Care Homes.

#### Recommendations

The Health and Social Care partnership should develop and implement a 'self-assurance' framework for care homes (similar to that implemented by Communities and Families across schools in 2017/18) to enable early identification and resolution of control weaknesses, and prevent future exposure to significant care quality; health and safety; clinical patient's safety; information governance; and other operational risks.

<b>A1.2</b>	<b>Gylemuir</b>	<b>High</b>
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A temporary Care Inspectorate registration certificate was in place at Gylemuir Care Home during the audit visit in June 2017, which was due to expire at the end of that month.

The registration was then extended until the end of August 2017 with the condition that either the proposed date and the strategy for closure of the service or plans for refurbishment should be agreed with the Care Inspectorate.

Since then, the registration has been extended to June 2018 and a subsequent Inspectorate review performed. The interim Health and Social Care Chief Officer is prioritising the concerns raised by the Inspectorate to ensure that these are addressed and has suspended new admissions in the interim period.

The revised Inspectorate conditions of registration are that the Council '*must inform the Care Inspectorate by 30 March 2018 of the proposed date and the strategy for closure of the service or provide details of the future plans for the service. If the service is to be long term and a home for life a full programme of refurbishment must be agreed with the Care Inspectorate to ensure the premises comply with current standards and best practice*'.

Finally, our review confirmed that there were no clear operational guidelines in place for Gylemuir detailing management responsibilities for management and oversight of NHS team members providing care at the home. For example, the care home manager was unable to confirm that NHS team members had completed all necessary training for their role, or whether attendance management for NHS team managers was being recorded.

#### Recommendations

- Plans to address the most recent Care Inspectorate findings included in their June and August reports should be defined and implemented;
- The current admissions suspension decision should be regularly reviewed, and removed only when considered appropriate;
- A specific risk should be recorded in the Health and Social Care risk register reflecting the strategic risk associated with operation of the Gylemuir care home;
- Regular progress updates should be provided to the Inspectorate in relation to development of the Gylemuir strategy and progress with addressing inspectorate recommendations; and

- Clear guidance is required in relation to management and oversight of NHS team members employed at Gylemuir. This guidance should be developed and applied to all care homes where it is expected that NHS and CEC team members will work together in partnership.

<b>A1.3</b>	<b>Additions to the Care Homes Portfolio</b>
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<b>High</b>
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Our audit programme included visits to Gylemuir Care Facility, which was brought under Council management in December 2014, and Royston Mains Care Home, which opened in April 2017.

Both Gylemuir and Royston Mains were rated 'red' ('requires immediate attention') in multiple categories, and highlighted areas where the processes supporting opening care homes and closing care homes could be improved.

Whilst Gylemuir was an existing care facility transferred to the Council from another external provider and Royston Mains is a new purpose-built care home, both management teams have experienced similar difficulties since these care homes were established. These include:

- Service models - have not yet been finalised for Gylemuir or Royston Mains.
- Financial management – As with all care homes; the budget for Royston Mains was not finalised until July 2017 (more than three months' post year end) and the care home manager was not provided with detailed 2017/18 budget information to allow him to make informed choices over budget spend. The 2017/18 budget for Gylemuir has not yet been finalised.
- Telephony and technology – the homes have experienced unreliable connections to the Council's phone and computer networks since opening, resulting in inability to make or receive calls, send, or receive faxes (which are required to send prescriptions to the pharmacy), and access Council systems.
- Business support resources – high volumes of turnover in business support resource have impacted the homes ability to implement and maintain effective operational controls and ensure appropriate access to core Council systems.
- Systems access – neither management team had full (Royston Mains) or reliable (Gylemuir) access to core Council finance and people management systems at the time of opening, with Royston Mains only obtaining access to the iTrent people management system in July (3 months after opening). The homes have therefore been unable to perform essential administrative tasks (such as monitoring expenditure or recording sickness absence).
- Property condition - Royston Mains is a new purpose-built care home but staff have reported many problems with the building which have impacted their ability to provide a high standard of care. Gylemuir has also faced a number of repair and maintenance challenges as the building is currently leased from BUPA.

### **Recommendation**

Health and Social Care plans to deliver at least two new care homes in the next few years. We recommend that 'lessons learned' review of the issues experienced at Gylemuir and Royston Mains is performed and the outcomes factored into the plans for opening new care homes in future to ensure that these issues do not recur.

This should include:

- Input from care professionals throughout the design and build process to identify design elements to avoid in future builds;
- Specification of key systems and tools which must be available on the day a new care home opens; and
- Recruitment and training of all care and business support teams prior to opening.

**A1.4 Closure of Care Homes****Medium**

Porthaven and Parkview Care Homes were closed in April 2017 and all residents were transferred to Royston Mains. We visited Royston Mains in July 2017, 3 months after the care home opened, and found:

- Bank Accounts - Porthaven and Parkview bank accounts were still open, but signatories had left the Council or transferred to another care home and Royston Mains staff, who were now responsible for managing those accounts, had no access to bank statements.
- Records Management – Financial records such as Cash Books relating to Porthaven and Parkview Welfare income were held in storage following the move to Royston Mains and were therefore, unavailable for review.
- Safes - the Porthaven safe had been moved to Royston Mains but was still registered with the Council's Insurance team as being located at Porthaven.
- Staff records - staff records had not been updated on the iTrent human resources system to reflect the care homes they had been transferred to, so the care home manager did not have access to personnel records. Review of the process applied when staff transfer between care homes confirmed that this is an ongoing issue.
- System access rights - Porthaven and Parkview purchasing approvers and requisitioners who had not transferred to Royston Mains were still active in the Oracle finance system.

**Recommendation**

We recommend that a checklist is created to guide managers through the process of closing a care home. This should include:

- Ensuring all staff and patient records (which may contain personal information) are cleared from the building and archived;
- Closing bank accounts and updating insurance records; and
- Removal of employee access rights to all core CEC systems and creating new access rights (where required).

This checklist should be suitable for use when closing any Council unit, not just care homes.

**A2. Financial Controls****A2.1 Budget Monitoring****High**

- At the time of our final visit in July 2017, four months into the new financial year, none of the care homes 2017/18 budgets had been finalised and no financial monitoring reports had been provided since March 2017.
- 9 out of 10 care homes significantly overspent staffing budgets in 2016/17 due to high sickness absence rates, unfilled vacancies & lack of budget for holiday cover for non-care roles necessitating increased expenditure on agency staff.
- Care home managers previously met with Finance (Service Accounting) monthly. These meetings no longer happen regularly resulting in a lack of oversight and challenge of care home expenditure. Consequently, care home managers no longer have a regular forum where they can seek advice on financial matters or raise operational issues (such as long-term sickness absence or new residents with high care needs) which may impact on their ability to meet their budget.
- Additionally, changes in the care home management structure implemented in January 2017 has resulted in limited contact between care centre managers and their line managers, and limited oversight of budgets within Health and Social Care.



### Recommendation

Care home budgets should be reviewed to align them with current operational service models and expected operating costs.

- All Care home managers should be provided with monthly budget reports or given access to the Frontier system to enable review of performance against budget and communication of any issues; and
- Care home managers should be supported with budget management by re-establishing regular meetings with Finance and their line managers (cluster managers).

### A2.2 Purchasing Controls

Medium

- Care home managers are currently authorised to approve expenditure up to £5,000 on the Oracle purchasing system. Weekly agency staffing invoices are frequently higher than this. Oracle authorisation limits were found to have been circumvented by 6 of the 10 care homes by processing part orders (for example a single invoice to the value of £6K is processed as two separate orders of £5K and £1K on Oracle).
- Oracle user access rights are not updated to reflect staff changes where team members leave, or are transferred to another care home. Additionally, current Oracle access rights do not reflect recent changes in senior management structures. We identified incorrect Oracle user access rights for approvers and requisitioners at 8 care homes.

### Recommendation

- Oracle approval limits for care home managers should be reviewed to ensure that these are realistic and reflect operational requirements;
- Cluster managers with the appropriate approval limits should be asked to approve any purchase orders that exceed care home manager approval limits; and
- H&SC, Business Support and the Finance Systems Administration Team should review current Oracle access rights across all care home cost centres to identify and resolve any incorrect access rights.

### A2.3 Welfare Fund and Outings Funds

Medium

- Welfare funds held across the care homes were generally less than £1K in value. The Welfare Fund Constitution (prepared by Finance) requires each care home to operate a Welfare Fund committee and to produce annual, audited, financial accounts.
- None of the care homes had a Welfare Fund Constitution in place, and only one produced an annual statement of accounts. A second care home was proactive about setting up a Welfare Fund Committee after our audit visit.
- There was evidence at some care homes that residents and their families were encouraged to participate in meetings about the Welfare Fund and submit suggestions for fundraising activities and how the Welfare Fund should be used.
- The Royston Mains care home operated a separate 'outings fund' in addition to the welfare fund. No guidance was available on how these funds should be used.
- No formal authorisation protocol was in place for welfare expenditure at any of the Care Homes visited. Seven of the care homes told us that the care home manager approves items of expenditure in excess of a specified amount, but this approval was not generally documented.
- Welfare Fund transactions are generally in cash, with some cheques used. Care homes do not have purchase cards or debit cards for the Welfare Fund, so in some cases a member of staff made online purchases on their personal credit card and reclaimed the expense back.
- All care home Welfare Fund income and expenditure records were maintained in paper format. None of the care homes kept electronic records.

### Recommendation

- Guidelines for managing Welfare Funds that are aligned with the Welfare Fund constitution requirements should be developed and rolled out to all care homes;
- Each care home should establish a Welfare Fund committee to oversee administration of the Fund; decide how the funds should be spent and who can authorise expenditure;
- Each care home should produce a set of annual accounts to be reviewed by the Welfare Fund Committee. We do not consider an external audit of these accounts necessary given that Welfare Funds are typically low in value, but recommend that care homes establish peer review arrangement;
- Guidance should be prepared by Social Care Finance on how the outings fund should be used;
- Care homes should be provided with pre- paid purchase cards to reduce the amount of cash being handled in the care homes and avoid the need for staff to purchase items on personal cards; and
- Audit has provided Business Support with an Excel template which can be used to record cash and bank transactions and perform bank reconciliations. Business Support should consider rolling out this spreadsheet across all care homes with training and guidance provided on how this should be used.

<b>A2.4</b>	<b>Bank Account &amp; Cash Holding</b>
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<b>Medium</b>
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- Standard RBS forms for changes to bank account signatories enables any existing signatory to set up a new signatory.
- Bank accounts signatories at all 10 care homes had not been reviewed or updated and (in some cases) care home managers were not aware of all signatories in place for their care home accounts.
- Current signatories included staff who had transferred to other care homes or other areas of the Council, and staff who had left Council employment. In one case, a signatory had transferred to another care home three years previously.
- Bank accounts remained open for two care homes that are now closed (Porthaven and Parkview), and included 10 signatories who are not employed at the new Royston Mains care home that residents were transferred to.

### Recommendation

- Bank account signatory lists should be reviewed quarterly by Care Home managers and any necessary changes advised to the Council's Treasury team; and
- Treasury should perform an annual review of all care home bank account signatories to ensure that they are complete and accurate.

<b>A2.5</b>	<b>Insurance</b>
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<b>Medium</b>
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- Care home safe insurance details were not held by the Council's insurance team for 2 of the 10 care homes, and the location of a third safe was also not updated on the insurance list.
- One care home with a registered maximum insurance limit for holding cash in safes had exceeded the limit by £1,160 on the day of the audit.

### Recommendation

- Details of make/model, size and position of safes should be provided by care homes to the Council's insurance team;
- Once received, the Insurance team should perform a review of limits to be held in safes and determine the grading of safes;
- Revised safe limits should be communicated to all Care Homes; and
- Care homes should perform periodic reviews to confirm that safe insurance limits are not breached.

**A2.6 Residents' Savings****Low**

- Cash and bank reconciliations were completed weekly at 7 of the 10 care homes, and signed as evidence of review by the business support officer at 5 of the care homes.
- Residents at 8 care homes had negative balances on their savings accounts at the time of audit. This was generally less than £20, but there were residents with significant 'negative balances' on their Residents' Savings Card at 2 care homes – Fords Road and Royston Mains.
- The BSA at Fords Road care home identified that there was unallocated Residents Savings of £1,379.64. Following an investigation; this was found to be attributable to a banking error and mismanagement of records.
- The reconciliation process had not been carried out at Royston Mains care home as the resident's savings records had not been amalgamated from Porthaven and Parkview Care homes into the new home and the BSO and BSA did not have full access to the necessary bank accounts.

**Recommendation**

- Clear guidance should be produced for care homes detailing the process to be applied when a resident does not have sufficient funds to cover necessary personal expenditure;
- Care home managers should be permitted discretion over small negative balances, but they must be recorded accurately and promptly, and the care home manager's authorisation of the position recorded;
- Recurring problems in relation to insufficient resident's savings funds should be discussed with the residents' social worker, and a process developed with Social Care Finance to enable access to interim financial support; and
- Business Support Team Leader should ensure that the reconciliation process is undertaken at all care homes on a regular basis. Any significant errors found within the reconciliation process should be reported to the Business Support Team Leader and rectified as soon as possible.

**A2.7 Resident's Assets on death****Low**

- Forms to record residents' cash and property held by the care home at death were routinely completed and forwarded to Health and Social Care Finance, however it was not clear what cash, valuables and other possessions should be recorded, or which sections of the form should be signed by the care home.
- There was one case where a family member had donated the amount left on the resident's savings card to the care home on his death: however, there was no confirmation of the family member's decision to make this donation, such as an email or letter.

**Recommendation**

- Forms to record residents' cash and property held by the care home at death should be reviewed by Health and Social Care Finance to ensure that the content of the form is clear and confirm that all assets owned by the resident should be recorded;
- The value of cash and details of physical possessions held should be certified by the care home manager prior to forwarding the form to Health and Social Care Finance or returning the assets to the family; and
- Care homes should be reminded to obtain written confirmation from the family where cash or valuables are donated to the care home. Signed receipts should also be obtained when returning assets or money to relatives.

### A3. Workforce Controls

<b>A3.1</b>	<b>Training</b>	<b>Medium</b>
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- All employees are required to complete bi-annual essential learning about the Council's key policies and procedures. The iTrent human resources system should be updated to confirm completion and enable HR to monitor completion across all council employees (a completion rate of 56% across all Council employees was recorded in 2016). Three of the ten care homes were unable to demonstrate that all employees had completed essential learning with completion recorded on iTrent.
- In addition to mandatory training, induction and regular refresher training should also be completed. Four of the ten care homes could not demonstrate that all social care workers had completed medications training in the last 2 years, and three of the ten care homes could not demonstrate that all relevant staff had completed manual handling training in the last 18 months.
- Three of the ten care homes were unable to provide evidence of training plans to confirm that employee training needs had been assessed and appropriate training attended or delivered.

#### Recommendation

- Care home managers should perform a six-monthly review to confirm that all employees have completed mandatory, induction, and refresher training and that completion has been recorded on the iTrent human resources system. Where training has not been completed, this should be discussed with employees and reflected (where appropriate) in their annual performance discussions; and
- Training planning should be implemented across all care homes to support assessment and identification of employee training needs and ensure that these are addressed by either attending at or delivering of training.

<b>A3.2</b>	<b>Recruitment &amp; Induction</b>	<b>Medium</b>
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- Nine of the care homes could not demonstrate that identification had been checked on the first day of employment. This is a new requirement and there was evidence that the care homes are starting to check ID.
- Checks of the Protection of Vulnerable Group (PVG) information recorded by human resources for new care home employees in the Council's iTrent human resources system identified inaccurate data input for 6 of the 10 care homes. PVG details for one employee were not recorded in iTrent at all (we were able to confirm that this employee had a satisfactory PVG certificate which was obtained before their start date), whilst other errors included incorrect dates and PVG classifications.

#### Recommendation

The on boarding process for Health & Social Care staff should be reviewed and checks included to ensure that accurate information regarding PVG checks for care homes is accurately recorded in the Council's iTrent human resources system.

Note: This recommendation is already covered by an existing Medium rated overdue audit recommendation for Health and Social Care (SW1601 ISS.5) - Social Work: Pre-Employment Verification. This finding will be linked with the existing overdue recommendation and no new finding will be raised.

<b>A3.3</b>	<b>Performance and Attendance Management</b>	<b>Medium</b>
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- Line managers must complete annual performance reviews for all staff at grade 5 or above and record the outcomes in the iTrent human resources system. Performance reviews and scores had been recorded on iTrent for all ten care home management teams (care home managers; depute and business support officers) included in our sample. However, in discussion with care home managers,

it was established that whilst scores had been recorded in iTrent, performance review meetings had not taken across at least 5 of the 10 care homes.

- The Managing Attendance policy was not well embedded across the care homes. Eight care homes had not consistently recorded sickness absence dates in the iTrent system.
- Only three of the ten care homes could demonstrate that return to work interviews were carried out within 3 working days of the employee's return, and that employees with frequent or long-term absence were managed through the Managing Attendance stages.

**Recommendation**

- Care home managers should be trained in the new Performance Conversation framework;
- Six monthly and annual performance conversations should be completed for all employees and the outcomes recorded on the iTrent human resources system;
- Care home managers and business support officers should attend the 'managing attendance' workshops which are currently being delivered by Human Resources and ensure that managing attendance procedures are consistently applied; and
- The iTrent system should be reviewed on a quarterly basis by business support officers to confirm that absences and performance conversations are completely and accurately recorded.

<b>A3.4</b>	<b>Agency Staffing</b>	<b>Medium</b>
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- Only 4 of the 10 care homes could demonstrate that induction checklists had been completed and copies of photo ID retained for agency staff on duty on the day of our visit.
- Care homes do not receive a breakdown of invoices from Adecco (the agency staffing supplier pre-April 2017) or Pertemps (the supplier post April 2017). Significant discrepancies between timesheets and hours billed were identified in four of the care homes, with minor differences identified in a further three care homes.

**Recommendation**

- Guidance should be produced for all care homes regarding the documentation that should be retained in the care homes to ensure agency staff have the necessary training and ID; and
- Care homes should receive analysis of the agency staff and hours worked charged to their cost centres to allow these to be reviewed and validated.

<b>A3.5</b>	<b>Adequacy of Resources</b>	<b>Medium</b>
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- The Care Inspectorate Dependency Assessment was on display in all ten care homes and staffing levels were met on the day of the audit in nine of the ten care homes visited.
- The Care Inspectorate Dependency Assessment for the Royston Mains care home specifies that a dedicated mental health nurse must be on duty between 7am and 2pm. Royston Mains care home opened in April 2017 and is not yet operating at full capacity with only 45 of 60 places filled, as the specialist dementia unit is not yet open. There are no mental health nurses currently working at the home.
- The Gylemuir Care Inspectorate Dependency Assessment is based on a 30-bed centre, whilst the care home has capacity for 60 residents and regularly accommodates more than 30 residents. The care Inspectorate has been informed of this discrepancy, however Gylemuir are currently determining their own resourcing requirement for Gylemuir as opposed to applying Care Inspectorate requirements.

**Recommendation**

- Employee resources and budgets should be reviewed to ensure that Care Inspectorate Dependency Assessments requirements are consistently achieved; and

- Health and Social Care senior management should contact the Care Inspectorate to request formal clarification for Gylemuir resources requirements based on the volumes and needs of residents in the care home.

<b>A3.6</b>	<b>Gifts</b>
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<b>Low</b>
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- Whilst no concerns were identified at any of the care homes in relation to employees accepting gifts from residents or family members, no formal gifts and hospitality registers are maintained at individual care homes.
- Social Care finance maintain a central gifts and hospitality register for care homes, however there is no established guidance or procedures to ensure that details of gifts and hospitality received are provided by care homes to the Social Care finance team to support maintenance of the centralised register.

**Recommendation**

- Gifts and hospitality registers should be maintained in each care home to record all gifts and hospitality received by employees; and
- Gifts and hospitality details should be provided quarterly to the Health and Social Finance team (including provision of a nil return where applicable) to ensure that the central register is regularly updated and maintained.

## A4. Resilience

<b>A4.1</b>	<b>Business Continuity Plans</b>
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<b>Medium</b>
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- There have been significant changes in the Health & Social Care senior management and business support structures in the past year. These changes have not been updated on resilience information provided to all care homes, so emergency contact lists are out of date.
- The standard business continuity plan template includes a flow chart outlining what procedures to follow in the event of an incident. Only two care homes displayed this chart in Duty Offices. However, as noted above, the flowchart was out of date as the emergency contacts listed no longer work for the Council;
- Two of the care homes visited did not have formal contingency boxes (boxes containing items for use in an emergency) in place.

**Recommendation**

- A list of emergency contact details for senior management and Council staff should be produced to reflect the revised Council structure;
- This list should be cascaded to all care homes with the instruction that local plans and contact lists be updated accordingly;
- All care homes should then be instructed to display updated incident flow charts at key points around the building; and
- Contingency boxes should be established in all care homes.

## A5. Technology Equipment and User Access Rights

<b>A5.1</b>	<b>Leavers</b>	<b>Medium</b>
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In seven of the ten care homes, employees who had left the Council were still listed on the Global Address List and had live active directory account enabling them to access Council systems, including e mail.

### Recommendation

Care home managers should ensure that the Council's procedures for leavers are consistently applied, with requests to remove access directory accounts submitted in advance of the leaving date with a request for this to be actioned by ICT the day on or immediately after the agreed termination date.

<b>A5.2</b>	<b>Asset Registers</b>	<b>Low</b>
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- Five care homes did not have an asset register in place at the time of our audit visit, with three of those indicating that they had no high value assets to record.
- The nature of items recorded on the 5 asset registers varied and usually only included Council issued desktops and mobile phones. Other assets including artwork, TVs, computers for service users and rented items were often excluded.

### Recommendation

Clear guidance should be obtained from Finance and ICT regarding the value and nature of items that should be recorded in an asset register

## B Health and Safety

### B1. Health and Safety Controls

<b>B1.1</b>	<b>Fire safety</b>	<b>High</b>
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- Whilst there were good arrangements and practices in place in some areas of fire safety at all care homes, none of the care homes were assessed as overall compliant (green) for fire safety.
- There were generally good controls in place for residents' smoking areas; fire signage; having nominated individuals for fire safety; unobstructed escape routes; fire alarms; fire extinguishers; sprinklers; and emergency lighting.
- The most common areas requiring improvement were in relation to number of fire wardens, fire training and the checking of evacuation equipment.

### Recommendation

- Clear guidance on appointment of and role of fire wardens to be given to all care homes; and
- Incorporate checking of evacuation equipment into regular inspection checks at all care homes and ensure records of checks are kept.

<b>B1.2</b>	<b>Health and safety training</b>	<b>Medium</b>
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- Health and safety training was assessed as compliant (green) at 3 care homes.

- Whilst induction training was generally carried out, refresher training was overdue or not recorded at 5 care homes. This included fire safety management, asbestos awareness, and *legionella* awareness.
- There was no evidence of training needs analysis having been carried out at Royston Mains Care Home.

### Recommendation

A monitoring/ review process should be introduced to ensure that all training is up to date across all care homes.

<b>B1.3</b>	<b>Health and safety workplace inspections / Housekeeping</b>	<b>Medium</b>
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- 5 care homes were assessed as compliant (green) for workplace inspections and housekeeping. Workplace inspections are required to be carried out quarterly.
- There were good standards of cleaning and housekeeping. However, there were gaps in emergency cleaning arrangements at 3 care homes.

### Recommendation

- Standard emergency cleaning arrangements should be provided to all care homes e.g. for Norovirus; and
- A monitoring/ review process should be introduced to ensure that workplace inspections are being carried out, followed up and actions tracked to completion.

<b>B1.4</b>	<b>First-aid arrangements</b>	<b>Medium</b>
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- Gaps were identified in first-aid provision, with all care homes assessed as partially compliant (amber).
- The gaps were in the appointment and training of first-aiders, and provision of information notices and adequately stocked first aid boxes.

### Recommendation

Arrangements should be put in place for first aid needs to be assessed, implemented, and monitored at each care home.

<b>B1.5</b>	<b>Emergency response</b>	<b>Medium</b>
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- This section includes nurse call alarms systems, lift breakdowns, bomb threats and emergency shut-offs. All care homes were assessed as partially compliant (amber) for emergency response.
- The main gaps identified were in relation to the lack of emergency procedures for lifts, and inadequate bomb threat procedures.

### Recommendation

- Standard lift breakdown procedures information to be displayed at all care homes where there are passenger lifts; and
- Bomb threat procedures to be made available to all care home managers.

<b>B1.6</b>	<b>Reporting and investigation of incidents</b>	<b>Medium</b>
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- Incidents, accidents, and work-related ill health cases are generally being reported at all care homes, however only 3 care homes were assessed as fully compliant.
- Gaps were identified at 3 care homes in relation to the reporting of adverse incidents involving medical devices to the Medicines and Healthcare Products Regulatory Agency (MHRA).



### Recommendation

A procedure for reporting to the Medicines and Healthcare Products Regulatory Agency should be developed for all care homes and implemented.

<b>B1.7</b>	<b>Control of contractors</b>	<b>Medium</b>
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- Control of contractors was assessed as compliant (green) at 8 care homes.
- The issue to be addressed at the other 2 care homes was the failure to provide health and safety information to all contractors, including emergency procedures.

### Recommendation

Establish standard minimum information to be provided to contractors in liaison with Property and Facilities Management.

<b>B1.8</b>	<b>Health and safety risk assessments and controls</b>	<b>Medium</b>
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- All care homes were assessed as partially compliant (amber) for health and safety risk assessments and control measures. Whilst some risk assessments were available at all care homes, a number of risk assessments were either missing, required more detail, or required to be signed off by management.
- 5 care homes were assessed as compliant (green) for health surveillance (health checks). Gaps in health surveillance identified included failure to carry out night workers' questionnaires and skin health surveillance.
- Issue of Personal Protective Equipment (PPE) was not recorded.

There were also questions asked in this section related to patient safety with the following finding:

- Not all ligature and suffocation risk controls had been implemented at Ferrylee Care Home and Gylemuir Care Home.

### Recommendation

- A monitoring/ review process should be introduced to ensure that all risk assessments in all care homes are up to date;
- Review health surveillance and health assessment requirements at all care homes;
- Sharing of best practice in risk assessment between care homes should be facilitated and promoted; and
- Standard Personal Protective Equipment issue log form to be available for all care homes.

<b>B1.9</b>	<b>Health and safety roles and responsibilities</b>	<b>Low</b>
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- All care homes were assessed as partially compliant (amber) for health and safety roles and responsibilities. Whilst roles, responsibilities and accountabilities set out in the Council Health and Safety Policy were understood, these were not included in personal objectives for key roles.
- Roles and responsibilities specific to each care home were not clearly set out in an organisational chart or other documents.

### Recommendation

Personal objectives for key staff at all care homes should include health and safety responsibilities as part of the performance framework.

<b>B1.10</b>	<b>Health and safety communications</b>	<b>Low</b>
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- 5 care homes were assessed as compliant (green) for health and safety communications.

- Health and safety was not included as a standing agenda item at staff meetings in all care homes.
- Health and safety information was not given to residents and visitors in all care homes.

### Recommendation

Care home managers should be provided with a list of standard health and safety information to be included for residents and visitors.

#### **B1.11** Stress/Employee assistance programme

**Low**

- 7 care homes were assessed as compliant (green) for managing stress, with 3 care homes assessed as partially compliant (amber) due to lack of information being provided to staff on the Employee Assistance Programme.
- Good arrangements were in place for stress risk assessment. Roles and responsibilities set out in the Stress Policy were understood.

### Recommendation

Up to date Employee Assistance Programme information should be provided for all care homes in liaison with Human Resources.

## B2. Property and Statutory Inspection Controls

#### **B2.1** Beds/ furniture

**High**

- This section included bed rails, electric profiling beds and fixed furniture, e.g. wardrobes.
- 1 care home was assessed as compliant (green). A common area for improvement is to ensure that furniture is suitably fixed to prevent it from falling or being toppled. Property and Facilities Management were notified of this issue and have taken action to ensure that furniture such as wardrobes are secured.

### Recommendation

Ensure that all furniture e.g. wardrobes, that is required to be in a fixed position for resident safety reasons, is secured, in liaison with Property and Facilities Management.

#### **B2.2** Window restrictors

**High**

- Window restrictor suitability checks were in place at 4 care homes.
- One care home did not have any window restrictors in place and one care home had unsuitable window restrictors in place.

### Recommendation

- Property and Facilities Management to ensure that all window restrictors fitted are suitable; and
- Inspection regime required to ensure that window restrictors are in place and in good working order.

#### **B2.3** Statutory inspections

**Medium**

- 2 care homes were assessed as fully compliant (green) for statutory inspections. There was a lack of records available at Gylemuir and Royston Mains.
- Fixed electrical systems testing and gas safety checks were found to be in place at 9 care homes, with records available.
- The gaps in statutory inspections included pressure systems records at 6 care homes, ventilation at 3 care homes, hoists, and mobile lifting equipment at 2 care homes, carbon monoxide records at 2 care homes and passenger lifts records at 2 care homes.

- Clarification is needed as to whether pressure systems tests are required.

#### Recommendation

- Ensure that statutory tests and inspections are up to date and records available for all care homes, in liaison with Property and Facilities Management; and
- Clarification required from Property and Facilities Management as to whether pressure systems tests

<b>B2.4</b>	<b>Water safety (including legionella)</b>	<b>Medium</b>
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- Only 4 care homes were assessed as fully compliant for water safety controls.
- *Legionella* risk assessments were in place at 7 care homes. There was no Legionella risk assessment available at Royston Mains and these were out of date at Jewel House and Marionville Court.
- *Legionella* control testing was being carried out in compliance with Health and Safety Executive guidance document 'L8', however, some documentation was incomplete at 3 care homes.

#### Recommendation

Ensure legionella risk assessments and associated records are available and up to date at all care homes in liaison with Property and Facilities Management and Scientific Services.

<b>B2.5</b>	<b>Asbestos</b>	<b>Medium</b>
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- Asbestos registers were readily available at all 6 care homes that were required to have these.
- Asbestos management plan records including condition monitoring were available at 4 out of 6 care homes that are required to have these.

#### Recommendation

Ensure that asbestos management plan records are available and up to date at all relevant care homes, in liaison with Property and Facilities Management.

<b>B2.6</b>	<b>Condition Surveys</b>	<b>Medium</b>
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- Records were available from Strategic Asset Management for 7 care homes. There is an ongoing programme of condition surveys being undertaken.

#### Recommendation

Property and Facilities Management to ensure that condition surveys are up to date for all care homes.

## **C. Information Governance**

<b>C1.1</b>	<b>Responsibilities</b>	<b>Medium</b>
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- There is a lack of awareness around Council information breach procedures.
- There is some knowledge around how to deal with statutory requests for information but there is a reliance on key staff for that knowledge. This presents a risk in terms of resilience.
- There is a lack of business support in some of the homes, vacancies are currently unfilled.

### Recommendation

- Business Support to ensure care homes are provided with appropriate support; and
- Care homes to work with the Information Governance Unit to ensure that all employees are aware of Council procedures for reporting information breaches.

### C1.2 Decision making

Medium

- There are no documented procedures for records creation, management, and disposal across all care homes.
- In most homes, disposals of records in situ are not documented at all. Where they are documented, it is done inconsistently. Where records are sent to and stored at the Council Records Management Centre, disposals are consistently and comprehensively documented in line with Council policy; however, the centre is not routinely used by all the care homes.
- The process for completion of Privacy Impact Assessments is unknown.
- No fair processing statements are provided by any of the care homes, although in some there are general discussions around consent.

### Recommendation

- Care homes to work together with the Information Governance Unit (IGU) to establish a model records management manual to document record processes;
- Care homes to establish local disposal registers, as per Council guidance, to keep track of the disposal of records;
- IGU to provide relevant staff with an input around Privacy Impact Assessments; and
- The Leadership Team of Health and Social Care to work with IGU to prepare appropriate fair processing notices (this will likely come out of GDPR preparation).

### C1.3 Compliance

Medium

- There is no awareness of information risk registers.
- There is little experience of dealing with ad-hoc requests for information.

### Recommendation

- Care homes to work with the Information Governance Unit (IGU) to develop an appropriate information risk reporting framework; and
- IGU to provide guidance to care homes about information sharing.

### C1.4 Availability

Medium

- Outlook is often used as a storage system, where emails are filed for years without any review.
- Local filing conventions are used but these are not generally documented and are not mapped to the Business Classification Scheme.
- Some managers use their personal (H) drives to store data relating to their staff or investigations they are undertaking at other care homes. This is in line with historical practices and advice, but should be reviewed in favour of appropriately secured areas of the G Drive.
- Only one care home utilises a USB stick for care home data, but this is due to serious ICT issues, which are currently being addressed. The USB stick is encrypted.

### Recommendation

- Care homes to work together with the Information Governance Unit (IGU) to establish a model file plan to restructure their G drives; and
- As part of this work, the issues surrounding email storage and H drive use will be reviewed and appropriate processes implemented.

<b>C1.5</b>	<b>Retention</b>	<b>Medium</b>
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- The closure of records is currently only applied to care plans where the resident is deceased.
- There is little awareness of records or files that might be required for long term retention.

### Recommendation

Care homes to work together with the Information Governance Unit to link their client files and administrative records to Council retention rules and document these in their records management manuals.

<b>C1.6</b>	<b>Disposal</b>	<b>Medium</b>
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- Most destruction appears to focus on care plans and not on other types of files held by the care homes.
- Disposal of information is also focused mainly on paper files, and not electronic information.

### Recommendation

- The Leadership Team of Health and Social Care should agree who is responsible for removing/deleting service user data for deceased residents' data and communicate this to the care homes; and
- Care homes and the Information Governance Unit to cover the management and disposal of electronic records in their model records management manual template.

<b>C1.7</b>	<b>Data Quality</b>	<b>Low</b>
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- Version control is not utilised fully in any of the care homes, however there have been some attempts made to differentiate between different versions standardised forms, guidance, and procedures.

### Recommendation

- Care homes to work with IGU to ensure version control is implemented appropriately in conjunction with the model records management manual; and
- HSC to review all template forms on an annual basis and work with care homes to ensure correct versions are being used.

## 4. Health and Social Care – Care Home Action Plan

The management action plan detailed below will be completed by Health and Social Care with actions tracked by Internal Audit, Health and Safety and Information Governance as per the processes outlined in **Appendix 2**.

Finding	Recommendation	Management Response	Action Owner	Action Date
<b>A. Internal Audit</b>				
<b>A1. Care Homes Portfolio</b>				
A1.1 Care Homes Self Assurance Framework	The Health and Social Care partnership should develop and implement a 'self-assurance' framework for care homes (similar to that implemented by Communities and Families across schools in 2017/18) to enable early identification and resolution of control weaknesses, and prevent future exposure to significant care quality; health and safety; clinical patient's safety; information governance; and other operational risks.	<p>A self assurance framework will be designed and implemented that will validate effective operation of controls in place to manage these risks.</p> <p>The Health and Social Care Partnership Operations Manager will be accountable for development; implementation and ongoing operation of the framework.</p> <p>Development and implementation support will be requested from Business Support and Quality Assurance and Compliance.</p>	Interim Chief Officer, Health and Social Care	30 <sup>th</sup> June 2019
A1.2 Gylemuir	Plans to address the most recent Care Inspectorate findings included in their June report should be defined and implemented.	Action plan developed in discussion with Care Inspectorate. Gylemuir action group set up with monthly meetings to monitor outputs and outcomes	Chief Nurse, Health and Social Care	28 <sup>th</sup> February 2018
	The current admissions suspension decision should be regularly reviewed, and removed only when considered appropriate.	Following review of action plan, and ongoing improvement, admission suspension was lifted. Currently open to 30 residents, capacity will increase when staff recruited	Chief Nurse, Health and Social Care	28 <sup>th</sup> February 2018
	A specific risk should be recorded in the Health and Social Care risk register reflecting the strategic risk associated with operation of the Gylemuir care home.	<p>A new risk was added to the Edinburgh Integration Joint Board risk register in relation to Gylemuir.</p> <p>The H&amp;SC risk register is in the process of being refreshed with specific locality risks being developed that will be recorded in Datex (NHS risk Management system). A specific risk for Gylemuir will be recorded in the</p>	Chief Nurse, Health and Social Care	28 <sup>th</sup> February 2018

		relevant locality risk register and in the consolidated Health and Social Care risk register.		
	Regular progress updates should be provided to the Inspectorate in relation to development of the Gylemuir strategy and progress with addressing inspectorate recommendations.	Ongoing communication with the Care Inspectorate continues at local and senior level. Care Inspectorate invited to join Gylemuir action group	Chief Nurse, Health and Social Care	30 <sup>th</sup> June 2018
	Clear guidance is required in relation to management and oversight of NHS team members employed at Gylemuir. This guidance should be developed and applied to all care homes where it is expected that NHS and CEC team members will work together in partnership.	The staffing model at Gylemuir house has been reviewed, a Senior Charge Nurse has been seconded in to support direct management and professional support of NHS staff while the recruiting process continues to identify a substantive Senior Charge Nurse. NHS staff continue to operate under NHS governance and are professionally accountable through the nursing line. It is expected that this post will be permanently filled by April 2018 Nursing staff remain under NHS terms and conditions. The Senior Charge Nurse is directly managed by the Care Home manager and professionally accountable to the professional lead in North West locality	Chief Nurse, Health and Social Care	30 <sup>th</sup> April 2018
A1.3 Additions to the Care Homes Portfolio	Health and Social Care plans to deliver at least two new care homes in the next few years. We recommend that 'lessons learned' review of the issues experienced at Gylemuir and Royston Mains is performed and the outcomes factored into the plans for opening new care homes in future to ensure that these issues do not recur. This should include: <ul style="list-style-type: none"> <li>• Input from care professionals throughout the design and build process to identify design elements to avoid in future builds.</li> <li>• Specification of key systems and tools which must be available on the day a new care home opens, and</li> </ul>	Business Support is in the process of developing a care homes open and closure plan to be applied to the opening and closure of all care homes in future. Once developed, this document can be used by the relevant Health and Social Care project managers responsible for opening and closure of Care Homes.	Business Services Manager, Health and Social Care	31 <sup>st</sup> March 2018

	<ul style="list-style-type: none"> <li>Recruitment and training of all care and business support teams prior to opening.</li> </ul>			
A1.4 Closure of Care Homes	<p>We recommend that a checklist is created to guide managers through the process of closing a care home. This should include:</p> <ul style="list-style-type: none"> <li>Ensuring all staff and patient records (which may contain personal information) are cleared from the building and archived</li> <li>Closing bank accounts and updating insurance records</li> <li>Removal of employee access rights to all core CEC systems and creating new access rights (where required).</li> </ul> <p>This checklist should be suitable for use when closing any Council unit, not just care homes.</p>	Business Support is in the process of developing a care homes open and closure plan to be applied to the opening and closure of all care homes in future. Once developed, this document can be used by the relevant Health and Social Care project managers responsible for opening and closure of Care Homes.	Business Services Manager, Health and Social Care	31 <sup>st</sup> March 2018
<b>A2. Financial Controls</b>				
A2.1 Budget Monitoring	Care home budgets should be reviewed and rebased to align them with current operational service models and expected operating costs.	<p>This piece of work was completed as part of the restructure of budgets to reflect the locality operating model in September 2017.</p> <p>Budgets are regularly monitored through general ongoing monitoring performed by Finance and there is an established process for ensuring that overspends are communicated to budget owners.</p> <p>Business support will also be providing more support to Unit Managers in relation to ongoing budget management.</p>	Senior Accountant, Finance, Health, and Social Care	28 <sup>th</sup> February 2018
	All care home managers should be provided with monthly budget reports or given access to the Frontier system to enable review of performance against budget and communication of any issues.	Frontier reports sent out monthly	Senior Accountant, Finance, Health and Social Care	28 <sup>th</sup> February 2018
	Care home managers should be supported with budget management by re-establishing regular meetings with Finance and their line managers (cluster managers).	All care home managers will have a budget meeting once a year with finance and on an ad hoc basis when required. Budget meetings started in Sept 2017.	Senior Accountant, Finance, Health and Social Care	28 <sup>th</sup> February 2018



A2.2 Purchasing Controls	Oracle approval limits for care home managers should be reviewed to ensure that these are realistic and reflect operational requirements.	All requisitioners / authorisers listed and limits will be reviewed, agreed, and formally documented. Discussions will be held with Finance and revised limits have agreed and implemented. Revised limits will be based on the highest invoice value expected in any one unit and applied consistently across all Care Homes Unit Managers.	Locality Managers	28 <sup>th</sup> March 2018.
	Cluster managers with the appropriate approval limits should be asked to approve any purchase orders that exceed care home manager approval limits.	Current approval guidelines and requisitioners / authorisers established to reflect new locality structure. Cluster Managers will approve any invoices that are outwith the authority limits for Unity Managers.	Treasury and Banking Officer, Corporate Finance Locality Managers	28 <sup>th</sup> February 2018
	H&SC, Business Support and the Finance Systems Administration Team should review current Oracle access rights across all care home cost centres to identify and resolve any incorrect access rights.	Reviewed and cost centres removed from staff who have left.	Business Services Manager, Health and Social Care	28 <sup>th</sup> February 2018
A2.3 Welfare Fund and outings Funds	Guidelines for managing Welfare Funds that are aligned with the Welfare Fund constitution requirements should be developed and rolled out to all care homes.	A working group has been established that will focus on welfare. The remit of the group will focus on welfare committees; constitutions; accounts; criteria and donations. 2 officers from the working group have been assigned responsibility to write and implement welfare guidelines	Business Services Manager, Health and Social Care	31 <sup>st</sup> July 2018
	Each care home should establish a Welfare Fund committee to oversee administration of the Fund; decide how the funds should be spent and who can authorise expenditure.	A working group has been established that will focus on welfare. The remit of the group will focus on welfare committees; constitutions; accounts; criteria and donations. 2 officers from the working group have been assigned responsibility to write and implement welfare guidelines	Business Services Manager, Health and Social Care	31 <sup>st</sup> July 2018
	Each care home should produce a set of annual accounts to be reviewed by the Welfare Fund Committee. We do not consider an external audit of these accounts necessary given that Welfare Funds are typically low in value, but	A working group has been established that will focus on welfare. The remit of the group will focus on welfare committees; constitutions; accounts; criteria and donations. 2 officers	Business Services Manager, Health and Social Care	31 <sup>st</sup> July 2018

	recommend that care homes establish peer review arrangement.	from the working group have been assigned responsibility to write and implement welfare guidelines Task assigned to Business Officer for annual accounts and daily bookkeeping. Guidelines to be written for consistency		
	Guidance should be prepared by Social Care Finance on how the outings fund should be used;	A working group has been established that will focus on welfare. The remit of the group will focus on welfare committees; constitutions; accounts; criteria and donations. 2 officers from the working group have been assigned responsibility to write and implement welfare guidelines	Business Services Manager, Health and Social Care	31 <sup>st</sup> July 2018
	Care homes should be provided with pre - paid purchase cards to reduce the amount of cash being handled in the care homes and avoid the need for staff to purchase items on personal cards.	Ensuring compliance with current procedures should reduce the amount of cash being handled in care homes, with no requirement for implementation of pre paid cards. Existing procedures will be reinforced.	Business Services Manager, Health and Social Care	28 <sup>th</sup> February 2018
	Audit has provided Business Support with an Excel template which can be used to record cash and bank transactions and perform bank reconciliations. Business Support should consider rolling this across all care homes with training and guidance provided on how this should be used.	Spreadsheet introduced for all cash and running in all homes	Business Services Manager, Health and Social Care Business Support Team Managers	28 <sup>th</sup> February 2018
A2.4 Bank Account & Cash Holding	Bank account signatory lists should be reviewed quarterly by Care Home managers and any necessary changes advised to the Council's Treasury team.	All homes are accurate as at October 2018  Signatory changes to be aligned to starters and leavers process	Business Services Manager, Health and Social Care Business Support Managers	28 <sup>th</sup> February 2018 31 <sup>st</sup> March 2018
	Treasury should perform an annual review of all care home bank account signatories to ensure that they are complete and accurate.	the recorded list of signatories will be issued annually by Treasury to the Care Homes with a request that they revert back within one month detailing any leavers who should be removed. Finance will then make the appropriate adjustments to existing bank account signatories.	Principal Treasury and Banking Manager, Finance	30 <sup>th</sup> June 2018

A2.5 Insurance	Details of make/model, size and position of safes should be provided by care homes to the Council's insurance team.	All safes re-registered with Insurance Section	Business Services Manager, Health and Social Care Business Support Managers	28 <sup>th</sup> February 2018
	Once received, the Insurance team should perform a review of limits to held in safes and determine the grading of safes.	Discussion between Insurance & Business support to determine that Corporate appointees included in CEC policy. Process for informing client/family of personal insurance requirements on admission for cash & valuables	Business Services Manager, Health and Social Care Business Support Managers	28 <sup>th</sup> February 2018
	Revised safe limits should be communicated to all Care Homes.	List distributed to all homes	Business Support Team Managers	28 <sup>th</sup> February 2018
	Care homes should perform periodic reviews to confirm that safe insurance limits are not breached.	Discussions to be held with family members as part of the admission process to ensure family is clear that insurance does not cover personal items for residents. CEC is covered for client money only where the Council is the resident's corporate appointee. Admission process will be included as part of a new monthly controls process to be implemented and monitored via completion of a monthly spreadsheet. A working group has been established to document the admissions process.	Business Services Manager, Health and Social Care Business Support Managers	30 <sup>th</sup> June 2018
A2.6 Residents' Savings	Clear guidance should be produced for care homes detailing the process to be applied when a resident does not have sufficient funds to cover necessary personal expenditure.	Business Officer ongoing compliance with weekly reconciliations process. Officers assigned to write guidance	Business Services Manager, Health and Social Care	31 <sup>st</sup> March 2018
	Care home managers should be permitted discretion over small negative balances, but they must be recorded accurately and promptly, and the care home manager's authorisation of the position recorded.	To be input to the guidance Business Officer compliance with current procedure. Space will be included in forms to record Unit Manager authorisation of the negative position.	Business Support Managers	28 <sup>th</sup> February 2018

	Recurring problems in relation to insufficient resident's savings funds should be discussed with the residents' social worker, and a process developed with Social Care Finance to enable access to interim financial support.	Raise Awareness of S.12 financial assistance from Social Work Centres to all care staff and input to guidance. This will be achieved via an initial visit to all care homes by the Business Services Manager, Health and Social Care who will engage with Business Support Managers and Business Support Officers.	Business Services Manager, Health and Social Care	28 <sup>th</sup> February 2018
	Business Support Team Leader should ensure that the reconciliation process is undertaken at all care homes on a regular basis. Any significant errors found within the reconciliation process should be reported to the Business Support Team Leader and rectified as soon as possible.	Reconciliations process will be included as part of a new monthly controls process to be implemented and monitored via completion of a monthly spreadsheet. A working group has been established to document all processes to be included. Business Officers will be responsible for ongoing compliance with procedure and evidenced in supervision notes.	Business Services Manager, Health and Social Care Business Support Managers Business Support Officers	30 <sup>th</sup> June 2018
A2.7 Resident's Assets on death	Forms to record residents' cash and property held by the care home at death should be reviewed by Health and Social Care Finance to ensure that the content of the form is clear and confirm that all assets owned by the resident should be recorded.	Form 309 to be reviewed. Assigned to Business Support Officers to review and update in liaison with Unit Managers	Business Services Manager, Health and Social Care Business Support Managers Business Support Officers Unit Managers	28 <sup>th</sup> February 2018
	The value of cash details of physical possessions held should be certified by the care home manager prior to forwarding the form to Health and Social Care Finance or returning the assets to the family	To be reviewed and included in Admissions and discharge procedure paperwork	BSM/UMs	28 <sup>th</sup> February 2018
	Care homes should be reminded to obtain written confirmation from the family where cash or valuables are donated to the care home, receipts should also be obtained when returning assets or money to relatives.	Simple, standard donation form to be introduced which includes part for receipting signatures. This will be included in the revised admissions / discharge process that will be included as part of a new monthly controls process to be implemented and monitored via completion of	Business Services Manager, Health and Social Care Business Support Managers	30 <sup>th</sup> June 2018

		a monthly spreadsheet. A working group has been established to document all processes to be included.		
<b>A3. Workforce Controls</b>				
A3.1 Training	Care home managers should perform a six-monthly review to confirm that all employees have completed mandatory, induction and refresher training and that completion has been recorded on the iTrent human resources system. Where training has not been completed, this should be discussed with employees and reflected (where appropriate) in their annual performance discussions.	This will be included as part of a new monthly controls process to be implemented and monitored via completion of a monthly spreadsheet. A working group has been established to document all processes to be included.	Cluster Managers/Unit manager	30 <sup>th</sup> June 2019
	Training planning should be implemented across all care homes to support assessment and identification of employee training needs and ensure that these are addressed by either attending at or delivering of training.	A spreadsheet has been developed for all mandatory training and is being implemented in each home. The Business Support Officer will ensure the info is up to date and liaise with the Unit manager.	Business Services Manager, Health and Social Care Business Support Managers Business Support Officers	28 <sup>th</sup> February 2018
A3.2 Recruitment & Induction	The on boarding process for Health & Social Care staff should be reviewed and checks included to ensure that accurate information regarding PVG checks for care homes is accurately recorded in the Council's iTrent human resources system.	Internal Audit Note: This recommendation is already covered by an existing Medium rated overdue audit recommendation for Health and Social Care (SW1601 ISS.5) - Social Work: Pre-Employment Verification. This finding will be linked with the existing overdue recommendation and no new finding will be raised.	N/A	N/A
A3.3 Performance and Attendance Management	Care home managers should be trained in the new Performance Conversation framework.	<b>Business Support Teams</b> All Business Support Officers have attended the training and will cover performance conversations for handymen and domestic care home staff. <b>Health and Social Care Teams</b> Will ensure that performance conversation training has been attended by all H&SC line managers in Care Homes.	Business Services Manager, Health and Social Care Business Support Managers Operations Manager, Health and Social Care	28 <sup>th</sup> February 2018 for Business Support employees 30 <sup>th</sup> June 2018

	Six monthly and annual performance conversations should be completed for all employees and the outcomes recorded on the iTrent human resources system.	<p><b>Business Support Teams</b> All Business Support Officers have attended the training and will cover performance conversations for handymen and domestic care home staff. MyPeople has been updated to reflect completion of annual performance conversations for these employees.</p> <p><b>Health and Social Care Teams</b> Will ensure that annual performance conversations (once completed) are recorded on the iTrent system.</p>	Business Services Manager, Health and Social Care Business Support Managers Business Support Officers Operations Manager, Health and Social Care	28 <sup>th</sup> February 2018 for Business Support employees       30 <sup>th</sup> June 2018
	Care home managers and business support officers should attend the 'managing attendance' workshops which are currently being delivered by Human Resources and ensure that managing attendance procedures are consistently applied.	<p><b>Business Support Teams</b> Business Support Officer planned program in place</p> <p><b>Health and Social Care Teams</b> Will ensure that managing attendance workshops have been attended by all H&amp;SC line managers in Care Homes.</p>	Business Support Managers	30 <sup>th</sup> June 2018    30 <sup>th</sup> June 2018
	The iTrent system should be reviewed on a quarterly basis by business support managers to confirm that absences and performance conversations are completely and accurately recorded.	<p>This is the responsibility of the Unit manager for their direct reports. The Business Support Officer will ensure that the Unit Manager is aware on a monthly basis for Domestic and Handymen reporting to them</p> <p>The Business Support Officer is required to monitor and report through the Customer process on a monthly basis.</p> <p>The staff nurse / charge nurse to be appointed at Gylemuir will ensure that this is performed for all NHS staff.</p>	Business Support Managers Unit Managers   Chief Nurse, Health and Social Care	30 <sup>th</sup> June 2018 for Business Support employees      30 <sup>th</sup> June 2018
A3.4 Agency Staffing	Guidance should be produced for all care homes regarding the documentation that should be retained in the care homes to ensure agency staff have the necessary training and ID.	To be integrated with Starters/Leavers process	Business Support Managers	28 <sup>th</sup> February 2018
	Care homes should receive analysis of the agency staff and hours worked charged to their cost centres to allow these to be reviewed and validated.	The BSO will assist the UM (See A2.1) A paper is being presented to the Health and Social Care Senior Management Team wee	Chief Nurse, Health and Social Care	31 <sup>st</sup> March 2018

		commencing 15 <sup>th</sup> January 2018 that proposes a solution where information will be provided to Locality Managers who will prepare reports for Care Homes. If this solution is agreed, it will be implemented immediately.		
A3.5 Adequacy of Resources	Employee resources and budgets should be reviewed to ensure that Care Inspectorate Dependency Assessments requirements are consistently achieved.	Unit managers submit monthly reports to Cluster manager and Locality management team. Locality management team responsible for ensuring resource meets the demand based on dependency scoring	Locality manager Operations Manager, Health and Social Care	31 <sup>st</sup> January 2019
	Health and Social Care senior management should contact the Care Inspectorate to request formal clarification for Gylemuir resources requirements based on the volumes and needs of residents in the care home	The position has now changed as Gylemuir is building towards full capacity of 60 beds. There are still 15 vacancies, so capacity is currently being managed in line with the current staffing shortfall. Once the vacancies have been recruited, Gylemuir will operate at its licenced capacity of 60 beds. Consequently, this recommendation is no longer applicable	N/A	N/A
A3.6 Gifts	Gifts and hospitality registers should be maintained in each care home to record all gifts and hospitality received by employees.	This will be included as part of a new monthly controls process to be implemented and monitored via completion of a monthly spreadsheet. A working group has been established to document all processes to be included. The new process will specify that anything in excess of £10 in value should be included in the gifts and hospitality register.	Business Support Managers	28 <sup>th</sup> February 2018
	Gifts and hospitality details should be provided quarterly to the Health and Social team (including provision of a nil return where applicable) to ensure that the central register is regularly updated and maintained.	This will be included as part of a new monthly controls process to be implemented and monitored via completion of a monthly spreadsheet. A working group has been established to document all processes to be included. The new process will specify that anything in excess of £10 in value should be included in the gifts and hospitality register and that the central hospitality register should be updated quarterly.	Business Support Managers	28 <sup>th</sup> February 2018

<b>A4. Resilience</b>				
A4.1 Business Continuity Plans	A list of emergency contact details for senior management and Council staff should be produced to reflect the revised Council structure.	List pulled together by Business Support Officer and Business Support Managers and has been distributed.	Business Support Managers	28 <sup>th</sup> February 2018
	This list should be cascaded to all care homes with the instruction that local plans and contact lists be updated accordingly.	List pulled together by Business Support Officer and Business Support Managers and has been distributed.	Business Support Managers	28 <sup>th</sup> February 2018
	All care homes should then be instructed to display updated incident flow charts at key points around the building.	This will be included as part of a new monthly controls process to be implemented and monitored via completion of a monthly spreadsheet. A working group has been established to document all processes to be included. Unit Managers will be responsible for the content of the incident flow charts.	Business Support Managers	30 <sup>th</sup> June 2018
	Contingency boxes should be established in all care homes.	All contingency boxes being revamped and sustained by Handyman. Evidenced in supervision notes	Business Support Managers	28 <sup>th</sup> February 2018
<b>A5. Technology Equipment and User Access Rights</b>				
A5.1 Leavers	Care home managers should ensure that the Council's procedures for leavers are consistently applied, with requests to remove access directory accounts submitted in advance of the leaving date with a request for this to be actioned by ICT the day after the agreed termination date.	This will be part of the revamped Starters/Leavers process	Business Support Managers	28 <sup>th</sup> February 2018
A5.2 Asset Registers	Clear guidance should be obtained from Finance and ICT regarding the value and nature of items that should be recorded in an asset register.	The asset registers currently used in Social Work centres has been copied and e mailed to all business support teams and unit managers in care homes for completion.	Business Support Unit Managers	28 <sup>th</sup> February 2018
<b>B. Health and Safety</b>				
<b>B1. Health and Safety Controls</b>				
B1.1 Fire safety	Clear guidance on appointment of and role of fire wardens to be given to all care homes.	Wardens guidance has been requested from Health and Safety colleagues and will be incorporated in a consolidated spreadsheet. The spreadsheet will list all tasks completed by the handymen that the Business Support	Business Support Managers	28 <sup>th</sup> February 2018



		Officer is responsible for, together with the completion cycle and responsibilities (including fire wardens). Allocation of responsibilities will also ensure that those responsible have met all relevant fire warden training requirements.		
	Incorporate checking of evacuation equipment into regular inspection checks at all care homes and ensure records of checks are kept.	<p>This will be incorporated in the spreadsheet being implemented that has a dual purpose of control mechanism and training needs assessment. Checking of evacuation equipment will be part of the handyman duties.</p> <p>The spreadsheet will list all tasks completed by the handymen that the Business Support Officer is responsible for, together with the completion cycle and responsibilities (including checking evacuation equipment). Allocation of responsibilities will also ensure that those responsible have met all relevant training requirements.</p>	Business Support Managers	28 <sup>th</sup> February 2018
B1.2 Health and safety training	A monitoring/ review process should be introduced to ensure that all training is up to date across all care homes.	This will be incorporated into the spreadsheet as indicated in both A3.1 and B1.1	Business Support Managers	28 <sup>th</sup> February 2018
B1.3 Health and safety workplace inspections / Housekeeping	Standard emergency cleaning arrangements should be provided to all care homes e.g. for Norovirus.	<p>This will be incorporated in the spreadsheet being implemented that has a dual purpose of control mechanism and training needs assessment. Checking of evacuation equipment will be part of the handyman duties.</p> <p>The spreadsheet will list all tasks completed by the domestic staff that the Business Support Officer is responsible for, together with the completion cycle and responsibilities. Allocation of responsibilities will also ensure that those responsible have met all relevant training requirements.</p>	Business Support Team Managers	28 <sup>th</sup> February 2018

	A monitoring/ review process should be introduced to ensure that workplace inspections are being carried out, followed up and actions tracked to completion.	Business Support Officer will check the controls spreadsheet on a monthly basis to confirm that workplace inspections have been recorded and evidence in supervision notes. Business Support Team Managers will also confirm that oversight has been performed as part of ongoing care home unit visits. Unit Managers will also have oversight and feed any issues into Locality Managers.	Business Support Team Managers Unit Managers	28 <sup>th</sup> February 2018
B1.4 First-aid arrangements	Arrangements should be put in place for first aid needs to be assessed, implemented, and monitored at each care home.	Guidance from H&S colleagues Handyman role to check & stock first aid boxes and information notices. Add to spreadsheet. Monitored through supervision and monthly spreadsheet checks	Unit Manager  Business Support Officer	28 <sup>th</sup> February 2018  28 <sup>th</sup> February 2018
B1.5 Emergency response	Standard lift breakdown procedures information to be displayed at all care homes where there are passenger lifts.	This will be incorporated in the spreadsheet being implemented that has a dual purpose of control mechanism and training needs assessment. Ensuring standard lift breakdown procedures information is displayed will be the responsibility of the handymen.  The spreadsheet will list all tasks completed by the domestic staff that the Business Support Officer is responsible for, together with the completion cycle and responsibilities. Allocation of responsibilities will also ensure that those responsible have met all relevant training requirements.  Completion will be monitored monthly.	Business Support Officer  Operations Manager, Health and Social Care	28 <sup>th</sup> February 2018
	Bomb threat procedures to be made available to all care home managers.	Care Home evacuation process is Unit Manager responsibility, and these will be updated to reflect the evacuation process in the event of a bomb threat.  Resilience will be requested to provide support via a programme work across all 10 Council Care Homes to ensure they receive	Operations Manager, Health and Social Care	30 <sup>th</sup> April 2018

		the training on counter terrorist awareness, including Bomb Threat procedures, suspicious package, and intruder threat.		
B1.6 Reporting and investigation of incidents	A procedure for reporting to the Medicines and Healthcare Products Regulatory Agency should be developed for all care homes and implemented.	The partnership currently has a 'medication matters' group – discussion regarding the process of reporting to be developed and agreed	Unit Managers Operations Manager, Health and Social Care	31 <sup>st</sup> October 2018
B1.7 Control of contractors	Establish standard minimum information to be provided to contractors in liaison with Property and Facilities Management.	'Do' and 'Don't' A4 briefing sheet to be created for all care homes	Business Support Team Managers	28 <sup>th</sup> February 2018
B1.8 Health and safety risk assessments and controls	A monitoring/ review process should be introduced to ensure that all risk assessments in all care homes are up to date.	This process will be incorporated within the new self assurance framework to be implemented across all Care Homes.	Interim Chief Officer, Health and Social Care Partnership	30 <sup>th</sup> June 2019
	Review health surveillance and health assessment requirements at all care homes.	This process will be incorporated within the new self assurance framework to be implemented across all Care Homes.	Interim Chief Officer, Health and Social Care Partnership	30 <sup>th</sup> June 2019
	Sharing of best practice in risk assessment between care homes should be facilitated and promoted.	The Hospital and Hosted Services Manager has been allocated as lead for Health and Safety in the Health and Social Care Partnership. Best practice in risk assessments will be discussed at the newly established Health and Safety Group.	Hospital and Hosted Services Manager Operations Manager, Health and Social Care	30 <sup>th</sup> June 2018
	Standard Personal Protective Equipment issue log form to be available for all care homes.	Set up and administered by Business Support Officers	Business Support Team Managers	28 <sup>th</sup> February 2018
B1.9 Health and safety roles and responsibilities	Personal objectives for key staff at all care homes should include health and safety responsibilities as part of the performance framework.	Spotlight conversations for all staff and standing item in supervision. Business Support Officers attended 2017 Health and Safety conference and feed back to staff	Unit Managers/ Business Support Officers Business Support Team Managers	28 <sup>th</sup> February 2018

B1.10 Health and safety communications	Care home managers should be provided with a list of standard health and safety information to be included for residents and visitors.	BSO to devise A4 sheet for families in conjunction with UM. Add to admissions process and paperwork	Unit Managers/BSO	28 <sup>th</sup> February 2018
B1.11 Stress/Employee assistance programme	Up to date Employee Assistance Programme information should be provided for all care homes in liaison with Human Resources.	<p><b>Business Support Teams</b> Employee Assistance Programme information has been provided to all Business Support team members.</p> <p><b>Health and Social Care Teams</b> Information will also be provided by Locality and Unit Managers for all non business support team members.</p>	<p>Business Services Manager, Health and Social Care</p> <p>Operations Manager, Health and Social Care</p>	<p>28<sup>th</sup> February 2018</p> <p>30<sup>th</sup> April 2018</p>
<b>B2. Property &amp; Statutory Inspection Controls</b>				
B2.1 Beds/furniture	Ensure that all furniture e.g. wardrobes, that is required to be in a fixed position for resident safety reasons, is secured, in liaison with Property and Facilities Management.	<p>Started by Unit Manager &amp; Business Support Officer.</p> <p>This will be incorporated in the spreadsheet being implemented that has a dual purpose of control mechanism and training needs assessment. Ensuring that all furniture is secured will be the responsibility of the handymen.</p> <p>The spreadsheet will list all tasks completed by the domestic staff that the Business Support Officer is responsible for, together with the completion cycle and responsibilities. Allocation of responsibilities will also ensure that those responsible have met all relevant training requirements.</p> <p>Completion will be monitored monthly.</p>	Business Support Team Managers	30 <sup>th</sup> June 2018
B2.2 Window restrictors	Property and Facilities Management to ensure that all window restrictors fitted are suitable.	Property and Facilities Management has already confirmed suitability of all window restrictors.	Operations Manager, Health, and Social Care	28 <sup>th</sup> February 2018
	Inspection regime required to ensure that window restrictors are in place and in good working order.	This will be incorporated in the spreadsheet being implemented that has a dual purpose of control mechanism and training needs assessment.	Business Support Team Managers	30 <sup>th</sup> June 2018

		The spreadsheet will list all tasks completed by the domestic staff that the Business Support Officer is responsible for, together with the completion cycle and responsibilities. Allocation of responsibilities will also ensure that those responsible have met all relevant training requirements. Completion will be monitored monthly.		
B2.3 Statutory inspections	Ensure that statutory tests and inspections are up to date and records available for all care homes, in liaison with Property and Facilities Management.	This process will be incorporated within the new self assurance framework to be implemented across all Care Homes.	Interim Chief Officer, Health and Social Care Partnership	30 <sup>th</sup> June 2019
	Clarification required from Property and Facilities Management as to whether pressure systems tests are required.	Confirmation will be obtained from Property and Facilities Management.	Interim Chief Officer, Health and Social Care Partnership	28 <sup>th</sup> February 2018
B2.4 Water safety (including legionella)	Ensure legionella risk assessments are available and up to date at all care homes in liaison with Property and Facilities Management and Scientific Services.	This process will be incorporated within the new self assurance framework to be implemented across all Care Homes.	Interim Chief Officer, Health and Social Care Partnership	30 <sup>th</sup> June 2019
B2.5 Asbestos	Ensure that asbestos management plan records are available and up to date at all relevant care homes, in liaison with Property and Facilities Management.	This process will be incorporated within the new self assurance framework to be implemented across all Care Homes.	Interim Chief Officer, Health and Social Care Partnership	30 <sup>th</sup> June 2019
B2.6 Condition Surveys	Property and Facilities Management to ensure that condition surveys are up to date for all care homes.	Condition survey are now up to date for all Care Homes and a report confirming this will be presented to Finance and Resources Committee at the end of January 2018	Health and Social Care Operations Manager Senior Manager, Strategic Asset Management	28 <sup>th</sup> February 2018
<b>C1. Information Governance</b>				
C1.1 Responsibilities	Business Support to ensure care homes are provided with appropriate support.	Business support vacancies have been filled	Business Support Team Managers	28 <sup>th</sup> February 2018

	Care homes to work with the Information Governance Unit to ensure that all employees are aware of the Council procedures for reporting information breaches.	Information Governance Unit (IGU) will attend care home manager's meeting to deliver training	Unit Managers / IGU	30 <sup>th</sup> April 2018
C1.2 Decision making	Care homes to work together with the Information Governance Unit (IGU) to establish a model records management manual to document record processes.	Look at how we can mirror and adapt the successful procedure operating in Social Work Centres Information Governance Unit (IGU) will review and comment on arrangements by target date.	Business Support Managers	21 <sup>st</sup> December 2018
	Care homes to establish local disposal registers, as per Council guidance, to keep track of the disposal of records.	Mirror process in Social Work Centres. Information Governance Unit (IGU) will review and comment on arrangements by target date.	Business Support Managers	21 <sup>st</sup> December 2018
	IGU to provide relevant staff with an input around Privacy Impact Assessments.	Information Governance Unit (IGU) will attend care home manager's meeting to deliver training	Unit Managers / IGU	30 <sup>th</sup> April 2018
	The Leadership Team of Health and Social Care to work with IGU to prepare appropriate fair processing notices (this will likely come out of GDPR preparation).	Information Governance Unit (IGU) will progress this as part of the GDPR project plan	Health and Social Care Senior Management Team / Kevin Wilbraham, Information Governance Manager	30 <sup>th</sup> June 2018
C1.3 Compliance	Care homes to work with the Information Governance Unit (IGU) to develop an appropriate information risk reporting framework.	Information Governance Unit (IGU) will attend care home manager's meeting to deliver training	Unit Managers / IGU	30 <sup>th</sup> April 2018
	IGU to provide guidance to care homes about information sharing.	Information Governance Unit (IGU) have drafted guidance and will issue once complete	Unit Managers/IGU	30 <sup>th</sup> April 2018
C1.4 Availability	Care homes to work together with the Information Governance Unit (IGU) to establish a model file plan to restructure their G drives.	Business Support Managers to put proposal to Unit Managers which includes criteria and naming conventions. Information Governance Unit (IGU) will offer advice/guidance where necessary.	BSM / IGU	28 <sup>th</sup> September 2018

	As part of this work, the issues surrounding email storage and H drive use will be reviewed and appropriate processes implemented.	Information Governance Unit (IGU) will provide assistance / guidance where necessary	IGU / Unit Managers / BSM	28 <sup>th</sup> September 2018
C1.5 Retention	Care homes to work together with the Information Governance Unit to link their client files and administrative records to Council retention rules and document these in their records management manuals.	Mirror and adapt current processes Information Governance Unit (IGU) will review and comment on arrangements by target date.	Unit Managers / Business Support Team Managers	21 <sup>st</sup> December 2018
C1.6 Disposal	The Leadership Team of Health and Social Care should agree who is responsible for removing/deleting service user data for deceased residents' data and communicate this to the care homes.	Follow, adapt and update current retention process Information Governance Unit (IGU) will progress this as part of the General Data Protection Requirements (GDPR) project plan	Unit Managers / Business Support Team Managers / Kevin Wilbraham, Information Governance Manager	30 <sup>th</sup> June 2018
	Care homes and the Information Governance Unit to cover the management and disposal of electronic records in their model records management manual template.	Swift data cannot be deleted. Admin rights for the Care Homes Access database to be reviewed.	Unit Managers Strategy and Insight / Business Support Managers	30 <sup>th</sup> March 2018
C1.7 Data Quality	Care homes to work with IGU to ensure version control is implemented appropriately in conjunction with the model records management manual	Swift data cannot be deleted. Admin rights for the Care Homes Access database to be reviewed. IGU will review and comment on arrangements by target date.	Unit Managers Strategy and Insight / Business Support Managers	21 <sup>st</sup> December 2018
	HSC to review all template forms on an annual basis and work with care homes to ensure correct versions are being used.	Information Governance Unit (IGU) will progress review of current forms as part of the General Data Protection Requirements (GDPR) project plan. Annual reviews thereafter carried out by Health and Social Care	Business Support Managers / Kevin Wilbraham, Information Governance Manager	30 <sup>th</sup> June 2018

# Appendix 1- Basis of our Ratings

## Internal Audit and Information Governance Ratings

Finding rating	Assessment rationale
<b>Critical</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Critical</b> impact on operational performance; or</li> <li>• <b>Critical</b> monetary or financial statement impact; or</li> <li>• <b>Critical</b> breach in laws and regulations that could result in material fines or consequences; or</li> <li>• <b>Critical</b> impact on the reputation or brand of the organisation which could threaten its future viability.</li> </ul>
<b>High</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Significant</b> impact on operational performance; or</li> <li>• <b>Significant</b> monetary or financial statement impact; or</li> <li>• <b>Significant</b> breach in laws and regulations resulting in significant fines and consequences; or</li> <li>• <b>Significant</b> impact on the reputation or brand of the organisation.</li> </ul>
<b>Medium</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Moderate</b> impact on operational performance; or</li> <li>• <b>Moderate</b> monetary or financial statement impact; or</li> <li>• <b>Moderate</b> breach in laws and regulations resulting in fines and consequences; or</li> <li>• <b>Moderate</b> impact on the reputation or brand of the organisation.</li> </ul>
<b>Low</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Minor</b> impact on the organisation's operational performance; or</li> <li>• <b>Minor</b> monetary or financial statement impact; or</li> <li>• <b>Minor</b> breach in laws and regulations with limited consequences; or</li> <li>• <b>Minor</b> impact on the reputation of the organisation.</li> </ul>
<b>Advisory</b>	<p>A finding that does not have a risk impact but has been raised to highlight areas of inefficiencies or good practice.</p>

## Health and Safety Ratings

Recommendation rating	Assessment rationale
<b>High</b>	<p>A recommendation that if not carried out could have a:</p> <ul style="list-style-type: none"> <li>• <b>Significant</b> impact on health and safety</li> <li>• <b>Significant</b> breach in laws and regulations resulting in significant fines and consequences</li> <li>• <b>Significant</b> impact on the reputation or brand of the organisation</li> </ul>
<b>Medium</b>	<p>A recommendation that if not carried out could have a:</p> <ul style="list-style-type: none"> <li>• <b>Moderate</b> impact on health and safety</li> <li>• <b>Moderate</b> breach in laws and regulations resulting in fines and consequences</li> <li>• <b>Moderate</b> impact on the reputation or brand of the organisation</li> </ul>
<b>Low</b>	<p>A recommendation that if not carried out could have a:</p> <ul style="list-style-type: none"> <li>• <b>Minor</b> impact on health and safety</li> <li>• <b>Minor</b> breach in laws and regulations resulting in limited fines and consequences</li> <li>• <b>Minor</b> impact on the reputation or brand of the organisation</li> </ul>



## Appendix 2 – Recommendations Follow Up Process

**Internal Audit** will revisit the Fords Road, Gylemuir and Royston care homes in 6 months' time to confirm that their action plans have been completed and the control weaknesses identified addressed. We do not intend to revisit the other seven care homes as the control weaknesses identified there were less significant, and should be addressed by implementation of the Health and Social Care self-assurance framework recommended above.

Progress with implementation of the Internal Audit recommendations included in this report that cover all care homes will be monitored as part of our normal Internal Audit follow up process.

**Health and Safety** findings will be followed up through the quarterly Health and Social Care health and safety meetings to confirm that all agreed actions have been implemented.

**Information Governance** will work directly with the care home managers to implement the thematic recommendations. Time scales will be subject to further discussions with the care home managers and business support officers.

## Appendix 3 - Current Status of Individual Care Home Reports

Care Home	Report to Care Home			Care Home Response			Final Consolidated Report Issued
	Internal Audit	Health & Safety	Information Governance	Internal Audit	Health & Safety	Information Governance	
Inch View	22 February 2017	27 March 2017	19 April 2017	16 March 2017	11 April 2017	12 May 2017	26 July 2017
Fords Road	13 May 2017	19 April 2017	19 April 2017	25 April 2017	27 April 2017	16 May 2017	25 July 2017
Clovenstone	04 May 2017	04 May 2017	07 June 2017	04 May 2017	09 May 2017	30 June 2017	25 July 2017
Drumbrae	26 May 2017	30 May 2017	19 June 2017	17 July 2017	04 July 2017	07 August 2017	11 August 2017
Ferrylee	01 June 2017	19 June 2017	16 June 2017	19 July 2017	05 July 2017	06 July 2017	24 July 2017
Gylemuir	15 June 2017	23 June 2017	04 July 2017	13 July 2017	14 July 2017	13 July 2017	17 November 2017
Jewel House	11 July 2017	29 June 2017	22 June 2017	27 July 2017	01 August 2017	03 August 2017	11 August 2017
Marionville	19 July 2017	06 July 2017	07 July 2017	02 August 2017	01 August 2017	07 August 2017	13 September 2017
Royston Mains	08 August 2017	10 August 2017	07 August 2017	Response Outstanding	14 September 2017	Response Outstanding	
Oaklands	10 August 2017	10 August 2017	19 July 2017	05 September 2017	04 September 2017	07 September 2017	10 October 2017

## **Appendix Four**

### **Individual Care Home Report Ratings**

This workbook highlights the RAG status applied to each care home by Internal Audit; Health and Safety; and Information Governance.

Summary RAG tab - shows the Summary outcome for each care home across all 8 thematic areas covered by the 3 assurance teams.

Remaining tabs - show the detailed RAG outcomes for topics covered in each thematic area. These are aligned with the details of the checklists included at Appendix 5.

Areas Covered	Care Home										Total RAG ratings		
	Inch View	Fords Road	Clovenstone	Oaklands	Drumbrae	Ferrylee	Gylemuir	Jewel House	Marionville	Royston	No	Partial	Yes
Financial Controls	Yellow	Red	Green	Yellow	Yellow	Yellow	Red	Yellow	Green	Red	3	5	2
Workforce Controls	Green	Red	Green	Yellow	Red	Yellow	Red	Green	Yellow	Red	4	3	3
Resilience	Green	Green	Green	Yellow	Green	Yellow	Green	Yellow	Yellow	Green	0	4	6
IT	Yellow	Green	Green	Yellow	Yellow	Red	Yellow	Yellow	Yellow	Yellow	1	7	2
Regulatory	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	0	0	10
Health and Safety Controls	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	0	10	0
Property & Statutory Inspection Controls	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	0	10	0
Records Information & Compliance	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	0	10	0
											<b>8</b>	<b>49</b>	<b>23</b>

Validation Check	Ratings										Total RAG Ratings		
	Inch View	Fords Road	Clovenstone	Oaklands	Drumbrae	Ferrylee	Gylemuir	Jewel House	Marionville	Royston			
<b>Financial Controls</b>													
<b>Care Home Funds (Centrally allocated budget, Welfare fund, Misc income)</b>													
Budget Monitoring											1	5	3
Welfare Fund Governance											8	2	0
Income: Welfare Fund, Outings Fund, Food Budget											1	2	7
Expenditure: Welfare Fund, Outings Fund, Food Budget											1	9	0
Banking: Welfare Fund, Resident Savings											3	3	4
Bank Reconciliations											5	3	2
Cash: Imprest, Welfare Fund & Outings Fund Cash in Hand											1	6	3
<b>Residents Savings</b>													
Residents Savings Cards											2	1	7
Income											0	2	8
Expenditure											0	9	1
Resident Assets at Death											2	1	5
Bank Reconciliation											2	2	5
Cash											1	2	7
<b>Workforce Controls</b>													
Training											4	1	5
Recruitment & Induction											0	7	3
Performance and Attendance											4	4	2
Agency staffing											5	3	2
% Agency staff on duty on day of audit.	37%	31%	14%	30%	37%	33%	42%	25%	38%	27%			
% Agency staff on duty on night of audit.	25%	33%	25%	50%	33%	33%	20%	0%	25%	40%			
Day-to-day staffing											1	0	9
Gifts											1	0	9
<b>Resilience</b>													
Business Continuity Plans and Emergency Contacts											0	4	6
<b>IT</b>													
Equipment and High Value / Desirable Items											2	4	1
Leavers											3	4	2
<b>Regulatory</b>													
Registration Certificates & Inspection Reports											0	0	10

Validation Check	Ratings										Total RAG Ratings		
	Inch View	Fords Road	Clovenstone	Oaklands	Drumbrae	Ferrylee	Gylemuir	Jewel House	Marionville	Royston			
<b>Health and Safety</b>													
Health and Safety Roles and Responsibilities											0	10	0
Health and Safety Training											1	6	3
Health and Safety Communications											0	5	5
Health and Safety Risk Assessments											0	10	0
Health and Safety Control Measures											0	10	0
Health and Safety Workplace Inspections / Housekeeping											0	5	5
Stress/ Employee Assistance Programme											0	3	7
First-aid arrangements											0	10	0
Fire safety and emergency response arrangements (H&S)											0	10	0
Emergency response											0	10	0
Reporting and Investigation of Incidents											0	7	3
Escalation and monitoring of H&S risks and issues											0	7	3
Control of Contractors											0	2	8
<b>Property &amp; Statutory Inspection Controls</b>													
Statutory Inspections											0	8	2
Asbestos											0	2	4
Water safety (including legionella)											0	6	4
Beds/Furniture											0	9	1
Window restrictors											2	4	4
Traffic Management											0	2	8
Condition Surveys											1	2	7
Walk round inspection											1	2	7

Validation Check	Ratings										Total RAG Ratings		
	Inch View	Fords Road	Clovenstone	Oaklands	Drumbrae	Ferrylee	Gylemuir	Jewel House	Marionville	Royston			
<b>Information Governance</b>													
Responsibilities (Accountability)											0	8	2
Decision Making (Transparency)											5	5	0
Data Quality											0	8	2
Protection											0	8	2
Compliance											0	10	0
Availability											0	10	0
Retention											0	9	1
Disposal											0	5	5

## **Appendix 5**

### **Care Home Assurance Checklists**

This workbook includes the checklists that were applied by Internal Audit; Health and Safety and Information Governance at all 10 Council Care Homes.



Ref	Validation Check
<b>Financial Controls</b>	
<b>Care Home Funds (Centrally allocated budget, Welfare fund, Misc income)</b>	
<b>Budget Monitoring</b>	
1.1	Confirm that the Unit Manager reviews monthly budget monitoring and forecast statement before submission to Finance/Change & Development Managers. <i>Evidence: Signature/email</i>
1.2	If in potential overspend, confirm whether discussions are in place with Finance or Change & Dev Managers to mitigate issue.
1.3	If vacancies/likelihood of increased agency staff need, confirm reported to Finance and/or Change & Development Managers.
1.4	Establish Oracle access and authorisation levels. <i>Check current staff at Care Home agrees to SAG Team records</i>
<b>Welfare Fund Governance</b>	
2.1	There is a constitution for the Welfare Fund. <i>Confirm standard constitution is used.</i>
2.2	The Welfare Fund Committee has met at least once in the past year. <i>Minutes of AGM.</i>
2.3	A statement of accounts (receipts and payments, assets and liabilities, and a report on the activities of the Fund) was prepared for the year ending 31 March 2016. <i>Obtain copy.</i>
2.4	The statement of accounts for the year ending 31 March 2016 was audited by an independent examiner.
2.5	The statement of accounts for the year ending 31 March 2016 was reviewed by the Welfare Fund Committee.
<b>Income: Welfare Fund, Outings Fund, Food Budget</b>	
3.1	Ascertain whether prime records exist that ensure all income is known and recorded. <i>Cash book or basic accounting system.</i>
3.2	For an appropriate sample of each category verify that total income expected was banked intact. <i>Cash book to bank statement. No expenditure before cash is banked if Welfare Fund income.</i>
<b>Expenditure: Welfare Fund, Outings Fund, Food Budget</b>	
4.1	Scrutinise Welfare Fund expenditure to ascertain that expenditure appears reasonable and is compliant with the current guidance. <i>(Sample of 5: invoice, authorisation)</i>
4.2	Scrutinise Welfare Fund expenditure to ascertain that it is properly authorised. <i>(Sample of 5. Check whether there is an authorisation protocol (e.g. all expenditure over £20 must be approved by Unit Manager / incl expenditure from cash in hand.)</i>
4.3	Confirm that cheques are not presigned at any point. <i>Review all current cheque books in use to confirm</i>
4.4	Confirm all bank signatories are current members of staff.
<b>Banking: Welfare Fund, Resident Savings</b>	
5.1	Ascertain whether there is segregation of duties in relation to collection of cash & banking. <i>Describe process from receipt to banking.</i>
5.2	Confirm that income (cash) is banked at appropriate intervals. <i>Select from cash book and follow through to bank</i>
5.3	Confirm that cash is held securely and in compliance with insurance limits. <i>Verify insurance limit before visit.</i>
<b>Bank Reconciliations</b>	
6.1	For last month, all bank accounts managed by the Care Home (other than residents savings), bank accounts are reconciled within month of month end.
6.2	Reviewed and authorised by Business Support Officer (signed & dated). <i>Segregation of duties: if prepared by BSO, check reviewed &amp; authorised by Unit Manager.</i>
6.3	Check addition, vouch totals to prime cash book, verify o/s cheques and lodgements to following bank statement.
6.4	Confirm errors / issues addressed and not simply accumulating.
<b>Cash: Imprest, Welfare Fund &amp; Outings Fund Cash in Hand</b>	
7.1	Reconcile cash in hand to cash and vouchers. <i>Check Imprest, Welfare Fund and Outings Fund.</i>
7.2	Confirm that cash in hand is reconciled at least quarterly (signed & dated).
7.3	Cash in hand reconciliation reviewed and authorised by BSO (signed & dated).

Ref	Validation Check
<b>Residents Savings</b>	
<b>Residents Savings Cards</b>	
1.1	Care Home has a record of all monies held on behalf of each individual resident.
1.2	Residents savings cards are reviewed by the BSO periodically.
1.3	No residents savings cards have negative balances as at the date of the most recent weekly reconciliation.
<b>Income</b>	
2.1	Ascertain whether prime records exist that ensure all income is known and recorded. <i>Cash book or basic accounting system.</i>
2.2	Verify that residents records are updated accurately each week with personal allowances received from Social Care Finance Team. <i>Sample of 5 from Social Care Finance sheet to residents records.</i>
2.3	Verify that residents records are updated accurately with Family contributions. <i>Sample of 5 from receipt book to residents record to cash tin balance/ bank pay-in.</i>
<b>Expenditure</b>	
3.1	Scrutinise sample of expenditure on residents accounts to ascertain that expenditure on their behalf appears reasonable and there is evidence of segregation of duties. <i>Sample of 10.</i>
3.2	Confirm that cheques are not presigned at any point. <i>Review all current cheque books in use to confirm</i>
3.3	Confirm all bank signatories are current members of staff.
<b>Resident Assets at Death</b>	
4.1	Confirm that Property / cash form is completed. <i>Review 2 forms to confirm forms are countersigned, agree to closing balance on residents savings card, and either banked or cheque raised to next of kin.</i>
<b>Bank Reconciliation</b>	
5.1	Bank accounts are reconciled within month of month end. <i>Check 2 x weekly recs.</i>
5.2	Reviewed and authorised by Business Support Officer (signed & dated). <i>Segregation of duties: if prepared by BSO, check reviewed &amp; authorised by Unit Manager.</i>
5.3	Check addition, vouch totals to prime cash book/residents accounts, verify o/s cheques and lodgements to following bank statement.
5.4	Confirm errors / issues addressed and not simply accumulating.
<b>Cash</b>	
6.1	Reconcile petty cash to cash and vouchers. <i>Check residents savings petty cash.</i>
6.2	Confirm that petty cash is reconciled at least quarterly (signed & dated).
6.3	Petty cash reconciliation reviewed and authorised by BSO (signed & dated).
<b>Workforce Controls</b>	
<b>Training</b>	
1.1	All staff have completed annual essential learning on key policies and procedures.
1.2	Training completed by staff is recorded on iTrent.
1.3	There is an annual training programme for all staff.
1.4	Have all staff completed manual handling training within the past 18 months?
1.5	Have all staff completed medications training within the past 2 years?
1.6	Have all staff completed adult protection training (one off)?
<b>Recruitment &amp; Induction</b>	
2.1	The employee has completed the 9 day Health & Social Care induction course (care staff only).
2.2	Confirm that ID was checked on first day of employment.
2.3	Confirm that satisfactory PVG check was obtained before the first day of employment.
<b>Performance and Attendance</b>	

Ref	Validation Check
3.1	For employees grade 5 & above, PRD records are complete & up to date on iTrent. <i>Check for the Unit Manager, Business Support Officer &amp; a Team Leader.</i>
3.2	Sickness has been recorded on system correctly
3.3	Managing attendance procedure has been followed properly and evidenced on iTrent if applicable.
<b>Agency staffing</b>	
-	% Agency staff on duty on day of audit.
-	% Agency staff on duty on night of audit.
4.1	Do agency staff on duty today/tonight have adequate experience and training? <i>Check agency staff training file.</i>
4.2	Have satisfactory ID checks been obtained for agency staff on duty today/tonight? <i>Check agency staff training file.</i>
4.3	Review last weekly invoice received from ASA for Care staff and check to Unit records.
4.4	Review last weekly invoice received from Adecco for non Care staff and check to Unit records.
<b>Day-to-day staffing</b>	
5.1	Do the total care staff hours per the duty rota meet the dependency assessment, and is this displayed?
5.2	Did the Unit Manager / Depute Manager on duty yesterday attend a handover meeting?
<b>Gifts</b>	
6.1	Are staff regularly reminded to declare gifts received from service users?
6.2	Are Social Care Finance regularly notified to update the service register?
<b>Resilience</b>	
1.1	Does the Care Home have a business continuity plan?
1.2	Has the business continuity plan been reviewed within the past year?
1.3	Is there a log of emergency contact details?
1.4	Is the log of emergency contact details easily accessible? <i>View contingency box</i>
1.5	Is the log updated regularly?
1.6	Are BCP flowcharts displayed around the building? (e.g. held in each duty office)
<b>IT</b>	
<b>Equipment and High Value / Desirable Items</b>	
1.1	Verify that records are held of equipment and other high value or desirable items, i.e iPads, mobile phones, electrical equipment
1.2	Select a sample of recent purchases and confirm listed on the asset register.
1.3	Physically check a sample of assets retained within the building
<b>Leavers</b>	
2.1	CGI user account (and Swift accounts if relevant) have been closed.
2.2	Laptops, iPads, mobile phones have been returned.
2.3	Data from personal devices has been cleansed.
<b>Regulatory</b>	
1.1	Is a current service registration certificate on public display?
1.2	Is the most recent Care Inspection report available to all service users if requested?

Ref	Validation Check
<b>Health and Safety</b>	
<b>1</b>	<b>Health and Safety Roles and Responsibilities</b>
1.1	Health and safety roles, responsibilities and accountabilities set out in the Council Health and Safety Policy are understood for key roles, e.g. Care Home Manager, Business Manager, Caretaker/ Handy Person.
1.2	Roles and responsibilities are clearly set out in the unit, and understood.
1.3	Health and Safety responsibilities are included in personal objectives for key roles.
1.4	Policy and Procedures in place to deal with violence and aggression and key staff aware of their responsibilities.
1.5	Suitable licence holders for SHE Assure have been identified.
<b>2</b>	<b>Health and Safety Training</b>
2.1	Induction H&S training is carried out for all staff.
2.2	All other H&S training needs have been identified, and implemented.
2.3	Training has been provided to all relevant staff on dealing with violence and aggression.
<b>3</b>	<b>Health and Safety Communications</b>
3.1	The Council Health and Safety Policy and guidance is readily accessible to all staff and third parties.
3.2	HSE Health and Safety Law Poster is displayed.
3.3	Employers' Liability Certificate is displayed.
3.4	Health and safety is discussed at Unit staff meetings.
3.5	Health and safety information is given to residents and visitors.
<b>4</b>	<b>Health and Safety Risk Assessments</b>
4.1	Adequate H&S risk assessments in place.
4.2	Risk assessments are in place for work-related driving of vehicles.
4.3	COSHH assessments in place for activities with significant exposure to hazardous substances.
4.4	Manual handling/ moving and handling assessments in place.
4.5	Working at height assessment(s) in place (risk of falling from height).
4.6	Workstation/DSE assessments in place, as appropriate.
4.7	Expectant / nursing mothers risk assessments in place, as appropriate.
4.8	Noise sources above 80dB(A) have been identified, and risk assessment(s) in place.
4.9	Risk assessments are in place for all tools, equipment and processes involving exposure to vibration.
4.10	Risk assessments take into account potential exposure to violence and aggression.
4.11	Risk assessments take into account risk from ligatures.
4.12	Risk assessments take into account suffocation risks.
<b>5</b>	<b>Health and Safety Control Measures</b>
5.1	Controls identified in risk assessments in place.

5.2	Controls identified for safe needle use are in place.
5.3	Controls identified for management of used sharps are in place.
5.4	Controls identified in risk assessments relating to driving at work are in place.
5.5	Suitable checks on vehicles (including minibuses) are carried out, routinely and prior to use.
5.6	Permit to work in place for high risk activities (e.g. access to roof).
5.7	Personal protective equipment is provided. Records available.
5.8	Controls identified in COSHH assessments are in place.
5.9	Health surveillance is carried out, as appropriate.
5.10	Suitable controls are in place for skin health management.
5.11	Controls identified in manual handling/ moving and handling assessments in place.
5.12	Controls identified in working at height risk assessments in place.
5.13	Ladders/ access equipment inspected on a regular basis. Records available.
5.14	Workstation/DSE adjustments implemented, as appropriate.
5.15	Controls identified in noise assessments in place.
5.16	Controls identified in vibration assessments in place.
5.17	Suitable controls identified to deal with violence and aggression are in place.
5.18	Suitable control measures have been implemented to identify and remove potential risks with regard to ligatures and ligature points.
5.19	Suitable control measures identified for suffocation risks are in place.
<b>6</b>	<b>Health and Safety Workplace Inspections / Housekeeping</b>
6.1	H&S Workplace Inspections are carried out every quarter.
6.2	Satisfactory standard of housekeeping.
6.3	Items stored at height are accessible, secure and safe.
6.4	Suitable cleaning programme in place.
6.5	Emergency cleaning arrangements in place e.g. to deal with Norovirus outbreak.
<b>7</b>	<b>Stress / Employee Assistance Programme</b>
7.1	Roles and responsibilities set out in the Council Stress Policy and Toolkit are understood for key roles.
7.2	Team stress risk assessments are carried out, as appropriate.
7.3	Individual stress risk assessments are carried out for individuals, as appropriate.
7.4	Information on the Employee Assistance Programme (EAP is readily available to staff, and staff are aware about the range of services (online, telephone and counselling services) plus EAP support for managers.
<b>8</b>	<b>First-aid arrangements</b>
8.1	Adequate number of first-aiders have been appointed.
8.2	First-aid training is up to date ( <i>training records verified</i> ).
8.3	Information on first-aid arrangements is displayed.
8.4	First-aid box(es) adequately stocked and checked on a regular basis (verify first aid-boxes contents).

8.5	First-aid / Treatment room is clean and tidy.
<b>9</b>	<b>Fire safety and emergency response arrangements (H&amp;S)</b>
	<b>Fire safety</b>
9.1	Fire risk assessment in place.
9.2	Fire evacuation plan is in place.
9.3	Adequate fire prevention measures are in place for residents' smoking area.
9.4	Have Personal Emergency Evacuation Plans (PEEPs) been carried out where required.
9.5	Adequate fire signage appropriately displayed including fire action notices, fire exits, assembly point, fire equipment.
9.6	Planned fire evacuation drills are carried out and recorded.
9.7	Nominated individual and deputy to co-ordinate emergency response (fire / other emergencies).
9.8	Adequate number of fire wardens.
9.9	Fire safety training is up to date.
9.10	All emergency escape routes, fire doors and assembly routes are free from obstruction.
9.11	Fire alarm call point is tested weekly (different call point each week).
9.12	Fire extinguishers accessible, in good condition, inspected within last year.
9.13	Sprinkler system inspected and tested.
9.14	Emergency lighting tested at appropriate frequency.
9.15	Evacuation equipment checked e.g. Ski pads and evac chairs.
	<b>Emergency response</b>
9.16	Nurse call alarm system checks are carried out and recorded.
9.17	Emergency procedure in place for lift breakdowns.
9.18	Information on emergency procedure for lifts is displayed (near the lift).
9.19	Bomb threat procedures are in place with roles identified.
9.20	All emergency shut offs are clearly identified, accessible and functioning.
<b>10</b>	<b>Reporting and Investigation of Incidents</b>
10.1	All incidents, accidents and work-related ill health cases reported.
10.2	All incidents, accidents and work-related ill health cases investigated and followed up.
10.3	Information on incident reporting is communicated to all staff.
10.4	Arrangements are in place for reporting adverse incidents involving medical devices to the Medicines and Healthcare products Regulatory Agency (MHRA).
<b>11</b>	<b>Escalation and monitoring of H&amp;S risks and issues</b>
11.1	There is a risk notification procedure that sets a protocol in case of any serious or imminent H&S risk.
11.2	The risk notification procedure has been communicated to staff and other relevant parties.
11.3	Implementation of H&S measures identified in H&S workplace inspections & audits is tracked to completion.
<b>12</b>	<b>Control of Contractors</b>

12.1	All contractors and visitors are required to sign in and out.
12.2	All contractors and visitors are provided with health and safety information, including emergency procedures.
12.3	All work undertaken by contractors is authorised by relevant service (e.g. Property).
12.4	Systems are in place to ensure contractors are adequately monitored.
<b>Property &amp; Statutory Inspection Controls</b>	
<b>1</b>	<b>Statutory Inspections</b>
	<i>All statutory tests and inspections are up to date and records are available:-</i>
1.1	Fixed electrical systems testing.
1.2	Portable appliance testing (electrical equipment).
1.3	Gas safety.
1.4	Carbon monoxide monitors.
1.5	Pressure Systems.
1.6	Ventilation systems e.g. LEV, general ventilation systems.
1.7	Hoists and mobile lifting equipment.
1.8	Passenger/ Goods Lifts: "Thorough Examination".
1.9	Access at height systems (e.g. anchor points, mansafe system).
1.10	Lightning conductors inspection and test (to assess adequacy of earthing, evidence of corrosion, alterations to structure ), where applicable.
1.11	Floodlights.
1.12	Add any others
<b>2</b>	<b>Asbestos</b>
2.1	Asbestos register readily available identifying the presence and location of asbestos on the premises.
2.2	Asbestos management plan is in place and implemented (including Condition monitoring of buildings carried out on an annual basis).
<b>3</b>	<b>Water safety (including legionella)</b>
3.1	<i>Legionella</i> risk assessment in place.
3.2	Adequate maintenance and operation of water management system (L8). Records available.
3.3	Water temperature checks are carried out to prevent scalding. Records available.
3.4	Thermostatic controls are checked.
3.5	Temperature of radiators are monitored and maintained to avoid thermal injuries.
<b>4</b>	<b>Beds/Furniture</b>
4.1	Bed rails (side rails/ cot sides) are inspected and maintained. Records available.
4.2	Regular checks of bed rails are carried out to ensure that gaps that could cause entrapment of neck, head and chest are eliminated.
4.3	Electric profiling beds are maintained.
4.4	Fixed furniture e.g. wardrobes are secured.
<b>5</b>	<b>Window restrictors</b>

5.1	Window restrictors are checked on a regular basis.
5.2	Window restrictors suitability check has been carried out in last 12 month. Records available.
<b>6</b>	<b>Traffic Management</b>
6.1	There is clearly marked segregation between vehicles and pedestrians.
<b>7</b>	<b>Condition Surveys</b>
7.1	Condition survey carried out covering: integrity of internal building fabric; services (heating , lighting and ventilation) and external building fabric.
<b>8</b>	<b>Walk round inspection</b>
8.1	Regular walk round inspections carried out covering the internal fabric of the building and services.
8.2	Regular walk round inspections carried out covering the external fabric of the building,



Ref	Validation Check
<b>Information Governance</b>	
<b>General Knowledge</b>	
1.1	Do staff know how to report an information security incident and/or data protection breach?
1.2	Have staff completed the e-learning module?
1.3	Do staff know who to contact to answer IG questions corporately?
1.4	Do staff know how to recognise and support a statutory request for information (RFI)?
1.5	Are you able to easily find the information you need to answer the requests?
<b>Managing Records</b>	
2.1	Are there any standard processes or procedures for managing records?
2.2	Are standard templates used?
2.3	Is version control used to keep track of changes to records?
2.4	Is there an agreed G drive structure? Is it mapped to the Business Classification Scheme?
2.5	Are there file naming conventions?
2.6	Are emails taken out of Outlook and stored in relevant files (paper or electronic)?
2.7	Is information handover / transfer part of a local leaver's practice?
2.8	Who manages records?
<b>Retention</b>	
3.1	Are staff aware of the retention rules that apply to their area?
3.2	Is there a record management manual?
3.3	Are rules consistently applied to electronic and paper records?
3.4	Are records routinely marked as closed when they become inactive?
3.5	Are there separate rules for sensitive personal data?
<b>Disposal</b>	
4.1	What processes are in place to destroy records?
4.2	Is redundant, obsolete and trivial information routinely identified and cleared out?
4.3	Is confidential waste used?
4.4	Is there a disposal record which details a description of what has been destroyed?
4.5	Are records transferred to the City Archives?
<b>Protection</b>	
5.1	Do staff know how to handle information according to its sensitivity?
5.2	What controls are in place to protect information on and off site?
5.3	Are staff provided with sufficient secure Council devices to undertake their job?

5.4	Is removable media used to store information off the Council network? What controls are in place to manage its use?
5.5	Are any hosted services (apps or websites) used? How are they managed?
5.6	Are access controls attached to electronic folders?
5.7	Are access controls documented and regularly reviewed?
<b>Collecting Personal Data</b>	
6.1	What fair processing information is provided when personal data is collected?
6.2	Do you complete a privacy impact assessment?
6.3	What processes are in place to review personal data and ensure it is accurate/up to date?
6.4	Is personal data only used for the purpose for which it was collected?
6.5	Is consent from service users or their representatives recorded? Is this level of consent reviewed?
<b>Information Sharing</b>	
7.1	How is information shared with third parties?
7.2	Are there any procedures for dealing with ad hoc requests for information, e.g. from police?
7.3	Are staff aware of existing information sharing agreements?
7.4	Are there documented arrangements for general information sharing, e.g. dentists, opticians etc coming in?
<b>Information Risk</b>	
8.1	Are information risks identified, recorded and monitored within local risk registers?
8.2	What processes are in place to manage vital records in accordance with business continuity requirements?

# ***The City of Edinburgh Council***

## **Internal Audit**

### **Social Work Centre Bank Account Reconciliations**

Final Report

7 April 2018

HSC1714

# Contents

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This internal audit review is conducted for the City of Edinburgh Council under the auspices of the 2017/18 internal audit plan approved by the Governance, Risk and Best Value Committee in March 2017. The review is designed to help the City of Edinburgh Council assess and refine its internal control environment. It is not designed or intended to be suitable for any other purpose and should not be relied upon for any other purpose. The City of Edinburgh Council accepts no responsibility for any such reliance and disclaims all liability in relation thereto.

The internal audit work and reporting has been performed in line with the requirements of the Public Sector Internal Audit Standards (PSIAS) and as a result is not designed or intended to comply with any other auditing standards.

Although there is a number of specific recommendations included in this report to strengthen internal control, it is management's responsibility to design, implement and maintain an effective control framework, and for the prevention and detection of irregularities and fraud. This is an essential part of the efficient management of the City of Edinburgh Council. Communication of the issues and weaknesses arising from this audit does not absolve management of this responsibility. High and Critical risk findings will be raised with senior management and elected members as appropriate.

# 1. Background and Scope

## Background

The City of Edinburgh Council (CEC) Health and Social Care Partnership currently operates a total of 38 centres across a range of different services. These include:

- Care Homes (CH)
- Resource and Day Centres (RDC)
- Hostels (H)
- Respite Centres (RC)
- Social Work Centres(SWC)
- Healthy Living Centres (HLC)
- Hospital teams (HT)

Each centre has an approved maximum level of imprest (petty cash) funds. Centres may also hold cash for emergency grant payments to their clients and may also administer monies on behalf of vulnerable citizens, under Corporate Appointee contracts.

Currently, electronic benefit payments are deposited by the Department of Works and Pensions (DWP), into a single central client fund bank account (using Social Security numbers as a reference) managed by centres on behalf of eligible, vulnerable clients. This account is administered by the Business support staff, who make electronic payments on behalf of clients for bills such as rent and utilities. The clients are also provided with regular cash allowances from their benefit funds to use for their personal living expenses.

Cash management and reconciliations are performed by the Business Support teams at each centre. Centres that hold imprest cash will make regular reimbursement claims to a centralised Health and Social Care (H&SC) administration team.

Secure cash transfer services between centres and banks are provided by Loomis Security Services to reduce the risks associate with Council employee's physically carrying cash.

Management information detailing imprest balances and emergency grant expenditure across the centres confirmed for the financial year 2016/17 that:

- Total imprest expenditure for the year across all centres was £76,821
- Total expenditure on vulnerable clients from emergency grant funding was £40,194
- Each centre made (on average) 12 reimbursement claims each year.

A Senior Business Support Manager was contacted in August 2017 by a member of staff who was concerned that bank reconciliations had not been performed for some time at West Pilton Gardens SWC. Following investigation, the centre received subsequent approval from the Health and Social Care Hub Manager to write off an outstanding discrepancy of £2,400 from their client fund account.

Further investigation by Business Support confirmed that this was also the case at the Bonnington Road centre and established that a significant sum (circa £35K) may require to be written off if the centre's imprest account could not be fully reconciled. The results of the subsequent investigation into the matter were inconclusive as to whether client funds had been impacted, however the account was reconciled and a final discrepancy of £2,166 is awaiting approval for write off by the budget owner.

In September 2017 a third centre, The Access Point contacted Internal Audit to advise that there had been a theft of £270 from the imprest fund held in a combination locked safe, with no sign of forced entry. This amount was also written off by the approved budget owner.

In response to the above incidents, Internal Audit was requested by the Head of Customer to perform a review of the adequacy and effectiveness of the reconciliation processes applied in the centres where concerns were raised, and across small sample of additional centres to confirm whether reconciliation procedures were consistently applied and identify any systemic control gaps.

### **Scope**

The objective of the audit was to assess the design adequacy and operating effectiveness of reconciliation and cash management controls across a sample of seven centres (including the three centres where concerns over cash management were raised) and compliance with the following Council policies:

- Imprest accounts / petty cash Procedure and Guidelines (April 2013), and
- Bank Account Reconciliation and Administration Procedure (2014)

The centres chosen for review were:

- Firrhill Day Centre
- Wester Hailes Healthy Living Centre (Social Work and Criminal Justice funds)
- Castle Craggs Day and Residential Centre
- Grindlay Court Criminal Justice Social Work Centre
- Bonnington Centre
- The Access Point, and
- West Pilton Gardens Social Work Centre

Our testing was performed in September 2017 and covered the period 1st April – 31st August 2017.

For the full terms of reference see appendix 2.

## 2. Executive summary

### Total number of findings

Critical	-
High	2
Medium	-
Low	-
Advisory	-
<b>Total</b>	<b>2</b>

### Summary of findings

Our review of cash management and reconciliation controls across seven social work centres identified a number of significant and systemic control weaknesses in relation to management of Corporate Appointee funds and cash management of imprest accounts.

The weaknesses identified could potentially result in breach of applicable Department of Works and Pensions benefit entitlement conditions for Corporate Appointee arrangements, and have resulted in instances of non-compliance with the Council's petty cash and bank reconciliation procedures, potentially exposing the Council to risk of fraud.

Whilst all unreconciled amounts written off were subject to approval by the relevant budget owners, we could not confirm whether this level of approval was within delegated authority levels as there is no established Finance policy or guidance supporting write off of unreconciled cash differences for client and petty cash accounts.

We also established that none of the seven centres were recording input VAT accurately through their imprest accounts, with the result that VAT paid was not fully reclaimed as part of the Council's quarterly VAT return process. As accounting for VAT was not included in our scope, this concern was raised with the Council's VAT officer who is now investigating the matter.

Consequently, two High rated findings have been raised.

Following our review of the Access Point centre, a cash related incident occurred in December 2017 with a cash difference of £900 was identified. We had confirmed at our visit to this centre confirmed that cash management and reconciliations controls were adequately designed and operating effectively. Management has confirmed that the cash difference was identified via the daily cash reconciliation process, and that an investigation is underway to establish why this incident occurred. Management has taken appropriate steps to deal with the incident and mitigate the potential risk of future cash losses.

The Details of the Findings raised and audit recommendations are laid out in Detailed Finding section of this report (section 3).

# 3. Detailed findings

## 1. Corporate Appointee Client Fund Management

### Finding

Four of the 7 centres reviewed held Corporate Appointee Contracts (CA) for vulnerable citizens. The total value of funds CEC holds under Corporate Appointee contracts is high, with £1.1M being managed collectively on behalf of clients by the Wester Hailes Healthy Living Bonnington Centres.

The process for managing Client Funds varied across the 4 centres and the following control gaps were identified:

- No regular review process has been established to determine whether clients remain eligible with an ongoing need for a CA contract;
- The client fund spreadsheets in the Bonnington Road and West Pilton Gardens centres highlighted that funds held on behalf of a client receiving Department of Work and Pension benefits exceeded the set upper benefit entitlement threshold of £16,000;
- West Pilton social work, The Access Point and Bonnington centres were not handing personal cash allowances to recipients in a private, secure environment. They did not have a dedicated private room where cash envelopes could be securely stored during the allocated client cash collection days;
- There was a lack of evidence across all four centres that Business Support Officers (BSOs) in all four centres performed independent monitoring of corporate appointee fund management processes;
- There was no consistent approach to dealing with client funds following their death. BSO's found it difficult to locate the relevant guidance and advice;
- Firrhill Centre did not hold client personal spending money in the safe. It was held in an unlocked cupboard accessible by all employees;
- Castle Craggs did not hold client spending money in the safe during daytime opening hours but held the funds in a box in the open office accessed by authorised CEC employees;
- Firrhill and Castle Craggs Business support staff did not have operational responsibility for the daily management of client' spending money. Senior social workers carried out this responsibility without having completed the necessary cash management training;
- Firrhill Day centre had inconsistent procedures for the management of client spending money between the 'Blue' and 'Green' Centre teams;
- Castle Craggs day client team did not follow the good practice evidenced by the residential client team and had no controls in place for the management of day to day client spending money. Due to the high level of risk this presented they were requested by audit to implement the required process immediately.

### Business Implication

Control weaknesses in the management of client funds presents the following risks:

- Potential reduction in or loss of benefit income due to excess funds held in client corporate Appointee accounts;

### Finding Rating

**High**



- Potential breach of DWP legislation through continued acceptance of benefit payments when account balances exceed specified maximum savings limits;
- Risk of fraud in client funds held under Corporate Appointee contracts.
- Misappropriation of client cash provided by relatives for their personal use; and
- Inability to demonstrate that client funds are appropriately administered on their behalf.

## Action plans

### Recommendation

### Responsible Officer

To ensure effective control over funds held on behalf of CEC Clients the following actions should be implemented:

1. A full review of all Corporate Appointee contracts should be carried out to establish if:
  - Clients remain eligible with an ongoing need for a CA contract;
  - All corporate appointees have an allocated Social Worker administering and monitoring their contract,
  - Funds held on behalf of the client are within the maximum limits set by DWP
  - DWP should be contacted on behalf of the client to discuss funds held in excess of maximum cap set,
  - The client had needs which may be met by expenditure from their DWP funds.
2. Adults at Risk: Guardianship, Intervention Orders and Access to Funds procedures should be reviewed and updated to include a requirement for an annual review of existing Corporate Appointee contracts to confirm ongoing eligibility and need. The procedures should also be updated to include a requirement for ongoing review of client balances to ensure that applicable DWP limits are not breached.
3. Processes in Centres holding Corporate Appointee accounts should be aligned with the afore mentioned Procedure and consistently applied across all Centres.
4. Provision for additional secure cash holding facilities in relevant areas used to issue weekly allowance monies to clients should be introduced, to avoid transportation of large quantities of cash through main office areas.
5. Compliance with all Client fund and cash procedures should be independently monitored by the Business Support Officer, at least monthly, and evidence of this review documented and retained.
6. A more robust Day and Residential client cash administration process should be introduced, with documentary evidence of transactions retained, and cash balances appropriate secured.
7. Monthly, reconciliation of all funds held for clients should be carried out by a member of staff independent of the daily administration process.
8. All BSO's and Senior Social Workers should receive refresher training on the closing and reallocation of any deceased client fund

1. Operations Manager, Health and Social Care and Business Support Manager
2. to 8 – Senior Business Support Manager

accounts. Senior SW and BSO's should provide Senior H&SC management with an annual assurance that Client funds and cash have been managed in accordance with Council Policy and procedures, and regularly independently reviewed.

**Agreed Management Action**

**Estimated Implementation Date**

1. **Health and Social Care** - Given the considerable business support and social worker resources implications, the above recommendations will take time to design, implement and maintain.

28 June 2019

Business Support is resolving problem appointee arrangements as we go along, however, the backlog of reviews will need a programme management approach to rectify errors and support the governance required. In the meantime, associated risks will be added to the Partnership's risk register to monitor controls and progress on a monthly basis, given its high finding rating.

Following the Care Home Assurance Review, the Partnership is developing a self-assurance control framework. Locality Managers have agreed for corporate appointee arrangements to be included in the assurance framework – which if found to be successful and useful, can be mirrored by the other applicable services in this report. Business Support is working on new guidelines for the administration of Corporate Appointeeship (e.g. new procedures, monthly checklists, etc.), which will support the effective delivery of the framework.

**Business Support** - Business Support will enable the review of current processes and guidelines in conjunction with Hub and Cluster Managers with sign off at the Locality Managers Forum.

31 May 2018

Business support will review all Corporate Appointee accounts and contact the relevant social worker, support worker or hub where the funds are over £16K for immediate review.

Business support will advise social work when the funds exceed £16K where there is not a valid reason (for example, client deceased and social worker discussing estate with solicitor). Clarity on contact with DWP is being progressed and will be written into the new guidelines.

Regular reporting will be introduced from the revised systems being implemented. This will be provided monthly at Senior Social Work level and annually for H&SC management

2. New guidelines will be written to ensure clarity of responsibilities. Sections will be included detailing Social Work; Business Support; and Transactions team responsibilities. The objective is to create and implement an end to end process that includes eligibility criteria, DWP processes and a full administrative process that will be applied centrally and across Locality offices; clusters; and hubs.

30 April 2018

3. Disability residential and day clients cash administration is currently being reviewed and updated. Robust processes have already been implemented and further processes are scheduled for review. Deceased

30 April 2018

client process will be a section within the main guidelines and the update of these processes is in progress.	29 June 2018
4. Each individual property will be reviewed to minimise the risk of cash movement across main offices and protocols put in place for each.	31 May 2018
5. Monitoring of all client cash is held on a separate spreadsheet that the Business Support Officer will sign off weekly. The business support team manager will check against the new procedure and countersign monthly.	31 May 2018
6. Disability Day & Residential processes will be included in the new procedures under a specific section and will include the requirement to document and retain evidence of transactions, and ensure that cash balances are appropriately secured.	30 April 2018 (for IA Validation)
7. Monthly reconciliation by Business Support Officers in Disability Day & Residential has already been implemented	31 May 2018
8. Refresher training will be offered as part of the implementation of the new guidelines to all staff involved in the process, and recorded on staff training records. The training will also be incorporated into the new staff induction process.	

## 2. Cash Management Controls - Imprest and Emergency Grant Accounts

### Finding

Cash management and reconciliation processes supporting imprest and emergency grant accounts were not consistently applied across all centres, and the following control gaps identified:

- Bank reconciliations were not consistently performed each month. Grindlay Court Criminal Justice centre had not completed bank reconciliations due to lack of access to the electronic Bankline system, despite repeated requests for access being submitted to the Council's Chief Cashier;
- None of the centres reviewed were applying input VAT accurately to imprest expenditure, with the result that VAT paid was not fully reclaimed as part of the Council's quarterly VAT return process. This concern was raised with the Council's VAT officer who is now investigating the matter further;
- Cash reconciliations in the Firrhill, Bonnington and Grindlay Court centres were affected by problems with the standard reconciliation spreadsheet provided by Finance, which prevented automated population and preparation of the general ledger journal entries from the completed reconciliation spreadsheet tab;
- Inconsistent use of the standard bank reconciliation proforma and failure to retain sufficient evidence of completion of bank reconciliations impacted the level of evidence available to confirm completion of independent review/oversight by the Business Support Officer (BSO);
- Bonnington Centre was in breach of Section 12.8 of the Council Finance rules, using imprest cash to 'top up' emergency grant cash as a method of cash flow. At the time of our review, the full value of the imprest fund had been used for payment of emergency grants, with no written evidence available supporting the rationale for this approach or confirming if or when the funds had been repaid;
- There was a lack of Business Support Officer awareness of imprest cash management procedures, and not all BSO's had received recent cash management training;

- The Firrhill and Grindlay Street centres do not use the cash collection and deposit service offered by Loomis;
- There have been significant changes in the administration staff within some of the centres and bank signatory lists have not been consistently updated to reflect these changes; and
- Evidence showed that Firrhill Day Centre, The Access Point, Castle Craggs and Wester Hailes Healthy Living centres, were not aware of their safe insurance limits and were holding cash in excess of their approved rating. None of the centres were aware of the requirement to ensure safe keys are not stored in the building overnight; and
- There is no established guidance detailing the process to be applied and relevant authority levels when writing off unreconciled cash amounts.

#### Business Implication

#### Finding Rating

- Breach of CEC cash management policies and procedures, and Council standing orders;
- Risk of fraud from unauthorised imprest or Emergency Grant payments;
- Lack of awareness of Council policy for cash management and bank reconciliations leads to poor practice and errors in banking/cash accounting;
- Staff at risk when carrying cash from the bank to the unit, especially as bank locations have reduced significantly in number;
- Risk of fraud where staff, who are no longer employed by CEC remain as authorised signatories on accounts; and
- Cash and property is not insured due to breach of agreed safe insurance limits and other insurance conditions.

**High**

#### Action plans

##### Recommendation

##### Responsible Officer

- |   |   |
|---|---|
| 1. All staff responsible for cash handling/management should complete the Council's new Finance Reconciliation training and confirm awareness of Policy and Procedures prior to commencing cash handling activities. Completion of training should be formally documented;  | Senior Business Support Manager (actions 1 – 6) |
| 2. Imprest and Emergency Grant fund administration should be performed in line with the Council's Imprest Procedures, Bank Reconciliation Procedures, and the Procedure for Adults at Risk (section 12 funds). Regular reconciliation of the funds should be completed only by staff employed and trained to handle cash; | Corporate Finance Senior Manager (action 7).    |
| 3. Imprest and Emergency Grant funds should remain separate and effective cash flow management procedures should be established to prevent transfers between funds occurring;   |   |
| 4. Cash management and reconciliation administration activities performed across centres should be regularly reviewed in line with Council Policy and procedures, by an officer independent of the process and documented evidence of review retained;  |   |
| 5. Bank signatories should be reviewed annually and immediately updated following changes in personnel involved the cash management process;  |   |
| 6. There should be an annual review of the Insurance provision for cash and items of value held by the unit to confirm that insurance limits remain   |   |

<p>appropriate. The BSO should ensure that insurance conditions regarding cash limits and key storage are consistently applied; and</p> <p>7. Guidance will be developed detailing the process and relevant authority levels to be applied when writing off unreconciled cash amounts, and communicated to all budget owners.</p>	
<b>Agreed Management Action</b>	<b>Estimated Implementation Date</b>
<p>1. All current Business Support staff responsible for cash handling/management will complete the Council's new Finance Reconciliation E-Learning course. Business Support Team Managers can request confirmation of their teams' E-Learning course completion from The Business Hub. A record will be kept locally for each member of staff as to when their annual refresher is due, this will be tracked on a team spreadsheet. Completion will be evidenced by a screen shot from the E-Learning module. It is our intention to self-audit periodically that these actions are being adhered to.</p>	31 May 2018
<p>2. Business Support induction plans will ensure that all staff responsible for cash handling/management will complete the Council's new E-Learning Finance Reconciliation training and confirm awareness of Policy and Procedures prior to commencing cash handling activities. Induction plans are signed off by both staff member and line manager. Completion will be evidenced by a screen shot from the E-Learning module. It is our intention to self-audit periodically that these actions are being adhered to.</p> <p>To ensure Clients Cash and Emergency Grant fund administration is performed in line with the Council's Imprest Procedures, Bank Reconciliation Procedures, and the Procedure for Adults at Risk (section 12 funds), a separate weekly reconciliation of the funds held in both Clients Cash and Emergency Grants will be completed by staff employed and trained to handle cash in every centre.</p>	30 April 2018
<p>3. A note to all staff will be sent reminding them that it is policy and procedure not to mix the two accounts cash and reiterate that if there are any issues in complying with this instruction, it should be escalated to both the relevant Business Support Manager and Business Support Team Manager.</p>	31 May 2018
<p>4. Copies of the signed reconciliations are to be stored within the relevant teams' G Drive folder with the spreadsheets. A spot check of these requirements will be carried out and recorded by Business Support Managers.</p>	30 April 2018
<p>Business Support Team Managers will complete a monthly review of financial processes within their team to ensure Clients Cash and Emergency Grant funds remain separate and effective cash flow management procedures are followed to prevent transfers between funds occurring. The Business Support Team Managers responsible for Residential Units have a large number of bank accounts so in these instances a spot check of different accounts every month will be completed.</p>	30 April 2018

Business Support Team Managers will complete peer reviews of financial processes within a colleague's team, a review to be conducted every two weeks, to ensure cash management and reconciliation administration activities performed across centres are in line with Council Policy and procedures, Findings will be documented and discussed with the appropriate Business Support Team Manager. If required an action plan will be agreed and signed by both managers and all documentation will be retained within the relevant team G Drive folder.

5. Bank signatories will be reviewed annually at the start of every financial year in April and immediately updated following changes in personnel involved in the cash management process. Business Support Team Manager to add this to team diary and Business Support Officer should ensure that all signatories are up to date and appropriate. Business Support Manager will arrange reoccurring annual meeting to discuss requirements.

30 April 2018

6. An annual review of the Insurance provision for cash and items of value held by the unit will take place at the start of every financial year in April to confirm that insurance limits remain appropriate. To ensure that insurance limits are adhered to, Business Support Officers will contact CEC Insurance to enquire of any changes in safe limits. The Business Support Officer should ensure that insurance conditions regarding cash limits and key storage are consistently applied.

30 April 2018

7. As part of the 6-monthly update of the Council's key governance framework, delegated authority with regard to any necessary write-off of imprest related monies will be clarified and incorporated accordingly in the Council's Scheme of Delegation and Financial Regulations.

28<sup>th</sup> June 2018 (subject to Council approval)

Additional guidance in this area will also be included in refreshed imprest guidance which will be published on the Council's Orb and communicated to all relevant budget managers.

# Appendix 1 - Basis of our classifications

Finding rating	Assessment rationale
<b>Critical</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Critical</b> impact on operational performance; or</li> <li>• <b>Critical</b> monetary or financial statement impact; or</li> <li>• <b>Critical</b> breach in laws and regulations that could result in material fines or consequences; or</li> <li>• <b>Critical</b> impact on the reputation or brand of the organisation which could threaten its future viability.</li> </ul>
<b>High</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Significant</b> impact on operational performance; or</li> <li>• <b>Significant</b> monetary or financial statement impact; or</li> <li>• <b>Significant</b> breach in laws and regulations resulting in significant fines and consequences; or</li> <li>• <b>Significant</b> impact on the reputation or brand of the organisation.</li> </ul>
<b>Medium</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Moderate</b> impact on operational performance; or</li> <li>• <b>Moderate</b> monetary or financial statement impact; or</li> <li>• <b>Moderate</b> breach in laws and regulations resulting in fines and consequences; or</li> <li>• <b>Moderate</b> impact on the reputation or brand of the organisation.</li> </ul>
<b>Low</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Minor</b> impact on the organisation's operational performance; or</li> <li>• <b>Minor</b> monetary or financial statement impact; or</li> <li>• <b>Minor</b> breach in laws and regulations with limited consequences; or</li> <li>• <b>Minor</b> impact on the reputation of the organisation.</li> </ul>
<b>Advisory</b>	<p>A finding that does not have a risk impact but has been raised to highlight areas of inefficiencies or good practice.</p>

# Appendix 2 – Terms of Reference

## Terms of Reference – Health and Social Care Centres – Bank Reconciliations and Cash Management

To: Michelle Miller, Interim Chief Officer, Health and Social Care  
Stephen Moir, Executive Director, Resources

From: Lesley Newdall, Chief Internal Auditor

Date: 21<sup>st</sup> September 2017

Cc: Nicola Harvey, Head of Customer  
Hugh Dunn, Head of Finance  
John Arthur, Council Customer Engagement Manager  
Karen Dallas, Principal Accountant – Health and Social Care  
Kenny Raeburn, Senior Accountant – Health and Social Care  
Louise McRae, Business Support Manager

This review has been added to the 2017/18 Internal Audit plan at the request of the Head of Customer following concerns raised over errors in the administration and reconciliation of imprest and client money bank accounts in two Social Work Centres.

### Background

The City of Edinburgh Council (CEC) Health and Social Care currently operates a total of 35 Centres across a range of different services;

- 10 Care Homes (CH)
- 10 Resource and Day Centres (RDC)
- 1 Hostel (H)
- 2 Respite Centres (RC)
- 7 Social Work Centres(SWC)
- 1 Healthy Living Centre (HLC)
- 4 Hospital teams (HT)

Each centre has an imprest account and some also have a client's cash accounts, where applicable, administers monies on behalf of some of its more vulnerable clients, by way of Corporate Appointee contracts. Cash management and reconciliations are performed by the Business Support teams at each centre.

A Senior Business Support Manager was recently contacted by a member of staff who was concerned that bank reconciliations had not been performed for some time at one SWC. Further investigation by Business Support confirmed that this was also the case at another SWC, and established that a significant sum (circa £35K) may require to be written off if the accounts at these centres cannot be fully reconciled. Work is ongoing to establish whether the unreconciled amounts relate to client monies.

The key policies and procedures that apply to cash management and reconciliations are:

- Imprest accounts / petty cash Procedure and Guidelines (April 2013), and
- Bank Account Reconciliation and Administration Procedure (2014)

### Scope



The scope of this review will assess the design and operating effectiveness of reconciliations and cash management controls in place across a sample of seven centres, including the original two centres where concerns were raised, to mitigate the following key risk:

- Statutory Requirements - Failure to manage and monitor performance, embed assurance and comply with statutory and legal requirements (e.g. Equalities and Human Rights Acts) and corporate policies (e.g. Anti-Fraud and Bribery) results in financial and reputational damage

We will also confirm whether the reconciliations issues identified at the two centres are systemic, and establish the control weaknesses that have resulted in failure to perform reconciliations, and failure to identify the issue.

Our testing will be performed across the period 1<sup>st</sup> April – 31<sup>st</sup> August 2017.

### Limitations of Scope

The review will focus on Health and Social Care centres only, but will exclude the ten Council operated Care Homes, which have recently been subject to an Internal Audit review. Our sample of seven centres will provide assurance across 28% of the remaining 25 centres.

### Approach

Our audit approach is as follows:

- Visit each unit and assess current compliance with existing policies and procedures
- Reperform the most recent bank reconciliations (August 2017), and
- Review a sample of bank reconciliations performed and cash management processes between 1<sup>st</sup> April and 31<sup>st</sup> August 2017.

The sub-processes and related control objectives included in the review are:

Sub-process	Control Objectives
Administration of Income	<ul style="list-style-type: none"> <li>• Confirm all income streams are administered in accordance with Council Policies.</li> <li>• Prime records are maintained to ensure all income is completely and accurately recorded.</li> <li>• All income is evidenced as being banked intact, and</li> <li>• There is appropriate segregation of duties in the cash management, banking and reconciliation processes.</li> </ul>
Administration of Expenditure	<ul style="list-style-type: none"> <li>• Confirm all expenditure is administered in accordance with council policies.</li> <li>• Expenditure is authorised and independently reviewed.</li> <li>• Cheques are not pre-signed.</li> <li>• Bank account signatories are current members of staff.</li> </ul>
Bank Account Reconciliation	<ul style="list-style-type: none"> <li>• All bank accounts are reconciled monthly and in accordance with Council Policy.</li> <li>• Bank reconciliations are reviewed and authorised by a manager independent of the process.</li> <li>• Errors or issued are addressed promptly and Senior Manager notified when significant reconciling items occur.</li> </ul>
Administration of Imprest	<ul style="list-style-type: none"> <li>• Imprest funds (especially cash) are administered in accordance with Council Policies.</li> </ul>

	<ul style="list-style-type: none"> <li>• Cash in hand is reconciled regularly and independently verified.</li> <li>• Expenditure on imprest fund is in accordance with Council Policy.</li> <li>• Imprest reimbursement claims are independently authorised and submitted at least quarterly.</li> <li>• Imprest cash is held separately from Client monies</li> </ul>
Client Fund Administration.	<ul style="list-style-type: none"> <li>• Individual account held for each client.</li> <li>• Client cash is minimised and held in accordance with Council Policy</li> <li>• Client cash is reconciled monthly and independently reviewed.</li> <li>• Evidence is retained for expenditure on behalf of clients.</li> <li>• Client fund administration is independently reviewed regularly</li> </ul>
Security of Cash in Hand	<ul style="list-style-type: none"> <li>• Cash held is kept at or below the maximum limit specified in Council Policy.</li> <li>• All cash is held within an approved, insured safe.</li> <li>• Access to cash safe is limited to relevant individuals.</li> <li>• All monies placed in and removed from the safe is evidenced for reconciliation.</li> </ul>

### Internal Audit Team

Name	Role	Contact Details
Lesley Newdall	Chief Internal Auditor	0131 469 3216
Hugh Thomson	Principal Audit Manager	0131 469 3147
Lorraine Twyford	Internal Auditor	0131 469 3145

### Key Contacts

Name	Title	Role	Contact Details
Nicola Harvey	Head of Customer	Head of Customer	0131 469 5006
John Arthur	Senior Manager – Business Support	Senior Manager, Business Support	0131 529 7260
Louise McRae	Business Support Manager (North West and Communities and Families)	Key Audit Contact Sponsor	0131 529 2109

### Timetable

Fieldwork Start	20/09/17
Fieldwork Completed	29/09/17
Draft report to Auditee	06/10/17
Response from Auditee	20/10/17
Final Report to Auditee	27/10/17

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### Follow Up Process

Where reportable audit findings are identified, the extent to which each recommendation has been implemented will be reviewed in accordance with estimated implementation dates outlined in the final report.

Evidence should be prepared and submitted to Audit in support of action taken to implement recommendations. Actions remain outstanding until suitable evidence is provided to close them down.

Monitoring of outstanding management actions is undertaken via monthly updates to the Director and their elected audit departmental contact. The audit departmental contact liaises with service areas to ensure that updates and appropriate evidence are provided when required.

Details of outstanding actions are reported to the Governance, Risk & Best Value (GRBV) Committee on a quarterly basis.

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## Appendix 1: Information Request

It would be helpful to have the following available prior to our audit or at the latest our first day of field work:

- Budget statements for each Social Work Centre
- Latest Imprest Claim for each SWC
- Procedures for managing Client Funds

This list is not intended to be exhaustive; we may require additional information during the audit which we will bring to your attention at the earliest opportunity.

# ***The City of Edinburgh Council***

## **Internal Audit**

**Edinburgh Alcohol and Drug Partnership (EADP) –  
Contract Management**

**Edinburgh Health and Social Care Partnership**

Final Report

14<sup>th</sup> November 2017

HSC1715

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This internal audit review is conducted for the City of Edinburgh Council under the auspices of the 2017/18 internal audit plan approved by the Governance, Risk and Best Value Committee in March 2017. The review is designed to help the City of Edinburgh Council assess and refine its internal control environment. It is not designed or intended to be suitable for any other purpose and should not be relied upon for any other purpose. The City of Edinburgh Council accepts no responsibility for any such reliance and disclaims all liability in relation thereto.

The internal audit work and reporting has been performed in line with the requirements of the Public Sector Internal Audit Standards (PSIAS) and as a result is not designed or intended to comply with any other auditing standards.

Although there is a number of specific recommendations included in this report to strengthen internal control, it is management's responsibility to design, implement and maintain an effective control framework, and for the prevention and detection of irregularities and fraud. This is an essential part of the efficient management of the City of Edinburgh Council. Communication of the issues and weaknesses arising from this audit does not absolve management of this responsibility. High and Critical risk findings will be raised with senior management and elected members as appropriate.

# 1. Background and Scope

## **Background**

There is a statutory obligation for the City of Edinburgh Council (CEC) to care for adults who have mental health and substance misuse issues as per the requirements of the Scottish Government's framework for alcohol and drug services.

This obligation is delegated to the Edinburgh Health and Social Care Partnership and delivered through Edinburgh Alcohol and Drug Partnership (EADP) which oversees the development and implementation of an alcohol and drug strategy for the city.

EADP is a partnership between CEC, Edinburgh Health and Social Care Partnership; NHS Lothian; Police Scotland; the Scottish Prison Service; the third sector; and those with experience of addiction and recovery. Whilst EADP is not a statutory function, it has a lead role in developing and implementing a local alcohol and drug strategy to reduce the number of people with substance misuse problems. The work of this partnership has a high profile for the Government; the Council and the Edinburgh Health and Social Care Partnership.

## **Governance**

The EADP Executive Board is responsible for the strategic direction of the partnership, but does not have any specific contract management responsibilities – this is delegated to the EADP Commissioning Collaborative Core Group.

The Treatment Recovery Collaborative is responsible for implementation of the strategy agreed by the EADP, via delivery of treatment and recovery services across the City. This is achieved by four alliances of statutory and voluntary sector service providers who work together to plan and deliver services with the objective of enhancing the Recovery-Oriented System of Care (ROSC) in Edinburgh and making recommendations to the EADP Commissioning Collaborative Core Group.

## **Contract Details**

There are currently two contracts supporting delivery of ROSC across the City. Both contracts are for a term of three years, with an option to extend for a further 24 months and were approved by the Council's Finance and Resources (F&R) Committee in December 2015.

### **1. Adult Community Treatment Services ("Hubs") – £7,251,395 (over 5 years)**

This contract was awarded to two providers (A) and (B), with (A) covering three localities and (B) one locality. Provider (A) went into Administration in June 2017 and the Council is currently in the process of agreeing a new contract with an alternative provider identified by the existing supplier.

### **2. Adult Counselling (Psychological Therapies) Service - £3,149,250 (over 5 years)**

This contract was awarded to a consortium of three providers (C, D, & E) with provider (C) being the main provider responsible for providing direction to providers (D) and (E).

The F&R Committee reports note that the EADP "will be responsible for contract management and will monitor management and performance information".

The Health and Social Care Partnership EADP team had two dedicated team members (the Joint Programme Manager and the Commissioning Manager) who had specialised budget and contract management knowledge. However, the Joint Programme Manager has left the Council in October 2017.

The Joint Programme Manager has advised that the contracts specify that third party suppliers are measured on the basis of service 'outcomes' as opposed to an ongoing assessment of performance via service levels and key performance indicators.

## Scope

The scope of this review was to assess the design and operating effectiveness of the Council's controls relating to the management of support services provided under contract by third parties for EADP, and covered the following key Corporate Leadership Team (CLT) and Safer and Stronger Community (SSC) risks:

- **CLT6 Budget Management:** Material overspends on service budgets may impact upon the funding of other services.
- **CLT7 Customer Expectations:** Customer dissatisfaction around delivery of customer facing services may lead to increased complaints with consequential increased financial strain and reputational damage.
- **SS2 Financial Delivery:** The need to deliver significant savings and reduced income result in cuts to services and a failure to deliver the strategic outcomes agreed by the Council; including keeping people safe and reducing poverty and inequality.

Our review focussed on the following key themes:

- People
- Administration
- Managing Performance
- Ongoing Supplier Risk Management

For the full terms of reference see appendix 2.

## 2. Executive summary

### Total number of findings

Critical	0
High	1
Medium	2
Low	1
Advisory	0
<b>Total</b>	<b>4</b>

### Summary of findings

Our review confirmed that whilst the two main third party contracts supporting delivery of drug and alcohol treatment and recovery services across Edinburgh are being managed, improvements are required to address a number of control weaknesses. These weaknesses could result in failure to address supplier performance issues, with a subsequent impact on service delivery and customer expectations. Consequently, one, High, two Medium and one Low rated Findings have been raised reflecting:

- Lack of contract management process documentation, non-compliance with the Council's Records Management policy, and key person dependency,
- Gaps in risk and supplier performance management,
- Lack of formal supplier sustainability monitoring, and
- The need to sign and formalise one third party contract.

Our detailed findings and recommendations are laid out within Section 3: Detailed findings.

During our review, we identified the following areas of good practice:

- There was evidence to support that the contract manager was sufficiently skilled and experienced to manage the contract.
- The EADP team had been given delegated authority by the Finance and Resources Committee to manage the contract.



# 3. Detailed findings

## 1. Risk and Supplier Performance Management

### Finding

#### Risk Management

Risks associated with contract management and supplier performance have not been recorded and there is no evidence to confirm that risks are being managed or reported to relevant governance forums.

Two risks have already crystallised:

- Supplier Sustainability - in June 2017, one third party provider went into administration and the Council were unaware of this until the provider advised the Joint Programme Manager a few days before. Whilst no issues occurred in this instance as services were transferred to a new provider via a TUPE agreement by the existing supplier, this risk was not documented and was not identified via ongoing contract management.
- Key Person Dependency - The Joint Programme Manager has left the Council in October 2017 and no contingent resource has been established to fulfil this role.

#### Supplier Performance Management

Whilst we have been advised that third party supplier performance is mostly outcomes based, there are a number of expectations and success measures included in the contract specification documentation supporting the contracts.

We identified one service specification included within the Adult Treatment Services contract that was not delivered in a timely manner or appropriately escalated when not delivered.

This related to the requirement for provision of an NHS nurse to support training for staff on 'dried blood spot testing'. This training was not provided until almost the end of the first year of the contract due to lack of NHS funding, and could have significantly impacted on service delivery and customer experience.

This service issue occurred due to lack of a clear escalation process to ensure that supplier performance issues are identified and resolved in a timely manner.

We also established that:

- Success measures included in the contract specification documentation are not prioritised or ranked in terms of service delivery importance,
- The contract specification includes the requirement for receipt of quarterly supplier returns, however, submission dates have not been specified, and
- There is no independent validation of management information supporting success measures provided by 3rd parties.

#### Business Implication

Suboptimal 3rd party performance is not identified and escalated with adverse impact on service provision and customer experience.

#### Finding Rating

High

### Action plans

#### Recommendation

1. Risk management and reporting should be established with quarterly reviews of risk registers performed to identify and prioritise all new and

#### Responsible Officer

EADP Joint Commissioning Officer/

<p>emerging risks, determine actions required and allocate ownership. Risk registers should also be reviewed and approved by relevant committees / governance forums.</p> <ol style="list-style-type: none"> <li>2. An escalation process should be established and agreed with third party suppliers and appropriate committees / governance forums (such as the Core Group) to ensure that all significant supplier performance management issues are identified and resolved. This will include specification of thresholds to raise an issue, and a process to ensure that all issues are communicated to suppliers and resolution monitored.</li> <li>3. Supplier performance expectations should be prioritised and communicated and agreed with third party suppliers.</li> <li>4. Timeframes for receipt of quarterly supplier returns should be established and agreed with third party suppliers.</li> <li>5. Management should consider whether independent validation of 3rd party management information should be performed (perhaps on a sample basis). If validation is implemented, the process applied and the outcomes should be documented. If validation is not implemented, risk of receipt of inaccurate supplier information should be recorded in the relevant risk register.</li> </ol>	<p>Strategy and Quality Manager Mental Health and Substance Misuse</p>
<p><b>Agreed Management Action</b></p>	<p><b>Estimated Implementation Date</b></p>
<ol style="list-style-type: none"> <li>1. <b>Recommendation 1</b> - A contracts management risk register will be developed describing, prioritising, and addressing risks to delivery. The risk register will be shared with and approved by the Core group by January 2018. The risk register will be refreshed quarterly and reviewed by the Core Group.</li> <li>2. <b>Recommendations 2, 3 &amp; 4</b> - The existing contract management procedures will be summarised in a single document. It will include the dates information needs to come in, the key contacts, the escalation process in the event of non-performance and the priority metrics that would trigger those processes (waiting times, numbers taken onto caseloads, planned discharges). There will still be subject knowledge and judgement involved in monitoring the contracts; the escalation process cannot be reduced to an algorithm. To be agreed with the providers to confirm our shared understanding and shared with the EADP core group by January 2018.</li> <li>3. <b>Recommendation 5</b> - The Health and Social Care quality assurance team will be approached to discuss the potential for an annual audit review that may reduce our dependence on provider generated data. They will provide an options paper to the Core group by January 2018 confirming whether this is possible.</li> <li>4. <b>Recommendation 5</b> - If the QA team can support completion of an annual review, the first annual review will be performed by June 2018. If this is not possible, management will accept this risk on the basis that there is insufficient resource capacity within the contract management team.</li> </ol>	<p>30<sup>th</sup> March 2018</p> <p>31<sup>st</sup> January 2018</p> <p>31<sup>st</sup> January 2018</p> <p>29<sup>th</sup> June 2018</p>

## 2. Key Person Dependency and Process Documentation

### Finding

Management of the two Treatment Services and Counselling contracts is performed by two key EADP partnership team members – the Joint Programme Manager and the Commissioning Manager; who have specialised contract and budget management knowledge specific to these contracts.

The Joint Programme Manager has left the Council in October 2017. It is understood that the Commissioning Manager will assume some of the Joint Programme Manager's responsibilities. with a more senior manager providing overview.

Our review of the existing contract management process established that the current contract management process has not been documented and that existing contract management documentation is not maintained in line with the requirements of the Council's Records Management Policy.

Specifically:

- There are no documented operational procedures supporting the current contract management process.
- There is no established escalation process for reporting supplier performance issues.
- There is no list of key supplier contacts.
- Evidence supporting the current contract monitoring process (including emails) is retained on a server, however, documents are not stored in a format consistent with the Council's Records Management policy, including retention and disposal of records as per prescribed policy requirements.

It is understood that an Administrator previously dealt with the administration of contract monitoring documents including adherence to timescales for receipt and review of third party quarterly returns This resource has now been removed from the team as part of the Council's transformation programme.

### Business Implication

- Key person dependency risk - due to the departure of the Joint Programme Manager, resulting in loss of knowledge and experience.
- Inability to effectively manage the contracts due to lack of process documentation and supplier contact information.
- Risk that supplier performance issues are not identified and escalated in a timely manner.
- Non-compliance with the Council's Records Management Policy.

### Finding Rating

**Medium**

### Action plans

#### Recommendation

1. Contingent resources / support should be identified and suitably trained to support ongoing contract management.
2. Contract management processes should be documented.
3. The escalation process referred to within the "Risk and Supplier Performance Management issue (recommendation 2)" should be documented within the new contract management processes.
4. A list of key supplier contacts for each of the individual contracts should be prepared and maintained.
5. To ensure ongoing compliance with the Council's Records Management policy, a process should be established specifying the contract

#### Responsible Officer

EADP Joint Commissioning Officer / Strategy and Quality Manager Mental Health and Substance Misuse

<p>management records and information to be retained; detailing, where the information should be stored and specifying dates for archiving and disposal.</p> <p>6. The Contract Manager should ensure that third party supplier monitoring information received is transferred from his electronic email box to the secured drive in a timely manner.</p>	
<p><b>Agreed Management Action</b></p>	<p><b>Estimated Implementation Date</b></p>
<p>1. <b>Recommendation 1</b> - Involvement from Health and Social Care contracts team will be requested to support contract monitoring to ensure that there is a second person with knowledge of the process. An options paper confirming whether this possible will be provided to the Core group by January 2018.</p>	<p>31<sup>st</sup> January 2018</p>
<p>2. <b>Recommendation 1</b> - If the contracts team cannot provide additional support, key person dependency risk will be recorded as a risk on the risk register.</p>	<p>31<sup>st</sup> January 2018</p>
<p>3. <b>Recommendations 2, 3 and 4</b> - The existing contract management procedures will be summarised in a single document. It will include the dates information needs to come in, the key contacts, the escalation process in the event of non-performance and the priority metrics that would trigger those processes (waiting times, numbers taken onto caseloads, planned discharges). There will still be subject knowledge and judgement involved in monitoring the contracts; the escalation process cannot be reduced to an algorithm. To be agreed with the providers to confirm our shared understanding and shared with the EADP core group by January 2018.</p>	<p>31<sup>st</sup> January 2018</p>
<p>4. <b>Recommendation 5 and 6</b> - Records retention policy: Direction will be requested from the Information Governance team in relation to Records Management Policy requirements and how they should be applied to retention, archiving and destruction of contract management information. Any lessons learned will be shared with the Health and Social Care contracts management team.</p>	<p>30<sup>th</sup> March 2018</p>

### 3. Supplier Sustainability

#### Finding

No reviews are currently performed to confirm ongoing sustainability of 3rd party service providers.

In June 2017, one third party provider went into administration and the EADP team were unaware of this until the provider advised the Joint Programme Manager a few days before. It is noted that no issues occurred in this instance as services were transferred to a new provider via a TUPE agreement by the existing supplier.

The risk of Supplier Sustainability was not recorded on any risk register to manage the risk of loss of service provision due to loss of provider.

#### Business Implication

Lack of sustainability of service provision.

#### Finding Rating

**Medium**

#### Action plans

##### Recommendation

1. A Supplier Sustainability risk should be recorded on the appropriate risk register.
2. Contingency plans for ongoing emergency Service Provision should be prepared to ensure ongoing Service Provision in the event of supplier failure. Any involvement required from existing suppliers should be discussed and agreed with them, and the plans documented and approved by the Core Group.

##### Responsible Officer

EADP Joint Commissioning Officer

##### Agreed Management Action

1. A supplier sustainability risk will be recorded in the risk register to be developed by March and implemented by March 2018.
2. Contingency plans will be developed, discussed with existing suppliers, and approved by the Core Group.

##### Estimated Implementation Date

30<sup>th</sup> March 2018

31<sup>st</sup> January 2018

#### 4. Unsigned Contract Agreement

##### Finding

On 2nd June 2017, the main provider contracted under the Adult Community Treatment Services Contract went into 'Administration'.

The Joint Programme Manager advised that the provider contacted the EADP team towards the end of May to inform them of this and to advise that the contract terms and conditions were being transferred to another provider with immediate effect. It is understood at that point that the original providers' staff had already been 'TUPEd' over to the new contract provider.

The Joint Programme Manager noted that the Council was in the process of signing a Novation Agreement to transfer the terms and conditions over to the new contract provider. However, it is understood that the Novation Agreement is still unsigned (as at our audit closing meeting of 3rd October) although the provider has been providing service delivery under contract since the transfer of staff in June.

##### Business Implication

Risk of breach of contract which cannot be addressed as there is no signed contract between both parties.

##### Finding Rating

Low

##### Action plans

##### Recommendation

The EADP Novation Contract Agreement should be signed by both parties immediately.

##### Responsible Officer

EADP Joint Commissioning Officer

##### Agreed Management Action

EADP Joint Commissioning Officer will follow up the novation agreement for the new contract and resolve by the end of November 2017.

##### Estimated Implementation Date

22<sup>nd</sup> December 2017

# Appendix 1 - Basis of our classifications

Finding rating	Assessment rationale
<b>Critical</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Critical</b> impact on operational performance; or</li> <li>• <b>Critical</b> monetary or financial statement impact; or</li> <li>• <b>Critical</b> breach in laws and regulations that could result in material fines or consequences; or</li> <li>• <b>Critical</b> impact on the reputation or brand of the organisation which could threaten its future viability.</li> </ul>
<b>High</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Significant</b> impact on operational performance; or</li> <li>• <b>Significant</b> monetary or financial statement impact; or</li> <li>• <b>Significant</b> breach in laws and regulations resulting in significant fines and consequences; or</li> <li>• <b>Significant</b> impact on the reputation or brand of the organisation.</li> </ul>
<b>Medium</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Moderate</b> impact on operational performance; or</li> <li>• <b>Moderate</b> monetary or financial statement impact; or</li> <li>• <b>Moderate</b> breach in laws and regulations resulting in fines and consequences; or</li> <li>• <b>Moderate</b> impact on the reputation or brand of the organisation.</li> </ul>
<b>Low</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Minor</b> impact on the organisation's operational performance; or</li> <li>• <b>Minor</b> monetary or financial statement impact; or</li> <li>• <b>Minor</b> breach in laws and regulations with limited consequences; or</li> <li>• <b>Minor</b> impact on the reputation of the organisation.</li> </ul>
<b>Advisory</b>	<p>A finding that does not have a risk impact but has been raised to highlight areas of inefficiencies or good practice.</p>

# Appendix 2 – Terms of Reference

## Health and Social Care

### Terms of Reference:

### Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management

To: Rob McCulloch-Graham, Chief Officer, Edinburgh Health & Social Care Partnership

From: Lesley Newdall, Chief Internal Auditor

Date: 17 May 2017

Cc: Colin Beck, Senior Manager Mental Health, Criminal Justice and Substance Misuse,  
Nicholas Smith, Joint Programme Manager.

This review is being undertaken as part of the 2017/18 internal audit plan approved by the Governance, Risk and Best Value Committee in March 2017.

### Background

Edinburgh Alcohol and Drug Partnership (EADP) oversees the development and implementation of an alcohol and drug strategy for the city.

It is a partnership between the **City of Edinburgh Council**, NHS Lothian, Police Scotland, the third sector and those with experience of addiction and recovery. It is a forum where these organisations work together to make Edinburgh a city which has a healthy attitude towards drinking and where recovery from problem alcohol or drug use is a reality.

Within the strategy, responsibility for developing and delivering treatment and recovery services sits with the **Treatment and Recovery Collaborative** (a body composed of the commissioners and providers of services, who come together to plan services based on the views and needs of users and carers).

There are currently two individual third party contracts in respect of the EADP, these are: -

- Adult Counselling (Psychological Therapies) Service  
(Contract CT0465 – maximum potential value of contract, including extension is £3,149,250),
- Adult Community Treatment Services (“Hubs”)  
(Contract CT0476 – maximum potential value of contract, including extension is £7,251,395).

Both contracts are for a term of three years, with an option to extend for a further 24 months and have been approved by the Finance and Resources Committee in December 2015.

The overall aim of the contracts is to ensure that the providers deliver a high quality, recovery orientated system of care, in conjunction with integrated health and social care services.

The Edinburgh Alcohol and Drug Partnership (EADP) will be responsible for contract management and will monitor management and performance information.

This review was included on the plan as risks over budget management and customer expectation were highlighted in the Chief Executive’s Risk Register and financial delivery in the Service Area’s Risk Register

### Scope

The scope of this review will be to assess the design and operating effectiveness of the Council’s controls relating to the contract management of support services provided under contract by third sector parties for EADP.



The sub-processes and related control objectives included in the review are:

Sub-process	Control Objectives
People	<ul style="list-style-type: none"> <li>• The contract manager has appropriate skills and access to training and development;</li> <li>• The contract manager has appropriate delegated authority to manage the contract appropriately; and</li> <li>• The contract manager has sufficient resources to perform the required duties.</li> </ul>
Administration	<ul style="list-style-type: none"> <li>• Key documents, including the contract are retained and accessible;</li> <li>• Relevant ongoing contract management information is retained and managed; and</li> <li>• There is regular reporting of contract management information.</li> </ul>
Managing Performance	<ul style="list-style-type: none"> <li>• Service Management is well structured and understood by both parties;</li> <li>• Supplier performance is assessed using clear, objective and meaningful metrics;</li> <li>• Independent checking mechanisms form part of the reporting process;</li> <li>• Payments made to the supplier are in line with the contract and well managed;</li> <li>• There is a clear process in place to resolve issues quickly; and</li> <li>• There are clear points of contact in each organisation.</li> </ul>
Ongoing Supplier Risk Management	<ul style="list-style-type: none"> <li>• The contract manager monitors the supplier's financial health and business performance; and</li> <li>• The contract Manager monitors the supplier's compliance with contractual 'non-performance' issues.</li> </ul>

### Limitations of Scope

The scope of our review is outlined above. Testing will be undertaken on a sample basis for the period 01 April 2016 to 31 March 2017.

### Approach

Our audit approach is as follows:

- Obtain an understanding of the Early Intervention and Prevention area through discussions with key personnel, review of systems documentation and walkthrough tests;
- Identify the key risks around Early Intervention and Prevention;
- Evaluate the design of the controls in place to address the key risks; and
- Test the operating effectiveness of the key controls.

## Internal Audit Team

Name	Role	Contact Details
Lesley Newdall	Chief Internal Auditor	0131 429 3216
Hugh Thomson	Principal Audit Manager	0131 469 3147
Karen Sutherland	Internal Auditor	0131 469 3451

## Key Contacts

Name	Title	Role	Contact Details
Rob McCulloch-Graham	Chief Officer Edinburgh Health & Social Care Partnership	Review Sponsor	0131 553 8201
Colin Beck	Senior Manager Mental Health, Criminal Justice & Substance Misuse	Key Contact	0131 553 8200
Michelle Miller	Head of Service, Safer & Stronger Communities & Chief Social Work Officer & Chair of the Alcohol and Drug Partnership	Departmental Contact	0131 553 8520
Maria McLgorm	Chief Strategy & Performance Officer	Departmental Contact	0131 469 3916
Nicholas Smith	Joint Programme Manager	Departmental Contact	0131 529 2117
David Williams	EADP Joint Commissioning Officer	Departmental Contact	0131 553 8217

## Timetable

Fieldwork Start	17 May 2017
Fieldwork Completed	26 May 2017
Draft report to Auditee	09 June 2017
Response from Auditee	23 June 2017
Final Report to Auditee	30 June 2017

## Follow Up Process

Where reportable audit findings are identified, the extent to which each recommendation has been implemented will be reviewed in accordance with estimated implementation dates outlined in the final report.

Evidence should be prepared and submitted to Audit in support of action taken to implement recommendations. Actions remain outstanding until suitable evidence is provided to close them down.

Monitoring of outstanding management actions is undertaken via monthly updates to the Chief Officer Edinburgh Health & Social Care Partnership and his Business Manager. The Business Manager liaises with service areas to ensure that updates and appropriate evidence are provided when required.

Details of outstanding actions are reported to the Governance, Risk & Best Value (GRBV) Committee on a quarterly basis.

## Appendix 1: Information Request

It would be helpful to have the following available prior to our audit or at the latest our first day of field work:

- Contract Management procedures.
- Performance templates / checklists.

This list is not intended to be exhaustive; we may require additional information during the audit which we will bring to your attention at the earliest opportunity.

# ***The City of Edinburgh Council***

## **Internal Audit**

**Asset Management Strategy**  
Final Report

9<sup>th</sup> November 2017

# Contents

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This internal audit review is conducted for the City of Edinburgh Council under the auspices of the 2017/8 internal audit plan approved by the Governance, Risk and Best Value Committee in March 2017. The review is designed to help the City of Edinburgh Council assess and refine its internal control environment. It is not designed or intended to be suitable for any other purpose and should not be relied upon for any other purpose. The City of Edinburgh Council accepts no responsibility for any such reliance and disclaims all liability in relation thereto.

The internal audit work and reporting has been performed in line with the requirements of the Public Sector Internal Audit Standards (PSIAS) and as a result is not designed or intended to comply with any other auditing standards.

Although there is a number of specific recommendations included in this report to strengthen internal control, it is management's responsibility to design, implement and maintain an effective control framework, and for the prevention and detection of irregularities and fraud. This is an essential part of the efficient management of the City of Edinburgh Council. Communication of the issues and weaknesses arising from this audit does not absolve management of this responsibility. High and Critical risk findings will be raised with senior management and elected members as appropriate

# 1. Background and Scope

## Background

In September 2015, the business case for a new Property and Asset Management strategy was approved by the Finance and Resources Committee. The proposals estimated delivery of circa £18M savings in the first four years with savings of circa £80M over a ten-year period, and aimed to:

- Create a credible, focused and sustainable delivery model for properties and facilities management.
- Provide a fit for purpose, right-sized, and safe estate.
- Provide an appropriate level of service at an acceptable and efficient cost, and
- Act in a commercial manner in pursuit of maximising value for the Council.

New property and asset management processes have been designed and are currently being implemented across the Council's Operational Estate and Investment property portfolios. An ongoing asset condition assessment process has also been implemented, with the first full set of property condition surveys scheduled to be completed by October 2017.

The Council property portfolio is split into Investments (properties that generate either sales or rental income) and Operational Estate (properties that are currently used to support provision of Council services).

Details of the properties, their condition and any sale or leasing arrangements are currently maintained on the Asset Information System (AIS), but will shortly be transferred across to the new Computer Aided Facility Management (CAFM) system which is in the process of being implemented. The CAFM system is being implemented in stages, with the first phase, Asset Condition, complete. The financial value of the Council's property portfolio is recorded in the Logotech system, held in the Finance division, which is fed by the information maintained in AIS.

## Scope

The scope of this review was to assess the design and operating effectiveness of the new property and asset management processes and controls, confirming that they support delivery of the strategy and mitigate the following key risks:

- Capital Asset Management (CLT)
- Health and Safety (CLT)
- Safety of Physical Estate (Resources)

*For the full terms of reference see [Appendix 2](#).*

## 2. Executive summary

### Total number of findings

Critical	-
High	-
Medium	3
Low	2
Advisory	1
<b>Total</b>	<b>6</b>

### Summary of findings

Our review has confirmed that progress is evident with implementation of the recommendations included in the September 2015 Property and Asset Management strategy.

Whilst some of the controls supporting implementation of the new asset management processes across the Investment and Estates portfolios are well designed and are operating effectively, there are some areas where controls could be enhanced, and documentation and record keeping improved.

Our main concerns relate to the potential security risks associated with sharing Council properties with third parties, and the health and safety risks associated with the potential delay in completion of repairs for properties in the Investment portfolio. We were also unable to obtain information requested on two properties in the Investment portfolio to support our testing, which highlights potential weaknesses with records management and archiving processes in addition to the lack of completeness of Investment property information maintained in the AIS system.


Consequently, three Medium; two Low; and one Advisory Findings have been raised. Our detailed findings are included at [Section 2: Detailed findings](#).

From the review, the following areas of good practice were identified:

- The decisions to sell assets are within delegated authority limits or approved by the Finance and Resources Committee.
- The remit and responsibilities of the Property Board was submitted to the Corporate Leadership Team and approved by the Property Board at the first meeting on the 8<sup>th</sup> of March 2017.
- A Detailed plan and engagement programme has been produced to support the Waverley Court restack.

## 2. Detailed findings

### 1. Visibility and Security of Shared Council Property

Findings	
<p>There are historic arrangements in place with external partner agencies such as the Police, or third sector organisations to share space in Council owned properties. However, most of these are not supported by formal lease agreements and rent is not consistently charged. These agreements were created by individual service areas and there is a lack of visibility of informal property sharing arrangements.</p> <p>As there is no visibility of external property sharing arrangements with external partner agencies, it is unclear whether appropriate security arrangements have been established to ensure Council assets and records are protected.</p> <p>Waverley Court is one of the key projects where the Council estate is currently shared with an external third party (CGI) with plans to generate additional rental income. Security arrangements for Waverley Court were developed by the Capital Projects Team and the design report, with costs and recommendations, was submitted to the Corporate Leadership Team in August 2017. It is essential to ensure that the new security arrangements are implemented prior to finalisation of the revised CGI lease.</p>	
Business Implication	Finding Rating
<p>Lack of visibility of the Council's shared estate arrangements and lack of formal security supporting them could result in the Council's assets and records being compromised.</p> <p>Additionally, there may be opportunity to derive additional rental income from these arrangements.</p>	 <p><b>Medium</b></p>

Action plans	
Recommendation	Responsible Officer
<ul style="list-style-type: none"> <li>A review of existing shared property arrangements should be completed to identify Council properties shared with external organisations.</li> <li>For shared properties identified, it should be established which buildings non-Council employees can access. Appropriate physical security arrangements should then be implemented to prevent Council assets and records from being compromised.</li> <li>Where formal rental agreements do not exist for shared properties they should be formalised and implemented (where appropriate) to maximise income generated from these arrangements.</li> </ul>	<p>Lindsay Glasgow, Strategic Asset Management Senior Manager</p>
Agreed Management Action	Estimated Implementation Date
<p>A review of the office estate is underway by the Operational Estates team to identify third party users and approach them to seek appropriate leases or licences to allow them to occupy the premises and ensure the Council is appropriately reimbursed.</p> <p>The Operational Estates team are also reviewing third sector tenancies across the Operational Estate. This will require the collation of information directly from establishments (who have traditionally made direct arrangements with third parties), to capture all instances and formalise these</p>	<p>31<sup>st</sup> October 2018</p> <p>31<sup>st</sup> October 2019</p>



arrangements. Given the size and complexity of this task, it is envisaged that this will take around two years to complete.

In addition, as part of our preparations for the forthcoming General Data Protection Regulation, the Information Governance Unit will be undertaking a series of physical reviews to identify any risks to Council information. The reviews will assess a number of controls and practices, including control of access to Council buildings, visitor supervision, confidential waste disposal, and how information is stored and displayed. Buildings from across the Council's estate have been identified with Facilities Management, with planned visits due to commence later this month. The review programme will run for an initial 12-month period. The Strategic Asset team will then implement any necessary adaptations to the buildings to introduce secure access.

31<sup>st</sup> October 2018

## 2. Investment Property Portfolio

### Findings

Our review of the controls established to support management of the investment property portfolio identified the following operational control gaps:

- Signed leases requested for 2 investment properties could not be located. Additionally, records held on AIS are not fully up to date for all properties in the investment portfolio.
- There is no centralised recording of inspections and repairs for investment property portfolio. Manual records of property inspections and repairs are held by surveyors. The Head of Service has advised that this due to resource constraints.
- No monitoring is performed to confirm that necessary repairs have been performed, with reliance placed on receiving invoices to ensure that repairs have been completed. The Head of Service has advised that this is due to resource constraints.
- The main key performance indicator (KPI) reported and monitored by the Investments team is the value of rental income received. No KPIs have been established to illustrate the percentage of the investment portfolio properties that are leased and those that are currently vacant. It is therefore not possible to determine whether rental or sales income generated across the portfolio has been optimised.
- One Royal Institute of Chartered Surveyors (RICS) Registered Valuer currently completes rent renewals and negotiations with tenants. Negotiations can be verbal and are not always documented. Resources do not permit two officers to be involved in all negotiations, however all rent revaluations and new leases are approved by an independent Investments Manager in line with applicable Council standing orders.

### Business Implication

- Records management procedures should be reviewed and refreshed to ensure that all files can either be located or retrieved from storage upon request.
- The Investments team should ensure that the AIS system is updated to include all current property details.
- Current and accurate property details cannot be extracted from the AIS system for the Investment property portfolio.
- Information on investment property condition may not be easily accessible, especially where surveyors have left the Council or are on long term sickness absence.

### Finding Rating

**Medium**

- Risk that delayed completion of repairs is not identified where invoices are not received.
- Failure to record the need for essential repairs and ensure they are completed will increase the risk of occurrence of health and safety related incidents
- Risk that a property could remain vacant for a significant period and that potential rental income is not optimised.

## Action plans

### Recommendation

### Responsible Officer

- Property inspections and repairs for investment properties should be recorded centrally to allow this information to be accessed when required.
- Records in the AIS system should be reviewed to ensure the information recorded for each property is up to date, complete and accurate.
- Monitoring of repairs across the Investment property portfolio should be implemented to confirm that essential repairs are completed in a timely manner.
- Guidance should be produced on the acceptable timelines for agreeing new leases on rental properties.
- The KPIs reported by the Investment Team should be reviewed to include a specific KPI in relation to the percentage of the portfolio that has been leased.
- Investment properties which have been vacant for more than six months should be reviewed to ascertain if other options would maximise returns.

Graeme McGartland,  
Investments Senior  
Manager

### Agreed Management Action

### Estimated Implementation Date

- All property inspections will now be recorded and placed on file with immediate effect. Notes of repairs and inspection notes for properties will be added to AIS system
- A full review of the AIS data will be undertaken by all staff in the Investment team to ensure records are up to date.
- Monitoring of repairs will now be routine and an inspection carried out when the invoice is received prior to payment. Tenants are generally on full repairing and insuring leases and therefore repairs etc will be identified during either interim or final dilapidation investigations. Structural survey exercise is also looking at investment portfolio.
- Void rates on commercial property has been introduced as one of eleven KPI by Strategy and Insight and reported to RMT monthly
- A guidance good practice note will be prepared on timeline for dealing with the reletting and negotiation of new leases, this will include process for an options appraisal of properties that have been vacant for more than 6 months.

22<sup>nd</sup> December 2017

22<sup>nd</sup> December 2017

22<sup>nd</sup> December 2017

22<sup>nd</sup> December 2017

22<sup>nd</sup> December 2017

### 3. Estates Property Portfolio

#### Findings

The Property and Asset Management strategy presented to the Finance and Resources Committee in September 2015 introduced the concept of the corporate landlord. The actions required to develop the concept are still in progress. These include development, finalisation and implementation of:

- Terms of reference for the recently established Asset Investment Groups.
- The content of management information packs to be provided to Localities Leadership teams.
- Finalisation of locality property requirements.
- The process supporting, and responsibilities for, preparation of business cases for all new property development requests for submission to Asset Investment Groups and the Property Board.
- Fully indexed property lifecycle costs across the portfolio.
- A process for receipt, assessment, and prioritisation of requests for property space from Service Areas.

Whilst there is clear evidence of progress in each of these areas, there is no defined project plan or roadmap to support delivery and oversight of the remaining Operational Estate aspects of the wider property and asset management strategy.

#### Business Implication

Progress with implementation of the Operational Estate aspects of the property and asset management strategy cannot be formally monitored or tracked.

#### Finding Rating

**Medium**

#### Action plans

##### Recommendation

- A project plan or roadmap detailing the remaining Operational Estate actions and timeframes for completion should be prepared.
- The plan will also record those areas where implementation is dependent on completion of actions by other Service Areas.
- Regular progress updates against plan will be provided at appropriate governance forums. This could include Senior Management meetings; Asset Management Strategy project meetings; or the Property Board

##### Responsible Officer

Lindsay Glasgow,  
Strategic Asset  
Management Senior  
Manager

##### Agreed Management Action

- A project plan for the development of this information, bringing together the various on-going strands of work will be produced. This will set out dependencies (including other service areas) and risks, and will be incorporated within the Property Board governance with regular updates. It is also proposed to present this monthly to the Asset Management Strategy Board. This plan will reflect completion dates for the following:
- The remit for the Asset Investment Groups has been drafted and is in the process of being approved at each departmental AIG meeting.
- Base data and analysis for life cycle costing for the pipeline estate is nearing completion and the next step is to apply inflation. This information will be stored in a FAST model, developed with Finance, to allow scenario planning.

##### Estimated Implementation Date

22<sup>nd</sup> December 2017

22<sup>nd</sup> December 2017

22<sup>nd</sup> December 2017

- The identification of locality office accommodation requirements is mid-way through a two-month assessment, with requirements identify by the end of October and detailed models to be completed in November.
- A change request process for property changes has been developed and will be implemented in tandem with the 'go-live' date of the FM review.
- The first business cases for new property investment for the 2018/19 budget are currently being developed and are expected to be completed in December 2017.

22<sup>nd</sup> December 2017

29<sup>th</sup> December 2017

29<sup>th</sup> December 2017

#### 4. Property Condition surveys

##### Findings

The contractual agreement between the Council and Faithful and Gould specifies that a target of 10% of the condition surveys completed by Faithful and Gould's external surveyors are to be reviewed by the Council to confirm that the quality of surveys meets Council expectations. To date circa 5% of condition surveys completed by the external contractor have been reviewed.

Although the surveys sampled and reviewed by the Council have found the surveys to be thorough and the reported costs realistic, issues have been noted regarding the categorisation of property condition findings.

Condition surveys completed by the Council use a team of three fabric surveyors and two Mechanical and Electrical surveyors. The lead officer inputs the results into the Computer Aided Facility Management (CAFM) system. The quality of the survey details recorded and captured in the system is then independently verified by another surveyor. However, due to resource constraints, the officer performing the verification may be part of the original survey team.

##### Business Implication

Insufficient independent oversight of surveys performed by third parties and Council employees could result in failure to identify issues with quality or the estimated cost of repairs.

##### Finding Rating

Low

##### Action plans

##### Recommendation

- The volume of independent review of third party surveyors performed by the Council should be increased to meet the 10% target to ensure that any system issues with the quality of the surveys is identified and resolved.
- The review performed should ensure that survey grade applied (on a scale of A to D) accurately reflects the condition of the property and the costs associated with the repair.

##### Responsible Officer

Lindsay Glasgow,  
Strategic Asset  
Management Senior  
Manager

##### Agreed Management Action

##### Estimated Implementation Date

Surveys were completed in mid-September 2017, with the quality assurance process well underway. Any surveys identified as inconsistent between identified costs and condition grade are being returned to the third party for further assessment. This has resulted in instances where the condition grade has been adjusted to reflect the level of spend required. A full 10%

22<sup>nd</sup> December 2017

sample will be completed, along with scrutiny of any other obvious anomalies.

## 5. Accuracy of Data in Core Systems

### Findings

The Asset Information System (AIS) maintains records of the Council's full property portfolio, but does not have the functionality to record the allocation of the properties between the investment or estate portfolios.

The Logotech system used by finance is populated from the AIS system maintained by corporate property. The AIS system is currently being replaced on a staged basis by the Computer Aided Facility Management (CAFM) system. The expectation is that the data source for Logotech will transfer from AIS to CAFM when the relevant CAFM module is available.

### Business Implication

- Risk that the full property portfolio has not been accurately allocated to either the Investments or Operational Estate portfolio, and that unallocated properties are not effectively managed.
- Risk that the AIS, CAFM and Logotech systems are not fully and accurately populated with details of the Council's property portfolio, with a potential impact on the value of fixed assets included in the financial statements.

### Finding Rating

Low

### Action plans

#### Recommendation

- A review of the properties recorded on AIS should be performed to confirm that the full estate has been allocated to either the Investments or Operational Estate property portfolio.
- Prior to the transfer of the source data feed from AIS to CAFM, it should be confirmed that the CAFM system includes the full population of property data, with the correct allocation of properties between the estates or investment portfolios.
- A reconciliation between the property data recorded in the AIS and CAFM systems should be performed to confirm completeness of the property data held in CAFM and ensure that Logotech accurately reflects the value of the entire Council estate

#### Responsible Officer

Lindsay Glasgow,  
Strategic Asset  
Management Senior  
Manager /  
Andrew Field, Senior  
Manager, Properties and  
Facilities Management

#### Agreed Management Action

The majority of assets have been ascribed to either Investments or Operational Estates. There remain a number that are more difficult to categorise and it is proposed that the two teams will meet to apportion these to the correct team by Christmas 2017. This extra information will be added to the AIS system, which will subsequently feed CAFM when the data is migrated from AIS to CAFM.

The implementation plan for CAFM will include a quality assurance process to ensure that all data is correctly aligned between systems, in order to feed the Logotech system with complete details of the entire Council property

#### Estimated Implementation Date

29<sup>th</sup> December 2017

28<sup>th</sup> December 2018

base. The timing of this relates to the go-live date of this module of CAFM. In the meantime, the full Council database continues to be held on AIS.

## 6. Out of hours property hire and leasing arrangements.

### Findings

It has been identified that there may be a lack of oversight regarding security arrangements supporting the let of Council property for out of hours' leases (for example, hire of school halls for evening community lets).

It is understood that a draft Facilities Management Service Level Agreement is currently being prepared that will include provision of security and janitorial services.

### Business Implication

If Council properties do not have appropriate internal security arrangements in place, the Council's assets and records could be compromised due to out of hours letting arrangements.

### Finding Rating

**Advisory**

### Action plans

#### Recommendation

The Facilities Management SLA should specify the minimum security arrangements required to support out of hours lets of Council properties and protect Council assets and records.

#### Responsible Officer

Andrew Field, Senior Manager, Properties and Facilities Management

#### Agreed Management Action

The SLA – and accompanying Services Portfolio Matrix (SPM) – will detail the requirement for security staff to have a thorough understanding of the layout, working and management knowledge of each building and its functionality.

These will be managed and monitored through the static patrols or through the key holding alarm response mobile unit. Where applicable CCTV will also relay back to the control room.

#### Estimated Implementation Date

The SLA will be approved with Children & Families in early November 2017 with an implementation date of February 2018

# Appendix 1 - Basis of our classifications

Finding rating	Assessment rationale
<b>Critical</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Critical</b> impact on operational performance; or</li> <li>• <b>Critical</b> monetary or financial statement impact; or</li> <li>• <b>Critical</b> breach in laws and regulations that could result in material fines or consequences; or</li> <li>• <b>Critical</b> impact on the reputation or brand of the organisation which could threaten its future viability.</li> </ul>
<b>High</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Significant</b> impact on operational performance; or</li> <li>• <b>Significant</b> monetary or financial statement impact; or</li> <li>• <b>Significant</b> breach in laws and regulations resulting in significant fines and consequences; or</li> <li>• <b>Significant</b> impact on the reputation or brand of the organisation.</li> </ul>
<b>Medium</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Moderate</b> impact on operational performance; or</li> <li>• <b>Moderate</b> monetary or financial statement impact; or</li> <li>• <b>Moderate</b> breach in laws and regulations resulting in fines and consequences; or</li> <li>• <b>Moderate</b> impact on the reputation or brand of the organisation.</li> </ul>
<b>Low</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Minor</b> impact on the organisation's operational performance; or</li> <li>• <b>Minor</b> monetary or financial statement impact; or</li> <li>• <b>Minor</b> breach in laws and regulations with limited consequences; or</li> <li>• <b>Minor</b> impact on the reputation of the organisation.</li> </ul>
<b>Advisory</b>	<p>A finding that does not have a risk impact but has been raised to highlight areas of inefficiencies or good practice.</p>

# Appendix 2 – Terms of Reference

## Terms of Reference – Property and Asset Management Strategy

To: Stephen Moir, Executive Director of Resources

From: Lesley Newdall, Chief Internal Auditor

Date: 19<sup>th</sup> July 2017

Cc: Peter Watton, Head of Property and Facilities Management

This review is being undertaken as part of the 2017/18 internal audit plan approved by the Governance, Risk and Best Value Committee in March 2017.

### Background

In September 2015, the business case for a new Property and Asset Management strategy was approved by the Finance and Resources Committee. The proposals estimated delivery of circa £18M savings in the first four years with savings of circa £80M over a ten-year period, and aimed to:

- Create a credible, focused and sustainable delivery model for properties and facilities management.
- Provide a fit for purpose, right-sized, and safe estate.
- Provide an appropriate level of service at an acceptable and efficient cost, and
- Act in a commercial manner in pursuit of maximising value for the Council.

New property and asset management processes have been designed and are currently being implemented for the Council's Estates and Investment portfolios. An ongoing the asset condition assessment process is has also been implemented, with the first full set of property condition surveys scheduled to complete by October 2017.

### Scope

The scope of this review will be to assess the design and operating effectiveness of the new property and asset management processes and controls, confirming that they support delivery of the strategy and mitigate the following key risks:

- Capital Asset Management (CLT)
- Safety of Physical Estate (Resources)

### Approach

Our audit approach is as follows:

- Obtain an understanding of progress towards implementation of the new processes and controls through discussions with key personnel, review of systems documentation and walkthrough tests.
- Identify the key risks and controls.
- Evaluate the design of the controls in place to address the key risks, and
- Test the operating effectiveness of the key controls where these have been implemented.

### Specific Objectives



Sub-process	Control Objectives
Investments	<p>For the investment property portfolio, confirm that:</p> <ul style="list-style-type: none"> <li>• A full list of all properties is maintained</li> <li>• All vacant properties are either in the process of being leased, sold, or transferred across to housing stock.</li> <li>• An assessment of the condition of all vacant properties has been performed.</li> <li>• An appropriate repairs and maintenance programme has been established to maintain all vacant buildings.</li> <li>• Progress against financial plan is regularly monitored.</li> </ul> <p>For leased properties in the investment portfolio, confirm that:</p> <ul style="list-style-type: none"> <li>• Decision to lease is fully documented and approved.</li> <li>• All leases recently renewed have been subject to appropriate rent increases that are aligned with market rates</li> <li>• A plan has been prepared to ensure that all future lease renewals will be subject to a rent review prior to finalisation of lease.</li> <li>• All rental and lease agreements have been approved in line with applicable standing orders / delegated authorities (note: any leases in excess of 5 years and £50K income must be approved by the Finance and Resources Committee).</li> <li>• Leases have been prepared by Legal and signed copies are retained.</li> <li>• A plan has been prepared to perform annual checks of the condition of all leased units, with appropriate action taken to ensure where significant maintenance requirements are addressed by the lessee.</li> </ul> <p>For properties currently marketed for sale or recently disposed confirm that:</p> <ul style="list-style-type: none"> <li>• The decision to sell has been formally documented</li> <li>• There is sufficient evidence to confirm that the properties are advertised at market rate</li> <li>• Any decreases in selling price are appropriately documented</li> <li>• The highest bid is consistently accepted and evidence of all offers retained. Where the highest bid is not accepted, rationale has been documented and approved.</li> </ul>
Estates	<p>Assess progress with the implementation of</p> <ul style="list-style-type: none"> <li>• Maintenance of a full list of all Council estates maintained.</li> <li>• A formal term of reference detailing the role, and responsibilities of, and attendees at the Asset Investment Groups and the Council's Property Board.</li> <li>• A plan to agree estate requirements with locality committees by December 2017, with progress monitored and reported to the Asset Investment Groups.</li> <li>• A process to receive and address all requests for space from Service Areas and localities (including linkage with ICT in relation to Technology requirements) and prepare demand strategies for agreement with Asset Investment Groups.</li> <li>• Creation of Estate demand strategies that consider the requirements of the Local Development Plan.</li> </ul>

	<ul style="list-style-type: none"> <li>Formal approval of all Estates decisions by the Asset Investment Group prior to preparation of business cases for submission to the Property Board. All decisions are formally minuted.</li> <li>Accurate calculation of property lifecycle costs and inclusion in business cases for all new developments approved by the Property Board. All Property Board decisions are minuted.</li> <li>Accurate calculation of Property lifecycle costs for all existing properties included in the Estates portfolio, and clear definition of ongoing maintenance responsibilities.</li> <li>Lease agreements with rents agreed at market rate for leased properties and based on 'cost of desks' for shared properties.</li> <li>Approval of rental and lease agreements in line with applicable standing orders / delegated authorities (note: any leases in excess of 5 years and £50K income must be approved by the Finance and Resources Committee).</li> <li>Preparation of Leases have been prepared by Legal with signed copies are retained.</li> <li>Establishing appropriate physical security arrangements have been for shared properties.</li> <li>Preparing a detailed plan to support the Waverley Court restack, with progress updates reported to Senior Management.</li> </ul>
Asset Condition	<p>Confirm that:</p> <ul style="list-style-type: none"> <li>Sufficient progress is evident to ensure completion of all asset condition surveys by October 2017.</li> <li>Asset condition and associated repair costs are completely and accurately recorded for all properties.</li> <li>Cumulative repair costs are being monitored and with funding gaps identified and reported to Senior Management and Finance and Resources Committee.</li> </ul>
Follow-up	<ul style="list-style-type: none"> <li>Confirm that sufficient progress is evident with the Internal Audit findings raised in the Facilities Management (Transformation Programme) and Property Maintenance audits.</li> </ul>

### Limitations of Scope

The scope of our review is outlined above. There will be limited focus on Facilities Management given the two audits (Facilities Management Transformation Programme and Property Maintenance) completed in January and February 2017.

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### Internal Audit Team

Name	Role	Contact Details
Lesley Newdall	Chief Internal Auditor	0131 429 3216
Dheeraj Shekhar	Auditor (PwC)	07753 458 625

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### Key Contacts

The City of Edinburgh Council  
Internal Audit Report – Asset Strategy Management (RES1712)

<b>Name</b>	<b>Role</b>	<b>Contact Details</b>
Peter Watton	Head of Property and Facilities Management	0131 529 5962
Rob Leech	Programme Manager, Property and Asset Management	'robleech@anturasconsulting.com'
Crawford McGhie	Acting Head of Operational Support (School Estates Planning)	0131 469 3149
Lindsay Glasgow	Asset Strategy Manager	0131 469 3312
John Clarke	Estates Group Leader	0131 469 3338
Lisa Goldie	Estate Optimisation Manager	0131 529 7834
Graeme McGartland	Investments Senior Manager	0131 529 5956
Murdo MacLeod	Technical Operations Manager, Facilities Management	0131 529 5436

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### **Timetable**

Fieldwork Start	17 July 2017
Fieldwork Completed	28 July 2017
Draft report to Management	8 August 2017
Receipt of Management Responses	22 August 2017
Final Report Issued	31 August 2017

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### **Follow Up Process**

Where reportable audit findings are identified, the extent to which each recommendation has been implemented will be reviewed in accordance with estimated implementation dates outlined in the final report.

Evidence should be prepared and submitted to Audit in support of action taken to implement recommendations. Actions remain outstanding until suitable evidence is provided to close them down.

Monitoring of outstanding management actions is undertaken via monthly updates to the Director and his executive assistant. The executive assistant liaises with service areas to ensure that updates and appropriate evidence are provided when required.

Details of outstanding actions are reported to the Governance, Risk & Best Value (GRBV)

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# Report

## Edinburgh Integration Joint Board Accounts 2017/18

### Edinburgh Integration Joint Board

28 September 2018



## Executive Summary

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1. This paper presents the 2017/18 annual accounts for the Edinburgh Integration Joint Board (EIJB). These are being presented to the EIJB for approval following scrutiny by the Audit and Risk Committee on 7 September 2018.

## Recommendations

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2. The Edinburgh Integration Joint Board is asked to:
  - i. approve and adopt the annual accounts for 2017/18
  - ii. delegate authority to the the Chief Finance Officer to resolve and amend any minor textual issues in the annual report up to the date of sign off with Audit Scotland
  - iii. authorise the designated signatories (Chair, Chief Officer and Chief Finance Officer) to sign the annual report and accounts on behalf of the EIJB
  - iv. authorise the Chief Finance Officer to sign the representation letter to the auditors on behalf of the EIJB

## Background

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3. Integration Joint Boards are required to produce annual accounts. Draft financial statements were presented to the June meetings of the Audit and Risk Committee and the EIJB and have been subject to audit scrutiny over the summer months.
4. This process has now concluded and the final accounts were presented to the Audit and Risk Committee on 7 September 2018. Sign off by the EIJB is the final step in the approval process.

## Main report

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5. It is the responsibility of the Chief Financial Officer, as the appointed “proper officer”, to prepare the financial statements in accordance with relevant legislation and the Code of Practice on Local Authority Accounting in the United Kingdom.
6. In accordance with this guidance, draft financial statements were produced and presented to the Audit and Risk Committee and the IJB on 1 and 15 June 2018 respectively.
7. Over the summer months these were considered by Scott-Moncrieff, the appointed external auditors. This work has concluded and they are now in a position to give a proposed independent opinion on the financial statements and report on the arrangements in place to ensure the proper conduct of financial affairs and to manage performance and use of resources.

### **Audit and completion**

8. The financial statements for the IJB for 2017/18 are attached as appendix 1 to this report. These reflect several minor changes to reflect issues identified through the audit process. Scott-Moncrieff intend to issue an unqualified opinion on the accounts.
9. The proposed Annual Audit Report from Scott-Moncrieff is attached at appendix 2. It should be noted that, following review by the EIJB, there may be minor changes to the textual content from that of the circulated version. It is proposed that any such minor amendments be negotiated and agreed by the Chief Finance Officer up to the date the accounts are signed by the auditors.

### **Representation letter**

10. International Standard on Auditing (ISA 580) requires external auditors to obtain written confirmation of representations received from management on matters material to the financial statements when other sufficient audit evidence cannot reasonably be expected to exist, before their audit report on the annual report & accounts is issued. A draft letter of representation is included at appendix 3.

### **Internal audit opinion**

11. The Chief Internal Auditor has produced an “Internal Audit Annual Opinion 2017/18” for the EIJB based on activity undertaken for the financial year ended 31 March 2018. This was presented to and discussed by the Audit and Risk Committee on 23rd July 2018 and is a separate item on today’s agenda.

12. This opinion is based on the outcomes of three audits included in the EIJB 2017/18 internal audit annual plan; the outcomes of relevant Partnership reports referred to the EIJB by the Council's Governance, Risk, and Best Value Committee and the NHS Lothian Audit Committee; and the status of open internal audit findings. It states:

*“Internal Audit considers that significant enhancements are required to the EIJB control environment and governance and risk management frameworks and is therefore reporting a ‘red’ rated opinion, with our assessment towards the middle of this category”.*

## Key risks

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13. Key risks are set out in the internal audit opinion which is a separate paper on today's agenda.

## Financial implications

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14. The financial results deal principally with the financial governance on operational management of existing resources and no resource implications arise specifically from this report.

## Implications for directions

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15. There are no implications for directions.

## Equalities implications

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16. There are no equalities implications arising from this report.

## Sustainability implications

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

## Involving people

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18. The draft financial statements have been produced with the support and co-operation of both the Council and NHS Lothian personnel.

## Impact on plans of other parties

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19. As above.

## Background reading/references

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20. None.

## Report author

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**Judith Proctor**

**Chief Officer, Edinburgh Health and Social Care Partnership**

Contact: Moira Pringle, Chief Finance Officer

E-mail: [moira.pringle@nhslothian.scot.nhs.uk](mailto:moira.pringle@nhslothian.scot.nhs.uk) | Tel: 0131 469 3867

## Appendices

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<b>Appendix 1</b>	Edinburgh Integration Joint Board Annual Accounts 2017/18
<b>Appendix 2</b>	2017/18 Annual Audit Report to the Board and the Accounts Commission for Scotland
<b>Appendix 3</b>	Letter of representation



# Edinburgh Integration Joint Board

Annual Accounts 2017/18



The Annual Accounts of Edinburgh Integration Joint Board for the year ended 31 March 2018, prepared pursuant to Section 105 of the Local Government (Scotland) Act 1973 and in accordance with the terms of the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2017/18 and Service Reporting Code of Practice.

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## MANAGEMENT COMMENTARY

### Introduction

This management commentary provides an overview of the key messages relating to the objectives and strategy of the Edinburgh Integration Joint Board (EIJB). It considers our financial performance for the year ended 31<sup>st</sup> March 2018 and gives an indication of the issues and risks which may impact upon our finances in the future.

### Role and remit

EIJB was established as a body corporate by order of Scottish Ministers on 27<sup>th</sup> June 2015 under the Public Bodies (Joint Working) (Scotland) Act 2014. As a separate and distinct legal entity from City of Edinburgh Council and NHS Lothian, we are responsible for planning the future direction of and overseeing the operational delivery of integrated health and social care services for the citizens of Edinburgh. These services are largely delivered by the Edinburgh Health and Social Care Partnership (the Partnership) although some are managed by NHS Lothian on our behalf. These are referred to as “hosted” or “set aside” services. The arrangements for EIJB’s operation, remit and governance are set out in the integration scheme which has been approved by the City of Edinburgh Council, NHS Lothian and the Scottish Government.

EIJB meets monthly and has ten voting members: five elected members appointed by City of Edinburgh Council; and five NHS Lothian non-executive directors appointed by NHS Lothian. Non-voting members of the Board include the EIJB Chief Officer, Chief Finance Officer, representatives from the third sector and citizen members. Service and staffing representatives are also on the Board as advisory members.

2017/18 was our second year of operation and we saw a number of changes in the management and governance arrangements with the departure of the EIJB Chief Officer and the establishment of a new interim senior management team as well as a number of changes in voting members following local elections and some new members being appointed by NHS Lothian.

### Strategic Plan

Edinburgh’s population of almost half a million, accounts for 9% of the total population of Scotland and is projected to increase faster than any other area of the country; with a higher rate of growth in some age groups than others. Whilst this growth has many social and economic advantages, it also presents challenges. Although a relatively affluent city, Edinburgh has areas of significant inequality and ‘deprivation’ and one of our key priorities is to lead, where possible, on tackling health and social inequalities.

We are now in the second year of implementing our 3-year strategic plan which was approved by the Board on 11<sup>th</sup> March 2016. This plan, which is due for renewal by April 2019, sets out how the health and social care services delegated by the City of Edinburgh Council and NHS Lothian will be developed and changed over the three years from April 2016 using the resources available to meet the changing needs of the population and achieve better outcomes for people. Using our budget of around £700 million, delegated from NHS Lothian and the City of Edinburgh Council, we fund community health and social care services, including GP practices and some elements of acute hospital services.

We intend to deliver our vision for a caring, healthier and safer Edinburgh through taking actions to transform how Council and NHS services and staff teams work together, with other partners, those who use services and communities. Our key priorities (as set out in the strategic plan) and 12 areas of focus to deliver these are shown in the diagram below:



Recognising that certain areas of activity require immediate attention, given their mission criticality, the interim management team for the Partnership committed to bringing greater clarity and focus to the activities of the Partnership, with an emphasis on performance, quality and finance. These immediate priorities are reflected in the “Statement of Intent” which has been shared with the EIJB as well as staff throughout the Partnership. The statement highlighted 7 priorities for the remainder of the financial year and into early 2018/19, these are summarised in the diagram below:



Developing strategies was one of these priorities and consequently the outline strategic commissioning plans were produced for 5 client groups: learning disabilities; mental health; physical disabilities; older people; and primary care. These, supported by a number of cross cutting themes were approved by EIJB in early 2018 and will form the basis for ongoing development of plans which, in turn will inform the new strategic plan.

### Operational Review

We published our second annual performance report at the end of July 2018 which provides a review of the progress both EIJB and the Partnership made during 2017/18 in terms of:

- delivery against the six priorities in our strategic plan 2016-19;
- delivery against the National Health and Wellbeing Outcomes;
- working at a locality level across North West, North East, South West and South East Edinburgh; and
- our financial performance.

The performance report recognises that our performance over the last financial year has been mixed. We still have significant challenges providing 'the right care, in the right place at the right time' with far too many people waiting far too long to have their needs assessed and start receiving the care and support they need. People are also waiting too long in hospital when they are ready to be discharged. These are both areas we have prioritised for improvement and development.

However, there are some areas where we perform well; our performance in reducing emergency admissions to hospital and treating people in the community remains strong and when people do receive services, they are generally happy with them. In particular, the percentage of people who rated the care they received as excellent or good when responding to the Health and Care Experience Survey had increased slightly from the previous survey undertaken two years ago.

We also recognise that the previous year was a challenging one for both EIJB and the Partnership with significant changes in the senior management team. However, the commitment and dedication of the workforce; and the willingness of our partners in the third, independent and housing sectors to support us in tackling the significant challenges we face in terms of increasing demand for services, financial constraint and recruiting to caring roles in Edinburgh city as a result of virtually full employment continues to be impressive. Our new management arrangements will take time to develop but we have a clear focus on the change we want to oversee and the improvement we want to make.

It is also clear that whilst our performance is far from where we want it to be there have been some noticeable improvements in the last six months of the last financial year and first three months of the current year in terms of the number of people waiting for assessments and the length of wait. There are also some very positive developments underway that will strengthen community capacity (Community Link Workers), reinvigorate our approach to self-directed support (good conversations training) and improve support for carers (North West pilot). You can find out more about each of these initiatives in the full report which can be accessed via this link:

[http://www.edinburgh.gov.uk/transformedinburgh/downloads/file/185/annual\\_performance\\_report\\_2017-18](http://www.edinburgh.gov.uk/transformedinburgh/downloads/file/185/annual_performance_report_2017-18)

## Annual Accounts 2018/19

The annual accounts report the financial performance of EIJB. The main purpose is to demonstrate the stewardship of the public funds that have been entrusted to us for the delivery of our vision and strategic priorities. The requirements governing the format and content of IJBs' annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code). These annual accounts have been prepared in accordance with this Code.

## Financial Performance

The financial plan sets out how we will ensure our limited resources are targeted to maximise the contribution to our objectives. A financial assurance process was undertaken on the 2017/18 funding contributions made available by NHS Lothian and the City of Edinburgh Council. Through this process a savings requirement of £20.5m against projected income of £615.0m was identified. Funding adjustments during the year increased this budget to £709.5m.

EIJB's financial performance for the year is presented in the comprehensive income and expenditure statement, which can be seen on page 23. The balance sheet (page 24) is also presented and sets out the liabilities and assets at 31<sup>st</sup> March 2018.

For the year we are reporting a surplus of £4.7m which brings the total value of the EIJB's reserve to £8.4m. this reserve, £6.5m is "ringfenced" (i.e. set aside for specific purposes), including supporting the "Short Term Improvement Measures" and the "Plan for Immediate Pressures and Longer-Term Sustainability" agreed by the IJB in November 2017 and May 2018 respectively. Material earmarked balances include:

- Assessment and review backlog - £4.4m

- Supporting care at home capacity - £1.8m
- Telecare - £0.6m
- Grants programme review - £0.4m

The in-year surplus was only achieved by both the City of Edinburgh Council and NHS Lothian agreeing additional one off contributions to EIJB: £7.2m from the Council and £4.9m from NHS Lothian. These additional payments reflected some of the significant and long standing financial pressures we face, notably:

- **Care at home** continues to be the single most significant financial challenge facing the IJB with a reported in year overspend of £7m. Demographic factors continue to drive demand for these services, as this is also evidenced in the continuing growth in direct payments and individual service funds. This level of overspend is in line with financial projections reported throughout the year and has been factored into the baseline position for budget planning for the next financial year. However, as was the case in 17/18, the 18/19 financial plan is predicated on this growth being offset, at least to some extent, by delivery of savings. Whilst the savings programme is continuing to build momentum, achievement in 17/18 fell well short of target and, as such, a focus on delivery forms a key cornerstone of the financial strategy for 18/19;
- **Prescribing** remains the most significant single financial issue facing delegated NHS services. Similar pressures are evident across Scotland, with short supply and high value drugs offsetting lower than anticipated growth in volumes. Pressures on the GP prescribing budget gave rise to an in year overspend of £2.1 million. Significant efforts have been taken to improve this for 2018/19, including prioritisation of additional funding and the continuation of the pan Lothian effective prescribing fund of £2 million;
- Delivery of **savings and recovery plans** remains a challenge with only a marginal contribution was made towards the Council's transformational savings in 2017/18. Equally, NHS service budgets include elements of unachieved savings carried forward from previous years and not delivered in year. Consequently, this will impact on the 2018/19 financial plan; and
- NHS Lothian **set aside** budgets overspent by £2.4m in the year. Junior doctors is the most significant contributory factor where non-compliant rotas are driving costs upwards. Overall set aside now equates to approximately 50% of the overall NHS position and is clearly an issue which requires to be addressed in partnership with NHS Lothian in 2018/19.

It will be important moving forward to 2018/19 and future years that expenditure is managed within the financial resources available and this will require close partnership working between EIJB as service commissioner and the City of Edinburgh Council and NHS Lothian as providers of services.

### Financial Outlook, Risks and Plans for the Future

Like many other public sector organisations, we face significant financial challenges and, due to the continuing difficult national economic outlook and increasing demand for services, will need to operate within tight fiscal constraints for the foreseeable future. Pressures on public sector expenditure are expected to continue, both at a UK and Scottish level, meaning NHS Lothian and City of Edinburgh Council will face continued funding pressures for the foreseeable future. This in turn will impact on their ability to resource the functions delegated to the IJB. In this financial climate, EIJB recognises that returning to a balanced position will require major redesign of services, radical changes in thinking and approach, and the involvement of all partners and stakeholders.

Many of the considerable challenges we face have significant financial consequences and we face a complex landscape of interconnected risks. Examples include:

- increased demand for services alongside reducing resources;
- impact of demographic changes;
- delays in accessing appropriate services, including social care assessments, reviews and timely discharge from hospital;
- impact of welfare reform on the residents of Edinburgh;
- impact of the living wage and other nationally agreed policies;
- risk that the savings programme does not deliver within the required timescales or achieve the desired outcomes; and
- costs associated with meeting new legislative requirements without adequate resources being put in place.

These risks mean that money is tighter than ever before. It is therefore crucial that we focus on early intervention, prevention and recovery if we are to work within the total annual budget of just over £700 million. Moving into 2018/19, we are working to proactively address the funding challenges presented while, at the same time, providing services for the residents of Edinburgh.

We have identified eight key categories across each of which sustained change is required to achieve the ambitions of the IJB and linked these to actions required in the short, medium and longer term to achieve sustained improvement, given the known demographics of need and likely future resource constraints.

**1. Prevention** – we need a sustained and meaningful shift of attention and resources towards preventative and early intervention activity that will reduce dependency on acute services and crisis support. Without such a shift, the care and support system as we know it will be unsustainable in the near future, overwhelmed by higher and higher levels of acute need.

**2. Wider cultural change** – our traditional model of health and social care support is based on expectations that formal care will be provided largely by public services, as part of a long-standing social contract, based on taxation contributions in exchange for universal benefits. Whereas the public funding envelope has reduced significantly in recent years, public expectations regarding the level and standard of provision have not reduced to the same extent. We need to begin a ‘big conversation’ with stakeholders about what it is realistic to expect in terms of public service support, and what might be a reasonable contribution to people’s care from individuals, their relatives, their neighbours and their communities.

**3. A reduction** is required in the volume of demand and expectation that is generated from initial requests for assistance. We need to redesign the system to create opportunities at each stage in the process for people to receive the right information or support at the right time.

**4.** This will reduce the **volume** of people waiting for an assessment; it will increase satisfaction rates because people will be able to access relevant and appropriate help either directly or much faster. It will speed up our response times, reduce ‘false positives’ and align the need for formal care more closely with its availability. This will leave a smaller volume of higher level need for formal care at home, residential and nursing provision, or other specialist care. This smaller volume will allow us to commission higher quality care at a market rate that ensures both capacity and sustainability.

5. This change of landscape must be complemented by a **redesign** of some of our internal, high cost, direct care services. These include Hospital at Home, Reablement, Intermediate Care, and other similar intensive support, including emergency responses.

6. **Workforce development:** effective integration requires a focus on organisational development, leadership and support for staff groups who are being asked to work in a new environment. Health and social care job demand is projected to rise; however, similar growth is forecast in the retail and hospitality sectors, and competition for the low paid workforce between sectors is likely to become fiercer. Edinburgh is already carrying significant recruitment and retention challenges in respect of adult social care. Without radical renegotiation and redesign, we will not have the people to deliver the type and level of care that citizens expect.

7. Our ability to focus on these critical and transformational priorities is dependent not only on financial resources and a timetabled, monitored action plan, but also requires adequate **business support, processes and IT infrastructure**. Further work to develop appropriate support mechanisms is required to be progressed with our partners.

8. **Professional/clinical governance and quality** – the integration of staff groups with different employers, terms and conditions and professional backgrounds, requires careful consideration of a range of HR issues and governance arrangements. Each professional group is subject to the registration requirements of a different governing body and to that body’s code of conduct. Notwithstanding these different expectations, the principles of integration require the seamless delivery of coherent, coordinated services.

Linked to the above and emerging from the outline strategic commissioning plans our priorities include:

<b>For people with a learning disability:</b>	<b>For people with mental health issues:</b>
<ul style="list-style-type: none"> <li>• The redesign of the Royal Edinburgh Hospital will require 19 community placements (18 already commissioned); in addition, 15 beds for assessment and treatment will be commissioned from NHS Lothian.</li> <li>• Taking a whole life approach that improves earlier intervention in childhood for people with behaviours that are challenging, and the development of smoother transitions from children to adult services.</li> <li>• Adopting an ‘Ageing in Place’ strategy, which will promote awareness of disability issues in older people’s services and aging issues amongst learning disability services.</li> <li>• Strengthening services that can support people with more complex behavioural or forensic needs in the community, which will lead to the development of four ‘locality</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention – Place-based and person-centred life course approach improving outcomes, population health and health inequalities</li> <li>• Access – Responsive and clear access arrangements connecting people to the support they need at the right time</li> <li>• Parity of esteem between mental health and physical illness through collaborative and mature cross sector working across public sector bodies, third sector and private sector</li> <li>• Sustainability – Ensure the best use of Edinburgh’s funding through improving financial and partnership sustainability by - place-based cohesive and collaborative</li> <li>• Commissioning needs-based care pathways, pooled budgets and more community based models of support, linked to wider Edinburgh’s transformation activity; maximising digital health opportunities and</li> </ul>



leadership groups’.

- Identification of a range of housing and support options for people with learning disabilities and people with complex needs with a 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.
- Creating a ‘framework’ or ‘alliance’ agreement for accommodation with support across current partners to improve the links between people and providers.
- Key priorities for people with autism (who do not have a learning disability) include:
- Further development of the existing Edinburgh Autism Plan to reflect the emerging new priorities from the next and final stage of the Scottish Strategy for Autism.
- Ongoing advice and information for people with autism, including finding and maintaining housing and work in Partnership with key stakeholders.
- Continuing the Partnership’s approach to promoting autism awareness with staff and the general public.

**For older people:**

- Stream 1 – Health and Wellbeing – We want to “take a big step back” by focusing on providing alternative and additional services earlier in the pathway, and by ensuring that appropriate information and support are provided to citizens in making choices that reflect their needs more effectively
- Stream 2 – Access and Assessment – We have taken significant steps forward to meet challenges in accessing care, with the establishment of an assessment and review board, which has sponsored the production of a harmonised assessment process. This

investing in new workforce roles

- Culture – Mental health is ‘everyone’s business’, enabling local areas to make decisions for system wide outcomes supported by shared information. This includes mental health and social care, but more broadly, the opportunities to consider the best approach across public services and the third sector, with a focus on community, early intervention and resilience, building on 5 Ways to Well Being
- Evidence and Research – Learning from local, national and international evidence and research and driving transformational change across traditional silos and with a wide range of partners from public, voluntary and private sectors
- Measurement – Standardised outcomes framework with minimum standards, outcomes and access across all providers of health and social care and shared approaches to strengthening communities and voluntary sector effectiveness
- Employers – All employers promote good employment practice for mental health, building capacity for conversations to support suicide prevention

**For people with a physical disability:**

- 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-

requires considerable additional work, but has great potential to reduce the size of queues, including investment in Telecare, self-directed support and changes to our support planning approach

- Stream 3 – Short Term Care and Support – We will work collaboratively with our primary care, third, independent and housing sector colleagues to identify different models of care and capacity available to ensure quick and timely discharges from acute services and short-term support required to prevent admission
- Stream 4 – Long Term Care and Support – In light of the significant challenges of acquiring adequate long-term care and support in the community, we will work with the independent, third and housing sectors to create a more coherent design

framework for contracting, with a view to increasing care in the community. We will review how our directly-provided services are run and make recommendations on the future model for improved sustainability and quality. In developing a 'Realistic Care' model, self-management and preventative use of equipment to strengthen earlier reablement activity. We will also be engaging with day care and lunch club providers to improve our wider integration. Our work with service users, carers, and the third sector has also identified that we must make more of the opportunities afforded us by self-directed support.

- Stream 5 – Complex care, Accommodation, and Bed-based services – The IJB has outlined its direction of travel for all services, which is to shift the balance of care from institutions to homely settings in the community. Our ambition is to ensure that people are as close to home as possible.

call responders.

- Reviewing the number of community navigators

**For the 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.
- 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.

**Conclusion**

Thus, the IJB faces the twin challenges of: increasing demand for services; and a climate of constrained financial resources. In this context, the development and implementation of a strategic approach to financial planning over the next 3–5 years is essential to support the sustainability of health and social care delivery in Edinburgh.

**Judith Proctor**  
**Chief Officer**  
**28<sup>th</sup> September 2018**

**Ricky Henderson**  
**Chair**  
**28<sup>th</sup> September 2018**

**Moira Pringle**  
**Chief Finance Officer**  
**28<sup>th</sup> September 2018**

## STATEMENT OF RESPONSIBILITIES

### STATEMENT OF RESPONSIBILITIES FOR THE STATEMENTS OF ACCOUNT

#### Responsibilities of the Edinburgh Integration Joint Board

The Edinburgh Integration Joint Board is required:

- to make arrangements for the proper administration of its financial affairs and to secure that it has an officer responsible for the administration of those affairs. In this Integration Joint Board, that officer is the Chief Finance Officer;
- to manage its affairs to achieve best value in the use of its resources and safeguard its assets;
- ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003); and
- to approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature by the Edinburgh Integration Joint Board on 28<sup>th</sup> September 2018.

**Ricky Henderson**  
**Chair of the Edinburgh Integration Joint Board**  
**28<sup>th</sup> September 2018**

### **Responsibilities of the Chief Finance Officer**

As Chief Finance Officer, I am responsible for the preparation of the EIJB's statement of accounts which, in terms of the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom ("the Code of Practice"), is required to give a true and fair view of the financial position of the EIJB at the financial year end and its income and expenditure for the year then ended.

In preparing the financial statements I am responsible for:

- selecting suitable accounting policies and then applying them consistently;
- making judgements and estimates that are reasonable and prudent; and
- complying with the Code of Practice and legislation

I am also required to:

- keep proper accounting records which are up to date; and
- take reasonable steps to ensure the propriety and regularity of the finances of the EIJB.

### **Statement of Accounts**

I certify that the Statement of Accounts presents a true and fair view of the financial position of the Edinburgh Integration Joint Board at the reporting date, and its income and expenditure for the year ended 31 March 2018.

**Moira Pringle**  
**Chief Finance Officer**  
**28<sup>th</sup> September 2018**

## REMUNERATION REPORT

The Chief Officer of the Edinburgh Integration Joint Board (EIJB) is a joint appointment between City of Edinburgh Council, NHS Lothian and the EIJB. The terms and conditions, including pay for the post, are those set by the City of Edinburgh Council, who employ the post holder directly and recharge the costs to EIJB and NHS Lothian.

The EIJB Chief Financial Officer is appointed by the EIJB and is supplied without charge by NHS Lothian and the associated costs are included in the support costs disclosed in note 4.

The voting members of the EIJB are appointed by the respective partner bodies (NHS Lothian and City of Edinburgh Council). The voting members from NHS Lothian and City of Edinburgh Council in the period April 2017 to March 2018 were:

S. Allen ( <i>left 31/12/17</i> )	NHS	E. Aitken ( <i>left 18/05/17</i> )	CEC
M. Ash	NHS	R. Aldridge ( <i>appointed 15/03/18</i> )	CEC
M. Hill ( <i>appointed 01/03/18</i> )	NHS	I. Campbell ( <i>appointed 15/03/18</i> )	
C. Hirst	NHS	J. Griffiths ( <i>left 18/05/17</i> )	CEC
A. Joyce ( <i>re-appointed 10/05/18</i> )	NHS	R. Henderson (Chair) ( <i>appointed 18.05.17</i> )	CEC
A. McCann ( <i>appointed 01/01/18</i> )	NHS	S. Howat ( <i>left 18/05/17</i> )	CEC
R. Williams ( <i>left 28/02/18</i> )	NHS	D. Howie ( <i>appointed 18/05/17, left 15/03/18</i> )	CEC
		M. Main ( <i>appointed 24/08/17</i> )	CEC
		C. Miller ( <i>left 24/08/17</i> )	CEC
		A. Rankin ( <i>left 15/03/18</i> )	CEC
		S. Webber ( <i>appointed 18/05/17</i> )	CEC
		N. Work ( <i>left 18/05/17</i> )	CEC

The current voting members from NHS Lothian and City of Edinburgh Council are:

C. Hirst (Vice Chair)	NHS	R. Henderson (Chair)	CEC
M. Ash	NHS	R. Aldridge	CEC
M. Hill	NHS	I. Campbell	CEC
A. Joyce	NHS	M. Main	CEC
A. McCann	NHS	S. Webber	CEC

Councillors and NHS Non-Executive Directors are able through their parent bodies to reclaim any expenses. In the year to 31 March 2018, no expense claims were made in relation to work on the EIJB. The Chair of the EIJB was in receipt of additional remuneration in 2017/18 relating to his duties for the EIJB of £8,464 (£6,807, part year 2016/17). The Vice-Chair of the EIJB was in receipt of additional remuneration in 2017/18 relating to her duties for the EIJB of £8,251 (£0 2016/17). No allowances were paid to other voting members during the year. The remuneration and pension benefits received by all voting members in 2017/18 are disclosed in the remuneration reports of their respective employer.

**Remuneration Paid to Senior Officers**

	<b>Year to 31/3/2018</b>				<b>Year to 31/3/2017</b>
	Salary, fees and allowances (£)	Compensation for loss of office (£)	Total remuneration (£)	<i>FYE</i> (£)	Total remuneration (£)
R McCulloch-Graham, EIJB Chief Officer (to 28/08/2017)	96,844	40,490	<b>137,334</b>	150,390	148,901
M Miller, EIJB Chief Officer (from 29/08/2017)	88,940	-	<b>88,940</b>	150,390	n/a
M Pringle, EIJB Chief Finance Officer	77,092	-	<b>77,092</b>	77,092	74,772

**Pension benefits**

Pension benefits for the Chief Officer and Chair of the EIJB are provided through the Local Government Pension Scheme (LGPS). Pension benefits for the Chief Finance Officer are provided through the NHS New Pension Scheme (Scotland) 2015.

**Local Government Pension Scheme**

For local government employees, the Local Government Pension Scheme LGPS became a career average pay scheme on 1 April 2015. Benefits built up to 31 March 2015 are protected and based on final salary. Accrued benefits from 1 April 2015 will be based on career average salary.

The scheme's normal retirement age is linked to the state pension age (but with a minimum age of 65).

From 1 April 2009, a five-tier contribution system was introduced with contributions from scheme members being based on how much pay falls into each tier. This is designed to give more equality between the cost and benefits of scheme membership

The contribution rates for 2017/18 were as follows:

<u>Whole Time Pay</u>	<u>Contribution rate</u>
On earnings up to and including £20,700 (2016/17 £20,500)	5.50%
On earnings above £20,700 and up to £25,300 (2016/17 £20,500 to £25,000)	7.25%
On earnings above £25,300 and up to £34,700 (2016/17 £25,000 to £34,400)	8.50%
On earnings above £34,700 and up to £46,300 (2016/17 £34,400 to £45,800)	9.50%
On earnings above £46,300 (2016/17 £45,800)	12.00%

If a person works part-time their contribution rate is worked out on the whole-time pay rate for the job, with actual contributions paid on actual pay earned.

The value of the accrued benefits has been calculated based on the age at which the person will first become entitled to receive a pension on retirement without reduction on account of its payment at that age; without exercising any option to commute pension entitlement into a lump sum; and without any adjustment for the effects of future inflation.

### NHS Pension Scheme (Scotland) 2015

The NHS Board participates in the NHS Superannuation Scheme (Scotland). The scheme is an unfunded statutory public service pension scheme with benefits underwritten by the UK Government. The scheme is financed by payments from employers and from those current employees who are members of the scheme and paying contributions at progressively higher marginal rates based on pensionable pay, as specified in the regulations. The rate of employer contributions is set with reference to a funding valuation undertaken by the scheme actuary. The last four-yearly valuation was undertaken as at 31 March 2012. The next valuation will be as at 31 March 2016 and this will set contribution rates from 1 April 2019. The NHS board has no liability for other employers' obligations to the multi-employer scheme. In 2017-18 members paid tiered contribution rates ranging from 5.2% to 14.7% of pensionable earnings.

For NHS employees, the NHS Superannuation Scheme became a career average pay scheme from 1 April 2015. Benefits built up to 31 March 2015 are protected and based on final salary. Accrued benefits from 1 April 2015 will be based on career average salary.

### Accrued Benefits

The pension figures shown below relate to the benefits that the person has accrued as a consequence of their total local government service, and not just their current appointment.

The pension entitlements of senior officers and current voting members for the period to 31 March 2018 are shown in the table below, together with the employer contribution made to the employee's pension during the year. Where accrued pension benefits are not shown in the table below, this indicates the employee has been a member of the pension scheme for less than 2 years.

	Employer In-Year Contribution			Accrued Pension Benefits	
	For year to 31/3/18 £	For year to 31/3/17 £		As at 31/3/18 £000	Difference from 31/3/17 £000
R McCulloch-Graham, EIJB Chief Officer (to 28/08/2017)	13,090	31,716	Pension	n/a	n/a
			Lump Sum	n/a	n/a
M Miller, EIJB Chief Officer (from 29/08/2017)	17,877	n/a	Pension	55	n/a
			Lump Sum	105	n/a
M Pringle, EIJB Chief Finance Officer	11,487	11,222	Pension	14	2
			Lump Sum	30	0
R Henderson, Chair	5,314	7,017	Pension	5	0
			Lump Sum	2	0



The Vice Chair of the EIJB is not a member of the Local Government Pension Scheme or the NHS Pension scheme; therefore, no pension benefits are disclosed.

All information disclosed in the tables in this remuneration report will be audited by Scott-Moncrieff. Scott Moncrieff will review other sections of the report to ensure that they are consistent with the financial statements.

**Judith Proctor**  
**Chief Officer**  
**28<sup>th</sup> September 2018**

**Ricky Henderson**  
**Chair**  
**28<sup>th</sup> September 2018**

## ANNUAL GOVERNANCE STATEMENT

### Scope of Responsibility

The Edinburgh Integration Joint Board (EIJB) is responsible for ensuring that: there is a sound system of governance; its business is conducted in accordance with the law and appropriate standards; public money is safeguarded and properly accounted for; and arrangements are in place to secure best value.

In discharging this responsibility, The EIJB and the Chief Officer have put in place arrangements for governance which includes robust internal controls, including the management of risk.

### Governance Framework

The governance framework comprises the systems and processes, culture and values, by which the EIJB is controlled and directed. It enables the EIJB to monitor the progress with its strategic priorities and to consider whether those objectives have led to the delivery of appropriate services and value for money.

A key element of the EIJB's governance framework is its formal committee and sub-groups. These groups provide additional layers of governance, scrutiny and rigour to the business of the EIJB. Their different roles covering the wide spectrum of the EIJB's business, allows increased scrutiny and monitoring and the focus and capability to provide the EIJB with the necessary assurance.

### Board and Committee Structures

The EIJB has been responsible for health and social care functions in Edinburgh since 1 April 2016. The Board consists of 10 voting members of which five are non-executive directors of NHS Lothian and five are councillors from the City of Edinburgh Council. There are also a number of non-voting members both appointed due to the statutory requirements and to provide more varied experience and knowledge to the Board. The chair of the Board rotates from NHS Lothian and the City of Edinburgh Council every two years.

The Strategic Planning Group (SPG) was formally established in May 2016. It is chaired by the vice-chair of the EIJB. This ensures a strong link with the leadership of the EIJB but allows an increased focus. The SPG reviews business cases to ensure they are robust and meet the aims of the strategic plan, provides assurance to the EIJB on whether there has been appropriate consultation and engagement in line with statutory responsibilities. The SPG also oversees the delivery of the strategic plan. The annual review of the Strategic Plan has also commenced and is focussing on the financial plan, directions and annual performance.

The Audit and Risk Committee is a key component of creating a strong governance culture. Its role is to assist the EIJB in ensuring that there is a robust framework in place to provide assurance on risk management, governance and internal control. It also scrutinises internal and external audits and can make recommendations to the EIJB on any matter within its remit.

A work programme including annual approval of IJB Accounts, Internal Audit Charter, Internal Audit Plan and Chief Internal Auditor Opinion has been established. The Committee also annually considers the External Audit Plan and External Auditor's Opinion.

The EIJB has agreed to integrate performance reporting from both the City of Edinburgh Council and NHS Lothian. A performance and quality sub-group was also established which was to provide assurance to the EIJB on the quality of the service being provided. This has recently been reviewed to ensure continuous improvement, in line with the requirements to deliver best value. The sub-group will focus on the delivery of the annual performance report and the review and monitoring of this twice a year. This group has been reviewed and its role is set to be subsumed by the Strategic Planning Group.

The EIJB has also retained the Professional Advisory Group. This group was created in 2012 and provides professional guidance to the EIJB. It has membership on the Strategic Planning Group and the Performance and Quality Sub-Group.

### Internal Controls

As required by the legislation the EIJB has appointed a Chief Officer and a Chief Finance Officer. It has also appointed a Chief Internal Auditor, a Standards Officer and a Data Protection Officer.

The EIJB has agreed the following governance documentation:

- Financial Regulations – Section 95 of the Local Government (Scotland) Act 1973 requires all IJBs to have adequate systems and controls in place to ensure the proper administration of their financial affairs. The EIJB has agreed a set of financial regulations which are supported by a series of financial directives and instructions with clear lines of delegation to the Chief Finance Officer to carry out that function.
- A Code of Conduct for the members of the EIJB has been agreed and made available to all members. Compliance with the Code of Conduct is regulated by the Standards Commission for Scotland. Training is provided to members on the Code of Conduct.
- A set of Standing Orders has been agreed which sets out the rules governing the conduct and proceedings at the EIJB and its committees. The Standing Orders includes rules on the notice of meetings and how voting and debate should be conducted.

The EIJB and the Audit and Risk Committee both have a rolling actions log which helps the groups monitor the implementation of decisions.

A formal referral process for relevant audit reports has been agreed with the Council's Chief Internal Auditor and the City of Edinburgh Council's Governance, Risk and Best Value Committee. A similar approach has been sought with NHS Lothian. This ensures that audit information can be shared between the three organisations.

A deputation process has been agreed by the EIJB which allows and encourages groups to directly address the Board on issues under consideration.

The EIJB created a risk register in July 2016 following a risk management initiative which prioritised and scored inherent risks was developed by the IJB Senior Management Team, supported by PwC. The risk register has been continually updated, including having specific development sessions where all members could take part in a discussion on risk appetite. The last significant update was in September 2017 and consolidated strategic and operational risks into one document. In February and March 2018, the EIJB agreed that the risk register should be divided into IJB and Health and Social Care Partnership risks in 2018/19. This would allow the IJB to focus on its roles and responsibilities, concentrating on risks regarding strategy, scrutiny and performance.

A lead has been identified for the co-ordination of business continuity and reports directly to the Chief Officer.

The Health and Social Care Partnership Procurement Board exercises oversight of all proposals to award, extend or terminate contracts with third party providers.

A review of complaint handling was undertaken in July 2016. The results of this transferred the management of complaints to the Partnership. Further work is necessary to develop a single recording system for the management and co-ordination of complaints to ensure a more efficient and robust system.

A financial plan is in place which focuses on the impacts of the financial settlements and outlines inherent risks. A new plan is submitted annually.

Insurance against legal liability for neglect, error or omission by any employee in the performance of their duties in relation to work on the IJB is arranged through CNORIS (NHS Scotland's self-insurance scheme). This is reviewed on an annual basis.

A health and safety group has been established with a cross-section of staff in the Partnership making up its membership.

A Savings Governance Board has been established that oversees financial savings and is led by the Chief Finance Officer. It monitors progress against targets and identifies appropriate remedial action.

The Edinburgh Integration Joint Board (EIJB) has information governance responsibilities in relation to strategic planning and delegated functions which it determines and directs with its partners. To achieve appropriate governance in this area, a memorandum of understanding (MOU) has been agreed between the EIJB, NHS Lothian and the City of Edinburgh Council that ensures responsibilities are clearly set out and understood. The MOU will be underpinned by subsidiary agreements to ensure that information governance arrangements support integrated working and practices, and that statutory requirements are fully met.

### **Review of Effectiveness**

The EIJB has responsibility for reviewing the effectiveness of the governance arrangements including the internal controls.

This review of effectiveness is informed by:

- The Chief Officer annual assurance for the EIJB and the health and social care partnership.
- Officer management activities;
- The Chief Internal Auditor's annual report and internal audit reports;
- Reports from the Council's external auditor; and
- reports by external, statutory inspection agencies.

The evidence of effectiveness from these sources includes:

- Standing Orders are reviewed annually in a report to the EIJB, to ensure they are up to date and relevant.
- The Health and Social Care Partnership's contract management framework is subject to annual internal review.
- The EIJB considers monthly performance reports.

- A resilience plan was created in January 2018 but was not fully developed due to the opportunities for further exploration of incident readiness following the late winter severe weather. Further work is planned for 2018/19.
- A quarterly Internal Audit update detailing Internal Audit activity on behalf of the EIJB is submitted to the Audit and Risk Committee.
- The Chief Internal Auditor provides an annual audit opinion. For 2017/18 this is: "Internal Audit considers that significant enhancements are required to the EIJB control environment and governance and risk management frameworks and is therefore reporting a 'red' rated opinion, with our assessment towards the middle of this category". This opinion is based on the outcomes of three audits included in the EIJB 2017/18 internal audit annual plan; the outcomes of relevant Partnership reports referred to the EIJB by the City of Edinburgh Council Governance, Risk, and Best Value Committee and the NHS Lothian Audit Committee; and the status of open internal audit findings.
- Progress in implementing recommendations from previous audit reports has been closely tracked by the Chief Officer and the Audit and Risk Committee. However, a validation exercise in late 2017/early 2018 identified that there were some historic audit actions that had not been implemented. An action plan has been created to address the outstanding actions.
- Regular finance monitoring reports are presented to the EIJB and Council and NHS committees. Monitoring arrangements have been effective in identifying variances and control issues and taking appropriate action. This has included allocating funds to offset unachieved saving plans.
- Performance monitoring has been comprehensive but improvements were necessary to ensure sufficient focus on key issues and to join up monitoring with the Strategic Plan and Directions. This is due to be resolved by the role of the Performance and Quality Committee being transferred to the Strategic Planning Group.
- The report on the Joint Inspection of Services for Older People identified a number of areas of concern and identified recommendations that an improvement plan has been agreed to address. It did highlight though that the EIJB had appropriate governance arrangements in place to support the integration of health and social care and that demonstrated a commitment to engage with the community.
- On 29 August 2017, the Chief Officer of the EIJB and the Chief Strategy and Performance Officer left the Health and Social Care Partnership. Interim management arrangements were put in place immediately, and an improvement programme established. The programme was approved by the IJB and additional resources allocated to support the programme, together with formal progress reporting arrangements. A new Chief Officer is in place and the rest of her senior management team will be in place by the summer of 2018.
- There has been significant turnover of members of EIJB, although some of this is stipulated by timescales of appointment, it can have an impact on the quality of scrutiny and decision-making as members adjust to their new role. A period of relative stability in membership would be beneficial.
- Although there has been temporary chairs of the Audit and Risk Committee which has meant the role of the committee could continue effectively; there has not been a permanent chair since September 2017.

**Update on prior year issues**

Progress with last year's disclosures is summarised in the table below:

	<b>Issue</b>	<b>Update</b>
1	Management and coordination of complaints	The Chief Nurse has established a single process for the management of Partnership complaints.
2	Progress against Joint Inspection Improvement Plan	Whilst the IJB received regular updates on progress against the improvement plan it is recognised that these lacked structure and focus. A follow up inspection is underway, and expected to report in October 2018. This will therefore provide an opportunity to review the improvement plan and ensure that it is aligned with the strategic vision and the range of improvement activity across the Partnership and IJB.
3	Work to review risk register	A major refresh of the IJB risk register was undertaken during the year. This delineated the Edinburgh Health and Social Care risks from those of the IJB. This approach has been endorsed by both the Audit and Risk Committee and the IJB
4	Review of audit capacity	This was considered jointly by the 4 IJBs in Lothian and NHS Lothian.

**Further development**

	<b>Issue</b>	<b>Responsible Party</b>	<b>Reporting Date</b>
1	Further improvement and development of the mitigating actions for the new separate EIJB Risk Register	Chief Officer	June 2018 and onwards
2	Development of an Integrated Resilience Management Strategy for the Health and Social Care Partnership	Chief Officer	May 2018
3	Review and changes to responsibilities of sub groups regarding performance monitoring	Chief Officer	May 2018
4	Establishment of an Improvement Programme Board to oversee non-savings related work for the Health and Social Care Partnership	Chief Officer	May 2018
5	Appointment of an Audit and Risk Committee Chair	Chief Officer	August 2018
6	The Chief Internal Auditor's annual opinion identified a number of high rated control weaknesses relating to purchasing and	Chief Officer	August 2018

	Issue	Responsible Party	Reporting Date
	commissioning. As a result, internal audit provided a “red rated opinion” (significant enhancements required). An Assurance Oversight Group has been established by the Chief Officer to oversee the implementation of agreed actions.		

**Certification**

It is our opinion that in light of the foregoing, reasonable assurance, subject to the matters raised above, can be placed on the effectiveness and adequacy of the EIJB’s systems of governance.

**Conclusion**

We remain committed to monitoring implementation as part of the next annual review.

**Judith Proctor**  
**Chief Officer**  
**28<sup>th</sup> September 2018**

**Ricky Henderson**  
**Chair**  
**28<sup>th</sup> September 2018**

**COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT**

*This statement shows the accounting cost in the year of providing services in accordance with generally accepted accounting practices*

**COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT****FOR THE YEAR ENDED 31 MARCH 2018**

<b>2016/17</b>			<b>2017/18</b>		
<b>Net Expenditure £000</b>		<b>Note</b>	<b>Gross expenditure £000</b>	<b>Gross income £000</b>	<b>Net Expenditure £000</b>
	<b>Health Services</b>	9			
228,797	Core services		250,957	0	250,957
82,154	Hosted services		86,071	0	86,071
49,461	Non- cash Limited		49,623	0	49,623
101,176	Set aside services		99,410	0	99,410
684	Corporate services		1,257	0	1,257
462,272			487,318	0	487,318
	<b>Social Care Services</b>	9			
126,604	External purchasing		124,670	0	124,670
24,710	Care at home		34,616	0	34,616
14,829	Day services		12,698	0	12,698
22,594	Residential care		22,457	0	22,457
11,994	Social work assessment and care management		13,191	0	13,191
0	Corporate services		527	0	527
12,884	Other		8,918	0	8,918
213,615			217,077	0	217,077
277	Corporate services	3	420	0	420
<b>676,164</b>	<b>Cost of services</b>		<b>704,815</b>	<b>0</b>	<b>704,815</b>
<b>-679,854</b>	<b>Taxation and non-specific grant income and expenditure</b>	2	<b>0</b>	<b>-709,477</b>	<b>-709,477</b>
<b>-3,690</b>	<b>Surplus on provision on services</b>		<b>704,815</b>	<b>-709,477</b>	<b>-4,662</b>



## BALANCE SHEET

The Balance Sheet shows the value, as at 31 March 2018, of the assets and liabilities recognised by the Board. The net assets of the Board are matched by the reserves held.

<b>BALANCE SHEET AS AT 31 MARCH 2018</b>			
<b>31/03/2017</b>		<b>Notes</b>	<b>31/03/2018</b>
<b>£000</b>			<b>£000</b>
	<b>Current assets</b>		
3,714	Short term debtors	4	8,378
	<b>Current liabilities</b>		
-24	Short term creditors	5	-26
<b>3,690</b>	<b>Net assets</b>		<b>8,352</b>
-3,690	Usable reserves	MIRS <sup>1</sup>	-8,352
<b>-3,690</b>	<b>Total reserves</b>		<b>-8,352</b>

I certify that the Statement of Accounts present a true and fair view of the financial position of the Edinburgh Integration Joint Board as at 31 March 2018 and its income and expenditure for the period.

**Moira Pringle**  
**Chief Finance Officer**  
**28<sup>th</sup> September 2018**

## MOVEMENT IN RESERVES

*This statement shows the movement in the year on the different reserves held by the Edinburgh Integration Joint Board.*

	<b>31/03/2018</b>	<b>31/03/2017</b>
	<b>£000</b>	<b>£000</b>
<b>Usable reserves – General Fund brought forward</b>	-3,690	0
Surplus on the provision of services	-4,662	-3,690
<b>Total comprehensive income and expenditure</b>	<b>-8,352</b>	<b>-3,690</b>
<b>Balance, as at 31 March, carried forward</b>	<b>-8,352</b>	<b>-3,690</b>

## NOTES TO ACCOUNTS

### 1. ACCOUNTING POLICIES

#### 1.1 General Principles

The Annual Accounts for the year ended 31 March 2018 have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18 (the Code) and the Service Reporting Code of Practice. This is to ensure that the accounts 'present a true and fair view' of the financial position and transactions of the Edinburgh Integration Joint Board (EIJB).

#### 1.2 Accruals of Income and Expenditure

The revenue accounts have been prepared on an accruals basis in accordance with the Code of Practice

#### 1.3 VAT Status

The EIJB is a non-taxable person and does not charge or recover VAT on its functions.

#### 1.4 Going Concern

The accounts are prepared on a going concern basis, which assumes that the EIJB will continue in operational existence for the foreseeable future.

#### 1.5 Funding

Edinburgh Integration Joint Board receives contributions from its funding partners, namely NHS Lothian and the City of Edinburgh Council to fund its services.

Expenditure is incurred in the form of charges for services provided to the EIJB by its partners.

#### 1.6 Provisions, Contingent Liabilities and Assets

Contingent assets are not recognised in the accounting statements. Where there is a probable inflow of economic benefits or service potential, this is disclosed in the notes to the financial statements.

Contingent liabilities are not recognised in the accounting statements. Where there is a possible obligation that may require a payment, or transfer of economic benefit, this is disclosed in the notes to the financial statements

The value of provisions is based upon the Board's obligations arising from past events, the probability that a transfer of economic benefit will take place and a reasonable estimate of the obligation.

#### 1.7 Employee Benefits

The Chief Officer is regarded as an employee of the EIJB, although her contract of employment is with City of Edinburgh Council. The LGPS is a defined benefit statutory scheme, administered in accordance with the Local Government Pension Scheme (Scotland) Regulations 1998, as amended. The post is

funded by the EIJB however the statutory responsibility for employer pension liabilities rests with the employing partner organisation (City of Edinburgh Council).

The Chief Financial Officer is regarded as an employee of the EIJB, although her contract of employment is with NHS Lothian. NHS Lothian participates in the NHS Superannuation Scheme (Scotland) which is a defined benefit statutory public service pension scheme, with benefits underwritten by the UK Government.

The remuneration report presents the pension entitlement attributable to the posts of the EIJB Chief Officer, Chief Financial Officer and Chair of the EIJB although the EIJB has no formal ongoing pension liability. On this basis, there is no pension liability reflected on the EIJB balance sheet for these posts.

### **1.8 Cash and Cash Equivalents**

The EIJB does not hold a bank account or any cash equivalents. Payments to staff and suppliers relating to delegated services will be made through cash balances held by the partner organisations (NHS Lothian and City of Edinburgh Council). On this basis, no Cash Flow statement has been prepared in this set of Annual Accounts.

### **1.9 Reserves**

The Integration Joint Board is permitted to set aside future amounts of reserves for future policy purposes. These reserves normally comprise: funds which are set aside for specific purposes; and funds which are not earmarked for specific purposes but are set aside to deal with unexpected events or emergencies. They are created by appropriating amounts out of revenue balances. When expenditure to be funded from a reserve is incurred, it is charged to the appropriate service in that year and thus included in the Comprehensive Income and Expenditure Statement. Movements in reserves are reported in the Movement of Reserves Statement.

The EIJB has one usable reserve, the General Fund which can be used to mitigate financial consequences of risks and other events impacting on the Boards resources. The monies within this fund have been earmarked for specific purposes as set out in the financial plan for 2018/19.

### **1.10 Support Services**

Support services are not delegated to the EIJB through the Integration scheme, and are instead provided by NHS Lothian and the City of Edinburgh Council free of charge, as a 'service in kind'. Support services provided mainly comprise the provision of financial management, human resources, legal services, committee services, ICT, payroll and internal audit services.

## 2. RELATED PARTY TRANSACTIONS

The Edinburgh Integration Joint Board was established on 27 June 2015 as a joint board between City of Edinburgh Council and NHS Lothian. The income received from the two parties was as follows:

	<b>31/03/2018</b>	<b>31/03/2017</b>
	<b>£000</b>	<b>£000</b>
NHS Lothian	-511,593	-486,410
City of Edinburgh Council	-197,357	-193,444
<b>Total</b>	<b>-708,950</b>	<b>-679,854</b>

Expenditure relating to the two parties was as follows;

	<b>31/03/2018</b>	<b>31/03/2017</b>
	<b>£000</b>	<b>£000</b>
NHS Lothian	487,561	486,398
City of Edinburgh Council	216,697	189,698
<b>Total</b>	<b>704,258</b>	<b>676,096</b>

Details of creditor and debtor balances with the partner bodies are set out in the subsequent notes (4 and 5).

## 3. CORPORATE EXPENDITURE

	<b>31/03/2018</b>	<b>31/03/2017</b>
	<b>£000</b>	<b>£000</b>
Staff Costs	391	206
Other Fees	3	47
Audit Fees	26	24
<b>Total</b>	<b>420</b>	<b>277</b>

Staff costs relate to the Chief Officer, Chief Finance Officer, EIJB Chair and Vice-Chair.

EIJB is in receipt of NHS Lothian and City of Edinburgh Council support services. NHS Lothian and the City of Edinburgh Council have agreed to provide support services, without an onward recovery. Support services to a value of £0.709m (£0.751m 2016/17) have been provided.

#### 4. SHORT TERM DEBTORS

	<b>31/03/2018</b>	<b>31/03/2017</b>
	<b>£000</b>	<b>£000</b>
Central Government Bodies	-	12
Other Local Authorities	8,378	3,702
<b>Total</b>	<b>8,378</b>	<b>3,714</b>

#### 5. SHORT TERM CREDITORS

	<b>31/03/2018</b>	<b>31/03/2017</b>
	<b>£000</b>	<b>£000</b>
Other Bodies	-26	-24
<b>Total</b>	<b>-26</b>	<b>-24</b>

#### 6. POST BALANCE SHEET EVENTS

No material events have occurred post the balance sheet reporting date.

#### 7. CONTINGENT LIABILITIES and ASSETS

There are no contingent liabilities or assets to disclose.

#### 8. PRIOR PERIOD ADJUSTMENT

Prior period figures have been re-stated to exclude the resource transfer between NHS Lothian and the City of Edinburgh Council. The impact on the Comprehensive Income and Expenditure is shown below:

##### COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

	2016/17	Resource	2017/18
	Statements	Transfer	Re-stated
	£000	£000	£000
Health Services			
Core Services	252,816	-24,019	228,797
Social Care Services			
Other	-11,135	24,019	12,884

## 9. SEGMENTAL REPORTING

Expenditure on services commissioned by the EIJB Board from its partner agencies is analysed over the following services:

	2017/18 Actual Expenditure £000	2018/19 Actual Expenditure (re-stated) £000
<b>SERVICES PROVIDED BY NHS Lothian</b>		
<b>Core services</b>		
Community hospitals	11,303	10,959
District nursing	10,666	10,349
General medical services	75,269	72,699
Prescribing	82,172	80,167
Other core services	71,547	54,623
<b>Total core services</b>	<b>250,957</b>	<b>228,797</b>
<b>Hosted services</b>		
Mental health, substance misuse and learning disabilities	45,928	38,889
Other hosted services	41,400	43,949
<b>Total hosted services</b>	<b>87,328</b>	<b>82,838</b>
<b>Non- Cash Limited</b>		
Dental	26,684	26,447
Ophthalmology	9,253	9,067
Pharmacy	13,686	13,947
<b>Total Non-Cash Limited</b>	<b>49,623</b>	<b>49,461</b>
<b>Set aside services</b>		
Cardiology	11,163	16,960
General medicine	24,972	32,764
Geriatric medicine	13,100	18,677
Junior medical	13,757	0
Other set aside services	36,418	32,775
<b>Total set aside services</b>	<b>99,410</b>	<b>101,176</b>
<b>TOTAL SERVICES PROVIDED BY NHS Lothian</b>	<b>487,318</b>	<b>462,272</b>
<b>SERVICES PROVIDED BY CITY OF EDINBURGH COUNCIL</b>		
External purchasing	124,670	126,604
Care at home	34,616	24,710
Day services	12,698	14,829
Residential care	22,457	22,594
Social work assessment & care management	10,452	11,994
Other services provided by City of Edinburgh Council	12,184	12,884
<b>TOTAL SERVICES PROVIDED BY CITY OF EDINBURGH COUNCIL</b>	<b>217,077</b>	<b>213,615</b>
Useable Reserves	-8,352	-3,690
<b>TOTAL ALL SERVICES</b>	<b>696,043</b>	<b>672,197</b>

## 10. FUNDING ANALYSIS

The expenditure and funding analysis shows how annual expenditure is used and funded from resources in comparison with how those resources are consumed or earned in accordance with generally accepted accounting practice. In essence this demonstrates the difference between expenditure on an accounting basis and a funding basis. For EIJB no such difference applies and the information required is disclosed elsewhere in the financial statements



## 11. INDEPENDENT AUDITOR'S REPORT

### Independent auditor's report to the members of the Edinburgh Integration Joint Board and the Accounts Commission

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice approved by the Accounts Commission, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

#### Report on the audit of the financial statements

##### Opinion on financial statements

We certify that we have audited the financial statements in the annual accounts of the Edinburgh Integration Joint Board for the year ended 31 March 2018 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18 (the 2017/18 Code).

In our opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2017/18 Code of the state of affairs of the body as at 31 March 2018 and of its surplus on the provision of services for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2017/18 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

##### Basis of opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)). Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Joint Board in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### **Conclusions relating to going concern basis of accounting**

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Finance Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

### **Responsibilities of the Chief Finance Officer and Edinburgh Integration Joint Board for the financial statements**

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing the Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The Joint Board is responsible for overseeing the financial reporting process.

### **Auditor's responsibilities for the audit of the financial statements**

Our objectives are to achieve reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud and error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

### **Other information in the annual accounts**

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with our audit of the financial statements, our responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

### **Report on other requirements**

#### **Opinions on matters prescribed by the Accounts Commission**

In our opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In our opinion, based on the work undertaken in the course of the audit

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

#### **Matters on which we are required to report by exception**

We are required by the Accounts Commission to report to you if, in our opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit; or
- there has been a failure to achieve a prescribed financial objective.

We have nothing to report in respect of these matters.

Nick Bennett  
For and on behalf of Scott-Moncrieff  
Exchange Place 3  
Semple Street  
Edinburgh  
EH3 8BL



# **Edinburgh Integration Joint Board**

2017-18 Annual Audit Report to the Board  
and the Accounts Commission for Scotland

**September 2018**

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# Key messages

## Annual accounts

The annual accounts for the year ended 31 March 2018 were approved by the Board on 28 September 2018. We have reported within our independent auditor's report an unqualified opinion on the annual accounts and on other prescribed matters.

The annual accounts and supporting schedules were of a good standard. Our thanks go to staff at the IJB and City of Edinburgh Council for their assistance with our work.

## Wider scope audit

### Financial Sustainability

The IJB faces a number of significant challenges relating to the current levels of performance, and associated capacity issues, the rate that the population in Edinburgh is rising, particularly among elderly groups, and a requirement to deliver transformational change within existing resources.

The IJB has considered a high level financial outlook for the next 5 years, which signals that there will be a financial gap of almost £117 million without substantial changes being made to the way that services are delivered.

### Financial management

The IJB was able to report a surplus within its annual accounts, but again relied on additional contributions from the City of Edinburgh Council and NHS Lothian to reflect areas of significant overspend.

We have noted improvements in the budgeting process, including joint work with NHS Lothian to produce an improved financial model.

The IJB was unable to make any significant contribution to savings targets during 2017-18, but steps have been taken to improve the monitoring of savings, including the establishment of a Partnership Savings Governance Board.

### Governance & transparency

The Board has experienced significant changes in membership during the period of the Strategic Plan, which may undermine the pace of change.

The Board has identified areas for improvement in its governance arrangements, including a number of areas of significant control weakness within operational areas highlighted by the internal auditors. These must be addressed urgently.

We consider that the reporting of progress against improvement plans has lacked clarity and focus.

### Value for money

Performance continues to be poor in relation to a number of key targets despite a range of interventions.

The IJB must work with its partners to develop the leadership and financial capacity required to support and deliver a realistic and focused improvement programme.

## Conclusion

This report concludes our audit for 2017-18. Our work has been performed in accordance with the Audit Scotland Code of Audit Practice, International Standards on Auditing (UK) and Ethical Standards.

**Scott-Moncrieff**  
**September 2018**

# 1

## Introduction

This report is presented to those charged with governance and the Auditor General for Scotland and concludes our audit of Edinburgh IJB for 2017/18.

We carry out our audit in accordance with Audit Scotland's Code of Audit Practice (May 2016). This report also fulfils the requirements of International Standards on Auditing (UK) 260: Communication with those charged with governance.

At Edinburgh IJB, we have designated the Audit and Risk Committee as "those charged with governance".

# Introduction

1. Audit Scotland appointed Scott-Moncrieff as auditor to Edinburgh Integration Joint Board (“IJB” / “the Board”) for the five year period 2016-17 to 2020-21.
2. The scope of the audit was set out in our External Audit Annual Plan, which was presented to the Audit and Risk Committee in April 2018. The core elements of our work include:
  - an audit of the 2017-18 financial statements and related matters;
  - consideration of the wider dimensions of public audit work, as set out in Exhibit 1; and
  - any other work requested by Audit Scotland (including input into the performance audit on health and social care integration to be reported in autumn 2018).

## Exhibit 1: Audit Dimensions within the Code of Audit Practice



Source: Audit Scotland Code of Audit Practice, May 2016

3. The IJB is responsible for preparing an annual report and accounts which show a true and fair view and for implementing appropriate internal control systems. The weaknesses or risks identified in this report are only those that have come to our attention during our normal audit work, and may not be all that exist. Communication in this report of matters arising from the audit of the annual report and accounts or of risks or weaknesses does not absolve management from its responsibility to address the issues raised and to maintain an adequate system of control.
4. This report contains an action plan with specific recommendations, responsible officers and dates for implementation. Senior management should assess these recommendations and consider their wider implications before deciding appropriate actions. Each recommendation has been given a grading to help the Board assess its significance and prioritise the actions required.
5. We discussed and agreed the content of this report with the Chief Officer and Chief Finance Officer. We would like to thank all members of the Board's management and staff who have been involved in our work for their co-operation and assistance during our audit work.

### Confirmation of independence

6. International Standards on Auditing in the UK (ISAs (UK)) require us to communicate on a timely basis all facts and matters that may have a bearing on our independence.



7. We confirm that we have complied with Financial Reporting Council's (FRC) Revised Ethical Standard (June 2016). In our professional judgement, the audit process is independent and our objectivity has not been compromised in any way. In particular, there have been no relationships between Scott-Moncrieff and the Board or senior management that may reasonably be thought to bear on our objectivity and independence.

## Feedback

8. We aim is to add value to the IJB through our external audit work by being constructive and forward looking, by identifying areas of improvement and by recommending and

encouraging good practice. In this way, we aim to help the Board promote improved standards of governance, better management and decision making and more effective use of resources.

9. Any comments you may have on the service we provide, the quality of our work and our reports would be greatly appreciated at any time. Comments can be reported directly to the audit team or through our online survey: [www.surveymonkey.co.uk/r/S2SPZBX](http://www.surveymonkey.co.uk/r/S2SPZBX)
10. While this report is addressed to the Board, it will be published on Audit Scotland's website [www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk)

# 2

# Annual report and accounts

The IJB's annual report and accounts is the principal means of accounting for the stewardship of its resources and its performance in the use of those resources.

In this section we summarise the findings from our audit of the 2017/18 annual accounts.

# Annual report and accounts

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**The annual report and accounts for the year ended 31 March 2018 were approved by the Joint Board on 28 September 2018. We have reported unqualified opinions within our independent auditor's report.**

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## Overall conclusion

### An unqualified audit opinion on the annual accounts

11. The annual report and accounts for the year ended 31 March 2018 were considered and approved by the Audit and Risk Committee on 7 September 2018 and thereafter by the Board on 28 September 2018. We have reported within our independent auditor's report:
- an unqualified opinion on the financial statements; and
  - an unqualified opinion on other prescribed matters.
12. We are also satisfied that there are no matters which we are required to report to you by exception.

### Good administrative processes were in place

13. We received unaudited annual accounts and supporting papers for the annual accounts in line with our agreed audit timetable. Our thanks go to the Chief Finance Officer and the Finance team at City of Edinburgh Council for their assistance.

14. The annual report and accounts will be submitted to Audit Scotland and the Accounts Commission before the 30 September deadline.

## Our assessment of risks of material misstatement

15. The assessed risks of material misstatement described in Exhibit 2 are those that had the greatest effect on our annual accounts audit strategy, the allocation of resources in the audit and directing the efforts of the audit team. Our audit procedures relating to these matters were designed in the context of our audit of the annual accounts as a whole, and not to express an opinion on individual accounts or disclosures. Our opinion on the annual accounts is not modified with respect to any of the risks described in Exhibit 2.
16. We outline three significant risks in Exhibit 2. A further four significant risks were identified within our audit plan relating to wider scope risks.

## Exhibit 2: Our assessment of risks of material misstatement and how the scope of our audit responded to those risks

### 1. Management override

In any organisation, there exists a risk that management have the ability to process transactions or make adjustments to the financial records outside the normal financial control processes. Such issues could lead to a material misstatement in the annual accounts. This is treated as a presumed risk area in accordance with ISA 240.

*Excerpt from the 2017-18 External Audit Plan*

17. We have not identified any indications of management override in the year. We have reviewed the Board's accounting records and obtained evidence to ensure that all significant transactions were valid and accounted for correctly. We have also reviewed management estimates and the journal entries processed in the period and around the year end and did not identify any areas of bias in key judgements made by management and that judgements were consistent with prior years.

### 2. Revenue recognition

Under ISA 240 - The auditor's responsibilities relating to fraud in an audit of financial statements, there is a presumed risk of fraud in relation to revenue recognition. The presumption is that the IJB could adopt accounting policies or recognise income in such a way as to lead to a material misstatement in the reported financial position.

*Excerpt from the 2017-18 External Audit Plan*

18. We evaluated each type of revenue transaction and reviewed the controls in place over revenue accounting, including the financial assurance and due diligence processes undertaken by the Chief Finance Officer. We are satisfied that all income recognised in the Board's annual accounts relate to agreed contributions from the City of Edinburgh Council and NHS Lothian. We have gained reasonable assurance on the completeness and occurrence of income and we are satisfied that income is fairly stated in the financial statements.

### 3. Risk of fraud in the recognition of expenditure

The FRC published a revised Practice Note 10, which applies to the audit of financial statements of public sector bodies in the UK, for periods commencing after June 2016. The Practice Note recognises that most public sector bodies are net spending bodies and notes that there is an increased risk of material misstatement due to improper recognition of expenditure. In line with the practice note, our presumption is that the Board could adopt accounting policies or recognise expenditure in a way that materially misstates the Board's financial performance.

*Excerpt from the 2017-18 External Audit Plan*

19. In accordance with our audit plan, we identified the significant expenditure streams and reviewed the controls in place over accounting for expenditure. We have gained reasonable assurance on the completeness and occurrence of expenditure and are satisfied that expenditure is fairly stated in the financial statements. To inform our conclusion we carried

out testing to confirm that the Board’s policy for recognising expenditure is appropriate and has been applied consistently throughout the year. As a result of the testing, we concluded that expenditure was appropriate and was not materially misstated.

## Our application of materiality

20. The assessment of what is material is a matter of professional judgement and involves considering both the amount and the nature of the item. This means that different materiality levels will be applied to different elements of the annual accounts.
21. Our initial assessment of materiality for the annual report and accounts was £10 million. On receipt of the 2017-18 draft accounts, we reassessed materiality and increased this threshold to £11 million. Our assessment equates to approximately 1.6% of the IJB’s 2017/18 gross expenditure. We consider this to be the principal consideration for the users of the accounts when assessing the financial performance of the IJB.

### Performance materiality

22. Performance materiality is the amount set by the auditor at less than overall materiality for the financial statements as a whole to reduce to an appropriately low level the probability that the aggregate of the uncorrected and undetected misstatements exceed materiality for the financial statements as a whole.
23. We set a performance (testing) materiality for each area of work which was based on a risk assessment for the area. We perform audit procedures on all transactions and balances that exceed our performance materiality. This means that we perform a greater level of testing on the areas deemed to be of significant risk of material misstatement. Performance testing thresholds used are as set out below:

Area risk assessment	Weighting	Performance materiality
High	40%	£4.95million
Medium	55%	£6.05million
Low	75%	£7.70million

24. We agreed to report on all material misstatements and uncorrected misstatements with a value in excess of £200,000, as well as other misstatements below that threshold that, in our view, warranted reporting on qualitative grounds.

### Audit differences

25. We are pleased to report that there were no material adjustments to the unaudited annual accounts. We identified some disclosure and presentational adjustments during our audit, which have been reflected in the final set of annual accounts.

### Qualitative aspects of accounting practices and financial reporting

26. During the course of our audit, we consider the qualitative aspects of the financial reporting process, including items that have a significant impact on the relevance, reliability, comparability, understandability and materiality of the information provided by the annual accounts. The following observations have been made:

Qualitative aspect considered	Audit conclusion
The appropriateness of the accounting policies used.	The accounting policies, which are disclosed in the annual accounts, are considered appropriate to the IJB.
The timing of the transactions and the period in which they are recorded.	We did not identify any concerns over the timing of transactions or the period in which they were recognised.
The appropriateness of the accounting estimates and judgements used.	We are satisfied with the appropriateness of the accounting estimates and judgements used in the preparation of the annual accounts.
The appropriateness of the going concern assumption	We have not identified any uncertainties, including any significant risk or required disclosures, which should be included within the financial statements.
The potential effect on the annual accounts of any uncertainties, including significant risks and related disclosures that are required.	We have not identified any uncertainties, significant risk or required disclosures, which should be included in the financial statements.
The extent to which the annual accounts have been affected by unusual transactions during the period and the extent that these transactions are separately disclosed.	From the testing performed, we identified no significant, unusual transactions in the period.
Apparent misstatements in the annual report or material inconsistencies with the accounts.	The management commentary contains no material misstatements or inconsistencies with the financial statements.
Any significant annual accounts disclosures to bring to your attention.	There are no significant annual accounts disclosures that we consider should be brought to your attention. All the disclosures required by relevant legislation and applicable accounting standards have been made appropriately.
Disagreement over any accounting treatment or annual accounts disclosure.	There was no material disagreement during the course of the audit over any accounting treatment or disclosure.
Difficulties encountered in the audit.	No significant difficulties were encountered during the financial accounts audit.

3

# Financial sustainability

Financial sustainability looks forward to the medium and longer term to consider whether the IJB is planning effectively to ensure they can deliver services in the way envisioned in the Strategic Plan.

# Financial sustainability



The IJB faces significant financial pressures, both immediately and over the medium to longer term. Recurring financial balance will not be achieved without the delivery of sustainable, transformational change. The ability to deliver significant change of this scale within available resources will be a key challenge for the Board.

The Board has considered high level financial projections for the next five year period which set out an expected gap of £116 million by 2022-23. There is now an urgent need to work with partners to develop a strategic approach to financial planning.

## Introduction

27. Financial sustainability looks forward to the medium and longer term to consider whether the Board is planning effectively to continue to deliver its services or the way in which they should be delivered.

## Significant audit risk

28. Our audit plan identified a significant risk in relation to financial sustainability under our wider scope responsibilities:

### Financial sustainability

The IJB has been able to demonstrate arrangements for short term financial planning. However, it has not yet fully developed medium or long-term financial plans. The IJB recognises that it faces significant challenges over the medium term (5 years) due to increasing demand for services and a climate of constrained financial resources and it has begun to develop a strategic approach to financial planning for the next 3-5 years. At this stage, estimates made based on existing service provision, projected increases in costs and the available information on income indicates deficits in each of the 5 years (from £32.541m in 2018/19 to £116.544m in 2022/23).

Without a medium term financial plan in place, the IJB cannot demonstrate how it will deliver the key priorities identified in their strategic plan within the financial resources that will be available.

*Excerpt from the 2017-18 External Audit Plan*

29. We have reviewed the financial monitoring and reporting papers, including financial assurance and due diligence reports, presented to the IJB alongside assurance and supporting documentation provided by the City of Edinburgh Council and NHS Lothian. We note that while the IJB has a high level financial outlook which sets out the scale of the challenge, the Board has not yet developed a medium or long-term financial plan or strategy. The Board needs leadership and financial support from partner bodies to be able to change the way services are delivered and achieve the savings required. Financial sustainability will therefore continue to be considered a significant risk in our 2018-19 audit plan.

*Action Plan Point 1*



## Strategic Planning

30. The Board published its Strategic Plan for Health and Social Care in Edinburgh 2016-19 (the strategic plan) in March 2016. The Plan sets out how the IJB intends to develop and charge the services that it controls, using the resources available.
31. The Strategic Plan identifies 6 key priorities:
- Tackling inequalities,
  - Managing resources effectively,
  - Making the best use of capacity,
  - Right care, right place, right time,
  - Person centred care; and
  - Prevention and early intervention.
32. Progress against the Strategic Plan has been more difficult to achieve than envisaged in 2016. The scale of the challenge in Edinburgh is exacerbated by demand pressures including:
- An elderly population that is rising quickly. Population projections envisage a 28% growth in those aged 85+ between 2012 and 2022, a group that makes more intensive use of care services. The number of people aged 85+ is projected to more than double in Edinburgh by 2037;
  - Significant underlying weaknesses identified within the Care Inspectorate/Health Improvement Scotland joint inspection of services for older people in Edinburgh
  - Levels of delayed discharges that are regularly the highest in Scotland.
33. The Board has now begun developing a Strategic Plan for 2019 and beyond. The updated Strategic Plan will build on a plan for “Immediate Pressures and Longer Term Sustainability” that the Board agreed in May 2018. The Plan recognises the scale of the challenges facing the Board and its partners in delivering change and outlines short term and longer term actions to alleviate pressures on services and budgets. Short term actions are underway and planned to be completed in 2018-19. These include:

- The establishment of a temporary funded project team to clear the waiting list for assessments (which had exceeded 2,000 individuals).
- A project to redesign the assessment process. The new assessment will be closely aligned to the redesigned carers’ assessment, which has been co-produced with carers, in readiness for the introduction on 1 April 2018 of the new carers’ legislation.
- Purchase of additional care home beds has been under negotiation between the Partnership and the independent sector since the proposal was approved by the IJB in December 2017. Additional bed capacity began in April 2018. In addition to relieving some delayed discharge pressure, it is anticipated that this will also allow for consideration of the shape and type of residential, respite, nursing and intermediate care beds required in the longer-term.

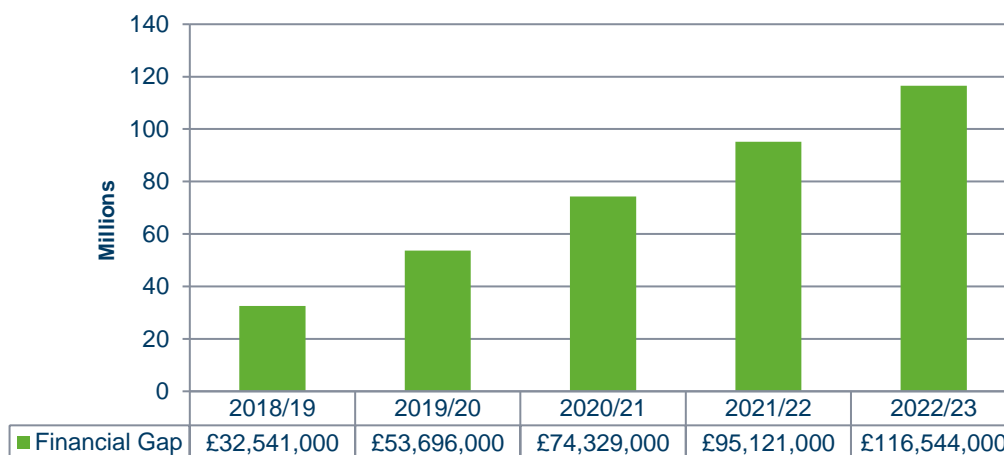
## Financial Strategy

### The development of a strategic approach to achieving financial sustainability is progressing

34. The current Strategic Plan recognises that the financial pressures faced by the Board and its partners make the current approach to health and social care unsustainable. Under the Plan, the Board committed to work with the City of Edinburgh Council and NHS Lothian to develop sustainable plans to achieve financial balance, including delivery of savings plans.
35. In December 2017, the Chief Finance Officer presented a high level overview of financial projections for the next 5 years. As Exhibit 3 highlights, the projections outline a significant financial challenge for the Board, with the financial gap approaching £117m by 2022-23.
36. The development of the Scottish Government’s national Medium Term Financial Framework for Health and Social Care has been delayed as a result of changes in planning assumptions, such as the Barnett consequential of additional spending on health services in England, and increased pay awards.

37. The IJB is working with NHS Lothian and the City of Edinburgh Council to further refine the financial framework to allow greater understanding of costs and the monitoring of savings.

**Exhibit 3: The projected financial gap based on the current model of health and social care in Edinburgh is expected to reach £117 million by 2022-23**



Source: *Financial Performance and Outlook paper to the IJB, December 2017*

38. A medium term financial plan is essential to support the delivery of a new Strategic Plan for 2019-22. 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 (Exhibit 4).
39. Alongside the development of a financial framework, commissioning strategies will be one of the key approaches to underpin wider transformational change, and therefore financial sustainability.
40. The Board used a development session on 27 April 2018 to consider Outline Strategic Commissioning Plans for the five areas outlined below:
- Physical Disability
  - Primary Care
  - Mental Health,
  - Older People, and
  - Learning Disabilities

#### Exhibit 4: Statement of Intent Commitments

1. Doing the basics well (including clarifying roles, responsibilities and accountability throughout the Partnership)
2. Developing a performance framework against which the Partnership will prioritise and then manage its operations
3. Establishing a financial framework linked to the performance framework, which will articulate how the Partnership aims to deliver financial balance
4. Ensuring optimum quality
5. Developing strategies, with identifiable, manageable actions that reflect both the EIJB's aspirations and the environment in which it operates.
6. Clarifying and simplifying governance arrangements
7. Improving relationships between the Partnership and the City of Edinburgh Council, NHS Lothian, and the third and independent sectors

41. The Outline Strategic Commissioning Plans are subject to review and approval at the Board's Strategic Planning Group, before being approved by the IJB. The plans to date have included outline financial information and there is a commitment to linking the Commissioning Plans to a financial framework before they are submitted for approval by December 2018.

#### Workforce plans are under development

42. We highlighted within our annual report for 2016-17 that the integration scheme requires the development of a workforce plan to demonstrate that a strategic approach is in place to manage the risks that the IJB faces in relation to workforce supply and demand challenges.

43. The IJB issued Direction 19 to the City of Edinburgh Council and NHS Lothian, which required the partnership to produce and implement a workforce development strategy that supports the delivery of the strategic plan, taking account of the National Health and Social Care workplan.

44. The national Health and Social Care Workforce Plan is being developed by the Scottish Government and a single, integrated national workforce plan is due to be published later in 2018. During 2017-18, three stages have been published:

- Part I – NHS Workforce
- Part II – Social Care Workforce
- Part III – Primary Care Workforce.

45. The IJB does not yet have a workforce strategy in place, but a Workforce Strategy Group has been established to developing the strategy across the partnership. The Group is chaired by the Chief Nurse and includes representation from finance. The IJB will require further support from partners to understand the potential impact of future pressures, such as the UK withdrawal from the EU, on the health and social care workforce.

*Refer to Appendix 3*

# 4

# Financial management

Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

# Financial management



The IJB was able to breakeven in 2017-18, but relied on non-recurrent funding from partners to address continuing areas of overspend.

Governance arrangements to identify and monitor savings have improved but the IJB has not yet delivered any significant savings to date.

## Introduction

46. Financial sustainability looks forward to the medium and longer term to consider whether the Board is planning effectively to continue to deliver its services or the way in which they should be delivered.

## Significant audit risk

47. Our audit plan identified a significant risk in relation to financial management under our wider scope responsibilities:

### Projected in-year deficit

Delegated services reported an overspend of £4.0m for the first 7 months of 2017/18, which was projected to rise to £7.1m by the end of the financial year without any further action. At the planning stage of our audit ongoing actions were being progressed to reduce the predicted in-year deficit to achieve a year-end balanced position. However, at December 2017 only limited assurance could be given of the achievement of break even.

There is a risk that the IJB will not achieve the planned outturn position which could have a detrimental impact on short and medium term plans for the delivery of directed services. There is also the potential for underperformance to have a wider impact on, or be reflective of underlying challenges to, longer term financial sustainability.



48. As we describe below, the IJB was able to report an in year surplus within the annual accounts for 2017-18 as a result of additional contributions from partners. During our audit we considered the approach the IJB has taken to financial reporting in 2017/18 and we were satisfied that the partnership approach taken to financial management across the IJB, the City of Edinburgh Council and NHS Lothian meant that overspends incurred were met by the relevant individual partner.

## Financial performance in 2017-18

### The IJB reported a surplus for the year as a result of additional contributions from partners

49. The IJB spent almost £705 million delivering health and social care services to people in Edinburgh in 2017-18. The Board achieved a surplus in 2017-18 of £4.7 million (2016-17: surplus of £3.69 million). As a result, the IJB now has reserves totalling £8.4 million.

50. However, as Exhibit 4 highlights, the surplus was achieved as a result of additional contributions from the Board's partners to meet significant continuing overspends including:

- A Care at Home overspend of £7 million
- GP prescribing overspend of £2.1million
- An overspend of £2.4 million on NHS Lothian's set aside budgets, including Junior Doctors.

51. As a result, one off contributions were agreed for 2017-18 from the City of Edinburgh Council, totalling £7.5 million, and NHS Lothian providing an additional £4.9 million.

## Exhibit 4: Overspends against budget for both health and council services were met by non-recurring contributions from partners in 2017-18

Financial Performance	Budget £000	Actual £000	Variance £000
Health services	506.455	511.336	(4.881)
Council services	185.809	193.273	(7.464)
<b>Gross position</b>	<b>692.264</b>	<b>704.609</b>	<b>(12.345)</b>
Non recurring health contributions	-	(4.881)	4.881
Non recurring council contributions	-	(7.464)	7.464
<b>Reported outturn</b>	<b>692.264</b>	<b>692.264</b>	-

### Delivering financial balance

52. The 2017-18 budget was set by the Board in March 2017. In common with other IJBs, the financial planning cycles of the partner bodies have not historically aligned. In practice, this meant that the budget had to be set based on indicative proposals from NHS Lothian.
53. A financial assurance process and due diligence exercise was conducted to ensure that the allocations proposed by the City of Edinburgh Council and NHS Lothian were adequate and fair for the IJB. The financial assurance process identified a savings gap of £20.5 million in 2017-18. While changes to funding meant that the IJB received more income than planned at that time, the IJB acknowledge that very little savings were achieved during 2017-18. In addition, the financial framework used by NHS Lothian has meant that historically it has been difficult to track savings that relate to hosted and set aside services.
54. For 2018-19, there are a number of improvements in place. The Chief Financial Officer has established a Savings Governance Board to provide additional rigour and visibility of savings throughout the partnership.
55. The Chief Finance Officer has also worked closely with NHS Lothian colleagues to support

work on a new financial model. The work aims to map each area of expenditure across the health board from budget to actual to ensure that budgets are fair and that the cost to the IJB is closely aligned to actual spend.

56. During the financial planning process for 2018-19, the partners recognised that the scale of the challenge could not be tackled within existing resources. The City of Edinburgh Council and NHS Lothian have agreed, in principle, to contribute an additional £4 million each to help address some of the capacity issues facing the IJB.

### Financial reporting

57. The City of Edinburgh Council and NHS Lothian are responsible for the operational management of their allocated budgets, in line with the integration scheme. We are satisfied that both partners provide information to enable the IJB to prepare a financial update report that is presented to the full IJB Board at each meeting.
58. Financial reports present an overview of the financial position and the projected year end position. Where delegated services are presenting an overspend, further detail is provided on the underlying reasons and the actions being taken within each partner organisation.

**59.** In addition, the IJB are asked to approve in-year mitigating actions required to deliver a breakeven position. We are satisfied that financial reports provided sufficient information to enable to IJB to effectively manage financial position.

## Internal controls

**60.** We sought and obtained assurances from the external auditor of the City of Edinburgh Council and NHS Lothian regarding the systems of internal control used to produce the transactions and balances recorded in the IJB's annual accounts.

**61.** We reviewed the approved standing financial instructions and standing orders and consider them adequate for the IJB's purposes.

**62.** The IJB has adequate systems in place to record, process, summarise and report financial and other relevant data. We have not identified any material weaknesses in the accounting and internal control systems during our audit, although we are aware of weaknesses identified by internal audit.

**63.** The IJB does not hold assets, directly incur expenditure or legally employ staff. All financial transactions of the IJB are processed through the financial systems of the council and health board. All transactions are subject to the controls and scrutiny of the respective partners, including the work performed by internal audit.

## Fraud and irregularity

**64.** The IJB does not directly employ staff and so places reliance on the arrangements in place within the City of Edinburgh Council and NHS Lothian for the prevention and detection of fraud and irregularities. Arrangements are in place to ensure that suspected or alleged frauds or irregularities are investigated by the partner bodies. Overall, we found the arrangements to be sufficient and appropriate.

5

# Governance and transparency

Governance and transparency is concerned with the adequacy of governance arrangements, leadership and decision making, and transparent reporting of financial and performance information.



# Governance and transparency



The Board has experienced significant changes in membership during the period of the Strategic Plan, which may undermine the pace of change necessary.

The Board has reviewed the governance arrangements in place, but there is scope to improve the reporting and assurance processes. The IJB's internal auditors have identified also a number of areas of significant control weakness which must be addressed urgently.

We note that the reporting of progress to address recommendations made within the Joint Inspection of Older People's Services (May 2017) report has lacked clarity and focus. A progress inspection is ongoing and therefore presents an opportunity to recast the improvement plan in line with the findings.

## Introduction

65. The IJB is responsible for ensuring the proper conduct of its affairs including compliance with relevant guidance, the legality of activities and transactions and for monitoring the adequacy and effectiveness of these arrangements.

## Significant audit risk

66. Our annual audit plan identified a significant audit risk relating to progress against the IJB's Statement of Intent:

## Recovery Plan

During 2017/18 the interim management team for the Edinburgh Health and Social Care Partnership (the group overseeing operational delivery of the IJB's directions to its partners) considered that there was a clear requirement to bring greater clarity and focus to the activities of the partnership, with an emphasis on performance, quality and finance. At its development session on 13 October 2017 the IJB considered a "Statement of Intent" setting out:

*"a high-level recovery plan to address the immediate, short and medium-term challenges faced by the Partnership, the EIJB and the parent bodies. It is constructed around the three key pillars of quality, performance and finance."*

The recovery plan outlined the following seven high-level themes as well as related commitments:

- Doing the basics well.
- Establishing a financial framework.
- Ensuring optimum quality.
- Improving relationships between the IJB and its partners
- Developing a performance framework.
- Developing strategies, with identifiable, manageable actions
- Clarifying and simplifying governance arrangements

The IJB has recognised that without a clear roadmap to work with, it cannot bring clarity to the partnership's activities, nor can the partnership support the IJB in effectively discharging its duties. This in turn would lead to suboptimal performance and quality, and financial imbalance.

67. As part of our 2017/18 audit we reviewed the IJB's development of the recovery plan and reporting arrangements. Progress against the Statement of Intent has not yet been considered by the Board, although some key steps were outlined in a paper presented to the May 2018 meeting titled *A Plan for Immediate Pressures and Longer Term Sustainability*.

68. We do, however, consider that it is too early to conclude on the progress made against the recovery plan and we note below areas for improvement in the governance to support change. We therefore continue to regard the recovery plan as a significant risk and will monitor the key actions in 2018-19.

## Governance arrangements

69. As a new body, the IJB continues to refine its governance arrangements. One of the objectives of the IJB's recovery plan is to simplify governance and to clarify reporting processes. In our assessment of governance arrangements, we consider how effectively the Board is able to fulfil its role and to support improvement.

## Board membership

70. The IJB has only been in place and responsible for its functions for two full financial years. During that time, we note that the Board membership has been subject to significant change. Only two of the voting members who were in place at the formation of the IJB continue as Board members, although a further member has rejoined. During the same timeframe there have been significant changes at senior management level, including interim arrangements for the role of Chief Officer.
71. The IJB is a complex and unusual organisation and we therefore consider that Board members require sufficient experience and knowledge to make decisions about the future of services and effectively scrutinise the delivery of the Strategic Plan. Such a significant turnover in key decision-makers may have an impact on the pace and scale of improvement.
72. We note that the IJB has recently developed an induction programme for new members, but we would recommend additional arrangements to protect member continuity, particularly during election periods. In addition, additional training and support is being developed for members of the Audit and Risk Committee in recognition of the skills and competencies required for the role.

## Openness and transparency

73. One of the sector risks identified by Audit Scotland for 2017-18 relates to public sector organisations keeping pace with public expectations on openness and transparency.

74. We found that the IJB had clear arrangements in place to ensure that members of the public can attend the board meetings as observers, and that agendas were available 5 working days in advance of the meeting. The IJB has also recently agreed to webcasting their meetings for a trial period.

75. Audit Scotland's NHS in Scotland 2017 noted that it is important that the public, staff, and elected officials are able to easily access information about how the NHS and integration authorities are performing so that they can get involved with and hold these bodies to account. The report identified a range of areas where transparency could improve, including allowing the public to attend committee meetings and publishing all committee meeting papers and minutes on the organisation's website.

76. Our own research highlights that Edinburgh IJB is one of only 8 IJBs that do not make audit committee papers publicly available on their website. Any future review of governance arrangements should therefore consider whether the balance of openness is appropriate.

## Overall conclusion

77. Overall, we consider that the IJB has appropriate governance arrangements in place, but that greater support could be provided to Board members by reviewing the frequency and formatting of reporting. We note that there are inconsistencies in the language used across the partner organisation, such as the levels of assurance adopted by NHS Lothian. The Board may therefore benefit from the introduction of an assurance framework to provide additional oversight of progress against the Strategic Plan.

## Action Plan Point 2

## Joint Inspection of Older People's Services: Improvement Agenda

78. In 2016-17, we reported on the outcomes of the Joint Inspection of Older Peoples Services, which was published by the Care Inspectorate/Health Improvement Scotland in May 2017. The recovery plan proposed by the Interim Chief Officer was identified as a significant risk for our audit. Exhibit 5 outlines the timeline of reporting to the Board on the Improvement Plan, along with our observations. We noted areas for improvement including:

- Agreeing a single, succinct format and frequency for reporting progress to ensure that Board members can engage in effective scrutiny;

- Ensuring that action plans are framed in SMART terms to allow Board members to hold officers to account for progress; and
- Providing a clear assessment of progress against actions, including the use of high level/traffic light reports.

79. We also found that tracking individual actions to respond to the recommendations was difficult as reporting lacked clarity and focus. Some 15 months after the report was published, the level of progress made against the 17 recommendations is not clear. A follow up inspection is underway, and expected to report in October 2018. This will therefore provide an opportunity to review the improvement plan and ensure that it is aligned with the strategic vision.

### Action Plan Point 3

#### Exhibit 5: Joint Inspection of Older Peoples Services: Timeline of Reporting to the Board

Date	Event	Our observations
May 2017	Joint Inspection of Older People's Services published, including 17 recommendations for improvement.	-
June 2017	Inspection Report considered by the Board, along with an action plan for improvement. The improvement plan included 59 actions mapped against the recommendations, of which 13 were classified as "Priority 1" to be completed within 3 months.	The Board has received no further updates against this action plan, or how the original actions map against revised plans.
Sept 2017:	The Board received an Older People's Inspection Update report which provided a description of actions taken in relation to each recommendation.	The report is descriptive in nature. It is not cross referenced to the improvement plan, although notes that the plan will be rebased. It does not provide an overall assessment of progress against each recommendation.
Nov 2017	The Interim Chief Officer presented a revised Improvement Plan to reconfigure the previous action plan to address the findings of the inspection more effectively	A progress report against Improvement Plan was presented to Performance and Quality Group but group requested future reports at higher level and more focused on milestones.
Nov 2017	IJB approves the Statement of Intent which articulates 7 key priorities for improvement.	
Dec 2017	The IJB receives a "comprehensive improvement programme" which lists 60 actions mapped against the key priorities within the Statement of Intent	The improvement plan remains at an early stage: <ul style="list-style-type: none"> <li>- Only 1 action is listed as complete</li> <li>- 42 (70%) are either in pipeline or in development</li> </ul>
March 2018	The IJB received an Older People's Inspection Update.	The report is descriptive in nature and in some instances lacks clarity about how the actions described will meet the requirements of the recommendation. Progress is not framed in SMART terms and no assessment is given to indicate completion or additional resources required to deliver.

Source: Edinburgh IJB Meeting Papers

## Internal Audit

80. The City of Edinburgh Council internal audit team provides the IJB's internal audit service and the Chief Auditor of City of Edinburgh Council has been appointed as Chief Internal Auditor for the IJB.
81. To avoid duplication of effort and to ensure an efficient audit process we have taken cognisance of the work of internal audit throughout our audit. While we have not placed formal reliance on the work of internal audit in 2017/18 for our financial statements audit, we have taken account of internal audit's work in respect of our wider scope responsibilities. We are grateful to the internal audit team for their assistance during the course of our work.
82. During 2017-18, the City of Edinburgh Council internal audit team performed a self-assessment against the Public Sector Internal Audit Standards and found that they had not conformed with all requirements. The non-conformance related to insufficient follow-up of internal audit findings between April 2015 and October 2017; and resourcing challenges within the team which had impacted on the completion of two planned quality assurance reviews to ensure consistency of audit quality.
83. Internal audit noted within their annual audit opinion that these instances of non-conformance have had no direct impact on the quality of internal audit reviews completed in 2017/18.

### Internal audit plan and resource

84. The internal audit plan for 2017/18 was approved in principle by the Audit and Risk Committee in June 2017. The plan identified six high and six medium auditable risks upon which assurance could be sought.
85. The Audit and Risk Committee, and internal audit, considered that assurance should be gained on all high-risk areas on an annual basis, with medium risk areas covered on a rolling 3-year basis. Four audits were planned for 2017-18, providing assurance over all high risks identified. However, the resource restraint prevented any medium risks being reviewed. This was also the case in 2016-17.

86. In December 2017, the Audit and Risk Committee approved changes to the Internal Audit Plan, with the proviso that the changes were required due to the lack of audit capacity and should not be long-term. The change was proposed to ensure that sufficient assurance was provided over the existing Health and Social Care Partnership risk relating to budgets and financial models, as the risk had significantly increased during the year.

### Significant enhancements required - internal audit opinion

87. In her Annual Opinion, the Chief Internal Auditor notes that significant enhancements are required to the EIJB control environment and governance and risk management frameworks. As a result, internal audit provided a "red rated opinion" (significant enhancements required) and deem there to be significant weaknesses that put the achievement of organisational objectives at risk.
88. Internal audit's opinion is based on the outcomes of the three audits included in the 2017-18 internal audit annual plan; the outcomes of relevant Partnership reports referred to the EIJB by the relevant Audit Committees; and the status of open internal audit findings.
89. The Chief Internal Auditor has drawn attention to the level of opening Internal Audit findings within her annual opinion. As at 31 March 2018, there were 34 (10 High; 20 Medium; and 4 Low). open findings that relate to reviews completed across the 2017-18 EIJB and the Partnership. Of these 28 (82%) were overdue as agreed management actions were not completed by the agreed implementation date.
90. All three audits identified in the revised IJB Internal Audit Plan were delivered in 2017-18. These raised 8 high and 1 medium rated finding.
91. The Health and Social Care Partnership Purchasing Budget Management audit identified four high risk findings. These include:
- The lack of clear allocation of purchasing budget across localities;

- Significant financial control gaps such as the lack of a funding allocation model and clear delegated financial authorities;
- The lack of holistic social care processes or supporting operating procedures are a result of the significant number of teams involved in supporting the delivery of social care

92. A number of significant and systematic control weaknesses in relation to supplier and contract management where third-party providers were used.
93. The Performance Target Data audit was delivered by NHS Lothian internal audit team. This identified three high risk findings including setting timescales and performance objectives, reporting arrangements and the frequency of performance information.
94. The IJB has agreed remedial actions and timescales for addressing these issues. The Chief Officer has established an Assurance Oversight Group to invite action owners to provide assurance on progress against actions. We will monitor progress in addressing the recommendations as part of our 2018-19 audit.

### Risk Management

95. Public sector bodies face increasing demand for quality services at a time of significant financial pressure. Well-developed risk management arrangements help boards to make effective decisions and secure better use of resources.
96. The IJB's corporate risk register has been subject to significant revision and review during 2017-18 to ensure that the arrangements are fit for purpose and reflect the Strategic Plan. Both the Audit and Risk Committee and the Board receive regular reports on the corporate risk register, which provide updates on action taken to mitigate risks.

## The governance statement

97. Following minor amendments processed during the audit, the governance statement discloses the rationale for internal audit's opinion and other areas of weakness during the year, such as the significant challenges the partnership faces from the level of delayed discharges and the areas of concern raised by the joint inspection of services for older people. Subject to the concerns disclosed, the IJB considered that reasonable assurance could be placed on the effectiveness and adequacy of the systems of governance.
98. We are satisfied that the governance statement within the annual accounts is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework 2016.

## Standards of conduct

99. In our opinion, the IJB's arrangements in relation to standards of conduct and the prevention and detection of bribery and corruption are adequate.
100. The IJB implemented a code of conduct based on the template code provided by Scottish Government and the codes in place at the partner organisations. In line with the integration scheme, the IJB utilises the financial governance arrangements in place within the partner bodies including fraud management arrangements.

# 6

## Value for money

Value for money is concerned with using resources effectively and continually improving services. In this section we report on our audit work as it relates to the IJB's own reporting of its performance.

# Value for money



The IJB provides the public with an annual report on its performance but more could be done to improve the clarity of reporting and to update the Board on progress against the Strategic Plan throughout the year.

The IJB identified the significant backlog in people awaiting assessment in the community as an immediate priority and invested to clear the backlog waiting list within a planned timescale.

The IJB continues to perform poorly against a number of key indicators, including delayed discharges and waiting lists for assessment, despite investment in interventions.

## Performance Framework

- 101.** Under the integration scheme, the IJB is responsible for implementing a comprehensive performance management system that allows for transparent reporting and appraises achievement against the strategic plan. One of the key strands outlined in the IJB's Statement of Intent is the development of a performance management framework.
- 102.** During 2016-17 we noted that there had been limited reporting to the Board on performance against the strategic plan to date. Due to concerns about the acute challenges relating to delayed discharges, the Board receive a regular report on whole system delays. Other regular performance reporting is delegated to other committees and sub-groups, which may mean that Board members are unable to fully scrutinise performance in the round, and therefore make informed decisions about priorities and budgets.
- 103.** In May 2018, the Board agreed to suspend the work of the Performance and Quality Sub-Group and to refer its performance monitoring role to the Strategic Planning Group, with an understanding that a paper on governance arrangements would be brought to the Board at a later date.
- 104.** The Statement of Intent recognises that neither the EIJB nor the Partnership has had sufficient focus on performance, or on accountability for that performance.

- 105.** Work to date has focused on the development of metrics that will be reported to every meeting of the EIJB. We support the introduction of a regular, agreed format of performance reporting to allow Board members to access to succinct and easy to understand performance information. We will therefore continue to monitor progress in performance reporting during 2018-19.

*Refer to Appendix 3*

## Directions – Performance Monitoring

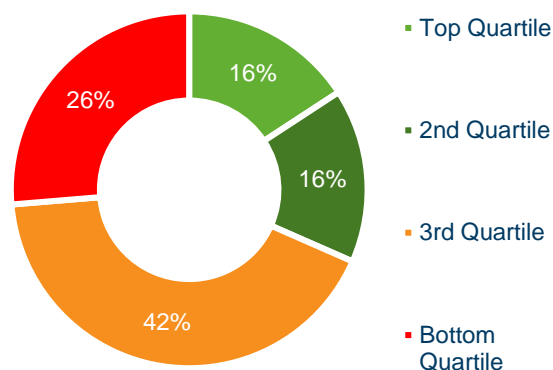
- 106.** During 2017-18, we note that NHS Lothian's internal audit team conducted a review to establish whether performance objectives have been set for each of the Directions issued by the IJB and whether performance was monitored by a relevant Board committee at an adequate frequency.
- 107.** The report was issued in June 2018 and found significant areas for improvement, including:
- Ensuring that performance measures, with timescales are adopted for each direction to enable more effective performance monitoring;
  - Clarity about reporting arrangements to committee for direction objectives, including the frequency of performance reports; and
  - Outlining the person or group responsible for providing information.

108. An action plan for improvement has been agreed with senior management and should be considered as part of the development of the performance framework.

### Performance during 2017-18

109. In line with the requirements of the Public Bodies (Joint Working) Act 2004, the IJB prepares an annual public performance report that considers progress against both the nine National Health and Wellbeing Outcomes and the key priorities identified within their strategic plan.
110. The 2017-18 annual performance report is available on the Transform Edinburgh website and reports on:
- Progress against the six priorities in the strategic plan 2016-19
  - Delivering against the National Health and Wellbeing Outcomes
  - Progress in each locality across North West, North East, South West and South East Edinburgh; and
  - Financial Performance.
111. Performance against the priorities is largely narrative in nature, although indicates significant improvements in areas such as tackling inequalities.
112. The performance report compares the IJB's performance against the 23 core national Indicators to the Scottish average. The report also highlights which quartile the IJB currently performs at, to allow comparison with other IJBs. As Exhibit 6 demonstrates, performance continues to be mixed.

**Exhibit 6: Edinburgh IJB performance against the core national indicators**



Source: Edinburgh IJB Annual Performance Report 2017-18.

113. The report highlights that the IJB performs strongly against three indicators, and is within the top quartile for:
- The percentage of adults able to look after their health very well or quite well;
  - The Emergency admission rate; and
  - The Emergency day rate.
114. A number of areas show poor performance and the IJB is in the lowest quartile including:
- The number of days people spend in hospital when they are ready to be discharged ("delayed discharges")
  - The percentage of carers who feel supported to continue in their role
  - The proportion of the last 6 months of life spent at home or in a community setting.

### Delayed discharges

115. The IJB recognise that the levels of delayed discharges in the city present a particular risk to the partnership in providing the right care at the right time. To reflect the importance and urgency of the need to reduce the number and length of delayed discharges the IJB receive regular updates on performance in this area.
116. Over the last 2 years, a number of intervention actions have been taken to reduce delayed discharges, including:

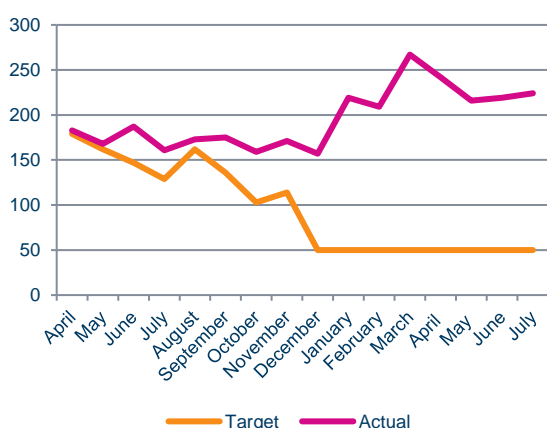


- The Chief Officer has set up a Delayed Discharge Oversight Group which has representation of the whole system and the identified Delayed Discharge Lead for the partnership
- The development of detailed performance reports on a locality basis, which allows performance targets to be set and monitored more locally;
- A weekly 'star chamber' for locality and hub managers to allow any issues having a negative impact to be escalated immediately;
- Capacity planning is ongoing to determine resource requirements; and
- The Care at Home Contract is under review.

**117.** The IJB planned to reduce non-complex delayed discharges to 50 by December 2017. As Exhibit 7 highlights, the planned targets have not been achieved at any point in the year.

**118.** The main reasons for the high level of delayed discharges are lack of available care packages (54% of the total reported) and care home places (27%) due to lack of local authority funding and suspensions in admissions.

**Exhibit 7: The IJB has not reached delayed discharge targets for 2017/18.**

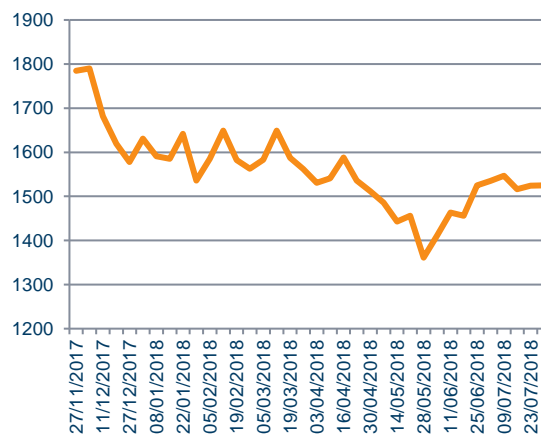


*Source: Whole System Delays report to IJB and Executive Management Team*

### Assessment Waiting List

- 119.** *The Plan for Immediate Pressures and Long Term Sustainability* presented to the IJB in May 2018 identified the backlog in people awaiting assessment in the community as an immediate priority for the Partnership. A short-term team of assessors was recruited with the aim to clear all of the backlog assessments by the end of July 2018. Over 700 individuals were transferred to the team to conduct assessments. The team were able to clear the backlog waiting list within the planned timescale. As Exhibit 8 demonstrates, this reduced the waiting list, but only temporarily.
- 120.** The Partnership must consider the complex reasons behind the continuing capacity challenges, including how hubs and clusters operate, and whether there are alternative routes that could be signposted rather than adding individuals to the waiting list.

**Exhibit 8: The Waiting List for Assessments fell during intense intervention but has begun to rise again**



**121.** The Statement of Intent outlines a clearer vision for the future focusing on a shift in the balance of care and a plan for financial sustainability. Early progress has been made within outline strategic commissioning plans, but financial and strategic support from partners will be critical to deliver the vision and make a sustained improvement in performance.

### Action Plan Point 4

# 7

## Appendices

# Appendix 1: Respective responsibilities of the Board and the Auditor

## Responsibility for the preparation of the annual accounts

The IJB is required to make arrangements for the proper administration of its financial affairs and to ensure that one of its officers has the responsibility for administration of those affairs. The Chief Financial Officer has been designated as that officer by the IJB.

### In preparing the annual report and accounts, the IJB is also required to:

- Manage its affairs to achieve best value in the use of its resources and safeguard its assets;
- Ensure the annual accounts are prepared in accordance with legislation ( The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003); and
- Approve the annual accounts

### The Chief Finance Officer is responsible for:

- The preparation of financial statements that give a true and fair view in accordance with the financial reporting framework;
- Such internal control as the CFO deems necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error;
- Selecting suitable accounting policies and applying them consistently;
- Making judgements and estimates that are reasonable and prudent;
- Keeping proper accounting records which are up to date; and
- Taking reasonable steps to ensure the propriety and regularity of the finances of the Integration Joint Board.

## Auditor responsibilities

### We audit the annual accounts and give an opinion on whether:

- the financial statements give a true and fair view in accordance with applicable law and the 2017/18 Code of the state of affairs of the body as at 31 March 2018 and of its surplus on the provision of services for the year then ended;
- the financial statements have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2017/18 Code;
- the financial statements have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003;
- the auditable part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014;
- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

### We are also required to report by exception, if in our opinion:

- adequate accounting records have not been kept; or
- the annual accounts and the part of the Remuneration Report to be audited is not in agreement with accounting records; or
- we have not received all the information and explanations we require for our audit; or
- there has been a failure to achieve a prescribed financial objective.

## Wider scope of audit

The special accountabilities that attach to the conduct of public business, and the use of public money, mean that public sector audits must be planned and undertaken from a wider perspective than in the private sector. This means providing assurance, not only on the annual report and accounts, but providing audit judgements and conclusions on the appropriateness, effectiveness and impact of corporate governance and performance management arrangements and financial sustainability.

The Code of Audit Practice frames a significant part of our wider scope responsibilities in terms of four audit dimensions: financial sustainability; financial management; governance and transparency; and value for money.

# Appendix 2: Action plan

The action plan details the weaknesses and opportunities for improvement that we have identified during our audit.

It should be noted that the weaknesses identified in this report are only those that have come to our attention during the course of our normal audit work. The audit cannot be expected to detect all errors, weaknesses or opportunities for improvements in management arrangements that may exist. The weaknesses or risks identified are only those which have come to our attention during our normal audit work, and may not be all that exist. Communication of the matters arising from the audit of the annual accounts or of risks or weaknesses does not absolve management from its responsibility to address the issues raised and to maintain an adequate system of control.

## Action plan grading structure

To assist the Board in assessing the significance of the issues raised and prioritising the action required to address them, the recommendations have been rated.

The rating structure is summarised as follows:

<b>Grade 5</b>	Very high risk exposure – major concerns requiring Board attention
<b>Grade 4</b>	High risk exposure – material observations requiring senior management attention
<b>Grade 3</b>	Moderate risk exposure – significant observations requiring management attention
<b>Grade 2</b>	Limited risk exposure – minor observations requiring management attention
<b>Grade 1</b>	Efficiency / housekeeping point

Action plan point	Issue & Recommendation	Management Comments
<b>1. Medium term financial plan</b>	<b>Issue</b> The IJB is forecasting a funding shortfall at current service levels of almost £117 million by 2022-23.	Accepted <b>Responsible officer:</b> Chief Finance Officer
<b>Rating</b>	<b>Recommendation</b>	<b>Implementation date:</b>
<b>Grade 4</b>	The IJB should develop a Medium Term Financial Plan to support the delivery of the vision and priorities within the updated Strategic Plan for 2019-22.	By March 2019
<b>Paragraph ref</b>		
<b>29</b>		

Action plan point	Issue & Recommendation	Management Comments
<b>2. Assurance Framework</b>	<b>Issue</b> During our audit, we noted a number of areas where there was a lack of clarity of requirements for reporting and monitoring performance and improvement plans.	Accepted <b>Responsible officer:</b> Chief Officer
<b>Rating</b>	<b>Recommendation</b>	<b>Implementation date:</b>
<b>Grade 2</b>	We note that the Board has committed to reviewing the governance arrangements during 2018.  As part of a review of governance arrangements, the Board should consider the introduction of an Assurance Framework to ensure that Board members share an understanding about assurance needs and sources.	By March 2019
<b>Paragraph ref</b>		
<b>77</b>		

Action plan point	Issue & Recommendation	Management Comments
<b>3. Recovery Plan</b>	<p><b>Issue</b></p> <p>We noted that reporting on the Improvement Plan is predominantly narrative in nature and it may therefore be difficult for Board members to scrutinise the scale and pace of improvement.</p> <p><b>Recommendation</b></p> <p>The Board should ensure that action plans to deliver improvement actions are:</p> <ul style="list-style-type: none"> <li>Reported on a regular basis, using a succinct format which include a clear assessment of progress against actions</li> <li>Framed in SMART terms</li> </ul>	<p>Accepted</p> <p><b>Responsible officer:</b> Chief Officer</p> <p><b>Implementation date:</b> By January 2019</p>
<b>Rating</b>		
<b>Grade 3</b>		
<b>Paragraph ref</b>		
<b>79</b>		

Action plan point	Issue & Recommendation	Management Comments
<b>4. Performance</b>	<p><b>Issue</b></p> <p>The IJB's performance against a number of key indicators continues to fall below target, despite intervention actions to date. A vision for the future has been set out in the Statement of Intent but strategic support is needed from the Board's partners to deliver transformational change.</p> <p><b>Recommendation</b></p> <p>The Board should work with partners to ensure that sufficient financial and leadership capacity is available to deliver sustained improvement.</p>	<p>Accepted</p> <p><b>Responsible officer:</b> Chief Officer</p> <p><b>Implementation date:</b> Ongoing</p>
<b>Rating</b>		
<b>Grade 4</b>		
<b>Paragraph ref</b>		
<b>121</b>		

# Appendix 3: Follow up on prior year action plan

No.	Issue & recommendation	Management comments	External audit update
1.	<p><b>Financial reporting</b></p> <p>The content of the IJB's financial reporting has developed during 2016-17 and continues to develop. We noted examples within 2016-17 reporting where budget lines showed an underspend for the year to date, but forecast an overspend at year-end with no narrative explanation or context provided.</p> <p>There is a risk that the current form of reporting does not fully reflect the actions undertaken or required in order to achieve the forecast outturn.</p> <p>The IJB should look to continue to develop financial reporting in order to ensure that the Board can easily identify areas of poor performance and fully understand any remedial actions undertaken or required.</p>	<p>Whilst recognising that the financial reporting to the IJB could and should continue to develop this needs to be in line with the IJB's responsibilities and information requirements.</p> <p>When resources have been delegated via directions by the IJB, the City of Edinburgh Council (CEC) and NHS Lothian (NHSL) apply their established systems of financial governance to the delegated functions and resources. Accordingly, budget monitoring of IJB delegated functions is undertaken by finance teams within CEC and NHSL. This arrangement reflects the IJB's role as a strategic planning body which does not directly deliver services, employ staff or hold cash resources. However, it is important that the IJB has oversight of the in year budget position as this highlights any issues that need to be accounted for when planning the future delivery of health and social care services.</p> <p><b>Due Date:</b> March 2018</p> <p><b>Action owner:</b> Chief Finance Officer</p>	<p>Financial updates are regularly presented to the IJB. In response to the initial concerning financial position, performance against budget has been closely monitored and financial reporting has been developed to support this.</p> <p>Financial reports present an overview of the financial position and the project year end position. Where delegated services are presenting an overspend, further detail is provided on the underlying reasons and the actions being taken within each partner organisation.</p> <p>In addition, the IJB are asked to approve in-year mitigating actions required to deliver a breakeven position. We are satisfied that financial reports provided sufficient information to enable to IJB to effectively manage financial position.</p> <p><b>Action complete</b></p>
<b>Rating</b>			
<b>Grade 3</b>			

No.	Issue & recommendation	Management comments	External audit update
2.	<p><b>Savings plans</b></p> <p>The IJB's achievement of a breakeven position in 2017/18 is wholly dependent on its ability to work effectively with the council and health board to deliver the required</p>	<p>Accepted. However it should be noted that the IJB's ability to confirm how the current NHS Lothian funding gap will be bridged is partly reliant on the overall NHS Lothian financial</p>	<p>The IJB approved the 2018/19 financial plan in May 2018. This acknowledged the need to develop a savings and recovery programme and proposals of £14.9million</p>
<b>Rating</b>			
<b>Grade 4</b>			



No.	Issue & recommendation	Management comments	External audit update
	<p>savings.</p> <p>Discussions remain ongoing with NHS Lothian around how the current funding gap of £6.5million will be bridged and there remains a risk that planned efficiencies are not delivered. While responsibility for the actual delivery of the planned savings will fall to the IJB's partners, it is imperative that the IJB can demonstrate it has taken a strategic approach to the identification of appropriate savings options.</p> <p>The IJB should ensure that future financial plans demonstrate sufficient consideration of the identification of potential savings options, including the financial and operational impact they are expected to have in the short, medium and long term. In the short term, the IJB should confirm how the current funding gap of £6.5million will be bridged.</p>	<p>position.</p> <p><b>Due Date:</b> March 2018</p> <p><b>Action owner:</b> Chief Officer</p>	<p>were approved by the IJB. It was agreed that additional scrutiny was required over the achievement of these targets and that regular updates should be provided to the IJB.</p> <p><b>Action complete</b></p>

No.	Issue & recommendation	Management comments	External audit update
<b>3.</b>	<p><b>Medium term financial planning</b></p> <p>The IJB requested in March 2017 that partners work with the Chief Officer and Interim Chief Finance Officer to prepare a financial plan for IJB delegated functions over a minimum three-year period. The requirement to carry out medium term financial planning is also reflected within the integration scheme. However, medium or long-term financial plans have not yet been developed.</p> <p>Without a medium term financial plan in place, the IJB cannot currently demonstrate how it will deliver the key priorities identified in their three-year strategic plan within the financial resources that will be available.</p> <p>The IJB should prioritise developing a medium term financial strategy that includes a clear understanding of costs, saving options and expected demand</p>	<p>An initial high-level financial plan will be presented to the IJB in September. This will be refined in the following months.</p> <p><b>Due Date:</b> December 2017</p> <p><b>Action owner:</b> Chief Finance Officer</p>	<p>A high level summary of the financial outlook for the period 2018/19 to 2022/23 was presented to the IJB in December 2017. This details the projected IJB delegated budget, the projected increase in costs, and the projected shortfall in each year.</p> <p>The assumptions used demonstrate that the IJB have considered key cost pressures, expected demand pressures and potential savings options.</p> <p>However, the financial outlook report is not aligned to strategic planning and work is still required to develop this further.</p>
<b>Rating</b>			
<b>Grade 4</b>			

No.	Issue & recommendation	Management comments	External audit update
	pressures.		<p><b>Management comment</b></p> <p>Agreed.</p> <p>Whilst progress has been made, in particular with the development of financial frameworks to support the outline strategic commissioning plan, it is recognised further work is required to fully align the financial and emerging strategic plans.</p> <p><b>Updated due date:</b></p> <p><b>March 2019</b></p>

No.	Issue & recommendation	Management comments	External audit update
4.	<p><b>Workforce planning</b></p> <p>The integration scheme requires the IJB to develop an integrated workforce plan for the city.</p> <p>The IJB has not yet developed an integrated workforce plan, and as a result is not meeting the requirements of the integration scheme. Without a documented plan in place, the IJB cannot demonstrate that a strategic overview is being taken over the risks the city faces in relation to workforce supply and demand challenges, communication, staff engagement and training needs to support the implementation of the strategic plan.</p> <p>The IJB should develop an integrated workforce plan for the city.</p>	<p>This is captured in the 2016-17 directions issued to CEC and NHS Lothian. Direction 19 requires:</p> <p><i>"the City of Edinburgh Council and NHS Lothian are directed to work with the Edinburgh Health and Social Care Partnership to:</i></p> <p><i>a. produce and implement a workforce development strategy that supports the delivery of the strategic plan; taking account of the National Health and Social Care Workforce Plan;</i></p> <p><i>b. ensure that any business cases developed in relation to the strategic plan clearly set out any ICT implications."</i></p> <p><b>Due Date:</b> Timescale for production of strategy to be agreed and set out in delivery plan. Performance measure to be agreed in terms of impact.</p> <p><b>Action owner:</b> Chief Nurse</p>	<p>The IJB has established a strategy group to focus on workforce planning, chaired by the Chief Nurse.</p> <p>Whilst action is being taken, further work is still required to develop an integrated workforce plan.</p> <p><b>Management comment</b></p> <p>Accepted</p> <p><b>Updated due date:</b></p> <p>Initial workforce strategy will be presented to the IJB in <b>December 2018</b>.</p>
<b>Rating</b>			
<b>Grade 4</b>			



**Scott-Moncrieff**  
business advisers and accountants

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Scott-Moncrieff  
Exchange Place 3  
Semple Street  
Edinburgh  
EH3 8BL

Date : 28<sup>th</sup> September 2018

Dear Sirs

## **Edinburgh Integration Joint Board**

This representation letter is provided in connection with your audit of the annual accounts of Edinburgh Integration Joint Board (the IJB) for the year ended 31 March 2018 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18 (the 2017/18 Code).

I can confirm to you, in respect of the financial statements of the IJB for the year ended 31 March 2018, the following:-

### **Annual accounts and accounting records**

1. I have fulfilled my responsibilities for preparing financial statements which give a true and fair view in accordance with the 2017/18 Code and for making accurate representations to you.
2. I have provided you with:
  - access to all information of which I am aware that is relevant to the preparation of the financial statements such as records, documentation and other matters;
  - additional information that you have requested from me for the purpose of the audit; and
  - unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.

**Moira Pringle**  
**Edinburgh Integration Joint Board**  
Waverley Court  
4 East Market Street  
EDINBURGH  
EH8 8BG  
Tel 0131 469 3867

Working together for a caring,  
healthier, safer Edinburgh



3. All transactions have been recorded in the accounting records and are reflected in the financial statements.
4. Except as disclosed in the financial statements, the results for the year were not materially affected by:
  - any change in accounting policies;
  - transactions of a type not usually undertaken by the IJB;
  - circumstances of an exceptional or non-recurrent nature; or
  - charges or credits relating to prior periods.
5. I have reviewed going concern considerations and am satisfied that it is appropriate for the financial statements to have been drawn up on the going concern basis. In reaching this opinion I have taken into account all relevant matters of which I am aware and have considered a future period of at least one year from the date on which the financial statements were approved.
6. I confirm the financial statements are free of material misstatements, including omissions.

### **Fraud**

7. I acknowledge as Chief Finance Officer my responsibilities for the design and implementation of internal control in order to prevent and detect fraud and to prevent and detect error.
8. In my opinion, the risks that the financial statements may be materially misstated as a result of fraud are low. Measures have been put in place by management to reduce the risk of fraud.
9. I have disclosed to you all information in relation to fraud or suspected fraud that I am aware of and that affects the IJB and involves:
  - management
  - employees who have significant roles in internal control
  - others where the fraud could have a material effect on the financial statements.
10. I am not aware of any allegations of fraud or suspected fraud with a potential effect on the financial statements which have been communicated to me by employees, former employees, partner bodies, regulators or other third parties.

### **Compliance with laws and regulation, and contractual agreements**

11. I am not aware of any instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.
12. The IJB has complied with all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance.

### **Accounting estimates and judgements**

13. In my opinion, the significant assumptions that have been used in the financial statements are reasonable.
14. In my opinion the significant assumptions used by the IJB in making accounting estimates are reasonable.
15. I do not consider that the remuneration of the Chief Finance Officer is required to be disclosed within the remuneration report under the requirements of the

2017/18 Code and The Local Authority Accounts (Scotland) Regulations 2014 (SSI 2014/200) Schedule (definitions section).

### **Related parties**

16. I have disclosed to you the identity of the IJB's related parties and all related party relationships and transactions of which I am aware.
17. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of International Financial Reporting Standards as adopted by the European Union and as interpreted and adapted by the 2017/18 Code.
18. In particular, I am not aware of any elected member, connected person, or officer with a disclosable interest in a transaction with the IJB at any time during the year other than as indicated in the financial statements.

### **Assets and liabilities**

19. I have disclosed to you all known actual or possible litigation or claims whose effects should be considered when preparing the financial statements and that they have been accounted for and disclosed in accordance with International Financial Reporting Standards as adopted by the European Union and as interpreted and adapted by the 2017/18 Code.
20. I am not aware of any IJB plans or intentions that may materially alter the carrying value or classification of assets and liabilities reflected in the financial statements.
21. The IJB has no plans to abandon activities.
22. I have recorded or disclosed, as appropriate, all liabilities, both actual and contingent, and all guarantees that I have given to third parties.

### **Subsequent events**

23. All events subsequent to the date of the financial statements and for which the 2017/18 Code requires adjustment or disclosure have been adjusted or disclosed. Should any material events occur which may necessitate revision of the figures included in the financial statements or inclusion in the notes thereto, I will advise you accordingly.

I confirm that the above representations are made on the basis of enquiries of members and officers with relevant knowledge and experience (and, where appropriate, of inspection of supporting documentation) sufficient to satisfy myself that I can properly make each of the above representations to you.

Yours faithfully

**Moira Pringle**  
**Chief Finance Officer**

On 28<sup>th</sup> September 2018

# Report

## 2018/19 Financial Position

### Edinburgh Integration Joint Board

28 September 2018



## Executive Summary

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1. The purpose of this report is to provide the Integration Joint Board (IJB) with an overview of the financial position for the period to August 2018 and the year end forecast. It also considers the opportunities for financial recovery and concludes that this will present a challenge in year.

## Recommendations

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2. The Integration Joint Board is asked to:
  - a) note that delegated services are reporting an overspend of £4.7m for the period to the end of July 2018, and that this is projected to rise to £11.9m 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, no assurance can be given of the achievement of break even at this time;
  - c) task the Chief Officer to set a Direction to the City of Edinburgh Council in relation to the additional £4m of funding being made available by NHS Lothian in respect of increasing capacity of care at home services; and
  - d) agree a paper to come to the next IJB detailing the early and initial impact of the use of this funding in relation to key areas of pressure.

## Background

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3. When resources have been delegated via directions by the IJB, the Council and NHS Lothian apply their established systems of financial governance to the delegated functions and resources. Accordingly, budget monitoring of IJB delegated functions is undertaken by finance teams within the Council and NHS Lothian. This arrangement reflects the IJB's role as a strategic planning body which does not directly deliver services, employ staff or hold cash resources. However, it is important that the IJB has oversight of the in year budget position as this highlights any issues that need to be accounted for when planning the future delivery of health and social care services.
4. IJB members are aware of the additional investments made by its partners in relation to increasing capacity in the care at home and care home market and for this increase to support the Health and Social Care Partnership to make

progress in improving outcomes for people; including in relation to delays in waits for care. This paper seeks agreement to the use of one element of this, £4m from NHS Lothian, toward increasing capacity in relation to care at home. Agreeing to set a Direction for the use of funding will enable officers to work quickly with providers to progress this.

## Main report

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### **2018/19 financial plan and savings target**

5. At its meeting in May 2018, the IJB received an update on progress with the 2018/19 financial plan. It noted that offers had been received from the City of Edinburgh Council and NHS Lothian and that, whilst the process of due diligence on these offers had concluded, one issue remained outstanding (the £4m contribution from NHS Lothian). Extremely positive tri partite discussions have taken place between officers of the IJB, NHS Lothian and the Council to determine how these funds would be applied to increase care at home capacity. Whilst we are not yet in a position to confirm final agreement of all 3 parties, this is expected imminently. Assuming agreement, we will have an extremely short window for mobilisation to meet the proposed trajectory to increase capacity and reduce delays. Given this, it is recommended that the IJB set a Direction for the use of this funding, as outlined in a previous development session, to City of Edinburgh Council to enable the work to progress. A full report on the initial impact of the use of funding in the purchase of additional care at home will presented to the next meeting of the IJB.
6. Further, although both NHS Lothian and the City of Edinburgh Council (the Council) recognised that the underlying pressures in health and social care through their financial planning mechanisms, the IJB remains some distance from recurring financial balance. Specifically, the budgets delegated to the IJB fell short of the estimated costs by £20.3m, effectively setting the savings and recovery target. Consequently, the plan set out a programme of efficiency schemes totalling £15.0m. The balance of £5.3m reflected the IJB's share of NHS Lothian's financial plan deficit.

### **Financial position to the end of August**

7. This report is based on the latest financial monitoring information available from the 2 partners. For NHS Lothian this is the position to the end of August and the latest publically available forecast for the Council.
8. For the first 5 months of the financial year the Council and NHS Lothian overspent against the budgets delegated by the IJB by £5.7m. This is anticipated to increase to £10.1m by the end of the financial year, a significant deterioration on the position as anticipated in the financial plan. As discussed above, if all the financial plan assumptions crystallised, delegated services would be reporting a full year overspend of £5.3m.



9. Table 1 below summarises the position with further detail included in appendices 1 (NHS Lothian) and 2 (the Council).

	Year to date			2018/19 Forecast £k
	Budget £k	Actual £k	Variance £k	
NHS services				
Core	113,977	115,871	(1,893)	(2,474)
Hosted	32,209	32,522	(313)	631
Set aside	36,255	37,218	(963)	(2,028)
<b>Sub total NHS services</b>	<b>182,441</b>	<b>185,611</b>	<b>(3,170)</b>	<b>(3,871)</b>
<b>CEC services</b>	<b>82,650</b>	<b>85,225</b>	<b>(2,575)</b>	<b>(6,180)</b>
<b>Total</b>	<b>265,091</b>	<b>270,835</b>	<b>(5,745)</b>	<b>(10,051)</b>

Table 1: summary IJB financial position to the end of August 2018

10. The key financial issues underpinning the position remain consistent with those previously reported, namely:
- As reflected in the third party payments overspend of £5.1m, **care at home** continues to be the single most significant financial challenge facing the IJB. Demographic factors continue to drive demand for care at home services, as evidenced by increases in direct payments, individual service funds and purchased services. The financial plan for 18/19 reflected an element of this increase with the remainder of the growth being offset by increases in efficiency. However to date, there is limited evidence of delivery.
  - **Prescribing** which has been an ongoing pressure across all 4 Lothian IJBs in recent years has stabilised in the early months of this financial year. As a result, a small favourable variance of £0.2m is forecast, although this will remain under close review.
  - Progress in delivering **savings and recovery plans**, is discussed in sections 10 to 13 below; and
  - NHS Lothian **set aside** budgets are overspent by £0.8m for the first 4 months and this is forecast to worsen to £2.1m by the end of the financial year.

### Savings plans

11. As detailed above, the IJB's financial plan incorporated a savings target of £20.3m, £15.0m of which had been identified at the time the plan was considered.
12. Recognising the arrangements for the operational delivery of services delegated by the IJB only certain elements of the recovery programme are delivered by the Partnership. Progress against these elements is governed through the Savings Governance Board, chaired by the Chief Finance Officer. As well as scrutinising progress against the agreed plan, the Savings Governance Board has worked with operational leads to identify and agree

projects to deliver a further £1.4m. This reduces the unidentified balance to £3.9m as summarised in table 1 below:

	Financial plan £k	Current status £k	Change £k
Savings target per financial plan	20,258	20,258	0
Recovery plans identified	14,949	16,321	1,372
<b>Balance to be identified</b>	<b>5,309</b>	<b>3,937</b>	<b>(1,372)</b>

Table 1: progress with IJB recovery actions

13. It is however recognised that the pace of delivery against the plans needs to measurably increase. This is evident from the latest analysis of the status of the plans as shown in table 2, with further detail included as appendix 3:

RAG status	£k	%age
Red	8,845	44%
Amber	4,447	22%
Green	6,967	34%
<b>Total</b>	<b>20,258</b>	<b>100%</b>

Table 2: status of IJB recovery actions

14. As demonstrated in table 3, progress with nearly half of the identified projects is extremely limited. In recognition of this the Chief Officer and management team are reviewing current plans to ensure robustness and sustainability and pursuing alternative in year efficiency opportunities.

### Year end position

15. In recognition of the financial challenges the management team have instituted an action plan which incorporates :
- re focussing leadership for each of the major financial pressures;
  - reinforcing accountability for budgets across localities and hosted services; and
  - strengthening budgetary controls, in particular over discretionary spend and agency costs.
16. Whilst these actions are welcomed and every effort continues to be applied to the position, they are unlikely to bridge the predicted level of in year deficit. In these circumstances, section 9.4 of the integration scheme sets out the “Process for addressing variance in the spending of the Integration Joint Board”. Specifically:
- Where financial monitoring reports indicate that an overspend is forecast on the operational budget, the Chief Officer should take immediate and appropriate remedial action to endeavour to prevent the overspend (9.4.3); and

- In the event that such remedial action will not prevent the overspend, the IJB Chief Finance Officer will develop a proposed recovery plan to address the forecast overspend. The Chief Finance Officer will then present that recovery plan to the IJB as soon as practically possible. The recovery plan will be subject to the approval of the IJB (9.4.4).
17. Work, led by the Chief Officer and Chief Finance Officer, is underway to review the options for financial recovery. The IJB remains ambitious to radically redesign services in a sustainable way and consequently improve outcomes for the people of Edinburgh. The timeframe associated with major transformation is 3-5 years and may require pump priming investment to deliver longer term gains. Whilst there are undoubtedly efficiencies which can be delivered in year without detriment to service provision, these are limited in the short term. It is therefore extremely likely that any recovery plan will have a detrimental impact on delivery of the IJB's strategic plan.

## Key risks

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18. The key risk outlined in this paper is the ability of the Council and NHS Lothian to operate within the delegated budgets and the likely impact on service provision of any recovery plan developed in response.

## Financial implications

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19. Outlined elsewhere in this report.

## Implications for directions

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20. As discussed above, it is recommended that the IJB set a Direction for the use of the £4m being made available by NHS Lothian to increase care at home capacity.

## Equalities implications

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21. 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

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

## Involving people

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23. As above.

## Impact on plans of other parties

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24. As above.

## Background reading/references

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25. None.

## Report author

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**Judith Proctor**

**Chief Officer, Edinburgh Health and Social Care Partnership**

Moira Pringle, Chief Finance Officer

E-mail: [moira.pringle@nhslothian.scot.nhs.uk](mailto:moira.pringle@nhslothian.scot.nhs.uk) | Tel: 0131 469 3867

## Links to priorities in strategic plan

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**Managing our  
resources  
effectively**

## Appendices

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<b>Appendix 1</b>	Financial position of delegated services provided by NHS Lothian to August 2018
<b>Appendix 2</b>	Financial position of delegated services provided by City of Edinburgh Council to August 2018
<b>Appendix 3</b>	Status of IJB directed savings and recovery plans as at September 2018

**FINANCIAL POSITION OF DELEGATED SERVICES PROVIDED BY NHS Lothian TO  
AUGUST 2018**

	Year to date			2018/19 Forecast £k
	Budget £k	Actual £k	Variance £k	
<b>Core services</b>				
Community AHPs	3,343	3,425	(82)	(317)
Community hospitals	4,735	4,615	121	132
District nursing	4,657	4,512	146	(181)
GMS	28,694	29,516	(821)	(689)
Mental health	4,151	4,076	75	321
Other	22,817	24,176	(1,359)	(1,964)
Prescribing	33,525	33,500	25	220
Resource transfer	12,054	12,052	2	4
<b>Sub total core</b>	<b>113,977</b>	<b>115,871</b>	<b>(1,893)</b>	<b>(2,474)</b>
<b>Hosted services</b>				
AHPs	2,674	2,525	149	546
Complex care	737	765	(28)	76
GMS	1,571	1,617	(46)	293
Learning disabilities	2,841	3,039	(198)	(456)
Unscheduled care	2,307	2,354	(47)	0
Mental health	9,473	9,704	(231)	(552)
Oral health services	3,839	3,636	203	254
Other	131	43	88	(523)
Palliative care	970	975	(4)	(3)
Psychology	1,723	1,724	(1)	68
Rehabilitation medicine	1,324	1,239	85	226
Sexual health	1,300	1,310	(10)	(39)
Substance misuse	2,214	2,487	(273)	512
UNPAC	1,104	1,104	(0)	229
<b>Sub total hosted</b>	<b>32,209</b>	<b>32,522</b>	<b>(313)</b>	<b>631</b>
<b>Set aside services</b>				
A & E	2,686	2,792	(107)	(179)
Cardiology	1,756	1,780	(24)	15
Diabetes	432	457	(25)	0
Gastroenterology	1,201	1,256	(56)	(53)
General medicine	10,102	10,567	(465)	(1,278)
Geriatric medicine	5,536	5,459	78	50
Infectious disease	2,341	2,357	(15)	209
Junior medical	5,321	5,592	(271)	(663)
Management	522	560	(38)	(121)
Other	2,858	2,881	(23)	80
Rehabilitation medicine	877	924	(47)	(100)
Therapies	2,623	2,594	28	12
<b>Sub total set aside</b>	<b>36,255</b>	<b>37,218</b>	<b>(963)</b>	<b>(2,028)</b>
<b>Total</b>	<b>182,441</b>	<b>185,611</b>	<b>(3,170)</b>	<b>(3,871)</b>

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

	Year to date			2018/19 Forecast £k
	Budget £k	Actual £k	Variance £k	
<b>Employee costs</b>				
Council Paid Employees	<b>35,476</b>	<b>35,923</b>	<b>(447)</b>	(1,073)
<b>Non pay costs</b>				
Premises	490	490	0	0
Transport	843	843	0	0
Supplies & Services	3,418	3,418	0	0
Third Party Payments	79,780	81,908	(2,128)	(5,107)
Transfer Payments	388	388	0	0
<b>Sub total</b>	<b>84,918</b>	<b>87,046</b>	<b>(2,128)</b>	<b>(5,107)</b>
<b>Gross expenditure</b>	<b>120,395</b>	<b>122,970</b>	<b>(2,575)</b>	<b>(6,180)</b>
<b>Income</b>	<b>(37,745)</b>	<b>(37,745)</b>	<b>0</b>	0
<b>Total</b>	<b>82,650</b>	<b>85,225</b>	<b>(2,575)</b>	<b>(6,180)</b>

**EDINBURGH INTEGRATION JOINT BOARD  
STATUS OF RECOVERY PLAN AS AT SEPTEMBER 2018**

	Original programme	Changes	Current programme	RAG
	£k	£k	£k	
Telecare and support planning/brokerage	4,000	0	4,000	R
Homecare and reablement	1,000	0	1,000	G
Disability services	1,200	0	1,200	A
Workforce	1,900	0	1,900	A/G
Prescribing	3,226	990	4,216	G
Locality schemes	0	294	294	A/G
Procurement	480	88	568	A/G
Hosted services	716	0	716	R/A
Set aside services	627	0	627	R/A/G
Other	1,800	0	1,800	A/G
<b>Sub total schemes identified</b>	<b>14,949</b>	<b>1,372</b>	<b>16,321</b>	
Unidentified	5,309	(1,372)	3,937	R
<b>Total efficiency requirement</b>	<b>20,258</b>	<b>0</b>	<b>20,258</b>	

Red
Amber
Green
<b>Total</b>

8,845
4,447
6,967
<b>20,258</b>



# Report

## Evaluation of 2017/18 Winter Plan and Winter Plan 2018/19 Edinburgh Integration Joint Board

28 September 2018

### Executive Summary

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#### Evaluation of the Winter Plan 2017/18

1. Scottish Government DL (2017)19 guidance on Preparing for Winter 2017/18 required the Edinburgh Health and Social Care Partnership (EHSCP) to produce an action plan to ensure health and social care services were well prepared for winter. This plan was presented to the Edinburgh Integration Joint Board on 13 October 2017 and 15 December 2017.
2. The plan focused on building capacity for out-of-hours services, reducing unscheduled admissions to acute hospitals and supporting early discharge. It addressed additional pressures such as potential surges in respiratory disease and admissions over the winter, incidence of norovirus and influenza, and seasonal business continuity challenges.
3. This report provides an evaluation of actions taken in relation to the critical areas outlined in the guidance for 17/18.

#### Winter Planning for 2018/19

4. The Winter Planning process for 2018/19 has commenced, and the Partnership was invited to submit requests for funding in late June. The Partnership's financial allocation was confirmed on 18 September 2018 and is further detailed in paragraph 81.

### Recommendations

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5. The Integration Joint Board is asked to:
  - i. Review the outputs and lessons learned from winter 2017/18 and advise if there are any further actions the EHSCP Winter Planning Group should consider for 2018/19.
  - ii. Note progress with winter planning for 2018/19



- iii. Accept this report as a source of moderate assurance that EHSCP is developing a robust winter strategy in response to learning from winter 2017/18 as well as supporting new initiatives to continuously improve the winter planning processes

## Background

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6. Planning for winter is an important part of the Partnership's service delivery, given the additional pressures placed on local systems from seasonal influenza, norovirus, severe weather and public holidays.
7. For winter 2017/18, the Scottish Government supported local systems to undertake a review of pressures at several national events where consideration was given to priority areas and initiatives to support local health and social care systems to prepare effectively for winter. It would be fair to say that the focus at the events was still highly geared towards acute services.
8. Scottish Government DL (2017)19 guidance on Preparing for Winter 2017/18, which was released in August 2017, set out the critical areas, outcomes and indicators of success that should be included as part of local planning. These were aligned to the Unscheduled Care 6 Essential Actions and included:
  - business continuity plans tested with partners
  - escalation plans tested with partners
  - safe and effective admission/discharge in the lead-up to and over the festive period and into January
  - strategies for additional surge capacity across health and social care service
  - whole system activity plans for winter: post-festive surge/respiratory pathway
  - effective analysis to plan for and monitor winter capacity, activity, pressures and performance
  - workforce capacity plans and rotas for winter/festive period agreed by October
  - discharges at weekends and bank holidays
  - the risk of people being delayed on their pathway is minimised
  - communication plans

- preparing effectively for Norovirus
  - delivering seasonal flu vaccination to public and staff.
9. The Cabinet Secretary for Health and Sport Committee, wrote to the Chair of all Health and Social Care Partnerships on 31 August 2018 regarding preparing for winter 2018/19. The letter confirmed the amount that NHS Lothian has been allocated for 2018/19 and instructs Health Boards and Integration Joint Boards to use this allocation to specifically target the delivery of 3 priorities:
- Demanding local improvement trajectories for weekend discharges rates to be agreed by the end of November.
  - Earlier in the day discharges, against local improvement trajectories.
  - Adequate festive staffing cover, across acute, primary and social care settings, to ensure that discharges can be maintained at required rates. This should include clinical staff, pharmacists, AHPs, auxiliary and domestic staff.
10. The letter also requested that Winter Plans are submitted by the end of October 2018. A supplementary checklist of winter preparedness: self-assessment was included for completion which is attached at Appendix 1.
11. A Regional Winter Planning Event was held on 13 September 2018. The EHSCP Winter Planning Group, which includes multi-agency and multi-disciplinary representation, leads on the planning and evaluation of the Winter Plans. Monthly meetings are scheduled for Winter 2018/19.

## Main report

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Funded Winter Bids 2017/18

### **Enhanced Locality Hubs – prevent avoidable admissions and support early discharge**

12. The Locality Hubs were at a very early stage in their evolution and there were many winter challenges, in particular, care agencies picking up very little work from 20 December 2017 and over the holiday period. Agency staff flu levels were another mitigating factor.
13. In spite of this, Hub capacity was enhanced to include 7 day and Public Holiday working. Services for the North of the City were delivered from the North West (NW) Hub and for the South of the City from the South East (SE) Hub. 32 additional hospital discharges were facilitated, an average of 1.7 per weekend. 63 unnecessary admissions were prevented, an average of 3.3 per weekend. The

weekend Hub meant that in house services could be started on Saturdays and Sundays which had a knock on benefit to service provision the following week.

14. Recruitment, particularly to physiotherapy posts, was challenging and undoubtedly affected the ability to provide any additional community-based rehabilitation over winter 17/18.
15. In spite of pro-active weekend 'pull', contacts with acute site coordinators, e.g. Home First Practitioners at the Royal Infirmary of Edinburgh (RIE), little activity was generated in this way.

### **Respiratory Flow – enhancement of the Community Respiratory Team (CRT+)**

16. CRT is a well established specialist respiratory team operating 7 days per week, providing a safe alternative to hospital admission.
17. The service widened the range of individuals supported to include the frail or elderly with acute respiratory infections as a test of change.
18. The team provided both primary and secondary care with an additional pathway for the management of patients with acute respiratory infections and supported an additional 157 patients. The majority of referrals were generated by General Practitioners (GPs). There were low levels of acute referrals.
19. At completion of the test of change, a protocol was developed for referral, assessment, supported management and continuation of care for patients with acute respiratory infections in the community, who will benefit from the services of the CRT

### **Expansion of Hospital at Home (H@H) to the North East (NE) of Edinburgh**

20. Hospital at Home is a well established service in the South of Edinburgh. For the duration of winter 17/18 it was extended to include NE Edinburgh. This allowed an alternative to hospital admission for older people in the locality. Individuals were able to remain in their own home while receiving, through multi-disciplinary input, the same access to investigations, medication management and additional care as those in an acute hospital setting. In the first 10 weeks of the service, it cared for 58 patients saving 268 bed days with a saving of £71,550. Activity was lighter than anticipated due to unforeseen specialty doctor sickness during this period
21. The average length of stay for the NE H@H ward was 5.6 days, compared to 13 days in a Medicine of the Elderly ward.
22. Due to the success of the winter expansion and also endorsed by the Whole Systems Review on 7 March 2018, the Partnership has agreed a continuation of funding in NE until the end of the financial year. The Strategic Planning Group

approved a proposal for further expansion to NW to ensure that all residents over 65 across the City can benefit from this service. The full business case for extension is with the Partnership's Executive Team (ET) for consideration.

### **Enhanced Allied Health Professional (AHP) Capacity for Intermediate Care Service at Liberton Hospital to promote supported discharge**

23. Intermediate Care Services were initially enhanced through additional Occupational Therapy and Physiotherapy capacity, based on aspirations to improve flow and increase capacity to support Edinburgh residents who are medically stable but require reablement/rehabilitation to allow for discharge home, and those for whom discharge has been delayed with the aim of reducing their length of stay in hospital.

24. The enhanced therapy service was premised on 60 beds, however, pressure on acute sites was significant and the Liberton bed base incrementally grew to 87. Rather than enhancing the Allied Health Professional (AHP) to bed ratio, the opening of additional beds to help with system flow effectively negated any impact but was, nevertheless, welcome.

### **Improving Anticipatory Care Planning (ACP) for High Risk Individuals in General Practice**

25. Building on the success of the Patient Experience & Anticipatory Care Planning Team (PACT) and the Care Home ACP Programme, and focusing on a test of change in 1 GP Cluster in the NE of Edinburgh (8 GP Practices) the top 2% of people known to be at highest risk of hospital admission, using SPARRA data, were reviewed. Subsequent to that:

- 28 patients who would benefit most had an intensive ACP review – previously none had benefited from this
- 171 patients had a routine ACP review and Key Information Summary (KIS) updated or created.
- The number of people in this cohort who did not have an up to date ACP reduced by 33%

26. Amongst many other outcomes, GPs found it useful to see patients when not in crisis and to be given sufficient time to and resource to explore the full range of issues that were important to the person.

27. Data analysis for GP Practice attendance; A&E attendance and hospital admissions is still awaited, it is anticipated this information is due in September 18.

## **Festive Practice – Primary Care Walk-in Centre**

28. Continuing to build on previous successes, residents and visitors in need of urgent primary care, minor injuries treatment and wider social care support were able to attend a walk-in clinic located at Chalmers Hospital in the city centre. The clinic was open on public holidays at both Christmas and New Year, offering a combination of pre-booked and drop-in appointments, providing an alternative to accident and emergency, unscheduled care and mental health service for residents and visitors. The clinic saw 66 people over Christmas and New Year public holidays and the main benefit was felt by Lothian Unscheduled Care Service (LUCS) who had requested that the service be repeated at Easter.
29. Unfortunately the Easter service did not go ahead as LUCS had difficulty recruiting GPs to cover the Easter weekend. It was felt that the Easter service would become a pressure and a decision was taken not to go ahead at that time.
30. Valuable lessons have been learned about the service model and the staffing model will be refined to accommodate these for 2018/19.

## **Care Home Liaison**

31. The Care Home Liaison Nurse project did not commence due to several challenges. Firstly and primarily, there was no suitable job description and the timescale for job evaluation, matching and recruitment was not possible within a three month timeline. Work has now been done to develop a job description for future use.
32. The likely cohort from which these posts would have been recruited is District Nursing and the Partnership was and still experiencing workforce pressures in this sector.
33. A previously successful care home liaison service (funded from the Older Peoples Change Fund) was disbanded and the organisational memory of that has yet to fade.

## **Generic Lessons Learned and Proposals for Improvement**

34. In common with previous years, earlier agreement on funding allocation to allow recruitment to commence in the summer months is critical. AHP recruitment would benefit from a centralised collaborative approach.
35. Whilst it is recommended that Hub Services move to a seven day working model as business as usual, to support flow and prevent unnecessary admissions, this will require larger scale staff engagement, consultation and organisational change. Early work to enable this is underway through the Integration Challenge and Opportunities Working Group.

36. Where new services are developed, communication to key stakeholders (referees) needs to be targeted and sustained. The Winter Communication Plan needs to be initiated earlier in the season and an overarching communications plan for Resilience needs to be developed.
37. A clear Partnership incident management structure needs to be in place which specifies essential services and requires to have a more robust and proactive staff flu campaign and better data to support this.
38. Where things work well, demonstrate impact, and would contribute to community capacity building as outlined in the Strategic Plan, proposals/business cases should be developed as routine.

### **Pressures throughout Winter**

39. The delayed discharge performance caused significant difficulties in achieving sustainable flow across each acute site. Difficulties associated with accessing packages of care, nursing home places and Guardianship cases further impacted performance.
40. All acute adult sites reported an impact resulting from influenza with the strain of influenza A (H3N2) among the most prevalent. This impacted on site capacity and flow as a number of wards throughout acute required to be closed / cohorted for safe containment of the infection.
41. Pressures for the Partnership included higher than usual staff sickness absence levels, including those of their partner providers, and staff vacancies.

### **Winter Bids 2018/19**

42. Whilst the ambition remains to achieve a non-bed based winter model, it is recognised that Partnerships are not in a position to fully deliver this yet.
43. The 2018/19 winter planning process has evolved from the process used in 2017/18, with greater emphasis upon realising the impact of any funded winter scheme and clear metrics being considered alongside the rationale for funding. This year's approved approach has included:
- Table top exercise with open discussion against each bid and application of a weightings framework to each bid against an criteria of:
    - i. The Scottish Government 6 Essential Action Programme (see Appendix 2)
    - ii. Ministerial Steering Group Indicators (see Appendix 3)

#### 44. Areas of greatest impact/evidence to date:

- Application of live weightings to create a prioritised list of winter bids that fit within financial constraints/unscheduled care winter funding for 2018/19
- The forging of key linkages with resilience planning workstreams.

45. On 6 June 2018, EHSCP was invited to submit bids for winter funding. A communication was sent out at that time to a range of key stakeholders in the Partnership, including operational managers, locality managers, members of the EHSCP Winter Planning Group, Strategic Planning Manager's and the Chief Nurse, who were asked to liaise with staff and third sector partners to generate proposals.

46. The deadline for winter submissions was 25 June 18. EHSCP submitted 13 bids, which were discussed at a prioritisation meeting on 31 July. It was evident at the prioritisation meeting that the process required to be refined using improved weightings and a scoring system to make it fit for purpose. A list of essential areas, listed below, was produced at that meeting and will be included in the final winter plan:

- Festive Period Cover – ED/Festive Practice
- Infection Control – facilities
- Flu
- Respiratory
- Delayed Discharges
- Discharge to Assess
- ED Resilience
- Hospital at Home/Hospital to Home
- Prevention of Admission
- Ambulatory Care
- Enhanced staffing to improve flow in wards
- Additional Beds and Infrastructure
- Principles of prevention, earlier discharge

47. Firstly, system-wide must haves were agreed to be festive period cover, infection control and flu. Secondly, proposals with low or no evidence of impact were removed. Thirdly, it was agreed that each of the Partnerships should reconsider their submitted bids and reference them against the list of essential areas and to reprioritise by essential to least essential by each business unit/partnership.

48. Table one gives a breakdown of the Partnership submissions

<b>Must Haves – already agreed</b>			
ED005	Festive AHP Public Holiday Cover in AAH and Liberton	Relates to beds	Both proposals are discreet. No cross cutting. 100% linked to Festive Public Holiday cover
ED008	Festive Primary Care Model		
<b>Priorities – in rank order, highest to lowest</b>			
ED004	Community Respiratory Team +	Respiratory	
ED002	Discharge to Assess	Discharge to Assess	
ED001	AWI/Guardianship	Enhanced Staffing to improve flow in wards	
ED009	Hub – Hospital Social Work	POA/Delayed Discharge	
ED0101 & ED012	Hub – Enhanced Therapy & Hub Assistant Practitioners	POA/Delayed Discharge	
ED003	PLAAN Phase 2	POA	
ED006	Liberton Assistant Practitioners	Enhanced Staffing to improve flow in awards/Delayed Discharge	
ED007	ACP & Community Mental Health Teams	POA	
<b>Removed</b>			
ED011	Hub – Enhanced Discharge Facilitation		Offered up at de-prioritised at planning prioritization meeting on 31/07/2018
ED013	IMPACT District Nursing Brief Nursing Interventions		No evidence to support proposal. Unlikely to be able to staff

49. The essential bids in their totality will be further cross referenced against evidence to date and deliverability to create a final list of bids that will be funded, it is anticipated that funded bids would be confirmed by the end of August 2018. EHSCP submitted 11 bids totalling £379,698. 8 of these bids were successfully funded to a total of £286,043.



## **Unpaid Carers**

50. The winter season and the festive period over Christmas and New Year, can be a difficult time for unpaid carers. Winter weather can make it problematic for carers and the person they look after to get around and seasonal reductions or disruptions in service provision, for both the carer and the cared for person, can amplify the loneliness and social isolation carers often experience.
51. The State of Caring Report 2017 by Carers UK advises “that carers who had felt lonely or isolated were almost twice as likely to report worsened mental (77%) and physical (67%) health” so the impact of this is an important consideration for winter planning.
52. Within Edinburgh for 2018/19, unpaid carers can access support and information from carer organisations throughout the winter period. However, during the two week festive period when many carer projects close carers can; access telephone support from the Edinburgh Carer Support Team on non-public holiday days; contact Social Care Direct at any time in relation to social care issues or queries about service provision in the event of adverse weather; and access specific opportunities that VOCAL Edinburgh plan to offer including; a series of drop-in sessions in their carers hub on specified dates offering company and emotional support from dedicated carer support staff; activities and trips out with other carers and dedicated staff; and telephone counselling.
53. All of these opportunities will aim to reduce isolation and loneliness and ensure carers are connected to support. The service being provided by VOCAL over Christmas is currently in the planning stages and will be widely promoted through a variety of platforms. This service will be funded through the Carer Information Strategy allocation to support carers’ health and wellbeing over the festive period

## **Winter Weather Resilience Arrangements**

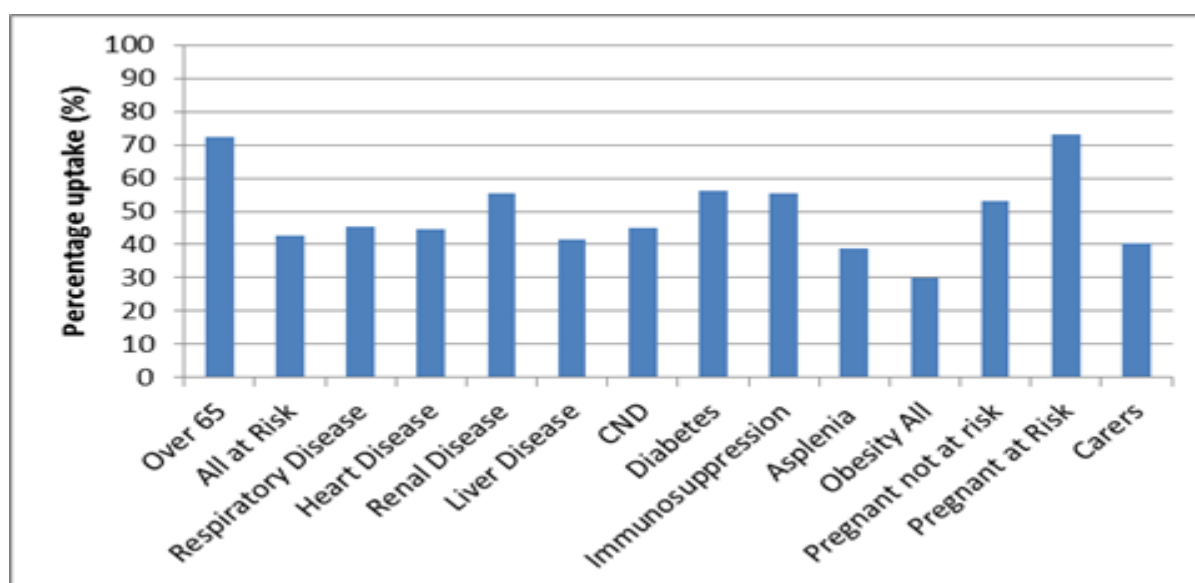
54. The Partnership’s 2017/18 winter resilience was robustly tested by the short, but eventful, visitation of the ‘Beast from the East’, which created severe snow and ice conditions between 28 February and 4 March 2018. The main impacts were transport, communications and staff and service user’s welfare. This created a unique opportunity to introspectively look at incident readiness and response and, as a result of that, resilience arrangements have significantly changed.
55. In May 2018, the EIJB approved the Partnership’s Overarching Resilience Arrangements, which includes winter resilience. Operational teams are currently finalising their own resilience plans for EMT sign off by the end of October 2018.
56. The full IJB Winter Weather Resilience Arrangements report is attached at Appendix 3.

## Flu Vaccinations

57. Ensuring high uptake of flu vaccination among staff and patients is one of the key underpinning and most effective elements of winter planning. Prevention of flu in the community decreases the number of admissions and presentations, and prevention among staff decreases both nosocomial transmission and staff sickness.

58. NHS staff flu uptake increased enormously from 41% last year to over 51% this year. Nearly 16,000 vaccines were given in 495 clinics. This was above the Scottish average uptake of 46% and we have moved from bottom to 5<sup>th</sup> top mainland Board.

59. Getting data by locality on flu uptake is not possible currently. There is no data for the Council employed staff within the Partnership. Community flu uptake at last saw a reversal of the downward trend since 2013/14. The graph below outlines uptake of flu vaccinations in risk groups in GP Practices in Edinburgh.



60. This year saw the most significant seasonal flu activity since the post swine flu season of 2010/11. Early indications of a severe season in Lothian came from an early start with outbreaks in care homes from week 47. Altogether, 27 of the 110 care homes in Lothian reported outbreaks of influenza. It has not been confirmed how many of these were care homes in Edinburgh. The main season started from week 49, with prolonged high activity from weeks 52 – week 5 with a peak in GP consultations in week 2.

61. The Housebound Flu Vaccination Service was offered for the second year running to GP Practices and received positive feedback with 50 Edinburgh practices (68%) opting in.

62. A successful pilot took place utilising a smartphone application to trial real time collation of staff flu vaccination. Further work is required however on the best model and work will be considered in 2018.

63. The following are the key issues to be addressed around flu in 2018/19:

- **Uptake:** The welcome upswing in uptake in 2017/18 was only achieved late in the season after patients and staff came forward as a result of the publicity around the significant impact of flu at New Year. There needs to be a focus on continuing to improve uptake among the groups most at risk and in whom uptake is lowest. Across Scotland, uptake in all risk groups under 65 is still only 45% (in 2013/14 it was 57%)
- **New flu vaccines for 2018/19:** New adjuvanted and quadrivalent flu vaccines will be available for next season – with eligibility depending on age group for this first season. These new vaccines are very welcome, but there is a need to mitigate around potential confusion caused by different eligibility criteria. There is a supply restriction to over 75's only. By mid October 18 only 60% of the consignment will be available with the remainder available by early November. This may have an impact on GP clinics
- **Vaccination of in and outpatients:** Many patients miss their flu vaccination in primary care because they are in hospital or attending outpatients. The aim is to improve delivery of flu vaccination across all secondary care settings, both in and outpatients. By April 2021, as part of the Primary Care Transformation Programme, no flu vaccinations will be carried out by GPs or GP Practice staff. Improving delivery at point of care for those who are inpatients or frequent outpatient attenders will be an important first step to ensuring a new robust model of delivery of flu vaccinations.
- **Housebound Patients:** the new service over the last 2 years for housebound patients has been very much welcomed by GPs. The current model of using bank staff however is very challenging and a new model is recommended, led by HSCPs.
- **Staff flu vaccination:** The perennial issue of accurate recording of staff flu data remains. For 2018/19, data will include primary location/unit of work. There is a particular need to improve uptake among nursing and midwifery staff

## Communication

64. The NHS Lothian Communication Team received funding for a Lothian-wide campaign aimed at the general public to signpost people to the most suitable

service for their health and social care needs. This involved printed communications, social media and advertising on Lothian buses. In addition to this many other groups and organisations, for example the Scottish Government and NHS24, were communicating winter messages.

65. The Partnership's communications for Winter 2017/18 focused on:

- Communicating with staff to provide advice to support service users
- Supporting the NHS Lothian public campaign, particularly on social media
- Supporting the NHS Lothian flu vaccine campaign for frontline staff

66. In addition to this there was a series of targeted communications to the most vulnerable groups, for example those with long term conditions.

67. The main learning from the 2017/18 communications was that we needed to start communicating earlier and better target key audiences with discreet messages. For Winter 2018/19 we aim to start communicating from week starting 22 October 2018, with a series of targeted communications for:

- High risk/frontline staff about getting the flu vaccine
- Care home staff about the importance of anticipatory care plans
- Social Care Direct staff to allow them to signpost callers to the right service
- Homecare staff on keeping themselves and clients safe and healthy over winter
- Those with long term condition
- Those most at risk of falling
- Unpaid carers

## Key risks

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68. Key risks include:

- Projects that have demonstrated good outcomes and meet targets will stop if further funding not agreed particularly:
  - i. Hospital at Home North East Edinburgh
  - ii. CRT+ will be further tested this winter with a view to permanency

- Challenges recruiting required additional staff for only a 12 week period. Some Partnerships are deciding to recruit to permanent contracts.

69. There is a risk that community infrastructure cannot meet demand, resulting in continued reliance on bed-based models, with associated risk to site flow, Emergency Department (ED) crowding and staffing.

70. There is a risk that if high levels of delayed discharge remain, this will impact on system wide flow.

## Financial implications

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71. A total of £412,000 was awarded to the 7 successful winter bids for EHSCP in 2017/18. Of this, £165,000 was spent by NHS and £95,000 by the Council, leaving an underspend of £152,000, for reasons previously outlined. The surplus was used to fund H@H beyond winter.

72. It is worth noting that the expanded H@H service for North Edinburgh scheme identified in the 2017/18 winter plan is already supported by the EIJB through additional non-recurrent investment in 2018/19.

73. NHS Lothian has been allocated a total of £1.392m for winter 2018/19, a reduction of 30% compared to 2017/18. EHSCP submitted 11 bids totalling £379,698. 8 of these bids were successfully funded to a total of £286,043.

## Implications for Directions

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74. There are no implications for directions arising from the detail contained within this report.

## Equalities implications

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75. An integrated impact assessment was undertaken in December 2017 to consider both positive and negative outcomes for people with protected characteristics and other groups. The general findings were very positive. Areas for improvement were unpaid carers and hard to reach groups. It was noted that there has been an impact on staffing due to the Council and NHS staff having different contracts and the ability to pay enhanced rates to incentivise staff to work weekends or public holidays based on different terms and conditions.

## Sustainability implications

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76. The tests of change over Winter have demonstrated a longer term need for many of the projects, extension of H@H, CRT + and the development of seven day

working across the Hubs are essential for providing effectively and timely interventions within the community and therefore prevented unnecessary hospital admissions.

77. There is a sustainability issue for NE Locality to continue to provide all of the capacity required to support winter planning.

## Involving people

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78. Winter plans were developed in close consultation with key stakeholders through the EHSCP Winter Planning Group and the planners and operational managers who generated the proposals. It is recognised that earlier engagement with the third sector is appropriate and has not been robust in 2018/19 due to the short lead time for submissions and capacity issues. This has been flagged with NHS Lothian Unscheduled Care Programme Team.

79. A communication plan was developed for the Partnership to ensure that staff in health and social care, partner organisations, the public and visitors to the city are aware of the services available over the festive period and how to access these.

80. The key target groups are people using the largest proportion of health care resources, primarily vulnerable older people, people who receive a care at home, people with long-term health conditions, and unpaid carers.

## Impact on plans of other parties

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81. Winter plans have been developed in very close consultation with relevant parties through the EHSCP Winter Planning Group. This group has membership from acute sites and includes leads for flu, resilience and communications. For 2018/19 this will extend to include third sector.

## Background reading/references

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82. Scottish Government DL(2017)19 guidance

## Report author

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## Appendices

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<b>Appendix 1</b>	Supplementary Checklist of Winter Preparedness: Self-Assessment
<b>Appendix 2</b>	6 Essential Actions
<b>Appendix 3</b>	Ministerial Steering Group Indicators
<b>Appendix 4</b>	EHSCP Winter Weather Resilience Arrangements

# Preparing for Winter 2018/19: Supplementary Checklist of Winter Preparedness: Self-Assessment

## Priorities

1. Resilience
2. Unscheduled / Elective Care
3. Out of Hours
4. Norovirus
5. Seasonal Flu
6. Respiratory Pathway
7. Key Partners / Services

This checklist supports the strategic priorities for improvement identified by local systems from their review of last winter and includes other areas of relevance.

This list is not exhaustive and local systems should carefully consider where additional resources might be required to meet locally identified risks that might impact on service delivery.

NHS Special Boards should support local health and social care systems to develop their winter plans as appropriate.



## Winter Preparedness: Self-Assessment Guidance

- Local governance groups can use these checklists to self-assess the quality of overall winter preparations and to identify where further action may be required. This should link to the guidance available for continual provision of service available on the associated web links highlighted on the accompanying paper
- There is no requirement for these checklists to be submitted to the Scottish Government.
- The following RAG status definitions are offered as a guide to help you evaluate the status of your overall winter preparedness.

<b>RAG Status</b>	<b>Definition</b>	<b>Action Required</b>
<b>■ Green</b>	Systems / Processes fully in place & tested where appropriate.	Routine Monitoring
<b>■ Amber</b>	Systems / Processes are in development and will be fully in place by the end of October.	Active Monitoring & Review
<b>■ Red</b>	Systems/Processes are not in place and there is no development plan.	Urgent Action Required

1	<p style="text-align: center;"><b>Resilience Preparedness</b> <i>(Assessment of overall winter preparations and further actions required)</i></p>		RAG	Further Action/Comments
1	<p>The NHS Board and Health and Social Care Partnerships (HSCPs) have robust business continuity management arrangements and plans in place to manage and mitigate all key disruptive risks including the impact of severe weather. These arrangements have built on the lessons learned from previous periods of severe weather, and are regularly tested to ensure they remain relevant and fit for purpose.</p> <p>Resilience officers are fully involved in all aspects of winter planning to ensure that business continuity management principles are embedded in winter plans.</p> <p><i>The <a href="#">Preparing For Emergencies: Guidance For Health Boards in Scotland (2013)</a> sets out the expectations in relation to BCM and the training and exercising of incident plans – see Sections 4 and 5, and Appendix 2 of <a href="#">Preparing for Emergencies</a> for details. The <a href="#">NHSScotland Standards for Organisational Resilience (2018)</a> sets out the minimum standard of preparedness expected of Health Boards – see Standard 18.</i></p>	<input type="checkbox"/>          <input type="checkbox"/>		
2	<p>Business continuity (BC) plans take account of the critical activities of the NHS Board and HSCPs; the analysis of the effects of disruption and the actual risks of disruption; and plans are based on risk-assessed worst case scenarios.</p> <p>Risk assessments take into account staff absences and a business impact analysis so that essential staffing requirements are available to maintain key services. The critical activities and how they are being addressed are included on the corporate risk register and are regularly monitored by the risk owner.</p> <p>The partnership has negotiated arrangements in place for mutual aid with local partners, which cover all potential requirements in respect of various risk scenarios.</p>	<input type="checkbox"/>          <input type="checkbox"/>          <input type="checkbox"/>		
3	<p>The NHS Board and HSCPs have appropriate policies in place that cover:</p> <ul style="list-style-type: none"> <li>• what staff should do in the event of severe weather hindering access to work, and</li> <li>• how the appropriate travel advice will be communicated to staff and patients</li> <li>• how to access local resources (including voluntary groups) that can support the transport of staff to and from their places of work during periods of severe weather. Policies should be communicated to all staff on a regular basis.</li> </ul> <p><i>Resilience officers and HR departments will need to develop a staff travel advice and communications protocol to ensure that travel advice and messages to the public are consistent with those issued by Local /Regional Resilience Partnerships to avoid confusion. This should be communicated to all staff.</i></p>	<input type="checkbox"/>		

4	The NHS Board's and HSCPs websites will be used to advise on travel to appointments during severe weather and prospective cancellation of clinics.	<input type="checkbox"/>		
5	The NHS Board, HSCPs and local authority have created a capacity plan to manage any potential increase in demand for mortuary services over the winter period; this process has involved funeral directors.	<input type="checkbox"/>		
6	The effectiveness of winter plans will be tested with all stakeholders by 30 October The final version of the winter plan has been approved by NHS Board and HSCPs	<input type="checkbox"/>		

2	<b>Unscheduled / Elective Care Preparedness</b> <i>(Assessment of overall winter preparations and further actions required)</i>		RAG	Further Action/Comments
1	<b>Clinically Focused and Empowered Management</b>			
1.1	<p>Clear site management and communication process are in place across NHS Boards and HSCPs with operational overview of all emergency and elective activity.</p> <p><i>To manage and monitor outcomes monthly unscheduled care meetings of the hospital quadrumvirate should invite IJB Partnership representatives and SAS colleagues (clinical and non-clinical) to work towards shared improvement metrics and priority actions. A member of the national improvement team should attend these meetings to support collaborative working.</i></p> <p><i>Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.</i></p>	<input type="checkbox"/>		
1.2	Effective communication protocols are in place between clinical departments and senior managers to ensure that potential system pressures are identified as they emerge and as soon as they occur departmental and whole system escalation procedures are invoked.	<input type="checkbox"/>		
1.3	<p>A Target Operating Model and Escalation policies are in place and communicated to all staff. Consider the likely impact of emergency admissions on elective work and vice versa, including respiratory, circulatory, orthopaedics, cancer patients, ICU/PICU.</p> <p><i>This should be based on detailed modelling, pre-emptive scheduling of electives throughout the autumn, and early spring, and clear strategies regarding which lists may be subject to short-notice cancellation with a minimum impact.</i></p> <p><i>Pressures are often due to an inability to discharge patients timeously. Systems should be in place for the early identification of patients who no longer require acute care and discharged without further delay</i></p>	<input type="checkbox"/>		

1.4	<p>Escalation procedures are linked to a sustainable resourcing plan, which encompasses the full use of step-down community facilities, such as community hospitals and care homes. HSCPs should consider any requirement to purchase additional capacity over the winter period.</p> <p><i>All escalation plans should have clearly identified points of contact and should be comprehensively tested and adjusted to ensure their effectiveness.</i></p>	<input type="checkbox"/>		
2	<p><b>Undertake detailed analysis and planning to effectively manage schedule elective and unscheduled activity (both short and medium-term) based on forecast emergency and elective demand, to optimise whole systems business continuity. This has specifically taken into account the surge in unscheduled activity in the first week of January.</b></p>			
2.1	<p>Pre-planning and modelling has optimised demand, capacity, and activity plans across urgent, emergency and elective provision are fully integrated, including identification of winter surge beds for emergency admissions</p> <p><i>Weekly projections for scheduled and unscheduled demand and the capacity required to meet this demand are in place.</i></p> <p><i>Plans for scheduled services include a specific 'buffering range' for scheduled queue size, such that the scheduled queue size for any speciality/sub-speciality can fluctuate to take account of any increases in unscheduled demand without resulting in scheduled waiting times deteriorating. This requires scheduled queue size for specific specialities to be comparatively low at the beginning of the winter period.</i></p> <p><i>NHS Boards can evidence that for critical specialities scheduled queue size and shape are such that a winter surge in unscheduled demand can be managed at all times ensuring patient safety and clinical effectiveness without materially disadvantaging scheduled waiting times.</i></p>	<input type="checkbox"/>		
2.2	<p>Pre-planning has optimised the use of capacity for the delivery of emergency and elective treatment, including identification of winter surge beds for emergency admissions and recovery plans to minimise the impact of winter peaks in demand on the delivery of routine elective work</p> <p><i>This will be best achieved through the use of structured analysis and tools to understand and manage all aspects of variation that impact on services, by developing metrics and escalation plans around flexing or cancelling electives, and by covering longer term contingencies around frontloading activity for autumn and spring.</i></p> <p><i>Ensure that IP/DC capacity in December/January is planned to take account of conversions from OPD during Autumn to minimise the risk of adverse impact on waiting times for patients waiting for elective Inpatient/Day-case procedures, especially for patients who are identified as requiring urgent treatment.</i></p>	<input type="checkbox"/>		

3	<p><b>Agree staff rotas in October for the fortnight in which the two festive holiday periods occur to match planned capacity and demand and projected peaks in demand. These rotas should ensure continual access to senior decision makers and support services required to avoid attendance, admission and effective timely discharge.</b></p>			
3.1	<p>System wide planning should ensure appropriate cover is in place for Consultants (Medical and Surgical), multi-professional support teams, including Infection, Prevention and Control Teams (IPCT), Social Workers, home care and third sector support. This should be planned to effectively manage predicted activity across the wider system and discharge over the festive holiday periods, by no later than the end of October.</p> <p><i>This should take into account predicted peaks in demand, including impact of significant events (e.g.). Hogmanay Street parties on services, and match the available staff resource accordingly. Any plans to reduce the number of hospitals accepting emergency admissions for particular specialties over the festive period, due to low demand and elective activity, need to be clearly communicated to partner organisations.</i></p>	<input type="checkbox"/>		
3.2	<p>Extra capacity should be scheduled for the 'return to work' days after the festive break and this should be factored into annual leave management arrangements across Primary, Secondary and Social Care services. <b>The Monday following the festive weekend breaks should not be routinely used as a day off thereby creating a 5 day weekend.</b></p>	<input type="checkbox"/>		
3.3	<p>Additional festive services are planned in collaboration with partner organisations e.g. Police Scotland, SAS, Voluntary Sector etc.</p> <p><i>NHS Boards and HSC Partnerships are aware of externally provided festive services such as minor injuries bus in city centre, paramedic outreach services and mitigate for any change in service provision from partner organisations</i></p>	<input type="checkbox"/>		
3.4	<p>Out of Hours services, GP, Dental and Pharmacy provision over festive period will be communicated to clinicians and managers including on call to ensure alternatives to attendance are considered.</p> <p><i>Dental and pharmacy provision should be communicated to all Health and Social Care practitioners across the winter period to support alternatives to attendance at hospital.</i></p>	<input type="checkbox"/>		

4	<b>Optimise patient flow by proactively managing Discharge Process utilising 6EA – Daily Dynamic Discharge to shift the discharge curve to the left and ensure same rates of discharge over the weekend and public holiday as weekday.</b>			
4.1	<p>Discharge planning in collaboration with HSCPs, Transport services, carer and MDT will commence prior to, or at the point of admission, using, where available, protocols and pathways for common conditions to avoid delays during the discharge process.</p> <p><i>Patients, their families and carers should be involved in discharge planning with a multi-disciplinary team as early as possible to allow them to prepare and put in place the necessary arrangements to support discharge.</i></p> <p><i>Utilise Criteria Led Discharge wherever possible.</i> <i>Supporting all discharges to be achieved within 72 hours of patient being ready.</i></p> <p><i>Where transport service is limited or there is higher demand, alternative arrangements are considered as part of the escalation process – this should include third sector partners (e.g. British Red Cross)</i> <i>Utilise the discharge lounge as a central pick-up point to improve turnaround time and minimise wait delays at ward level.</i></p>	<input type="checkbox"/>		
4.2	<p>To support same rates of discharge at weekend and public holiday as weekdays regular daily ward rounds and bed meetings will be conducted to ensure a proactive approach to discharge. Discharges should be made early in the day, over all 7 days, and should involve key members of the multidisciplinary team, including social work. <b>Pharmacy services should also be available to issue timely prescriptions to support discharge.</b> Criteria Led Discharge should be used wherever appropriate.</p> <p><i>Ward rounds should follow the ‘golden hour’ format – sick and unwell patients first, patients going home and then early assessment and review. Test scheduling and the availability of results, discharge medication, transport requirements and availability of medical and nursing staff to undertake discharge should all be considered during this process to optimise discharge pre-noon on the estimated date of discharge. Criteria Led Discharge should be used wherever appropriate.</i></p>	<input type="checkbox"/>		
4.3	<p>Discharge lounges should be fully utilised to optimise capacity. This is especially important prior to noon.</p> <p><i>Processes should be in place to support morning discharge at all times (e.g.) breakfast club, medication, pull policy to DL, default end point of discharge. Utilisation should be monitored for uptake and discharge compliance.</i></p> <p><i>Extended opening hours during festive period over public Holiday and weekend</i></p>	<input type="checkbox"/>		

4.4	<p>Key partners such as: pharmacy, transport and support services, including social care services, will have determined capacity and demand for services and be able to provide adequate capacity to support the discharge process over winter period. These services should be aware of any initiatives that impact on increased provision being required and communication processes are in place to support this. e.g. surge in pre Christmas discharge</p> <p><i>There should be a monitoring and communication process in place to avoid delays, remove bottlenecks and smooth patient discharge processes</i></p>	<input type="checkbox"/>		
<b>5</b>	<b>Agree anticipated levels of homecare packages that are likely to be required over the winter (especially festive) period and utilise intermediate care options such as Rapid Response Teams, enhanced supported discharge or reablement and rehabilitation (at home and in care homes) to facilitate discharge and minimise any delays in complex pathways.</b>			
5.1	<p>Close partnership working between stakeholders, including the third and independent sector to ensure that adequate care packages are in place in the community to meet all discharge levels.</p> <p><i>This will be particularly important over the festive holiday periods.</i></p> <p><i>Partnerships will monitor and manage predicted demand supported by enhanced discharge planning and anticipated new demand from unscheduled admissions.</i></p> <p><i>Partnerships should develop local agreements on the direct purchase of homecare supported by ward staff.</i></p> <p><i>Assessment capacity should be available to support a discharge to assess model across 7 days.</i></p>	<input type="checkbox"/>		
5.2	<p>Intermediate care options, such as enhanced supported discharge, reablement and rehabilitation will be utilised over the festive and winter surge period, wherever possible.</p> <p><i>Partnerships and Rapid Response teams should have the ability to directly purchase appropriate homecare packages, following the period of Intermediate care.</i></p> <p><i>All delayed discharges will be reviewed for alternative care arrangements and discharge to assess where possible</i></p>	<input type="checkbox"/>		
5.3	<p>Patients identified as being at high risk of admission from, both the SPARRA register and local intelligence, and who have a care manager allocated to them, will be identifiable on contact with OOH and acute services to help prevent admissions and facilitate appropriate early discharge.</p> <p><i>Key Information Summaries (KIS) will include Anticipatory Care Planning that is utilised to manage care at all stages of the pathways.</i></p>	<input type="checkbox"/>		

5.4	<p>All plans for Anticipatory Care Planning will be implemented, in advance of the winter period, to ensure continuity of care and avoid unnecessary emergency admissions / attendances.</p> <p><i>KIS and ACPs should be utilised at all stages of the patient journey from GP / NHS 24, SAS, ED contact. If attendances or admissions occur Anticipatory Care Plans and key information summaries should be used as part of discharge process to inform home circumstances, alternative health care practitioners and assess if fit for discharge.</i></p>	<input type="checkbox"/>		
6.0	<p><b>Ensure that communications between key partners, staff, patients and the public are effective and that key messages are consistent.</b></p>			
6.1	<p>Effective communication protocols are in place between key partners, particularly across emergency and elective provision, local authority housing, equipment and adaptation services, Mental Health Services, and the independent sector.</p> <p><i>Collaboration between partners, including NHS 24, Locality Partnerships, Scottish Ambulance Service, SNBTS through to A&amp;E departments, OOH services, hospital wards and critical care, is vital in ensuring that winter plans are developed as part of a whole systems approach.</i></p> <p><i>Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.</i></p>	<input type="checkbox"/>		
6.2	<p>Communications with the public, patients and staff will make use of all available mediums, including social media, and that key messages will be accurate and consistent.</p> <p><i>NHS 24 are leading on the 2018/19 'Be Healthwise This Winter' media campaign, and SG Health Performance &amp; Delivery Directorate is working with partners and policy colleagues to ensure that key winter messages, around repeat prescriptions', respiratory hygiene, and norovirus are effectively communicated to the public.</i></p> <p><i>The public facing website <a href="http://www.readyscotland.org/">http://www.readyscotland.org/</a> will continue to provide a one stop shop for information and advice on how to prepare for and mitigate against the consequences from a range of risks and emergencies. This information can also be accessed via a smartphone app accessible through Google play or iTunes.</i></p> <p><i>The Met Office <a href="#">National Severe Weather Warning System</a> provides information on the localised impact of severe weather events.</i></p> <p><i>Promote use of NHS Inform, NHS self-help app and local KWTTT campaigns</i></p>	<input type="checkbox"/>		



3	<p style="text-align: center;"><b>Out of Hours Preparedness</b>  <i>(Assessment of overall winter preparations and further actions required)</i></p>		<b>RAG</b>	<b>Further Action/Comments</b>
1	<p>The OOH plan covers the full winter period and pays particular attention to the festive period.</p> <p><i>This should include an agreed escalation process.</i></p> <p><i>Have you considered / discussed local processes with NHS 24 on providing pre-prioritised calls during the OOH period?</i></p>	<input type="checkbox"/>		
2	<p>The plan clearly demonstrates how the Board will manage both predicted and unpredicted demand from NHS 24 and includes measures to ensure that pressures during weekends, public holidays are operating effectively. The plan demonstrates that resource planning and demand management are prioritised over the festive period.</p>	<input type="checkbox"/>		
3	<p>There is evidence of attempts at enabling and effecting innovation around how the partnership will predict and manage pressures on public holidays/Saturday mornings and over the festive period. The plan sets out options, mitigations and solutions considered and employed.</p>	<input type="checkbox"/>		
4	<p>There is reference to direct referrals between services.</p> <p><i>For example, are direct contact arrangements in place, for example between Primary Care Emergency Centres (PCECs)/Accident &amp; Emergency (A&amp;E) Departments/Minor Injuries Units (MIUs) and other relevant services? Are efforts being made to encourage greater use of special notes, where appropriate?</i></p>	<input type="checkbox"/>		
5	<p>The plan encourages good record management practices relevant to maintaining good management information including presentations, dispositions and referrals; as well as good patient records.</p>	<input type="checkbox"/>		
6	<p>There is reference to provision of pharmacy services, including details of the professional line, where pharmacists can contact the out of hours centres directly with patient/prescription queries and vice versa</p>	<input type="checkbox"/>		
7	<p>In conjunction with HSCPs, ensure that clear arrangements are in place to enable access to mental health crisis teams/services, particularly during the festive period.</p>	<input type="checkbox"/>		
8	<p>In conjunction with HSCPs, ensure that there is reference to provision of dental services, to ensure that services are in place either via general dental practices or out of hours centres</p> <p><i>This should include an agreed escalation process for emergency dental cases; i.e. trauma, uncontrolled bleeding and increasing swelling.</i></p>	<input type="checkbox"/>		
9	<p>The plan displays a confidence that staff will be available to work the planned rotas.</p> <p><i>While it is unlikely that all shifts will be filled at the moment, the plan should reflect a confidence that shifts will be filled nearer the time. If partnerships believe that there may be a problem for example, in relation</i></p>	<input type="checkbox"/>		

	<i>to a particular profession, this should be highlighted.</i>			
10	<p>There is evidence of what the Board is doing to communicate to the public how their out of hours services will work over the winter period and how that complements the national communications being led by NHS 24.</p> <p><i>This should include reference to a public communications strategy covering surgery hours, access arrangements, location and hours of PCECs, MIUs, pharmacy opening, etc.</i></p>	<input type="checkbox"/>		
11	<p>There is evidence of joint working between the HSCP, the Board and the SAS in how this plan will be delivered through joint mechanisms, particularly in relation to discharge planning, along with examples of innovation involving the use of ambulance services.</p>	<input type="checkbox"/>		
12	<p>There is evidence of joint working between the Board and NHS 24 in preparing this plan.</p> <p><i>This should confirm agreement about the call demand analysis being used.</i></p>	<input type="checkbox"/>		
13	<p>There is evidence of joint working between the acute sector and primary care Out-of-Hours planners in preparing this plan.</p> <p><i>This should cover possible impact on A&amp;E Departments, MIUs and any other acute receiving units (and vice versa), including covering the contact arrangements.</i></p>	<input type="checkbox"/>		
14	<p>There is evidence of joint planning across all aspects of the partnership and the Board in preparing this plan.</p> <p><i>This should be include referral systems, social work on-call availability, support for primary care health services in the community and support to social services to support patients / clients in their own homes etc.</i></p>	<input type="checkbox"/>		
15	<p>There is evidence that Business Continuity Plans are in place across the partnership and Board with clear links to the pandemic plan including provision for an escalation plan.</p> <p><i>The should reference plans to deal with a higher level of demand than is predicted and confirm that the trigger points for moving to the escalation arrangements have been agreed with NHS 24.</i></p>	<input type="checkbox"/>		

4	<b>Prepare for &amp; Implement Norovirus Outbreak Control Measures</b> <i>(Assessment of overall winter preparations and further actions required)</i>		RAG	Further Action/Comments
1	<p>NHS Boards must ensure that staff have access to and are adhering to the national guidelines on <a href="#">Preparing for and Managing Norovirus in Care Settings</a></p> <p><i>This includes Norovirus guidance and resources for specific healthcare and non-healthcare settings.</i></p>	<input type="checkbox"/>		
2	<p>IPCTs will be supported in the execution of a Norovirus Preparedness Plan before the season starts.</p> <p><i>Boards should ensure that their Health Protection Teams (HPTs) support the advance planning which nursing and care homes are undertaking to help keep people out of hospital this winter and provide advice and guidance to ensure that norovirus patients are well looked after in these settings.</i></p>	<input type="checkbox"/>		
3	<p>HPS Norovirus Control Measures (or locally amended control measures) are easily accessible to all staff, e.g. available on ward computer desk tops, or in A4 folders on the wards.</p>	<input type="checkbox"/>		
4	<p>NHS Board communications regarding bed pressures and norovirus ward closures are optimal and everyone will be kept up to date in real time.</p> <p><i>Boards should consider how their communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of a norovirus outbreak.</i></p>	<input type="checkbox"/>		
5	<p>Debriefs will be provided following individual outbreaks or end of season outbreaks to ensure system modifications to reduce the risk of future outbreaks.</p> <p><i>Multiple ward outbreaks at one point in time at a single hospital will also merit an evaluation.</i></p>	<input type="checkbox"/>		
6	<p>IPCTs will ensure that the partnership and NHS Board are kept up to date regarding the national norovirus situation.</p>	<input type="checkbox"/>		
7	<p>Before the norovirus season has begun, staff in emergency medical receiving areas will confirm with the IPCTs the appropriateness of procedures to prevent outbreaks when individual patients have norovirus symptoms, e.g. patient placement, patient admission and environmental decontamination post discharge.</p>	<input type="checkbox"/>		

8	<p>NHS Boards must ensure arrangements are in place to provide adequate cover across the whole of the festive holiday period.</p> <p><i>While there is no national requirement to have 7 day IPCT cover, outwith the festive holiday period, Boards should consider their local IPC arrangements.</i></p>	<input type="checkbox"/>		
9	<p>The NHS Board is prepared for rapidly changing norovirus situations, e.g. the closure of multiple wards over a couple of days.</p> <p><i>As part of their surge capacity plan, Boards should consider how wards will maintain capacity in the event that wards are closed due to norovirus.</i></p>	<input type="checkbox"/>		
10	<p>There will be effective liaison between the IPCTs and the HPTs to optimise resources and response to the rapidly changing norovirus situation.</p> <p><i>This could include the notification of 'tweets', where appropriate, to help spread key message information. HPT/IPCT and hospital management colleagues should ensure that they are all aware of their internal processes and that they are still current.</i></p>	<input type="checkbox"/>		
11	<p>The partnership is aware of norovirus publicity materials and is prepared to deploy information internally and locally as appropriate, to spread key messages around norovirus and support the 'Stay at Home Campaign' message.</p> <p><i>This could include HPT supporting schools to have awareness raising prior to norovirus season and the notification of 'tweets', where appropriate, to help spread key message information.</i></p>	<input type="checkbox"/>		

5	<b>Seasonal Flu, Staff Protection &amp; Outbreak Resourcing</b> <i>(Assessment of overall winter preparations and further actions required)</i>		RAG	Further Action/Comments
1	<p>Staff working in areas with high risk patients such as paediatric, oncology, maternity, care of the elderly, haematology, ICUs, etc., have been vaccinated to prevent the potential spread of infection to patients, as recommended in the CMOs seasonal flu vaccination letter due to be published in Aug 2018.</p> <p><i>This will be evidenced through end of season vaccine uptake submitted to HPS by each NHS board. Local trajectories have been agreed and put in place to support and track progress.</i></p>	<input type="checkbox"/>		
2	<p>All of our staff have easy and convenient access to the seasonal flu vaccine. In line with recommendations in CMO Letter (2018) clinics are available at the place of work and include clinics during early, late and night shifts, at convenient locations. Drop-in clinics are also available for staff unable to make their designated appointment and peer vaccination is facilitated to bring vaccine as close to the place of work for staff as possible.</p> <p><i>It is the responsibility of health care staff to get vaccinated to protect themselves from seasonal flu and in turn protect their vulnerable patients, but NHS Boards have responsibility for ensuring vaccine is easily and conveniently available; that sufficient vaccine is available for staff vaccination programmes; and that senior management and clinical leaders with NHS Boards fully support vaccine delivery and uptake.</i></p>	<input type="checkbox"/>		
3	<p>The winter plan takes into account the predicted surge of flu activity that can happen between October and March and we have adequate resources in place to deal with potential flu outbreaks across this period.</p> <p><i>If there are reported flu outbreaks during the season, where evidence shows that vaccination uptake rates are not particularly high, NHS Boards may undertake targeted immunisation. In addition, the centralised contingency stock of influenza vaccine, purchased by the Scottish Government can be utilised if required and an agreed protocol is in place with NHS Boards on the use of the contingency stock. Antiviral prescribing for seasonal influenza may also be undertaken when influenza rates circulating in the community reach a trigger level (advice on this is generated by a CMO letter to health professionals)</i></p>	<input type="checkbox"/>		
4	<p>HPS weekly updates, showing the current epidemiological picture on influenza infections across Scotland, will be routinely monitored over the winter period to help us detect early warning of imminent surges in activity.</p> <p><i>Health Protection Scotland and the Health Protection Team within the Scottish Government monitor influenza rates during the season and take action where necessary, The Health Protection Team brief Ministers of outbreak/peaks in influenza activity where necessary. HPS produce a weekly influenza bulletin and a</i></p>	<input type="checkbox"/>		

	<i>distillate of this is included in the HPS Winter Pressures Bulletin.</i>			
5	<p>Adequate resources are in place to manage potential outbreaks of seasonal flu that might coincide with norovirus, severe weather and festive holiday periods.</p> <p><i>NHS board contingency plans have a specific entry on plans to mitigate the potential impact of potential outbreaks of seasonal influenza to include infection control, staff vaccination and antiviral treatment and prophylaxis. Contingency planning to also address patient management, bed management, staff redeployment and use of reserve bank staff and include plans for deferral of elective admissions and plans for alternative use of existing estate or opening of reserve capacity to offset the pressures.</i></p>	<input type="checkbox"/>		

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6	<b>Respiratory Pathway</b> <i>(Assessment of overall winter preparations and further actions required)</i>		RAG	Further Action/Comments
1	<b>There is an effective, co-ordinated respiratory service provided by the NHS board.</b>			
1.1	Clinicians (GP's, Out of Hours services, A/E departments and hospital units) are familiar with their local pathway for patients with different levels of severity of exacerbation in their area.	<input type="checkbox"/>		
1.2	Plans are in place to extend and enhance home support respiratory services over a 7 day period where appropriate.	<input type="checkbox"/>		
1.3	Anticipatory Care/ Palliative care plans for such patients are available to all staff at all times.  <i>Consider use of an effective pre admission assessment/checklist i.e. appropriate medication prescribed, correct inhaler technique, appropriate O2 prescription, referred to the right hospital/right department, referred directly to acute respiratory assessment service where in place..</i>  <i>Consider use of self-management tools including anticipatory care plans/asthma care plans and that patients have advice information on action to take/who to contact in the event of an exacerbation.</i>  <i>Patients should have their regular and emergency medication to hand, their care needs are supported and additional care needs identified (should they have an exacerbation).</i>	<input type="checkbox"/>		
1.4	Simple messages around keeping warm etc. are well displayed at points of contact, and are covered as part of any clinical review. This is an important part of 'preparing for winter for HCPs and patients.'  <i>Simple measures are important in winter for patients with chronic disease/COPD. For example, keeping warm during cold weather and avoiding where possible family and friends with current illness can reduce the risk of exacerbation and hospitalisation.</i>	<input type="checkbox"/>		
2	<b>There is effective discharge planning in place for people with chronic respiratory disease including COPD</b>			
2.1	Discharge planning includes medication review, ensuring correct usage/dosage (including O2), checking received appropriate immunisation, good inhaler technique, advice on support available from community pharmacy, general advice on keeping well e.g. keeping warm, eating well, smoking cessation.  <i>Local arrangements should be made to ensure that the actions described are done in the case of all admissions, either in hospital, before discharge, or in Primary Care soon after discharge, by a clinician with sufficient knowledge and skills to perform the review and make necessary clinical decisions (specifically including teaching or correcting inhaler technique).</i>	<input type="checkbox"/>		
2.2	All necessary medications and how to use them will be supplied on hospital discharge and patients will have their planned review arranged with the appropriate primary, secondary or	<input type="checkbox"/>		

	intermediate care team.			
<b>3</b>	<b>People with chronic respiratory disease including COPD are managed with anticipatory and palliative care approaches and have access to specialist palliative care if clinically indicated.</b>			
3.1	<p>Anticipatory Care Plan's (ACPs) will be completed for people with significant COPD and Palliative Care plans for those with end stage disease.</p> <p><i>Spread the use of ACPs and share with Out of Hours services.</i></p> <p><i>Consider use of SPARRA/Risk Prediction Models to identify those are risk of emergency admission over winter period.</i></p> <p><i>SPARRA Online: Monthly release of SPARRA data, <a href="https://www.bo.scot.nhs.uk/">https://www.bo.scot.nhs.uk/</a>. This release estimates an individual's risk of emergency admission.</i></p> <p><i>Consider proactive case/care management approach targeting people with heart failure, COPD and frail older people.</i></p>	<input type="checkbox"/>		
<b>4</b>	<b>There is an effective and co-ordinated domiciliary oxygen therapy service provided by the NHS board</b>			
4.1	<p>Staff are aware of the procedures for obtaining/organising home oxygen services.</p> <p>Staff have reviewed and are satisfied that they have adequate local access to oxygen concentrators and that they know how to deploy these where required. If following review, it is deemed that additional equipment is needed to be held locally for immediate access, please contact Health Facilities Scotland for assistance (0131 275 6860)</p> <p>Appropriate emergency plans/contacts are in place to enable patients to receive timely referral to home oxygen service over winter/festive period.</p> <p>Contingency arrangements exist, particularly in remote and rural areas, and arrangements are in place to enable clinical staff in these communities to access short term oxygen for hypoxaemic patients in cases where hospital admission or long term oxygen therapy is not clinically indicated.</p> <p><i>Take steps to remind primary care of the correct pathway for accessing oxygen, and its clinical indications.</i></p>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>		
<b>5</b>	<b>People with an exacerbation of chronic respiratory disease/COPD have access to oxygen therapy and supportive ventilation where clinically indicated.</b>			
5.1	<p>Emergency care contact points have access to pulse oximetry.</p> <p><i>Take steps to ensure that all points of first contact with such patients can assess for hypoxaemia, and are aware of those patients in their area who are at risk of CO2 retention. Such patients should be known to Ambulance services, Out of Hours Emergency centres and A/E departments, either through electronic</i></p>	<input type="checkbox"/>		



notifications such as eKIS, or by patient help cards, message in a bottle etc.			
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7	Key Roles / Services		RAG	Further Action/Comments
	Heads of Service	<input type="checkbox"/>		
	Nursing / Medical Consultants	<input type="checkbox"/>		
	Consultants in Dental Public Health	<input type="checkbox"/>		
	AHP Leads	<input type="checkbox"/>		
	Infection Control Managers	<input type="checkbox"/>		
	Managers Responsible for Capacity & Flow	<input type="checkbox"/>		
	Pharmacy Leads	<input type="checkbox"/>		
	Mental Health Leads	<input type="checkbox"/>		
	Business Continuity / Emergency Planning Managers	<input type="checkbox"/>		
	OOH Service Managers	<input type="checkbox"/>		
	GP's	<input type="checkbox"/>		
	NHS 24	<input type="checkbox"/>		
	SAS	<input type="checkbox"/>		
	Territorial NHS Boards	<input type="checkbox"/>		
	Independent Sector	<input type="checkbox"/>		
	Local Authorities	<input type="checkbox"/>		
	Integration Joint Boards	<input type="checkbox"/>		
	Strategic Co-ordination Group	<input type="checkbox"/>		
	Third Sector	<input type="checkbox"/>		
	SG Health & Social Care Directorate	<input type="checkbox"/>		

# Appendix 2

## Winter Planning Prioritisation Scoring

- 5. Significant level of delivery against criteria
- 4. Substantial level of delivery against criteria
- 3. Moderate level of delivery against criteria
- 2. Minimal level of delivery against criteria
- 1. Insignificant level of delivery against criteria

EA1	Max points 5	EA2	Max points 5	EA3	Max points 5	EA4	Max points 5	EA5	Max points 5	EA6	Max points 5
<b>General Definition</b>		<b>General Definition</b>		<b>General Definition</b>		<b>General Definition</b>		<b>General Definition</b>		<b>General Definition</b>	
Clinically Focused and Empowered Management		Hospital Capacity and Patient Flow Realignment		Patient Rather than Bed Management		Medical and Surgical Processes Arranged to Pull Patients from ED		7 Day Services		Ensuring Patients are Cared for in their own Home	
<b>Aims</b>		<b>Aims</b>		<b>Aims</b>		<b>Aims</b>		<b>Aims</b>		<b>Aims</b>	
Quadrumvirate Management		Basic Building Blocks Analysis		Patient Tracking through System		Triage to Appropriate Assessment		Smooth Variation in Services		Redirections/Know who to Turn to.	
Clinical Leadership		Bed Planning Toolkit		Admission/Discharge Prediction		Flow through to ED		Surgical Emergency and Elective Services		Shift Emergency to Urgent	
Escalation		Workforce Capacity Toolkit		Balance Capacity and Demand		Access to Senior Decision Maker		Access to Diagnostics/Intervention		Short Stay Assessment/Avoid Admission	
Safety, Flow Huddles		Performance Toolkit		Daily Dynamic Discharge		Access to Assessment/Diagnostics		GP/OOH Support		Discharge When Fit and Ready	
<b>MSG 1</b>	<b>Max points 5</b>	<b>MSG 2</b>	<b>Max points 5</b>	<b>MSG 3</b>	<b>Max points 5</b>	<b>MSG 4</b>	<b>Max points 5</b>	<b>MSG 5</b>	<b>Max points 5</b>	<b>MSG 6</b>	<b>Max points 5</b>
Accident and Emergency		Unscheduled Admissions		Occupied Bed Days		Delayed Discharges		The balance of spend across in community or institutional setting		End of Life Care	

## Appendix 3 – Ministerial Steering Group Indicators

### 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 <sup>1</sup>	A&E attendances	Delayed discharge bed days	Last 6 months of life (% in a large hospital)	Balance of Care (% in a large hospital)
<b>Baseline for EH&amp;SCP</b>	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: 35,987 per 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%	<b>2015-16</b> 2% large hospital
<b>Objective</b>	<b>For 2018-19</b> The objective is to maintain current levels (as performance is	<b>For 2018-19</b> a) Acute: 1% reduction (equates to 289 ~10 beds)	<b>For 2018-19</b> Reduce attendance level by 1% (116 per month) to support	<b>For 2018-19</b> Reduced reportable delayed discharge bed days by 5%.	<b>For 2018-19</b> Reduce the percentage of time in the last 6 months of life in a	<b>For 2018-19</b> Progress towards Scottish median level: 1.6% for 2015-16

<sup>1</sup> 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

	comparatively good).	b) MH: 1% reduction (equates to 360/quarter ~ 4 beds c) GLS: 1% reduction (equates to 112 bed days/quarter ~ 1 bed	pressure on staff and improve performance against 4 hour target	This equates to 261 bed days per month, which would free up 8.7 beds.	large hospital from 13.5% to 12.5%  This is the equivalent to a reduction of circa 7,500 (7,484) Bed Days Saved	
<b>How will it be achieved</b>	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	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 ( <a href="#">Mental Health draft outline strategic commissioning plan, Jan 2018</a> )	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 <a href="#">Locality Improvement plans</a>	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	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	a) Support the development and implementation of the <a href="#">Older People's Strategic Commissioning Plan</a>  b) Support the development and implementation of the <a href="#">Mental Health Strategic Commissioning Plan</a>  c) Prevention of illness, addressing

	<p>support the Integrated Older People's Service (Hospital at Home) to prevent emergency admissions</p> <p>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</p> <p>d) GP initiatives such as anticipatory care planning and workforce modelling</p>	<p>d) Alignment of care home capacity with demand, which will include a supply and demand analysis</p> <p>e) The range of actions to support the reduction of delayed discharges will contribute</p> <p>f) Mental Health – support the development and implementation of the <a href="#">Mental Health Strategic Commissioning Plan</a></p> <p>g) Older people – support the development and</p>	<p>c) Continue to support preventative initiatives outlined in the <a href="#">Edinburgh Health and Social Care Improvement Plan</a>. Including the expansion of the Telecare programme.</p> <p>d) Exploration of opportunities to work with SAS and GPs by looking at admission rate of those who have arrived by ambulance</p> <p>e) Continuation of the development of the falls service</p> <p>f) Support the development and</p>	<p>Care at Home contract for older people to ensure it is able to meet demand</p> <p>c) Continued embedding of the Service Matching Unit in localities to work flexibly with providers to meet demand</p> <p>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</p>	<p>Palliative Care MCN in support of this work</p> <p>c) We are also 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.</p>	<p>inequalities despite increase in population, ageing population and increasing co morbidity</p>
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	<p>e) The partnership will support hospital based initiatives to support more planned admissions such as rapid access respiratory clinics</p>	<p>implementation of the <a href="#">Older People's Strategic Commissioning Plan</a></p>	<p>implementation of the <a href="#">Older People's Strategic Commissioning Plan</a></p>	<p>include moving on policy conversations.</p> <p>e) Support the development and implementation of the <a href="#">Older People's Strategic Commissioning Plan</a></p>		
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# Briefing Note

## Winter Weather Resilience Arrangements

### IJB Winter Weather Report Inclusion

27 August 2018

#### Executive Summary

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1. This report includes an update on the Edinburgh Health and Social Care Partnership's (the Partnership) overarching resilience arrangements.
2. Following early March 2018 'Beast from the East' winter weather incident, the Partnership's resilience arrangements have significantly changed to better support its services.
3. In May 2018, the Edinburgh Integration Joint Board (IJB) approved the Partnership's Overarching Resilience Arrangements. Its strategic approach provides a framework for the organisation to continue the delivery of services during any incident (including winter) that could potentially have an impact on the loss of premises, ICT, staff or key suppliers, it is designed to be flexible. This will improve the Partnership's resilience against an incident disruption and improve its ability to recover from any such disruption while protecting the welfare and safety of both service users and staff.
4. Operational teams are currently finalising their own resilience plan for Executive Management Team sign off by the end of October 2018.

#### Background

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5. The short but eventful winter episode 'Beast from the East' of severe snow and icy conditions of 28 February to 4 March 2018 created a unique opportunity to introspectively look at incident readiness and response through a live case analysis.
6. Resulting debriefs were very well attended with an unprecedented high level of engagement from various service managers and staff across the Partnership. As a result, the Partnership's Overarching Resilience Arrangements benefited from the direct input of staff feedback based on the principles of 'what had gone well' and 'what needed improvement'
7. Table 1 was shared with NHS Lothian and the Council's Resilience Teams. It summarises the extreme winter weather briefing session's lessons learned which in turn has helped the Partnership understand its frontline/operational points of view, recognise good practice and improve its response to similar incidents.

Table 1:

<p><b>What were the main impacts of the extreme weather from 28 February to 4 March on your service area?</b></p>
<p>1. Transport – Dangerous conditions and the decision to close down public transport affected the ability for essential staff (eg. Home Care, Care Home and District Nursing, Social Care Direct staff, etc.) to get to and from work safely.</p>
<p>2. Service Users Welfare – Large Scale effort to prioritise and ensure that vulnerable service users were adequately taken care of.</p>
<p>3. Staff Welfare – Large scale effort to secure taxis or 4x4s for operational staff. Resilience and Senior Mgmt Teams had to find alternative modes of transports which included Council 4x4s, Charitable Organisations, Police Scotland and contract taxis.</p>
<p>4. Communications – with managers unable to physically attend a central control room, most top level/central coordination effort were made virtually.</p>
<p><b>Considering our responses:</b></p>
<p><b>What went well?</b></p>
<p>1. Staff good will, essential services were run and delivered with no adverse impact to service users.</p>
<p>2. Coordination effort with Council and other business partners – Resilience team, Roads, Parks, Police Scotland and Lothian 4x4. They provided much needed chauffeured 4x4 assistance for harder to reach areas where taxis were unable to attend.</p>
<p>3. Teleconference capability – created a for virtual control room for senior managers to discuss and escalate issues, secure transport assistance and plan for the next day.</p>
<p><b>What did not go well? Or could be done differently?</b></p>
<p>1. Clear Partnership Incident Management Structure in place. Once amber warning was announced, and incident management group should have met to discuss contingency arrangements, available resources/alternative ways of service delivery, etc. Need to finalise Plan, Business Impact Assessments, control room, etc.</p>
<p>2. Essential Services – Clarity needed on which services, tasks and roles are essential for the Partnership. Corporate message was too generic and caused confusion.</p>
<p>5. Communications –The use of teleconferencing, emails and mobile working worked well for the most part, not all teams felt included or connected to the wider Partnership strategy. They were receiving separate corporate message from the Council and NHS Lothian. Better overarching Partnership comms plan needs to be developed.</p>



3. Scottish Government – Although the Council had secured a memorandum of understanding with Lothian 4x4 and other charitable organisations for the use of chauffeured 4x4, the Scottish Government had taken over control of this asset. When arrangements had been booked for staff to be collected on Friday morning by Lothian 4x4, SG had pulled away the vehicles at short notice (7am) leaving staff stranded and giving resilience/Senior Management Teams less than 30minutes to secure taxis or alternative transport arrangements.

#### Which issues need to be explored more fully?

1. Partnership Incident Management Structure and Operational Plans with clearly defined roles (with deputies) – these are currently in development.
2. Essential services mapping – What services take priority, how will they be supported, alternative ways of working, etc.
3. Transport: Mapping of 4x4 assets (Partnership, Council, NHS Lothian, Police Vans, etc.) and Drivers available. Snow tyres for Partnership fleet. Better contract arrangements with taxis – priority allocation given to Partnership requests during an incident
4. Comms plan – Centrally controlled messages from the Partnership.

## Main report

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8. The IJB approved the Partnership's [Tactical Resilience Plan](#) on 18 May 2018. The plan's framework is designed to be flexible so that it can address risks and safety issues while promoting cooperation across multi-organisations, which is vital but a difficult management challenge – especially during extreme weather events.
9. Overall staff awareness was increased by this year's severe winter weather and managers have since gained a stronger understanding of where risks lie and where business continuity management is integral.
10. The Partnership is now clear on the formation of its Incident Management Team – roles, decision making and giving of directions. Formal arrangements for secure 'virtual' control rooms (teleconference) are also now in place. On amber/red alert (winter weather) announcement – the Partnership's Resilience Lead and/or Chief Officer will likely request an immediate Partnership Incident Management Team meeting to discuss winter weather resilience arrangements.
11. Localities are currently finalising their Business Impact Assessments to identify their essential services (and corresponding service business continuity plans). This will aid the Partnership's Incident Management Team's decision-making process on where to allocate resources (such as staff and transport) in the event of a winter weather incident.

## Next Steps

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12. Throughout Autumn, a series of staff workshop and communications announcements will also occur to raise staff awareness of winter planning.
13. Localities and Operational Teams' Resilience Plans are currently being finalised. It is anticipated that the Partnership's Executive Management Team will sign off the plans by the end of October 2018.

## Report author

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# Report

## British Sign Language (BSL) Plan 2018-2024

### Edinburgh Integration Joint Board

28 September 2018



## Executive Summary

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1. This report sets out the development of the British Sign Language (BSL) local Plan for the Edinburgh Health and Social Care Partnership (EHSCP) and the City of Edinburgh Council (CEC). A local plan is required under the BSL Act (Scotland) 2015.
2. The eight areas for action in the Plan for health and wellbeing are to be met by the EHSCP, and are subject to modification pending completion of the consultation period.
3. Biennial progress tracking will begin with a report in 2020.

## Recommendations

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4. The Integration Joint Board is asked to:
  - i. Note the “Health (including Social Care), Mental Health and Wellbeing” section of the Plan at Appendix 1, as this sets out the EHSCP’s commitments and actions.
  - ii. Note this report and agree to take a further progress report in October 2020.
  - iii. Note that the BSL Plan attached as Appendix 1 is subject to a consultation period with BSL users which ends on 7 September 2018. The Plan will be finalised and submitted to the Scottish Government by 24 October 2018.

## Background

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5. The British Sign Language (Scotland) Act received Royal Assent on 22 October 2015. The Act, the first of its kind in the UK, aims to make Scotland the best place for BSL users to live, work and visit.

6. The Scottish Government National Plan to meet the requirements of the Act was published in October 2017. The National Plan sets out 10 long term goals with 70 actions designed to achieve these.
7. The Act also requires that an Authority (or local) plan be published by “listed Authorities” within one year of publication of the National Plan. This local plan must show how authorities will act upon the priorities of the National Plan.
8. Local Authorities are named as “listed authorities” required to produce a local plan. Health and Social Care Partnerships are not specifically listed in the National Plan, however, at Roadshow events designed to advise local organisations on developing their local plans, HSCPs were encouraged to find their own appropriate local solutions to action planning.
9. In the Edinburgh context, the Plan developed covers actions by both EHSCP and CEC. Lothian NHS Board has produced a plan covering its own responsibilities which dovetails with this Plan.
10. Development of this plan has been led by the Strategy and Insight Division of the Council, utilising a grant of £11,000 from the Scottish Government, with contributions from key service departments and the EHSCP. The entire Plan will be presented at the Council’s Corporate Policy and Strategy Committee on 2 October 2018 prior to submission to the Scottish Government.

## Main report

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11. This Plan, as detailed in the “Health (including social care), Mental Health and Wellbeing” section, sets out actions which the Edinburgh Health and Social Care Partnership will take with its partners, on the following areas:

1	Provision of health and social care information in BSL
2	Provision of appropriate specialist care management, equipment and BSL interpretation duty and review by 2020
3	Engagement with BSL users about improving of adult social care delivery
4	Integration of new national training initiatives into local training plans
5	Exploring possibilities for clearer highlighting of BSL users’ needs on electronic patient or client records
6	Provision of mental health services for BSL users
7	Improving sport/exercise information and opportunities for BSL users

12. Guidance issued by the Scottish Government advises that robust consultation should be carried out with local Deaf and Deafblind BSL users ensuring access through BSL face to face interpretation and BSL video. Consultation has been carried out in Edinburgh from February 2018 starting with an open access, all day, weekend event in the city centre, staffed with colleagues from a range of council and health services. A BSL reference group made up of BSL users, parents of BSL users, BSL/English Interpreters and academics has also been established and has met regularly since work on the plan began. Information has been published on the Council's website and social media pages as well as setting up a closed Facebook group for BSL users to give their views and feedback on the plan. The draft plan was recorded in a BSL video, the finalised plan will also be produced in both English and BSL.
13. As part of the ongoing partnership working arrangements with other organisations, information and best practice has been shared.
14. Over the next two years, progress on the eight action areas will be tracked and further developed through engagement with BSL users. This will contribute to the two-year progress report due in 2020 which will be collated by CEC Strategy and Insight. The report which will again cover actions by both the EHSCP and CEC, will be submitted to the IJB and the Council's Policy and Strategy Committee.

## Key risks

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15. Although reasonable steps have been taken to ensure consultation with BSL users in Edinburgh, actions may not be appropriate to meet the needs of some of the Deaf BSL user community because the consultation efforts have not reached them.

Following further development, some actions may not be possible within existing resources.

Organisational change in either the Edinburgh Health and Social Care Partnership or the Council may inhibit progress.

## Financial implications

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16. Actions in the Health, Mental Health and Wellbeing section of this Plan are to be carried out within existing resources. No resources have been provided by the Scottish Government for implementation of the Plan.

## Implications for Directions

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17. Reference: EDI\_2017/18\_9 “The City of Edinburgh Council and NHS Lothian are directed to: work with partners to develop a local response to the national British Sign Language (BSL) plan”.

## Equalities implications

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18. An Integrated Impact Assessment is being carried out on the Plan in late August 2018, which will be published on the Transform Edinburgh and the Council website. The anticipated completion date is late September 2018.

## Sustainability implications

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19. Whilst there are no impacts envisaged on carbon or climate change arising from this report, issues of more general sustainable development are relevant. The biennial progress report required by the Scottish Government over the lifetime of the plan will ensure that sustainable progress is being made. This Plan also contributes to the Edinburgh Health and Social Care Partnership Strategic Plan 2016-19 (action 28, sensory impairment), and to the City of Edinburgh Council Business Plan 2017-22.

## Involving people

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20. The development of the Health (including social care), Mental Health and Wellbeing actions for this Plan has been led by EHSCP Strategic Planning and Commissioning, and involved Health and Social Care locality managers and senior staff, Health and Social Care Finance, the mental health planning function of the EHSCP, Deaf Action, the EHSCP IT Steering Group, City of Edinburgh Council Communities and Families, Edinburgh Leisure, the four physical activity locality alliances and locality health and wellbeing groups.
21. Consultation with Deaf BSL users is described in paragraph 12.

## Impact on plans of other parties

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22. As noted above, this plan links to Lothian NHS Board’s BSL Plan, and dialogue will be ongoing to ensure synergy.

## Background reading/references

British Sign Language (Scotland) Act 2015

<http://www.legislation.gov.uk/asp/2015/11/contents/enacted>

Scottish Government British Sign Language National Plan 2017 – 2023

<https://www.gov.scot/Resource/0052/00526382.pdf>

Edinburgh Health and Social Care Partnership Strategic Plan 2016-2019

[http://www.edinburgh.gov.uk/transformedinburgh/downloads/file/132/strategic\\_plan\\_2016-2019](http://www.edinburgh.gov.uk/transformedinburgh/downloads/file/132/strategic_plan_2016-2019)

Plan Consultation draft in BSL

<https://www.youtube.com/watch?v=9yPZH7GROTo&feature=youtu.be>

## Report author

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## Appendices

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Appendix 1: British Sign Language Plan 2018-2024, City of Edinburgh Council and Edinburgh Health and Social Care Partnership consultation draft

# BRITISH SIGN LANGUAGE PLAN 2018 -2024

## The City of Edinburgh Council and Edinburgh Health & Social Care Partnership

*This plan aims to improve services across the City of Edinburgh Council and the Edinburgh Health and Social Care Partnership for British Sign Language (BSL) Users and those who represent them. This plan has been prepared through consultation with BSL communities and is our joint response to the [Scottish Government's National BSL Plan 2017-23](#)*

*The plan is available in both written English as well as British Sign Language*

*We want to hear what you think of our plan. You can give us feedback by:*

- Using the City of Edinburgh Council's Consultation Hub: <https://consultationhub.edinburgh.gov.uk/bi/bsl-consultation>
- By email: [StrategyandBusiness.Planning@edinburgh.gov.uk](mailto:StrategyandBusiness.Planning@edinburgh.gov.uk)
- Speak to David Craig via ContactSCOTLAND <https://contactscotland-bsl.org/>
- Through Twitter or Facebook, search "BSL Plan Edinburgh".

You can give us your views in written English or by recording a BSL video on your home phone or tablet. You can also arrange to meet us face to face if you prefer (we'll arrange an interpreter).



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2. Family Support, Early Learning and Childcare
3. School Education
4. Training, Work and Social Security
5. Health (including Social Care), Mental Health and Wellbeing
6. Culture and the Arts
7. Democracy

### **5. GOVERNANCE AND RESOURCES**

### **6. MONITORING AND REPORTING**

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## 1. INTRODUCTION

The Scottish Government wants to make Scotland the best place in the world for BSL users to live, work and visit and published the National British Sign Language (BSL) Plan 2017-23 in October 2017. The National Plan is made up of 10 long term goals and 70 actions designed to achieve these.

The BSL (Scotland) Act 2015 requires that all public agencies in Scotland must produce a local plan demonstrating how they will work towards implementing the national plan and improving services for BSL Users throughout the region. The City of Edinburgh Council and the Edinburgh Health and Social Care Partnership (EHSCP) have launched this (DRAFT) plan to set out how we will approach and deliver the goals and actions for the city between 2018 and 2024.

The City of Edinburgh is home to approximately 300-400 Deaf BSL users and approximately 1,000 people who said they use BSL during the last census, and is visited by many more, for work, for family and for leisure. A priority in this plan is to ensure that BSL users throughout the city have equal access to services that are welcoming, inclusive, fair and focused on their needs.

## CONSULTATION AND ENGAGEMENT

This version is the latest DRAFT of the BSL Plan for Edinburgh. During, 2018 we have been consulting and engaging with BSL users across the city and beyond. We have held a successful all-day walk-in weekend event in the city centre, staffed with colleagues from a range of council and health services. A BSL reference group made up of BSL users, parents of BSL users, BSL/English Interpreters and academics has also been established and has met regularly since work on the plan began. We have also published information on the Council's website and social media pages as well as setting up a closed Facebook group for BSL users to give their views and feedback on the plan. Finally, as part of our ongoing partnership working arrangements with other organisations we have shared information and best practice about the approach we are taking to developing this plan and are learning from others.

This draft plan has been created using a wide range of expertise across the full spectrum of council services including economic development, strategy & policy services, digital, communications, procurement, education, lifelong learning, the Edinburgh Health & Social Care Partnership, equality & rights as well as our in-house customer facing teams in locality offices and our contact centre.

As part of our commitment to delivering the actions and goals of this plan, the Council will contribute to the national progress report in 2020. We will also continue to engage with our BSL community throughout the implementation of this plan and to gather their views and feedback on the progress we have made.

The consultation on this draft plan will open for six weeks until 7 September 2018 when all feedback will be considered and used to shape the final plan. The DRAFT plan will be published in written English as well as in BSL and will be available through the Council's website and through our social media pages and group. Where required, during the consultation period we will meet with BSL users face to face and ensure that an interpreter or Deafblind communicator is available to support the discuss their views on the plan.

If you would like to comment on this plan, you can do so as follows:

- The City of Edinburgh Council's [Consultation Hub](#), search "BSL Draft Plan"
- Search "BSL Plan Edinburgh" on Facebook
- Speak to David Craig via ContactSCOTLAND <https://contactscotland-bsl.org/>
- Email: [StrategyandBusiness.Planning@edinburgh.gov.uk](mailto:StrategyandBusiness.Planning@edinburgh.gov.uk)

If you would like any more information, please contact David Craig, Senior Policy Officer, City of Edinburgh Council, Waverley Court, 4 East Market Street, Edinburgh, EH8 8BG, 0131 529 7802, [david.craig@edinburgh.gov.uk](mailto:david.craig@edinburgh.gov.uk)

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## 2. SUMMARY

Our British Sign Language (BSL) Plan 2018-24 is based on the long term goals of the Scottish Government's National Plan. Our long term goals focus on:

- What we'll do across all of our services
- Family Support, Early Learning and Childcare
- School Education
- Training, Work and Social Security
- Health (Incl. Social Care), Mental Health and Wellbeing
- Culture and The Arts
- Democracy

**Our plan focuses on ensuring BSL users and their families have equal access to services that are welcoming, inclusive, fair and focused on their individual needs.**

This DRAFT plan sets out our DRAFT actions that we are aiming to deliver between 2018 and 2024.

We are focusing our resources on a number of key areas:

- Ensuring services and the information we provide to customers are accessible to BSL users.
- Ensuring the principles and outcomes of "Getting it right for every child" are delivered for all D/deaf or deafblind children and young people and ensuring their families are able to access support when required.
- Supporting our BSL communities to access jobs, education or training to ensure they are not left behind economically.
- Providing support to BSL users to take part in Edinburgh's rich cultural history and to share their own BSL and Deaf culture.
- Ensuring BSL users can access mental health and wellbeing services when required.
- Encouraging BSL users to engage and become involved in the democratic and public life aspects of the City of Edinburgh.

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## 3. CONTEXT

We aim to ensure that all of our plans and strategies contribute to and deliver on the outcomes and objectives of the Council Business Plan 2017-22. ***The Programme for the Capital, the Council's Business Plan*** was launched in the Summer of 2017 following the local Council elections and the establishment of a coalition Council agreement. The plan sets out the aims and objectives for the next five years to ensure Edinburgh is a *vibrant and resilient city of opportunity* and for the Council to be *forward looking and empower* its citizens. The plan is built upon the foundation of Council citywide strategies and plans and aims to support our partners to deliver joined up services for mutual benefit. The Business Plan is set against the backdrop of ongoing financial and social challenges but still aims to deliver high quality and transformational services for our customers.

The BSL Plan for Edinburgh 2018-24 plays an important role within our city and contributes specifically to the delivery of the Council Business Plan across a range of strategic aims and objectives. These objectives are cross-cutting and can only be realized through smarter joined up working between services and partners in a sectors. The BSL Plan for Edinburgh 2018-24 contributes to ensuring:

**Edinburgh is a vibrant and resilient city of opportunity:**

- Citizens can lead healthy, active lives with improved wellbeing and can participate in the cultural life of our city;
- Everyone regardless of background can fulfil their potential and have equal opportunities of employment whilst feeling safe and resilient to deal with change
- Children and young people have the best start in life; and

- Residents are connected both socially and in terms of transport & infrastructure with access to housing, facilities and amenities which meet their needs;

#### **Our organisation is forward-looking and empowering:**

- We deliver value for money services through optimizing our resources and building on the capabilities of our workforce;
- We provide services that focus on prevention and early intervention that are planned to ensure we can continue to meet the needs of citizens;
- We are a leading organisation in community engagement that places our customers at the heart of all we do through being responsive, accessible and fair to all;
- We work with our partners to deliver services locally and act openly and honestly ensuring we are inclusive and transparent.

#### **THE COUNCIL AND THE EDINBURGH HEALTH & SOCIAL CARE PARTNERSHIP**

The Council and the EHSCP are large organisations which deliver a wide range of services to residents and businesses within the city and to our visitors and commuters to the city. This plan covers all aspects of these two organisations. The Council is made up of four directorates:

- **Communities & Families** is responsible for Education & Schools, Early Years, Lifelong Learning, Sports, Libraries, Community Centres, Social Services (C&YP), Community Justice, Homelessness, CCTB, Family Protection, Offender Management, Domestic Abuse and Asylum Seeking.
- **Place** is responsible for Planning, Economy Development, Housing, Regulatory Services, Licensing, Environmental Health, Waste, Parks & Green Spaces, Bereavement Services, Scientific Services, Transport, Public Safety and Cultural Services including Venues & Museums.
- **Resources** is responsible for Interpretation & Translation Services (Incl. BSL services), Finance, Procurement, HR, Legal Services, Internal Audit & Risk, Health & Safety, Customer Services, IT, Council Tax & Benefits, Property & Facilities, Security, Catering and Cleaning Services.
- **Chief Executive's Office** is responsible for Corporate Communications, Strategy & Insight and Safer & Stronger Communities.

**The Health & Social Care Partnership:** Following the Public Bodies (Joint Working) (Scotland) Act 2014, many adult social care and community health services, once the responsibility of the NHS and the local authority separately, are now provided through an integrated Health and Social Care Partnership. Among these services are adult social work, older people's services, disability services, learning disabilities, community & primary care health services, care for people in their own home or in nursing homes and some hospital based services.

The governance and strategic direction of this partnership is the responsibility of the Edinburgh Integration Joint Board. This DRAFT plan is completed with the actions which the Edinburgh Health & Social Care Partnership will take. The development of the Health, Mental Health and Wellbeing section of this plan is a key objective of the [Edinburgh Health & Social Care Partnership's Strategic Plan 2016-19 \(Action 28\)](#). The implementation of this plan also links to local work to implement the [Scottish Government's See Hear Strategy](#).

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## BRITISH SIGN LANGUAGE PLAN FOR EDINBURGH 2018-24

### 4.1 ACROSS ALL OUR SERVICES

We share the long-term goal for all Scottish Public services set out in the BSL National Plan, which is:

***“Across the Scottish Public Sector, information and services will be accessible to BSL users”***

**By 2024, we will:**

- Review and audit the information we hold on citizens who are BSL users throughout the city to establish useful baseline data and identify key gaps in information. We will use this information to focus resources on improving specific services and to measure the progress of this plan.
- Establish detailed records of BSL competencies and skills already held by colleagues across the organisation. This will enable us to ensure that BSL training and development is focused on areas of need such as locality hubs and offices where BSL speaking customers can visit
- Ensure that where appropriate and in line with the national Census, BSL is included as a response under the demographic and equality sections of surveys and consultations.
- Establish drop in sessions at our Locality offices to encourage more BSL users to engage with our range of services.
- Explore alternative ways for BSL users to contact the Council, for example sending BSL video clips, interpreting newsletters, how-to videos and webchat
- Continue to improve access in locality offices to contact Scotland through making better use of technology such as tablets and web chat programmes.
- Improve our colleagues’ understanding of BSL users’ needs and deaf culture through holding awareness raising and training sessions with customer facing staff through e-learning and workshops

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## BRITISH SIGN LANGUAGE PLAN FOR EDINBURGH 2018-24

### 4.2 FAMILY SUPPORT, EARLY LEARNING AND CHILDCARE

We share the long-term goal for all Scottish Public services set out in the BSL National Plan, which is:

***“The Getting It Right For Every Child (GIRFEC) approach will be fully embedded, with a D/deaf or Deafblind child and their family offered the right information and support at the right time to engage with BSL”***

***By 2024, we will:***

- Provide literature from the National Deaf Children’s Society (NDCS) and other nationally developed BSL resources to families as early as possible in their child’s life.
- Develop deaf / BSL awareness training specific for early years and childcare workers and make available to all our service providers.
- Work with our BSL communities throughout the city and with regional partners to develop new resources and information for families.
- Continue to discuss communication choices with parents and signpost them to family BSL classes for additional support.
- Provide staff training regarding appropriate visual supports, communication practice and early BSL.
- Explore how best to provide digital resources for communicating information to children and their families.

### 4.3 SCHOOL EDUCATION

We share the long-term goal for all Scottish Public services set out in the BSL National Plan, which is:

***“Children and young people who use BSL will get the support they need at all stages of their learning, so that they can reach their full potential; parents who use BSL will have the same opportunities as other parents to be fully involved in their child’s education; and more pupils will be able to learn BSL at school”***

***By 2024, we will:***

- Review the level of BSL knowledge and skills across our teaching and education support staff. This will enable us to complete competency assessments to identify and focus resources on areas for improvement and share good practice where it exists.
- Contribute to the General Teaching Council for Scotland’s (GTCS) review of the guidance it provides to teachers of pupils who use BSL.
- Utilise best practice set out by Education Scotland (and share ours) to improve how our teachers and support staff can engage more effectively with parents who use BSL and encourage them to become more involved in their child’s learning.
- Explore how BSL can be further included on the 1+2 agenda through offering training, advice and sharing good practice. The overall aim is to provide positive, meaningful experiences of BSL for our learners.

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## BRITISH SIGN LANGUAGE PLAN FOR EDINBURGH 2018-24

### 4.4 TRAINING, WORK AND SOCIAL SECURITY

We share the long-term goal for all Scottish Public services set out in the BSL National Plan, which is:

***“BSL users will be supported to develop the skills they need to become valued members of the Scottish workforce, so that they can fulfil their potential, and improve Scotland’s economic performance. They will be provided with support to enable them to progress in their chosen career”***

***By 2024, we will:***

- Ensure BSL speaking pupils and students are supported with appropriate and accessible information, advice and guidance about their career and learning choices and the transition process to these options.
- Continue working in partnership with Skills Development Scotland on delivery of the Career Education Standard and Developing our Young Workforce Strategy including promotion of available BSL resources.
- Work with partners throughout the city who deliver employment services to help signpost them to advice on the needs of BSL users.
- Explore the opportunity to provide specific training for service providers through the Joined Up for Jobs Network.
- Raise awareness of the UK Government’s “Access to Work” Scheme with employers and BSL users. The Council already offers guaranteed interviews to those with a disability and utilises the Access to Work scheme.



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## BRITISH SIGN LANGUAGE PLAN FOR EDINBURGH 2018-24

### 4.5 HEALTH (INCL. SOCIAL CARE), MENTAL HEALTH AND WELLBEING

We share the long-term goal for all Scottish Public services set out in the BSL National Plan, which is:

***“BSL users will have access to the information and services they need to live active, healthy lives and to make informed choices at every stage of their lives”***

**By 2024, we will:**

- Improve the availability of accurate and relevant health and social care information in BSL and work with BSL users to determine where this should be located.
- Provide specialist BSL social work assessments and care management, together with interpretation duty sessions and equipment through a contract between the Council and the Lothian Sensory Partnership until March 2020
- Over the course of 2019/20, review the above provision and commission appropriate services to run from April 2020.
- Work with BSL users to improve the way adult social care is delivered, by explicitly including BSL users in the EHSCP’s community engagement strategy.
- Take forward the work to extend free personal care to everyone who requires it as directed by the national agenda, taking account of BSL users
- Integrate the NHS Health Scotland BSL learning resource into the overall See Hear training plan.
- Explore the current position and future potential for a BSL marker on all patient management systems used within the Health and Social Care Partnership and integrate into staff training as required.
- Ensure that, in-line with Scotland’s Mental Health Strategy 2017-27, BSL users get the right help at the right time, expect recovery and fully enjoy their rights, free from discrimination and stigma. The EHSCP funds Stress Control which will continue to provide courses in BSL as required, and hosts the Lothian Deaf Mental Health Service and Lothian Deaf Counselling Service (to be recommissioned August 2018)
- The City of Edinburgh Council is developing approaches to working with Edinburgh Leisure on BSL issues.
- The four locality Physical Activity Alliances will consider ways of improving access to information and opportunities in relation to physical activity for BSL users.
- The five-year work plans on tackling social isolation and loneliness within the four Locality Improvement Plans (LIPS) will consider the needs of BSL users.

### 4.6 CULTURE AND THE ARTS

We share the long-term goal for all Scottish Public services set out in the BSL National Plan, which is:

***“BSL users will have full access to the cultural life of Scotland, an equal opportunity to enjoy and contribute to culture and the arts, and are encouraged to share BSL and Deaf Culture with the people of Scotland”***

***By 2024, we will:***

- Explore options for offering more BSL activities, either as outreach or in-house.
- Review opportunities to develop staff training for front of house.
- Ensure up to date, accessible information is available for museum venues on websites such as Euan’s Guide and through completing Visit Scotland Accessibility Audits.
- Explore developing the use of technology such as tablets and screens to provide BSL translations for visitors to museums and venues across the city.
- Explore recommencement of BSL tours in museums through funding to be agreed with See Hear.
- Continue working to develop the use of organisations which are funded by the council and offer BSL or captioned events. Some are actively working to improve access for D/deaf audiences (a full list of these organisations and their work can be provided).
- Continue to support professional pathways to enable BSL users to consider a career in culture and the arts through exploring the support of volunteers and internship programmes which aim to widen access to museums.
- Explore the potential to develop career talks and volunteering opportunities, for example BSL users to lead tours around venues and sites.
- Increase information in BSL about culture and the arts on websites and at venues by ensuring accessible information is up to date on websites and organisations highlighted above.
- Explore options to improve access to the historical environment, cultural events and performing arts and film for BSL users through developing staff training and improving information available

### 4.7 DEMOCRACY

We share the long-term goal for all Scottish Public services set out in the BSL National Plan, which is:

***“BSL users will be fully involved in democratic and public life in Scotland, as active and informed citizens, as voters, as elected politicians and as board members of our public bodies”***

***By 2024, we will:***

- Continue to be committed to fully involving BSL users in the democratic and public life in the city, as active and informed citizens, as voters, as elected politicians and as board members of our public bodies.
- Ensure support is available around the whole electoral process so that users of BSL are not excluded and will include appropriate support and information to ensure they can register as electors and can cast their vote.
- Ensure BSL users are supported to fully and fairly participate should they choose to seek elected office by ensuring information is accessible and regularly reviewed and updated.
- Continue to work in partnership with other stakeholders including political parties and the Electoral Commission.
- Ensure that candidates wishing to stand will be signposted towards the financial support available via Inclusion Scotland’s Access to Elected Office Fund.

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## GOVERNANCE

The draft BSL Plan for Edinburgh will be reviewed through the Integration Joint Board's (IJB) governance processes in September 2018. The plan will also be reviewed at the Council's Corporate Policy & Strategy Committee on 2 October 2018. The plan will be launched soon after this committee meeting before 24 October. Regular plan updates will be provided to the IJB and the Corporate Policy & Strategy Committee as well as the Scottish Government to contribute to the National BSL Plan for Scotland.

There will be a number of lead areas accountable for delivering this plan across the Council and the EHSCP. These include Education, Health & Social Care, Economic Development, Culture, Democratic Services and the Council's Strategy & Insight Unit.

Progress on the plan will also be communicated to the public through the Council's press and social media channels as well as ensuring national deaf bodies and associations are kept up to date.

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## RESOURCES

The Council already provides resources to support access to services for users of British Sign Language, notably through the Council's Interpretation & Translation Services (ITS), which is part of the Resources' Directorate. ITS will have responsibility for the provision of resources to support the BSL Plan for Edinburgh. However the Council recognises the need to challenge the status quo as far as the provision of BSL resources and services is concerned and the Council will therefore undertake a formal options appraisal to determine how these resources should be provided, in order to achieve the outcomes required in the BSL Plan. The options appraisal will determine which internal and/or external resources should be provided and whether any related procurement action is required.

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## MONITORING AND REPORTING

The BSL Plan for Edinburgh will be regularly reviewed and updated where appropriate. The plan will develop over time as actions are delivered and projects mature. A progress report on this plan will be delivered in 2020, two years after the launch in 2018. This report will detail progress and advancements made including an assessment of how actions and measures will change over the life of the plan and beyond.

The Council and EHSCP are keen to ensure we maintain ongoing and open dialogue with the BSL user community. As a result consultation and engagement will continue after this plan is launched and when significant progress is made. BSL users are welcome to provide their feedback at any time on positive or negative developments. This insight is key to ensure we are focusing on areas of greatest need and on our BSL users' priorities.

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## HOW TO GIVE YOUR VIEWS

***We want to hear what you think of our plan. You can give us feedback by:***

- Using the City of Edinburgh Council's Consultation Hub: <https://consultationhub.edinburgh.gov.uk/bi/bsl-consultation>
- By email: [StrategyandBusiness.Planning@edinburgh.gov.uk](mailto:StrategyandBusiness.Planning@edinburgh.gov.uk)
- Speak to David Craig via ContactSCOTLAND <https://contactscotland-bsl.org/>
- Through Twitter or Facebook, search "BSL Plan Edinburgh".

You can give us your views in written English or by recording a BSL video on your home phone or tablet. You can also arrange to meet us face to face if you prefer (we'll arrange an interpreter).



# Report

## John's Campaign

### Edinburgh Integration Joint Board

28 September 2018

#### Executive Summary

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1. A motion was raised at the Edinburgh Integration Joint Board (EIJB) in November 2017, highlighted the value of embedding John's Campaign across all hospital and residential homes managed by Edinburgh Health Social Care Partnership (the Partnership).
2. John's campaign relates to older people who present with disorders that are grouped under the umbrella of dementia or frail and are cared for within all our care environments under the responsibility of the Partnership. This report provides a framework for delivery of this initiative and background information to the campaign.

#### Recommendations

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3. It is recommended that Edinburgh Integration Joint Board:
  - i. Agree that all hosted older peoples in bed services formally sign up to John's campaign.
  - ii. Agree that all local authority care homes, sign up to John's campaign
  - iii. Work in partnership with the independent sector to embed John's campaign across all older people's residential services within the Edinburgh
  - iv. Agree that the benefits of John's Campaign should be formally measured
  - v. Support the launch of John's campaign in Edinburgh

#### Background

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4. John's Campaign was founded in November 2014 by Nicci Gerrard and Julia Jones. Behind its simple statement of purpose lies the belief that carers should be integral to the care provided to their loved ones and that collaboration between the patients and all connected with them is crucial to their health and their well-being. The

Scottish Government supports John's Campaign as part of a suite of measures to promote person centred care.

5. John's Campaign has the support of Age UK, the Alzheimer's Society, British Geriatric Society, Prof Alastair Burns (National Clinical Director for Dementia), The Butterfly Scheme, Carers Trust, Carers UK, Dementia UK, Dementia Together NI, Faculty of Psychology for Older People, Gold Standards Framework, National Audit of Dementia, Parkinson's UK, Patient Opinion, Point of Care Foundation and Royal College of Nursing amongst others.

## Main report

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6. John's Campaign promotes the ethos that carers are equal partners, and should be actively involved in planning and providing care as appropriate. A key message is that carers should not be restricted, or barriers put in place to prevent or reduce their input.
7. The campaign supports the implementation of unrestricted access i.e. removal of visiting times. There is no policy or guidance regarding visiting times within the Partnership, though it is recognised that visiting has been substantially relaxed in recent years, and most areas promote an 11am to 8pm visiting criteria.
8. The Francis Inquiry report 2013 discussed the need to review unnecessary restrictions on visiting and added that they should be as open to visitors as would be in someone's home. Unrestricted access includes staying overnight if necessary.
9. Members of the Partnership have visited NHS Lanarkshire, in particular Wishaw General Hospital where John's campaign has been successfully implemented. The impact of unrestricted access has been minimal with regards to overnight visiting. Where carers do request then a chair is made available at the bedside.
10. Benefits to care have been noted at mealtimes, a reduction in complaints, incidents of aggression and requirement for drug interventions. Anecdotally staff feel less stressed. As part of the implementation, key indicators will be monitored to support and evidence outcomes.
11. Carers, as care partners, should not only be allowed but welcomed into our care environments. The carer should be included throughout the persons stay if they are willing and able, and the person being cared for is in agreement or appears comfortable with this.
12. Carer engagement across partnership settings is already encouraged, however John's Campaign creates a focus for teams and carers, promoting shared care and inclusive of all.

13. Care providers from the independent sector have confirmed their willingness to register for John's Campaign.

## Key risks

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14. Some carers feel pressured to be more actively involved in care than they planned, or viewed that carers are covering for staffing gaps. This would be mitigated through inclusive care planning.

15. The Partnership does not have facilities or appropriate environment for carers to stay overnight, however based on other areas that have rolled out John's campaign, this is not a significant issue and all areas within the Partnership have appropriate facilities to support.

## Financial implications

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16. An evaluation has been done and there are no material costs to the Partnership as a result of agreeing the campaign.

17. Any costs for promotion will be agreed within agreed delegation by the Chief Officer and Executive Team.

## Involving people

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18. John's campaign is based on a cultural change, both from service providers and users. John's campaign to be successful involves discussion with carers, and staff.

## Impact on plans of other parties

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19. John's campaign will reinforce the partnerships work with carer engagement

## Background reading/references

Further information is available on the following website, <http://johnscampaign.org.uk>

## Report author

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**Judith Proctor**

**Chief Officer, Edinburgh Health and Social Care Partnership**

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# Report

## Chief Social Work Officer Annual Report 2017/18

### Edinburgh Integration Joint Board

28 September 2018



#### Executive Summary

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1. This report presents the Chief Social Work Officer's Annual Report for 2017/2018. The annual report and appendices are attached.
2. It follows the template issued by the Scottish Government. The use of a template has been requested to enable a more consistent approach across Scotland and to allow for the Chief Social Work Adviser to the Scottish Government to develop a summary overview of Scottish social work services for Ministers.

#### Recommendations

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3. The Integration Joint Board is asked to:
  - i. note the Chief Officer's (CSWO) Annual Report for 2017/18 attached at Appendix 1.

#### Background

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4. The CSWO is required to produce an annual report. The format changed some years ago, when local authorities were asked to use a template devised by the Chief Social Work Adviser to the Scottish Government to ensure consistency across Scotland in annual report submissions.

#### Main report

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5. The CSWO annual report provides a broad outline of some of the key issues facing social work and social care in Edinburgh. It includes data on statutory services, areas of decision making and sets out the main developments and challenges.



6. The report includes an update on finance, service quality, delivery of statutory functions, workforce planning and development.
7. Included in the report is a range of performance data and some of the key social work indicators are set out. This information complements, rather than replicates the detailed performance and budget information on all social work and social care services.
8. Appendix 3 of the report acts as the required annual report to elected members on the operation of the statutory social work complaints process.

## **Measures of Success**

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9. Success is monitored regularly through performance reports to the Corporate Leadership Team, the Chief Officers' Group for Public Protection and the Integration Joint Board for Health and Social Care.
10. The Care Inspectorate also carries out regular assessments of registered social work services. The reports and action plans generated because of inspections are analysed and presented to the appropriate Council Committees.

## **Financial implications**

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11. There are no financial impacts arising from this report. The report does articulate the challenging financial climate in which public services are operating.

## **Implications for Directions**

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12. None

## **Equalities implications**

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13. There are no equalities impacts arising from this report.

## **Sustainability implications**

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

## **Involving people**

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15. Social work services involve service users and carers in the design and implementation of social work and social care provision.

## Impact on plans of other parties

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16. None

## Background reading/references

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17. None

## Report author

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**Judith Proctor**

**Chief Officer, Edinburgh Health and Social Care Partnership**

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## Appendices

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**Appendix 1** - Chief Social Work Officer Annual Report 2017/18

**Appendix 1a** - Public Protection Strategic Partnerships and Monitoring Arrangements

**Appendix 2** - Statutory Complaints Analysis

**Appendix 3** - Registration of the Workforce with the Scottish Social Services Council (SSSC)

**Appendix 4** - Levels of Inspection by the Care Inspectorate for Council Registered Care Services

**THE CITY OF EDINBURGH COUNCIL  
CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2017/18**

**1. Introduction – key challenges and strategic direction**

There are significant challenges facing the sector, including public sector reforms, a reduction in Government funding, the implications of Brexit, and the need to deliver services in an environment where demand is outstripping supply.

The Council has a clear vision which is focussed on:

- Prevention – every citizen lives a fulfilled and independent life
- Inclusive Growth – the Council enables good growth for Edinburgh and is a more commercially astute organisation
- High Quality Services – with a productive and motivated workforce, 21<sup>st</sup> century access to services and a more efficient estate

To support the Council to achieve the vision, 52 commitments have been identified which are structured around six themes:

- Delivering an economy for all – local jobs, growth, and affordable housing
- Building for a future Edinburgh – a planning system that works to protect and develop our city
- Delivering a sustainable future – a better environment and transport system that works for all
- Delivering for our children and families – improving lives and futures
- Delivering a healthier city for all ages – strong and vibrant communities
- Delivering a Council that works for all – more empowered, transparent, and improved public services

The Council has made significant progress in redesigning services through the Transformation programme, delivering recurring savings in excess of £70 million. The update report to Finance and Resources Committee (June 2018) on the revenue budget framework anticipated that to maintain spend in line with income, the Council would have to deliver at least £106m recurring annual savings from 2019/20 to 2022/23 with £28m savings needing to be delivered in 19/20.

The savings requirement reflects the continuing pressures the Council is facing which include:

- A rising population, which is projected to increase faster than any other area in Scotland from 507,170 in 2016/17 to 537,000 in 2021/22 and the demographic changes arising from this
- lack of affordable housing – there are over 20,000 people on the common housing register including 3100 people who have been assessed as homeless and are waiting for long-term accommodation
- the impact of the rollout of Welfare Reform on delivery of services

- delays in accessing appropriate care services, including assessments, support packages, and discharge from hospital
- difficulties in recruiting staff to work in social care jobs in a city with close to full employment
- the impact of the living wage and other nationally agreed policies
- pressures on high tariff, costly services, which do not always lead to the best outcomes, and divert resources from responsive, preventative services
- the effects of inflation (including pay awards) on the Council's direct and indirect expenditure, amounting to almost £55m over the period from 2018/19 to 2020/21 alone; and
- additional costs arising from major infrastructure-related projects including Local Development Plan, City Region Deal, supplemented with further investment in the Council's existing property estate.

Given the scale of required savings, the percentage savings allocation approach to delivery of savings is not sustainable or consistent with the Council's and partners' ambitions for the city.

The Corporate Leadership Team is developing a Change Strategy for the Council which will help support services to deliver radical transformation to key parts of the Council. The Strategy will focus on identified priority areas that deliver savings, reduce demand, and deliver better outcomes through more efficient use of resources.

The Change Strategy is focussed on three themes which align to the Council's vision:

- Prevention and Early Intervention
- High Quality Services
- Inclusive and Sustained Growth

There are some specific challenges facing social care services, which are set out below.

### **Communities and Families - Looked After Children**

Children's Services have made significant progress in shifting the balance of care for looked after children. The number of looked after children is at its lowest point since 2009.

The Council have significantly reduced usage of secure accommodation and have made increasing use of kinship care. The number of children who have ceased to be looked after and are in permanent kinship care placements, still supported by the council, has steadily increased.

Usage of out of council residential placements has increased. This is in part associated with a significant increase in unaccompanied asylum-seeking children (UASC) who are looked after in our city. The Council is making significant progress putting in place appropriate shared and supported living arrangements for some of these young people.

There have been significant reductions in numbers of looked after children and usage of secure accommodation, however services are continuing to face the following pressures:

- an increase in UASC has resulted in additional pressures in residential care, however an additional £2.5m has been allocated in the 18/19 budget to mitigate the financial pressure
- increased demands on services for young people with disabilities aged between 16 and 18 years
- the growing population of under 17-year olds
- service demand for high tariff support for children with additional support needs,
- the impact of permanent kinship care placements and continuing care, i.e. former Looked After Children continuing in care to 21

However, the Council's long-term financial plan includes year on year increased funding provision for looked after children and children with disabilities to mitigate some of the pressures indicated above.

The service is continually looking at new opportunities for service delivery or development to help reduce service pressures.

The service continues to support Family Group Decision Making to help families find their own solutions and avoid children needing to become Looked After. There is an increasing focus on permanent kinship care being put in place without the need for the child to become Looked After. There continues to be close working between social work and additional support for learning services to identify overall supports for children and families to minimise the need for children to become Looked After.

Through the Permanence and Care Excellence programme, the Council are setting ambitious targets to improve the time taken to progress children to permanent care arrangements.

Self Directed Support (SDS) approaches continue to be developed for children in need to enable families to be supported without the need for children to become Looked After. This will be developed further in 2018/19.

### **Safer and Stronger Communities - Community Justice**

Edinburgh's Community Safety Partnership, on behalf of the Edinburgh Partnership (community planning) is responsible for the development and implementation of Edinburgh's Community Justice Outcomes Improvement Plan.

Work is underway to develop the Annual Report which is due to be submitted to Community Justice Scotland in September 2018. The developments highlighted in the Community Justice Outcomes Improvement Plan reflect the work articulated in the four locality improvement plans. A multi-agency community improvement partnership is established in each locality. City-wide issues, such as motor cycle crime, begging, or hate crime have bespoke community improvement partnerships.

Significant developments in 2017-18 include:

1. Peer Mentoring Service

The Peer Mentoring Service was established in conjunction with SACRO for people currently involved in the criminal justice system. Mentoring can provide an important bridging service for people who have disengaged with family and friends, support services, education, training, and employment. Volunteers will be used to complement the work being done by paid staff providing benefits not only to those being mentored but also the volunteers and the broader community.

2. Edinburgh Alcohol Problem Solving Court

The Edinburgh Alcohol Problem Solving Court is overseen by a named Sheriff and uses community payback legislation, with frequent court reviews. The criminal justice social work service provides the court with quick assessments with a focus on alcohol, and ensures streamlined access to substance misuse services through close partnership working. An evaluation has been completed and indicates the court had a great deal of potential, recognising the need for alcohol-targeted interventions with this group of men. A refinement of aims and processes were identified as necessary to improve outcomes and this work is underway.

3. Community in Motion

Community in Motion is a partnership initiative to develop a problem-solving, restorative justice approach in North East Edinburgh. Motivated by the opportunities created by community empowerment and community justice legislation, and the move to locality working, Community in Motion has developed a framework for joint working, increasingly preventative in focus, with more community involvement and an emphasis on restorative and problem-solving practices, particularly around Hate Crime. These posts have been made permanent, reinforcing the commitment to developing this work and embedding it in mainstream practice.

4. Just Us

Just Us is a group led by women who have experience of mental health problems and who have been involved in the criminal justice system. The group is supported by the Willow Service, which provides a range of support to women. Just Us was awarded funding from 'See Me Scotland' to raise awareness of the stigma experienced by women who have mental health issues and criminal justice involvement. They have continued to run conversation cafés using a film made by the group which highlights their collective experiences and have also organised a number of training events for women attending Willow, including a creative arts session to promote Just Us and support participation.

5. Media Campaign

In June 2017, the Offender Management Committee Prevention sub-group launched a three-month campaign to deter potential and pre-arrest offenders from accessing indecent images of children by encouraging them to seek help from support services such as Stop It Now! One strand of the campaign targeted partners, family members and friends of pre-arrest offenders, giving them information about what they can do to

help the individual desist from offending behaviour. The campaign was promoted through social media, traditional media, radio adverts and posters, it communicated key messages about deterrence and signposted pre-arrest offenders to relevant support. An evaluation report showed that during the period of the campaign, the numbers of people in Scotland accessing the Stop It Now! Get Help resource looking for anonymous advice on desisting from viewing indecent images of children, increased by 71%. New users in the first month of the campaign increased by 103%. New callers to the UK wide Stop It Now! Helpline from people in Scotland increased by 83%. It was therefore concluded that key outcomes of the campaign, such as engaging with the public and communicating deterrence messages, were comprehensively achieved.

## 6. Sustainable Housing on Release for Everyone

The Sustainable Housing on Release for Everyone (SHORE) is an early intervention approach being developed for prisoners on remand or those serving short-term sentences to provide support with sustaining their tenancy/accommodation. The Access to Housing and Support Lead Officer has been working with staff at HMP Edinburgh to develop this initiative.

## 2. Governance and Accountability Arrangements

The law requires each local authority to appoint a Chief Social Work Officer (CSWO). The local authority may not delegate this function and it is unaffected by the integration of health and social care under the Public Bodies (Joint Working) (Scotland) Act 2014.

The CSWO is by regulation a non-voting member of Edinburgh's Integration Joint Board for Health and Social Care; and a member of Edinburgh's Chief Officers' Group for Public Protection, which is responsible for the leadership, governance, and performance management of the multi-agency aspects of public protection in the city.

The CSWO chairs or is a member of five partnerships/committees, which monitor performance and ensure the provision of quality services in relation to child and adult protection, offender management, alcohol and drugs and violence against women. The post holder is also an advisor to the Edinburgh Partnership for community planning and chair of the Edinburgh, Lothian and Borders Strategic Oversight Group for Multi Agency Public Protection Arrangements (MAPPA).

The arrangements for public protection in Edinburgh are consistent with the expectations of the Scottish Government. The Council's strategic partnerships and public protection governance arrangements are set out at Appendix 1a (Diagrams 1 and 2).

## 3. Social Services Delivery Landscape

Edinburgh's population is projected to increase faster than any other area of the country, with particular increases in some age groups. The high rate of growth presents several challenges, some of which are set out below.

- Almost 80,000 people in Edinburgh are living on incomes below the UK poverty threshold, meaning 16% of Edinburgh citizens are living in poverty.
- Research shows that people living in areas with higher levels of deprivation have poorer physical and mental health throughout their lives. However, health inequalities are not restricted to areas of multiple deprivation – up to 50% of people experiencing poor health do not live in the most deprived communities.
- Skill shortages and hard to fill vacancies are persisting and growing, particularly in the adult social care sector
- The roll out of Welfare Reform will continue to have a negative financial impact on many citizens and on the Council’s ability to meet their needs
- Edinburgh continues to be a pressured housing market, with high housing costs and rising need and demand for affordable housing. People on low to middle incomes are faced with higher housing costs, with no commensurate increase in their income
- Drug and alcohol problems affect the city severely, with an estimated 22,400 adults dependent on alcohol and 6,600 people dependent on heroin and/or benzodiazepines
- The total number of drug related deaths have risen sharply in Edinburgh (69 in 15/16 to 97 in 17/18)

Concentrated effort on transforming services and diverting resources to preventative services are key to sustainability and improved outcomes for people.

### **Edinburgh Health and Social Care Partnership**

In 2017 it was recognised that there were areas of the operation of the Partnership that were not functioning well, therefore a “Statement of Intent” was drafted by the Interim Chief Officer, providing clarity and focus to the activities of the Partnership with a particular emphasis on performance, quality and finance.

The Statement of Intent set out the seven key priorities for the 2017 /18 financial year:

- Developing strategies
- Improving relationships
- Developing a performance framework
- Ensuring quality
- Developing a financial framework
- Doing the basics well
- Clarify and simplify governance arrangements



Outline strategic commissioning plans were produced for five client groups: learning disabilities; mental health; physical disabilities; older people; and primary care.

These plans, supported by a number of cross cutting themes were approved by Edinburgh's Integrated Joint Board (EIJB) in early 2018 and form the basis for ongoing development of the new strategic plan.

The Partnership has also identified eight key categories where sustained change is needed to achieve the ambitions of the IJB:

- **Prevention** – a sustained and meaningful shift towards preventative and early intervention activity
- **Wider cultural change** – conversations with stakeholders about the care that can be provided by the Partnership and reasonable contribution to care from individuals, relatives and communities
- **Reduction in demand** - redesigning the system to create opportunities for individuals to receive the right information or support at the right time
- **Reduce** the number of people waiting for assessment and increase satisfaction rates, meaning people can access services directly and much faster.
- **Redesigning services** – redesigning some of the internal, high cost, direct care services
- **Workforce Development** – a strong focus on organisational development, leadership and support for staff groups being asked to work in new and changing environments
- **Adequate internal resources** – to deliver radical transformational change programmes
- **Professional / clinical governance and quality** - the integration of staff with different employers, terms and conditions and professional backgrounds, requires careful consideration of a range of HR issues and governance arrangements

## Outline Commissioning Plans

Noted below is a summary of the strategic commissioning plans that will support the new strategic plan for the Partnership:

### Disabilities Services

#### Physical Disabilities

In Edinburgh:

- 5,510 people have a physical disability
- 1494 are in receipt of services from the Partnership
- It is expected that there will be a 1.4% increase each year of those that are affected by a physical disability.

Priorities for the future shaping of disability services include:

- 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 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.
- The move from the Astley Ainslie Hospital to the redesigned Royal Edinburgh Hospital will offer opportunities to review current bed use and outpatient services.

## Learning Disabilities

### In Edinburgh:

- 8584 individuals have a learning disability.
- 1335 are in need of a service from the Partnership.
- It is expected that there will be a 2% annual increase of those affected by a learning disability.
- It is predicted the number of young people over 16 seeking day support will increase by 5% per year. This could result in an additional 300 people needing services over the next five years and 700 people over the next ten years.

The Partnership knows of 76 people who are seeking to move to their own accommodation with the estimated costs over a four-year period of £10.8m. To manage this demand, people assessed as requiring accommodation will be prioritised, with a focus on young adults, people living in hospital and those living with ageing carers.

### Priorities for the future shaping of learning disabilities:

- The redesign of the Royal Edinburgh Hospital will require 19 community placements (18 already commissioned); in addition, 15 beds for assessment and treatment will be commissioned from NHS Lothian.
- Taking a whole life approach that improves earlier intervention in childhood for people with behaviours that are challenging, and the development of smoother transitions from children to adult services.
- Adopting an 'Ageing in Place' strategy, which will promote awareness of disability issues in older people's services and aging issues amongst learning disability services.
- Strengthening services that can support people with more complex behavioural or forensic needs in the community, which will lead to the development of four 'locality leadership groups'.
- Identification of a range of housing and support options for people with learning disabilities and people with complex needs with a 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.
- Creating a 'framework' or 'alliance' agreement for accommodation with support across current partners to improve the links between people and providers.

Key priorities for people with autism (who do not have a learning disability) include:

- Further development of the existing Edinburgh Autism Plan to reflect the emerging priorities from the next and final stage of the Scottish Strategy for Autism.
- Ongoing advice and information for people with autism, including finding and maintaining housing and working in Partnership with key stakeholders.
- Continuing the Partnership's approach to promoting autism awareness with staff and the general public.

## **Primary Care**

All Integrated Joint Boards must produce a Primary Care Improvement Plan by 1 July 2018 to Scottish Government.

The plan will focus on stabilising and transforming the General Medical Services over the next four years and take into account the current pressures on Primary Care and population growth.

National pressures are magnified in Edinburgh by list growth. In 2007, 500,000 patients were registered and by 2017 this had 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

Priorities for the future shaping of primary care services:

- Understand how the new contract outline model can best be implemented at locality/cluster/practice level to stabilise and transform the Primary Care workforce.
- Implement a Link Worker Network supporting 20 practices in areas of high deprivation as classified using the Scottish Index of Multiple Deprivation (SMID).
- Expansion of Advanced Nurse Practitioners, pharmacists and CPNs.
- Current tests of change within physiotherapy and administrative support are likely to create further demand. (The potential of psychology has not yet been tested).

## **Mental Health**

Over 120,000 people in Edinburgh experience a mental health problem. The current provider landscape is complex with multiple mental health and substance misuse teams. Support is also available through independent and voluntary sector providers and a range of specialist mental health services provided from the Royal Edinburgh Hospital campus and the Royal Infirmary of Edinburgh.

Partners adopt a whole system approach that includes involvement from the public, third and private sectors, to improve the mental health and wellbeing of individuals and their families, supported by resilient communities and inclusive employers.

Priorities for the future shaping of mental health services:

- Prevention – Place-based and person-centred life course approach
- Access – Responsive and clear access arrangements connecting people to the support they need at the right time
- Parity of esteem between mental health and physical illness through collaborative and cross sector working across public sector bodies, third sector and private sector
- Sustainability – the best use of Edinburgh’s funding through improving financial and partnership sustainability
- Culture - enabling local areas to make decisions for system wide outcomes supported by shared information and building on 5 Ways to Well Being <https://www.gov.uk/government/publications/five-ways-to-mental-wellbeing>
- Evidence and Research – Learning from local, national and international evidence and research and driving transformational change across traditional silos with a wide range of partners from public, voluntary and private sectors
- Measurement – Standardised outcomes framework with minimum standards, outcomes and access across all providers of health and social care
- All employers promote good employment practice for mental health, building capacity for conversations to support suicide prevention

## **Older People**

There is a clear need to transform services for older people as current demand outstrips performance. As of March 2018, there are currently:

- 1562 citizens waiting in the community for an initial assessment
- 964 citizens who have been assessed, waiting for services
- 237 citizens whose discharge from hospital has been delayed

Of whom an average of:

- 58 require care home placements
- 119 require packages of care

If services continue to deliver in this way, it will cost at least an additional £50m over the next ten years across health and social care services.

If the existing service model were matched directly to population growth, by 2022, Edinburgh would need to provide:

- 428,000 additional hours of home care per year
- 748 additional care home beds
- 7,900 additional intermediate care hours per year
- 150 additional long stay hospital beds for older people (inpatient complex care beds)

These numbers demonstrate that the current model is not sustainable and there must be a shift to commissioning services rather than a one size fits all approach, taking into account the Partnership's ambition to deliver a model of "Realistic Care".

Priorities for the future shaping of older people services:

- Health and Wellbeing - focusing on providing alternative and additional services earlier in the pathway. Ensure appropriate information and support are provided to citizens to make choices that reflect their needs more effectively.
- Access and Assessment - the establishment of an assessment and review board, which has sponsored the production of a harmonised assessment process. This requires considerable additional work, but has great potential to reduce the size of queues, including investment in telecare, self-directed support and changes to our support planning approach.
- Short Term Care and Support - working collaboratively with our primary care, third, independent and housing sector colleagues to identify different models of care and capacity needed to ensure quick and timely discharges from acute services and short-term support required to prevent admission.
- Long Term Care and Support - work with the independent, third and housing sectors to create a more coherent design.
- Complex care, accommodation, and bed-based services - shifting the balance of care from institutions to homely settings in the community, ensuring that people are as close to home as possible.

## **Edinburgh Health and Drug Partnership**

A partnership model for delivering services to young people who have an alcohol or drug problem. This offers the following services, assertive outreach, counselling, one to one support, family work and clinical support.

The Junction and Muirhouse Youth Development Group continue to deliver a programme of alcohol prevention in the North of the city. This includes outreach, alcohol brief interventions and referral to counselling and support.

In 2017 /18, the Alcohol and Drug Partnership published its alcohol strategy for Edinburgh 2017-22 and focuses on affordability, acceptability and accessibility of alcohol across Edinburgh. More information can be found [here](#).

In 2017/18, there were 97 drug related deaths in Edinburgh, an increase of one based on 2016 figures. However, over the last few years, the total number of drug related deaths have risen sharply in Edinburgh.

Four locality based Drug Related Deaths Review Groups have been set up to learn lessons from individual drug related deaths and key issues are fed into the Pan Lothian Strategy Group to develop a strategic response across organisations.

A health needs assessment was initiated in 2016/2017, identifying the needs of injecting drug users and the service responses. The findings were published in July 2017 and can be found [here](#) which provide detail of several recommendations which are being overseen by a multi-agency group.

## **Inclusive Edinburgh**

Edinburgh Health and Social Care Partnership have established an 'Inclusive Edinburgh Board' to improve the life-chances, health and well-being of the city's most vulnerable, disenfranchised, and disengaged citizens.

To improve outcomes for people who experience chronic homelessness and have complex needs the Board is:

- Redesigning services to reduce 'revolving door' and 'failure demand' through a more inclusive approach.
- Developing a shared understanding of the work across services and sectors at operational and strategic levels.
- Adopting a psychologically informed approach to building effective relationships with people who struggle to engage across the service pathway.
- Progressing integration of homeless statutory services (health, social work, and housing) for people with complex needs under a single line management structure.
- Establishing a city centre location for the integrated service with a single point of access

## **Communities and Families - Looked After Children**

Social work services aim primarily to support children to remain in their own family, school, and community. However, there are times when children and young people cannot live at home or need extra help to do so. Some children will need care for only a few days or weeks, others will need months, and some will need care throughout the whole of their childhood. Some will be adopted and become part of a new family for life. It is an ambition of the Council and its partners to reduce the number of children who need to be looked after away from their birth family. Long-term, significant, and sustainable reduction in this requires meaningful investment in preventative services and early intervention. This cannot rely solely – or even primarily – on social work services, but depends on joint working and shared responsibility for outcomes between statutory, voluntary, and independent providers, universal and targeted services and adult and children's provision.

There is a strong commitment in Edinburgh to develop the equivalent of a 'child-friendly city', which is an approach that has seen significant success in other authorities across the UK. To be effective, this approach will require a long-term commitment, as the impact of positive preventative measures often takes years to become apparent. This is always a challenge when agencies face short-term financial and other performance pressures.

Securing early, permanent, alternative family-based care for children who need it is one of the most important factors in their healthy development, and remains one of the highest priorities for social work.

The social work service undertakes the critical functions of recruiting new adoptive parents, tracking children registered for adoption until a family is identified, and providing post adoption support to adopters with children in placement.

In 2017/18, 21 children were placed for adoption. During the same period, 20 children ceased being looked after as a result of being adopted successfully.

A foster care placement can have a huge impact on a child's life, improving their confidence and their long-term life chances. Carers look after children of all ages, from babies to 18-year olds, and may provide continuing care up to the age of 21. They may also look after children for regular short periods to support parents who need a break from the pressures of looking after a child who has additional needs, for example a physical or learning disability.

The approach to Self Directed Support (SDS) has resulted in more involvement of children and families in designing their own care packages. This has increased the number of families in receipt of SDS packages.

Children and families have been consulted when new services have been commissioned, providing additional support for learning as well as support for the family to prevent exclusion or from needing to be looked after away from home.

A Champion Board of looked after children has been set up, which is starting to influence decision makers within the multi-agency partnership. Decision makers will also have a direct role in co-producing corporate parenting plans going forward.

There is good third sector engagement and representation on the Child Protection Committee and Children's Partnership. Consultation has taken place with the third sector on the distribution of small grants and participatory budgeting. Marketplace consultation has also occurred for large contracts when designing the service specification.

## **Public Protection - Domestic Abuse**

Edinburgh's Domestic Abuse Strategy and Improvement Plan was agreed by the Edinburgh Partnership in June 2017 and can be found [here](#).

The plan outlines the vision to develop a coordinated community response to domestic abuse in Edinburgh, which has been the driver for a city-wide review of all statutory agencies, commissioned services and grant provision, and an evaluation of service pathways for victims, children, and perpetrators.

Work streams are progressing well and include:

- The development of a Housing Policy which outlines a flexible, speedy, and safe process to ensure that individuals and their children are safe, secure and settled in a home of their choice.
- The development of new Guidance for Domestic Abuse and Child Protection supported by multi-agency training.

- A locality based, multi-agency response to domestic abuse in Southwest Locality which intervenes early, engages safely with all family members, coordinates services and improves outcomes.
- Improving the skills of the workforce in engaging with perpetrators so that they are held accountable and given the opportunity to change their behaviour.
- The creation of three tiers of domestic abuse training to develop Domestic Abuse Champions within each locality and in a variety of service areas.

## **Public Protection – Human Trafficking**

Throughout 2017/18 members of the multi-agency Human Trafficking and Exploitation sub group have worked in partnership with the Scottish Government. Some examples include contributing to the National Child Trafficking Strategy Group and piloting Police Scotland's Duty to Notify Portal.

Edinburgh's Human Trafficking and Exploitation sub group reviews its local action plan to ensure that it reflects the national strategy priorities which are:

- Identification of victims and support them to safety and recovery
- Identification of perpetrators and disrupt their activity
- Address the conditions, both local and global, that foster trafficking and exploitation

The action plan continues to be underpinned by key stakeholder/partnership arrangements, a multi-agency support protocol for victims of human trafficking (children and adults) and a cross sector learning and development programme.

Several organisations are now using the same materials to deliver bespoke training in their own organisation. This ensures consistency in the key messages given.

A range of organisations are now in communication with the sub-group and have received guidance and support to develop and resource their own internal human trafficking and exploitation work.

## **Public Protection – Adult Protection**

Work streams are underway to improve consistency of adult protection information recording, including:

- a pilot in the South-East locality to improve locality management oversight of Adult Support and Protection (ASP) work and compliance with recording. Once concluded, this will be rolled out across all 4 localities.
- a process to ensure service users are involved in their case conference if they are unable/unwilling to attend has been defined and is currently being implemented.
- performance indicators have been reviewed and a new performance report is now in place. Indicators now cover activity counts and performance monitoring.

Adult Protection Senior Practitioners are undertaking case file audits, examining four ASP Duty to Enquire cases per month, where they have not progressed to inter-agency referral discussion (IRD) stage. The aim to monitor standards of practice and decision-making processes. The IRD Review group quality assures those cases which do progress to IRD. The Initial Case Review (ICR) section of the Significant Case Review



Protocol has been reviewed and developed in response to a greater demand for Initial Case Reviews.

There were four ICRs initiated within 2017/18, two of which have progressed to Significant Case Review (SCR).

Action plans have been generated from the ICRs and have been incorporated into a single ICR/SCR Improvement plan. Some of the actions have already been completed. Further work is required to ensure the recommendations from ICRs are taken forward timeously. A Significant Case Review was undertaken during 2017/18 by the Adult Protection Committee. The SCR is nearing its conclusion and the executive summary report will be published in due course.

Following a care inspection of adult services, it was recognised that frontline staff needed further guidance and support to increase their confidence in this challenging area of work. Two adult protection Senior Practitioners have been appointed to promote, support, and improve ASP standards and increase consistency of practice. They will also chair Adult Protection Case Conferences. Four quality assurance officers have been assigned to work directly with localities to improve practice and provide consistency across the city. The Adult Protection Senior Practitioners have a significant part to play in the improvement agenda.

Because of an increased awareness of domestic abuse issues, there has been a number of IRDs (interagency referral discussion) held in relation to those experiencing this form of harm. Police Scotland Domestic Abuse Team are working with ASP council officers to support and protect the individuals concerned. Two of these situations warranted a protection order banning the subject from contact with their ex-partner. This involved careful collaborative planning and implementation.

Work is ongoing to enhance skills of frontline staff and managers and to develop the knowledge base of those staff within the Health and Social Care Partnership around the IRD process. The IRD system is also being reviewed to look at opportunities to record more detailed health information on the system.

## **Safer and Stronger Communities - Community Justice**

Edinburgh's Community Safety Partnership is responsible for the development and implementation of Edinburgh's Community Justice Outcomes Improvement Plan, which involved public consultation events with victims and witnesses and for people involved in the criminal justice system (including registered sex offenders and other high risk of harm offenders). Those who participated in the latter event highlighted the importance of strong relationships in helping them achieve behaviour change.

The Council provides residential accommodation for high risk offenders, primarily to facilitate transition from long-term prison sentences to their own accommodation. In July 2017, the Care Inspectorate inspected the residential unit and awarded it a "very good" grading for quality of *care and support* and for *quality of staff*.

The latest Community Payback Order Annual Report (2016-17) includes information regarding offenders' experience of supervision and outcomes for them. 87% of offenders thought that supervision had helped them to stop or reduce offending. The Community Justice (Scotland) Act 2016 transferred responsibility for community justice planning from Community Justice Authorities to local planning partnerships.

Edinburgh has had a long-standing commitment to preventative work, to a service model that offers a continuity of service regardless of where the service user is in the community justice pathway and to developing new and innovative ways of delivering services.

Examples of early intervention and of service developments include:

- **Supervised bail**

This allows service users who would otherwise have been held on remand, to be released to an assessed address where work is undertaken to explore and manage the underlying causes of offending. A new post has recently been established to work to reduce the female remand population.

- **Diversion from Prosecution**

The Diversion from Prosecution scheme provides an alternative to prosecution and supports the individual to engage with tailored interventions to address their offending behaviour.

- **Community in Motion (CIM)**

Delivering, along with partners, a community driven problem solving, restorative justice approach which cuts across primary, secondary, and tertiary prevention.

CIM works to strengthen and motivate the community by encouraging people to play a positive role in developing practical solutions to community problems, and to contribute to building a safer and stronger community environment.

- **Edinburgh and Midlothian Offender Recovery Service (EMORS)**

EMORS, for short term prisoners, takes a recovery centred approach, working with individuals to help them move away from problematic alcohol and drug use and other issues that increase the likelihood of offending.

The service provides continuity of care from point of arrest, throughout an individual's stay in prison, and during the transition period from prison to community. It also uses peer volunteers to show visible recovery in the throughcare model.

- **Peer Mentoring Service**

This service was established in conjunction with SACRO for people currently involved in the criminal justice system. Mentoring can provide an important bridging service for people who have disengaged with family and friends, support services, education, training, and employment. Volunteers will be used to complement the work being done by paid staff providing benefits not only to those being mentored but also the volunteers and the broader community.

- **Edinburgh Alcohol Problem Solving Court**

Speedy assessments for court with a focus on alcohol ensures streamlined access to substance misuse services through close partnership working. An evaluation has been completed and indicated that the court had a great deal of potential, recognising the need for alcohol-targeted interventions with this group of men. A refinement of aims and processes were identified as necessary to improve outcomes and this work is underway.

The examples above support Community Justice Scotland's agenda and given the innovative working already in place, the Council is keen to be involved in Community Justice Scotland's scoping exercise and discussions on the future delivery of demonstration projects to test new approaches for community justice.

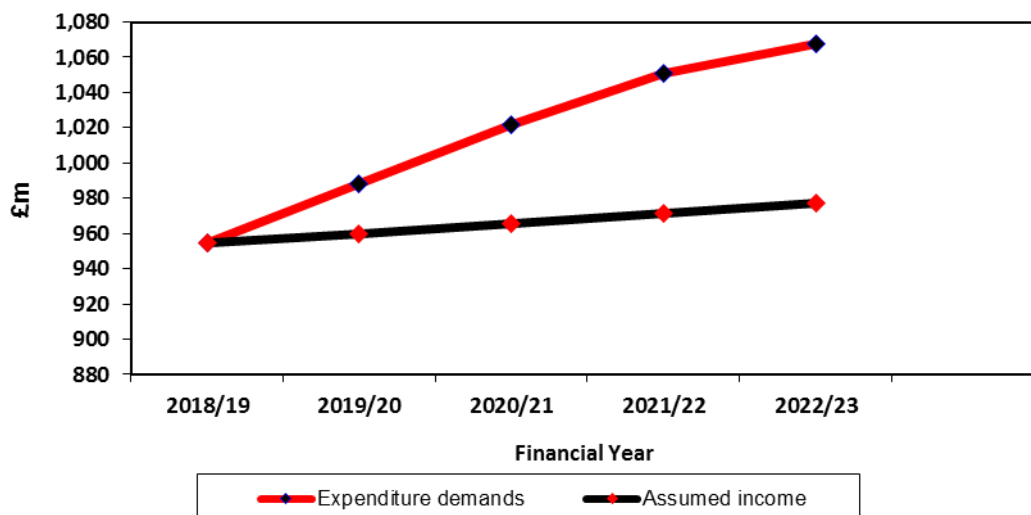
## 4. Resources

The Council continues to face significant challenges from a combination of increases in demand, inflationary pressures, welfare reform and heightened citizen expectations, all set against a backdrop of reducing Government grant income once account is taken of monies provided for the delivery of new, or additional, commitments.

Taking these factors into account, an updated revenue budget framework report considered by the Finance and Resources Committee on 12 June 2018 anticipated that in order to maintain expenditure in line with income, the Council will need to deliver at least £106m of recurring annual savings between 2019/20 and 2022/23, with £28m of these due in 2019/20.

The chart below shows the gap between projected expenditure demands and available funding. This gap is likely to increase if levels of Government funding are lower than anticipated or demographic changes are different from those provided for. The budget strategy seeks to identify potential service options to a value greater than is required in 2019/20 to allow both for an element of discretion in those taken forward and to guard

against a lower level of funding settlement.



### Demographic investment

In recent years, budget planning in the Council has provided significant protection to social work services, as well as for other priorities, such as schools. The Council's long-term financial plan continues to provide additional funding to meet growing needs for care services from the increasing number of older people in the population, particularly those over the age of 85, and increasing numbers of people with learning and physical disabilities due largely to greater longevity.

Funding is also provided for a growing number of children and young people, with some additional needs offset by preventative investment in early years and by actions intended to reduce the increase in the number of looked-after children.

Despite this welcome commitment, the scale of savings required from public services and the growing complexity of need across all age groups, leave services with diminished capacity to meet need to the level and quality communities expect. This creates challenging tensions in balancing potentially competing demands on public funds.

### 2017/18 outturn

The provisional outturn for the Health and Social Care service reflects significant demand-led pressures, showing an overall overspend of £7.5m. This position reflects delivery of planned savings associated with the organisational review but includes significant slippage on planned transformation-related purchasing savings. Development of these business cases for both telecare and support planning and brokerage, rooted in revised models of demand management, will form a key element in re-establishing financial stability going forward.

Growth in demand for care at home services, coupled with increases in direct payments and individual service funds, has also resulted in expenditure exceeding budget in these areas by some £1.8m, after application of an initial £2.2m of recurring funding from the Social Care Fund (SCF) and a subsequent further release of £2m, approved by the Edinburgh Integration Joint Board on 17 November 2017, in recognition of continuing demographic-led growth in demand.

While forming part of the wider Communities and Families outturn, despite significant savings resulting from shifting the balance of care through the Looked-After Children Transformation Plan, demand-led pressures in the areas of fostering and use of out-of-Council placements were apparent during the year. In recognition of these factors, the approved budget framework for 2018/19 reflects £2.5m of relevant additional investment.

## **2018/19 budget**

The Council's 2018/19 allocation to the Edinburgh Integration Joint Board (EIJB) represents a year-on-year uplift of £12.6m (6.8%), with provisional further contributions from NHS Lothian (£4m) and the EIJB (£2.8m) based on increasing capacity. In addition to securing these contributions, in view of significant expenditure pressures and required service investment, achievement of a balanced overall position is dependent upon delivery of £2.35m of efficiency savings and £6.7m of transformation programme-related savings, particularly those rooted in improved demand management.

## **Council-wide Change Strategy**

The Council has delivered over £240m of recurring savings since 2012/13, equivalent to around 25% of its net budget. This has allowed the combined financial challenges of increasing demographic-led service demand, inflationary pressures and legislative reform to be addressed whilst steadily improving performance across many areas. There is a need to place much greater focus on service transformation and prioritisation, designed using insight from active engagement from communities and elected members.

The Council's Change Strategy has therefore identified three key themes of (i) providing high-quality services at the right level, (ii) moving Edinburgh to a radical preventative agenda and (iii) achieving sustainable inclusive growth, to improve services whilst securing longer-term financial sustainability.

In recognising that such a transformational shift can only be achieved over the medium to longer-term, a staged approach will be required, with a suite of shorter-term measures identified to provide necessary financial breathing space in 2019/20 preparing the foundations for more fundamental longer-term change.

## **Comparative expenditure analysis**

As part of the Looked-After Children Transformation Plan, Edinburgh continues to seek to control expenditure through reductions in usage of secure and residential care, increases in local authority foster carers and kinship carers, and supporting more families with community-based services.

In adult social care, the emphasis is similarly based on the use of, and investment in, preventative services wherever feasible, with approved budget framework proposals for 2018/19 targeting significant savings through further focused investment in both re-ablement and telecare/telehealth, as well as other revised models of demand

## 5. Service Quality and Performance – Delivery of Statutory Functions

Set out below are some key issues relating to both performance and quality, focused on the main social work-related functions, together with associated management information.

### Performance - Mental health and Guardianship

Many factors impact on people's mental health and well-being, and a wide range of services, both targeted and universal, contribute to the effective support of people who need help. Some chronic and severe mental ill-health or acute crises require the involvement of registered social workers. Mental Health Officers are social workers with an additional accredited qualification and must by statute be involved in certain decisions relating to deprivation of liberty or where a person is assessed as lacking capacity. These decisions are governed by the CSWO.

Table 1	2015/16		2016/17		2017/18	
	Number	Individuals	Number	Individuals	Number	Individuals
Contacts	590	506	590	506	N/A*	N/A*
Assessments completed	1380	845	1380	845	1213	757

\*Contacts can't be recorded this year as the mental health team have now merged with the Substance misuse teams, therefore there is not a way to differentiate between mental health referrals and substance misuse referrals.

Table 2	Commenced Apr 15 – Mar 16	Commenced Apr 16 – Mar 17	Commenced Apr 17 – Mar 18
Emergency detention in hospital (72 Hrs)	208	195	241
Short-term detention in hospital (28 days)	411	484	472
Compulsory Treatment Orders (indefinite with 6 monthly review in first year and then annual review)	125	107	151
Interim Compulsory Treatment Orders (28 days)	61	47	72

<b>Table 3</b>	<b>As at 31 March 2016</b>	<b>As at 31 March 2017</b>	<b>As at 31 March 2018</b>
Emergency detention in hospital	41	0	0
Short-term detention in hospital	167	49	138
Compulsory Treatment Orders	306	343	416

<b>Table 4 - orders under the Criminal Procedures (Scotland) Act open to the Mental Health Officer service</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>
Total legal orders started	25	20	41
Total legal orders open at period end	71	80	94
Compulsion Orders with Restriction Order open at end of period	24	27	27

<b>Table 5</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Welfare guardianship</b>			
CSWO welfare guardianship	116	146	148
Private welfare guardianship	167	203	205
<b>Financial guardianship (private only)</b>	92	100	97
<b>Welfare and financial guardianship</b>			
CSWO welfare and financial guardianship (guardian for financial element must be non-Council)	32	39	29
Private welfare and financial guardianship	319	366	385
<b>Total</b>	726	854	864

### **Performance - Children in need, child protection and looked after children**

<b>Table 6 Volume</b>			
	<b>At 31 March</b>		
	<b>2016</b>	<b>2017</b>	<b>2018</b>

Approximate number children allocated in Children and Families teams	3900	3400	3400
	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>
Number of monthly reports submitted to the Authority Reporter	261	200	188

<b>Table 7 Child Protection</b>			
	<b>Figures for period April to March</b>		
	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>
Child protection Inter-agency Referral Discussions (IRDs)	1,277	1343	1396
Child protection case conferences	1,268	1174	940
Children on Child Protection Register	286	226	206

<b>Table 8 Child Protection Case Conferences</b>			
	<b>Figures for period April to March</b>		
	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>
Initial	382	312	254
Pre-birth	88	73	71
Review	791	768	612
Transfer	7	21	3
Total	1,268	1174	940

<b>Table 9 Domestic Abuse – Child Welfare Concerns and Child Protection Registrations</b>
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	2015/16	2016/17	2017/18
Total number of child welfare concern forms sent to Social Care Direct	11,694	11,505	10,711
Number of child welfare concern forms with domestic abuse as a concern	3,904	3,322	3,655
% of children on the Register with a domestic abuse concern identified	33%	53%	44%

Table 10 Looked After Children	At 31 March		
	2016	2017	2018
Total number of children and young people looked after	1390	1372	1334
At home with parents	323	347	338
In foster care	590	584	581
In residential	74	83	101
With kinship carers, friends / relatives	347	320	271
With prospective adopters	34	24	26
In secure accommodation	16	9	7
Other	6	5	10

Table 11 Secure Accommodation	Figures for period April to March		
	2015/16	2016/17	2017/18
	Total number of admissions	38	30
Admissions to out of Edinburgh provision	11	12	14
Average length of time in secure for young people discharged (in days)	135	135	155

<b>Table 12 Adoption and Permanence</b>			
	<b>Figures for period April to March</b>		
	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>
Adopters approved	20	14	15
Children registered for adoption (Permanence Order with Authority to Adopt)	28	26	31
Children registered for permanence (Permanence Order)	46	51	28
Children placed for adoption	37	23	21
Children adopted	35	35	20
% of Permanence panels in timescale	85%	25%	40%

### **Performance - Community Justice**

<b>Table 13 Offenders in the community subject to statutory supervision</b>			
	<b>31 March 16</b>	<b>31 March 17</b>	<b>31 March 18</b>
Assessed as very high risk or high risk (sexual violence)	22	17	7*
Assessed as very high or high risk (violence)	69	46	37
Probation orders	13	9	8
Community service orders	8	7	5
Community payback orders	1053	1121	1069
Drug treatment and testing orders	121	121	145
Drug treatment and testing orders (II)	48	33	34
Bail supervision	18	16	23

Statutory supervision of released prisoners (e.g. life licence parole, extended sentence, supervised release orders)	140	128	127
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- 2,700 people were supported through open community orders by the Criminal Justice Social Work Service. This represents a 2% decrease from support given last year.
- Criminal Justice staff completed 2,464 social work reports to support decision making by the courts, representing a 3% decrease from last year.

\*Many offenders being managed in the community have their risk levels reduced to medium, reflecting successful risk management strategies.

<b>Table 14 Offenders in prison who will be subject to statutory supervision on release</b>			
	<b>31 March 16</b>	<b>31 March 17</b>	<b>31 March 18</b>
Offenders currently in prison who will be subject to statutory supervision on release assessed as very high or high risk (sexual violence)	57	66	69
Offenders currently in prison who will be subject to statutory supervision on release assessed as very high risk and high risk (violence)	117	113	110

### **Performance - Adult Protection**

<b>Adult Protection Activity</b>			
	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>
Adult protection referrals	1134	1726	1870
Adult protection contacts	158	255	na
Inter-agency Referral Discussions (IRD)	329	425	358

IRD as a % of referrals	29%	21.5%	19.1%
Adult protection initial case conference	79	99	80
Initial case conference as a % of IRD	24%	23.3%	22.3%
Adult protection case conference reviews	110	93	113
Incidents between service users	379	878	na

Adult Protection Contacts (Referrals) - These have increased in the year. There has also been focused work to improve recognition, reporting and recording situations which meet the duty to make inquiries.

Large Scale Investigations – are now collated separately as per care service rather than as an individual service user count. There were five Large Scale Investigations initiated within the reporting period, four of which were in relation to care at home provision and the fourth concerned a care home. Themes emerging from the care at home investigations were:

- Quality and consistency of care
- Missed visits
- Financial harm
- Lack of robust procedures for the management of service user funds
- Management of medication
- Leadership
- Organisational culture

#### Inter-agency Referral Discussions - IRDs

The number of IRDs completed has been variable over the past 12 months. The source of data was changed from Swift to e-IRD from October 2016 to reduce duplication of data. The redesigned ASP training course and workshops aims to increase confidence in decisions when progressing to IRD. This is reinforced via locality-based consultative work carried out by the Adult Protection (AP) senior practitioners.

#### Incidents between service users

This data is no longer provided as a report for the Committee. Incidents within care services which trigger the duty to make inquiries now come under adult protection contacts field.

### **Quality Assurance of Residential, Day and Domiciliary Care for Adults**

In addition to the residential, day care and home care services managed directly by the Partnership, staff are responsible for the contract management of 520 contracts with 306 suppliers of regulated care services.

A further 115 contracts are managed in this way for the delivery of unregulated services, which include advice, advocacy and information, lunch clubs and practical help for people who choose self-directed support.

The Partnership and Council's expectation is that all regulated providers – including 'in-house' services achieve a minimum Care Inspectorate Grade 4 (Good) for the quality of care and support, and that any complaints are addressed quickly and effectively. Providers who fall short of these expectations, or about whom any relevant media, market, regulatory or other intelligence comes to the Partnership or Council's attention, are referred to the Quality Assurance Group for Care Homes/Care at Home services.

The remit of both groups is to monitor the quality of service provision, to acknowledge good practice and to challenge providers when services do not meet consistently high standards. Action is taken in respect of services assessed as 'weak' or 'unsatisfactory', and complaints to the Care Inspectorate and/or Council that have been upheld are the subject of discussion with providers, to ensure they have been addressed and measures are in place to prevent recurrence.

Based on the intelligence provided by these mechanisms, the Chief Social Work Officer can suspend admissions or referrals to services that do not meet minimum standards.

**Breakdown of Care Inspectorate grades for contracted providers (information on Council services is set out at Appendix 4)**

Year	% of contracted providers in Edinburgh achieving excellent, very good or good Care Inspectorate grades	% of contracted providers in Edinburgh achieving adequate, weak, unsatisfactory Care Inspectorate grades
2015/16	78%	22%
2016/17	78%	22%
2017/18	83%	17%

**6. Workforce**

**Workforce Planning**

Workforce planning activity is at the heart of any high performing organisation. Across the City of Edinburgh Council, specialist project teams are investigating a number of key initiatives to help alleviate the impact of the challenges faced, such as recruitment and retention, an aging workforce, data integrity, induction and training.

Within the Council there is a need to maximise the use of permanent employee resource and implement controls which will not only minimise agency spend but improve attendance levels.

Council services utilise agency workers in a number of areas both to cover vacancies and in response to staff sickness and other absence. It is recognised that safe levels of

service must be maintained and that there will be occasions where unplanned use of agency temps may be necessary.

The establishment of a project to develop a more successful recruitment strategy is underway. This will have the added advantage of utilising the current initiatives recently introduced to improve both attraction and retention. These include enhancing the overall Employee Value Proposition (EVP), on-boarding, induction and competitive benefits packages following external benchmarking activity.

## **Edinburgh Health and Social Care Partnership**

With the establishment of the Edinburgh Health and Social Care Partnership (EHSCP), there is now a requirement from the Scottish Government that Partnerships adopt and develop joint workforce strategies and workforce development plans.

Within EHSCP a Strategic Workforce Planning Group (SWPG) was set up to ensure the development of a Workforce Strategic Plan driven by the quality agenda, to ensure that service users and providers are at the very centre of the actions taken. The group is authorised by the EHSCP senior management team to develop and support the implementation of the Workforce Strategic Plan across all services.

This local group feeds into the National Workforce Plan, which in turn, will be supported by a National Workforce Planning Group, together they aim to provide a structure for workforce planning nationally, regionally and locally.

The SWPG will provide significant opportunities to move forward with the Workforce Development Agenda at a local level and within the services in a coordinated way. It will ensure that all parts of the service are influenced by learning and development of strategic priorities.

The Strategic Workforce Planning Group within EHSCP, set up in January 2018 is currently working on an integrated work plan which was submitted to the Scottish Government in June 2018.

Five workstreams have been established to look at the following areas:

- Workforce Data - (Baseline data, integration of data, reports & analysis, strategic plan)
- Recruitment & Retention of staff - (analysis of current workforce, recruitment process, modern apprentice, working with education partners)
- Staff Experience – (Health & Wellbeing, iMatter, Healthy working lives, staff engagement, role definition, safe staffing, development of EHSCP values, team development)
- Workforce Development – (professional & personal development, leadership development, training, career framework, integrated training, integrated induction programme, essential learning and technology)
- Independent and 3rd Sector – (Volunteer, unpaid carers, independent sector, charity organisations, national agenda)

## **Communities and Families**

Communities and Families (C&F) do not employ agency or locum Social Workers to cover vacancies. They have focussed on recruitment and retention by:

- undertaking workload analysis to ensure a reasonable case load;
- having regular supervision;
- offering a variety of CPD opportunities;
- and growing their own workforce by offering a high number of student placements.

## **Local Practitioner Forum**

The Chief Social Work Officer-sponsored Edinburgh Local Practitioner Forum (ELPF) continues to meet a minimum of twice per year. The ELPF continues to offer opportunities for front line staff to reflect on their practice, discuss service developments across the city and how these will impact on their day to day work.

The ELPF maintains an online presence and encourages participation from voluntary sector workers, first line and senior managers, and social work students.

The number of subscribers to the ELPF's website ([www.elpfonline.org.uk](http://www.elpfonline.org.uk)) currently sits at 93; however, this continues to grow. This is used to maintain engagement with practitioners and professionals, and to supplement traditional email and face-to-face contact opportunities.

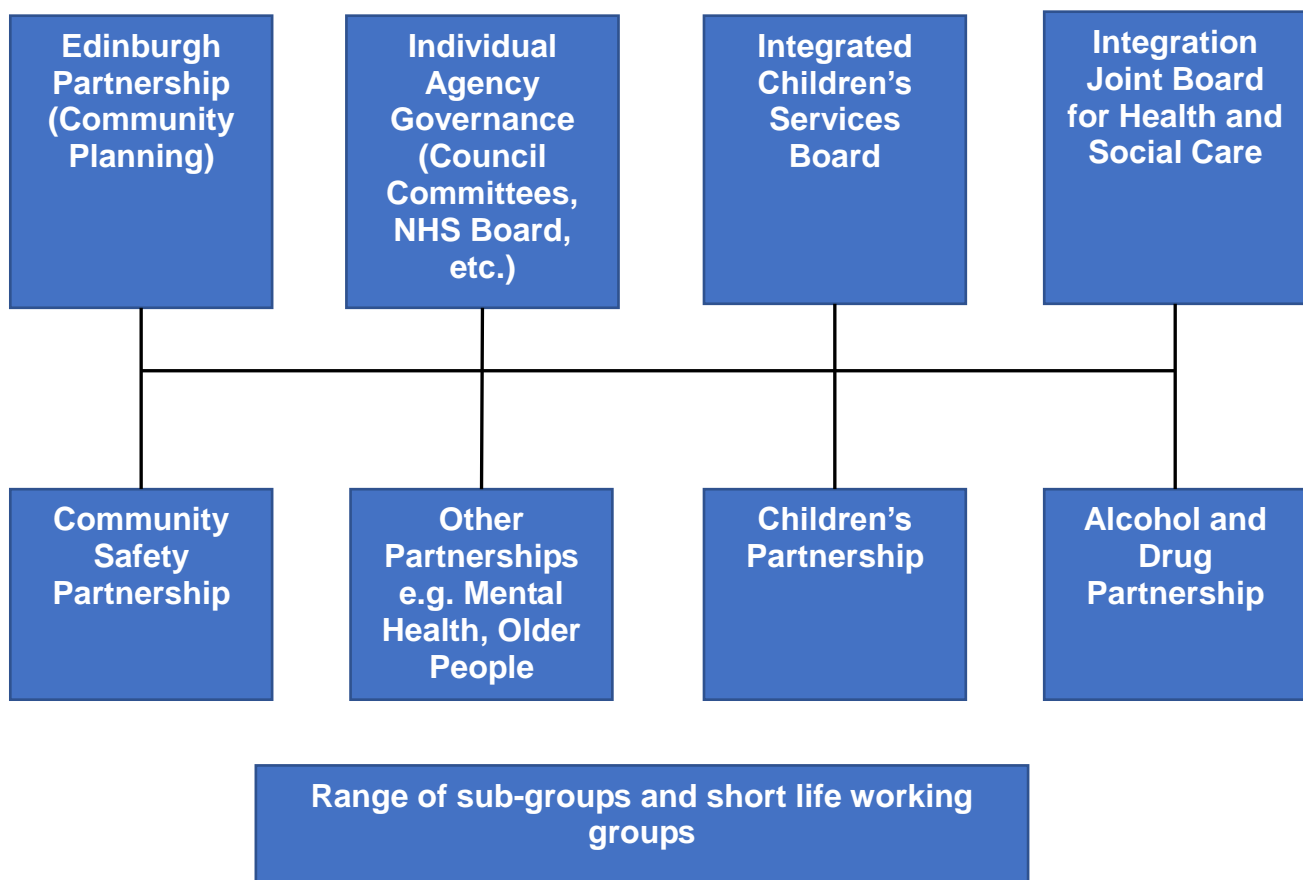
The website includes the dates of upcoming meetings and copies of the agendas and presentations used. Topics covered so far in 2018 have included Edinburgh as a Restorative City, a review of SWIFT and 'What's important to me? – in the context of end of life care'.

Work is ongoing to develop Edinburgh as a 'child friendly city' and looking at how lessons can be learnt from incorporating a whole city approach to restorative practice.

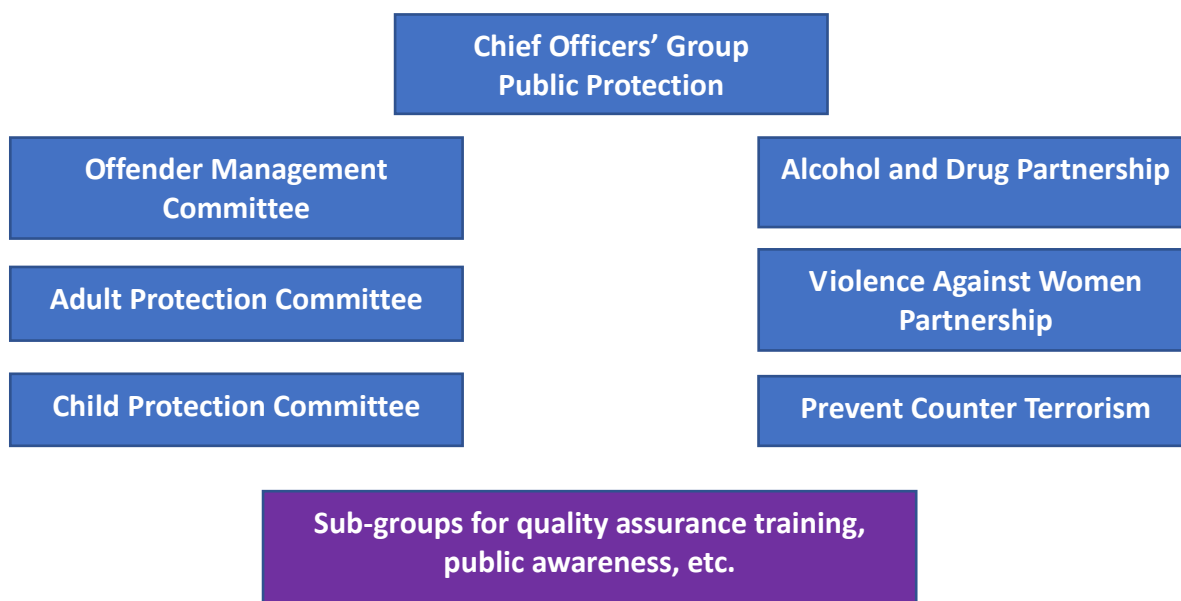
Following this, practitioners were given the opportunity to provide feedback about SWIFT and to contribute to the business case for the development or replacement of this system.

**Appendix 1a - Public Protection Strategic Partnerships and Monitoring Arrangements**

**Diagram 1 – Strategy and planning groups**



**Diagram 2 – Public protection groups**





## Appendix 2 – Statutory Complaints Analysis

### **We take complaints seriously**

The Council are required to report annually on complaints received from service users, would-be service users, their carers and representatives. This report meets that requirement.

### **SUMMARY:**

The Council is committed to improving social work services for the people of Edinburgh and recognises that complaints are an important source of customer feedback. The following table sets out the number of social work complaints over the last three years dealt with as frontline resolutions (stage one); the number of complaints that required formal investigation (stage two); and the number of complaints referred to a Complaints Review Committee. Along with responding to Complaints the Council also respond to enquiries made by the public, and by elected members (MPs, MSPs and Councillors) on behalf of their constituents.

There have been two key changes in the handling of social work complaints since the 2016/2017

annual report:

1. Changes in legislation on 1 April 2017 saw the end of the Complaints Review Committee function. Dissatisfied complainants (who raised their complaint on or after 1 April 2017) now progress directly to the Scottish Public Services Ombudsman if they remain dissatisfied following the stage two response;
  
2. The management of complaints was devolved to the respective service areas, from the centralised Social Work Advice and Complaints Service, on 1 April 2017 giving service areas more control over the management of their complaints.

	2015/16	2016/17	2017/18
<b><u>Stage One Frontline Resolutions</u></b>			
• Edinburgh Health and Social Care Partnership	166	69	74
• Communities and Families	66	26	42
• Community Justice	6*	0	5
<b><u>Stage Two Investigations</u></b>			

<ul style="list-style-type: none"> <li>Edinburgh Health and Social Care Partnership</li> <li>Communities and Families</li> <li>Community Justice</li> </ul>	107	75	79
	60	49	20
	5*	6*	0
<b><u>Complaints Review Committees</u></b>			
<ul style="list-style-type: none"> <li>Edinburgh Health and Social Care Partnership</li> <li>Communities and Families</li> <li>Community Justice</li> </ul>	5	13	9
	8	11	1
	1*	1*	0
<b><u>Scottish Public Services Ombudsman</u></b>			
<ul style="list-style-type: none"> <li>Edinburgh Health and Social Care Partnership</li> <li>Communities and Families</li> <li>Community Justice</li> </ul>	1	2	0
	3	1	0
	0	0	0
<b><u>Enquiries</u></b>			
<ul style="list-style-type: none"> <li>Edinburgh Health and Social Care Partnership</li> <li>Communities and Families</li> <li>Community Justice</li> </ul>	214	153	65
	76	62	23
	5*	2*	2

\* These figures were previously reported within the overall Edinburgh Health and Social Care Partnership figures.

Data is also recorded by the respective service areas regarding positive comments made by the public.

	2015/16	2016/17	2017/18
<b><u>Positive Comments</u></b>			
<ul style="list-style-type: none"> <li>Edinburgh Health and Social Care Partnership</li> <li>Communities and Families</li> <li>Community Justice</li> </ul>	20	6	3
	1	0	0
	0	0	0

## **EDINBURGH HEALTH AND SOCIAL CARE PARTNERSHIP**

### **Summary Information:**

During 2017/18, Edinburgh Health and Social Care Partnership completed 79 formal stage two complaint investigations. This represents an increase of 4% on the previous year. In addition, 74 complaints were completed as frontline resolutions; 65 enquiries were resolved; and three positive comments were received by the service. The level of complaints received is set against a background of service provision volume in the following key areas:

### **Social Care Direct:**

- Approximately 52,000 contacts were received by Social Care Direct. This reflects a 17% decrease on last year when 62,800 contacts were received.

### **Practice Team, Sector Based Social Work Services:**

- 3,090 assessments were carried out by practice teams (Sector Teams, Residential Review Team), which is a 42% decrease from last year when 5,321 assessments were carried out. 4,784 reviews were carried out, representing a 23% increase on last year when 3,880 reviews were carried out, giving a total figure of 7,874.

### **Home Care Service:**

- 4,797 people received 93,775 hours home care service in March 2018, either from the Council's Home Care and Support Service or purchased by the Council from the independent sector. It is not possible to provide a percentage increase/decrease from 2016/17 due to a revision in the way data has been collected for 2017/18 period.

### **Residential Care Homes:**

- 292 adults aged under 65 years were supported in permanent care home places (all service user groups) representing an 18% decrease from last year.
- 3,505 adults aged 65 and over were supported in long term care home placements, which is a 4% decrease on last year. Of these 3,505 adults aged 65 and over, 610 had a placement in a Council run care home at some point in the year which is a decrease on last year.

### **Direct Payments & Individual Service Funds:**

- Approximately **108** children received a direct payment in 2017/18 and **102** received an individual service fund. It is not possible to provide a percentage increase/decrease from 2016/17 due to a revision in the way data has been collected for 2017/18 period.

### **Support to Carers:**

- There were 596 carers who received a carer's assessment and support plan in 2017/18. This is a 15% decrease on the number of carer's assessed last year. Additional carer's will have also been assessed as part of a joint assessment with the person they care for.

### **Occupational Therapy:**

- 1,589 assessments were carried out to identify support needs, including adaptations, equipment and services required. This represents a 25% decrease on last year.

### **Timescales for Stage Two Complaint Investigations:**

In 2017/18, Edinburgh Health and Social Care Partnership formally responded to three (4%) complaints within 20 working days; and 26 (34%) with an extension agreed by the complainant. 40 (51%) complaints were not completed within the targeted timescale. Ten (11%) complaints were withdrawn by the complainant.

### **Outcomes:**

Of the complaints formally investigated 14 (18%) were upheld; 37 (47%) were partially upheld; and 18 (23%) were not upheld. Ten (11%) complaints were withdrawn.

### **Complaint Trends:**

- **Locality Teams:**

There were 48 complaints completed regarding practice teams.

<b>Complaint related to:</b>	<b>Number of Complaints</b>
Access to Files	1
Adult Protection	2

Assessment – Decision Making	4
Assessment – Delay	3
Assessment – Finance/Funding	4
Bureaucracy – Administration Issues	3
Communication – Poor Communication	5
Decision of Locality Teams	4
Equipment	1
Other	2
Service Provision	3
Staff - Behaviour	16
<b>Total</b>	<b>48</b>

- **Home Care:**

During 2017/18, there were five complaints completed regarding the Council's Home Care Services. This is the same number as last year. There were five complaints regarding Care at Home services purchased from external providers. This is a 55% decrease from last year. Complainants may choose to contact the Care Inspectorate directly to report their concerns relating to purchased services.

- **Respite Care:**

During 2017/18, one complaint was completed regarding residential respite care services. This is the same number as 2016/17.

- **Residential Care:**

During 2017/18, there were three complaints completed for older persons' residential care services. This was a 63% decrease on last year.

**Service Improvements:**

- The Council provided locality staff with training on the new Complaints Handling Procedure introduced in April 2017.
- Homecare managers reminded relevant staff about the importance of communicating later than normal visiting times to clients/families.

From 1 April 2018, there is a requirement that all stage 2 complaints with an outcome of upheld or partially upheld must have an improvement plan developed. Service areas, through the locality Quality Improvement Teams will be expected to report on the progress against any improvement plans and evidence any improvements made. Going forward the Edinburgh Health and Social Care Partnership will be reviewing the current model for managing complaints, and by using Quality Improvement methodology will address the need to build capacity into the current structure to provide a greater focus around frontline resolution, learning and service improvement.

## **COMMUNITIES AND FAMILIES**

### **Summary Information:**

During 2017/18, Communities and Families completed 20 formal stage two complaint investigations. This represents a 59% decrease on the previous year. In addition, 42 complaints were completed as frontline resolutions, and 23 enquiries were resolved. The level of complaints received is set against a background of service provision volume in the following key areas:

### **Practice Teams:**

- around 3,400 children and family cases managed by practice teams as at 31 March 2018
- approximately 1,396 child protection referrals
- approximately 188 reports per month submitted to the Authority Reporter

### **Accommodated Children and Young People:**

- 1,334 children and young people 'looked after' by the Council (338 at home, 996 away from home)
- 581 children in foster care
- 101 children in residential care
- 7 children in secure accommodation
- 271 children placed with kinship carers
- 26 children with prospective adopters
- 10 children in 'other' settings (e.g. in community)

### **Young People's Service:**

- 854 young people discussed at multi-agency pre-referral screening (early intervention)
- 237 risk assessments undertaken

- 22 risk management case conferences held for young people under the age of 18

### **Direct Payments & Individual Service Funds:**

- The number of direct payments or individual service funds started, or reviewed, in the period 2017/18 are as follow: 87 direct payments and 75 individual service funds. It is not possible to provide a percentage increase/decrease from 2016/17 due to a revision in the way data has been collected for 2017/18 period.

### **Timescales for Stage Two Complaint Investigations:**

In 2017/18, Communities and Families formally responded to one (5%) complaint within 20 working days; five (25%) were completed with an extension agreed by the complainant. 13 (65%) complaints were not completed within the targeted timescale. One (5%) complaint was withdrawn.

### **Outcomes:**

Of the complaints completed, six (30%) were not upheld, 11 (55%) were partially upheld, two (10%) were upheld, and one (5%) was withdrawn.

### **Complaint Trends:**

There were 11 complaints completed regarding social work practice teams. This is a 58% decrease from last year. These related to staff practice; decision making; assessment delay and funding issues.

Two complaint investigations were completed regarding Family Based Care services. This is a 22% decrease from last year. These related to foster carer's concerns.

Two complaints were completed regarding disability services. This is a 50% decrease from last year. These related to service provision.

### **Service Improvements:**

During 2017/18, Communities and Families identified various service improvements for managers to implement as a result of complaints. As with Edinburgh Health and Social Care Partnership, the relationship between complaints received and the continuous improvement of services provides a mechanism for service users to contribute to the development of services. An example of this would be:

- Notification to staff that reports concerning children and young people should include an up to date chronology.

## **COMMUNITY JUSTICE SERVICES**

### **Summary Information:**

During 2017/2018, Community Justice completed no stage two complaint investigations. This represents a 100% decrease from the previous year. 5 complaints were completed as frontline resolution (100% increase from previous year); 2 enquiries were resolved; and no positive comments were received.

The level of complaints received is set against a background of the following service provision volume:

- 2,700 people were supported through open community orders by the Criminal Justice Social Work Service. This represents a 2% decrease from support given last year.
- Criminal Justice staff completed 2,464 social work reports to support decision making by the courts, representing a 3% decrease from last year.

### **Timescales for Stage Two Complaint Investigations:**

Community Justice received no complaints that progressed to stage two complaint investigation.

### **Complaint Trends:**

No identifiable trends to report.

### **Service Improvements:**

No service improvements to report.

## **COMPLAINT REVIEW COMMITTEES:**

Changes to legislation on 1 April 2017 saw the end of the Statutory Social Work Complaints procedure and the Complaints Review Committee stage. Social work complaints began to follow the Council's Corporate Complaints procedure: Frontline Resolution (stage one), Investigation (stage two) and Scottish Public Services Ombudsman (stage three).

However, complaints raised prior to 1 April 2017 could still progress to Complaints Review Committee (if requested within 28 days of receipt of the stage two response) to be heard by three independent lay members, drawn from a wider panel.



10 Complaint Review Committees were completed during 2017/18. The recommendations of the Complaints Review Committee were then presented for ratification at the Council's Health, Social Care and Housing Committee for eight Edinburgh Health and Social Care Partnership cases (one further case is pending ratification); and at the Education, Children and Families Committee for one Communities and Families case. The Complaints Review Committee upheld the Council's position in five of the cases heard; the complainants position was fully upheld in two cases; and partially upheld in three cases.

The following is an example of work in progress addressing one of the partially upheld Complaint Review Committees.

- Action required to improve the standard of complaint investigations. Development and roll out of Investigation Skills training during 2018.

#### **SCOTTISH PUBLIC SERVICES OMBUDSMAN:**

The Scottish Public Services Ombudsman investigated two complaints in 2017/18 relating to Communities and Families. The investigations had not been concluded at the time of writing.

## Appendix 3 – Registration of the Workforce with the Scottish Social Services Council (SSSC)

The table below outlines: dates set for compulsory registration in each part of the register; the number of Council staff employed in the social services workforce; and the number who have achieved registration.

Section of Register	Number in Workforce	Workers currently registered	Comments	Date of Compulsory Registration	Renewal Period
Social workers	813	824	Relevant social work qualification is main criterion for registration. Registered numbers include employees who have chosen to register, but are not practicing social workers.	1 September 2005	3 years
Managers of residential child care	9	9		30 September 2009	5 years
Residential child care workers with supervisory responsibility	34	32	Registered numbers include staff located at Edinburgh Secure Services. One staff member is registered with the General Teaching Council Scotland and two with the Nursing and Midwifery Council.	30 September 2009	5 years

Section of Register	Number in Workforce	Workers currently registered	Comments	Date of Compulsory Registration	Renewal Period
Residential child care workers	197	<b>301</b>	Registered numbers include Locum Bureau workers.	30 September 2009	5 years
Managers of care homes for adults	13	<b>10</b>	1 manager is registered with the Nursing and Midwifery Council (NMC).	30 November 2009	5 years
Managers of adult day care services	6	<b>4</b>		30 November 2009	5 years
Managers of day care of children services	104	<b>19</b>	Remaining managers are Head Teachers who are registered with the General Teaching Council Scotland.	30 November 2010	5 years
Practitioners in day care of children	673	<b>903</b>	Registered numbers include supply workers.	30 September 2011	5 years

Section of Register	Number in Workforce	Workers currently registered	Comments	Date of Compulsory Registration	Renewal Period
Supervisors in a care home service for adults	57	<b>58</b>	Registered numbers include supply workers	30 March 2012	5 years
Support workers in day care of children services	125	<b>175</b>	Registered numbers include supply workers	30 June 2014	5 years
Practitioners in care homes for adults	213	<b>171</b>	Discrepancy in registered numbers is due to 29 current vacancies and newly recruited	29 March 2013	5 years
Support workers in care homes for adults	252	<b>306</b>	Registered numbers include supply workers	30 September 2015	5 years
Managers of housing support services	7	<b>6</b>	One manager in the process of registering	31 January 2014	5 years

Section of Register	Number in Workforce	Workers currently registered	Comments	Date of Compulsory Registration	Renewal Period
Managers of a care at home service	3	<b>8</b>	One manager in the process of registering	31 January 2014	5 years
Managers of a Combined Service	15	6	Discrepancy in registered numbers is due to 5 managers registered with NMC; 1 manager registered with Health Care Professions Council; 2 managers on secondment and 1 manager in the process of registering	31 January 2014	5 years
Supervisors in housing support and/or care at home services	120	<b>129</b>		30 June 2017	5 years
Workers in housing support and/or care at home services	1329	<b>11</b>	Register opened in October 2017	30 September 2020	5 years

## Appendix 4 – Levels of Inspection by the Care Inspectorate for Council Registered Care Services

The table below sets out the levels of inspection by the Care Inspectorate of the Council's registered care services during 2015/16.

**Key to grades: 1 – Unsatisfactory; 2 – weak; 3 – adequate; 4 – good; 5 – very good; 6 – excellent**

Services can be inspected on up to 4 quality themes. Frequency of inspection varies to take account of type of service and performance of a service. Grades indicated represent grades achieved during inspection of each type of registered service.

	Number of Services	Number of Inspections	Grades 1 and 2	Grade 3	Grades 4 and 5	Grade 6
<b>Communities and Families</b>						
Adoption	1	1			1	
Care Homes (children and young people)	8	8	1	2	5	
Day care of children (early years)	103	102		1	96	5
Fostering	1	1			1	
Secure Accommodation	1	1			1	
Care at Home	1					
<b>Health and Social Care</b>						
Adult Placements	2	2	1		1	
Care Homes (adults)	13	11	2		9	
Housing Support	7	4			4	
Offender Accommodation	1	1			1	
Support Services (Day Care)	7	6			6	
Care at Home	13			1	12	

Adult services, graded 2 and 3 will trigger a referral to the relevant multi-agency quality assurance meeting (care homes, home care or housing support) for scrutiny. Other triggers for referral are:

- a pattern of upheld complaints
- a single serious upheld complaint, e.g. adult protection
- a large-scale inquiry

The multi-agency quality assurance meetings share information on poor performing services, discuss and implement appropriate action, and monitor progress on improvements. The meetings make recommendations to suspend referrals to services until satisfactory improvements are made, and/or to terminate Council contracts. The decision on suspension and re-instatement is made by the CSWO.

Children's services graded 2 or 3, are similarly discussed at management meetings for Looked After and Accommodated Children, to consider required action on addressing issues.



# Report

## Edinburgh IJB Annual Performance Report 2017-2018 Edinburgh Integration Joint Board

28 September 2018

### Executive Summary

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1. The Edinburgh Integration Joint Board is required by the Public Bodies (Joint Working) (Scotland) Act 2014 to produce an annual performance report. The Annual Performance Report for 2017/18 is attached as appendix one.

### Recommendations

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2. It is recommended that the Edinburgh Integration Joint Board:
  - a. note the Annual Performance Report submission attached as appendix one.

### Background

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3. All Integration Joint Boards (IJB) are required by the Public Bodies (Joint Working) (Scotland) Act 2014 to publish an annual performance report for the period April 2017 to March 2018 by 31 July 2018 .
4. The Annual Performance Report is attached as appendix 1 and covers 2017/18 and was published by the Edinburgh Integration Joint Board (EIJB) at the beginning of August 2018.
5. IJB members have been given the opportunity to give feedback on an initial draft of this report prior to publication via email. Changes suggested have been incorporated into the final draft and other feedback will inform the approach to the annual performance report for the next financial year.

### Main report

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6. As required by the legislation and related guidance the report considers and details performance in the following areas:



- Delivery of the nine National Health and Wellbeing Outcomes and related key priorities of the Integration Joint board;
  - Finance and best value
  - Moving to a locality based model of planning and delivering services
  - Inspection of services
  - review of the EIJB strategic commissioning plan
7. Consideration of these areas have been framed around the six key priorities of the 2016-2019 Strategic Plan:
- Tackling inequalities
  - Prevention and early intervention
  - Person-centred care
  - Right care, right place, right time
  - Making the best use of capacity across the whole system
  - Managing our resources effectively
8. The performance report will be used to inform the programme of work for 2018/19 that will be undertaken to implement the EIJB Strategic Plan. Progress in relation to performance will be monitored throughout the year by the executive management team and Integration Joint Board committees.

## Key risks

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9. Risks to the partnership are highlighted within the report. Performance should be monitored throughout the year to escalate risk and improve service delivery.

## Financial implications

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10. Financial details in relation to performance are included within the report.

## Implications for Directions

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11. The report will inform future directions but does not currently infer any directions.

## Equalities implications

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12. The report has been designed to be accessible and can be made available in an easy read format on request.
13. Other equalities implications are contained within the report.

## Sustainability implications

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14. Key issues which have an impact on sustainability are contained within the report.

## Involving people

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15. The Annual Performance Report has been produced with the involvement of key stakeholders and summarises the achievements of locality teams, third sector organisations and wider teams in health and social care through case studies and feedback data.

## Impact on plans of other parties

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16. None

## Report author

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**Judith Procter**

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## Appendices

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**Appendix 1**

[EIJBA Annual Performance Report 2017-18](#)

# Edinburgh Health and Social Care Partnership

## Annual Performance Report 2017-18



Working together for a caring,  
healthier, safer Edinburgh



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## Foreword by the Chair and Vice-chair of the Integration Joint Board

Welcome to the Annual Performance Report of the Edinburgh Integration Joint Board for 2017/18. The report sets out the progress that the Board and the Edinburgh Health and Social Care Partnership has made during the previous year in terms of:

- delivering against the six priorities in our strategic plan 2016-19
- delivering against the National Health and Wellbeing Outcomes
- working at a locality level across North West, North East, South West and South East Edinburgh
- our financial performance.

I think that it is fair to say that our performance over the last financial year has been mixed. We still have significant challenges providing 'the right care, in the right place at the right time' with far too many people waiting far too long to have their needs assessed and start receiving the care and support they need. People are also waiting too long in hospital when they are ready to be discharged. These are both areas we have prioritised for improvement and development and we set out more on that in this report.

However, there are some areas where we perform well; our performance in reducing emergency admissions to hospital and treating people in the community remains strong and when people do receive services, they are generally happy with them. I was particularly pleased to see that the percentage of people who rated the care they received as excellent or good when responding to the Health and Care Experience Survey had increased slightly from the previous survey undertaken two years ago.

We also recognise that the previous year was a challenging one for both the Integration Joint Board and the Health and Social Care Partnership with significant changes in the senior management team having taken place. However, I continue to be impressed by the commitment and dedication of the workforce; and the willingness of our partners in the third, independent and housing sectors to support us in tackling the significant challenges we face in terms of increasing demand for services, financial constraint and recruiting to caring roles in Edinburgh city as a result of virtually full employment. Our new management arrangements will take time to develop but we have a clear focus on the change we want to oversee and the improvement we want to make.

It is also clear to me that whilst our performance is far from where we want it to be there have been some noticeable improvements in the last six months of the last financial year and first three months of the current year in terms of the number of people waiting for assessments and the length of wait. There are also some very

positive developments underway that will strengthen community capacity (Community Link Workers), reinvigorate our approach to self-directed support (good conversations training) and improve support for carers (North West pilot). You can find out more about each of these initiatives as you read through the report.

When the Edinburgh Integration Joint Board met in May 2018, it agreed a [‘Plan to alleviate immediate pressure and establish the environment for longer term sustainability’](#). The plan identifies key areas of focus for the work of the Health and Social Care Partnership going forward:

- a meaningful shift of attention and resources toward prevention and early intervention
- wider cultural change to move away from the traditional model of health and social care to one that is more sustainable and which takes an asset-based approach
- providing the right volume of high quality care and support when people need it
- redesigning traditional high cost services to achieve best value
- developing our workforce
- developing our approach in primary care and making the most of the opportunities set out in our Primary Care Improvement Plan
- ensuring we have adequate business support, processes and ICT infrastructure
- ensuring appropriate professional/clinical governance and quality in an integrated world

These areas will inform our work going forward in 2018/19 and are reflected in the future priorities detailed throughout the plan.

**Cllr Ricky Henderson**  
**Chair,**  
**Edinburgh Integration Joint Board**

**Carolyn Hirst**  
**Vice-Chair**  
**Edinburgh Integration Joint Board**

**July 2018**

## Introduction

Since April 2016, the Edinburgh Integration Joint Board (EIJB) has been responsible for the strategic planning, governance oversight, scrutiny and performance management of most community health and adult social care services, together with some hospital based services. These are services that have been delegated to the Integration Board, by both NHS Lothian and the City of Edinburgh Council under the legislation – The Public Bodies (Joint Working) (Scotland) Act of 2014.

The services for which the EIJB has had delegated to it and is responsible for include:

- adult social work services
- community dentistry, pharmacy and ophthalmology
- community nursing
- health and social care services for older people, adults with disabilities, adults with mental health issues and unpaid carers
- health promotion and improvement
- palliative and end of life care
- primary care (GPs)
- services provided by allied health professionals (eg therapists)
- sexual health
- substance misuse
- support for adults with long term conditions
- unscheduled admissions to hospital.

The majority of services for which the Board is responsible are delivered by the Edinburgh Health and Social Care Partnership (EHSCP, or 'the Partnership') which is responsible for its operational delivery. The Partnership brings together staff employed by the City of Edinburgh Council and NHS Lothian to provide integrated services under the leadership of a single Chief Officer. The Chief Officer is accountable to the EIJB and to both the Council and NHS Lothian via both their Chief Executives. In addition, the Council and NHS Lothian are also Directed to commission a range of services on behalf of the EIJB from providers in the third, independent and housing sectors. There are also some services for which the Board has responsibility that are managed directly by NHS Lothian or one of the other Health and Social Care Partnerships in Lothian.

In March 2016 the EIJB published its first [Strategic Plan](#), setting out the strategic vision for community health and adult social care services in the city over the next three years.

Central to this vision is the move to a locality model of working based on the four localities that are used for community planning purposes.

In that Plan we set out six linked key priorities that the Board believed it was important to work towards to improve the health and wellbeing of the citizens of Edinburgh, by meeting the current need for services and managing future demand.

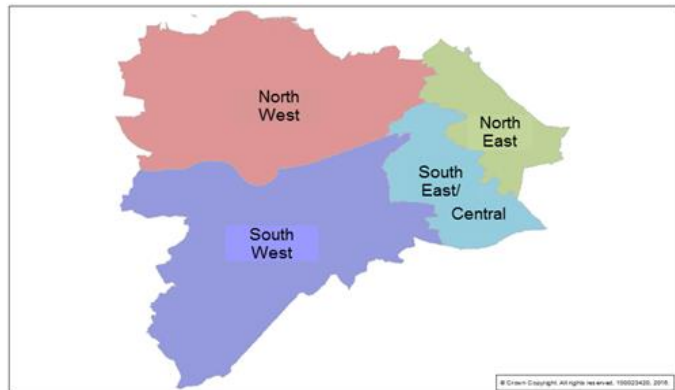


Image 1: locality map

The six priorities are:

- **tackling inequalities** by working with our partners to address the root causes, as well as supporting those groups whose health is at greatest risk from current levels of inequality
- **preventing** poor health and wellbeing outcomes
- practicing **person centred care** by placing ‘good conversations’ at the centre of our engagement with citizens
- delivering the **right care in the right place at the right time** for each individual

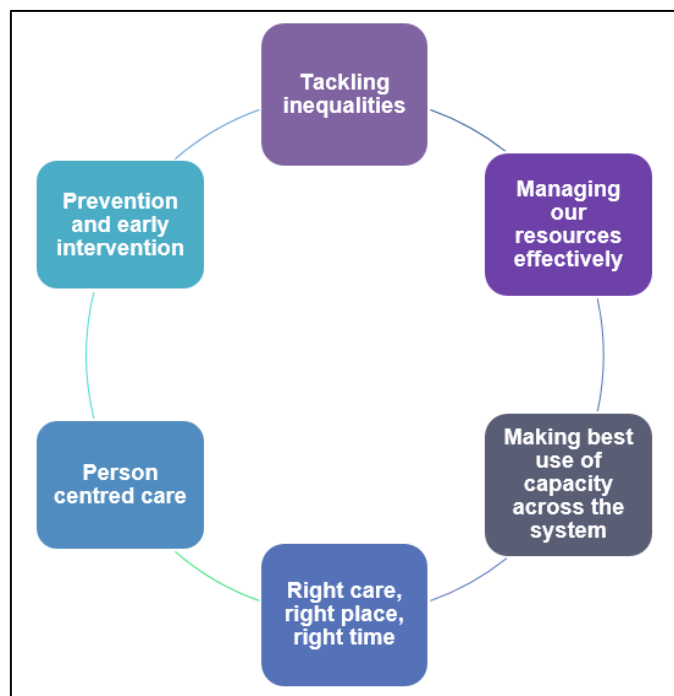


Image 2: our six priorities

- developing and **making best use of the capacity available within the city** to deliver timely and appropriate care and support to people with health and social care needs
- **making the best use of our shared resources** to deliver high quality, integrated and personalised services, that improve the health and wellbeing of citizens whilst managing the financial challenge.



Our annual report sets out the progress we believe that we have made in working towards these priorities and those set for us by the Scottish Government which are shown in the diagram below. The report also provides details of our performance in managing our budget.

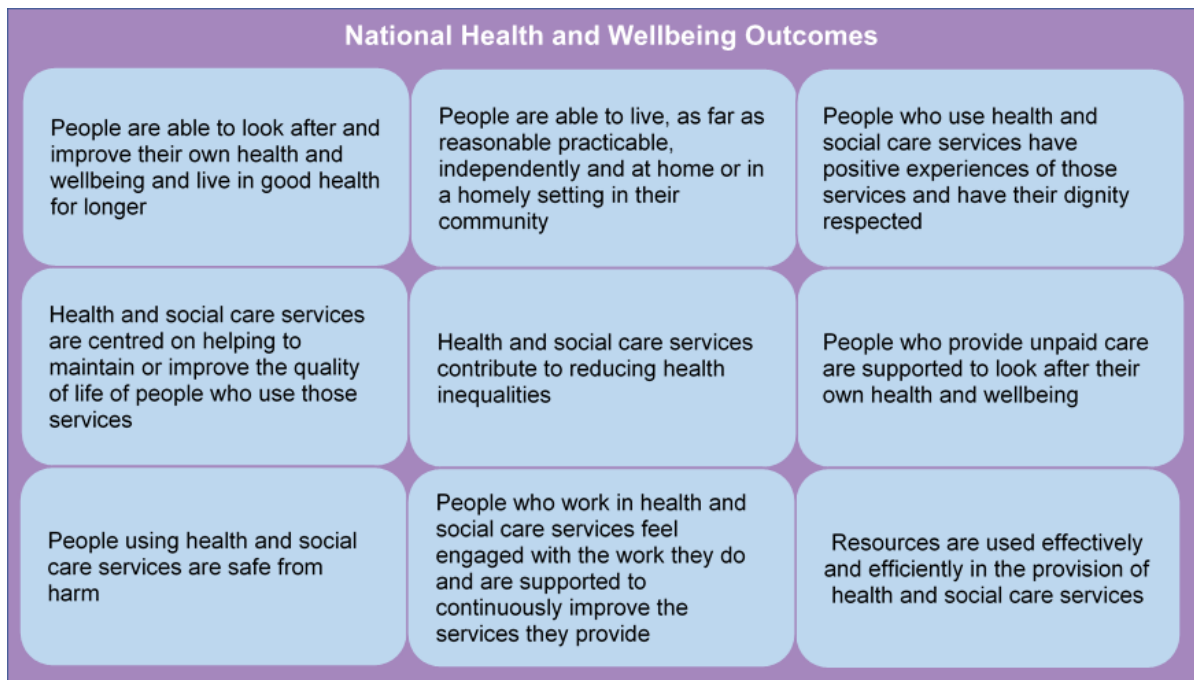


Image 3: The National Health and Wellbeing Outcomes

In producing this report, we have made use of information from a number of different sources, including:

- national indicators, including the 23 indicators to monitor performance against the National Health and Wellbeing Outcomes and the six indicators put in place to assess progress in delivering the benefits of integrations across all 32 integration authorities
- the findings from the National Health and Care Experience Survey which is a postal survey of a proportion of people who use GP services carried out every two years. Overall the satisfaction levels of those who responded to this survey were slightly down since the survey was last carried out in 2015/16. However, the position for Edinburgh largely reflects the picture for Scotland as a whole
- a set of indicators that has been agreed locally to monitor progress against the priorities within the Strategic Plan
- feedback that we have received from other people including compliments, complaints and service inspections
- case studies that help to demonstrate the impact of the way in which services are delivered.

## Tackling inequalities

We know that people living in poverty and those who are part of specific social groups experience poorer life chances, reduced health and wellbeing and shorter life expectancy. Tackling the root causes of current levels of inequality as well as reducing the health and social impacts will help us to both improve outcomes for citizens and address the increasing demand for health and social care services. Whilst Edinburgh is often seen as an affluent city. In reality the picture in Edinburgh is very mixed, with areas of affluence and areas of significant poverty existing side-by-side in all four of the localities. We also know that a significant proportion of those experiencing ill health do not live in the areas that are classified as being the most deprived (using the [Scottish Index of Multiple Deprivation \(SIMD\)](#)).

It can take a number of years to effect change in levels of inequality. However, the rate of premature mortality, which is used as a national indicator, continued to decrease from 406 in 2016 to 380.4 in 2017, which is the last year for which figures are available. We are working with colleagues in Public Health to develop a more meaningful set of indicators against which our progress in this area can be assessed in future years.

### During 2017/18 we have:

- ❖ Worked with our partners in the Edinburgh Community Planning Partnership and local people and communities to develop a **Locality Improvement Plan** for each locality. The plans which were published in December 2017 set out:
  - priorities for improving each locality over the next five years
  - actions that will be carried out in the short, medium and long-term
  - a commitment to targeting shared resources in the most effective way to tackle inequality.
- ❖ Established four Locality Mental Health and Wellbeing Public Social Partnerships which provide a range of social prescribing, meaningful activities and psychosocial and psychological supports to people experiencing poor mental health including those in crisis on a 24-hour, seven day a week basis, 365 days of the year.
- ❖ Invested almost £1.8m in our Health Inequalities Grant Programme which has allowed third sector organisations to support almost 32,000 citizens to achieve better outcomes during 2017/18. On average 84% of participants involved with services who received grants surveyed agreed or strongly agreed that the service had the intended positive impact on them. The table below shows the number of people supported to achieve each outcome compared to the previous year.
- ❖ Established a network of 14 **Community Link Workers** employed by third sector organisations and working across 20 GP practices in areas categorised as having

high levels of deprivation. Using 'good conversations', Community Link Workers support people to:

- identify problems and issues they are experiencing
- set goals and overcome barriers in order to take greater control of their health and wellbeing
- achieve their goals by enabling them to identify and access relevant resources or services in their community.

Health Inequalities Grant Programme priority outcomes	Number of people supported to achieve outcome in 2017/18	Difference from 2016/17	
		Trend	%
Reduced misuse of alcohol and drugs	173	↑	131
Reduced stigma	368	↑	113
Increased participation in physical activity	1,986	↑	26
Increased social capital	6,416	↑	25
Reduced damage to physical and mental health from all forms of abuse and violence	149	↑	3
Reduced levels of anxiety and depression	1,937	↑	7
Increased income	13,140	↔	0
Increased community capacity	2,459	↔	-1
More people live in healthy environments and use greenspace	1,473	↓	-15
Increased number of people who eat healthily	3,314	↓	-19

Table 1: Health Inequalities Grant Programme priority outcomes

## Case study



### The Health Agency and local libraries

#### Walk Scotland challenge

Customers and staff from two local libraries challenged themselves (and had a great time) taking part in a special Walk Scotland step-count, facilitated and funded by Active Steps, during July and August this year.

The team set themselves a target of walking a virtual route around the coast of Scotland of 803 miles, using a poster map to chart its progress. This featured information about various places of interest along the route (so the challenge was informative as well as active).

Around 30 individuals signed up to start the challenge, and were given a pedometer to record their daily step-count, along with a walking diary giving suggestions on how to make gradual improvements to their activity levels and fitness.

Participants included staff, members of the library's Level Up Youth Group, families, and regular attendees of the popular seated exercise classes (which take place twice-weekly at Wester Hailes Library). Those taking part also successfully encouraged several friends, family members and neighbours to join in. Everyone was able to contribute to the challenge and raise their levels of walking activity, regardless of age, disability or fitness.

At the end of the challenge period, when steps were added up, they were delighted to have reached a grand total of 2,971,043 steps between them. This equalled a distance of 1,485 miles, nearly twice the original target.

*Case study 1*

## Priorities for 2018/19

- ❖ Complete the review of health and social care grant programmes in collaboration with third sector partners to establish a new single programme focused on prevention, early intervention and tackling inequalities from April 2019
- ❖ Implementation of the action plans to deliver the priorities set out in the Locality Improvement Plans
- ❖ Evaluate the Locality Mental Health and Wellbeing Public Social Partnerships to inform future commissioning intentions
- ❖ Establish the Inclusive Homeless Practice at Panmure St Anne's to provide an integrated housing, health and social care service for people who are homeless and have complex and multiple needs.

## Prevention and early intervention

Investing in approaches that prevent problems occurring or stop them getting worse is a key part of our strategy for improving the health and wellbeing of the citizens of Edinburgh and managing future demand for services.

Good quality, effective primary care services are key to helping people look after their own health. GP practices in Edinburgh remain under considerable pressure due to increasing demands from the growing population in the city and a national shortage of people wanting to become GPs. In June 2017, in recognition of these challenges, the Integration Joint Board agreed a 'stability and transformation' programme to support the expansion of 'core' primary care capacity in individual GP practices. There has also been significant investment through NHS Lothian in GP premises. Of those Edinburgh residents who responded to the Health and Care Experience Survey, 84% were positive or very positive about the care provided by their GP practice and 89% felt that they were treated with compassion and understanding.

Many of those seeking support from their GP face a number of challenges that are having a negative impact on their health and wellbeing, including social isolation, concerns about money and stress and anxiety caused by the complex situations they find themselves in. In many cases, the GP is not best placed to help people find solutions and GPs are making increasing use of the wide range of third sector organisations operating in Edinburgh to meet their patients' needs. In some cases, the third sector provide services in GP practices, Community Link Workers and welfare rights for example; whilst in others the GP will refer people on to organisations providing activities in the local community. We currently fund a range of activities carried out by the third sector to help people improve their health and wellbeing through the Health and Social Care Grant Programme.

94% of Edinburgh citizens who responded to the Health and Care Experience Survey agreed that they are able to look after their own health very well or quite well. This is a slight reduction of 2% compared to the previous survey in 2015/16.

Where people do require support services we aim to work with them to ensure they remain independent and that there is as little deterioration in their condition as possible.

Falls can have a serious impact on the health and wellbeing of older people resulting in hospitalisation, long term injury and lack of confidence. The report of the joint inspection of services for older people in Edinburgh carried out by the Care Inspectorate and Health Improvement Scotland recommended that '*the (Health and Social Care) Partnership should streamline and improve the falls pathway to ensure that older people's needs are better met.*' We have undertaken a range of activities during 2017/18 to address this recommendation, including:

- reviewing and raising awareness of the falls pathway
- broadening the pathway to look at prevention and early intervention in order to address the vicious cycle of minor falls impacting upon an individual's confidence leading to a gradual withdrawal from an active lifestyle; and
- making better use of the total sector's capacity to identify and engage earlier to prevent falls and inactivity created from minor falls.

The rate of falls per 100,000 of the population, which is part of the national indicator set, fell very slightly in 2016/17 compared to 2015/16. This is the most recent data available.

Unpaid carers play a significant role in supporting people with health and social care needs, helping them to live as independently as possible in the community whilst minimising their requirements for support from statutory services. The estimated number of unpaid carers in the city is 37,589 (2011 Census). The Integration Joint Board recognises the huge contribution that unpaid carers make and also the importance of supporting them to continue in their caring role.

596 carer's assessments were undertaken during 2017/18 compared to 700 in 2016/17 and only 35% of Edinburgh citizens who responded to the Health and Care Experience Survey and identified themselves as unpaid carers agreed that they felt supported to continue in their caring role. Our approach to the implementation of the Carers Act (Scotland) 2016 involves piloting a new carer's assessment and support planning tool in the North West of the city, that is based around a 'good conversation' to identify what is important to the carer and how they can best be supported. We are planning to move to a position where carer's assessments are carried out by the most appropriate person who may be in a third sector organisation rather than only being undertaken by social work teams. Although the number of carer's assessments completed in 17/18 has reduced from the previous year, we believe that this new approach will increase the number of assessments conducted, improve the quality of assessments, reduce the delay in assessments taking place, respond to identified needs more quickly resulting in better outcomes for carers and address the perceived stigma of needing to approach statutory agencies for help.

### **During 2017/18 we have:**

- ❖ Funded the establishment of an additional 30 full-time posts, including administrators, advanced nurse practitioners, pharmacists and community psychiatric nurses across 30 medical practices. We estimate that this has provided additional medical cover equivalent to 14 additional doctors.
- ❖ Taken an additional 8,000 patients onto GP lists and successfully absorbed 4,000 patients from a practice that closed.

- ❖ Relocated Polwarth and Southside medical practices into NHS accommodation avoiding the need for significant capital investment in new premises; commissioned new buildings for Ratho Medical Practice, Allermuir Health Centre and the North West Partnership Centre (Pennywell All Care Centre) which has allowed a new practice to be established creating additional capacity for 5,000 patients; and refurbished a property to accommodate the Leith Walk Medical Practice. We have also developed the business case to co-locate the Access Practice with a range of other services to support homeless people with complex needs.
- ❖ Increased the number of referrals from Scottish Ambulance Service for falls assessments as an alternative to taking people to hospital from 12 in April 2017 to 22 in March 2018.
- ❖ Used Carer Support Workers and the Carers Hospital Discharge Team to undertake carer's assessments which has both increased the number of assessments undertaken and reduced the amount of time carers wait for the assessment to take place.

## Priorities for 2018/19

- ❖ Invest £2million in developing a Community-led Support Programme to increase capacity within communities and reduce demand for formal services. This approach, aligned with the grants review focused on primary prevention, will form a key plank of our strategy to improve health and wellbeing and manage future demand.
- ❖ Take forward the introduction of the new GP contract by implementing the Primary Care Improvement Plan which details the transformative service redesign required over the next three years to enable GPs to function as expert medical generalists.
- ❖ Continue the delivery of prioritised major capital schemes to create additional capacity in primary care, including the re-provision of the Brunton Medical Practice and new primary care provision developing extra capacity in South East Edinburgh, augmented by the ongoing programme of small and intermediate capital schemes to augment capacity
- ❖ Provide targeted support to care homes with the management of falls and fractures.
- ❖ Increase the number of falls assessments by 20% by March 2019.
- ❖ Roll out the new assessment tool and Adult Carers Support Plan following evaluation of the pilot.
- ❖ Undertake a test of change exploring the potential to make better use of technology to support people who have had a stroke and increase the confidence of their carers in carrying out their caring role.

- ❖ Collaborate with the Strategic Carers Partnership to produce a new Carers Strategy for Edinburgh.

## Case study



### FreshStart

“I used to cook ready meals and convenience food all the time; it wasn’t very healthy and it was expensive too. But then I joined the cooking classes at Fresh Start. They really helped me plan my meals and make my money go further – I am now spending a lot less on my messages. I buy and cook more vegetables and I am a lot more adventurous with my food choices.

“When I finished the cooking course I became a volunteer in the garden and joined the service user involvement group. We talk about issues to do with homelessness and help the staff improve the services. Coming to FreshStart makes me feel part of something.

“The collaboration and sense of belonging has given me confidence to keep going.”

Since Tam wrote this he is now volunteering with several other organisations and gardens which he freely admits he would not have been able to do this time last year. He also volunteers and cooks meals for large groups of homeless people on a weekly basis.

*Case study 2*





## Person-centred care

The Edinburgh Integration Joint Board is committed to supporting citizens to live as independently as possible and exercise more choice and control over the way in which their health and care needs are met. We endorse the principles of *Collaboration, Dignity, Informed Choice, Innovation, Involvement, Participation, Responsibility and Risk enablement* that underpin the Social Care (Self-directed Support) (Scotland) Act 2013 and are committed to making self-directed support a reality in Edinburgh. However, we know that we have not made the progress we both need and want to make in respect of this strategic priority.

Whilst 79% of those Edinburgh citizens who responded to the Health and Care Experience Survey and who receive support to live at home agreed that they were supported to live as independently as possible and that the services or support they received had an impact on improving or maintain their quality of life; only 74% agreed that they had a say in how their help, care or support was provided and only 67% felt that health and social care services seemed to be well co-ordinated.

The report of the joint inspection of services for older people also included a recommendation that: *'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.'*

Achieving our priority of person-centred care and self-directed support being the norm in Edinburgh requires significant culture change. During 2017 we commissioned bespoke training from third sector partners to support staff in the North East of the city, to move from traditional models of assessment and care planning to a model based on 'good conversations'. This approach builds on people's strengths, identifies the things that are important to them and supports them to have greater choice and control over improving their current situation.

A support planning and brokerage pilot has also been established in the North East of the city that is making use of 'good conversations' to support people to exercise choice over how their care and support needs are met. The early indications are that in at least some cases better outcomes are being achieved at a lower cost, with people having more say in the kinds of support they receive and what makes a good life.

We have also begun to consider 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.

The Adult Carer Support Plan that has been developed and tested in collaboration with unpaid carers and carers' organisations reflects the changes we are trying to

embed through the 'good conversations' training. We are exploring the opportunity that this tool offers as the basis for redesigning our adult assessment form in order to support a strengths-based person-centred approach to assessment and simplify our current assessment tool and processes.

As part of our work around supporting people with long term conditions we have recognised the importance of Anticipatory Care Plans (ACPs) in preventing unnecessary admissions to hospital and ensuring that people are supported and treated in line with their wishes. In 2016/17 we carried out a small-scale test of change in the North East Locality to increase the use of ACPs in care homes with the intention of increasing the likelihood that residents receive care that is appropriate to their needs and consistent with their wishes. During 2017/18 we have rolled out this approach across the city. The approach involves asking residents and their families how they would want to be treated in three specific scenarios (a sudden collapse such as from a stroke or heart condition, a serious infection that was not improving with antibiotics, not eating or drinking). The responses are included within the ACP, so that staff can access details of people's wishes easily and act accordingly.

### **During 2017/18 we have:**

- ❖ Increased the number of people choosing self-directed support options 1 or 2 to 850 from 805 in 2016/17.
- ❖ Slightly increased the number of people receiving direct payments to manage their own care and support from 1,303 to 1,317.
- ❖ Developed a more streamlined payment system, to ensure that carers receive support as near to the completion of the assessment as possible
- ❖ Increased the reviewing and updating of ACPs in one care home by 42% and the recording of residents' wishes and discussion of end of life care in another care home by 65%.

### **What is good conversations training?**

A six-day programme delivered by Thistle Foundation which uses the Lothian's House of Care model to provide a framework to map change and areas for improvement.

The programme mirrors an asset-based approach in the way it engages with participants. It introduces the good conversations approach and provides participants with a conversational tool box to identify strengths and outcomes with the person and to plan how someone needs can be met.

The face to face training is supported by small group reflective practice which supports practitioners to apply their learning. The programme encourages participants to identify and begin to progress innovation projects in their local teams.

## Case study



### Care Home Staff Reflections on Anticipatory Care Planning (ACP)

“A resident had a fall and she had quite a significant bump to her head, but she was fully responsive and everything. She was able to talk, too, so we weren’t worried about any immediate serious injury.

“Because it’s a bump to the head, when I called NHS 24 they automatically wanted to send her to A&E to get checked over. We knew that would distress her. She would not want to sit down in a hospital and the ACP showed she isn’t for hospital admission unless she has a broken bone etc. So we were able to work with NHS 24 on the phone and just talked it through with them and get a doctor to come out here to see her rather than waiting for that length of time.

“I phoned the family and they were happy not to send her to hospital as it said on the ACP. They could have changed their mind if they wanted but they didn’t.

“It worked out best for her. It turned out in the end that there wasn’t anything to worry about. So, she would have spent six plus hours in A&E on a Saturday night needlessly just to get the okay and say you have been monitored for 24 hours which we would have done here anyway. It was very beneficial for her and for us because we didn’t have to send a member of staff away to go to the hospital with her. And her family was quite relieved that they didn’t have to go to hospital as well.

“I think the family has a better understanding. It always been an area that people shied away from in the past but now with the paper work and the guidance that we have we are now able to approach it confidently. Once it has been explained to the family, their understanding is much better and because there is a process in place that’s made a big difference.”

*Case study 3*

### Priorities for 2018/19

- ❖ Roll out the ‘good conversations’ training across the remaining three localities as a means of embedding the ethos of personalisation and person-centred care across the health and social care workforce.
- ❖ Continue the support planning and brokerage pilot, evaluate and extend across the city.
- ❖ Evaluate the carers pilot in North West Edinburgh and roll out the new tools and approach across the city.

- ❖ Roll out the use of Anticipatory Care Planning to a further 18 care homes and aligned GP practices.

## Right care, right place, right time

The Integration Joint Board's strategic ambition in terms of meeting current need is to deliver the right care, in the right place, at the right time, so that people:

- are assessed, treated and supported at home and within the community wherever possible and are admitted to hospital only when clinically necessary
- are discharged from hospital as soon as possible with support to recover and regain their independence at home and in the community
- experience smooth transitions between services, including from children's to adults' services
- have their care and support reviewed regularly to ensure these remain appropriate
- are safe and protected.

Our progress in delivering on this ambition in 2017/18 is mixed largely due to the challenges we face in creating the capacity within the health and social care system to meet the level of demand for care and support.

We have continued to perform well in terms of avoiding emergency admissions to hospital with a reduction in both the rate of emergency admissions per 100,000 of the population (from 8,723 in 2015/16 to 8,432 in 2016/17) and the rate of bed days being used as the result of an emergency admission (from 121,518 in 2015/16 to 117,759 in 2016/17).

However, we know that too many people are waiting too long, both in hospital and in the community, for their needs to be assessed and support to be provided:

- although the number of people whose discharge from hospital was delayed had reduced towards the end of 2017, there was a significant increase in the first three months of 2018, with 267 people being delayed in March 2018 compared to 176 people in March 2017
- the number of days that people spend in hospital when they are ready to be discharged (per 1,000 of the population) also increased from 1,396 in 2016/17 to 1,509 on 2017/18
- the rate of people being readmitted to hospital within 28 days of being discharged is also relatively high and remains relatively unchanged at 110 per 1,000 of the population.

People in the community are also experiencing similar delays:

- the number of people waiting for an assessment has continued to reduce from a peak of 1,978 in September 2017 to 1,544 people at the end of March 2018, compared to 1,480 in March 2017. The average length of wait has also reduced from 93 days over the period March 2017 to March 2018. Whilst the number of people waiting for an assessment and the length of time they are waiting are both far too high, both figures are moving in the right direction. This is due to the work of the assessment team and the work of locality teams in their new structures
- the number of people in the community who have been assessed as needing a package of care and are waiting for that package to begin has increased significantly over the last year from 381 in April 2017 to 837 in March 2018. This is a result of challenges recruiting to caring roles in Edinburgh city as a result of virtually full employment
- the number of people in receipt of a package of care who are waiting for a review of their needs remains too high. However, there has been a significant improvement between September 2017 and March 2018, when the number of people waiting fell from 6,159 to 5,161.

There is evidence to suggest that where people do receive services, those services are generally of a good quality:

- 80% of Edinburgh citizens who responded to the Health and Care Experience Survey and receive care and support rated those services as good; which is an increase of 3% from 2015/16
- 88% of registered services were graded 4 (good) or better in Care Inspectorate inspections, which is an increase of 4% from 2016/17.

The Care Inspectorate undertook 28 inspections of services operated by the Edinburgh Health and Social Care Partnership during 2017/18. Following these inspections:

- 25% (7) of services were downgraded in relation to the previous inspection
- 39% (11) were graded the same with requirements/recommendations for improvement
- 7% (2) were upgraded in relation to previous inspection
- 7% (2) received a mix of upgrades and same grades across the inspection criteria with recommendations and requirements for improvement
- 21% (6) retained their grades with no recommendations or requirements.

The Joint Inspection of services for older people in Edinburgh highlighted that the processes and procedures in respect of adult support and protection were not being applied consistently. In 2017/18 we received 2,057 referrals where adult protection concerns were raised, an increase of 72% on the previous year. Of these, 543 (26.4%) led to further work being undertaken under the adult support and protection

legislation and 1,393 (67.7%) led to further action being undertaken outwith of the adult support and protection process. 350 cases underwent adult support and protection investigation of which, 143 (41%) had longer term adult protection plans put in place.

The percentage of citizens who agreed that they 'felt safe' when responding to the Health and Care Experience Survey fell from 82% in 2015/16 to 77% in 2017/18.

### **During 2017/18 we have:**

- ❖ Agreed to invest £4.5m on a non-recurring basis to address immediate priorities around people delayed in hospital awaiting care home placements and people waiting in the community for assessments. This was used to fund:
  - 50 additional care home places
  - a temporary team established in March 2018 to address the assessment waiting lists of approximately 750 cases. The team used a person-centred and asset-based approach and have shared learning with locality teams. The main impact of the work of this team will be seen in 2018/19.
  - a wide scale programme of process redesign work to ensure key business processes are lean and effective and make best use of available resources. Processes for the screening and allocation of cases have already been redesigned to ensure cases are picked up as quickly as possible.
- ❖ Produced outline strategic commissioning plans for learning disabilities, mental health, older people and physical disabilities setting out the current position together with our aspirations and priorities for the future. Each plan is supported by a clear action plan with timescales for delivery.
- ❖ Fully established our locality working model based around two GP clusters within each of the four localities. In each locality there is:
  - a single Hub team focused on avoiding hospital admission, supporting timely discharge and supporting people to live as independently as possible. Each Hub team has a Multi Agency Triage Team daily morning meeting which has a focus on supporting early discharge from hospital
  - two Cluster teams aligned to a GP cluster with a focus on providing longer term care and support
  - a mental health and substance misuse team.
- ❖ Each locality has undertaken tests of change to address their own particular challenges, these include:
  - the establishment of a Palliative Care Team in the North East focused on working with people who have a life expectancy of six to eight weeks

- exploring a model for improving respiratory support and management for anyone with acute respiratory infection in the community in the North East Locality
  - a 'Hospital Release Scheme' using proactive approaches to 'pull' people out of hospital in the South West
  - the increased use of Anticipatory Care Plans within care homes in the South East.
- ❖ A Sustainable Community Support Programme has been initiated to address capacity challenges in the provision of community based support services and design the future model. The programme will assess options to improve the current Care at Home contract (which is due to expire in October 2019) to increase capacity and make greater use of external capacity for the provision of home based care.
  - ❖ Initiated a project to test the use of provider-led reviews of existing packages of care, recognising that providers are often best placed to understand the needs of the service user and how best to deliver successful outcomes.
  - ❖ Negotiated with colleagues in the housing sector for people with mental health problems who are ready for discharge from hospital or to move on from supported accommodation to be given priority (gold) status for the allocation of tenancies.
  - ❖ Supported 15 people with profound and multiple learning disabilities to move from Murray Park to placements within the community.
  - ❖ Created additional supported placements within the community for people with mental health problems as part of the work around the re-provision of the Royal Edinburgh Hospital.
  - ❖ Developed a new service specification to meet the needs of people requiring post-diagnostic dementia support and awarded the contract for the delivery of this service.
  - ❖ Strengthened the adult support and protection procedures by undertaking a full evaluation of the Electronic Interagency Referral Discussion Review Group, resulting in improved recording of decision making, escalation procedure, greater scrutiny of operational decision making and the effectiveness of safety planning.

Run five locality-based adult support and protection workshops 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.

## Case study



### Multi Agency Triage Team (MATT) meetings

The RIE Hub Discharge facilitator was on the ward when the consultant for patient AC was doing his ward round. She was able to tell the consultant that there was already a plan in place in the community, which had been set up through the MATT meeting. This prevented the need for another care plan to be created and ensured that there was a clear plan for discharge.

When the discharge facilitator spoke to AC's wife about the plan, she was concerned about being able to manage at home, as she still worked two days per week and wanted to maintain this.

The discharge facilitator discussed putting Mrs C in touch with the community LOOPS worker, to see if there were community supports that she could link in with to enable her to continue working.

*Case study 4*

## Priorities for 2018/19

- ❖ Review and redesign the end-to-end business processes to support the delivery of asset-based and person-centred care whilst taking advantage of opportunities reduce unnecessary bureaucracy.
- ❖ Continue the Sustainable Community Support Programme to develop sustainable models of care at home that will deliver additional capacity.
- ❖ Work with housing providers to deliver on the commitment within the Housing Contribution Statement to ring-fence 3,000 affordable homes for people with health and social care needs.
- ❖ Work with care home providers in the independent sector to increase the capacity across the city by 240 beds.
- ❖ Deliver an additional 16 community placements at St Stephen's Court for people with mental health problems.
- ❖ Work with providers in the third, independent and housing sectors to review and transform our current approach to delivering night time support.
- ❖ Complete the development of the strategic commissioning plans for learning disabilities, mental health, older people and physical disabilities with a focus on service transformation to address current and future challenges.
- ❖ Implement the related delivery plans.



## Making the best use of capacity across the whole system

The Edinburgh Health and Social Care Partnership cannot tackle the twin pressures of limited resources and increased demand for services alone. At the heart of our strategic plan is changing the relationship between statutory services, citizens, communities and our partners in the independent, third and housing sectors, so that we make best use of the capacity available within the city.

The move towards asset-based approaches that focus on the strengths of individuals to take control of their own lives and the current pilot of Family Group Decision Making, based on empowering the widest possible network of extended family members and friends to participate in decision making about an individual, are good examples of the changes we want to make in our relationship with citizens.

We are also proactively engaging partners from the independent, third and housing sectors in the development of our strategic commissioning plans for learning disabilities, mental health, older people and physical disabilities. We believe that this will assist us to develop outcome focused and innovative plans that result in improved health and wellbeing for the citizens of Edinburgh.

### During 2017/18 we have:

- ❖ Worked with adult and young carers and the organisations that represent them to develop the Adult Carers Support Plan and Young Carers Statement. We are currently piloting these in the North West of the city with a view to expanding the range of people who can undertake carer's assessments.
- ❖ Established a steering group to take forward the review of health and social care grants programmes with membership from third sector and housing providers as well as colleagues with expertise in public health and procurement. Following successful engagement events with the wider third sector we have also agreed to set up a number of forums and short life working groups to continue to develop a collaborative approach to the development of the new grants programme.
- ❖ Worked with independent sector providers to identify ways to increase care home capacity in the city.
- ❖ Worked with colleagues in the Edinburgh Community Planning Partnership to develop Locality Improvement Plans based on a shared understanding of the priorities within each locality and the additional benefits that can be achieved through taking a partnership approach to addressing these.
- ❖ Established a pilot project to test the Family Group Conferencing model in adult services. Recognising that family members and friends can have a life-long commitment to each other and an intimate knowledge of family history, the model encourages and enables family members and extended networks to bring a wide range of their own resources to developing support plans.



## Case study

### Hospital Discharge Carer Support Service

AD contacted Edinburgh Carer Support Team for advice as her husband had collapsed in Glasgow and been admitted to hospital there. AD stated she was struggling financially with the cost of travelling to see him and had to borrow money to enable her to visit him. AD sounded extremely stressed and queried if there was any help towards these costs. Once a follow up call was made, AD confirmed her husband had been discharged home. The carer advised she has been caring for five years as her husband has multiple health issues including throat cancer and stroke. AD was interested in completing an Adult Carer Support Plan (as part of the North West Carer Pilot) to determine if there were other underlying issues in her caring role that could be addressed as she had no other supports in place. Through a one to one meeting with a Carer Support Worker (CSW) the following outcomes were agreed:

AD would like to learn how to swim as she is looking for an activity to maintain her health wellbeing. She also wanted to set up an achievable goal to work towards as she feels she is lacking motivation and positivity in her day to day life. Her friends also go swimming and as she can't go with them this isolates her further

To have a weekend away with her husband to help to maintain their positive relationship. AD also described she would "Just like to run away, even for little while, from our usual routine."

AD also had concerns about what would happen if she was unwell and who would then be able to care for her husband. With recent hospital admissions, the CSW also encouraged AD to think about looking at matters such as Power of Attorney (POA).

*Case study 5*

## Priorities for 2018/19

- ❖ Continue to work with colleagues in the Edinburgh Community Planning Partnership to implement the Locality Improvement Plans.
- ❖ Continue to work with our partners in the third, independent and housing sectors to shape the care and support market and address current gaps in capacity.
- ❖ Improve our engagement with all stakeholders through the development of the Strategic Plan 2019-22 to ensure that there is a coherent and shared vision for health and social care services across the city in which everyone plays their part.

## Managing our resources effectively

The Integration Joint Board recognises the importance of maximising opportunities to share resources with our partners to deliver high quality, integrated and personalised services that improve the health and wellbeing of citizens whilst managing the financial challenges that we all face.

### During 2017/18 we have:

- ❖ Supported the LOOPS Hospital Discharge project to ensure that our third sector partners are represented at the daily Multi-Agency Triage Team (MATT) meetings that take place in each of the locality Hubs. This allows us to identify people who are fit to leave hospital and could be supported in the community by third sector organisations then refer on appropriately.
- ❖ 57 of the 72 GP practices in the city have benefited from small scale investment through the Primary Care Tech Fund, which has enabled them to implement technological solutions such as self-service check in, patient texting and ulcer assessment kits.
- ❖ Utilised the expertise of the Thistle Foundation to deliver good conversations training as a key plank of our strategy to reinvigorate our approach to self-directed support.
- ❖ Established a Workforce Development Steering Group that includes representation from the third, independent and housing sectors along with the Volunteer Centre and unpaid carers.
- ❖ Worked with Blackwood Housing to build a 'smart house' at Longstone Resource Centre to allow citizens and staff to 'try' a range of technological solutions in a simulated domestic setting, that may address some or all of their care and support needs.

### Priorities for 2018/19

- ❖ Roll out the Good Conversations training out over the remaining three localities.
- ❖ Complete the development of the multi-agency workforce development strategy.
- ❖ Complete the work on the 'smart house'.
- ❖ Maximise the opportunities for making use of technology to support improved health and wellbeing.
- ❖ Progress the proposed Community Led Support Programme to increase community capacity and reduce demand on formal services.

## Our financial performance

Financial information is a key element of our governance framework with financial performance for all delegated services reported at each meeting of the IJB. Budget monitoring of IJB delegated functions is undertaken by the finance teams in the City of Edinburgh Council and NHS Lothian, reflecting the IJB's role as a strategic planning body which does not directly deliver services, employ staff, or hold cash resources. However, it is important that the IJB has oversight of the in-year budget position as this highlights any issues that need to be accounted for when planning the future delivery of health and social care services.

The financial plan sets out how we ensure our limited resources are targeted to maximise the contribution to our objectives. Whilst in 2017/18 we delivered a surplus of £4.7m this entirely reflects 'ring fenced' money we have carried forward to meet costs which will be incurred next year. Getting to this position was only possible because both the City of Edinburgh Council and NHS Lothian agreed additional one-off contributions to the IJB: £7.2m from the Council and £4.9m from NHS Lothian. These additional payments reflected some of the significant and long standing financial pressures we face, notably:

- **care at home**, which continues to be the single most significant financial challenge facing the IJB with a reported in year overspend of £7m
- **prescribing**, short supply and the cost of high value drugs gave rise to an in year overspend of £2.1 million on the GP prescribing budget. Similar pressures are evident across Scotland
- delivery of **savings and recovery plans** remains a challenge with only a marginal contribution was made towards the Council's transformational savings in 2017/18. Equally, NHS services did not fully deliver the required level of savings
- NHS Lothian **set aside** budgets overspent by £2.4m in the year. Junior doctors are the most significant contributory factor where non-compliant rotas are driving costs upwards.

Our financial performance for the year is summarised in the table on the following page.



	<b>Budget</b>	<b>Actual Expenditure</b>	<b>Variance</b>
	<b>£k</b>	<b>£k</b>	<b>£k</b>
<b><i>NHS delivered services</i></b>			
Community services	33,942	33,476	466
General medical services	80,167	81,049	(882)
Mental health	35,116	34,556	560
Learning disabilities	8,569	9,161	(592)
Prescribing	80,072	82,172	(2,100)
Reimbursement of independent contractors	49,623	49,623	0
Services hosted by other partnerships	47,282	45,769	1,513
Hospital 'set aside' services	96,975	99,410	(2,435)
Other	50,691	43,750	6,941
<b><i>Council delivered services</i></b>			
External purchasing	115,623	124,670	(9,047)
Care at home	34,652	34,616	36
Day services	13,912	12,698	1,214
Residential care	20,905	22,457	(1,552)
Social work assessment and care management	11,336	10,452	884
Other	13,400	12,184	1,216
<b>Sub total</b>	<b>692,265</b>	<b>696,043</b>	<b>(3,778)</b>
<b><i>Additional contributions</i></b>			
Reserves brought forward	(3,690)	0	(3,690)
<b>Total</b>	<b>700,705</b>	<b>696,043</b>	<b>4,662</b>

Table 2: Financial performance for the year

It will be important moving forward to 2018/19 and future years that expenditure is managed within the financial resources available and this will require close partnership working between EIJB as service commissioner and the City of Edinburgh Council and NHS Lothian as providers of services. Like many other public sector organisations, we face significant financial challenges and, due to the continuing difficult national economic outlook and increasing demand for services, will need to operate within tight fiscal constraints for the foreseeable future. Pressures on public sector expenditure are expected to continue, both at a UK and Scottish level, meaning NHS Lothian and City of Edinburgh Council will face continued funding pressures for the foreseeable future. This in turn will impact on

their ability to resource the functions delegated to the IJB. In this financial climate, we recognise that returning to a balanced position will require major redesign of services, radical changes in thinking and approach, and the involvement of all partners and stakeholders.

Many of the considerable challenges we face have significant financial consequences and we face a complex landscape of interconnected risks. Examples include:

- increased demand for services alongside reducing resources
- impact of demographic changes
- delays in accessing appropriate services, including social care assessments, reviews and timely discharge from hospital
- impact of welfare reform on the residents of Edinburgh
- impact of the living wage and other nationally agreed policies
- risk that the savings programme does not deliver within the required timescales or achieve the desired outcomes
- costs associated with meeting new legislative requirements without adequate resources being put in place.



## Our performance against the 23 core national indicators

The purpose of this table is to provide a summary of performance since the Edinburgh Integration Joint Board and Health and Social Care Partnership were established in April 2016. However, where data is not available for 2017/18, data for 2015/16 has been included for comparison purposes.

Indicator	Title	Low= good Y/N	Edinburgh score 2015/16	Scotland score 2015/16	Edinburgh score 2016/17	Scotland score 2016/17	Edinburgh score 2017/18	Scotland score 2017/18	Edinburgh Current Quartile (Scotland-wide comparison )	Edinburgh performance against previous year	Scotland performance against previous year
NI - 1	Percentage of adults able to look after their health very well or quite well	N	96%	94%	N/A	N/A	94%	93%	Top	↓	↓
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	N	81%	84%	N/A	N/A	79%	81%	Third	↓	↓
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	N	77%	79%	N/A	N/A	74%	76%	Third	↓	↓
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	N	71%	75%	N/A	N/A	67%	74%	Fourth	↓	↓
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	N	78%	81%	N/A	N/A	80%	80%	Third	↑	↓
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	N	87%	87%	N/A	N/A	84%	83%	Second	↓	↓
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	N	83%	84%	N/A	N/A	79%	80%	Third	↓	↓
NI - 8	Total combined % carers who feel supported to continue in their caring role	N	37%	40%	N/A	N/A	35%	37%	Fourth	↓	↓
NI - 9	Percentage of adults supported at home who agreed they felt safe	N	82%	84%	N/A	N/A	77%	83%	Fourth	↓	↓
NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work		N/A	N/A	N/A	N/A	N/A	N/A			

Indicator	Title	Low= good Y/N	Edinburgh score 2015/16	Scotland score 2015/16	Edinburgh score 2016/17	Scotland score 2016/17	Edinburgh score 2017/18	Scotland score 2017/18	Edinburgh Current Quartile (Scotland-wide comparison )	Edinburgh performance against previous year	Scotland performance against previous year
NI - 11	Premature mortality rate per 100,000 persons	Y			399	440	380	425	Second	↑	↑
NI - 12	Emergency admission rate (per 100,000 population)	Y	8,723	12,346	8,432	12,297	8,214	N/A	Top	↑	↑
NI - 13	Emergency bed day rate (per 100,000 population)	Y	121,518	127,965	117,759	126,302	98,929	N/A	Top	↑	↑
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	Y	108	97	110	100	103	N/A	Third	↓	↓
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	N	84%	87%	85%	87%	87%	88%	Fourth	↑	↑
NI - 16	Falls rate per 1,000 population aged 65+	Y	23	21	22	21	22	22	Third	↑	→
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	N			84%	84%	88%	85%	Second	↑	↑
NI - 18	Percentage of adults with intensive care needs receiving care at home	N	61%	61%	62%	62%	NA	NA	Third	↑	↑
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	Y			1,396	842	1,509	772	Fourth	↑	↓
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	Y	24%	24%	24%	25%	21%	N/A	Third	↑	↑
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	Y	N/A	N/A	N/A	N/A	NA	NA			
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	N	N/A	N/A	N/A	N/A	NA	NA			
NI - 23	Expenditure on end of life care, cost in last 6 months per death		N/A	N/A	N/A	N/A	NA	NA			

**Note:** the data in this table is produced by the Information Services Division of NHS Scotland and is the most up to date available.

Table 3: Our performance against the 23 core national indicators



# Report

## Public Bodies Climate Change Duties

### Edinburgh Integration Joint Board

28 September 2018



## Executive Summary

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1. To meet the obligations of the Climate Change (Scotland) Act and associated regulations, the Edinburgh Integration Joint Board (EIJB) must complete and submit to the Scottish Government a Public Bodies Climate Change Duties Report to cover the financial year 2017-18.
2. This report provides an overview of the requirements of the legislation and seeks approval for submission of the Public Bodies Climate Change Duties Report: 2017-18 on behalf of the Board

## Recommendations

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3. The Integration Joint Board is asked to:
  - i. Note the requirements of the Climate Change (Scotland) Act outlined below
  - ii. Consider and approve the draft Edinburgh Integration Joint Board Public Bodies Climate Change Duties Report: 2017/18 attached as Appendix 1.

## Background

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4. The Scottish Parliament passed the Climate Change (Scotland) Act in 2009. Part 4 of the Act states that in exercising its functions, a public body must act:
  - in the way best calculated to contribute to the delivery of Scotland's climate change targets
  - in the way best calculated to help deliver any Scottish adaptation programme; and
  - in a way that it considers most sustainable.
5. The three elements of the public bodies climate change duties are:

- Mitigation – reducing greenhouse gas emissions
  - Adaptation – adapting to the impacts of a changing climate, and
  - Acting sustainably – sustainable development as a core value.
6. In 2015, secondary legislation came into force requiring public bodies to prepare annual reports on compliance with those climate change duties. Local authorities and NHS boards were required to complete their first annual report to cover period 2015-16, whilst Integration Joint Boards were required to complete their first report to cover the period 2016-17.

## Main report

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7. Submission of the EIJB's second report covering the period 2017-18 is required on or before 30 November, through an online reporting platform. A copy of the proposed submission is attached as Appendix A. It covers the following seven areas:
- Profile of the reporting body
  - Governance, management and strategy
  - Emissions, targets and projects
  - adaptation,
  - procurement.
  - Validation and
  - Wider influence.
8. Edinburgh IJB's draft Climate Change Duties report has been completed in line with guidance published by the Sustainable Scotland Network (SSN) which is available at <https://sustainableScotlandNetwork.org/>.
9. The guidance recognises the unique nature of Integration Joint boards, and that, in most cases, the corresponding local authority and NHS board currently provide much of the information required. The IJB reports are therefore not expected to contribute significant additional data or information.
10. The EIJB has no direct responsibility for the delivery of services. It employs only two members of staff, and capital assets, such as fleet vehicles, buildings and ICT systems and equipment, have not been delegated to it. Responsibilities for complying with the climate change duties in these key areas therefore remain with the Council and NHS Lothian. However, the Board does have a

responsibility to ensure compliance with the climate change duties in respect of strategic and financial planning and performance management. The completion of the Public Bodies Climate Change Duties report provides an opportunity for the Board to:

- Consider its responsibilities in respect of the Climate Change (Scotland) Act; and
  - Identify any steps to be taken to ensure compliance with the public sector duties and promote continuous improvement.
11. The attached public duties Climate Change Report notes that the Edinburgh Health and Social Care Partnership, in preparing its Strategic Plan and 5 Commissioning Plans (physical disability, learning disability, older people, mental health and primary care), will take cognisance of the public sector duties relating to Climate Change.
12. A number of proposed steps were identified in last year's report and progress towards these is noted in the table below:

<b>Proposed Steps Identified in last year's report</b>	<b>Actions Taken</b>
Responsibility and accountability for ensuring compliance with climate change duties and reporting are allocated and defined within the EIJB	Consideration of climate change duties regarding strategic planning and new proposals is mainstreamed across the Health and Social Care Partnership. Reports to EIJB now include a section on Sustainability and any envisaged impacts and mitigating measures regarding Climate Change should be included to ensure that EIJB members can make informed decisions
Discussions continue with the Council and NHS Lothian to ensure lines of reporting in relation to climate change are clear and that opportunities for joint consideration and partnership working to mitigate, adapt and act sustainably are maximised	Discussions have taken place with the IJB, NHS Lothian and the Council to ensure that the reporting of carbon emissions is clear: the IJB reports that carbon emissions are generated and reported as part of the Council and NHS activity through which the Health and Social Care Partnership delivers its services.  Opportunities for joint consideration and working are being further explored and a representative of the EIJB now attends the city-wide, Edinburgh Adapts Steering Group.
The template for reports to the EIJB is amended to include a section for reporting on the	A section headed "Sustainability" has now been included in the report template. This should be used to inform EIJB members of

potential impact of proposed changes in terms of climate change	any potential impacts on Climate Change, and measures to mitigate against these.
An IIA Management system is introduced	A management system has been set up which includes: recording of the progress of IIAs; identified impacts re climate change and proposed mitigating actions amongst other records.
Action to improve staff awareness of the climate change duties	IIA Facilitation Training sessions, which cover the Climate Change duties, are held regularly
Production of a Climate Change plan	A Climate Change Plan has not been completed. The Council is working with external partners to provide: an independent audit of council activity; recommendations as to how the council might continue to improve the cumulative impact it has on sustainability; and consider how the council better delivers its objectives by working with its partners across the city. Further consideration to a climate change plan will be given once the recommendations of this are known.

## Key risks

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13. There is a risk of non-compliance with the duties of the Act if the Public Bodies Climate Change Duties report is not submitted to the Scottish Government by 30 November 2018.

## Financial implications

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14. There are no additional direct financial implications arising from this report.

## Implications for Directions

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15. There are no implications for directions.

## Equalities implications

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16. There are no equalities implications.

## Sustainability implications

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17. As detailed in the main body of the report.

## Involving people

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18. Discussions have taken place with climate change officers from the City of Edinburgh Council and NHS Lothian.

## Impact on plans of other parties

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19. There are no known impacts on plans of other parties

## Background reading/references

[Climate Change \(Scotland\) Act 2009](#)

[Sustainable Scotland Network](#)

## Report author

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**Judith Proctor**

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## Appendices

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### **Appendix 1**

Printed copy of proposed online submission of the Edinburgh Integration Joint Board Public Bodies Climate Change Duties Report: 2017-18

# Appendix 1 - Public Sector Climate Change Duties 2017 Summary Report: Edinburgh City

## TABLE OF CONTENTS

### Required

PART 1: PROFILE OF REPORTING BODY

PART 2: GOVERNANCE, MANAGEMENT AND STRATEGY

PART 3: EMISSIONS, TARGETS AND PROJECTS

PART 4: ADAPTATION

PART 5: PROCUREMENT

PART 6: VALIDATION AND DECLARATION

### Recommended Reporting: Reporting on Wider Influence

RECOMMENDED – WIDER INFLUENCE

OTHER NOTABLE REPORTABLE ACTIVITY

## Appendix 1 - Public Sector Climate Change Duties 2017 Summary Report: Edinburgh City

### **PART 1: PROFILE OF REPORTING BODY**

#### **1(a) Name of reporting body**

Edinburgh City

#### **1(b) Type of body**

Integrated Joint Boards

#### **1(c) Highest number of full-time equivalent staff in the body during the report year**

2

#### **1(d) Metrics used by the body**

Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.

<b>Metric</b>	<b>Unit</b>	<b>Value</b>	<b>Comments</b>
Population size served	population	513000	2017, source: ONIS Population Estimates

#### **1(e) Overall budget of the body**

Specify approximate £/annum for the report year.

<b>Budget</b>	<b>Budget Comments</b>
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## Appendix 1 - Public Sector Climate Change Duties 2017 Summary Report: Edinburgh City

704815000	Gross expenditure for year ended 31 March 2018
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1(f) Report year	
Specify the report year.	
Report Year	Report Year Comments
Financial (April to March)	

1(g) Context
<p>Provide a summary of the body's nature and functions that are relevant to climate change reporting.</p> <p>The Edinburgh Integration Joint Board (EIJB) is a separate and distinct legal entity from City of Edinburgh Council and NHS Lothian. It is responsible for planning the future direction of and overseeing the operational delivery of integrated health and social care services for the citizens of Edinburgh. These services are largely delivered by the Edinburgh Health and Social Care Partnership although some are managed by NHS Lothian on behalf of the EIJB. These are referred to as "hosted" or "set aside" services. The arrangements for EIJB's operation, remit and governance are set out in the integration scheme which has been approved by the City of Edinburgh Council, NHS Lothian and the Scottish Government.</p> <p>Adult Social Care Services:</p> <ul style="list-style-type: none"> <li>•Assessment and Care Management-including Occupational Therapy services</li> <li>•Residential Care</li> <li>•Extra Care Housing and Sheltered Housing (Housing Support provided)</li> <li>•Intermediate Care</li> <li>•Supported Housing-Learning Disability</li> <li>•Rehabilitation-Mental Health</li> <li>•Day Services</li> <li>•Local Area Coordination</li> <li>•Care at home services</li> <li>•Reablement</li> <li>•Rapid Response</li> <li>•Telecare</li> <li>•Respite services</li> </ul>



## Appendix 1 - Public Sector Climate Change Duties 2017 Summary Report: Edinburgh City

- Quality assurance and Contracts
- Sensory impairment services
- Drugs and alcohol services

### Community Health Services

- District Nursing
- Services relating to an addiction or dependence on any substance.
- Services provided by Allied Health Professionals (AHPs)
- Community dental service
- Primary medical services (GP)\*
- General dental services\*
- Ophthalmic services\*
- Pharmaceutical services\*
- Out-of-Hours primary medical services
- Community geriatric medicine
- Palliative care
- Mental health services
- Continence services
- Kidney dialysis
- Services to promote public health

\*Includes responsibility for those aged under 18

### Hospital Based Services

- Accident and Emergency
- General medicine
- Geriatric medicine
- Rehabilitation medicine
- Respiratory medicine
- Psychiatry of learning disability
- Palliative care
- Hospital services provided by GPs
- Mental health services provided in a hospital with exception of forensic mental health services
- Services relating to an addiction or dependence on any substance

Staff continue to be employed by either CEC or NHS Lothian and assets including buildings and vehicles have not transferred to the IJB. CEC and NHS Lothian will therefore continue to report on climate change issues as appropriate including reporting of emissions. Discussions regarding this have taken place with the Climate Change Leads from CEC and NHS Lothian.

## Appendix 1 - Public Sector Climate Change Duties 2017 Summary Report: Edinburgh City

### **PART 2: GOVERNANCE, MANAGEMENT AND STRATEGY**

#### **2(a) How is climate change governed in the body?**

Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body's activities in relation to climate change sit outside its own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify these activities and the governance arrangements.

Capital assets and staff remain with either CEC or NHS Lothian and as such much of the accountability and responsibility for climate change duties, including data reporting, remain with the CEC or NHS Lothian.

The EIJB is responsible for the future direction of and overseeing the operational delivery of integrated health and social care services and as such has responsibility for consideration of climate change for new projects, planning and policies. This is considered through the regular reporting procedures by the EIJB at its monthly meetings of the EIJB.

#### **2(b) How is climate change action managed and embedded by the body?**

Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff, departmental heads etc. If any such decision-making sits outside the body's own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify how this is managed and how responsibility is allocated outside the body (JPEG, PNG, PDF, DOC)

## Appendix 1 - Public Sector Climate Change Duties 2017 Summary Report: Edinburgh City

Climate Change is embedded within the EIJB through the use of Integrated Impact Assessments (IIAs). All new proposals are required to have an IIA carried out. These assessments require that consideration is given to: impact on the environment; impact on greenhouse gas emissions; future climate change; pollution: air/water/soil/noise: enhanced biodiversity; resource efficiency (energy, water, materials and minerals); waste generation; infection control; accidental injury; fire risk; promotion of sustainable forms of transport and improving the physical environment.

The IIA also requests that actions to mitigate against any negative impacts and enhance any positive impacts are identified, where appropriate.

The management of the IIAs is the same as for the development of the project/policy, ie, the person responsible for developing a new proposal is responsible for ensuring that the IIA is undertaken and the IIA and it must be considered by the person with the responsibility for the proposal and signed off by

The Committee Report Template now has a "Sustainability" section where reference to the results of the IIA with respect to Climate Change should be inserted to allow the EIJB to make fully informed decisions.

The IIAs are made publicly available through publication on the EIJB's website.

Staff training in relation to facilitation of the IIAs is provided and guidance notes and templates are available on-line.

### 2(c) Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or strategy document?

Provide a brief summary of objectives if they exist.

Objective	Doc Name	Doc Link
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## Appendix 1 - Public Sector Climate Change Duties 2017 Summary Report: Edinburgh City

There are currently no specific climate change mitigation and adaptation objectives in the Strategic Plan.	Edinburgh Health and social are Strategic Plan 2016-19	
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<b>2(d) Does the body have a climate change plan or strategy?</b>
If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.
No

<b>2(e) Does the body have any plans or strategies covering the following areas that include climate change?</b>
Provide the name of any such document and the timeframe covered.

Topic area	Name of document	Link	Time period covered	Comments
Adaptation	The EIJB does not currently have any plans which cover climate change			
Business travel				
Staff Travel				
Energy efficiency				
Fleet transport				
Information and communication technology				
Renewable energy				
Sustainable/renewable heat				
Waste management				
Water and sewerage				

## Appendix 1 - Public Sector Climate Change Duties 2017 Summary Report: Edinburgh City

Land Use				
Other (state topic area covered in comments)				

### **2(f) What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?**

Provide a brief summary of the body's areas and activities of focus for the year ahead.

Ensure consideration is given to climate change when developing the new Edinburgh Health and Social Care Strategic Plan and the 5 Outline Strategic Commissioning Plans (physical disability, learning disability, older people, mental health and primary care)

### **2(g) Has the body used the Climate Change Assessment Tool(a) or equivalent tool to self-assess its capability / performance?**

If yes, please provide details of the key findings and resultant action taken.

No

### **2(h) Supporting information and best practice**

Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.

## **PART 3: EMISSIONS, TARGETS AND PROJECTS**

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### 3a Emissions from start of the year which the body uses as a baseline (for its carbon footprint) to the end of the report year

Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon footprint /management reporting or, where applicable, its sustainability reporting. Include greenhouse gas emissions from the body's estate and operations (a) (measured and reported in accordance with Scopes 1 & 2 and, to the extent applicable, selected Scope 3 of the Greenhouse Gas Protocol (b)). If data is not available for any year from the start of the year which is used as a baseline to the end of the report year, provide an explanation in the comments column.

(a) No information is required on the effect of the body on emissions which are not from its estate and operations.

Reference Year	Year	Scope1	Scope2	Scope3	Total	Units	Comments
Baseline carbon footprint	2017/18					0 tCO2e	Data will be reported by CEC and NHS Lothian as appropriate

### 3b Breakdown of emission sources

Complete the following table with the breakdown of emission sources from the body's most recent carbon footprint (greenhouse gas inventory); this should correspond to the last entry in the table in 3(a) above. Use the 'Comments' column to explain what is included within each category of emission source entered in the first column. If, for any such category of emission source, it is not possible to provide a simple emission factor(a) leave the field for the emission factor blank and provide the total emissions for that category of emission source in the 'Emissions' column.

Total	Comments – reason for difference between Q3a & 3b.	Emission source	Scope	Consumption data	Units	Emission factor	Units	Emissions (tCO2e)	Comments
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## Appendix 1 - Public Sector Climate Change Duties 2017 Summary Report: Edinburgh City

0.0										Data will be reported by CEC and NHS Lothian as appropriate
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### 3c Generation, consumption and export of renewable energy

Provide a summary of the body's annual renewable generation (if any), and whether it is used or exported by the body.

Technology	Renewable Electricity		Renewable Heat		Comments
	Total consumed by the organisation (kWh)	Total exported (kWh)	Total consumed by the organisation (kWh)	Total exported (kWh)	
Other					

### 3d Targets

List all of the body's targets of relevance to its climate change duties. Where applicable, overall carbon targets and any separate land use, energy efficiency, waste, water, information and communication technology, transport, travel and heat targets should be included.

Name of Target	Type of Target	Target	Units	Boundary/scope of Target	Progress against target	Year used as baseline	Baseline figure	Units of baseline	Target completion year	Comments
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## Appendix 1 - Public Sector Climate Change Duties 2017 Summary Report: Edinburgh City

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3e Estimated total annual carbon savings from all projects implemented by the body in the report year			
Total	Emissions Source	Total estimated annual carbon savings (tCO <sub>2</sub> e)	Comments
0.00	Electricity		
	Natural gas		
	Other heating fuels		
	Waste		



## Appendix 1 - Public Sector Climate Change Duties 2017 Summary Report: Edinburgh City

	Water and sewerage		
	Business Travel		
	Fleet transport		
	Other (specify in comments)		

### 3f Detail the top 10 carbon reduction projects to be carried out by the body in the report year

Provide details of the 10 projects which are estimated to achieve the highest carbon savings during report year.

Project name	Funding source	First full year of CO2e savings	Are these savings figures estimated or actual?	Capital cost (£)	Operational cost (£/annum)	Project lifetime (years)	Primary fuel/emission source saved	Estimated carbon savings per year (tCO2e/annum)	Estimated costs savings (£/annum)	Behaviour Change	Comments

### 3g Estimated decrease or

## Appendix 1 - Public Sector Climate Change Duties 2017 Summary Report: Edinburgh City

increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the report year				
If the emissions increased or decreased due to any such factor in the report year, provide an estimate of the amount and direction.				
Total	Emissions source	Total estimated annual emissions (tCO <sub>2</sub> e)	Increase or decrease in emissions	Comments
0.00	Estate changes			
	Service provision			
	Staff numbers			
	Other (specify in comments)			

## Appendix 1 - Public Sector Climate Change Duties 2017 Summary Report: Edinburgh City

3h Anticipated annual carbon savings from all projects implemented by the body in the year ahead			
Total	Source	Saving	Comments
0.00	Electricity		
	Natural gas		
	Other heating fuels		
	Waste		
	Water and sewerage		
	Business Travel		
	Fleet transport		

## Appendix 1 - Public Sector Climate Change Duties 2017 Summary Report: Edinburgh City

	Other (specify in comments)		
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3i Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the year ahead				
If the emissions are likely to increase or decrease due to any such factor in the year ahead, provide an estimate of the amount and direction.				
<b>Total</b>	<b>Emissions source</b>	<b>Total estimated annual emissions (tCO2e)</b>	<b>Increase or decrease in emissions</b>	<b>Comments</b>
0.00	Estate changes			
	Service provision			

## Appendix 1 - Public Sector Climate Change Duties 2017 Summary Report: Edinburgh City

	Staff numbers			
	Other (specify in comments)			

### 3j Total carbon reduction project savings since the start of the year which the body uses as a baseline for its carbon footprint

If the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").

Total	Comments

### 3k Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to its emissions, targets and projects.

## Appendix 1 - Public Sector Climate Change Duties 2017 Summary Report: Edinburgh City

Although the EIJB has no direct responsibility for emissions and targets, the Health and Social Care Partnership is working with partners to reduce emissions for example:

The move to locality working continues and the Partnership continues to deliver on its aim of delivering more care and support in local communities which will help reduce emissions through reduction in travel by service users.

The H&SCP is working with a Community Transport Public Social Partnership to address budget reductions and achieve savings whilst accounting for increasing demographic pressures. The sustainability in service delivery remains a key focus of this work and has particular relevance in the efficient allocation of assisted travel and transport solutions. Making best use of capacity also reduces miles travelled and hence contributes to improved air quality and carbon emissions.

Work continues in catering for care homes and learning disability centres contracts to maintain/achieve accreditation through the Catering Mark which aims to lower carbon emissions and pollution, increase biodiversity and reduce food miles and reduce waste.

NHS Lothian require new healthcare buildings to be built to BREEAM (Building Research Establishment Environmental Assessment Method) standards and to commit to an EXCELLENT rating (assessed against BREEAM New Construction) and all refurbishments (assessed against BREEAM Non-Domestic refurbishment and fit-out) to commit to a VERY GOOD rating.

### **PART 4: ADAPTATION**

#### **4(a) Has the body assessed current and future climate-related risks?**

If yes, provide a reference or link to any such risk assessment(s).

## Appendix 1 - Public Sector Climate Change Duties 2017 Summary Report: Edinburgh City

The EIJB has not specifically considered current and future climate-related risks.

### **4(b) What arrangements does the body have in place to manage climate-related risks?**

Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.

No work in this area has taken place through EIJB however policies documented in both the CEC and the NHS Lothian Climate Change Reports are relevant as appropriate.

A representative of the EIJB now attends the city-wide Adaptation Steering Group.

### **4(c) What action has the body taken to adapt to climate change?**

Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and

## Appendix 1 - Public Sector Climate Change Duties 2017 Summary Report: Edinburgh City

stakeholders to assess risk and implement action.

Training in relation to carrying out IIAs has been provided.

### 4(d) Where applicable, what progress has the body made in delivering the policies and proposals referenced N1, N2, N3, B1, B2, B3, S1, S2 and S3 in the Scottish Climate Change Adaptation Programme(a) ("the Programme")?

If the body is listed in the Programme as a body responsible for the delivery of one or more policies and proposals under the objectives N1, N2, N3, B1, B2, B3, S1, S2 and S3, provide details of the progress made by the body in delivering each policy or proposal in the report year. If it is not responsible for delivering any policy or proposal under a particular objective enter "N/A" in the 'Delivery progress made' column for that objective.

(a) This refers to the programme for adaptation to climate change laid before the Scottish Parliament under section 53(2) of the Climate Change (Scotland) Act 2009 (asp 12) which currently has effect. The most recent one is entitled "Climate Ready Scotland: Scottish Climate Change Adaptation Programme" dated May 2014.

Objective	Objective reference	Theme	Policy / Proposal reference	Delivery progress made



## Appendix 1 - Public Sector Climate Change Duties 2017 Summary Report: Edinburgh City

Understand the effects of climate change and their impacts on the natural environment.	N1	Natural Environment		The EIJB is not listed with responsibility for delivery of any of the policies noted.
Support a healthy and diverse natural environment with capacity to adapt.	N2	Natural Environment		N/A
Sustain and enhance the benefits, goods and services that the natural environment provides.	N3	Natural Environment		N/A
Understand the effects of climate change and their impacts on buildings and infrastructure networks.	B1	Buildings and infrastructure networks		N/A
Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks		N/A
Increase the resilience of buildings and infrastructure networks to sustain and enhance the benefits and services provided.	B3	Buildings and infrastructure networks		N/A

## Appendix 1 - Public Sector Climate Change Duties 2017 Summary Report: Edinburgh City

Understand the effects of climate change and their impacts on people, homes and communities.	S1	Society		N/A
Increase the awareness of the impacts of climate change to enable people to adapt to future extreme weather events.	S2	Society		N/A
Support our health services and emergency responders to enable them to respond effectively to the increased pressures associated with a changing climate.	S3	Society		N/A

### 4(e) What arrangements does the body have in place to review current and future climate risks?

Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question 4(a) and adaptation strategies, action plans, procedures and policies in Question 4(b).

No arrangements are currently in place

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### 4(f) What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?

Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

No arrangements are in place

### 4(g) What are the body's top 5 priorities for the year ahead in relation to climate change adaptation?

Provide a summary of the areas and activities of focus for the year ahead.

Consideration has not yet been given to adaptations as yet.

### 4(h) Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to adaptation.

## PART 5: PROCUREMENT

## Appendix 1 - Public Sector Climate Change Duties 2017 Summary Report: Edinburgh City

### 5(a) How have procurement policies contributed to compliance with climate change duties?

Provide information relating to how the procurement policies of the body have contributed to its compliance with climate changes duties.

The procurement of goods and services is not delegated to the IJB and continues to be carried out by CEC and NHS Lothian and will be documented in their respective reports.

### 5(b) How has procurement activity contributed to compliance with climate change duties?

Provide information relating to how procurement activity by the body has contributed to its compliance with climate changes duties.

N/a

### 5(c) Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.

**Appendix 1 - Public Sector Climate Change Duties 2017  
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## Appendix 1 - Public Sector Climate Change Duties 2017 Summary Report: Edinburgh City

### **PART 6: VALIDATION AND DECLARATION**

#### **6(a) Internal validation process**

Briefly describe the body's internal validation process, if any, of the data or information contained within this report.

This report will be submitted to the Edinburgh Integration Joint Board for approval.

#### **6(b) Peer validation process**

Briefly describe the body's peer validation process, if any, of the data or information contained within this report.

There has been no peer validation process.

#### **6(c) External validation process**

Briefly describe the body's external validation process, if any, of the data or information contained within this report.

There has been no external validation of the information in this report

#### **6(d) No validation process**

If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated.

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<b>6e - Declaration</b>		
I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.		
<b>Name</b>	<b>Role in the body</b>	<b>Date</b>
Sarah Bryson	Strategic Planning & Commissioning Officer	29/08/18

## Appendix 1 - Public Sector Climate Change Duties 2017 Summary Report: Edinburgh City

### **RECOMMENDED – WIDER INFLUENCE**

#### **Q1 Historic Emissions (Local Authorities only)**

Please indicate emission amounts and unit of measurement (e.g. tCO<sub>2</sub>e) and years. Please provide information on the following components using data from the links provided below. Please use (1) as the default unless targets and actions relate to (2).  
 (1) UK local and regional CO<sub>2</sub> emissions: **subset dataset** (emissions within the scope of influence of local authorities):  
 (2) UK local and regional CO<sub>2</sub> emissions: **full dataset**:

#### **Select the default target dataset**

#### **Table 1a - Subset**

Sector	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Units	Comments

#### **Table 1b - Full**

Sector	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Units	Comments

#### **Q2a – Targets**

Please detail your wider influence targets

Sector	Description	Type of Target (units)	Baseline value	Start year	Target saving	Target / End Year	Saving in latest year measured	Latest Year Measured	Comments



## Appendix 1 - Public Sector Climate Change Duties 2017 Summary Report: Edinburgh City

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**Q2b) Does the Organisation have an overall mission statement, strategies, plans or policies outlining ambition to influence emissions beyond your corporate boundaries? If so, please detail this in the box below.**

### Q3) Policies and Actions to Reduce Emissions

Sector	Start year for policy / action implementation	Year that the policy / action will be fully implemented	Annual CO2 saving once fully implemented (tCO2)	Latest Year measured	Saving in latest year measured (tCO2)	Status	Metric / indicators for monitoring progress	Delivery Role	During project / policy design and implementation, has ISM or an equivalent behaviour change tool been used?	Please give further details of this behaviour change activity	Value of Investment (£)	Ongoing Costs (£/ year)	Primary Funding Source for Implementation of Policy / Action	Comments

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**Please provide any detail on data sources or limitations relating to the information provided in Table 3**

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**Q4) Partnership Working, Communication and Capacity Building.  
Please detail your Climate Change Partnership, Communication or Capacity Building Initiatives below.**

<b>Key Action Type</b>	<b>Description</b>	<b>Action</b>	<b>Organisation's project role</b>	<b>Lead Organisation (if not reporting organisation)</b>	<b>Private Partners</b>	<b>Public Partners</b>

## Appendix 1 - Public Sector Climate Change Duties 2017 Summary Report: Edinburgh City

### OTHER NOTABLE REPORTABLE ACTIVITY

**Q5) Please detail key actions relating to Food and Drink, Biodiversity, Water, Procurement and Resource Use in the table below.**

Key Action Type	Key Action Description	Organisation's Project Role	Impacts	Comments

**Q6) Please use the text box below to detail further climate change related activity that is not noted elsewhere within this reporting template**

# Report

## Cramond Surgery Upgrade

### Edinburgh Integration Joint Board

28 September 2018



#### Executive Summary

---

1. The purpose of this report is to present the Standard Business Case for the upgrade of Cramond Surgery.
2. Since the proposal seeks capital funding from NHS Lothian, the Business Case has been prepared in line with the guidance contained in the Scottish Capital Investment Manual.

#### Recommendations

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3. The Integration Joint Board is asked to:
  - i. note that the Cramond Practice operates from a 30-year-old surgery which suffers from cramped facilities, poor layout, and unsatisfactory access arrangements.
  - ii. note that the Practice agreed to a lease extension of 21 years in April 2017 on the understanding that Edinburgh Health & Social Care Partnership (EHSCP) would support the Practice in its efforts to improve the property.
  - iii. note that the building owners, Assura PLC have offered £157.5K to make good dilapidations and to contribute to the improvement works.
  - iv. note that a preferred option that will create additional clinical capacity and reconfigure the internal layout of the building will incur total capital costs of £366K of which £100K will be funded by Assura.
  - v. approve the accompanying Business Case which seeks capital funding of £266K from NHS Lothian for the improvements to the Practice surgery.

## Background

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4. Cramond Medical Practice provides General Medical Services (GMS) from its surgery in Cramond Glebe Road, Edinburgh. The Practice serves a list size of 8,954 patients. The practice population is notable for the very high proportion of frail and elderly patients it services (13.5% are over 75 years of age, compared to an Edinburgh average of 7.02%).
5. The patient list size has increased by 500 over the previous five years. The list is expected to expand further because of the development of some new housing and care home facilities in the vicinity.
6. The layout of the surgery is poor with three consulting rooms located on the upper floor with no lift access. There is a large area of underused space behind reception and at the same time two small and separate enclosed waiting areas. Several of the existing clinical rooms are not compliant with current healthcare standards.
7. The property is owned by Assura PLC and leased to the Practice. In 2017 the lease came up for renewal and for some time there was uncertainty whether the Practice would agree to the terms on offer; in the event several of the Practice partners resigned but two remaining partners agreed to a lease extension for a period of 21 years.
8. As part of the lease negotiations, Assura agreed to provide the Practice with £157.5K of which £57.5K was identified to address specific dilapidations and the remainder to make improvements to the functionality of the property. Assura commissioned an architect to work with the Practice and develop a scheme to improve the property. This is presented in the Business Case.
9. NHS Lothian previously approved in 2015 an Initial Agreement that made the case for investment to upgrade several GP premises in Edinburgh under the title of Intermediate Schemes. So far Liberton and South Queensferry surgeries have been upgraded through this programme leaving a figure of £780K remaining in the approved budget.
10. It should be noted that Edinburgh Health and Social Care Partnership (EHSCP) "Population Growth and Primary Care Premises Assessment 2016-2026" assumes that GMS services in Cramond will continue to be provided from the existing surgery for the time span of that report.
11. Furthermore, the introduction of the new GP contract will result over time in NHS Lothian taking on responsibility for the lease of GP premises and as such investment in the property now will underpin its long-term suitability for the provision of primary care services.

## Main report

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12. The proposal involves relocating clinical rooms currently on the first floor to the ground floor and in doing so provide space for the office functions now on the ground floor to move upstairs. By rationalising the use of space on the ground floor area the practice will gain three additional consulting rooms.
13. Estimated costs for the work have been provided by NHS Lothian term contractors with special attention paid to the need to reposition the IT and telephony services.
14. The benefits of the plan include an increase in primary care capacity through the creation of additional clinical facilities, a more efficient division of patient facing and back office space and improved access to treatment areas by disabled patients.
15. Additionally, the Practice has undertaken to keep its list open for new patients moving into its catchment area through nearby housing and care home development.
16. The project will be procured through a capital grant to the Cramond Medical Practice. To comply with procurement rules three tender returns will be sought before contracting the work.

## Key risks

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17. The constraints of inadequate GP premises are an identified list in EHSCP's section of NHS Lothian's risk register.

## Financial implications

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18. The project will require a capital investment of £266,000 including VAT from NHS Lothian.
19. There are no revenue implications arising from this project.

## Implications for Directions

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20. The Integration Joint Board has issued direction EDI\_2017/18\_4 Primary Care, which includes the following:

4d) *produce business cases that support the need for capital investment based on agreed priorities*

## Equalities implications

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21. The project will allow all patients to be treated in clinical rooms that are accessible for people with impaired mobility and other disabilities.

## Sustainability implications

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22. The longer-term use of the surgery is enabled by additional funding supplied by Assura PLC to the practice will also be used to address defined dilapidations in the building.

## Impact on plans of other parties

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23. Because of the peripheral location of Cramond relative to the city of Edinburgh there are no other practices affected by this proposal

## Background reading/references

## Report author

---

**Judith Proctor**

**Chief Officer, Edinburgh Health and Social Care Partnership**

Contact: Steven Whitton, Partnership Development Manager, Primary Care

E mail: [steven.whitton@nhslothian.scot.nhs.uk](mailto:steven.whitton@nhslothian.scot.nhs.uk) | Tel: 0131 469 3937

## Appendices

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### Appendix 1

Cramond Surgery Upgrade Standard Business Case



# **Cramond Surgery Upgrade**

## **NHS Lothian Standard Business Case**

**Author: Steven Whitton**  
**Contributor(s): Dr Patricia Donald**  
**Project Partner: Assura Plc**  
**Contact: Steven Whitton**  
**Date Published: 10<sup>th</sup> July 2018**  
**Version: 1**



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## 1. Executive Summary and Purpose

This standard business case seeks the approval of NHS Lothian for the award of a capital grant to Cramond Medical Practice which will be used to make improvements to its premises.

If granted it will enable the Practice to improve delivery of primary care services and at the same time increase capacity to meet the needs of a growing patient population.

The premises are at the present time in need of improvement. The clinical rooms are poorly situated on two levels and several of the rooms are too small and not compliant with current standards.

The property is leased by the Practice from Assura PLC. In April 2017 the Practice agreed to a lease extension of 21 years. At the time several partners expressed their reluctance to renew the lease but were re-assured by the understanding that Edinburgh Health & Social Care Partnership (EHSCP) would support the Practice in its efforts to improve the property.

During the negotiations Assura PLC offered to provide capital funding of £157.5K to address dilapidations and contribute to the cost of improvement works. The prospect of significant physical improvements to the surgery encouraged two of the remaining partners to agree to the lease renewal.

When the complete the project will achieve the following outcomes:

- Create an additional three consulting rooms to in the surgery
- Make all consulting rooms compliant for disabled access
- Rationalise the use of space to improve business efficiency
- Provide a stable base for the long-term delivery of primary care services to the Cramond community.

The total capital costs of the project, excluding dilapidations are £366K, based on contractors estimates, of which £100K will be sourced from Assura PLC, and the remaining sum of £266K which will be funded in the form of a capital grant. There are no revenue implications for NHS Lothian arising from the project.

### 1.1. Introduction

The purpose of this Standard Business Case is to seek approval for the award of a capital grant to Cramond Medical Practice to upgrade its surgery located at 2 Cramond Glebe Road, Edinburgh.

### 1.2. Organisational Overview

Cramond Medical Practice provides General Medical Services to almost 9,000 patients who reside in the north west periphery of Edinburgh.

## **Business Strategy and Aims**

### 1.3. National Strategic Context

*The Scottish Government is offering a new General Practice contract which seeks to underpin the provision of Primary Care services in Scotland.*

*There are growing sustainability pressures facing general practice across Scotland. Some of those pressures are attributable to issues related to GP premises, including: financial liabilities, recruitment challenges and whether premises are fit for purpose.*

*Furthermore, NHS Board funded costs associated with GP premises are increasing at a level which is difficult to sustain. To achieve the Scottish Government's intention to shift care out of hospitals and into local communities, there is a need to support and build the infrastructure required to enable general practice to provide this care.*

### 1.4. Local Strategic Context

Our Health, Our Care, Our Future” sets out how NHS Lothian intends to shape its future services to help people live longer and healthier lives. The role to be played by General Practice in achieving this is recognised. The strategy states that increased capacity in primary care is required to support the shift in the balance of care, provide for the growth in patient numbers and meet the aspirations of a sustainable high-quality service.

Expanding General Practice capacity forms a key part of facilitating delivery of general medical services in areas that are subject to rising demand arising from new housing development.

The strategy now adopted by the Edinburgh IJB has identified four premises options to be pursued in different areas of the city:

- minor premises adjustments
- intermediate property schemes
- full re-provision of existing practices which can also increase capacity.
- establishment of new GP Practices where necessary.

This project forms one of the intermediate schemes in which GP capacity can be expanded through a relatively small level of capital investment.

### 1.5. Investment Objectives

The investment objectives the project seeks to achieve are:

- To enable Cramond Medical Practice to provide GMS services to an additional 2,000 patients.
- To more closely align General Practice capacity with local population demands.
- To provide a setting for the delivery of primary care services that is safe and accessible
- To deliver projects which are readily achievable within a short timescale.

## 2. The Strategic Case

### 2.1. Existing Arrangements

The current situation in Cramond Medical Practice was not described in the 2015 Initial Agreement for Intermediate Schemes (Edinburgh) which secured funding approval of £1.1 million for up to six named GP premises where potential solutions had been identified to increase capacity to meet anticipated population growth.

All proposed projects were each estimated to require a level of investment in the range of £100-£300K.

The Cramond Practice serves a list size of 8,954 patients as of April 2018. The practice population is notable for the very high proportion of frail and elderly patients it serves (13.5% are over 75 years of age, compared to an Edinburgh average of 7.02%).

The surgery in which the Practice operates has at the present time seven consulting and two treatment rooms of which three are not compliant with accepted standards in terms of size.

There is a large reception area which is underused since patient files were recently moved off site. Three of the consulting rooms are on the first floor which is not accessible to patients with limited mobility. There are two separate but confined patient waiting areas with very limited circulation space.

Since this is a property leased by the Practice there is no impact on the Board's existing property assets.

## 2.2. Business Needs

The property at Cramond Glebe Road is a 30-year-old building which suffers from cramped facilities, poor layout, and unsatisfactory access arrangements. The building is owned by Assura PLC and leased to the Practice.

In April 2017, the Practice agreed to a lease extension of 21 years. At the time several partners expressed their reluctance to renew the lease but were reassured by the understanding that Edinburgh Health & Social Care Partnership (EHSCP) would support the Practice in its efforts to improve the property.

During the lease negotiations Assura PLC offered £150K to make good dilapidations and contribute to the improvement works. The cost of making good the dilapidations has been estimated at £50K leaving the remainder available for improvements which address the business needs of the Practice.

The Practice patient list has increased steadily over the last few years (net increase of +500 since 2012). Additional demands will be placed on the Practice by the development of one new care home and two nursing homes in the local area.

The Practice is keen to ensure that the premises are improved to provide better care in an environment that promotes a safe and patient centred services. This requires a setting which is well apportioned, compliant with regulations and capable of provide a long term and stable solution to the Practice's needs.

## 2.3. Potential Scope and Service Requirements

The project deliverables consist of remodelling the ground floor of the existing service to concentrate all clinical functions at that level. This will result in practice administration and business support services relocating to the first floor.

The project will also provide a new integrated ICT cabinet positioned on the first floor and connective infrastructure throughout the work area. There is a separate schedule of dilapidations which are to be funded by Assura and so do not form part of this business case.

Consideration has been given to extending the floor area of the surgery and the installation of a platform lift that could provide disabled access to that level, but these options have been discounted.

Resultant Service Requirements are noted below:

Essential	Desirable
Additional clinical rooms	Integrated IT and telephone system
Adequately sized clinical rooms	New reception desk
DDA compliance for all clinical areas	

#### 2.4. Benefits

The approval of the Initial Agreement pre-dated the requirement to submit a Strategic Assessment. However, the benefits of the project linked to the NHS Scotland Strategic Priorities are presented in the table below.

Key Benefits	Links to Strategic Priorities
Increasing clinical capacity to meet the demands of a rising patient population	Health of population Effective quality of care
Make all consulting rooms DDA compliant for disabled access	Patient Centred  Safe
Rationalise space utilisation for patient care	Effective quality of care  Safe
Provide long term stability to enable the delivery general medical services in the Cramond area	Value and Sustainability

#### 2.5. Strategic Risks

The key risks for the project are as follows:

Risk	Action
Tender returns are higher than initial estimates	Review the returns and identify possible cost savings
Practice unable to manage the project successfully on its own.	Ensure that the Practice team are supported by NHSL Estates and Capital Planning staff.
Significant disruption during works programme leading to breaks in business continuity	Work closely with the contractors to ensure that disruption is kept to a minimum, by delivering the project in phases, and performing critical works when the surgery is closed.

A full risk register will be developed for the project following in depth surveys and once completed this will be reviewed on a regular basis.

## 2.6. Constraints and Dependencies

The key constraints to be considered are:

### **Quality:**

1. The final scheme must be compliant with NHS technical and infection control standards.

### **Funding**

2. The key constraint is one of funding. The Practice were advised by EHSCP that whatever option was identified it should be delivered under a budget ceiling of £350K.

### **Timescales**

3. The availability of the Assura PLC financial contribution is time limited and must be spent by April 2020.

### **Scope**

4. The preferred solution must be acceptable the property owners, Assura PLC.

## 2.7. Preferred Strategic Option

The preferred option is to remodel part of the ground floor area, so all clinical functions are able to be carried out in a location that is easily accessible and move business support activities to the upper floor.

The Initial Agreement did not include specific options for each project but there has been lengthy discussion between the Practice, EHSCP, NHSL Capital Planning and Assura to investigate a range of options before the two options on the shortlist were selected.

## 3. **The Economic Case**

### 3.1. Critical Success Factors (CSFs)

A set of benefit criteria have been developed from the strategic objectives and the practical considerations associated with the implementation of the works. Four key non-financial benefits have been identified as critical to the success of the project during the development stage. These are outlined below:

Critical Success Factors	Links to Strategic Priorities
Increasing clinical capacity to meet the demands of a rising patient population	Health of population & Effective Quality of Care
Make all consulting rooms DDA compliant for disabled access	Patient Centred & Safe
Rationalise space utilisation for patient care	Effective quality of care & Safe
Provide long term stability to enable the delivery of primary care services in the Cramond area	Value and Sustainability

### 3.2. Long-listed Options

The 2015 Initial Agreement did not present long listed options for each of the identified GP premises but instead simply listed the GP premises which were considered as subjects for future business cases. As a result, only a short list is presented in this document.

### 3.3. Short Listed Options and Preferred Way Forward

The table identifies the short-listed options for this project.

Option	Description
Option 1	<p><b>Do Minimum</b></p> <p>This would require £50K of expenditure to address the dilapidations agreed with the property owner;</p> <p>The works include:</p> <ul style="list-style-type: none"> <li>• minor roof repairs</li> <li>• replacement of boiler</li> <li>• refurbishment of entrance lobby</li> </ul> <p>This work would be funded in its entirety by Assura PLC</p>
Option 2	<p><b>Basic Upgrade</b></p> <p>This option will re-configure half the ground floor layout and so enable the creation of five new clinical rooms on this level; practice administration would move upstairs into two existing clinical rooms resulting in a net increase of three clinical rooms. Other features of the scheme include</p>



	<ul style="list-style-type: none"> <li>• creation of single waiting area rather than the existing two separate areas.</li> <li>• installation of a new integrated IT cabinet to the first floor and rewiring of IT cabling infrastructure</li> <li>• smaller reception area with business support functions relocated to 1F</li> </ul>
Option 3	<p><b>Upgrade with Extension</b></p> <p>As above with the following additional works</p> <ul style="list-style-type: none"> <li>• extending the building to create additional waiting room space and a new lobby/ entrance area</li> <li>• additional space in the reception area</li> <li>• one extra existing GF treatment room would be enlarged</li> </ul>

The table below outlines any advantages or disadvantages over and above those already listed for each of the options:

Options	Advantages	Disadvantages
Option 1	<p>Makes good several building problems in terms of back log maintenance and lifecycle costs</p>	<p>Does not create additional clinical capacity</p> <p>Impairs practice efficiency by not separating clinical and business support space into two distinct zones</p> <p>Impedes disabled access to some consulting and treatment rooms.</p>
Option 2	<p>Creates 3 additional clinical rooms</p> <p>Concentrates clinical and administration functions in different parts of the building</p> <p>Makes the building fully DDA compliant</p> <p>Improves the internal layout of the surgery</p>	<p>Does not increase overall internal floor area</p> <p>Construction works will be moderately disruptive to the smooth running of the practice</p>
Option 3	<p>As above with additional waiting area space and a more spacious reception and entrance lobby</p>	<p>Construction works will be highly disruptive to the smooth running of the practice</p>

### 3.4. Indicative Costs for the shortlisted options

The indicative capital costs for each of the short-listed options are shown below:

<b>Costs In £ Millions</b>	<b>Do Minimum (£m)</b>	<b>Cramond Upgrade (£m)</b>	<b>Cramond Upgrade and Extension (£m)</b>
BLM/Dilapidation Work Required	0.05	0.05	0.05
Cramond Extension Construction Cost	-	0.36	0.65
Assura PLC Contribution	0.05	0.15	0.15
Whole of life Capital Costs	0.00	0.26	0.55
Whole of life Operating Costs	0.00	0.00	0.00
<b>Total Cost Over Lifecycle (20 Years)</b>	<b>0.00</b>	<b>0.26</b>	<b>0.55</b>
<b>Estimated Net Present Value of Costs</b>	<b>0.00</b>	<b>0.26</b>	<b>0.55</b>
Non-Financial Benefit Score	6	28	33
<b>Net present cost per benefit point</b>	<b>0.00</b>	<b>0.01</b>	<b>0.02</b>
<b>Rank</b>	<b>2</b>	<b>1</b>	<b>3</b>

### 3.5. Preferred Way Forward

The above table demonstrates that the preferred option on value for money grounds is the basic upgrade of Cramond Surgery which will consist of the following features.

- Creation of five new consulting rooms on the ground floor.
- Conversion of two first floor consulting rooms into offices
- Remodelling reception and waiting area
- Clinical areas fully compliant with Disability Discrimination Act

- Making good identified dilapidations

The project makes use of a third party financial contributions and will provide longer term stability off the Practice operating from this location.

## 4. The Commercial Case

### 4.1. Outline Commercial Case

As the overall project will be funded by NHS Lothian in the form of a capital grant to the Practice. It is incumbent on the Practice to adhere to terms Primary Medical Services – Premises Directions 2004, as far as these relate to Improvement Grants.

### 4.2. Procurement Strategy

The procurement model requires the Practice to appoint the project team which will include an architect and cost adviser, with previous experience on the development of health care premises in Scotland, who are to be nominated by Assura PLC.

NHS Lothian Estates and Capital Planning will provide advice on procurement matters as well ongoing support to ensure that NHS Lothian receives valuations on the work as it progresses.

### 4.3. Service Requirements

The scope and services under this proposal will be for Cramond Practice to arrange for the design, supply, construction, and ongoing maintenance of the upgraded premises.

### 4.4. Proposed Scope and Timescale

- Risk allocation

Cramond Medical Practice is responsible owning and managing the risks which arise from the delivery of this project.

- Contractual Arrangements

Cramond Medical Practice will appoint the main contractor following assessment of tender returns. Certificated reports on a monthly basis will be provided by the appointed quantity surveyor to the Practice who will then relay them to NHS Lothian

## 5. The Financial Case

### 5.1. Introduction

*The Financial Case considers the affordability of the scheme. This section sets out all associated capital and revenue costs, assesses the affordability of the preferred option and considers the impact on NHS Lothian's finances. To make*

this assessment an overall financial model has been developed covering all aspects of projected costs, including estimates for:

- **Capital costs for options considered (including construction and equipment);**
- **Recurring revenue costs (pay and non-pay)**

Taking the above into account, the summary position is as shown below:

<b>Costs In £ Millions</b>	<b>Do Minimum</b>	<b>Cramond Upgrade</b>	<b>Cramond Upgrade &amp; Extension</b>
Capital Costs (Inc Dilapidations)	0.05	0.41	0.70
Assura PLC Contribution	0.05	0.15	0.15
<b>Total NHS Lothian Capital Costs</b>	<b>0.00</b>	<b>0.26</b>	<b>0.55</b>

### 5.2. Capital Cost Components

The total capital cost comprises the construction & dilapidation costs shown in the table below have been provided as estimates by approved NHS Lothian term contractors for general building works and ICT installation, plus all other costs directly related to the development (mainly relating to equipment and fees).

### 5.3. Total Capital Cost

The overall capital cost to NHS Lothian for the preferred option amounts to £0.26m. These costs are detailed below:

<b>Project Costs</b>	<b>Cramond Upgrade (£m)</b>
Construction (Inc ICT Cabinet)	0.24
Dilapidations	0.05
Professional Fees	0.02
Equipment	0.02
Optimism Bias	0.02
VAT	0.06
<b>Total Capital Costs</b>	<b>0.41</b>
Assura PLC Contribution	0.15
<b>NHS Lothian Capital Costs</b>	<b>0.26</b>

#### 5.4. Assumptions

Several assumptions have been made in relation to the capital costs.

These are set out below:

<b>Cost</b>	<b>Assumption</b>
Funding	Funding assumed to be traditional capital funding, through the Capital Resource Limit, therefore no borrowing costs included.
VAT	VAT on construction costs is assumed to be irrecoverable, except for professional fees. Estimates of VAT recoverability on other costs will be reviewed by VAT advisors
Equipment	Equipment requirements have been calculated using the activity database (ADB)
Risk	A contingency for risk has been calculated at 10% of construction costs
Building Regulations	Construction costs are based on 2018 Building Regulations

#### 5.5. Revenue Costs

There are no revenue implications associated with this project.

#### 5.6. Accounting Treatment

As the asset is owned by a third party, construction costs will be treated as a capital grant and written off to the Statement of Comprehensive Net Expenditure (SOCNE). There is therefore no depreciation on the construction costs.

Other costs incurred by NHS Lothian directly (e.g. fees, equipment) will be assessed individually and capitalisation treatment undertaken accordingly.

#### 5.7. Statement of Affordability

The capital funding requirement will be subject to approval from NHS Lothian through submission of the standard business case to the Lothian Capital Investment Group (LCIG)

## 6. **The Management Case**

### 6.1. Outline Management Case

Since this project is one which entails the award of a capital grant to an independent General Practice, NHS Lothian needs to be confident that the project team can deliver the project successfully.

## 6.2. Project Management Methodology and Structure

A single project team will be established consisting of Drs Donald and Lazaru from Cramond Medical Practice, the architect (Steve West Partnership) and cost advisor (CBA) and the main contractor (when appointed). NHS Lothian Estates will perform an advisory role to the Practice where necessary.

## 6.3. Project Plan and Key Milestones

Proposed Timescales		
Task/Action	Start Date	Completion Date
Submission of SBC to IJB	September 2018	
Submission of SBC to LCIG	October 2018	
Preparation of tender documentation	Start November 2018	Mid October 2018
Tender period	January 2019	February 2018
Appointment of contractor	February 2018	
Mobilisation	March 2019	
Construction on site	Start April 2019	End July 2019

## 6.4. Change Management Arrangements

Any changes to the agreed scheduled of works must be agreed with NHS Lothian in advance of the change being implemented.

## 6.5. Benefits Realisation

This project is reasonably straightforward, and the benefits are relatively simple to measure. Information on patient registrations is collected on a quarterly basis.

## 6.6. Risk Management

The project team will adopt a low tolerance approach to emerging risks especially those which may result in cost overruns or breaks to business continuity and mitigate accordingly.

### 6.7. Commissioning Management

Assura PLC has already nominated an architect and quantity surveyor to provide initial advice on this project.

The Practice will approve the tender documentation prepared by the project architect and invite returns from at least three named contractors on the NHS Lothian Estates framework. Commissioning will occur following scrutiny of the tender returns by the appointed quantity surveyor.

### 6.8. Project Evaluation

The EHSCP Primary Care Team supported by NHSL Capital Planning and Estates, will, if desired by NHS Lothian, produce a report on the outcome of the project including an outline of the lessons learnt.

# Report

## Appointments to Committees and Sub-Committees

### Edinburgh Integration Joint Board

28 September 2018



#### Executive Summary

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1. Approval is sought to appoint two members to the IJB Audit and Risk Committee.

#### Recommendations

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2. The Integration Joint Board is asked to:
  - i. Approve the appointment of Richard Williams to the IJB Audit and Risk Committee, in his capacity as an NHS Lothian member of the Integration Joint Board.
  - ii. Approve the appointment of Christine Farquhar to the IJB Audit and Risk Committee, in her capacity as a non-voting member of the Integration Joint Board, on a temporary basis until the review of IJB Governance has completed.

#### Background

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3. The Joint Board is responsible, in line with section 17 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (the Order), and section 15 of its Standing Orders, for appointing Chairs to its committees, and is therefore responsible for appointing the Chair of the IJB Audit and Risk Committee.
4. The IJB Audit and Risk Committee was established on 20 November 2015. The membership of the Committee is as follows:
  - Two members of the IJB appointed by NHS Lothian
  - Two members of the IJB appointed by the City of Edinburgh Council
  - Two non-voting members of the IJB



## Main report

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5. The IJB Audit and Risk Committee currently has a vacancy for an NHS Lothian member, following Alex Joyce's departure as a member of the Joint Board, and also for a non-voting member of the Joint Board, following Angus McCann's departure as a non-voting member in September 2017.
6. This report seeks the approval of the Joint Board to appoint Richard Williams, in his capacity as an NHS Lothian member of the Integration Joint Board and, on a temporary basis until the review of IJB Governance has completed, Christine Farquhar, in her capacity as a non-voting member of the Integration Joint Board.

## Key risks

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7. Failure to appoint to the Audit and Risk Committee would reduce the effectiveness of that Committee resulting in the Joint Board having a less robust scrutiny and governance structure.

## Financial implications

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8. None.

## Implications for Directions

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9. None.

## Equalities implications

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10. None.

## Sustainability implications

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11. None.

## Involving people

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12. Consultation has taken place between the Chair of the Edinburgh Integration Joint Board, the Chair of the IJB Audit and Risk Committee and the nominated members.

## Impact on plans of other parties

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13. None.

## Background reading/references

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14. [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)
15. [The Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Order 2014](#)
16. [Edinburgh Integration Joint Board – Standing Orders](#)
17. [Audit and Risk Committee – report by the Deputy Chief Executive, 20 November 2015](#)

## Report author

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