Notice of Meeting and Agenda

Edinburgh Integration Joint Board

9.30am Friday 14 December 2018

Dean of Guild Court Room, City Chambers, Edinburgh

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

Contacts:

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1. Welcome and Apologies

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

2. Declaration of Interests

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

3. Deputations

3.1 If any

4. Minutes

4.1 Minute of the Edinburgh Integration Joint Board of 28 September 2018 (circulated) submitted for approval as a correct record

4.2 Sub-Group Minutes

4.2.1 Audit and Risk Committee – Minute of 16 November 2018 (circulated) – submitted for noting

4.2.2 Strategic Planning Group – Minute of 12 October 2018 (circulated) – submitted for noting

5. Reports

5.1 Rolling Actions Log – December 2018 (circulated)

5.2 Recommendations from the Health and Social Care Grants Review Programme 2019 – report by the Chief Finance Officer (circulated)

5.3 Draft Edinburgh IJB Strategic Plan 2019-2022 – report by the IJB Chief Officer (circulated)

5.4 Carer (Scotland) Act 2016 – report by the IJB Chief Officer (circulated)

5.5 Baseline Workforce Plan – report by the IJB Chief Officer (circulated)

5.6 Transitions for Young People with a Disability from Children's Services to Adult Services – report by the IJB Chief Officer (circulated)

5.7 Strategic Assessments – New Practices and Re-provision Schemes – report by the IJB Chief Officer (circulated)

5.8 Performance Report – report by the IJB Chief Officer (circulated)

5.9 2018/19 Financial Position – report by the Chief Finance Officer (circulated)

5.10 Governance Review – report by the IJB Chief Officer (circulated)

5.11 Additional Investment in Community Capacity in Edinburgh – report by the Chief Finance Officer (circulated)

5.12 IJB Risk Register – report by the IJB Chief Officer (circulated)

5.13 IJB Records Management Plan – report by the IJB Chief Officer (circulated)

6. Motions

6.1. None.

Board Members

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 28 September 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, Andrew Coull, Lynne Douglas, Christine Farquhar, Helen Fitzgerald, Councillor George Gordon (substituting for Councillor Ian Campbell), Kirsten Hey, Martin Hill, Jackie Irvine, Councillor Melanie Main, Moira Pringle, Judith Proctor, Alison Robertson, Ella Simpson, Councillor Susan Webber and Pat Wynne.

Officers: Colin Briggs, Jamie Macrae, Nickola Paul and Sarah Stirling.

Apologies: Councillor Ian Campbell, Carole Macartney, Angus McCann, Ian McKay and Richard Williams.

1. Deputation - UNITE Edinburgh Not for Profit Branch

The Committee agreed to hear a deputation from Des Loughney and Les Huckfield on behalf of the UNITE Edinburgh Not for Profit Branch, in relation to the Edinburgh IJB Annual Performance Report 2017-18..

The deputation highlighted the following issues and concerns:

- The funding of social care required improvement
- The IJB Annual Performance Report 2017-18 did not include information on the retention of support workers, which was an issue due to conditions of the job and lack of job security
- The Scottish Living Wage was not sufficient to retain skilled workers
- Trained staff were needed due to the increase in the elderly population
- The report did not include details of the effects of reducing services and outsourcing to the private sector

- The deputation suggested that the Joint Board consider surveying social care workers and clients with regard to these issues

The Chair thanked the deputation and agreed to engage further with them on the issues raised.

2. Edinburgh IJB Annual Performance Report 2017-18

The Annual Performance Report for 2017/18 was presented. As required by the Public Bodies (Joint Working) (Scotland) Act 2014, the report was published by the 31 July 2018. Joint Board members had been given the opportunity to contribute to the report prior to publication.

Decision

To note the Annual Performance Report.

(References – Edinburgh Integration Joint Board, 15 June 2018 (item 6); report by the IJB Chief Officer, submitted.)

3. Minutes

Decision

1) To approve the minute of the meeting of the Edinburgh Integration Joint Board of 15 June 2018 as a correct record, subject to a correction (Kirsten Hey was in attendance).

2) To approve the minute of the meeting of the Edinburgh Integration Joint Board of 10 August 2018 as a correct record.

4. Sub-Group Minutes

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 23 July 2018.

2) To note the minute of the meeting of the Strategic Planning Group of 22 June 2018.

3) To note the minute of the meeting of the Strategic Planning Group of 20 July 2018.

5. Rolling Actions Log

The Rolling Actions Log for 28 September 2018 was presented.

Decision

1) To agree to close the following actions:

   (a) Action 2 – Financial Update

   (b) Action 4 – Grants Review – Scope, Methodology and Timescales

   (c) Action 5 – John's Campaign

   (d) Action 6 – Winter Plan 2017-18

   (e) Action 7 – Joint Board Membership and Appointments to Committee and Sub-Groups

   (f) Action 13 – Note of the Meeting the Strategic Planning Group of 9 March 2018

   (g) Action 20 – Edinburgh Primary Care Improvement Plan

2) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log – 28 September 2018, submitted.)

6. Internal Audit Annual Opinion

The Edinburgh Integrated Joint Board Audit and Risk Committee had referred a report detailing the Internal Audit annual opinion for the year ended 31 March 2018.

Decision

1) To note that there was a number of areas where further work was needed to close internal audit actions and to direct the Chief Officer to provide a detailed action plan to the next Audit and Risk Committee.

2) To note the final 'significant enhancements' red rated Internal Audit opinion for the year ended 31 March 2018.

3) To note the arrangements in place in the Edinburgh Health and Social Care Partnership to scrutinise audit activity and provide assurance to the Joint Board, the City of Edinburgh Council and NHS Lothian.

(References – EIJB Audit and Risk Committee, 23 July 2018 (item 4); report by the IJB Chief Officer, submitted.)

7. Edinburgh Integration Joint Board Accounts 2017/18

The annual accounts for the Joint Board for 2017/18 were presented for approval following scrutiny by the Audit and Risk Committee. During discussion, it was highlighted that there had been a large number of councillors sitting on the Joint Board and that this should be a longer term commitment.

Decision

1) To approve and adopt the annual accounts for 2017/18.

2) To delegate authority to 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.

3) To authorise the designated signatories (Chair, Chief Officer and Chief Finance Officer) to sign the annual report and accounts on behalf of the Joint Board.

4) To authorise the Chief Finance Officer to sign the representation letter to the auditors on behalf of the Joint Board.

(References – Edinburgh Integration Joint Board, 15 June 2018 (item 9); report by the IJB Chief Officer, submitted.)

8. 2018/19 Financial Position

An overview of the financial position for the period to August 2018 and the forecast year end position was provided.

Decision

1) To note that delegated services were reporting an overspend of £4.7m for the period to the end of July 2018, and that this was projected to rise to £11.9m by the end of the financial year.

2) To acknowledge that ongoing actions were being progressed to reduce the predicted in year deficit to achieve a year end balanced position, however, no assurance could be given of the achievement of break even at this time.

3) To task the Chief Officer to prepare 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.

4) To agree that a report would be presented to the next meeting of the Joint Board detailing the proposed Direction and the early and initial impact of the use of this funding in relation to key areas of pressure.

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

9. Evaluation of 2017/18 Winter Plan and Winter Plan 2018/19

An evaluation of the Winter Plan 2017/18 was presented to the Joint Board. Details were also provided of the winter planning process for 2018/19, including the Partnership's financial allocation for 2018/19.

Decision

1) To note the outputs and lessons learned from winter 2017/18.

2) To note progress with winter planning for 2018/19.

3) To note that the Edinburgh Health and Social Care Partnership was 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.

4) To agree that a business case for the expansion of the Hospital at Home service would be presented to the Joint Board by the end of March 2019.

5) To agree that officers would circulate details of the flu vaccination programme to enable members to promote to citizens, colleagues and partner organisation.

Declaration of Interests

Christine Farquhar declared a non-financial interest in the above item as a Director of VOCAL.

(References – Edinburgh Integration Joint Board, 15 December 2017 (item 6); report by the IJB Chief Officer, submitted.)

10. British Sign Language (BSL) Plan 2018-2024

An overview was provided of the development of the British Sign Language (BSL) local Plan for the Edinburgh Health and Social Care Partnership and the City of Edinburgh Council.

Decision

1) To note the Edinburgh Health and Social Care Partnership's commitments and actions, as set out in the "Health (including Social Care), Mental Health and Wellbeing" section of the Plan.

2) To note the report and to agree to consider a further progress report in October 2020.

3) To note that the BSL Plan was subject to a consultation period with BSL users which ended on 7 September 2018. The Plan would be finalised and submitted to the Scottish Government by 24 October 2018.

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

11. John's Campaign

A motion was agreed by the Joint Board in November 2017, which highlighted the value of embedding John's Campaign across all hospital and residential homes managed by the Edinburgh Health and Social Care Partnership. An update was provided on a framework for delivery of this initiative and background information to the campaign.

Decision

1) To agree that all hosted older peoples in bed services formally sign up to John's campaign.

2) To agree that all local authority care homes sign up to John's campaign.

3) To work in partnership with the independent sector and the voluntary sector to embed John's campaign across all older people's residential services within the Edinburgh.

4) To support the launch of John's campaign in Edinburgh.

5) To agree that the benefits of John's Campaign should be formally measured.

6) To instruct the Chief Officer to act on the Joint Board's behalf in carrying out these actions and to request an update report in 12 months' time on progress.

(References – Edinburgh Integration Joint Board, 17 November 2017 (item 12); report by the IJB Chief Officer, submitted.)

12. Chief Social Work Officer Annual Report 2017/18

The Chief Social Work Officer's Annual Report for 2017/18 was presented. Details were provided of the key issues facing social work and social care in Edinburgh, including data on statutory services, areas of decision making and the main developments and challenges.

Decision

To note the Chief Social Work Officer's Annual Report for 2017/18.

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

13. Public Bodies Climate Change Duties

The Joint Board was required, under the obligations placed on public bodies by the Climate Change (Scotland) Act and associated regulations, to complete a Public Bodies Climate Change Duties Report to cover the financial year 2017-18. This was presented to the Joint Board for approval.

Decision

1) To note the requirements of the Climate Change (Scotland) Act.

2) To approve the draft Edinburgh Integration Joint Board Public Bodies Climate Change Duties Report: 2017/18.

3) To agree that a briefing note would be circulated to members providing details of facilitation training sessions, the Edinburgh Adapt Steering Group and the number of impact assessments reviewed by the pan-Lothian group.

Declaration of Interests

Martin Hill declared a non-financial interest in the above item as a board member on the Scottish Environment Protection Agency.

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

14. Cramond Surgery Update

An update was provided on the Standard Business Case for the upgrade of Cramond Surgery.

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 the Edinburgh Health and Social Care Partnership would support the Practice in its efforts to improve the property.

3) To note that the building owners, Assura PLC, had offered £157.5K to make good dilapidations and 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 will be funded by Assura.

5) To approve the accompanying Business Case which sought capital funding of £266K from NHS Lothian for the improvements to the Practice surgery.

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

15. Appointments to Committees and Sub-Committees

Approval was sought to appoint two members to the IJB Audit and Risk Committee.

Decision

1) To 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.

2) To 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 had completed.

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

16. Consultation Response – Licensing Policy

In terms of paragraph 7.4 of the Joint Board's Standing Orders, an additional item of business was considered on grounds of urgency. An overview was provided on the submission from the Edinburgh Alcohol and Drug Partnership, in agreement with the Licensing Board, with regards to the harmful effects of alcohol and overprovision.

Decision

To endorse the submission for the Licensing Board's Policy Consultation which would be a joint response from the Edinburgh Drug and Alcohol Partnership and the Edinburgh Integration Joint Board.

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

Minutes Item 4.2.1

Audit and Risk Committee

10.00am, Friday 16 November 2018
Dean of Guild Court Room, City Chambers, Edinburgh

Present:

Councillor Susan Webber (Chair), Christine Farquhar, Angus McCann (substituting Mike Ash) and Ella Simpson.

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

Apologies: Mike Ash and Richard Williams.

1. Minutes

Decision

To approve the minute of 7 September 2018 as a correct record.

2. Outstanding Actions

Decision

1) To agree to close Actions 2 and 3.

2) To otherwise note the outstanding actions.

(Reference – Outstanding Actions, submitted.)

3. Work Programme

Decision

To note the Work Programme and upcoming reports.

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

4. Internal Audit Update for the period 1 April to 21 October 2018

Details were provided of progress with Internal Audit assurance delivered on behalf of the Edinburgh Integration Joint Board by the Internal Audit teams of the Joint Board's partners, the City of Edinburgh Council and NHS Lothian, during the period 1 April to 21 October 2018. The Internal Audit plans for the Council and NHS Lothian were submitted to enable the Committee to identify audits that would be of interest to the Joint Board. These would be referred to the IJB Audit and Risk Committee following scrutiny by the relevant partner governance forums (the Council's Governance, Risk, and Best Value Committee and the NHS Lothian Audit and Risk Committee).

Decision

1) To note progress with delivery of the EIJB 2018/19 IA plan.

2) To request referral of the following City of Edinburgh Council and NHS audits to the EIJB Audit and Risk Committee:

   City of Edinburgh Council: Payments and Charges; Transformation; Emergency Prioritisation and Complaints; System Access Controls; CGI Change Management; Portfolio Governance Framework; Planning and s75 Developer Contributions; Quality Governance and Regulation; Compliance with IR35 and Right to Work requirements; Supplier Management Framework; Cyber Security.

   NHS Lothian: Winter Planning; Unscheduled Care; GP Sustainability; Financial Sustainability; Governance; Quality Strategy; Risk Management; Cyber Security; Project Management

3) To note the lack of progress with the implementation of agreed management actions to support closure of EIJB Internal Audit findings raised.

4) To note that review of the pan-Lothian principles that governed the working relationships between the four Lothian IJB audit and risk committees and the NHSL Audit and Risk Committee was currently underway.

Declaration of interests

Councillor Webber declared a financial interest in this item as a supplier to NHS Lothian, particularly in relation to the Quality Strategy and Financial Sustainability audits in the NHSL plan.

Christine Farquhar declared a non-financial interest in this item as the ex-Chair of a third sector organisation, as the Director of VOCAL and as the guardian of an individual in receipt of Direct Payments.

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

5. IJB Records Management Plan

The Edinburgh Integration Joint Board's draft Records Management Plan (RMP), prepared in compliance with the requirements of the Public Records (Scotland) Act 2011, was submitted. The RMP was based on the model plan and guidance published by the Keeper of the Records of Scotland.

Decision

1) To agree that the report would be submitted to the Edinburgh Integration Joint Board for decision.

2) To note the Committee's concern about the potential conflict of interest between the role of the Chief Risk Officer/Chief Finance Officer and the Keeper of Records.

Declaration of interests

Christine Farquhar declared a non-financial interest in this item as the ex-Chair of a third sector organisation, as the Director of VOCAL and as the guardian of an individual in receipt of Direct Payments.

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

6. IJB Risk Register

The Integration Joint Board risk register was submitted for consideration and to update the committee on the processes which were being established to manage, mitigate and escalate risks. The previous iteration of the risk register had been presented in June 2018. The current version captured updates from risk owners.

Decision

1) To note the continued development of mitigating controls for IJB risks.

2) To note the management actions identified against these current risks.

3) To note the introduction of the IJB risk register action plan.

4) To agree that two additional risks would added to the Risk Register, one on the Regulatory Environment and one on senior management conflicts of interest.

5) To recommend that a future IJB Development Session should be dedicated to risk.

Declaration of interests

Christine Farquhar declared a non-financial interest in this item as the ex-Chair of a third sector organisation, as the Director of VOCAL and as the guardian of an individual in receipt of Direct Payments.

(References – Edinburgh Integration Joint Board, 15 June 2018 (item 5); report by the Chief Finance Officer, submitted.)

7. Overdue Partnership Internal Audit Findings

An update was provided on overdue Internal Audit findings for the Edinburgh Health and Social Care Partnership, following the Edinburgh Health and Social Care Partnership Internal Audit Update and Assurance Arrangements Report that was submitted to the City of Edinburgh Council's Governance, Risk and Best Value Committee on 30 October 2018. This report outlined activity to address the outstanding actions and set out affirmative actions that were underway to address internal audit risk management challenges in the Partnership.

Decision

1) To note the 30 October 2018 report that was submitted to the Council's Governance, Risk and Best Value Committee.

2) To note, with concern, the current status update on overdue Health and Social Care Partnership Internal Audit findings.

3) To note that overdue IJB Internal Audit findings had been submitted in a separate report by the Chief Internal Auditor.

4) To agree that the Chair of the Audit and Risk Committee would write to the Chief Officer to express concern about the lack of progress with these findings.

5) To agree that risk owners would be invited to the March 2019 meeting of Committee.

Declaration of interests

Christine Farquhar declared a non-financial interest in this item as the ex-Chair of a third sector organisation, as the Director of VOCAL and as the guardian of an individual in receipt of Direct Payments.

(References – Governance, Risk and Best Value Committee, 30 October 2018 (item 7); report by the Chief Officer, Edinburgh Health and Social Care Partnership, submitted.)

8. Date of next meeting

Decision

To agree that the next meeting would be held at 9:30am on Friday 8 March 2018.

Minutes Item 4.2.2

Edinburgh Integration Joint Board
Strategic Planning Group

10.00am Friday 12 October 2018
City Chambers, High Street, Edinburgh

Present: Carolyn Hirst (Chair), Ricky Henderson (Vice-Chair), Colin Beck, Sandra Blake, Colin Briggs, Councillor Ian Campbell, Christine Farquhar, Mark Grierson, Belinda Hacking, Stephanie-Anne Harris, Nigel Henderson, Fanchea Kelly, Nickola Paul, Moira Pringle, Rene Rigby, Alison Robertson and Ella Simpson.

In attendance: Gillian Donohoe, Linda Irvine-Fitzpatrick, Michele Mulvaney and David White.

Apologies: Eleanor Cunningham and Katie McWilliam.

1. Minute

Decision

To approve the minute of the Edinburgh Integration Joint Board Strategic Planning Group of 17 August 2018 as a correct record.

2. Rolling Actions Log

Decision

1) To update the expected completion date for Action 1 – Economy Strategy – City Deal Workforce Development Working Group to November 2018.

2) To agree to close Action 5 - Grants Review as there was an update at this meeting and a report planned for submission to the Edinburgh Integration Joint Board meeting on 14 December 2018.

3) To update the expected completion date for Action 6 – Enhancing Carer Representation on Integration Joint Boards to end of December 2018.

4) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted.)

3. Grants Review

The Chief Finance Officer provided an update on the grants review. Applications had closed on 1 October 2018. 152 applications had been received by the closing date and had been processed over the past two weeks. All assessors had been trained and any perceived conflicts of interest had been addressed. An independent Chair would oversee the grants review and an update on the appointed person would be communicated to members.

In terms of timelines, it was planned that all assessments would be completed by early November, followed by the moderation process with funding recommendations submitted to the Edinburgh Integration Joint Board meeting on 14 December 2018.

The Group noted that Health Improvement funding run by NHS Lothian and grants were due to end on 31 March 2019. Discussions were ongoing between the IJB Chief Officer and Director of Public Health to ascertain if this money should be rolled into the IJB's grants fund.

The Group discussed the following issues:

- concerns were expressed that the numbers of applications received were well below the number anticipated and whether this was a reflection on the process which was put in place which may have made it difficult for people to apply
- conversely comments were made that the process and engagement with the sector had been excellent with training and other events being held, FAQs issued and clarity that applications were about the priorities of the IJB
- concerns that if Health Improvement and NHS Lothian funds were rolled into one fund would there be organisations who would potentially be excluded
- important to have positive engagement with the media around announcements of grant awards and that organisations were informed if they had been successful or not prior to that information being available publicly

Decision

1) To note the update.

2) To circulate information to members of this Group on numbers of grants which had been awarded previously.

(References – Strategic Planning Group 11 May 2018 (item 3), 22 June 2018 (item 4), 17 August 2018 (item 3); verbal update by the Chief Finance Officer)

Declaration of Interests

Ella Simpson declared a non-financial interest in the above item as the Chief Executive of EVOC.

4. Outline Strategic Commissioning Plans Update

The Group considered update papers setting out the progress being made towards developing the outline strategic commissioning plans for primary care, disabilities, mental health and older people. Information was provided on the key workstreams being taken forward by the individual reference groups and progress made against identified actions.

Highlights included:

- over 50 GP practices had received technological support in 2017/18 to support efficient processes and ensure best use of clinical time
- the primary care team were working with the Quality Lead to agree an evaluation framework for the primary care improvement plan
- the older people's Workstream 5 Group had held a workshop on 3 September 2018 to discuss the whole system demand and current models of care. This had led to decisions on respite, care homes and identified a need for further understanding on the role of Hospital Based Clinical Complex Care and intermediate care
- there had also been a workshop held on 18 September 2018 on acute orthogeriatric rehabilitation wards and their linkage with intermediate care. An audit would be conducted to establish if more patients from these wards could be seen in intermediate care if capacity was expanded
- winter funding had been confirmed for the test of change for discharge to assess in the North West
- The SMART house being built by Blackwood Homes and Care would be operational by 1 November 2018
- The mental health working group had been successful in their bid to the Big Lottery to be involved with developing the Lambeth model in Edinburgh. This centred around having "hubs" for mental health which made services more easily accessible

- The mental health working group had produced a newsletter which gave an update on the Plans together with other articles aimed at educating people about mental health to reduce stigma and discrimination

Appendix 2 in the paper set out the current status of the Directions which would come out of the Plan. It was planned to submit the strategic commissioning plans to the Edinburgh Integration Joint Board meeting on 14 December 2018 and the Strategic Plan to the meeting in March 2019.

During an extensive and detailed discussion the Group raised the following points:

- Noted that updates on the status of cross cutting themes and principles would be included in the next iteration of the report
- an engagement event was planned for 29 October with 120 stakeholders working across different aspects of the older adults service, the outcomes of which would be reported to the Group chaired by Andrew Coull
- although the plans were comprehensive with strategies, actions and processes, concerns were expressed that workforce and workforce planning was not included as part of delivering on the strategy
- noted there was a workforce planning group chaired by Pat Wynne in terms of looking at recruitment and retention and the challenges around these which would be included in the strategic plan; CoSLA and the Scottish Government were also currently carrying out a piece of work around workforce planning
- one of the major cross cutting theme was carers and it was highlighted that the Edinburgh Strategic Carers Partnership had a wealth of experience and data that could be used
- using our resources together and how we take that to the next stage also meant moving away from short term planning and how we do that successfully
- engagement was being looked at as part of consultation and engagement on the strategic plan through online and social media but also involving people as we move forward
- Self Directed Support and transitioning from young people's services to adult services were cross cutting themes relevant to all the Groups
- Concerns that there was no plan to integrate children and young people's work into the work of the IJB; it was noted that children and young people's services were not a function which had been delegated to the IJB, however the Edinburgh Children's Partnership had requested a report back in December with options for accelerating children and young people's mental health and wellbeing work

- The increasing population and workload increase was challenging in the primary care sector; the link worker network had, however, been widely celebrated with aspirations that this would become a bridge from primary care to the third sector and vulnerable communities
- essential to use funding effectively and a Leadership and Resources Group had been established to look at investment of resources across the city
- additional capacity had been put into GP practices and increasing use of technology and a workforce plan was being developed to underpin the work in primary care
- The health and wellbeing workstream in the older people's group had focused on befriending and review of day care services
- Concerns were expressed that with so much transition happening people were struggling to make decisions about what was needed to help at home and the ability to deliver care at home through Council contractors; Ernst and Young were currently looking at options around the care at home contract and the Council's Finance and Resources Committee, on 11 October 2018, had agreed an uplift to the rate to be passed on to care workers

Decision

1) To note the developments within each of the strategic planning Reference Groups for Older People, Disabilities, Mental Health and Primary Care.

2) To note the current status of the implications for Directions which would require to be escalated to the Integration Joint Board in due course.

3) To insert workstream columns with updates in future reports.

(References – Strategic Planning Group 17 August 2018 (item 5); report by the Programme Business Manager, Edinburgh Health and Social Care Partnership, submitted)

Declaration of Interests

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

Fanchea Kelly declared a non-financial interest in the above item as the Chief Executive of Blackwood Homes and Care.

Nigel Henderson declared a non-financial interest in the above item as the Chief Executive of Penumbra.

6. Delayed Discharge Action Plan and Trajectory - Presentation

Decision

To circulate the presentation slides to the Group and that any comments on the content could be picked up at a future meeting.

7. Housing Contribution Statement Update

An update was provided on the development of the housing contribution statement which would be published in conjunction with the 2019-2022 Edinburgh IJB Strategic Plan.

Part of the work over the next few months included carrying out an audit of where we are, what we have achieved and what was planned for the future. The next iteration of the report would align more closely to the priorities in the Strategic Plan.

The following points were raised and discussed by the Group:

- There was a good focus in the statement regarding social rented housing
- More information was required on what could be done to better engage the private rented sector and workforce planning around that in terms of key worker recruitment; it was noted that the private rented sector already fed in to the Housing, Health and Social Care Forum
- Important to keep the key worker status as there was a huge demand for social housing in Edinburgh; a lot of gap sites in the city were being developed as student accommodation and it would be better planning for more mixed community developments
- Alternative models of housing accommodation could be explored eg. in the Netherlands students lived in care homes on a rent free basis if they spent so many social hours with residents; there was a similar scheme in the City as part of the Edinburgh Development Group whereby families made rooms available within their own homes

Decision

1) To note the proposed themes and focus for the updated housing contribution statement which would support the next Edinburgh IJB Strategic Plan.

2) To circulate the two appendices referenced in the report to the Group.

(Reference – report by the Senior Housing Development Officer, City of Edinburgh Council, submitted)

9. Forward Plan

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

The following issues were raised:

- The Group felt it would be useful to seek clarification of the proposed end date for the IJB Chief Officer's review of governance as they would welcome the opportunity to feed in views. Consultancy Governance had been procured to carry out the review.
- Comments were currently being made on the draft outcomes of the Older People's review by the Care Inspectorate/Healthcare Improvement Scotland

Decision

To note the forward plan.

(Reference – Agenda Forward Plan – 12 October 2018, submitted.)

10. Papers for Information

Decision

1) To note the Note of Meeting of the Disabilities Strategic Planning Reference Group of 5 September 2018.

2) To note the Note of Meeting of the Mental Health Working Group of 15 August 2018.

3) To note the Note of Meeting of the Older People Reference Group of 1 August 2018.

5) To note the Note of Meeting of the Primary Care Reference Group of 18 August 2018.

11. Date of Next Meeting

The Chair advised of the intention to combine the proposed November and December meetings into one meeting towards the end of November – a date would be communicated to the Group as soon as possible.

Rolling Actions Log December 2018

Item 5.1

14 December 2018

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
1	Annual Accounts 2016-17	22-09-17	To request further information on Workforce Planning once this was available.	Chief Officer, Edinburgh Health and Social Care Partnership	December 2018	**Recommended for closure** – on agenda for December 2018.
2	Locality Improvement Plans	17-11-17	To agree that community planning would be covered at a future development session.	Chief Officer, Edinburgh Health and Social Care Partnership	March 2019	A report on the programme of Development Sessions for 2019/20 will be presented in March 2019.

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
3	Edinburgh Alcohol and Drug Partnership Funding	26-01-18	That a briefing note be sent to Joint Board members setting out the broader challenges and information on approaches taken by the other Lothian IJBs and the impact of service review, redesign and efficiencies in each area of change.	Chief Officer, Edinburgh Health and Social Care Partnership	February 2019	This will be covered in a report to the IJB in February 2019.
4	Edinburgh Health and Social Care Partnership Communications Action Plan	26-01-18	To note that a separate engagement/communication plan for the IJB will be presented for consideration and agreement within 6 months.	Chief Officer, Edinburgh Health and Social Care Partnership	February 2019	
5	Whole System Delays – Recent Trends	26-01-18	To note that a further report setting out the underlying longer term strategy, improvement plan, projects and actions would be submitted to a future meeting of the Joint Board.	Chief Officer, Edinburgh Health and Social Care Partnership	February 2019	
6	Carers (Scotland) Act 2016	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	**Recommended for closure** – on agenda for December 2018.
7	City of Edinburgh Council Motion by Councillor Miller –	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	Chief Officer, Edinburgh Health and	March 2019	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
	Attracting and Retaining Carers (Agenda for 29 June 2017)		employment options, and meet the shortfall in care provision, taking into account the results of the research. 2) To instruct officers to remit the report to the Integration Joint Board and Corporate Policy and Strategy Committee for further scrutiny.	Social Care Partnership		
8	Business Resilience Arrangements and Planning – Spring Update	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	February 2019	
9	2018/19 Financial Plan	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	November 2018 February 2019	1) **Recommended for closure** – covered at the IJB Development Session on 6 November 2018.
10	Plan for Immediate Pressures and	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	February 2019	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
	Longer Term Sustainability		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		
11	The Inclusive Homelessness Service at Panmure St Ann's	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	March 2019	
12	Appointments and Review of Sub-Groups	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	December 2018	**Recommended for closure** – on agenda for December 2018, as part of the Governance Review report.
13	Rolling Actions Log	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	**Recommended for closure** – response agreed, under urgency provisions, at the September 2018 IJB.

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
14	IJB Risk Register	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	December 2018	
15	Publication of Annual Performance Report	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	March 2019	A report on the programme of Development Sessions for 2019/20 will be presented in March 2019.
16	2018/19 Financial Position	29-09-18	1) To task the Chief Officer to prepare 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. 2) To agree that a report would be presented to the next meeting of the Joint Board detailing the proposed Direction and the early and initial impact of the use of this funding in relation to key areas of pressure.	Chief Officer, Edinburgh Health and Social Care Partnership	February 2019 December 2018	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
17	Evaluation of 2017/18 Winter Plan and Winter Plan 2018/19	28-09-18	1) That a business case for the expansion of the Hospital at Home service would be presented to the Joint Board by the end of March 2019. 2) That officers would circulate details of the flu vaccination programme to enable members to promote to citizens, colleagues and partner organisation.	Chief Officer, Edinburgh Health and Social Care Partnership	March 2019 October 2018	**2) Recommended for closure –** circulated on 8 October 2018
18	John's Campaign	29-09-18	To request an update report in 12 months' time on progress in carrying out the recommendations of the report: 1) To agree that all hosted older peoples in bed services formally sign up to John's campaign. 2) To agree that all local authority care homes sign up to John's campaign. 3) To work in partnership with the independent sector and the voluntary sector to embed John's campaign across all older people's residential services within the Edinburgh. 4) To support the launch of John's campaign in Edinburgh.	Chief Officer, Edinburgh Health and Social Care Partnership	September 2019	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
			5) To agree that the benefits of John's Campaign should be formally measured.			
19	Public Bodies Climate Change Duties	28-09-18	That a briefing note would be circulated to members providing details of facilitation training sessions, the Edinburgh Adapt Steering Group and the number of impact assessments reviewed by the pan-Lothian group.	Chief Officer, Edinburgh Health and Social Care Partnership	December 2018	**Recommended for closure** – briefing note circulated on 3 December 2018.

Item 5.2

Report

Recommendations from the Health and Social Care Grants Review Programme 2019

Edinburgh Integration Joint Board

14th December 2018

Executive Summary

1. The purpose of this report is to advise the Board of the recommendations from the Health and Social Care Grant Programme 2019/20 to 2021/22.

2. Any member wishing additional information on the detail of this paper should contact the author in advance of the meeting.

Recommendations

3. The Integration Joint Board is asked to:

   a. agree to incorporate the funding associated with the health improvement fund (HIF) and advice into the Edinburgh IJB grant programme;

   b. agree the recommended grant allocations;

   c. delegate responsibility to the Chief Officer to issue grants in line with these recommendations subject to further financial assurance checks;

   d. delegate authority to the Chief Officer to institute the process for the Innovation Fund and to issue grants in line with the recommendations of the Grants Review Steering Group;

   e. establish a collaborative forum to engage with 3rd sector to jointly develop a programme of community led support.

Background

4. In November 2017, the Board agreed the scope, methodology and timescale for the review of health and social care grant programmes, based upon recommendations from the Strategic Planning Group. Following this, the grants review steering group (the steering group) was established and it has been meeting regularly since December 2017. Both the Board and the Strategic Planning Group

have received regular updates on progress, including details of the engagement with the third sector.

5. At its meeting on 10th August 2018, the IJB agreed the grants prospectus and associated process for the programme. Accordingly the programme opened to applications on 20th August and closed on 1st October.

Main report

Applications

6. A total of 152 applications, requesting funding of £31m over 3 years, were received by the deadline of 1st October. On the basis of fairness and equity across the sector, applications received after this date were not carried forward to the assessment process.

7. The available budget over 3 years is £14.1m so the programme was significantly oversubscribed.

8. At its meeting in August the IJB agreed 3 separate funds:

   a. **Small grants** – for individual projects under £25k p.a. to allow smaller locally based organisations to bid for funding. 29 applications, valued at £1.6m (over 3 years) were received;

   b. **Large grants** – for applications over £25k p.a. each. 123 applications, valued at £29.6m (over 3 years) were received; and

   c. **Innovation fund –** a total of £100k p.a. to support creative and original ideas which may have less of a track record. To allow time to fully develop this new approach a sub group was established, under the leadership of Stephanie-Anne Harris, the Strategic Development Manager of the Edinburgh Community Health Forum. This sub group reaffirmed that the outcomes and seven funding priorities of the innovation fund will mirror those of the main programme and this will be reflected in the guidance notes that will be developed prior to the fund's formal launch in early February 2019. The approach will be finalised by the end of January 2019 and will be commensurate with the amount of funding available. In order for these grants to be in place for 1st April 2019 (in line with the main programme). It is recommended that the IJB delegate authority to the Chief Officer to run the process and award grants as recommended by the Grants Review Steering Group.

The available budget

9. When the programme was agreed by the IJB in November 2017, the agreed budget was £4.041m p.a or £12.1m over 3 years. As the programme has developed it has become apparent that there are 2 further potential sources of funding which could be incorporated in the overall programme:

a. *Health Improvement Fund (HIF)* – has historically been used to fund a number of projects to address: early years support and early interventions for children; and young people and social capital and community capacity building. The element of the fund associated with adults is delegated to the IJB, the priorities of the fund are in line with those of the IJB grants review, a number of projects are jointly funded from HIF and the Partnership grants and the existing grants elapse in the same timeframe as the Partnership grants. For these reasons, taking forward a separate process for HIF would potentially lead to duplication as well as adding to the administrative burden for both the statutory and 3rd sectors. On this basis, it is recommended that the delegated element of the money be amalgamated into the budget for the IJB grant programme. The funding involved is £0.355m p.a.or £1.1m over 3 years; and

b. *Advice services* – the Safer and Stronger Communities (SSC) department of the Council is currently conducting a review of the internally provided, externally contracted and grant funded advice services they provide. At the same time, the IJB has identified advice and income maximisation as one of the 7 priorities for its grants programme. Taking forward these 2 exercises separately could result in either duplication or gaps in service provision across the city. Conversely, progressing in tandem, offers the opportunity to establish services which will meet the priority needs of the city. In support of this, SSC is proposing to supplement the IJB grant programme and has identified a budget of £0.4m p.a. (£1.2m over 3 years).

10. These 2 additional sources of funding would increase the IJB grant budget by £0.755m, i.e. a total sum of £14.090m to be allocated over a 3 year period. It is on this basis that the recommendations have been prepared.

The assessment process

11. In line with the process set out in the prospectus and agreed by the IJB, grants were assessed according to a 3 phased approach:

a. Assessment

All applications were "scored" by a 3 person panel in line with the criteria set out in the prospectus. The maximum score available was 400. Where possible, the panels were chaired by a member of the steering group and, where this was not the case, by someone with experience of a similar grants process. 2 panels considered the small grants and the remaining 10 assessed the large grants.

b. Consensus

The assessment panel chairs considered the scores awarded by the different panels to ensure consistency. As a result of this process a ranked collated list of eligible applications was produced.

c. Moderation

The final stage was to ensure the allocation of funds best aligns with the IJB's strategy, both across the city and within localities. This approach ensured that the proposed allocation of funds across priorities and geographically aligns with the Joint Board strategy. This part of the process was led by an independent chair, Angela Morgan, OBE. Through the moderation process a minimum "quality threshold" was also agreed.

The recommendations

12. The recommendations from the Steering Group are based on the approach outlined above. They represent the best pattern of help and support for the most vulnerable citizens within a) the constraints of the funding available and b) the range of applications of satisfactory quality received and are set out in appendix 1 with the members of the steering group included as appendix 2.

13. When considering the applications in respect of welfare and debt advice (income maximisation) it was noted that there was significant duplication and overlap in the best scoring applications. To support the decision making process the panel sought some "expert advice" from the SSC team. Following a lengthy consultation process the recommendation in respect of advice is to set a sum of £2.5m (for 3 years) aside and invite the organisations who scored above the quality threshold to work alongside officers from the Partnership, the Council and NHS Lothian to co produce a city wide service which best meets the needs of the citizens of Edinburgh.

14. This would result in 19 small and 47 large grants being offered, and a fund of £2.5m being established to co produce a city wide advice service. Taken together this represents a cost of £14.2m over the 3 year period, £0.1m in excess of the budget outlined above. This is equivalent to c£0.03m p.a. and it is recommended that it is a first call on the monies for community led support discussed further in paragraph 15.

15. Finally, it should be noted that an initial assessment of financial probity has been carried out and any grants issued will be subject to further checks.

Next steps

16. The 2019 IJB grants review has been conducted in the spirit of partnership with the 3rd sector, recognising the contribution these organisations make to the city of Edinburgh. Ongoing and positive collaboration forms a key plank of the IJB's strategy. Equally, the emerging transformation programme requires a strong and vibrant 3rd sector to help people to live independent lives. In recognition of this the IJB has set aside £2m in its financial plan to fund "community led support". It is recommended that a forum is established to begin a co production exercise which incorporates this and considers alternative ways to develop "commissioner/provider" relationships.

Key risks

17. Throughout this process 3 high risks have been identified and reported to the IJB:

- the sustainability of 3rd sector organisations and the consequence of any disinvestment on services;
- a failure to adhere to the process as set out; and
- the impact that the volume of applications may have on the timescales.

18. As the process is now at the recommendation stage the first risk outlined above becomes key. An analysis of current grant recipients shows that 35 current grant holders who collectively receive grants totalling £1.9m p.a. have not been recommended for renewal. The associated integrated impact assessment (IIA) is attached to this report as appendix 3.

Financial implications

19. This report details the progress in delivering the review of the existing health and social care grant programmes. However, there are no direct financial implications arising from the report.

Implications for directions

20. Agreement of the prospectus in August required a direction to the City of Edinburgh Council to run a Health and Social Care grants programme in accordance with the prospectus.

Equalities implications

21. An initial integrated impact assessment was undertaken in respect of the grants review, which identified both equality and sustainability implications. A follow up IIA, based on the recommendations of the review, is attached at appendix 3.

Sustainability implications

22. As above.

Involving people

23. The priorities within our strategic plan and the outcomes in the Locality Improvement Plans have already been the subject of public consultation. The

priorities within the outline strategic commissioning plans will form the basis of the 2019 strategic plan and be subject to public consultation in 2019.

24. Grant applications included details of the engagement undertaken with citizens as part of the evidence that there is a need for the service/project.

Impact on plans of other parties

25. As above.

Background reading/references

Grants review – report to the EIJB in August 2018

Grants review interim report – report to the EIJB in May 2018

Grants review, scope, methodology and timescales – report to the EIJB November 2017

Review of grant programmes – report to the EIJB September 2017

Report author

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Appendices

Appendix 1	2019 Edinburgh IJB grant programme – recommendations
Appendix 2	2019 Edinburgh IJB grant programme – steering group membership
Appendix 3	2019 Edinburgh IJB grant programme – integrated impact assessment

Appendix 1

2019 Edinburgh IJB grant programme – recommendations

Organisation	Project	2019/20 £	2020/21 £	2020/22 £	Total £
ACE IT	ACE IT digital inclusion for older people	62,225	62,225	62,225	186,675
Art in Healthcare	room for art	50,221	67,243	69,999	187,463
Autism Iniatives	Diagnosis and support for autistic adults without a learning disability	93,626	82,626	82,626	258,878
Bethany Christian Trust	Passing the Baton Project	49,314	50,684	51,817	151,815
Brigdgend Farmhouse	Community Kitchen	24,978	24,978	24,978	74,934
Calton Welfare Services	Welfare Services for Socailly Isolated Older People	16,000	16,183	16,381	48,564
Care for Carers	Stepping Out Residential and Short Breaks for Carers	71,535	71,886	72,240	215,661
Caring in Craigmillar	Phonelink	76,919	88,481	97,001	262,401
Changeworks	Heat Heroes	53,188	54,736	56,300	164,224
Community One Stop Shop	COSS	23,000	23,000	23,000	69,000
Community Renewal Trust	Health Case Management (HCM)	49,063	49,063	49,063	147,189
Cruse Bereavement Care Scotland	Edinburgh Bereavement Services	34,000	34,000	34,000	102,000
Currie Day Centre	Day Centre for Older People	12,880	13,960	13,980	40,820
Cyrenians-Golden Years Community Connecting Service	Golden Years Community Connecting Service	54,792	78,457	80,872	214,121
Drake Music Scotland	Musicspace	18,000	18,000	18,000	54,000

Organisation	Project	2019/20 £	2020/21 £	2020/22 £	Total £
Edinburgh & Lothians Greenspace Trust	Healthy Lifestyles in South Edinburgh	104,559	112,157	120,425	337,141
Edinburgh Community Food	Healthier Food, Healthier Lives, Healthier Futures	161,528	166,138	173,059	500,725
Edinburgh Community Health Forum	Tackling health inequalities by building a stronger and more resilient 3rd sector	49,438	52,296	53,680	155,414
Edinburgh Garden Partners	Befriending Through Gardening	22,970	23,170	23,270	69,410
Edinburgh Headway Group	Early Intervention ABI Rehabilitation Support Project	44,024	45,073	46,142	135,239
Edinburgh Leisure	Steady Steps	117,007	119,253	140,122	376,382
Edinburgh Rape Crisis Centre	Rape Crisis Support Service	73,512	73,565	74,226	221,303
Eric Liddell Centre	Caring for Carers	24,456	25,190	25,945	75,591
FAIR Ltd. (Family Advice and Information Resource)	FAIR- information and advice for people with learning disabilities and their carers.	89,257	91,795	94,914	275,966
Feniks: Counselling, Personal Development and Support Services Ltd	Reach Out, Help Within". Supporting Central Eastern European community in Edinburgh	68,221	74,773	78,600	221,594
Fresh Start	Fresh Start: helping people make a home for themselves	85,430	87,525	88,179	261,134
Gorgie City Farm	Valued Volunteering	30,520	31,130	31,753	93,403
Gowrie Care Ltd	Futures Hub	59,199	59,530	94,487	213,216
Harlaw Monday Group	Harlaw Monday Group Day Care Centre	6,616	6,704	7,214	20,534
Health All Round	Health All Round Community Health Initiative	190,367	195,169	200,158	585,694
Health in Mind	Craigmillar Counselling	13,000	13,000	13,000	39,000

Organisation	Project	2019/20 £	2020/21 £	2020/22 £	Total £
Home-Start Edinburgh West and South West (HSEW)	Promoting positive perinatal mental health	24,910	24,910	24,910	74,730
LGBT Health and Wellbeing	Core Funding and Community Programme	98,500	98,500	98,500	295,500
Libertus Services	Postives Futures The Volunteering Project	121,806	123,019	124,242	369,066
Link Up Women's Support Centre	Link Up Out of Hours & Counselling Services	44,576	45,321	45,321	135,218
Lothian Centre for Inclusive Living (LCIL)	Grapevine Welfare Matters Project	23,151	19,872	20,269	63,291
MECOPP	Jump Start	31,446	31,446	31,446	94,338
MECOPP	BME Carer Spport	64,794	64,794	64,794	194,382
Multi-Cultural Family Base	Syrian Men's Mental Health Group	16,352	16,568	16,788	49,708
Murrayfield Dementia Project	The MDP Club	54,815	54,815	54,815	164,445
Om Music Sanctuary	Om Music Sanctuary	11,226	9,000	9,000	29,226
Pilmeny Development Project	Older Peoples Services	71,029	72,450	73,898	217,377
Pilton Equalities Project	Mental Health	86,076	87,859	89,674	263,609
Pilton Equalities Project	Day Care Services	84,100	85,869	87,670	257,639
Portobello Monday Centre	Continuation of Portobello Monday Centre	4,188	4,320	4,453	12,961
Portobello Older People's Project	Portobell Older People's Project	15,074	15,417	15,769	46,260
Positive Help	Supportive Transport and Home Support Service for adults with HIV/Hepatitis C	47,665	48,410	49,166	145,240

Organisation	Project	2019/20 £	2020/21 £	2020/22 £	Total £
Queensferry Churches Care in the Community	The Haven	40,429	41,429	44,308	126,166
Rowan Alba Limited	Community Alcohol Related Damage Service (CARDS)	48,951	49,519	50,423	148,893
Scottish Huntington's Association	Lothian Huntington's Disease service	32,452	33,046	33,610	99,108
Sikh Sanjog	Health and Wellbeing Group	24,392	24,392	24,392	73,176
South Edinburgh Amenties Group SEAG	Provision of Community Transport	70,902	70,902	70,902	212,706
South Edinburgh Day Centre Volunteer Forum	SEDCVF	25,000	25,000	25,000	75,000
Support in Mind Scotland	RAISE for Carers	22,630	23,309	24,008	69,947
The Broomhouse Centre	The Beacon Club	51,681	53,734	54,808	160,223
The Broomhouse Centre on behalf of Vintage Vibes Consortuim	Vintage Vibes	41,603	67,740	77,271	186,614
The Broomhouse Health Strategy Group	Supporting Healthier Lifestyles	56,958	56,958	56,958	170,874
The Dove Centre	The Dove Centre Social Day Centre	126,118	129,846	133,788	389,752
The Health Agency	The Health Agency Community Health Initiative	175,188	179,393	183,698	538,279
The Living Memory Association	The Little Shop of Memory	24,665	24,665	24,665	73,995
The Open Door	Senior Men's Group	6,341	6,470	6,026	18,837
The Ripple Project	Restalrig Lochend Community Hub	89,675	92,045	94,608	276,328
The Welcoming Association	Welcoming Health	15,461	15,169	15,339	45,969

Organisation	Project	2019/20 £	2020/21 £	2020/22 £	Total £
Venture Scotland	Physical activity for Young People	45,002	47,252	49,615	141,869
VOCAL	Edinburgh Carer Counselling	49,497	51,075	52,607	153,179
Waverley Care	Positive living for people affected by a Blood Borne Virus (BBV)	191,753	191,753	191,753	575,259
Sub total		**3,768,251**	**3,898,255**	**4,042,150**	**11,708,655**
CHAI, Citizens Advice Edinburgh, Granton Information Centre, NHS Lothian	Income Maximisation - Welfare and Debt Advice	828,467	844,609	863,597	2,536,673
Total		**4,596,718**	**4,742,864**	**4,905,747**	**14,245,328**

2019 Edinburgh IJB grant programme
Integrated Impact Assessment

Ann Duff – CEC Communications
Claire Ironside - EAHP
Ella Simpson – EVOC/SPG member
Emma Gunter – EHSCP Contracts
[Graeme Henderson – Penumbra/CCPS/SPG member]
Maggie Deane - CEC Procurement
Mike Massaro-Mallinson - EHSCP Locality Manager NW
Moira Pringle – Chief Finance Officer IJB
Moyra Burns - NHSL Health Promotion
Neil Fraser - CEC Procurement
Stephanie-Anne Harris – LCHIF/SPG member
Suzanne Lowden - EHSCP Strategic Planning
[Wendy Dale - EHSCP Strategic Planning]

Appendix 3

2019 Edinburgh IJB grant programme
Integrated Impact Assessment

Edinburgh Integration Joint Board Grant Review

Draft Integrated Impact Assessment

Each of the numbered sections below must be completed

Interim report	✓	Final report	

(Tick as appropriate)

1. Title of plan, policy or strategy being assessed

Edinburgh IJB Grant Review – funding recommendations

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

Existing Programme

In the current year of funding, 2018/19, grants were issued through 2 main programmes:

- the Health and Social Care main grant programme (£1,880,186) which supports services to specific service user groups, i.e. older people (£787,322), carers (£273,569), people with disabilities (£133,815), mental health issues (£70,218), and/or addictions (£97,073) and people with blood borne viruses (£252,843).
- the Health Inequalities Grant Programme (£1,754,573) which supports services delivering activities against four strategic objectives i.e.: enabling all adults to maximise their capabilities and have control over their lives; creating and developing healthy and sustainable places and communities; strengthening the role and impact of ill-health prevention and ensuring a healthy standard of living for all

In addition, four grants for specific purposes (£755,963) are funded through a combination of Social Justice Fund/Integrated Care Fund and Social Care Fund namely:

- Health inequalities communication
- Get up and Go
- LOOPS Hospital Discharge Project (£313,240)
- Third sector prevention investment fund (£414,450)

.

New Programme

The new programme focuses on **tackling inequalities and prevention and early intervention,** 2 of the 6 main priorities of the current and draft IJB Strategic Plan 2019–2022. These are further broken down to 7 priorities i.e.:

1. Reducing social isolation
2. Promoting healthy lifestyles
3. Improving mental wellbeing
4. Supported self-management
5. Information and advice
6. Reducing digital exclusion
7. Building strong, inclusive, and resilient communities

Within the overall programme there is a small grant fund for grants worth less than £25,000 and an innovation fund (circa £100,000 per annum).

The recommendations of the new programme come to a value of £4,596,718 in 2019/20 (total of £14,245,328 over 3 years).

Applications were open to any constituted and not-for-profit organisation. Grants are for up to 3 years funding. A new application form and assessment process were developed and guidance and training was available.

It has not been possible to determine financial amounts allocated against each priority as organisations take a comprehensive approach to achieving outcomes and can help meet more than one priority. Figures contained within this report should be considered as indicative only as direct comparison between current grant programme and new programme is not always possible.

An inevitable consequence of any grant review is that not all existing grant recipients will be successful in their funding bids. Further, the new programme was significantly oversubscribed.

For 2019–2022, a total of 66 grant awards are recommended (47 large grants and 19 small grants) with 16 being new awards (9 large and 7 small). 35 organisations which currently get grants were unsuccessful in their applications.

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

In the interests of good partnership working and to make best use of the knowledge, experience and creativity of the third sector, it was agreed that the development of the whole grant strategy and process for implementation, should be carried out in collaboration with the third sector. A stakeholder working group was set up at the outset of the process and was made up of representatives from CEC Communications, Contracts, Procurement; EAHP; EVOC; Penumbra/ CCPS;

EHSCP Locality Manager NW; Chief Finance Officer IJB, Strategic Planning; NHSL Health Promotion and the Edinburgh Community Health Forum;

Two sets of engagement sessions, open to all potential funding organisations, were held (April 2018 and June 2018). Attendance at these was good with the total number of attendances being 148.

Feedback from these was used to guide and inform the development of the new programme. (see links to reports from those events in evidence table below).

Further briefing sessions were held in August to outline the grant process and timescales, and again, attendance was good.

Training sessions on completion of application forms were also provided and these were targeted at those more inexperienced in completing grant application forms.

4. Date of IIA

Monday 26th November 2018

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

Name	Job Title
Suzanne Lowden	Strategic Planning and Commissioning Officer, Edinburgh Health and Social Care Partnership
Stephanie-Ann Harris	Strategic Development Manager, Edinburgh Community Health Forum
Liz Simpson (facilitator)	Senior Health Promotion Specialist, NHS Lothian Health Promotion Service
Sarah Bryson (facilitator)	Strategic Planning and Commissioning Officer, Edinburgh Health and Social Care Partnership

6. Evidence available at the time of the IIA

Evidence	Available?	Comments: what does the evidence tell you?
Data on populations in need: Joint Strategic Needs assessment (JSNA) and Topic Papers:	Yes	The JSNA and topic papers provide a comprehensive local picture of health and wellbeing needs in Edinburgh, using intelligence and analysis to determine: • Current and future needs • What's working, what's not, and what could work better? • What are the major health inequalities and what can be done about them? • Unmet needs, including those of seldom-heard populations and vulnerable groups See papers for detailed information re populations
Data on service uptake/access: Funding applications from this round and funding applications from current funding.	Yes	Provides an indication of the current numbers of service users for existing services provided through the grant programme
Grants Review Interim Report Edinburgh Integration Joint Board – 18 May 2018 Item 5.7 - Grants Review Interim Report – Reports, 866.91 KB	Yes	The Grants Review Interim report provides: • **Analysis of current grant use** • **Identification of priorities for future funding** • **Operation of future grant programmes** • **Engagement with stakeholders**
IJB Performance Report Annual Performance Report 2016_17	Yes	The IJB Performance report provides a review of the progress made during the first year of operation of the Edinburgh Integration Joint Board and the Edinburgh Health and Social Care Partnership

Evidence	Available?	Comments: what does the evidence tell you?
Health Inequalities Evaluation Report 2016/17 evaluation report of the Grants Programme for 2016/ 17		The report provides an overview and evaluation of the Health Inequalities grant programme.
Data on equality outcomes	no	
Research/literature evidence:		
The locality improvement plans, published by the City of Edinburgh Council in December 2017	Yes	Provides some clarity regarding the priorities of local communities for services under the remit of the IJB, but for CEC-provided and managed services generally
The Outline Strategic Commissioning Plans (OSCPs), agreed by the IJB in January and February 2018	Yes	Provides a clearer, more detailed starting point for this commissioning and influencing. These OSCPs are useful reference points for the shaping of the grants programme going forward, and indeed the establishment of the reference boards to drive the next evolution of these plans, into full Strategic Commissioning Plans (SCPs) by December 2018, will provide the next level of detail and in turn will form the basis for an estimated 75-80% of the revised Strategic Plan.
Public/patient/client experience information:		
Results from Health Inequalities Standard Impact Assessment Questions	Yes (contained within Evaluation Report – see above)	The results show that the impact on service users was considerable with an average of 83% of service users surveyed agreeing or strongly agreeing that the service they used had brought about the intended positive impact. Further detail contained within the report.
The IJB annual Performance Report also provides information on patient experience	Yes	

Evidence	Available?	Comments: what does the evidence tell you?
Evidence of inclusive engagement of service users and involvement findings Engagement events held on 26 April 2018. A Survey monkey was also carried out. The results are contained within the Grants Review Interim Report Edinburgh Integration Joint Board – 18 May 2018 Item 5.7 - Grants Review Interim Report – Reports, 866.91 KB Further engagement session held on June Briefing sessions held for applicants in September 2018 outlining process and timescales Training sessions for applicants held in September 2018	Yes Distribution and opportunity for feedback on draft reports Yes Yes Yes	See report: see feedback to Participants Report The findings from the engagement events are contained within the report and were used to further develop the proposals for the grant review.
Evidence of unmet need Some areas of unmet need exist and are evidenced in the various application forms The ongoing development of the Strategic Commissioning Plans and the Locality Plans will give an indication of unmet needs	No	There has not been any collation of evidenced unmet need from the grant application forms. .
Good practice guidelines: CEC Grant Process Good Practice Guidelines	Yes	Best Practice for grant management Outlines good practice for grant processes
Environmental data	No	
Risk from cumulative impacts	No	

Evidence	Available?	Comments: what does the evidence tell you?
Other (please specify)		
Review of grant programmes – report to the EIJB September 2017	Yes	Review of grant programmes – report to the EIJB September 2017 http://www.edinburgh.gov.uk/
Grants review, scope, methodology and timescales – report to the EIJB November 2017	Yes	Grants review, scope, methodology and timescales – report to the EIJB November 2017 http://www.edinburgh.gov.uk/
Grants Review Interim Report – report to the EIJB 18 May 2018	Yes	
Proposals for the Health and Social Care Grants Review Programme 2019 – report to the EIJB 10 August 2018	Yes	
Additional evidence required		

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

Equality, Health and Wellbeing and Human Rights Positive	Affected populations
A move to 3-year funding will provide continuity for organisations and staff, help reduce staff turn-over and improve planning and services.	All groups
The review process has helped ensure that the successful grants are in alignment with the priorities of the new grant programme and will focus activities on tackling Inequalities and Prevention and Early Intervention	All groups
The introduction of a quality threshold in the grant allocation process has helped ensure that the quality of service provided through the grants will be efficient and effective in delivering positive outcomes for all groups of people	All groups

60 organisations which currently receive grant funding have been successful in their funding applications (23 older people, 2 blood borne viruses, 4 carers, 2 disabilities, 1 addictions, 1 mental health and 27 Health inequalities) and will continue to provide valuable, wide ranging services which will help achieve positive health outcomes for all users and tackle inequality.	All groups
A number of community health organisations which provide services to improve health outcomes, quality of life and reduce health inequalities in areas of deprivation, have received increased levels of funding, which will result in the provision of a range of additional services and benefits.	All groups/those vulnerable to poverty
The provision of welfare advice services will be co-produced across the city and provide the opportunity for a more efficient, city-wide, joined up service	Those vulnerable to poverty
Sixteen new recipients are now recommended for funding (9 large and 7 small) including:	
• provision of service to improve health outcomes for disadvantaged youths who face multiple challenges. (Venture Scotland)	Young adults
• services to allow those with mental health problems participate in therapeutic art and music projects to achieve positive health and well-being outcomes. (Om Music Sanctuary and Art In Healthcare)	Those with mental health problems
• support to assist those with autism to seek diagnosis and provide post-diagnostic support. (Autism Initiatives)	Disabled people
• provision of advocacy, information, advice and befriending services to Syrian men. (Multi-Cultural Family Base)	BME/men
• organisation to improve health outcomes for disabled people through music making activities to benefit; mental health and wellbeing; physical coordination and social inclusion. (Drake Music)	Disabled people
• organisations working with people who have been homeless or vulnerable to becoming homeless to prevent social isolation and homelessness and improve life chances. (Gowrie Care)	Those facing poverty

• organisation targeted at those with addictions and blood borne viruses to support them to live independently, positively engage with health and community services and improve wellbeing and quality of life (Rowan Alba Limited, Positive Help)	Those with blood borne viruses or addictions
• several organisations which take a preventative approach to improving health outcomes for older people and reduce loneliness and social isolation by connecting them with their community including Befriending Through Gardening, Senior Men's Group, Golden Years Community Connecting Service and The Open Door	Older people Older men
• an organisation to provide opportunities for parents to gain confidence and resilience resulting in positive mental health for perinatal women. (Home Start)	Women
• building community capacity through a community kitchen to connect and engage with all people to reduce social isolation and gain confidence. (Bridgend Farmhouse)	All groups
• community-based listening/counselling support for those who are bereaved to help improve their mental well-being (Cruse Bereavement)	All groups
Negative A number of organisations which currently get grant funding were not successful in their application (numbers noted below). This however does not necessarily mean that the project will be unable to continue. Grant awards were made on the basis that the grant would end in March 2019. Organisations have known for a number of years that a review will be carried out and, have been encouraged over recent years, to become more financially sustainable and seek additional sources of funding. The negative impacts noted below, have assumed that the projects will **not** continue however this will not be the case for many.	
There are 35 organisations which currently get grants and were unsuccessful in their applications (approx. £1.87m). These cover a range of activities targeted at improving health outcomes for; older people (10 projects); carers (6); those with disabilities (2); addictions (1) and mental health problems (1) reducing health inequalities (13) and projects funded through the Health	All Groups

Improvement Fund (2). In particular, there is a reduction in the number of projects and amount of funding which is dedicated to providing older people's services. Of the 33 projects which currently provide services only for older people, 23 will continue to get grant funding (previously funded at approx. £1.6m) and 10 will not (£0.8m). 4 new projects directed at older people will be funded. (£125,344) (figures should be taken as indicative only as direct comparison between current grant programme and new programme is not possible)	Older people
This may result in a reduced number of day care services, lunch clubs, support to connect older people to community services and support for older people from minority and ethnic groups (3 projects which also provide advice)	Older People
It should be noted that in addition to the 27 successful organisations targeted at older people, many of the other successful organisations will provide universal services which will be of considerable benefit to older people and provide specific activities for older people.	Older people/ minority ethnic people
One organisation which provides welfare advice for those with disabilities will not be funded.	Those with disabilities
Six applications submitted in relation to carers, which currently receive funding, were unsuccessful in their applications and 4 current and 1 new project were successful. This may create a gap in service provision and result in poorer health outcomes for carers.	Carers
There is a reduction in drug awareness and education provision, however this was service is mainly directed at schoolchildren and so the majority of those benefitting from the service are outwith the scope of the IJB.	Vulnerable young adults
Funding for neighbourhood/community centres in the north-west Edinburgh, which provide a wide range of locally based services and help enhance health and well-being, will no longer be provided. A project to support community capacity and health activities in the north-east will also no longer receive funding.	Those in/vulnerable to falling into poverty
The core funding application for the community health organisation in the north west of the city was unsuccessful in its application which may result in a	Those vulnerable to falling into poverty

significant loss of health and well-being services in this locality	
A current service aimed at alleviating deprivation and isolation, providing information and advice and to promoting positive health and well-being to minority ethnic people living in Edinburgh was unsuccessful in their funding applications.	Minority Ethnic people
A current project which supports women with mental health issues, or showing signs of dementia, from black and minority ethnic was unsuccessful	Minority Ethnic/women
Projects which deliver a range of creative activities to engage, inspire and improve mental health and well-being of people living in areas of deprivation, were unsuccessful however alternative art and music projects have been successful.	Those vulnerable to falling into poverty/those with mental health issues
Postnatal depression counselling service in parts of the south of the city was unsuccessful in its application which may result in the loss of counselling services and poorer mental health outcomes for vulnerable women	Women
Timebank project in North Edinburgh which helps build social capital and community networks was unsuccessful in its application.	Those vulnerable to falling into poverty
An organisation to work with people with epilepsy and affected by epilepsy in Edinburgh is no longer funded through this programme however the project is part of a National organisation.	Disabled people
An organisation which works with the BSL community to prevent poor health and wellbeing outcomes will no longer be funded.	BSL users

Environment and Sustainability	**Affected populations**
Positive	
The priorities of the grant programme promote healthy lifestyles and strong, inclusive and resilient communities and the successful funding applicants will work to achieve this.	All groups but especially those who are socially disadvantaged
Funding has been awarded to a befriending through	Older people

gardening project which will encourage attractive, green space.	
Funding has been awarded to Changeworks, Heat Heroes which will help improve energy efficiency and reduce greenhouse gas emissions	Those in poverty/all groups
The community transport project will continue to be funded which will help reduce carbon emissions.	Older people
Various new and continuing local projects which use volunteers and help build community cohesion and social sustainability, will continue.	All groups
Negative	
A number of greening projects will no longer be funded, including the community garden project.	All groups
Various current local projects which use volunteers and help build community cohesion and social sustainability, will continue.	Those in poverty

Economic	**Affected populations**
Positive	
The move to 3-year funding should improve the stability of employees' jobs. It will also help provide continuity of service delivery.	All groups
The reduction of health inequalities continues to be a priority.	Those in poverty/all groups
The provision of welfare advice services will be co-produced across the city and provide the opportunity for a more efficient, city-wide, joined up service	Those in poverty/disable people
Freshstart and Venture Scotland projects will help young people move into positive destinations.	Vulnerable young people
The introduction of a quality threshold during the assessment process helped ensure that the quality of services will be improved.	All groups
Funding to 16 new organisations may create new jobs and volunteer opportunities.	All groups
Negative	
35 organisations which are currently funded will no longer be funded. Some of these organisations will continue to	Staff/volunteers

operate, however, it may lead to the closure of some of the organisations and subsequent loss of jobs and volunteering opportunities.	
A significant number of service users may be adversely affected by these decisions.	All groups

8. Is any part of this policy/ service to be carried out wholly or partly by contractors and how will equality, human rights including children's rights , environmental and sustainability issues be addressed?

No, service provision to be provided through grants

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

A communication plan is to be prepared.

10. Does the policy concern agriculture, forestry, fisheries, energy, industry, transport, waste management, water management, telecommunications, tourism, town and country planning or land use? If yes, an SEA should be completed, and the impacts identified in the IIA should be included in this.

No

11. Additional Information and Evidence Required

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

N/A

12. Recommendations (these should be drawn from 6 – 11 above)

Although a number of current organisations were unsuccessful in their funding applications, it does not necessarily mean that the organisation will close nor that the service will end. Grant holders have known that their current grant award is to end in March 2019 and that a grant review would be carried out. Over recent years, organisations have been encouraged to be more financially sustainable and seek alternative sources of funding and many have been extremely successful in doing so. It should be emphasised that within Section 7, negative impacts have been noted however many of the projects will indeed continue to operate without funding through this programme and the negative impacts will not materialise.

The possible negative impacts in relation to older people services, noted in Section 7 above had been recognised during the interim IIA and so the moderation group were mindful of this during the moderation process. Where possible, older people services projects, which fell above the quality threshold, were allocated funding when possible, particularly those ones that would leave a gap in service provision for example, the Queensferry Church project.

An inevitable consequence of any grant review is that not all existing grant recipients will be successful in their funding applications, particularly when a budget saving is attached. It will therefore not be able to mitigate against all the identified differential outcomes on groups of people with protected characteristics. Consideration however should be given to the following in respect of the negative outcomes in relation to older people.

- The MATT Group, who meet daily to discuss the discharge of patients, should be encouraged to utilise on-line information and help steer patients to participate in appropriate community services on release from hospital.
- Consideration should be given to the implications which ending funding to unregistered day services may have on the registered services. This, and any gaps in provision of service, should be considered as part of the Older People's Day Services Review.

A number of carer services were unsuccessful in their application and any gaps in carer provision should be considered as part of the development of the Carers' Strategy

Any gaps in service provision which may arise, should be considered as part of the development of the Strategic Commissioning Plans.

There may be some loss of service provision which is aimed at alleviating deprivation and isolation for specific minority ethnic groups living in Edinburgh. The current service users of these organisations should be encouraged to participate in services provided by other providers and encourage cultural bridging.

Unsuccessful applicants should be directed to information sites containing information regarding alternative funding sources and advice.

Information/training sessions will be developed and support provided.

13. Specific to this IIA only, what actions have been, or will be, undertaken and by when? Please complete:

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	**Who will take them forward (name and contact details)**	**Deadline for progressing**	**Review date**
Discussions should take place with the MATTs, as indicated above	Grant Review Steering Group Moira Pringle	March 2019	
Discussions should take place with those carrying out the older people day services review, as indicated above	Grant Review Steering Group Moira Pringle	March 2019	
Discussion should take place with those developing the Carer Strategy to try and ensure any gaps in carer provision is addressed through the Carer Strategy	Grant Review Steering Group Moira Pringle	March 2019	
Any gaps in service provision which may arise, should be considered as part of the development of the Strategic Commissioning Plans.	Grant Review Steering Group Moira Pringle		
Unsuccessful applicants should be directed to web-sites containing information regarding alternative funding sources and advice.	Grant Review Steering Group Moira Pringle	December 2018	
Information/training sessions will be developed and consultancy support provided for grant applicants.	Grant Review Steering Group EVOC	March 2019	

14. How will you monitor how this policy, plan or strategy affects different groups, including people with protected characteristics?

A grants evaluation process is to be set up and this will be considered as part of this process.

15. Sign off by Head of Service/ Project Lead

Name

Date

16. Publication

Send completed IIA for publication on the relevant website for your organisation. See Section 5 for contacts.

Section 5 Contacts

- **East Lothian Council**

Please send a completed copy of the IIA to equalities@eastlothian.gov.uk and it will be published on the Council website shortly afterwards. Copies of previous assessments are available via http://www.eastlothian.gov.uk/info/751/equality_diversity_and_citizenship/835/equality_and_diversity

- **Midlothian Council**

Please send a completed copy of the IIA to zoe.graham@midlothian.gov.uk and it will be published on the Council website shortly afterwards. Copies of previous assessments are available via http://www.midlothian.gov.uk/downloads/751/equality_and_diversity

- **NHS Lothian**

Completed IIAs should be forwarded to impactassessments@nhslothian.scot.nhs.uk to be published on the NHS Lothian website and available for auditing purposes. Copies of previous impact assessments are available on the NHS Lothian website under Equality and Diversity.

- **The City of Edinburgh Council**

Completed impact assessments should be forwarded to Strategyandbusinessplanning@edinburgh.gov.uk to be published on the Council website.

- **City of Edinburgh Health and Social Care**

Completed and signed IIAs should be sent to Sarah Bryson at sarah.bryson@edinburgh.gov.uk

- **Edinburgh Integration Joint Board**

Completed and signed IIAs should be sent to Sarah Bryson at sarah.bryson@edinburgh.gov.uk

- **West Lothian Council**

Complete impact assessments should be forwarded to the Equalities Officer.

Item 5.3

Report

Draft Edinburgh IJB Strategic Plan 2019-2022
Edinburgh Integration Joint Board

14th December 2018

Executive Summary

1. The Integration Joint Board (IJB) has been on a journey throughout 2018 to develop its Strategic Plan in a way that is co-produced, action-focussed and person-centred. The 'Draft Edinburgh IJB Strategic Plan' attached as Appendix 1 is a culmination of the work of many different people and groups throughout this year and builds on the foundation of the first IJB Strategic Plan for 2016-2019.

2. The overarching plan is supported by commissioning plans for specific groups. Subject to approval from the IJB, the draft Strategic Plan and Commissioning Plans will be published for a three month official period of consultation with members of the public. It will then be edited in consideration of the feedback received and will come back to the IJB for final approval before being published in April 2019.

Recommendations

3. The Integration Joint Board is asked to:

    a. Approve the draft plan and appendixes and agree that they can be published for consultation

    b. Agree that the final plan will be reviewed for approval subject to the three month official period of consultation

    c. Agree the engagement plan for the consultation

    d. Agree that a final plan will come back to the February meeting of the IJB with Directions linked to finance, with clear options for the IJB to deliberate

Background

4. In September 2017, in recognition of its lack of detailed plans for key service areas, the IJB mandated the production of Outline Strategic Commissioning Plans (OSCPs) for Older People, Learning Disabilities, Physical Disabilities, Mental Health, and Primary Care. These officer-led pieces of work were presented to and agreed by the IJB in January (Older People, Learning Disabilities, and Mental Health) and March 2018 (Primary Care and Physical Disabilities). It was agreed at this point that these OSCPs needed to have considerable additional detail and to modify their approach to engagement.

5. Reference groups for Older People, Disabilities, Mental Health and Primary Care were established between March and June 2018. The groups were chaired by an IJB member, and the chairs had discretion to invite onto the groups whoever they felt they needed to to meet a brief of creating a broad guiding coalition. These Reference Groups were supported by officer-led Working Groups.

6. The Reference Groups have been working with their members and various sub groups throughout 2018 to produce the Draft Strategic Commissioning Plans, which are attached as Appendix 1.

7. The overarching Strategic Plan is informed by the work of the Strategic Planning Group to develop the vision, values and priorities for the IJB and to agree the cross cutting themes, which have been described as ‘Enablers’.

8. The Edinburgh Health Information Key Issues document has been produced by colleagues in public health to provide an update to the Joint Strategic Needs Assessment published in 2016. This information highlights the significance of inequalities on health and provides key context for the strategic plans.

Main report

9. Reference groups were established for each area of the plan, chaired by IJB members. It was agreed that the two disabilities plans should have one reference group with co-chairs. The reference groups and the chairs are listed below:

Reference Group	Chair	Strategic Planning Lead
Older People	Ricky Henderson	Katie McWilliam/Nickola Paul/Andrew Coull
Mental Health	Mike Ash	Linda Irvine/Colin Beck

Learning and Physical Disabilities	Ella Simpson and Angus McCann	Mark Grierson
Primary Care	Melanie Main	David White

10. The reference groups have met on a monthly or bi-monthly basis throughout 2018. At these meetings, they have discussed the development of different areas of the plans and have overseen the direction of travel.

11. The reference groups have been supported by various working groups who have taken forward actions and projects to develop the plans. This has included various mapping projects to ensure that the plans are informed by sound evidence, testing out new concepts and tools and exploring new ideas which will inform future improvements. The Draft Strategic Plan and the Draft Strategic Commissioning plans at Appendix 1 are a culmination of this work.

12. The plans reflect the strategic direction set by the IJB, which means that some of the proposals in the plan may be subject to further engagement and the production of a business case to enable operational delivery.

13. The commissioning plans have adapted over the year, to the extent that two have changed their names. The mental health strategy has adopted the title 'Thrive Edinburgh' to reduce some of the stigma that is associated when describing mental health services. The older people's strategy has been named 'Ageing Well' to reflect the fact that it is not only a plan for older people, but for people who will age.

14. In July 2018, the 'Primary Care Improvement Plan' was approved by the IJB, and this underpins the implementation of the new General Medical Services contract for General Practice. This forms the basis of the Primary Care Commissioning Plan and has been the focus of the activity of the reference group. It has therefore followed an altered timescale and has conducted much of its consultation activity already. This involved extensive discussions with GP colleagues to ensure that there was buy into the approach suggested in the plan and reflected changes required by the new GP contract. It would be fair to say that the significant focus on implementing PCIP has meant that there is additional work to be completed for a true primary care strategy, but there is clarity on the direction of travel and the sustaining and role of primary care both as entity and as a key interdigitation with the other main areas of EIJB's work.

15. The reference groups have also overseen various engagement activities throughout the year. There were a series of public engagement events which asked people for their thoughts on various elements of the ageing well plan in

October 2018. There we got feedback from over 100 people, which has informed the plan. We have established citizen forums for learning and physical disability to gain feedback on the plans from people who have lived experience of using our services. Officers have also spoken to over 100 people by attending other groups and forums attended by people who have a disability. This has provided invaluable feedback to develop the priorities within the disabilities plans. The Thrive Edinburgh reference group held a series of workshops to develop elements of the plan and have had extensive user involvement in the development of the plan including from the Royal Edinburgh Hospital Patient's Council.

16. Audit Scotland's recent report on Integration of Health and Social Care cites Edinburgh's approach to engagement in the development of its Strategic Commissioning Plans as one of 7 examples of good practice from integration.

17. For the next three months, it is important that we continue this good engagement work by putting our plans online and actively seeking feedback on them from people we work with and members of the public. This feedback will then be summarised and used to inform the final draft of the Strategic Plan, which will be published subject to approval by the IJB.

18. In early 2018, the 'Cross Cutting Principles' document was agreed by the SPG and IJB. This outlined principles which underpinned the strategic planning process for the development of the 2019-2022 plan and were considered by all of the Reference Groups as part of the strategic planning process. As well as being threaded through all of the commissioning plans, these principles have been described as 'Enablers' in the overarching Strategic Plan.

19. The Strategic Planning Group also had a number of sessions throughout the year to review the Vision, Values and Priorities of the Strategic Plan. They agreed that many of these elements remained the same, and this is reflected in the overarching Strategic Plan.

20. The Edinburgh Health Information Key Issues document has been produced by colleagues in public health to provide an update to the Joint Strategic Needs Assessment published in 2016. This information highlights the significance of inequalities on health and provides key context for the strategic plans.

21. The final version of the Strategic Plans and Strategic Commissioning Plans will be brought back, with financial plans and final Directions, to the IJB in February. The overarching document shared with the IJB at this point provides the appropriate strategic headlines from the Strategic Commissioning Plans.

Key risks

22. There is a risk that the plans are not affordable within the 2019-2022 budgets and will not be able to be approved by the IJB in 2019. This will be mitigated by having clear understanding of the financial implications of the plans and by presenting options to the IJB, including the future financial risk of choosing not to invest.

23. There is a risk that we do not get comprehensive consultation on the draft plans. This is mitigated by the proposals within the Draft Consultation Plan.

24. There is a risk that the plans will not inform clear, measurable directions, which are tracked by the IJB. This has been mitigated by the development of a 'Directions Template' which includes sections on when the direction will be reviewed by the IJB, and how the impact of the direction will be measured.

Financial implications

25. The Strategic Plan and Commissioning Plans have been developed with an awareness of the current financial pressures and the changing demographics which may lead to an increased spend in the future. The focus on prevention means that they look to the future sustainability of health and social care services, which makes it challenging to measure in year savings.

26. The proposals in the Strategic Plan and Commissioning Plans need to have more financial detail so that the IJB understands the implications of approving the plans. This is something which officers will develop over the coming months so that IJB members can be presented with options for investment.

Implications for Directions

27. In order to implement the actions described in the plans, they will need to be translated into IJB directions to the Edinburgh HSCP and NHS Lothian. The Commissioning Plan for 'Thrive Edinburgh' describes clearly what the proposed directions are, and we need to do this for the other commissioning plans and some elements of the overarching plan. Proposals for directions will come to the IJB alongside the final Strategic Plan and Commissioning Plans.

Equalities implications

28. The Strategic Plan and Commissioning plans have been developed with equalities in mind; however, to ensure we explicitly consider the interests of protected groups in all of the plans, we are committing to conduct Integrated Impact Assessments on each element.

Sustainability implications

29. The purpose of the Strategic Plan is to ensure that health and social care services in Edinburgh are sustainable, high quality and person centred.

Involving people

30. The draft plans have been developed in conjunction with colleagues from the third sector, carer representatives, citizens, health and social care staff and housing colleagues through the reference groups and with the representatives on the Strategic Planning Group. There have also been a series of staff and public engagement events to ensure that the plans were developed with and checked by people who will be using and delivering health and social care services.

31. There is a draft engagement plan for the consultation between January and March, which aims to ensure we get a broad range of feedback on the proposals. This is attached as Appendix 2.

Impact on plans of other parties

32. By nature, the plans include an element of market shaping and describe elements which impact upon private and third sector organisations.

Background reading/references

Edinburgh Health and Social Care Partnership Strategic Plan 2016 - 19

Report author

Judith Proctor

Chief Officer, Edinburgh Health and Social Care Partnership

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Appendices

Appendix 1	Draft Edinburgh IJB Strategic Plan 2019-2022 and Appendixes
Appendix 2	Draft Edinburgh IJB Consultation Plan Jan-Mar 2019

Appendix 1

Edinburgh Integration Joint Board

Draft Strategic Plan 2019 – 2022

Working together for a caring, healthier, safer Edinburgh

NHS Lothian · EDINBVRGH · THE CITY OF EDINBURGH COUNCIL

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Appendix 1 – Edinburgh Health Information Key Issues

Appendix 2 – Long Term Conditions Plan

Appendix 3 – Health and Wellbeing Outcomes

Appendix 4 – Ageing Well Commissioning Plan

Appendix 5 – Thrive Edinburgh Commissioning Plan

Appendix 6 – Learning Disabilities Commissioning Plan

Appendix 7 – Physical Disabilities Commissioning Plan

Appendix 8 – Primary Care Commissioning Plan

Appendix 9 – Housing Contribution Statement

Appendix 10 – Directions

Appendix 11 – Engagement and Communication Plan

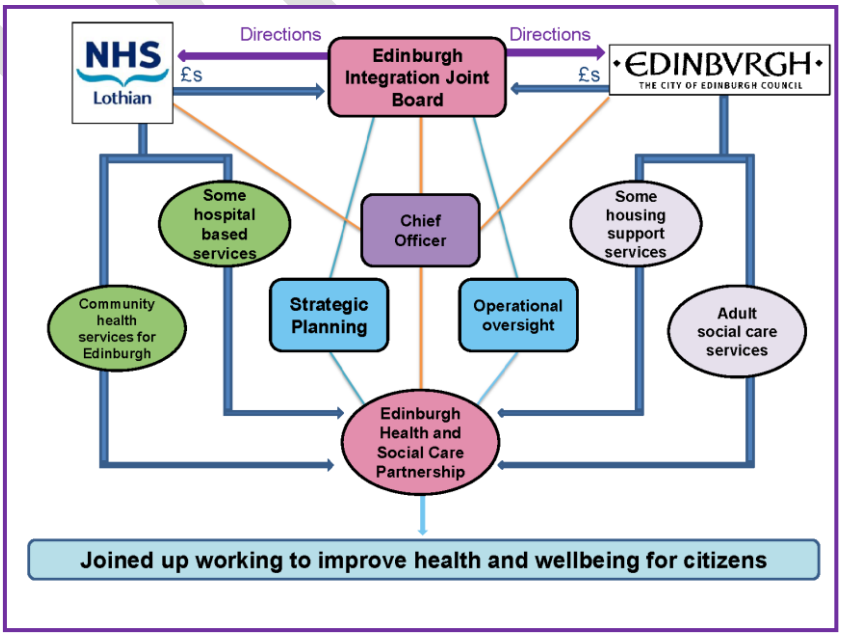
1. Foreword by the Chair and Vice-chair of the Integration Joint Board

To be added following feedback from consultation.

2. Integrating Health and Social Care

In 2014 the Scottish Government passed the Public Bodies (Joint Working) (Scotland) Act, bringing together the planning and operational oversight for a range of NHS and local authority services for adults in each local authority area under a single body. The purpose of the legislation is to improve the overall health and wellbeing of the population of Scotland by delivering efficient and effective joined up health and social care services.

In Edinburgh, the Integration Joint Board (IJB) is the body responsible for the strategic planning of the services delegated by the legislation. As a separate and distinct legal entity from City of Edinburgh Council and NHS Lothian, the IJB 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 (the Partnership), led by the Chief Officer, although some are managed by NHS Lothian on our behalf. These are referred to as "hosted" or "set aside" services. Table 1 illustrates the relationship between the Integration Joint Board, the Health and Social Care Partnership, NHS Lothian and the City of Edinburgh Council.



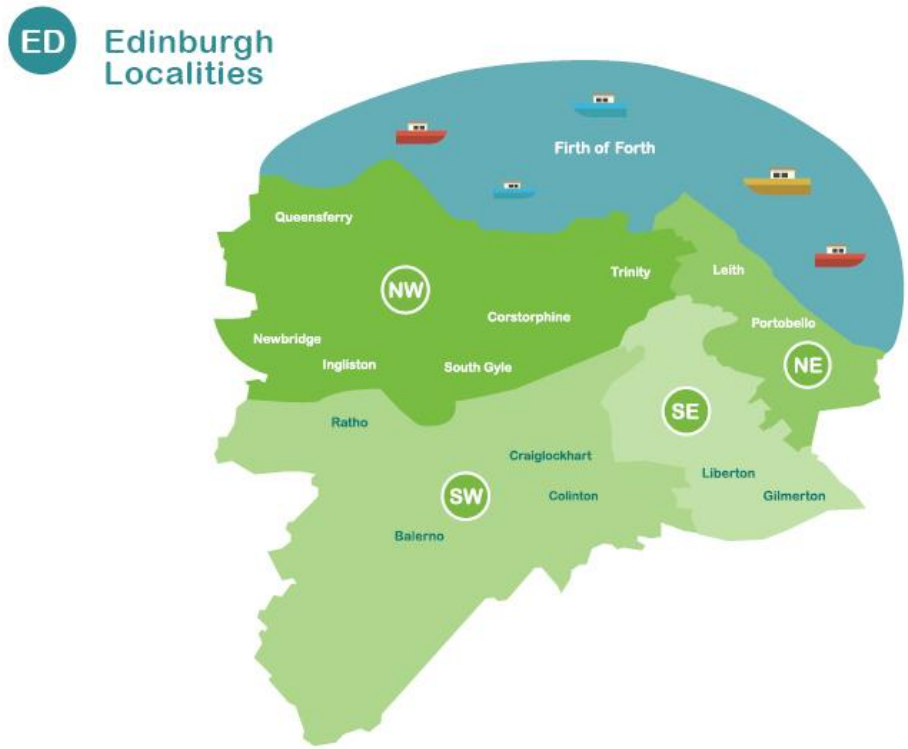
The IJB is responsible for a health and social care budget of around £700 million, delegated from NHS Lothian and the City of Edinburgh Council. This Strategic Plan sets out how the IJB will direct services to be developed and changed over the three years from April 2019 using the resources available to meet the changing needs of the population and achieve better outcomes for people.

The services delegated to the IJB are described in Table 2, below:

Adult social care services	**Community health services**	**Hospital based services**
• Assessment and care management – including occupational therapy services • Residential care • Extra care housing and sheltered housing (housing support provided) • Intermediate care • Supported housing – learning disability • Rehabilitation – mental health • Day services • Local area coordination • Care at home services • Reablement • Rapid response • Telecare • Respite services • Quality assurance and contracts • Sensory impairment services • Drugs and alcohol services • Adaptations	• District nursing • Services relating to an addiction or dependence on any substance • Services provided by allied health professionals (AHPs) • Community dental services • 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 • Prison health care service • Services to promote public health * includes responsibility for those aged under 18	• A&E • 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 • Cardiology medicine • Infectious diseases medicine

The Integration Joint Board is a member of the Edinburgh Community Planning Partnership and the Health and Social Care Partnership is one of the eight strategic partnerships that support the delivery of the council's community plan. The role of the Edinburgh Community Planning Partnership is to ensure that there is a coordinated approach to planning public services through the development of a community plan for the city. The IJB has contributed to the most recent community plan and supports the focus on reducing poverty and tackling inequalities. A council wide focus on these issues is critical to addressing inequalities in health outcomes, because these are caused by general inequalities in society, which cannot be solely addresses by health and social care.

The health and social care partnership is set up to deliver services on a locality basis, this means that they can work closely with partners in communities such as council services, the fire service and the police. Therefore, by working with our partners in the community, we can influence decisions which impact on the wider determinants of health, such as the economy and jobs, benefits realisation and housing. Working in localities in partnership also means we can work together to work with and engage local communities.



3. Context

The context in Edinburgh and our predictions for the future have not altered dramatically since the last iteration of the IJB strategic plan. There are some positive foundations in the city which this plan builds upon, such as the health and social care partnership's continuing positive relationship with our vibrant third sector, a buoyant economy with high rates of employment and a population of people who are generally staying healthier for longer in their communities.

However, the Edinburgh Integration Joint Board continues to face the three major challenges outlined in the previous plan:

1. An increase in demand for health and social care services that is expected to continue due to a combination of factors including:

    - growth in the number of people living in the city
    - increased life expectancy in the overall population which means that people are living longer but not necessarily healthier lives
    - increased life expectancy amongst people with complex health conditions as a result of advances in medical science
    - an increase in the prevalence of long term conditions in the population overall
    - health improvements are not equally experienced in all areas of Edinburgh, with our areas of highest deprivation still using a larger proportion of health and care services

2. Changes in social policy and public expectations about the health and social care services that local authorities and the NHS should provide.

3. The financial climate which has resulted in the need for both the NHS and local authorities to meet the increased demand for services with less resources in real terms. Over the last three years, we have had particular challenges in recruiting and retaining within our care at home workforce to meet demand.

The challenges that are more specific to Edinburgh are set out in our Edinburgh Health Information Key Issues document which is attached as Appendix 1.

4. Our Strategic Plan

The Integration Joint Board intends to deliver its vision for a Caring, Healthier, 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 Strategic Plan aims to address some of the challenges we face by:

1. delivering health and social care services in a way which supports people to be well at home for as long as possible, being cognisant of the impact and influence of health and social care services on health inequalities
2. providing the right care at the right time, in the right place
3. providing high quality, person centred ongoing care when people need continuing support at home

It is a legal requirement that the IJB publish a strategic plan every three years setting out how the services and budget it is responsible for will be used to deliver a set of national health and wellbeing outcomes detailed in Appendix 3.

We have chosen to develop four strategic commissioning plans which make up chapters of the overall plan. These areas were identified as key priorities for improving the way we deliver health and social care. There are commissioning plans for primary care, disability services, mental health services and services for older people. The plans are attached as Appendixes 4-8. The plans have been developed by reference groups chaired by IJB members, and have been co-produced by the groups, which have included representatives from housing, carers, citizens, service user representatives, housing colleagues, front line staff, third sector and the independent sector.

5. Vision and Values

Integration Joint Board Vision Statement - 'Working together for a caring, healthier, safer Edinburgh'

What will our system look like in 2022?

- Service users empowered to design their own care (through the design of services and the consistent use of good conversations)

- Services are joined up and work together
- People gain access to services in a timely manner
- Success is measured based on outcomes for people
- Third sector services in communities are supported to meet the needs of people who fall below statutory criteria
- People know what services are available and how to access these services through a single point of contact
- People are supported to navigate systems at key stages of their journey (e.g. through link workers in GP practices)
- Service users are involved in designing new services
- Carers are supported to carry out their role in a way that supports the carers health and wellbeing
- We have a skilled and motivated workforce
- Shift to early intervention and prevention, working more closely with children's services

The values of the Edinburgh IJB combine the values of NHS Lothian and Edinburgh City Council:

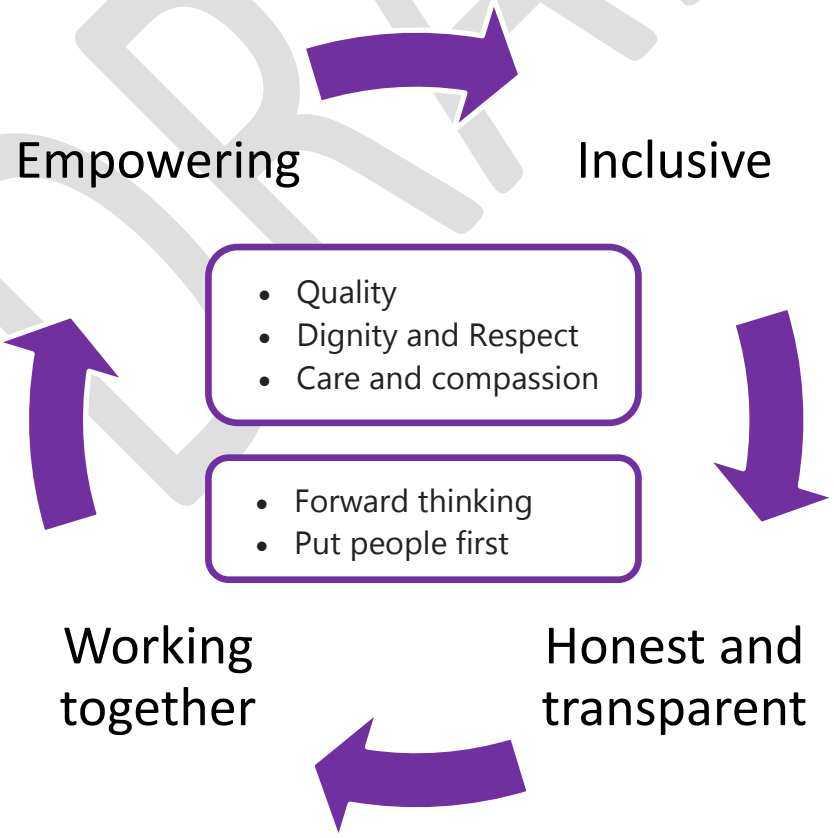


Diagram 1 – IJB Vision and Values

6. Priorities and Principles

The IJB's Strategic Planning Group discussed the priorities for the 2019-2022 strategic plan in July 2018. There was widespread agreement that the priorities identified in the previous iteration of the plan were still the right ones.

These priorities match with the three main principles which are threaded through each of the commissioning plan chapters:

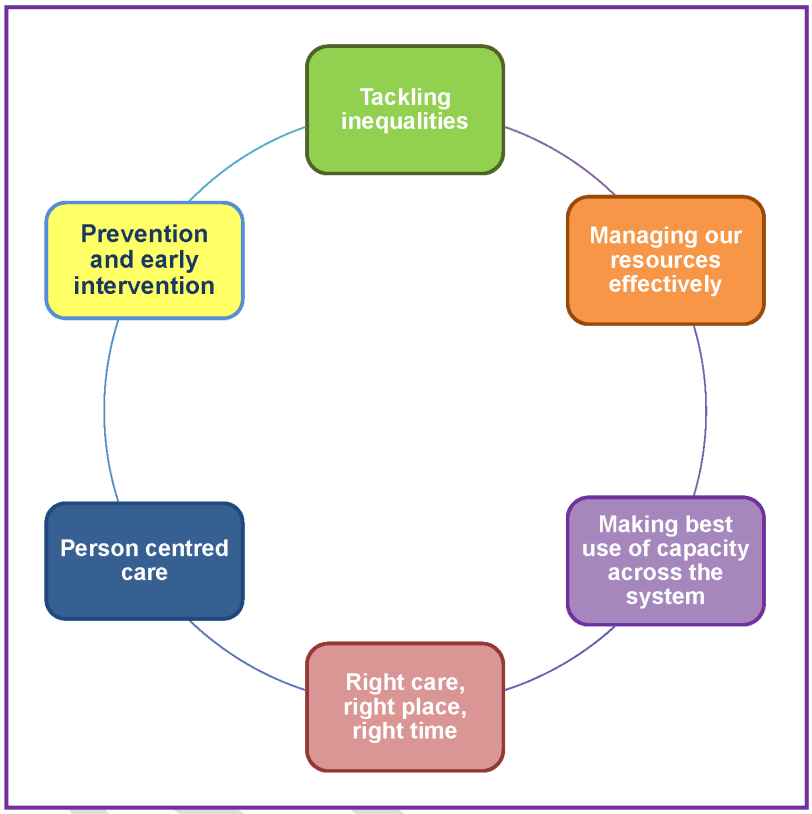


Diagram 2 – IJB Priorities

1. delivering health and social care services in a way which supports people to be well in communities for as long as possible, being cognisant of the impact and influence of health and social care services on health inequalities
2. only providing acute hospital care when it is medically required, providing the right care at the right time, in the right place, when people need help
3. providing high quality, person centred ongoing care when people need continuing support at home

<u>Keeping people well in communities - "Listen and connect"</u>

Prevention and early intervention

The Christie Commission suggested that at least 40% of public service spend in Scotland was on issues that could have been prevented by taking action earlier. Our locality focus means that we have established links with community resources and assets to ensure people have the opportunity to access preventative opportunities which will help them keep themselves as healthy and independent as possible. Helping people build and maintain social networks, preventing falls, increasing physical activity,

Tackling inequalities

supporting unpaid carers and intervening early when long term conditions develop are key components of our approach.

We know that to improve the way we support people in communities we need to change the way people access services. Our current system operates on a basis of directing people to services and adding them to waiting lists. We are going to redesign the front end of our services, in particular the social care direct phone line, to ensure that people are supported there and then wherever possible. A large element of the success of this will also be to have clear and transparent information on the services available to support people within their communities.

Prevention and early intervention

Tackling inequalities

One of the key strands of our preventative activity sits within general practice - we know that many people are supported by their GP in the community and as a result don't need to access hospital services. We need to support our practices to build on this good work. The Primary Care Improvement Plan published in July 2018 outlines the key areas where we need to invest to support the sustainability of general practice. This includes funding additional healthcare workers to take on some of the GP workload, because we struggle to recruit enough GP's. In addition, our Linkworker programme, which has been trialled for the last two years in Edinburgh, aims to navigate and connect people in our most deprived areas to local services. Early evaluation has suggested this programme has been successful in supporting people, and we know that this has resulted in waiting lists for some of our community services. Our grants programme has been focussed on funding programmes which prevent ill health and which tackle inequalities, which should mean funding for some of the services which now have waiting lists. This has also been addresses within our mental health plan, in chapter Y.

Prevention and early intervention

Tackling inequalities

One of the other important elements of prevention and keeping people well in communities, which features in all of our commissioning plans, is housing and the use of technology. These are described as enablers later in this plan.

Providing the right care, at the right time, in the right place - "Support in times of crisis"

Managing our resources effectively

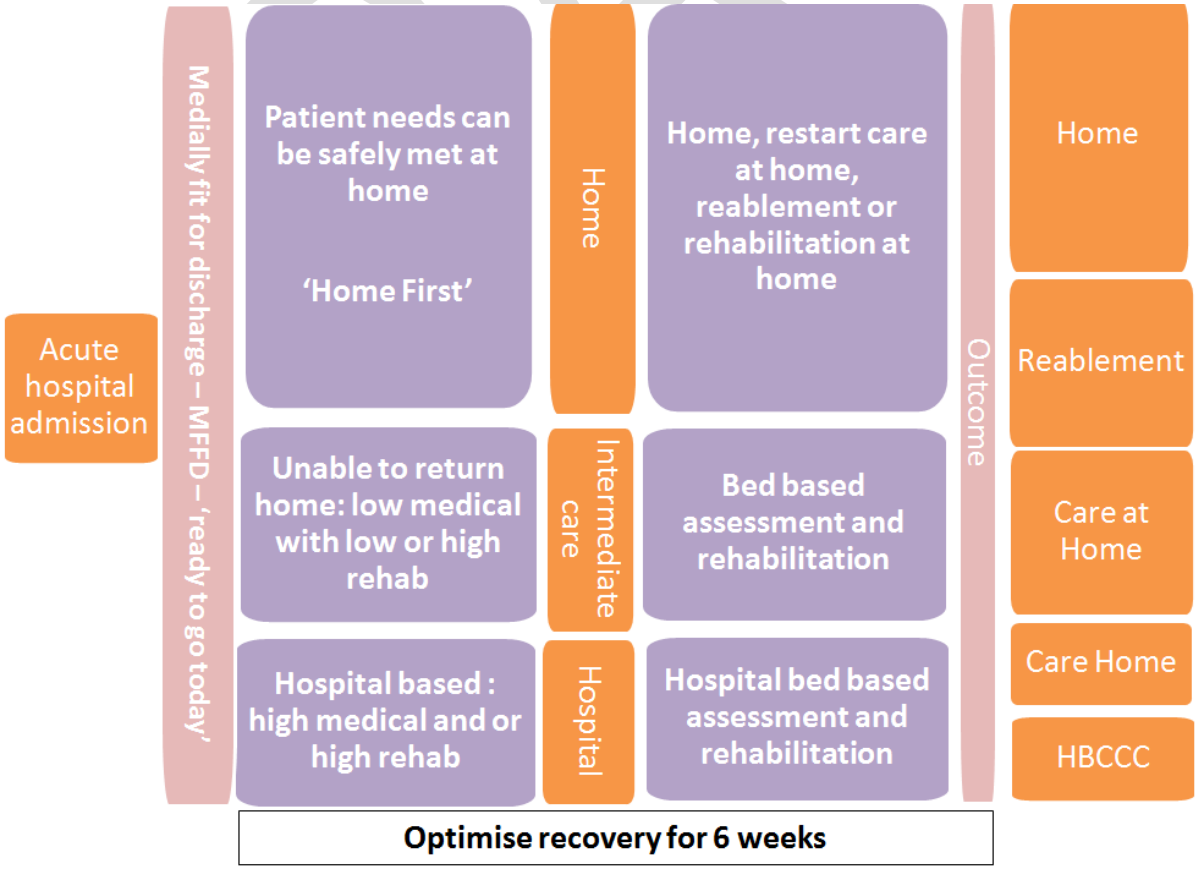
The use of statutory services, including bed based hospital services, is a key part of what we want to commission, but we want to see these as the last option; and that we use them for the minimum possible period of time, with clear therapeutic intent.

Making best use of capacity across the system

We want to help people return to as much independence as possible in their own homes and communities. Our pathways and planning will be focussed on community services as the front line and to shifting resources to support this as much as we possibly can. We will use clear and understandable pathways so people can return to their own homes smoothly. We want to see institutions as a temporary diversion rather than a destination for longer term care – the principles of which are described in Diagram 3, below. There should be a staged approach to care with clear step down in each of our services. These are described in more detail in our strategic commissioning plans in chapters 8-11 of this plan.

Right care, right place, right time

Diagram 3 – Pathways from Acute to Community



High quality, person centred on-going support - "A good life"

If people do need long term care, we are taking steps to create the capacity in the community so that people can receive care at home or in a care home. This includes making sure we support people to get the care which fits their individual needs by having good conversations with them and considering the other assets that people already have in their lives.

Care should not be dictated to people, but shaped around what people think would help them to live as independently and happily as possible. We will also use Self Directed Support (SDS) options to ensure that people have control over how they use their budget for care support. We will ensure people continue to get the level of care they need and want by reviewing their care needs regularly and adapting packages to meet the level of need. We will also work with providers of care to give them more control over the assessment and review processes so that they can take decisions around adapting packages of care. Additionally, we are setting up our contractual arrangements in a way which supports organisations to offer their services using SDS options.

7. Enablers for Success

Carers

Carers are a key part of the health and social care workforce. We know that there are hundreds of people in Edinburgh who care for a family member or friend, often on top of working and other caring responsibilities such as childcare. We have a carer's team who support this group who have been developing a Carer's Strategy. This describes the various services we have available to support carers, including respite from caring, which involves carers receiving a small budget which they can spend to get a break from their caring role – whatever that looks like for them.

In 2018 we have rolled out the John's Campaign to all care homes in Edinburgh and the IJB have endorsed this approach. The John's campaign advocates for carers to be involved with planning and decision making for the person they care for.

Throughout 2018, we have been piloting a new carers assessment tool, which can be used by health and social care staff and the independent and third sector, to assess someone's needs as a carer and to work out what support they may be entitled to. This tool is a simplified version of our current carers assessment tool and the ambition is to reduce the bureaucracy in getting carers the support they need. More information on our plan for carers will be included in the Carer's Strategy.

Workforce

The successful delivery of high quality health and social care services is underpinned by having an appropriately resourced, trained and qualified workforce. Our dedicated, compassionate, caring staff deliver services which are essential to people's lives, and our services could not be delivered without them.

Unfortunately, we are facing significant challenges relating to our workforce. We know that many of our nurses are entitled to retire in the next few years, which will leave a gap. We have identified the extent of the issues within our workforce plan and are working with the Scottish Government, Universities and Colleges to try to address some of this shortage. The workforce plan also outlines similar challenges relating to social work staff and care workers, which we are also working to address. This year we have had a particular focus on care at home due to the challenges recruiting and retaining staff, and subsequently organisations not being able to provide packages of care which leads to people waiting in the community and in hospital.

Housing

Edinburgh Council has committed to build 20,000 affordable homes over the next 10 years and part of that commitment is to build 4,500 homes which support health and social care services. This means that we will have more homes which are more accessible, designed to support people who require additional support and are easily adaptable as people's needs change. There are also wider considerations for housing such as ensuring people's housing enables them to be healthy (e.g. not damp, warm enough), reviewing our adaptations service and creating affordable housing for our health and care workforce. We are also working closely with housing colleagues to plan for more housing to meet the needs of our homeless population. These issues and some of our solutions will be more fully described in our Housing Contribution Statement.

Transport

Working with our colleagues in transport to develop the infrastructure is integral to delivering sustainable, accessible services. We will support the Transport 2030 Vision and work with colleagues to deliver its ambitions. The priorities of the plan support people to be healthier by enabling more active transport and to reduce the impact of pollution on people's health. It also prioritises accessibility of transport links, which includes ensuring we consider this when we build new homes.

Engagement and Communication

As part of the development of this plan, we have worked with staff and members of the public to ensure that their ideas have been included in our plan. We know that we need to be better at doing this on an ongoing basis, and we also know we need to improve our website to improve our information sharing and communication. In 2019 we will update our current website, with a view to a completely new website in the next few years. We are developing a communications and engagement strategy to support this work.

Equalities

Equal access to services for all, committed to conducting Integrated Impact Assessments for this plan to ensure we have considered the needs of all protected groups.

Transitions

Across health and social care services there are multiple transitions that people go through and we know this can be a stressful time for people and their families. As a principle we want to develop transitions across pathways to ensure we have clear information, good communication as early in the process as possible and clear, simple pathways.

SDS and Commissioning Approaches

We will place a premium on flexible commissioning; allowing providers to conduct assessments and adapt care as necessary and to use SDS options. This will be reflected in the contracts we write over the next three years. We will also ensure we commission based on outcomes for people receiving care.

Shifting the balance of care

Each of the plans focuses on how we increase our community capacity to deliver services and reduce our spend on acute hospital care. This is built on the understanding that to reduce our demand on acute care, we must invest more to support people to be well in communities.

Long-term Conditions

In Scotland, it is estimated that 47 percent of the adult population have at least one long term condition and the number of people who live with multiple and complex conditions is growing[1]. Common long term conditions include epilepsy, diabetes, heart disease, arthritis, chronic pain, asthma and chronic obstructive pulmonary disease (COPD). In Edinburgh we estimate that 23% of people have at least one long term condition and 37% of these people have two or more long term conditions[2], known as multimorbidity. Much of the health service is designed to care for each condition in isolation. People with multiple long term conditions often experience disjointed services and have a high 'burden of treatment' from the various professionals who support them to manage their conditions.

We have a dedicated long term conditions team which support a number of projects which enable preventative activity and community based support for people with long term conditions. This covered in more detail in the Long Term Conditions plan at Appendix 2.

Technology and Systems

Technology provides an opportunity to enable people to be independent at home for longer and there are some exciting advancements we have made and will make over the next few years. However, we recognise that we still have improvements to make within our own organisational IT systems. Staff frequently report IT and systems as their main barrier to doing their roles effectively. We need to take a number of steps to address this, working with council colleagues on the re-provision of the SWIFT system, which is how social care data is recorded.

We also know that technology is playing an increasingly important role in keeping people well at home for longer. New innovations mean that technology can replace some of our traditional care services, for example, using systems to set up automated medication prompts. We have identified technology champions within our locality teams who will be trained and up to date in the latest technologies available. We

have also set up a smart house in conjunction with Blackwood Housing Association to showcase the latest technologies and to encourage people to visit and to see and test out what might be available to support them. As a result of this development, we also need to review the role of the SMART centre, which is based at the Astley Ainslie Hospital.

Volunteering

The Edinburgh IJB continues to recognise and support the role that volunteers play in supporting people to be well in communities. We have a close relationship with our third sector, which recruits many volunteers to enable the delivery of services. The health and social care partnership will continue to support the Edinburgh Compact in developing Edinburgh's Third Volunteering and Active Citizenship strategy (VACS), which is currently being developed.

8. Monitoring Performance

In order to ensure that the IJB can measure performance against the things we say we will do in our plan, we are ensuring that the directions coming from the plan have clear performance indicators included. There is also a designated review date specified in the direction for each.

This is in addition to the regular update to the IJB on the core suite of integration indicators, the Ministerial Steering Group measures and our local performance indicators.

Engagement action plan – Draft Strategic Plan for the Edinburgh Health and Social Care Partnership

1 Background

As an IJB and a Partnership, we must produce a strategic plan for the Scottish Government explaining how we will plan and deliver services in the medium term (3-5 years).

The strategic plan explains how we will achieve the Scottish Government's Health and Wellbeing objectives in Edinburgh.

The strategic plan covers adult health and social care services (for age 18+) and is split into five sections:

- older people
- mental health
- learning disabilities
- physical disabilities
- primary care.

There are also some areas that relate to all sections of the plan. This covers subjects like carers, housing, volunteering, transport etc.

This engagement activity will ask for views of the final draft of the Strategic Plan for 2019-2022.

2 Dates

The engagement will take place between 3 January and 21 March 2019. The feedback gathered will be looked at on an ongoing basis throughout the consultation period, and will be fully evaluated between 21 and 29 March 2019. The full Strategic Plan is due to be published on 1 April 2019. The plan will be made available to members of the public on the Consultation Hub, and emailed to anyone who gave us feedback if they requested this.

3 Objectives

- To ensure that the Health and Social Care Staff Group, our partners, service user groups and citizens have access to and understand the Draft Strategic Plan
- To gain the views of the above groups on the parts of the draft plan that could change
- To ask the above groups if they feel we have missed anything important

4 Key messages

- The Strategic Plan will shape the way that the Edinburgh Health and Social Care Partnership will operate and deliver services for the next three years
- The way Health and Social Care services are delivered affects almost everyone in the city, so it's important to have your say
- This is part of wider and ongoing engagement with citizens and stakeholders
- Results of feedback received will be shared via the Consultation Hub and emailed to anyone who gave us feedback if they request this.

5 Risks

Risk	Solution?
Participants will think that aspects of the plan can be changed that can't.	The engagement materials will make clear what can be changed and what can't
Participants will feel that the material is too complicated/not accessible	The materials will be broken down into smaller, more specific chunks, and an easy read version of the plan will be made available
Groups and citizens in the city may miss communications around this consultation period	We will work closely with third sector colleagues, and build upon engagement which has already taken place
Information is not accessible	work with partners who can make the plans accessible i.e. Deaf Action

6 Audience

As 99% of citizens in Edinburgh use Health and Social Care services in some way, in theory our audience is everyone living within the City of Edinburgh boundaries. However, the reality is that most citizens will not engage with consultations unless the subject directly affects them at the time. Therefore, efforts will be focussed on key stakeholders and service user groups:

- Edinburgh Health and Social Care Partnership staff
- third sector organisations
- independent sector organisations
- current service users and service user groups:
    - learning disability and autism
    - physical disability inc. sensory impairment
    - older people and people with dementia
    - long term conditions
    - BME communities
    - socially isolated
    - mental health and substance misuse
    - carers

7 Method

The full draft plan plus and easy read/accessible version will be available on the Consultation Hub. Relevant parts of each section will be extracted and explained in further detail if necessary. As well as questions about the overall plan, there will be questions about the specific relevant parts of the plan. The link to this information can be shared across our established networks of mailing lists, newsletters and social media feeds.

Printed versions of all the materials will be made available on request, and a poster/flier directing people to the information online can be created if it is felt there is a need.

Although it is important for the full plan and questions to be available online, it is not possible that this alone will reach the key target audience for this piece of engagement. It will be essential for members of Strategic Planning to work with specific partners and groups of citizens to make sure they are aware of the content of the plan and get their feedback. The online materials may help with this, but the larger

part of this piece of work will be meeting people face to face. This could be as part of established service user group meetings, or the Partnership could organise specific workshops around topics in the draft plan if it was established there was a need for such events.

The results of all the engagement will be made available online, and communicated through established networks. Anyone who requested the results while taking part in any of the engagement activity will be sent a copy.

8 Evaluation

- Number of online responses
- Number of hits on the Consultation Hub (Strategy and Insight can provide)
- Number of people attending groups/workshops
- Number of existing groups engaged with by partnership staff

Engagement Action Plan – Draft Strategic Plan

Activity	Audience	Location and specification	Dates	Costs	Evaluation	Status	Lead
Emails	Staff, partners, citizens	▪ All staff email ▪ Wider council email groups ▪ NHS email groups ▪ Judith's weekly update ▪ EVOC noticeboard ▪ Strategic planning groups ▪ Contracted providers ▪ Grant funded providers ▪ Councillors' briefing	Jan-March 2019	£0	▪ Number of enquiries ▪ Number of visits to online survey		Rachel Howe
Meetings/workshops	Staff, partners, citizens	▪ Established service user and community groups ▪ Community Councils ▪ EVOC Thinkspace event ▪ Specific events organised if a need is identified	Jan-March 2019	£0	▪ Number of attendees ▪ Number of visits to online survey		Rachel Howe can co-ordinate, but requires support of whole Strategic Planning team
Consultation Hub	Staff, partners, citizens	▪ Copy of full draft plan and easy read version available ▪ Opportunity for general comments ▪ Questions about specific parts of the plan	Jan-March 2019	£0	▪ Number of visits to page ▪ Number of responses		Rachel Howe
Social Media	Citizens	▪ Council accounts ▪ NHS accounts ▪ EHSCP twitter	Jan-March 2019	£0	Replies, retweets, mentions, favourites, clicks through to Consultation Hub		Rachel Howe to liaise with

							media team
Paid for social media (inhouse/small scale)	targeted	▪ Council accounts	Jan-March 2019	Allow £50 to £200	Clicks, likes, etc		Rachel Howe to liaise with media team
Leaders' Report	Stakeholders, businesses		Jan-March 2019	£0	Reach, linked content evaluation		Rachel Howe to liaise with communications team
Newsblog/release	Media/citizens	▪ Council site	Jan-March 2019	£0	Media coverage, online and print		Rachel Howe to liaise with media team
Content for emagazines/web pages etc	Third and independent sector	▪ Content sent to contacts for magazines etc	Jan-March 2019	£0	▪ Number of visits to page ▪ Number of responses		Rachel Howe
Posters	Citizens	▪ Council offices ▪ NHS offices ▪ Hospital sites ▪ GP surgeries ▪ Dental surgeries ▪ Pharmacies ▪ Libraries ▪ Edinburgh Leisure sites	Jan 2019	£600	▪ Number of visits to page ▪ Number of responses		Rachel Howe
Newsbeat	Staff		Jan-March 2019	£0	Google analytics – reads		Rachel Howe to liaise with communications team

Post consultation

Activity	Audience	Location and specification	Dates	Costs	Evaluation	Status	Lead
Feedback on Consultation Hub	Staff, citizens, partners	▪ Feedback given in we, asked, you said, we did format	April 2019	£0			Rachel Howe
Feedback to everyone who participated and requested feedback		▪ Email message	April 2019	Small cost for letters			Rachel Howe

Item 5.4

Report

Carer (Scotland) Act 2016

Edinburgh Integration Joint Board
14 December 2018

Executive Summary

1. This report provides the Integration Joint Board with an update on progress of the pilot in the North-West Locality which started in April 2018 and ran for six months to test new ways of working across partners, team communication, eligibility criteria, assessment of young/adult carers and the allocation of services and funding. It further looks at the new business and financial systems developed to support the pilot outcomes.

Recommendations

2. The Board is asked to endorse the approach taken to the development and testing of the eligibility criteria and Adult Carers Support Plan as the basis for finalising a set of eligibility criteria that the Board will be asked to approve

Background

3. The Carers (Scotland) Act 2016 was implemented on 1 April 2018 placing new duties on local authorities, these are:

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

4. All workstreams report to the Strategic Carers Partnership which meets on a monthly basis. The Partnership is currently temporarily chaired by the Strategic Planning and Commissioning Officer (Carers), other members include the two unpaid carer members of the Edinburgh Integration Joint Board, third sector organisations working with adult and young carers and officers from NHS Lothian, the City of Edinburgh Council and the Health and Social Care Partnership. All workstreams outlined within this progress report are brought to this meeting for discussion and agreement.

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

6. A pilot with the Edinburgh Community Rehabilitation and Support Service (ECRSS), Longstone is being drafted up. This pilot will look at supporting carers within a citywide service as part of the Stroke Patients Recovery Pathway working with clinical teams and the Equipment Store to improve carer confidence. The pilot will also include the Smart House being developed by Blackwood on the site to showcase Telehealth technology due to open on 4th December 2018. The pilot will be a partnership between the staff team at the centre, internal staff and third sector partners.

7. The lead officer within Strategic Planning and Commissioning (Carers) continues to work across both Communities and Families and the Health and Social Care Partnership to maintain a joined- up approach.

8. The Scottish Government guidance on the implementation of the Carers Act is now published alongside the financial settlement for Edinburgh for 5 years.

Main report

9. In order to test all new systems and processes for the implementation of the Carers (Scotland) Act 2016, including the Adult Carer Support Plan (ACSP) and the Young Carer Statement (YCS) new paperwork, financial and business support systems, a pilot is being carried out with the Family Household Support Service, Edinburgh Carers Support Team (North West) and Edinburgh Community Rehabilitation and Support Service (ECRSS).

10. Identifying and supporting carers as early as possible is paramount as is supporting them at the right time throughout their caring role. Therefore, systems must be as flexible as possible to meet the changing and emerging needs of carers. Current carers' assessments tend to be carried out quite far down the carer journey and the support is mainly offered when carers fit into the 'critical and substantial' banding whereas the pilot will work with people within 'Low' need as much as possible – identifying people at point of diagnosis wherever possible and maintaining a relationship throughout.

11. As current business support and financial systems are set up to work with people when there is social worker involvement to allocate and manage any budgets, it was necessary to start the pilot with newly developed paperwork and

simultaneously develop recording, business support and financial systems to support frontline staff processing payments, where required, to meet an assessed outcome. The new paperwork had to be tested to ensure it was fit for purpose, using the feedback from the small pilot group to inform the changes required for electronic versions of the paperwork to make them more user friendly and ready for automatic payments in the future.

12. In order to test all the business processes and new paperwork we had to go live and learn as the processes were tried, developed and caught up with the frontline work, therefore, it was important all staff involved were fully briefed regarding managing carer expectations. Carers were fully advised they were part of a pilot and when a budget was identified as being required we could not guarantee when this would be processed and how long it would take. Frontline staff kept carers up to date with progress even when the news was no change or delays, this was difficult for the staff team but essential.

13. The information contained here is for April to October 2018 and is an end to end system and process check using a learning in action approach. Where any issues identified were minor, for example some wording changes, these were collated for future changes. However, where the issues were more substantial and related more to the business support and process changes these were enacted as soon as practically possible, implemented and communicated immediately. This was particularly prevalent within the payment part of the process which was very much start and stop as issues happened and stopped payments being made. Each part of the process had to be reviewed and amended, communicated to teams and trialled again.

What did we do and how did we do it?

14. Staff teams identified carers within the pilot area and an Adult Carer Support Plan was completed, initially using the paper version and moving on to the electronic version. During the pilot period 24 Adult Carer Support Plans were completed. 8 were signposted into existing services, 10 people required a budget ranging from £174 to £1008 no unpaid carers were identified during this time as being either within the category of ‘moderate’ or ‘critical or substantial’ so we have been unable to test the system within the agreed process with the practice team in the North-West locality. 6 carers have been signposted to other services but work is ongoing to identify any other needs. In total we spent £4,266 during the pilot period.

15. The staff involved in the pilot were asked to record briefly the case, the assessed need being met, the outcomes and what would have happened with each case prior to the pilot (See Appendix One for more detail). The first three columns of data are what actually happened with each case and show a more holistic approach to each case, offering a mix of financial solutions, signposting and further information to carers. The fourth column is more subjective but overwhelmingly shows poorer outcomes for general health and wellbeing, poor mental health, increased isolation and increased carer stress levels. Although the numbers are too low to draw any significant conclusions, it can be seen for the

cases here the low-level interventions in place prevent a lot of the potential poor outcomes indicated in the fourth column of the data.

16. During systems testing we worked through the finance and business support processes and related paperwork. As the pilot and relevant teams progressed using the ACSP with unpaid carers, a team of staff worked to develop the SWIFT/AIS processes and system changes (See Appendix Two) and the electronic paperwork to improve recording (See Appendix Three, Four and Five) and processing. Alongside this, where a budget was required the testing of business/finance processes was ongoing and when tried, feedback was gathered, changes made and this was repeated until the whole process had been tested and the many blockages and delays worked through, this process is still being written up as it had to change so many times throughout the pilot. The goal is to develop a process that reduces waiting times from eighteen months to ten working days and we are very close to that, although it has slowed down the progress of the pilot but it was essential to test it end to end and get it right.

17. Staff teams were trained to use the paperwork, have outcome focused conversations and, where relevant, teams requiring to be trained to get access to SWIFT/AIS attended courses, throughout there were regular meetings to discuss progress and changes within the pilot. All the teams that had been involved in the development were included in the briefings updates of any changes.

18. Colleagues in Strategy and Insight will be running reports of the data in Swift soon to check that the information recorded meets the requirements of the Scottish Government for the carer census annual return. The paperwork has been designed so that if all the information is recorded properly, all the data fields are there for the return and interval monitoring.

Next Steps

19. The pilot has only been tested with a small number of carers and the volumes could be extremely large when it is rolled out to other teams and localities. However, the system and processes that have been put in place are transferable for larger volumes and it will be the human resources required to process them that might be a limiting factor.

20. There will be a requirement for training of staff teams for the outcomes focused conversation, the this workstream will be joined up with the wider workstream of 'Good Conversations' training currently happening as this will join up those projects to meet the strategic objective of intervening earlier to support people away from statutory interventions wherever possible.

21. Work will continue with third sector partners who deliver services to unpaid carers to develop a pathway to allow them to operate in the same way as internal services. This work has begun with North West Carers Centre on a small pilot with young carers using the electronic paperwork (See Appendix Five).

22. The joining up of pathways to ensure carers are identified as early as possible will continue – the current processes in the pilot still identify some people when they

are established in their caring role and the intention is to identify people as early as possible. Currently work is underway to identify people earlier within the pilot areas, for example, looking at the Longstone pilot and working the pathway back to people admitted to Edinburgh Royal Infirmary having had a stroke but discharged within three or so days, working with the Stroke Nurses and Speech and Language Therapists to identify carers. Similar work is progressing with the dementia pathway and early identification through GP practices.

23. Work to join up pathways is developing across both the Health and Social Care Partnership and Communities and Families to support whole life planning, for example, transitions for children with a disability. This work is early in its development but discussions looking at working with the whole family during the Section 23 assessment process and offering Adult Carers Support Plans and Young Carer Statements to support the whole family as early as possible are underway.

24. The early identification of carers will be central within the revision of the Edinburgh Joint Carers Strategy that is in its final stages of development. The revision of the strategy is the result of a citywide consultation and discussions with third sector partners and internal stakeholders. The first draft will be ready for consultation at the end of November to tie in with the other draft strategic plans where Carers have been identified as a cross-cutting theme.

25. Currently being developed alongside the above is the financial plan for commissioned spend, the Scottish Government settlement and joining this up with the pilot outcomes and next steps, the revision of the Edinburgh Joint Carers Strategy and working with key stakeholders to develop linked statements within the five outline Strategic Commissioning plans and the over-arching Strategic Commissioning Plan.

Key risks

26. The processes have only been tested on a small number of teams and carers – there is a risk that there are not enough physical resources to implement the changes effectively. Working closely with key partners should reduce this risk throughout the full implementation of the act – however, once communicated there may be an upsurge in requests/offers of ACSP/YCS causing delays for unpaid carers.

27. When the systems and processes are implemented some of them are for citywide services (Stroke Rehabilitation Service, for example) and some with be for localities (In-house teams like Family and Household Support) - there is a possibility that the implementation might be fragmented and open to local interpretation. In order to plan for this, there will be a detailed implementation plan alongside the Joint Carers Strategy and clear processes written up to ensure that it is implemented the same in each locality, so carers and practitioners know what to expect regardless of the locality they work across.

Financial implications

28. All commissioned services were recently reviewed and a consultation to understand what carers' priorities are for the Scottish Government settlement, work is ongoing regarding identify key areas for spend, a Carer Service Steering Group meets on a monthly basis and this work is reported to the Strategic Carers Partnership Meeting.

29. A report has been prepared and submitted for the Finance and Resource Committee in December 2018 to request that services currently commissioned are extended for one year.

30. As the number of ACSP/YCS completed increases there may be a need to increase the number of staff who can process any payments required – where some of this may be able to be absorbed within current resources, if numbers are very high further resources may be required.

31. Work is ongoing with colleagues in finance to develop a financial plan for the implementation and subsequent developments of services to meet the needs of carers within a budget that is increasing year on year.

Involving people

32. Unpaid carers are involved at all levels of governance in respect of the implementation of the Carers (Scotland) Act 2016 including the two unpaid carer members of the Integration Joint Board. Carers organisations working with both adult and young carers also sit on the Strategic Carers Partnership that oversees the work of the four workstreams. There has been consultation with both adult and young carers throughout the development of the Eligibility Criteria, the Adult Carers Support Plan and Young Carers Statement and their input has influenced and changed the drafts to date. This engagement will be ongoing throughout the development and implementation of the Carers (Scotland) Act 2016.

33. Carers have been widely consulted regarding the review of the Edinburgh Joint Carers Strategy 2014-2017, during the reviews of services and identifying priorities for the Scottish Government settlement. These consultations have used online surveys, paper surveys with follow up face to face meetings and discussions to clarify understanding with both unpaid carers and professionals.

Impact on plans of other parties

34. Carers (Scotland) Act 2016 will have an impact on all areas of work as carers crosscut all aspects of life to varying degrees. The lead officer is currently establishing links to relevant strategies to ensure a joined-up approach to meeting carers needs within different service areas.

Background reading/references

Carers (Scotland) Act 2016

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Links to priorities in strategic plan

Appendices

Appendix 1	Data for North West Pilot
Appendix 2	Adult and Young People Carer Assessment Process
Appendix 3	Swift Adult Carer Support Plan
Appendix 4	Swift Young Carer Statement
Appendix 5	External Agencies Adult Carer Support Plan

Appendix 1

North West Pilot –

Edinburgh Carers Support Team (North West)

Total ACSP carried out: 17

Budget not required: 8

Budget requested: 3

Pending: 6 (waiting to hear back from carers to complete ACSP)

Case	How Assessed Need(s) Met: Equipment purchased & cost, where/who signposted to etc	Outcomes	Potential Outcome if no intervention
1. Client cares for her daughter with Multiple Sclerosis (MS). Client gave up her extra bedroom in her flat for her daughter. Client was then unable to host other family members in her home and felt it was affecting her	NW budget: £250 for a sofa bed. Client already has ongoing support from Lanfine Dedicated Carer Support Service which is specific to the cared for person's condition.	Client could host her grandchildren and other daughter who lives in another city. This would help her maintain this relationship and receive emotional support from other family members during her caring role. Also, time spent with grandchildren would provide carer with a short break from her caring role. Both of these outcomes would reduce carer isolation and improve her mental wellbeing.	Client's social isolation could have increased as she had been seeking support and gaining short breaks from her own family. Without gaining regular breaks her own health and wellbeing could be affected significantly. Linking client with VOCAL to apply for funds from the Short Breaks Fund, although this organisation has limited funding and a limited window of time when applications are accepted.

family relationships.			
2. Client cares for her husband who as MS. In addition the client also works part time and cares for her elderly mother. Client had been having issues looking after their front and back garden due to the time pressures caused by her multiple caring roles and this was causing some tension with neighbours. The property in which the client and are husband are living in is not suitable for her husband's needs given his medical condition and they are in process of relocating	NW budget : TO provide a gardener every 3 weeks for 4months @ a cost of £250 Carr Gomm – sitter service to provide the carer a short break. Client already has ongoing support from Lanfine Dedicated Carer Support Service which is specific to the cared for person's condition. Waiting to hear back from Gardener.	Carr Gomm offered 3 hours of sitter service per week for client to be able gain short respite on regular bases	Increased tension between neighbours could lead to unpleasant living environment for the client and cared for person, which could lead to rising stress levels and would impact on client's mental well-being. Linking client with VOCAL to apply for funds from the Short Breaks Fund, although this organisation has limited funding and a limited window of time when applications are accepted. (the time client was seen by me, VOCAL funds were not available) Placing on waiting list for Voluteernet . Waiting time unknown until volunteer (with interest in gardening) available.

although the time frame for this move is not known.			
3. Client cares for her husband; he has suffered a stroke and has throat cancer. Client was looking for an activity to maintain her health and wellbeing and also wanted to set up achievable goals in her daily life as she felt she had been unable to do this and no sense of 'achieving' anything. Client also wanted to explore further carer support and explore the options available how she could have a short break/ weekend away for herself with her husband.	We identified that the carer could not swim and this is something she would like to learn to do. NW budget : £174 for adult swimming lessons (3months) Referral to Edinburgh Carer support team to have an Emergency Plan completed Emergency Card requested Referral to VOCAL for POA service	Learning to swim would help to improve the clients physical and mental well being, reduce isolation and give a feeling of having achieved a new skill. This would also provide the carer with a short break. Edinburgh Carer Support Team (ECST) supported the client to establish an emergency plan and also provided ongoing emotional support. In addition the ECST advised and supported the client to access a Respitality service to obtain a short break with her husband.	Deteriorated client's health and wellbeing due to lack of social interaction and lack of exercises. Affected mental health as client wanted more control of her life. Linking client with VOCAL to apply for break from care fund, although organisation has limited funding and limited time when applications are accepted. (The time client was seen by me, VOCAL funds were not available). In regards of swimming lessons no alternative service/organisation able to provide swimming lessons to client
4. Client cares for his half brother who has learning disabilities. The client also has own family who live abroad.	Client and his Brother are applying for an SDS payment to pay for personal assistant	Carer Outcomes still to be discussed	Risk to carers own mental health due to carer stress; risk to carers employment and financial well being. Risk of carer not being able to access any short breaks due to caring role and work commitments

The client works 60 hrs per week. The clients Brother fully relies on him in regards of organising his day to day life; providing emotional support and guidance and taking care of household tasks. The client has great concerns about when his brother is left alone as he is very vulnerable.	Client has ongoing carer support from VOCAL NW budget : Researching on what technologies could be available and suitable for their situation and could be purchase with NW pilot budget to give the client the opportunity to check in on his brother and his wellbeing and gain reassurance that he is safe when the client is working. Carer away on holiday at the moment		increasing social isolation and carer burn out.
5. Client cares for her elderly mother in law. The client has her own health issues and feels very alone in her caring role as her other family members live abroad. Her own main health issue is sciatica pain. Sciatica affects her caring role significantly on the days she is pain, unable to assist her mother in law which domestic tasks, toileting tasks. Also mother in law relies on client for social interactions.	NW budget : Massage treatment for sciatica £480 Referral for Edinburgh Carer Support Team to gain emotional support and guidance in her caring role Emergency Card Emergency Plan	Specialised massage would help client to target specific health issue she is experiencing . Reduced back pain would allow client to live better quality of life and also would be able maintain her caring role.	Deteriorated client's health – unable to care for her mother in law as she provides a wide variety of practical help towards her mother in law's needs. Client could become a cared for person. Considering the majority of her family live abroad she might decided to move back home and this could lead to her mother in law requiring residential care. Linking with VOCAL for free massages for carers- but they only provide 3 sessions and massage type not specifically address sciatica.

6. Client cares for his elderly disabled mother and has done so for almost 20 years. His mother requires full assistance with day to day tasks. Client privately hires a paid carer for overnight support to his Mum so he can have a good night sleep. Due to his caring role he is unable to gain permanent employment , but has some occasional offers of distance work through university staff . For the client, this work gives him a small amount of income and helps him avoid social isolation .	Referral for SDS assessment to organise care privately NW budget : £500 for iPad Carr Gomm for sitter service Emergency Plan Emergency Card Edinburgh Carer Support Team referral	An iPad would help the client maintain his self employment; help to deal with correspondence; and also be one of the ways that would help him to relax and gain a short break from his caring role while still 'on hand' for his Mother. Carr Gomm would provide a short break and allow the client to leave the family home for short periods of time, Edinburgh Carer Support Team will help to establish a Carers Emergency Plan and support the carer to liaise with the GP Practice to ask if they would keep a copy of this plan.	Client would lack social interaction and considering his age (55years old) it might lead to reaching a point of crisis and the client not being able to look after his mother's need. If the client experiences a decreased monthly income, he wouldn't be able to organise overnight care for his Mother, which would lead to sleep depravation. Lack of sleep can cause fatigue, daytime sleepiness, clumsiness and weight loss or weight gain. It adversely affects the brain and cognitive function. Linking client with VOCAL to apply for break from care fund, although organisation has limited funding and limited time when applications are accepted. (The time client was seen by me, VOCAL funds were not available).
7. Client cares for her mother who has multiple health issues. The main issue is deafness and poor mobility. Client is a young adult who has her own mental health issues and feels she has dedicated most of her life towards her mother needs. Due to her caring role she had to	NW budget : A block of driving lessons – awaiting to hear back from client to confirm pricing Edinburgh Carer Support Team referral(ongoing emotional support, guidance on how to access short breaks for unpaid carers)	Client would be able to have a better balance between her own life and her caring role, also give her an opportunity to assist her mother with shopping, appointments , gaining regular short breaks.	Client would not be able to take care of her mother's needs. Reduce mother's social life, as client as the main carer attends to all of her mother needs. Lacking time for her own life as she has to rely on public transport. Financial strain on client trying to reduce travel time by using taxes.

give up work which caused her great financial worries. Client is lacking time for her own interest and life of her own.	Carers Emergency Card Emergency plan VOCAL POA		Client already has contact with third sector organisations and none of them were able to assist her finically towards driving lessons.
8. Client cares for her husband who was recently diagnosed with dementia. Client is very new in her role and has no knowledge in regards of support they are entitled to access. Client would like to gain a regular break from her caring role as she is unable to leave her husband at home unattended for long period of time.	Husband consented to referral for day club/lunch club VOCAL POA Local citizen advised bureau information provided to gain assistance filling AA paperwork Edinburgh Carer Support Team (to access ongoing/flexible support in her caring role) Emergency Plan Carer Emergency Card	Carer Outcomes still to be discussed	Lack of knowledge and support in place would lead to crisis points were client's health and wellbeing affected. Respite or residential care would be needed for client to gain back ability to care for her husband.
9. Client cares for two of her adult children. Her Daughter has an official diagnosis of Down's syndrome, clinical depression and learning disabilities. Her Son has	NW budget will be required to assist the client to purchase assistive equipment for gardening . this would be something like a kneeling stool or suitable chair?	Carer Outcomes still to be discussed	Life balance and self worth would decrease as client would not able to engage in her own interest. This could affect client's ability to care for her adult children also affect family dynamics and relationship.

global learning delay and clinical depression. The client is experiencing high stress levels as just recently her husband passed away and she became the sole main carer/care provider for her adult children. Client would like to gain more time of her own time and be able to return into gardening. Client has an arthritic hip and is finding it more difficult to maintain a safe environment and be efficient in garden.	Edinburgh Carer Support Team-ongoing emotional support Supportive referral to SCD for daughter needs (lunch club /day centre) Emergency Plan Carer Emergency Card Carr Gomm – once daughter has her care needs assessment		The clients mental and physical wellbeing could be compromised due to lack of time to her self and no life/interests outside of/alongside her caring role. Linking client with VOCAL to apply for break from care fund, although organisation has limited funding and limited time when applications are accepted. (The time client was seen by me, VOCAL funds were not available).
10. Client Cares for her elderly mother. No POC is in place. Client happy to continue helping her mother with personal care and meal preparation. Main concern client had in regards of future, on how social service could be alerted if client became unwell and unable to assist her mother with day to day life. Client also unsure of what to do if her mother fell or hurt herself and how she can alert her daughter,	NW budget: Provided information about alarm for elderly people available to purchase (cost of £70) Called back and declined , as they revisited idea about CAS alarm Edinburgh Carer Support Team (gain ongoing/flexible support in her caring role) Emergency Plan Information about anticipatory care planning	Client feels more secure in her caring role, as she gain more knowledge about emergency planning and anticipatory care planning, which reduce stress levels for carer and able to provide better care for her mother.	Increase stress levels for client as unsure what's the most appropriate way to plan future in regards of her mother care needs as they don't have ongoing contact with social services. Stress could of affect client's and mother's relationship and also client's ability to care in future.

as they don't have ongoing contact with social care.CAS alarm was not suitable as client's mother against installing keysafe at her property.			
11. Client cares for her father who was recently diagnosed with vascular dementia . Client also looks after her 18months old grandchild. In the past few months the client experienced high volume of stress as she is unfamiliar what to expect from her father's diagnoses. Client has a very tight schedule and routine due to her grandchild's needs, and only has Thursday or Friday morning available for a life of her own. Due to her caring role she has had to give up her work as a domestic worker in WGH.	NW budget: would like to attend activity that would help client cope with high level of stress and would fit in her busy schedule. Referral onto Alzheimer's Scotland to gain a better understanding about vascular dementia Edinburgh Carer Support Team referral to gain ongoing emotional support /gain advice on how to access other ongoing supports available for unpaid carers in Edinburgh Emergency Plan Carer Emergency Card Information on day centres/lunch clubs available for her father	Carer Outcomes still to be discussed	High volume of stress could lead to Caregiver burnout is a state of physical, emotional, and mental exhaustion that may be accompanied by a change in attitude - from positive and caring to negative and unconcerned. Carers who are "burned out" may experience fatigue, stress, anxiety, and depression. Contact VOCAL for free massages services, could be not suitable as client has very limited availability.

Edinburgh Community Rehabilitation and Support Service (ECRSS), Longstone

Case	How Assessed Need(s) Met: Equipment purchased & cost, where/who signposted to etc	Outcomes	Potential Outcome if no intervention
1 Client post stroke (& other long-term health issues): dependent on wife for all care. Wife could not leave house due to worry re risk of falls or potential health emergency.	2 X Amazon Show £442	Wife can "drop-in" to see if husband is well and safe. Can now go out to garden (previous hobby) and local shops. Client also uses device to voice activate audiobooks and music for own health & wellbeing.	Carer unlikely to leave house due to anxiety around her husband coming to harm eg falling. Increase in stress levels for carer to a point where residential care would be an increased possibility.
2. Client with Parkinson's Disease relying on wife to assist to WC at night, use phone, access ipad.	Ipad mount Amazon Echo 3X wifi bulbs TP link £264.04 Night class attendance (art) £280	Client can independently voice activate lights so that he can access toilet safely & independently at night. He can make calls to wife (and others) by voice activating calls to her smart phone so that she can go out but remain in contact. Also using echo to self-manage condition eg access mindfulness programme. NB since installation this carer has been able to participate in new community based activities and now has taken on a volunteering role herself.	Carer's reporting of low mood likely to deteriorate further due to not getting out. Sleep would continue to be disturbed and carer's mental health likely to deteriorate.
3. Client with MS. Carer/husband undergoing cancer treatment. Client cannot access standard smart phones.	Doro Phone with GPS £129.50	Easy to use phone means that client can keep in touch with husband while he is a day patient receiving his treatment. Client goes out in scooter for shopping – now has accessible phone to call for help if required. GPS means that if client is in	Carer able to comply with chemotherapy treatment for treatment of cancer. Likely that his high anxiety around his wife being out while he was in hospital would affect his recovery.

		difficulty when out, husband has means to identify exactly where she is to organise help.	Previous to having this phone wife was "rescued" by local community when she was out on her own and needing help. Potential of being vulnerable to passers-by or need for emergency services to recue client.
4. Client post-stroke living with wife and has care package. Wife has to stay at home to let carers enter house since client unable. She would like to attend a keep-fit class but is prevented by having to let carers into house. 8275467	Ring Doorbell App that links with client's smart phone. £189	Clients can see who is at the door and he can then give access to the carers. This allows his wife to leave him at home and attend her fitness class. Also ensures independence and control for whoever calls at their home.	Carer would not have left house. Increased stress of having no regular respite ie getting out of house and increased risk of situation breaking down and (increase of care package or residential care).

Family and Household Support

Case	**How Assessed Need(s) Met:** **Equipment purchased & cost, where/who signposted to etc**	**Outcomes**	**Potential Outcome if no intervention**

1. Young person supporting mother with Mental Health issues. The relationship between young person and mother is very volatile and has on occasion lead to physical violence. Young person spends his mornings keeping his mother calm due to her poor mental health. In the afternoon he shops and cleans. Young person describes himself as having low mood. He would like to attend a course at college and volunteer at the Broomhouse Café. He would like to become more independent and learn life-skills to prepare him to live in own accommodation. He is unable to self-travel and relies on others' support with this.	Taxi to and from college to attend course. Taxi to and from Broomhouse Café to volunteer. Support to travel independently links with college to look at possible mentor. Amount awarded £1008 to cover taxis for 3-month period.	Young person will have time away from his caring role to attend college. Young person will gain new experiences/skills in volunteer role. Young person will have the support from college to travel independently. Young person and mother will have time apart, this may reduce the risk of arguments and physical violence. All the above will have a positive impact on young person's low mood.	Risk that young person's health and wellbeing will deteriorate further. Risk that relationship between mother and young person will result in serious physical assault from either party. This may result in statuary criminal justice services becoming involved. Young person may not gain skills for independent living.
2. Mother currently caring for daughter who has Complex Regional Pain Syndrome, Chronic Fatigue, Scoliosis, Lower lumber Lordosis, Hyper mobility and	Support from Family and Household Support to secure appropriate Tenancy. Counselling.	Support to access appropriate Tenancy. Mother will have time away from the emotional and physical stresses of caring for her daughters.	Housing situation may have a detrimental effect on the whole family. Mother's mental health and wellbeing may deteriorate.

Hemipelagic migraines. She provides physical and emotional care to her daughter. This requires travelling to and from physiotherapy and art therapy appointments, medication assistance 4xdaily, support to deal with dizzy spells and vomiting due to medication and multiple baths to ease chronic pain. She also has older daughter and 4-year-old grandchild living with her. Older daughter has ADHD, Binocular Instability, dyslexia and hip problems, who requires support with her parenting and general daily living. Mother has Lumpus, DVT, COPD and knee problems. She is unable to take prescribed pain medication as this may affect her ability to care for her daughters. She feels exhausted and has no time for herself.	Hydro therapy/salt therapy to ease chronic pain and relieve symptoms of COPD. £300 awarded for 10 sessions at the salt Caves.	Reduction in Pain, this will allow her to continue to offer physical care to her daughter.	If Pain is unmanaged, mother may be unable to care for child at home. Daughter's physical and emotional care needs may not be met.

The private rented accommodation is a Townhouse and is unsuitable for the family's needs.			
3. Brother is currently caring for his brother who has Diabetes, COPD, Large cell arthritis, Nerve damage, Mental health and mobility problems. He is in full time employment as a nightshift worker and lives in FIFe. He takes his brother to different health appointments, shops for him and offers physical care. He describes his relationship with his brother as emotions running low. He is currently travelling to Edinburgh from Fife to care for his brother.	Information on emergency care plans for carers. Referral to vocal. Emergency carers card/Vocal information. Family & Household Support will offer support with PIP appeal to get his mobility reinstated to be approved for Mobility car. Occupational health referral for bathroom/shower adaptations.	Brother feels he is now being offered appropriate support to care for his brother and alleviate stress.	

Appendix 2

swiftproject

Swift/AIS

Adult & Young People

Carers Assessment

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Carers Assessment Received

The following process details the steps for when a person has requested a carers assessment for themselves/ another.

Previous Activity:
- Person would like a carers assessment
- FHS worker/ Voluntary Organisation/ other team has spoken with the person and completed the Adult and Young People Carer Assessment form with them.
- Voluntary Organisation/ other team has sent the form Family & Household Support Team
- Family & Household Support have received the form and financial support has been authorised.
- Form is received into generic email box: FHSBSC@edinburgh.gov.uk

Business Support

1. Click Find/ New and do a thorough search for the person using the provided fields
   - If **not** known, Click Create – Go to step 2
   - If known, Click Finish to access record – Go to step 3

2. Record person with a minimum of Name, Address and Date of Birth
   - Save

3. Click Further details
   - Update all the client information in the tabs available on this screen

4. Click on the Paper Files tab
   - File ID: Swift Number
   - Resp. Unit: SSC FHS (appropriate locality)
   - Normal Location: File - Electronic Only
   - Date Opened: Today's Date
   - Save

5. Click on F'sheet to come out of Further Details and back to the Front Sheet

6. Navigate to Contacts
   - Add Contact
   - Contact Date: Date form was received
   - Method: Letter/Form
   - Source Type: Other Source
   - Name: Person that sent the form (if on Swift)
   - Source Org: Organisation that sent in the form (if on Swift)
   - Text: Type in Person/Organisation that sent in the form (if **not** on Swift)
   - Contact Tel: number of Person/Organisation
   - Reason: Assessment Request
   - Text: 'See Case note dated *state date of note*

   - Receiving Team: SSC FHS (appropriate locality)
   - Worker: Populates
   - Outcome: Progress to referral

- If there is already an open referral choose 'Progress to Assessment' and Skip to Step 8
- Save

7. Click onto the Referral tab
   - Add Referral
   - Date: Date form was received
   - Client Category: Carers (incl Young carers)
   - Reason: Work Required
   - Team Resp: Populates
   - Worker: Populates
   - Outcome: Progress to Assessment
   - Save

8. Click onto the Involvements tab
   - Add Involvement
   - Start Date: Today's Date
   - Organisation: (Select Dropdown) Family and Household Support
   - If there is **not** a Key Team recorded Tick Key Team, otherwise:
   - Involvement Role: Other Team Involved
   - Start Date: Today's Date
   - Save

   - Add Involvement
   - Start Date: Today's Date
   - Involvement: (select Dropdown) Worker name
   - If there is not a Key Worker recorded Tick Key Worker, Otherwise:
   - Involvement Role: Other Worker involved
   - Start Date: Today's Date
   - Save

9. Navigate to Assessment Framework and into Assessments
   - Add Assessment
   - Assessment Type: Adult Carer Support Plan/ Young Carer Statement
   - Requested Date: Today's Date
   - Resulting from: Choose appropriate from dropdown list
   - Required by: Today's Date
   - Target Start Date: Today's Date
   - Subject: Populates
   - Target End: Populates
   - Resp. Worker: Choose worker name
   - Resp. Team: populates
   - Level: Enter if applicable
   - Status: In Progress
   - Save

Subsequent Activity:
- Client now appears in the worker's Cases – 'All my cases' section
- Client now appears in the worker's Task List – Assessment Responsibility section
- Worker to carry out Assessment Questionnaire

Carers Assessment Allocated to Practitioner (Swift)

The following process details the steps for when a practitioner has been allocated to a case to carry out an Adult and Young People's Carers Assessment and how the Senior would Authorise/ Reject the request

Previous Activity:
- Business Support have created the client on the system and added relevant information within clients record
- Business Support has put on the assessment and allocated this to a Practitioner

Practitioner

1. Click into Traffic Light area (workflow)
   - Click the 'ALL' tab
   - Type (dropdown): Assessment Responsibility

2. Click on to the workflow and click 'Work On' to go into that clients assessment
3. Click on Further Details
4. Click on Further Details again to start the questionnaire.
5. Complete all sections of the 'Adult Carer Support Plan/ Young Carer Statement' Questionnaire
6. Save & Continue
7. Click Further Details

8. Click Actions
   - Add Action
   - Action Status: Open
   - Action Type: Assessment Authorisation Request
   - Search for Senior using the Person/ Team Responsible fields
   - Action by Date: Today
   - Save

Senior

1. Click into Work Flow area
   - Click ALL tab to see all Work Flows
   - Change the type to Assessment Authorisation Request
   - Click Work on to access what has been sent
   - You will be taken to the Assessment screen
   - Click Further Details
   - Click Further Details once more to access the Questionnaire
   - Click into More tab to come out of the questionnaire once viewed
   - Click Actions tab
   - Add new Action
   - Action Status: Open
   - Action Type: Assessment Authorised/ Assessment Rejected
   - Click Person Responsible and find worker
   - Action by Date: Today
   - Notes: If you have chosen Assessment Rejected explain in the notes field why

Practitioner

9. Click into Work Flow area
   - Click into Current tab to see all active tasks
   - Type: All (to see everything)

   If the action is 'Assessment Rejected' check the notes field of the Action to see what amendments are needed and then re-send for authorisation otherwise continue with these steps
   - Click work on for 'Assessment Authorised'

10. Navigate to Case Notes
    - Create Case Note by clicking the piece of paper icon at the top
    - Note Type: CC Carers Assessment
    - Date: Today's Date
    - Headline: Adult and Young People form Received
    - Notes Details: Details of the Assessment and any actions made, Ask Business Support to put on a Review and state the next review date
    - Start Time and End Time: enter appropriately
    - Outcome: enter if applicable
    - Save

11. Click onto Further Details
12. Click into Actions
    - Action Status: Open
    - Action Type: Information Update
    - Action by Date: Today
    - Add Organisation: Send to relevant Business Support
    - Save

13. Navigate to Involvements
    - Select own involvement
    - End Date – Today's Date
    - End Reason – Work Complete
    - Save

Subsequent Activity:
- Key Team should stay open for review purposes
- Business Support to create Review against the Team

Carers Assessment Allocated to Practitioner (AIS)

The following process details the steps for when a practitioner has been allocated to a case to carry out an Adult and Young People's Carers Assessment and how the Senior would Authorise/ Reject the request

Previous Activity:
- Business Support have created the client on the system and added relevant information within clients record
- Business Support has put on the assessment and allocated this to a Practitioner

Practitioner

1. Click on the Task List
   - View User or Team List: User
   - View Uncompleted or Completed Tasks: Uncompleted
   - Click GO
   - View Tasks of a specific Type: Assessment Responsibility
   - Click GO

2. Click on the Description Hyperlink to go into that clients assessment
3. Click on the Yellow Navigation button at the top right hand side to start the questionnaire.
4. Complete all sections of the 'Adult Carer Support Plan/ Young Carer Statement' Questionnaire
   - Click Save & Continue
   - Enter Actual End date
   - Enter Delay Reason (if required)
   - Do you wish to complete this assessment: Click yes
   - Save

5. Scroll to Authorisation section
   - Is the assessment ready to go for authorisation?: Click Yes
   - Send authorisation to: Click Find worker
   - Search using the fields provided
   - Tick Select box of worker to pull through to Action
   - Action authorisation by date: Today
   - Save (this has now send to the senior)
   - Authorisation Status should have 'Pending Authorisation'

Senior

6. Task List
   - Click User
   - Click Uncompleted
   - GO
   - View Tasks of a specific type: Assessment Authorisation Request
   - Click GO

   You will now be able to see all Assessments sent for Authorisation
   - Click on the Description Hyperlink to go into that clients assessment

   You are now taken to the Authorisation screen where you can see the assessment on the screen

- Use the radio buttons at the top to Authorise or Reject the Assessment
- If Authorise is selected - Click Save (this will send an automatic workflow back to the worker letting them know its been Authorised)
- If Reject is selected – you will need to provide a Rejection Reason in the text field and then Click Save (this will send an automatic workflow back to the worker letting them know its been Rejected)

Practitioner

7. Navigate to the Task List
   - Click User
   - Click Uncompleted
   - Click GO

   Sort tasks by date: Click on the column arrows twice at the right hand side of the word 'Due Date'
   If the Task is 'Assessment Rejected' Click on the Due date Hyperlink to see what amendments are needed and then re-send for authorisation otherwise continue with these steps

8. Navigate to Person Search
   - Search for the client using the field provided
   - Click on the number hyperlink to access the clients record

9. Navigate to Case Notes
   - Add Case Note (with the next Review date/ Destruction Date if NFA)
   - Note Type: CC Carers Assessment
   - Date: Today's Date
   - Headline: Adult and Young People form Received
   - Notes Details: Details of the Assessment and any actions made, Ask Business Support to put on a Review and state the next review date
   - Start Time and End Time: enter appropriately
   - Outcome: enter if applicable
   - Save

10. Click onto Actions
    - Add Action
    - Action Type: Information Update
    - Action by Date: Today
    - Add Organisation: Send to relevant Business Support
    - Save

11. Navigate to Involvements
    - Select own involvement
    - End Date – Today's Date
    - End Reason – Work Complete
    - Save

Subsequent Activity:
- Key Team should stay open for review purposes
- Business Support to create Review against the Team

Creating the Review

The following process details the steps for the SSC FHS Team to record a review

Previous Activity:
- Practitioner has completed the initial review and ended their involvement with the client

Business Support

1. Click into Traffic Light area (workflow)
   - Click the 'ALL' tab
   - Find the workflow from the practitioner and click 'Work on' to access the record.

2. Navigate to Assessment Framework > Reviews
3. Create a new review
   - Review Type: Unpaid Carer Review
   - Subject: Populates
   - Due Date: Enter Date stated in Practitioners' case note (usually annually)
   - Address Type: Select appropriate
   - Status: to be arranged
   - Save

4. Click Further Details
5. Click on the Reviewer tab
   - Involvement: Select Dropdown and click next
     (Past and Present involvements will appear)
   - Select SSC FHS Team involvement
   - Click Finish
   - Reason: Main Reviewer (Wrkr/Team resp for review)
   - Save

Subsequent Activity:
- Business Support will run the C&F Reviews Due report

Report

The following process details the steps on how to run the C&F Reviews report for the SSC FHS Team

Previous Activity:
- Previous Reviews have been recorded and are now due to be reviewed

Business Support

1. Navigate to Assessment Framework and into Review tab
2. Click Print
3. Select C&F Reviews
4. Click GO

5. Report Parameters
   - Completion Status: Open
   - Team: select dropdown
     - Click De-select (as at the moment all teams are selected)
     - Choose 1 or more of the SSC FHS Teams by clicking on them
     - Click Finish
   - Review Type: Unpaid Carer Review
   - Change dates if required
   - Click Run Report

Subsequent Activity:
- Previous Reviews have been recorded and are now due to be carried out
- Business Support will email Team Manager with the reviews that are due
- Practitioner will carry out review and workflow a case note to Business Support with Destruction Date or another review date as per 'Carers Assessment Allocated to Practitioner' process above.

Costs

The following process details the steps on how to add a cost for a specific Financial assistance payment.

Previous Activity:
- Practitioner has informed Business Support that a Financial Assistance payment has been made.

Business Support

1. Navigate to Assessment Framework
   - Click the new record button at the top of the screen

   - To add a Young Carer Statement
   - Description: Level 1: C&F&YP
     Level 2: Financial Assist
     Level 3: Young Carer Statement
     Care Item: Click OK

     OR

   To add an Adult Carer Statement
   - Description: Level 1: Adults
     Level 2: Financial Assist
     Level 3: Adult Carer Statement
     Care Item: Click OK

   - Click Next
   - Click Finish
   - Required units: amount of the payment
   - Payment: Choose appropriate payment type
   - Purch Org: Populates/ SSC FHS Team/ Leave as is
   - Pur Worker: Populates/ SSC FHS Worker/ Leave as is
   - Planned Start: Today
   - Planned End: Select Appropriate
   - Actual Start: Today
   - Actual End: Select Appropriate
   - Notes: Any Relevant Information
   - Save

Previous Activity:
- Business Support to inform worker that this has been completed.

Change Control

Version	Date	Process	Change
V1	13/06/2018	Adult & Young People Carer Assessment	
V2	19/10/2018	"	➢ Added in Authorisation part of the Assessment for both Swift and AIS users. ➢ Changed the Service created to 2 seperate ones so that we can differentiate between Adult Carer and Young Carer ➢ Updated Assessment Questionnaires to include Payment method

Assessment Questionnaire
Adult Carer Support Plan

Appendix 3

EDINBVRGH
THE CITY OF EDINBURGH COUNCIL

D

Report run on and by: August 15, 2018 11:15 AM,

Template: GEN_00131_04_01
GEN_00181_05_00

Client Name:	Mr AN OTHER	**Date of Birth:**	20/01/1901
Swift No.:	12345678	**Assessor:**	AN OTHER
Address:	Edinburgh	**Responsible Team:**	SWIFT PROJECT
Postcode:			
Start of Assessment:		**End of Assessment:**	

About You

How long have you been caring for?:

◯ A) Less that 1 year ◯ B) 1 year but less than 5 years ◯ C) 5 years but less than 10 years ◯ D) 10 years but less than 20 years

◯ E) 20 years or more ◯ F) Unknown

What type of care do you provide?:

◯ A) Medication ◯ B) Personal care ◯ C) Shopping, Cleaning, Domestic tasks ◯ D) Transport

◯ E) Supervison/ Emotional support ◯ F) Financial support ◯ G) Other ◯ H) Not Known

If 'Other' please elaborate:

Care hours provided in a typical week?:

◯ A) up to 4 hours ◯ B) 5-19 hours ◯ C) 20 - 34 hours ◯ D) 35 - 49 hours

◯ E) 50+ hours ◯ F) Not known

What has caring impacted on?: ◯ A) Health ◯ B) Emotional Wellbeing ◯ C) Finance

◯ D) Life Balance ◯ E) Feel Valued ◯ F) Future Plans

◯ G) Employment ◯ H) Living Environment

What is difficult in your caring role?:

What could affect your ability to care?:

Things that worry you in your caring role?:

who supports you in your life?:

Are you able to continue caring?: ◯ A) Yes ◯ B) No

Your Caring Role

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

What does your average GOOD day look like?:

What does your average BAD day look like?:

Assessment Questionnaire
Adult Carer Support Plan

EDINBVRGH
THE CITY OF EDINBURGH COUNCIL

D

Report run on and by: August 15, 2018 11:15 AM, SWIFT PROJECT

Template: GEN_00131_04_01
GEN_00181_05_00

Support

Why does this person need support?:

Who helps care for this person?:

In order to have more good days, What support would you need?:

Do you need information/ support from other organisations i.e. Volunteer Net:

◯ A) Yes ◯ B) No

Would you like information about the free FLORENCE (FLO) text service?:

◯ A) Yes ◯ B) No

Description of the support to meet agreed outcomes:

Wellbeing Score

Wellbeing Score: ◯ A) Low ◯ B) Medium ◯ C) High

Consent to Share Information

Can we share this form?: ◯ A) Yes ◯ B) No

If YES, Who do you agree we can share it with?:

Assessment Questionnaire Appendix 4
Young Carer statement

D

THE CITY OF EDINBURGH COUNCIL

Report run on and by: August 15, 2018 11:16 AM, SWIFT PROJECT

Template: GEN_00131_04_01
GEN_00181_05_00

Client Name:	Mr AN OTHER	**Date of Birth:**	21 01 1901
Swift No.:	12345678	**Assessor:**	AN OTHER
Address:	Edinburgh	**Responsible Team:**	SWIFT PROJECT
Postcode:			
Start of Assessment:		**End of Assessment:**	

About You

How long have you been caring for?:

◯ A) Less that 1 year ◯ B) 1 year but less than 5 years ◯ C) 5 years but less than 10 years ◯ D) 10 years but less than 20 year

◯ E) 20 years or more ◯ F) Unknown

What type of care do you provide?:

◯ A) Medication ◯ B) Personal care ◯ C) Shopping, Cleaning, Domestic tasks ◯ D) Transport

◯ E) Supervison/ Emotional support ◯ F) Financial support ◯ G) Other ◯ H) Not Known

If 'Other' please elaborate:

Care hours provided in a typical week?:

◯ A) up to 4 hours ◯ B) 5-19 hours ◯ C) 20 - 34 hours ◯ D) 35 - 49 hours

◯ E) 50+ hours ◯ F) Not known

What has caring impacted on?: ◯ A) Health ◯ B) Emotional Wellbeing ◯ C) Finance

◯ D) Life Balance ◯ E) Feel Valued ◯ F) Future Plans

◯ G) Employment ◯ H) Living Environment

What is difficult in your caring role?:

What could affect your ability to care?:

Things that worry you in your caring role?:

who supports you in your life?:

Are you able to continue caring?: ◯ A) Yes ◯ B) No

Assessment Questionnaire
Young Carer statement

D

Report run on and by: August 15, 2018 11:16 AM, SWIFT PROJECT

THE CITY OF EDINBURGH COUNCIL

Template: GEN_00131_04_01
GEN_00181_05_00

Your Caring Role

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

What does your average GOOD day look like?:

What does your average BAD day look like?:

Assessment Questionnaire
Young Carer statement

D

Report run on and by: August 15, 2018 11:16 AM, SWIFT PROJECT

EDINBVRGH
THE CITY OF EDINBURGH COUNCIL

Template: GEN_00131_04_01
GEN_00181_05_00

Support

Why does this person need support?:

Who helps care for this person?:

In order to have more good days, What support would you need?:

Do you need information/ support from other organisations i.e. Volunteer Net:

◯ A) Yes ◯ B) No

Would you like information about the free FLORENCE (FLO) text service?:

◯ A) Yes ◯ B) No

Description of the support to meet agreed outcomes:

Wellbeing Score

Wellbeing Score: ◯ A) Low ◯ B) Medium ◯ C) High

Consent to Share Information

Can we share this form?: ◯ A) Yes ◯ B) No

If YES, Who do you agree we can share it with?:

Young Carer Statement / Adult Carer Support Plan

About you

Title	Click or tap here to enter text.
First Name(s)	Click or tap here to enter text.
Surname	Click or tap here to enter text.
DOB	Click or tap here to enter text.
Gender	Click or tap here to enter text.
Address Line 1	Click or tap here to enter text.
Address Line 2	Click or tap here to enter text.
Address Line 3	Click or tap here to enter text.
City	Click or tap here to enter text.
Postcode	Click or tap here to enter text.
Contact Number	Click or tap here to enter text.
Ethnic Group	Click or tap here to enter text.
Advocacy/ communication needs?	Click or tap here to enter text.

About the person you care for

Title	Click or tap here to enter text.
First Name(s)	Click or tap here to enter text.
Surname	Click or tap here to enter text.
DOB	Click or tap here to enter text.
Gender	Click or tap here to enter text.
Address Line 1	Click or tap here to enter text.
Address Line 2	Click or tap here to enter text.
Address Line 3	Click or tap here to enter text.
City	Click or tap here to enter text.
Postcode	Click or tap here to enter text.
Contact Number	Click or tap here to enter text.
Ethnic Group	Click or tap here to enter text.
Client Category	Click or tap here to enter text.

Contact Information

Referred By	Click or tap here to enter text.
Date Requested	Click or tap to enter a date.
Date Completed	Click or tap to enter a date.
Swift/ Trak Number	Click or tap here to enter text.

Background information

What is the client's relationship to you? Click or tap here to enter text.	
Who else helps you care for the client? Click or tap here to enter text.	
How long have you been caring for?	Choose an item.
What type of care do you provide?	Choose an item.
If you have chosen 'other' please elaborate: Click or tap here to enter text.	
Care hours provided in a typical week?	Choose an item.
What has caring impacted on?	Choose an item.

What is difficult in your caring role? Click or tap here to enter text.	
What could affect your ability to care? Click or tap here to enter text.	
Things that worry you in your caring role? Click or tap here to enter text.	
Who supports you in your life? Click or tap here to enter text.	
Are you able to continue caring?	Choose an item.

Additional Information

Do you have power of attorney?	Choose an item.
Do you have/ want an emergency plan?	Choose an item.
Do you have/ want an emergency card?	Choose an item.
Name of worker completing this form with you	Click or tap here to enter text.
Organisation	Click or tap here to enter text.
Contact number	Click or tap here to enter text.
Would you like a copy of this form?	Choose an item.

Your Caring Role

Please describe the duties you carry out each day

Monday
Click or tap here to enter text.
Tuesday
Click or tap here to enter text.
Wednesday
Click or tap here to enter text.
Thursday
Click or tap here to enter text.
Friday
Click or tap here to enter text.
Saturday
Click or tap here to enter text.
Sunday
Click or tap here to enter text.

Total Care hours	Click or tap here to enter text.

What does your average GOOD day look like? Click or tap here to enter text.

What does your average BAD day look like? Click or tap here to enter text.

Support

Who will deliver the support? *(please mention contact information of lead person)* Click or tap here to enter text.	
Date Agency/ organisation was contacted	Click or tap to enter a date.
Date agreed support could start	Click or tap to enter a date.
Lead person contact details Click or tap here to enter text.	
Why does this person need support? Click or tap here to enter text.	
Who helps care for this person? Click or tap here to enter text.	
In order to have more GOOD days, What support would you need? Click or tap here to enter text.	
Do you need information/ support from other organisations i.e. Volunteer Net?	Choose an item.
Would you like information about the free FLORENCE (FLO) text service?	Choose an item.
Description of support to meet agreed outcomes: Click or tap here to enter text.	
Wellbeing Score	Choose an item.

Consent to Share Information

Can we share this form?	Choose an item.
If YES, Who do you agree we can share it with? *(NHS, CEC, Volunteer Net)* Click or tap here to enter text.	

Carer Name _____ Worker Name _____

Carer signature _____ Worker signature _____

Date _____ Date _____

Please email completed form to FHSBSC@edinburgh.gov.uk

Item 5.5

Report

Baseline Workforce Plan

Edinburgh Integration Joint Board

14 December 2018

Executive Summary

1. Planning the size and shape of our future workforce will create significant challenges for EHSCP and our partner organisations in both in the independent and voluntary sector . Workforce development must be aligned to other planning agendas (service, financial etc). It will require us to focus on the key issues to hand that will shape the way forward and to take well-informed decisions to get the right staff in the right place at the right time.

2. This inaugural Baseline Workforce data therefore comes at a vitally important time for the Partnership.

3. The Baseline Workforce data provided not only clarifies our current workforce capacity but also allows for a platform from which to look forward to gauge the nature and scale of the workforce challenges that lie ahead.

4. Furthermore, it identifies a road-map for future workforce modelling in the form of the 6 Steps Methodology. This will help inform a wider comprehensive workforce strategy as part of an integrated solutions based approach to future recruitment, retention, training and development needs.

Recommendations

5. The Integration Joint Board is asked to:

   i. Note the contents of the Partnership's inaugural Baseline Workforce plan.

   ii. Note the proposed workforce planning methodology going forward.

   iii. Note the relevance in connection with financial and service planning arrangements.

Background

6. The Scottish Government recently published The National Health & Social Care Workforce Plan in three distinct parts. Its purpose being to support organisations to identify develop and put in place the workforce they need to deliver safe and sustainable services.

7. At the request of the Partnership's Executive Management team, and sponsored via the Strategic Workforce Planning Group, identifying clear baseline Workforce data for the Partnership, covering all staff (both health and Council employees) was commissioned.

8. In producing this baseline plan, we are delivering on the first recommendation within Part II of the National Health and Social Care Workforce Plan; namely collating integrated workforce data in support of local workforce planning.

Main report

9. This baseline workforce data represents the Partnership's intelligence on its overall workforce, excluding other sectors. In doing so it signals the Partnership's intent to understand and acknowledge its current workforce profile and to take action to ensure robust workforce planning is led across a range of agencies, services and professions.

10. The data and analysis is derived from a detailed interrogation of health and council payroll systems. It has therefore taken considerable effort to be able to report against our baseline capacity and draw this from the two organisations' systems.

11. This inaugural baseline data contains analysis on the following areas:

    - Overall Capacity (WTE and Headcount)
    - Contract Profile (Full and Part Time)
    - Gender Profile
    - Age Profile
    - Grade/ Band Profile
    - EU/EEA Status
    - Sickness/ Absence data

12. The baseline data will now provide a strong foundation from which to build and enhance our strategic planning processes. Through the use of the Six Steps Methodology, we will be able to consider how future workforce supply will match that of demand, where any gaps exist and importantly begin to prioritise areas for further action across the Partnership.

13. In addition, there are a number of actions emerging from the work of the Strategic Planning Workforce Group, Chaired by Pat Wynne Chief Nurse for the Partnership. These include:

- Modern Apprenticeships
- Staff engagement and Wellbeing
- Formal Edinburgh Partnership recruitment event
- Joint Induction Programme development and delivery
- Alignment of mandatory and essential learning
- SLA for procured training
- Engagement with local partners including HEIs

14. All of the above will be documented as part of a comprehensive workforce strategy for the Partnership in 2019.

Key risks

15. A number of Risks have been identified in the plan. These include:

- The potential impact of BREXIT, in particular:
- The ability to deliver services on account of the loss of employees who are EU citizens
- Ensuring future recruitment, due to a decline in applications, into ever increasing number of vacancies
- Lack of capacity to innovate and deliver robust fit for purpose services
- The impact of changing population demographics, both in terms of future workforce supply, as well as the demand these changes may have on our current service portfolio
- The cost of getting it wrong: both in terms of financial expenditure as well as human resource.

Financial implications

16. The plan does not highlight any specific financial implications.

17. However, with a current pay bill for the Partnership's workforce of circa £157 million and our Agency spend projected to grow to circa £11 million by March 2019, it will be crucial that workforce data and planning methodologies aid financial planning going forward.

Equalities implications

18. There are no equalities implications as a result of the publication of this plan.

Sustainability implications

19. The plan highlights the need for the Partnership to ensure that future workforce supply is able to meet the ever changing and increasing demands placed upon its services. As a result, the Partnership will need to consider new ways of recruiting and retaining staff across a spectrum of age groups. For example the introduction of Modern Apprenticeship programmes across a wide array of service areas.

20. Modern Apprenticeship Programmes, for example, could help attract new (local) staff to make a career within the Partnership.

21. These and other solutions would form part of a wider workforce strategy for the partnership which includes actions in support of recruitment, retention training and development initiatives.

Involving people

22. Work to progress this inaugural baseline plan was sponsored via the Strategic Workforce Planning Group. This group represents a multi-professional/multi-agency approach with representatives from Locality Teams, Strategy and Planning, HR, Finance, as well as Voluntary agencies.

Impact on plans of other parties

23. While the publication of this baseline report does not have any immediate impact on other service plans and parties, the contents will provide an opportunity to review how we can triangulate our future planning processes across service, workforce and financial planning agendas.

Background reading/references

National Health and Social Care Workforce Pan: Part 2.

https://www.gov.scot/publications/national-health-social-care-workforce-plan-part-2-framework-improving/

Report author

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Appendices

Appendix 1	Baseline Workforce Plan 2018

Edinburgh Health & Social Care Partnership

Baseline Workforce Plan

(2018)

Author: N. Wilson

1st November 2018

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Executive Summary

Our staff matter - their dedication, commitment and expertise make the difference in delivering high quality care to people across Edinburgh.

As a Partnership we are ambitious to deliver high quality care and support and improve the health, independence and wellbeing of our population. However, in doing this we face a number of challenges both in the immediate term and in the future. These challenges include tackling areas where our performance has been poor, for example in the number of people who are delayed in the discharge from hospital, in the number of people waiting for care and in relation to the pathways through our services. To address these challenges successfully we need to take a collective approach, working in partnership and working for the longer term.

Furthermore if we are to make real improvements in the delivery of our services, we can only achieve this with a clear perspective of the shape and size of our current workforce. We also need to plan to ensure that our future workforce is robust to deliver fit for purpose services across Edinburgh.

This inaugural Baseline Workforce Plan therefore comes at a vitally important time for the Partnership.

Planning the size and shape of our future workforce will be a considerable challenge. Neither can this be undertaken in isolation. This must be aligned to other planning agendas (service, financial etc). It will require us to focus on the key issues to hand that will shape the way forward and to take well-informed decisions to get the right staff in the right place at the right time.

This inaugural Baseline Workforce Plan will help us all focus on the nature and scale of the challenge ahead. For example the Plan should help us begin to identify where gaps exist/ are likely to exist across different service areas and to support the formulation of a series of actions to fill those gaps.

It also identifies a road-map for future workforce modelling in the form of the 6 Steps Methodology. Looking ahead, this will help form part of a wider comprehensive workforce strategy which will include how we best take an integrated approach to recruitment, retention, education, training and development.

Some of the main themes/ headings emerging from this plan are:

- The population (both nationally and locally) is projected to continue to grow well into the future

- However the population (national and local) is ageing – the population of people aged 75+ is anticipated to grow by as much as 79% by 2041.

- Our workforce is also aging and is a mirror of demographic changes taking place across the Lothians and Scotland as a whole.

- The Partnership's workforce is predominantly:
    - Local
    - Aging
    - Full time
    - Female

- Our 3 biggest cohorts by age category are
    1) 50-54 (18.5%)
    2) 55-59 (15.8%)
    3) 45-49 (14.4%)

- Presently less than 9% of our workforce is under 30 years of age.

With our population growing added to the issues of an aging workforce, we need to begin to understand how our future supply of a skilled and motivated workforce will meet any anticipated change in demand for service provision in the future. We also need to consider carefully the development needs of our current cohort of staff that aids retention but also ensures our workforce have the right skills to support changes in service demand and delivery. This will remain a challenge for the foreseeable future.

This inaugural Baseline Workforce Plan is an important first step. However this publication in no way marks the culmination of our planning work. Rather, it heralds the beginning of the next critical phase and provides a platform from which to move forward. Therefore much work lies ahead.

By getting our workforce planning right we can better plan for ensuring the delivery and provision of sustainable services to our citizens.

Introduction

This baseline workforce plan represents the Partnership's first attempt to pull together intelligence on its overall workforce. In doing so it signals the Partnership's intent to understand and acknowledge its current workforce profile and to take action to ensure robust workforce planning is led across a range of agencies, services and professions.

The data and analysis is derived from a detailed interrogation of data from health and council payroll systems.

This inaugural baseline plan contains data and analysis on the following areas:

- Overall Capacity (WTE and Headcount)
- Contract Profile (Full and Part Time)
- Gender Profile
- Age Profile
- Grade/ Band Profile
- EU/EEA Status
- Sickness/ Absence data

It is intended that the data contained within this baseline plan will support wider strategic work, for example with commissioning and service re-design plans

MAIN REPORT

1. Scope

This report covers all staff employed within the Edinburgh Partnership. This includes staff employed across health (NHS Lothian) and social care (City of Edinburgh Council). While the main body of the report focuses on reporting at a macro and divisional level, the data gathered to date does allow for more detailed reporting.

By way of demonstrating this, the report does include a section specifically reporting on data gathered for staff employed within North West Locality. While this follows in a similar format to the main report, it also allows for reporting against specific service areas, such as Home Care and Care Homes.

2. Objectives of this Baseline Plan

As part of an overall strategic approach to the planning and delivery of our future workforce, this baseline plane is designed to:

- Provide an immediate perspective on EH&SCP's workforce in terms of numbers, characteristics and trends
- To outline the planning context at local, national and UK levels
- Provide an evidence base to inform workforce planning activity linked to agreed methodologies
- To highlight any current and future workforce gaps to be front and centre of any subsequent action planning arrangements.
- To support Edinburgh H&SCP's decision making processes aligned to the delivery of high quality, effective service provision

3. Workforce Planning - A New Chapter

Gathering detailed workforce data for the purposes of developing robust workforce plans and strategies has never been undertaken before for the Partnership.

As such, the data and analysis gathered in this baseline report represents a significant achievement. Considerable time and effort has been made to get to '*first base*' as part of our commitment to workforce planning within the Partnership for the future.

That future for the Partnership will depend on its workforce – and its capacity to deliver an array of services required by the citizens of Edinburgh. The workforce will also need to develop flexibly as the context of demographic changes, new technology and new ways of working shape the workforce necessary for a 21st Century public service organisation.

In this sense, it becomes ever more apparent that understanding the size and shape of our future workforce will be critical in future service planning arrangements. This report offers an evidence based platform for aligning with service planning arrangements thus allowing for

Understanding and acknowledging our current workforce data will represent a step change in how we plan and deliver our future services. While this report mainly provides baseline data, it does also offer signposting in the form of a planning methodology for the future that looks to triangulate issues of workforce planning along with service and financial planning arrangements.

Our future planning approach will be structured around the nationally sponsored 6 step workforce planning methodology, as outlined by the Scottish Government workforce planning guidance CEL (2011) 32

Our approach to developing our understanding of workforce planning also allows for consideration about how we can secure our workforce of the future. Work has begun to develop other key areas such as:

- Approaches to recruitment
- Retention of staff (Skills and knowledge),
- Training and development requirements.
- Staff experience and engagement

Other areas for closer examination include:

- Skill-mix
- appropriate deployment,
- demography
- succession planning arrangements

Such developments aligned with knowledge of our workforce data will help support the development of a robust workforce strategy for the Partnership. This is likely to be delivered next year.

4. Context for Workforce Planning

The context for taking forward workforce planning arrangements for the Partnership is wide and varied. The following outlines some key issues across various levels

4.1 International level

BREXIT

The UK will leave the European Union at 11pm on 29 March 2019, and the process of leaving is commonly referred to as 'BREXIT'. An implementation period will run from after 11pm on 29 March 2019 to 31 December 2020. From 1 January 2021 the UK's new relationship with the European Union (which is currently being negotiated) will take full effect.

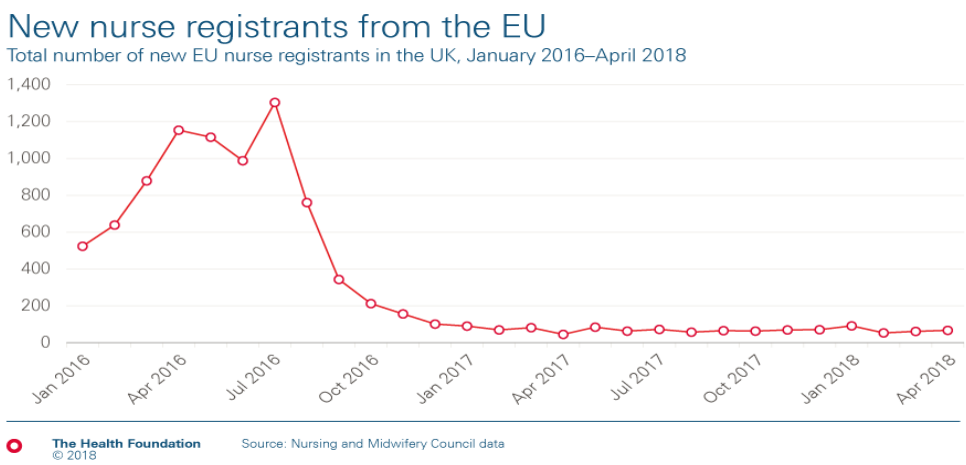
Britain's exit from the European Union has coincided with a number of challenges across health and social care in Scotland. There are already challenges to recruiting and retaining staff in the health and social care sector, and there are strong views that Brexit will increase these.[1,2,3]

The Scottish Government has estimated there are approximately 12,000 non-UK EU nationals working in health and social care in Scotland (3% of the total health and social care workforce), 4% of nurses and midwives are non-UK EU nationals.

Separate research undertaken by Scottish Care in 2017 highlighted that between 6 and 8% of the social care workforce are EEA nationals.[4]

Other pieces of research indicate that the issue of Brexit is already having a profound impact on workforce supply. For example The Health Foundation routinely gathers data on registered nursing staff who register with them from the EU and from other international sources.

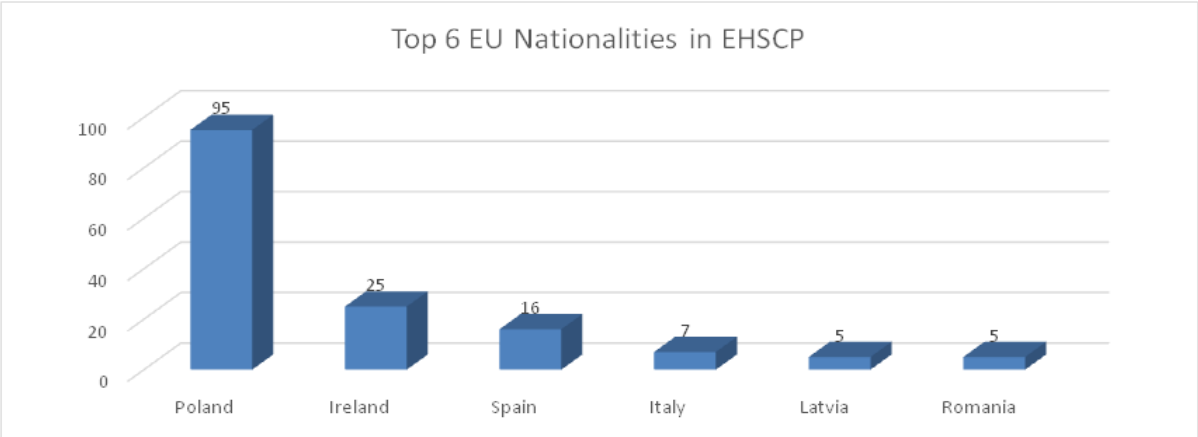
Since mid-2016 the EU inflow has crashed, and whilst the non-EU inflow has increased, it has not been at a pace to compensate for the drop in EU nurses. If applied to our workforce in general, this would represent a worrying trend.



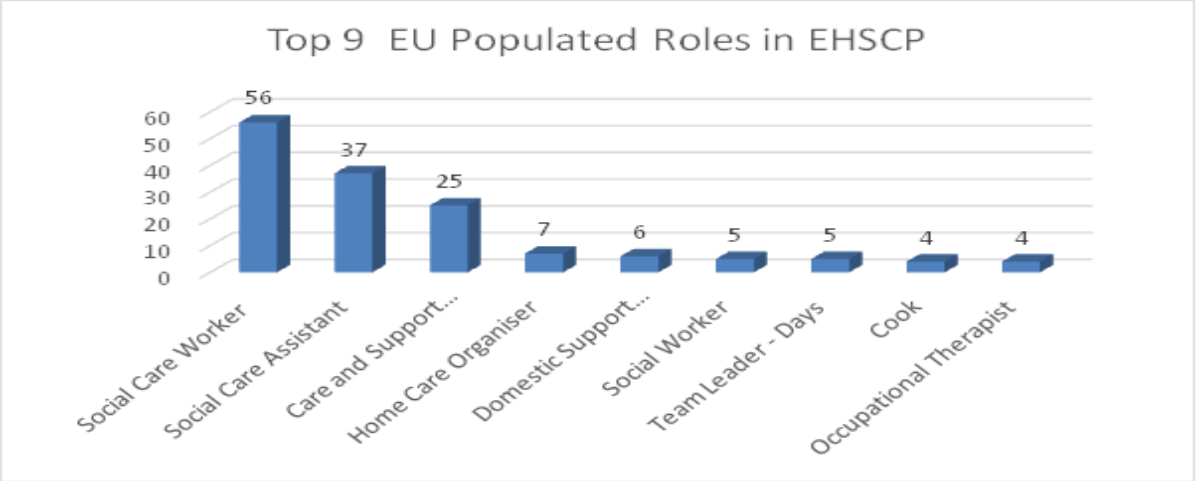
In anticipation of the impact of BREXIT on future supply, City of Edinburgh Council recently conducted a survey of their staff. The uncertainly of 'settled status' remains an issue for all employers.

Following considerable work, it was established that BREXIT potentially affects 1049 EU colleagues across CEC with 177 colleagues in EHSCP. This figure represents approx 6% of the council employed partnership workforce

The following table highlights the number of staff across the top 6 EU Nationalities within the Partnership. (Figures are as at 24 September 2018)



Current proposals are that Irish citizens will not be required to apply for settled status. That being the case, this would reduce the number of EHSCP colleagues potentially impacted to 152. Within the 177 EHSCP colleagues potentially impacted there are 118 colleagues in SCA, SCW and Care and Support roles. – see chart below.



It is proposed that settled status is granted after 5 years residency in the UK. There are 87 (49%) EHSCP colleagues with more than 5 years' service which is a strong indicator they will be eligible for settled status.

Key Risks of BREXIT

There are a number of key risks to the Partnership as a result of BREXIT. These include:

- Being unable to deliver services on account of the loss of employees who are EU citizens
- challenges with ensuring future recruitment, due to a decline in applications, into ever increasing number of vacancies
- lack of capacity to innovate and deliver robust fit for purpose services
- the ability to discharge its legal and regulatory requirements due to a lack of skills and/or capacity.

The BREXIT Storyboard is outlined in **Appendix A**

An outline of all EU/EEA posts is outlined In **Appendix B**

4.2 National Level

Workforce Planning Policy Development

The Scottish Government recently published The National Health & Social Care Workforce Plan in three distinct parts. Its purpose being to support organisations to identify develop and put in place the workforce they need to deliver safe and sustainable services.

Part I – covering the NHS workforce (published in June 2017)

Part I, relates to the NHS in Scotland, sets out the current pressures facing the NHS workforce, considers the potential future NHS workforce and sets out a framework for improving workforce planning across NHS Scotland. The plan highlights the need to enhance workforce planning at a national, regional and local level to support the delivery of the Health & Social Care Delivery Plan.

Part II – covering the social care workforce (published in December 2017)

Part ll offers a framework for improving workforce planning across social care. It highlights the key challenges for workforce planning across the social care sector in Scotland, in particular the complexity of service provision and commissioning, issues pertaining to urban and rural areas, the financial environment as well as some of the technological and service delivery changes taking place. It also acknowledges the impact this is having in terms of future service and workforce demand. It outlines 7 recommendations for improved workforce planning for social care services both at national and at local levels.

Part III – covering the primary care workforce (published April 2018)

Part lll sets out recommendations and the next steps that will improve primary care workforce planning in Scotland. It notes how primary care services are in a strong position to respond to the changing and growing population needs. It also describes the anticipated changes in the way services will be developed to meet population need, in particular the role Multidisciplinary Teams will play in delivering an enhanced and sustainable workforce. It also highlights the importance of working with partners to ensure that better quality and more timely data is developed to drive effective local and national workforce planning activities.

4.3 Local Level

4.3.1. Workforce Planning

A Strategic Workforce Planning Group (SWPG) led by Pat Wynne, Chief Nurse, was established in early 2018 to develop an inaugural workforce strategy for the Partnership. As a starting point it was agreed to develop a Baseline Workforce Plan

The purpose of the plan is to enable better local and national workforce planning to support improvements in service delivery and redesign.

The group has been empowered by the EH&SCP senior management team to develop and support the implementation of a workforce plan across all our services. The group represents a multi-professional/multi-agency approach with representatives from Locality Teams, Strategy and Planning, HR, Finance, as well as Voluntary agencies. Membership of the group is outlined in **Appendix C.**

This group has been crucial in helping to drive forward the collection of workforce data in support of the wider plan and strategy. The group has a number of key areas for action. These being:

- Workforce Data
- Recruitment & Retention of Staff
    - Modern Apprenticeships
    - Formal Edinburgh Partnership recruitment event
    - Joint Induction Programme development

- Staff Experience and Engagement
    - Establishment of Edinburgh Wellbeing Group

- Workforce Development
    - Alignment of mandatory and essential learning
    - SLA for procured training
    - Engagement with local partners including HEIs

The group has also been responsible for identifying suitable workforce planning methodologies to be adopted within the Partnership. The group was instrumental in getting agreement to adopt the Six Steps Methodology approach as referenced earlier.

This baseline report signals an important milestone in the collection and analysis of workforce data across the Partnership.

4.3.2. Service Planning

Throughout 2018, four reference groups have been overseeing the development of Strategic Commissioning Plans for Disabilities, Older People, Mental Health and Primary Care. The groups include representation from service users, third sector and carers and have been developing financially sustainable proposals for the way the Integration Joint Board (IJB) commissions its functions between 2019 and 2022. Each has established working groups which are developing sections of the plans, taking in to account cross cutting themes such as housing, carers, inequalities, locality delivery and workforce.

The IJB will consider these proposals in the round in March 2019, following a three month official period of consultation, and will take decisions around which elements of the plan they wish to commission. The IJB will need to consider the proposals in the context of their budget, their priorities and the wider local context such as workforce, as described in this plan.

In parallel with the development of the strategic plan, the Executive Management Team of the Health and Social Care Partnership have been working to address immediate pressures such as people delayed awaiting discharge from hospital and those waiting in the community for assessment or a package of care. There is an action plan to address these issues in the short term and the strategic plan picks up the fundamental causes for these pressures and will set out the long term plan to ensure issues are addressed in a sustainable way.

The work stream areas which are informing the strategic plan have been selected as they have been identified by citizens and staff members as areas which require development and improvement. Work stream proposals include plans to support people to keep well in communities, plans for the development of our acute services and plans for how we develop our services for people who require ongoing care in the community. Some of these proposals are described below:

Keeping people well in the community:

- Establish a befriending hub to coordinate and enhance the work of current befriending organisations. This will facilitate more flexible befriending work such as help with shopping
- Enhance preventative falls services in the community.
- Supporting the development of dementia friendly Edinburgh
- Integrated and flexible delivery model for day care services which will allow providers to offer the widest range of social activity, access, assessment and reablement activity. Development of a one stop shop. This will inform the review of the contract in 2020
- Clearly articulate the requirement for the 4500 new homes allocated for health and social care. Housing contribution statement will include detail on housing for older

people, to be developed through locality events and demand projections. Specifically the housing first proposal for the homeless population and specific house builds for people with a disability

- Continuation and expansion of the link worker programme to facilitate closer working with third sector partners

Caring for people when they have an acute medical need:

- Expansion of the service to work across the whole of Edinburgh City. Work to integrate H@H with the locality teams
- Direct bed based care for the Royal Edinburgh Hospital Phase; 18 low secure and 18 rehabilitation beds proposed
- Trial of an in-reach/out-reach model of care from community staff to support the transition and ensure continuity of care for people with a physical disability who require hospital based care. Clear criteria for in-patient and outpatient services. Clear process for step down
- Development of intermediate care facilities and rehabilitation pathways to replace the current capacity at Liberton hospital
- Review of HBCCC to explore if people could be cared for elsewhere
- Continued development of a model which ensures that people have the right level of rehabilitation support at the right time. Ensuring that we can get flow through graded support accommodation when possible

Ongoing care in the community:

- Testing and rolling out technological solutions to support general practice to be as effective as possible
- Review of the financial allocations process so that all staff are clear on how the process works
- Continue the roll out of good conversations training to support people to use their own assets as well as statutory and to make full use of SDS options
- Working with providers, service users and locality staff to increase the number of people offered SDS options and working with providers to have the mechanisms to meet this need
- Developing the proposal for the next care at home contract, with wider plans around how to support people to work in care in Edinburgh. Delivery of more flexible contracts with providers to enable them to respond to fluctuating level of need, conduct assessments and reviews and fully utilise technology
- Review of locality hubs to ensure the most effective operating model, including exploration of how rehabilitation is delivered at home.

5. Demographics

5.1 Scotland's Population Profile

With any approach to workforce planning, it is critical that we are able to understand any projected changes to the future population, be this at a national or local level. Not only is this important in understanding the implications for the future supply and availability of the workforce, but also the implications that changes may make in terms of demands for future services. Understanding both will help ensure sustainable solutions are planned for and implemented over time.

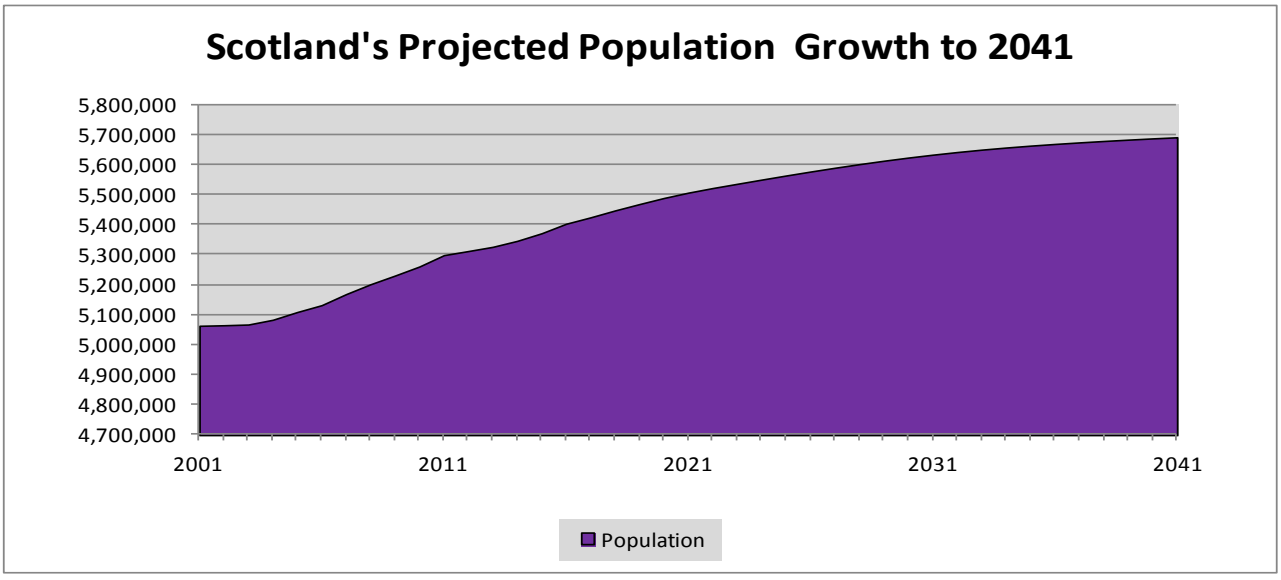
The table below outlines Scotland's population as at 2016. This workforce is projected to grow by approximately 5.3% over a 25 year period to 2041. This equates to an increase in the overall population in excess of 280,000.

In the same period the overall UK workforce is set to grow by approximately 11.1%

Country	Estimated population 30 June 2016	Estimated population 30 June 2041	Population change	
			Number	%
UK	**65,648,054**	**72,904,500**	**7,256,500**	***11.1***
Scotland	5,404,700	5,693,200	288,500	*5.3*

Source: NROS

This projected growth is Scotland's workforce is illustrated in the graph below.



Source: NROS Data

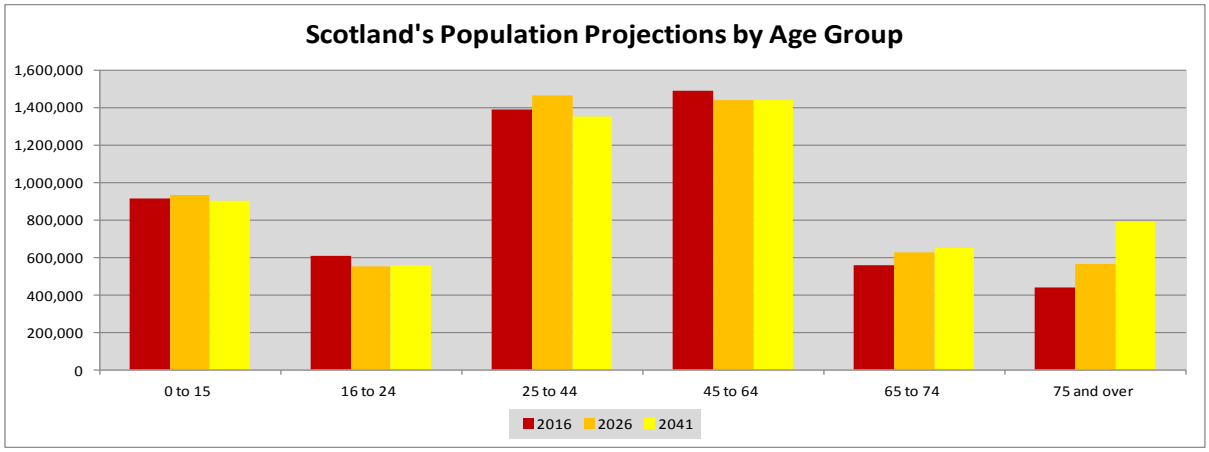
However, it is also important to understand the future shape of the workforce.

Reviewing data held by the National Records Office Scotland provides further intelligence. The table below plots the projected population by age category and highlights significant variance in the percentage change to 2041.

	Population			Percentage change	
Age group	**2016**	**2026**	**2041**	**2026**	**2041**
0 to 15	915,917	931,675	901,970	2	-2
16 to 24	607,188	552,639	559,864	-9	-8
25 to 44	1,391,428	1,466,122	1,352,793	5	-3
45 to 64	1,491,315	1,438,978	1,438,053	-4	-4
65 to 74	556,543	626,379	650,412	13	17
75 and over	442,309	563,029	790,109	27	79

Source: NROS Data

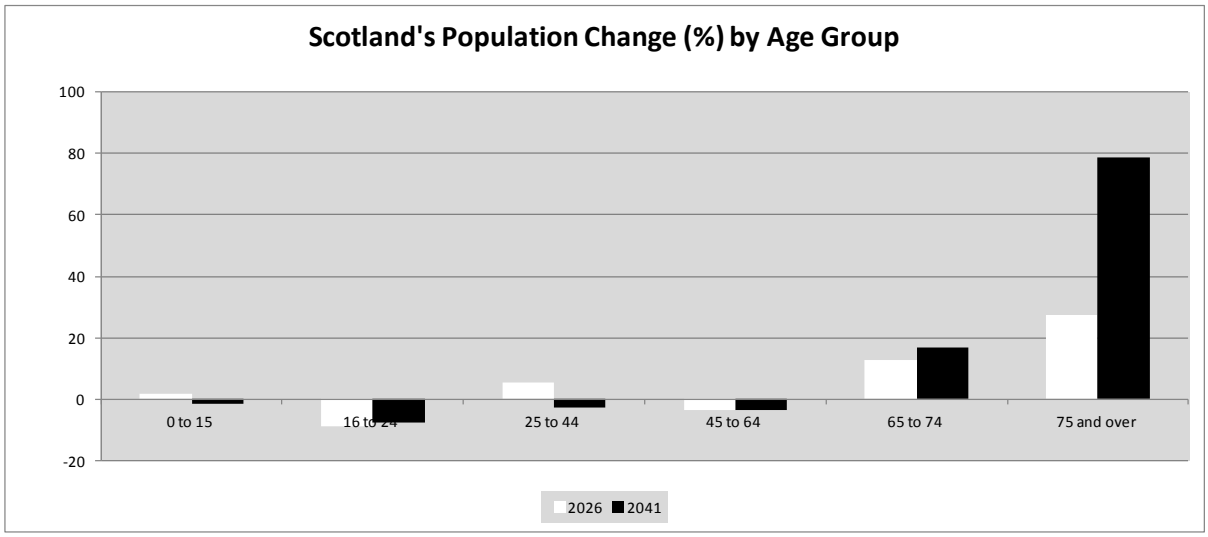
The projected increase of 5.3% in Scotland's population will be driven by the increase in the 65 year olds and over categories. The data held in the above table is illustrated in the bar chart below.



Source: NROS Data

While certain age categories remain relatively stable; this does highlight a projected drop in the 16-24 year old category as well as a significant increase in those 65 years and above, in particular in the 75 year old and over.

This is further highlighted in the chart below.



Source: NROS Data

The projected increase in the 75 and over categories to 2041 represents a staggering 79% on the 2016 population baseline figure.

These dynamics are likely to present challenges in terms of the demands placed by an increasingly elderly population for health and social care services in the future as well as the ability to build the required capacity across the working age categories to meet these increasing demands.

5.2 Lothian's Population Profile

In line with Scotland's projected population, the population across Lothian is also set to increase. The following table highlight the growth across individual Council areas as well as for the Lothian Health Board area as a whole.

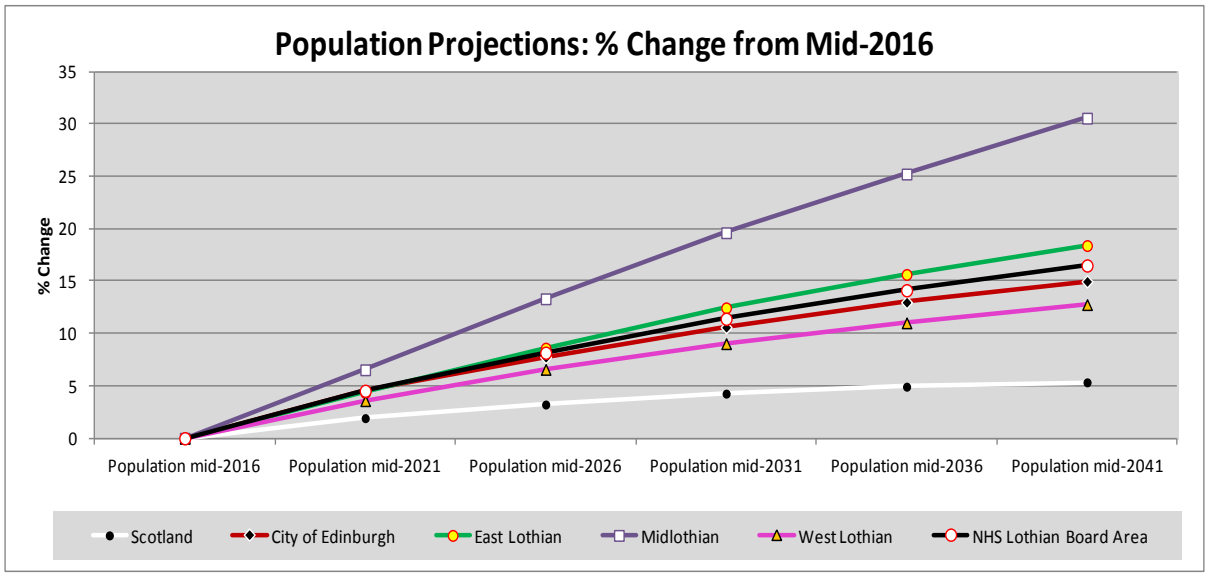
Council areas	Population mid-2016	Population mid-2021	Population mid-2026	Population mid-2031	Population mid-2036	Population mid-2041
Scotland	**5,404,700**	**5,508,461**	**5,578,822**	**5,635,061**	**5,670,895**	**5,693,201**
City of Edinburgh	507,170	530,248	546,444	560,946	573,043	583,135
East Lothian	104,090	108,623	113,048	117,055	120,373	123,245
Midlothian	88,610	94,404	100,410	106,001	110,970	115,697
West Lothian	180,130	186,595	191,979	196,402	199,981	203,121

Source: NROS Data

NHS Board area	Population mid-2016	Population mid-2021	Population mid-2026	Population mid-2031	Population mid-2036	Population mid-2041
Lothian	**880,000**	**919,870**	**951,881**	**980,404**	**1,004,367**	**1,025,198**

Source: NROS Data

Collectively, the above data are plotted on the following graph. This clearly shows that across every area in Lothian, the projected workforce is set to increase at a rate far higher than that for the national average (5.3%). The projected growth for the City of Edinburgh Council area is 14.9%, while the projected increase for the Lothian HB area is 16.5%.



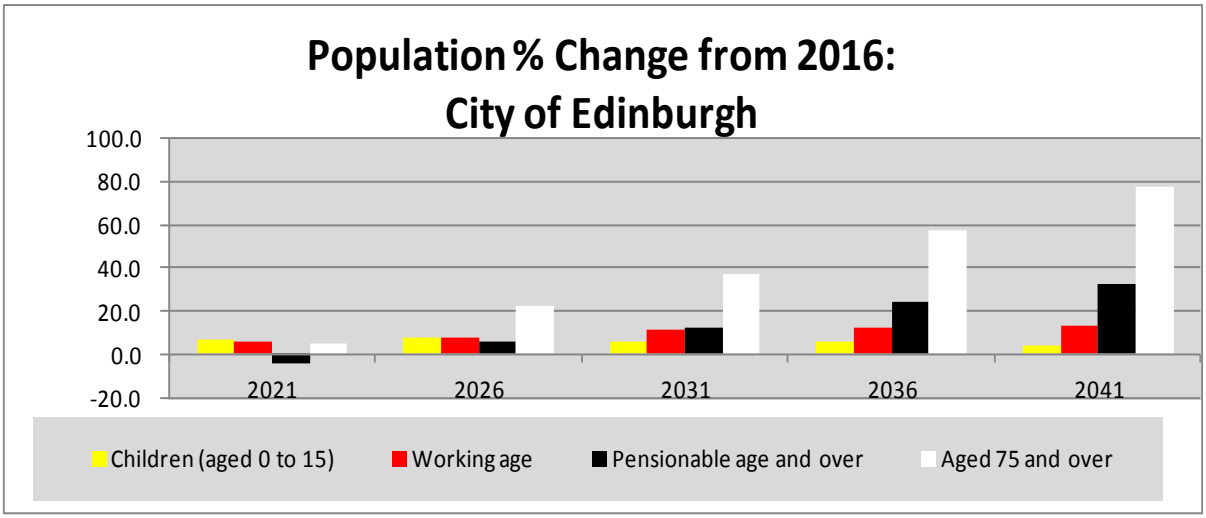
Source: NROS Data

As with the national data, the population across Lothian will reflect a significant increase in its elderly population in the future. The following table shows the projected population change for the City of Edinburgh Council area split across 4 broad age categories.

City of Edinburgh (% change from 2016)	2021	2026	2031	2036	2041
Children (aged 0 to 15)	6.6	7.8	6.1	5.5	4.3
Working age	6.0	8.2	11.1	12.1	13.4
Pensionable age and over	-3.9	5.8	12.7	24.2	32.3
Aged 75 and over	4.8	22.3	37.0	56.9	77.7

Source: NROS Data

These changes are illustrated in the following chart. The eye is immediately drawn to the projected increases in the Aged 75 and over category, projecting an increase in excess of 77% to 2041.



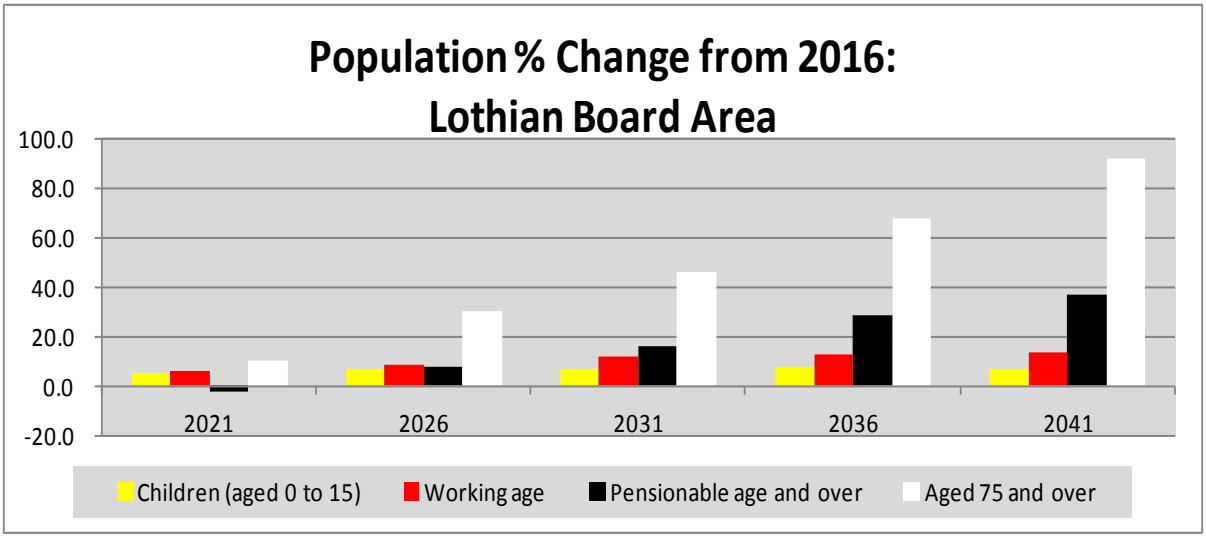
Source: NROS Data

Similar projected population changes are noted across the Lothian Health Board area as a whole.

Lothian Board Area (% change from 2016)	2021	2026	2031	2036	2041
Children (aged 0 to 15)	5.4	6.8	6.6	7.3	7.0
Working age	6.2	8.6	11.5	12.2	13.7
Pensionable age and over	-2.7	8.0	15.7	28.3	36.9
Aged 75 and over	9.9	30.4	46.1	67.9	91.6

Source: NROS Data

These changes are illustrated in the following chart



The preceding tables and charts demonstrate that the projected population across Edinburgh and the Lothian's is set to increase at a significantly higher rate than that for the country as a whole. Not only that, but the local population is also aging at a higher rate than for the country as a whole.

These projected changes will require careful and strategic planning to deliver a workforce capable of meeting the health and social care demands of a growing and increasingly aging population.

6. Our Workforce Profile

The following section sets out the size and characteristics of the Edinburgh Health and Social Care Partnership's (The Partnership) existing workforce.

As at July 2O18 Edinburgh H&SCP utilised a total of 4,119 wte (5,163 headcount). This workforce is split across 'Health' and 'Social Care' headings reflecting the employment status of the workforce within the partnership.

The workforce profile for the Edinburgh H&SCP is outlined in the table below showing the split across both health and social care components

6.1. WTE/ Headcount

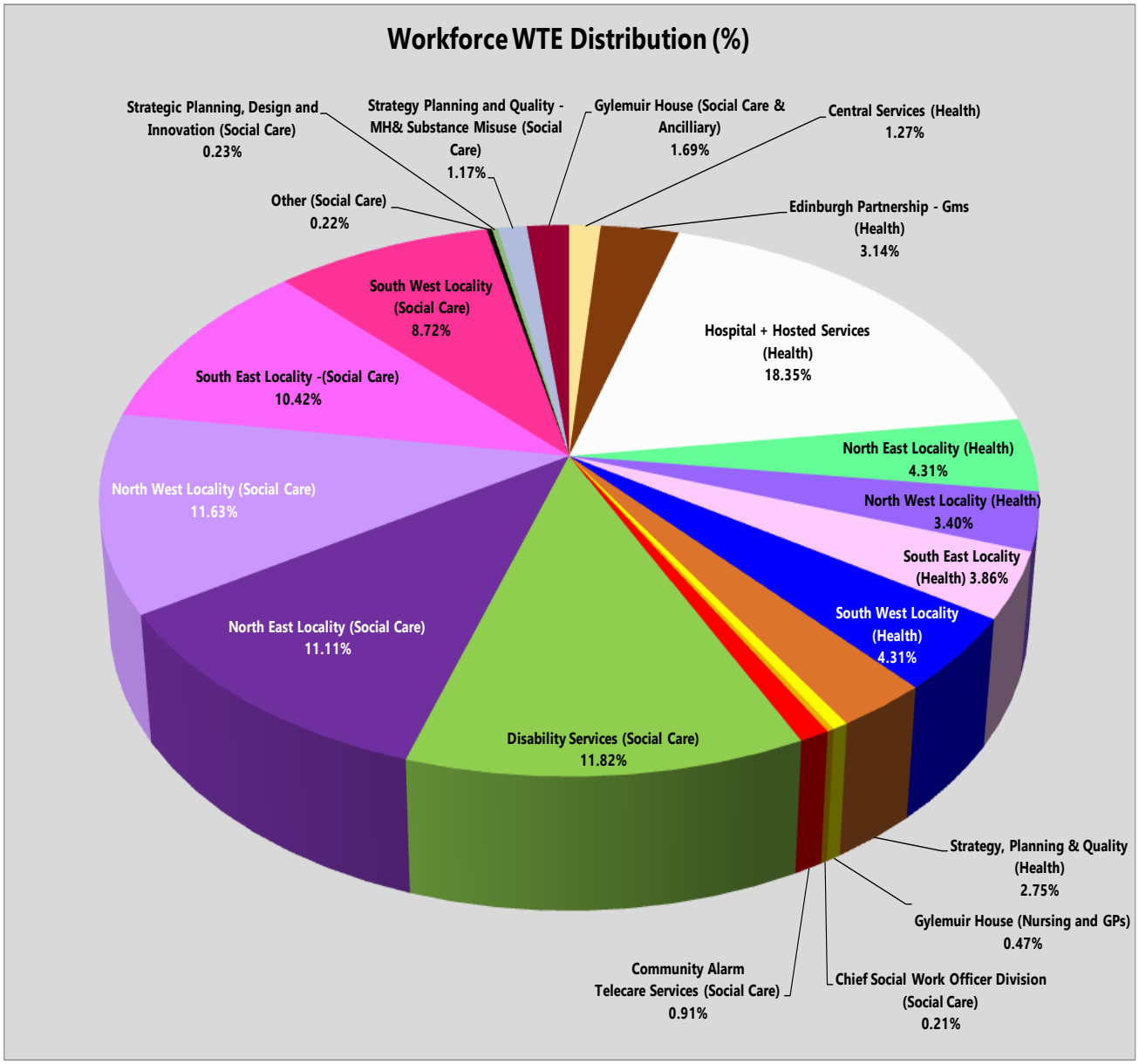
	WTE	Headcount
Health	2178	1724.40
Social Care	2984	2394.77
EH&SCP Total	**5162**	**4119.17**

However it is possible to show the breakdown of this workforce in more detail. The following table shows the workforce profile across individual areas/ divisions for health and social care.

Area/ Division	Headcount	WTE
Health	**2178**	**1724.40**
Central Services	57	52.28
Edinburgh Partnership - Gms	168	129.45
Hospital + Hosted Services	944	755.68
North East Locality	245	177.49
North West Locality	172	140.09
South East Locality	198	158.95
South West Locality	234	177.53
Strategy, Planning & Quality	139	113.48
Gylemuir House (Nursing and GPs)	21	19.46
Social Care	**2984**	**2394.77**
Chief Social Work Officer Division (Old 8S)	10	8.74
Community Alarm Telecare Services (old 8DF)	39	37.35
Disability Services (old 8DD)	645	487.04
Health and Social Care Locality - North East	523	457.58
Health and Social Care Locality - North West	542	478.98
Health and Social Care Locality - South East	482	429.38
Health and Social Care Locality - South West	413	359.34
Other	13	8.94
Strategic Planning, Design and Innovation	11	9.62
Strategy Planning and Quality (Mental Health and Substance Misuse)	231	48.15
Gylemuir House (Social Care & Ancilliary)	75	69.64
Grand Total	**5162**	**4119.17**

The following pie chart plots the above data showing the percentage distribution of the workforce across the various divisions/ areas within the Partnership.

Once again this outlines the workforces across both health and social care.



We can also show the capacity across areas such as for each of the four Localities, appreciating the split across those employed by social care and those employed by health.

The following tables highlight the current capacity within each of our Localities.

North East Locality	Headcount	WTE
Health	245	177.49
Social Care	523	457.58
Total	**768**	**635.07**

North West Locality	Headcount	WTE
Health	172	140.09
Social Care	542	478.98
Total	**714**	**619.07**

South East Locality	Headcount	WTE
Health	198	158.95
Social Care	482	429.38
Total	**680**	**588.34**

South West Locality	Headcount	WTE
Health	234	177.53
Social Care	413	359.34
Total	**647**	**536.87**

Of course, it is possible to undertake a deeper dive with regards to these workforces. In section **7** we are able to share some specific work undertaken within the North West Locality Team which shows a more detailed workforce profile for their area of responsibility.

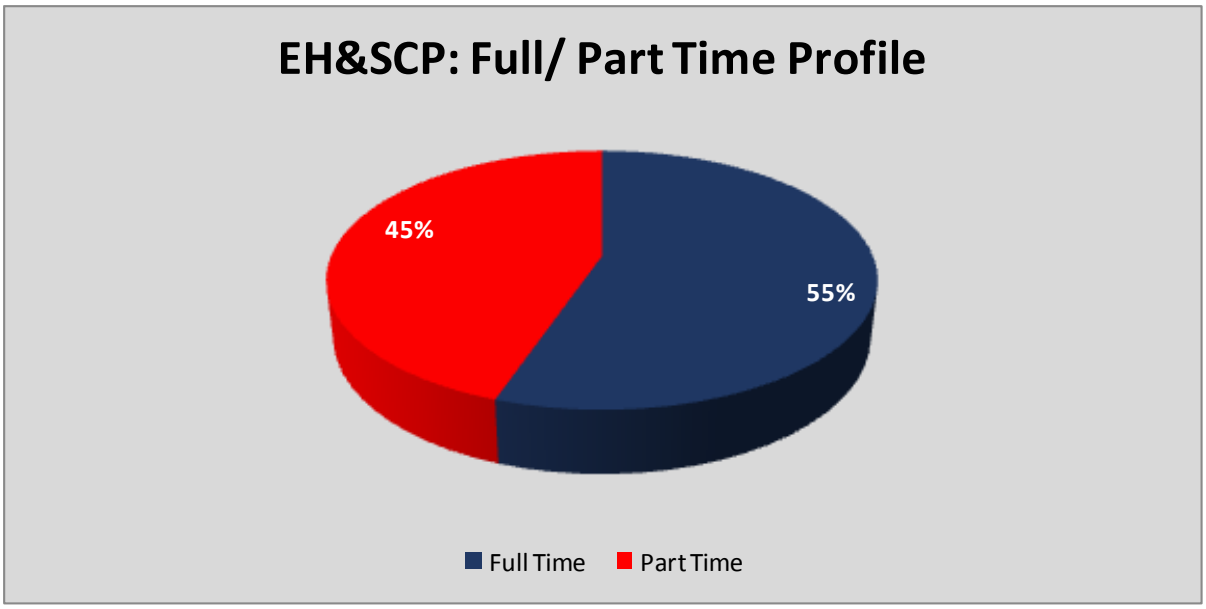
Going forward it would be useful to mirror this across the remaining 3 Localities.

6.2. Contract Type

The breakdown of the workforce in terms of full and part time working is shown in the table below

Area/ Division (based on headcount)	Full Time	Part Time	Total	% Part Time
Health	**983**	**1195**	**2178**	**54.87%**
Central Services	49	8	57	14.04%
Edinburgh Partnership - Gms	66	102	168	60.71%
Hospital + Hosted Services	403	541	944	57.31%
North East Locality	90	155	245	63.27%
North West Locality	91	81	172	47.09%
South East Locality	98	100	198	50.51%
South West Locality	98	136	234	58.12%
Strategy, Planning & Quality	80	59	139	42.45%
Gylemuir House (Nursing and GPs)	8	13	21	61.90%
Social Care	**1869**	**1115**	**2984**	**37.37%**
Chief Social Work Officer Division (Old 8S)	6	4	10	40.00%
Community Alarm Telecare Services (old 8DF)	34	5	39	12.82%
Disability Services (old 8DD)	409	236	645	36.59%
Health and Social Care Locality - North East	333	190	523	36.33%
Health and Social Care Locality - North West	382	160	542	29.52%
Health and Social Care Locality - South East	323	159	482	32.99%
Health and Social Care Locality - South West	270	143	413	34.62%
Other	7	6	13	46.15%
Strategic Planning, Design and Innovation	7	4	11	36.36%
Strategy Planning and Quality (Mental Health and Substance Misuse	38	193	231	83.55%
Gylemuir House (Social Care & Ancilliary)	60	15	75	20.00%
Grand Total	**2852**	**2310**	**5162**	**44.75%**

The above table shows that the Partnership's workforce predominantly works on a full-time basis. The table shows that overall 44.74% of the Partnership's workforce works on a part time basis (55.26% work full time).



However, there is quite a variation within the partnership. For example across the Health workforce, 54.87% work on a part time basis. Conversely the table shows that the proportion of staff working full time across social care is considerably higher to that of its health workforce.

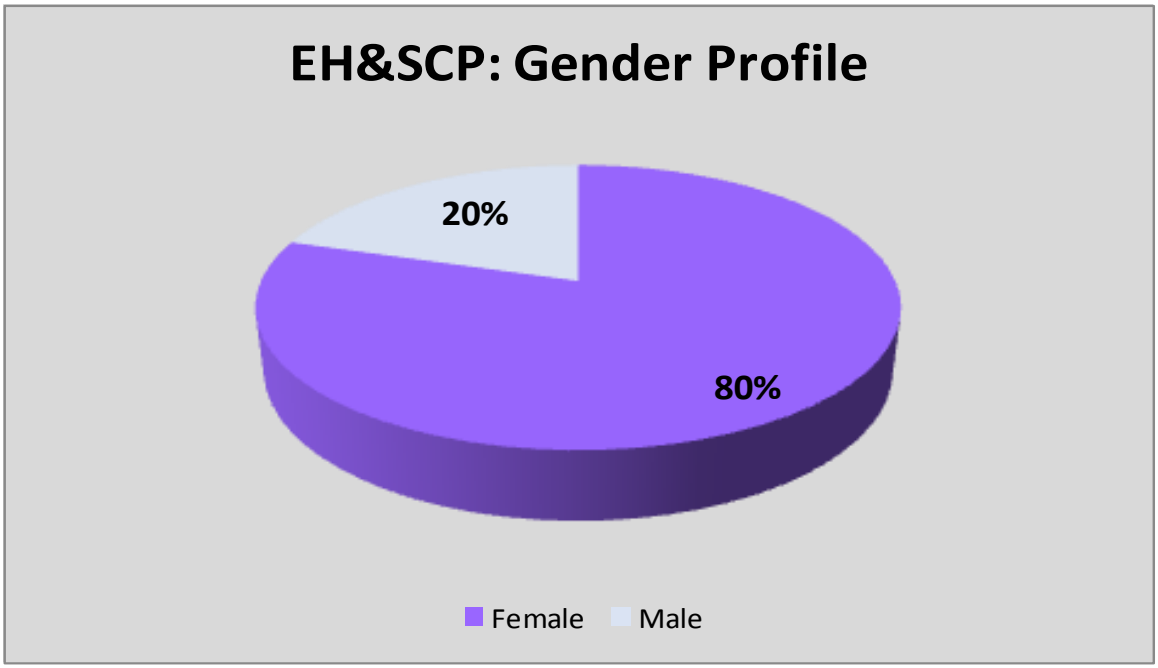
The above table also highlights some interesting comparisons across the 4 Locality areas (for both health and for social care) which may lend itself to further detailed workforce analysis at Locality level.

6.3. Gender

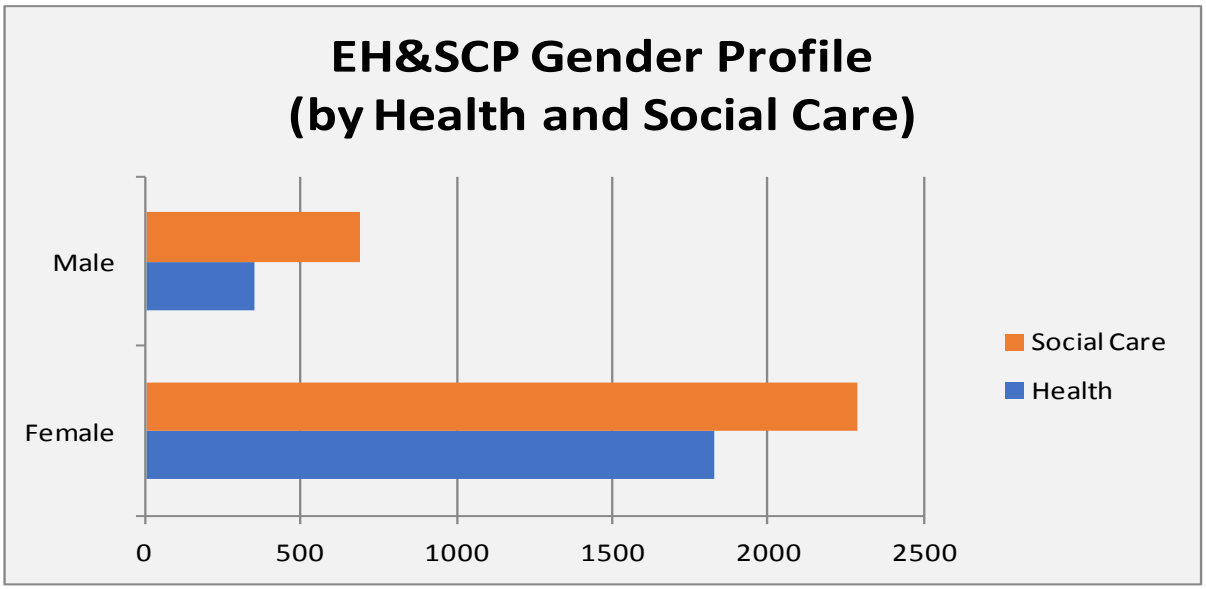
The gender profile for the partnership is outlined in the table below (by headcount).

Gender Profile (Headcount)	Female	Male
Health	1826	352
Social Care	2291	693
Grand Total	**4117**	**1045**

This shows that the workforce is predominantly female, both across the individual health and social care workforces.



The variation between the health and social care workforce components is illustrated in the bar chart below:



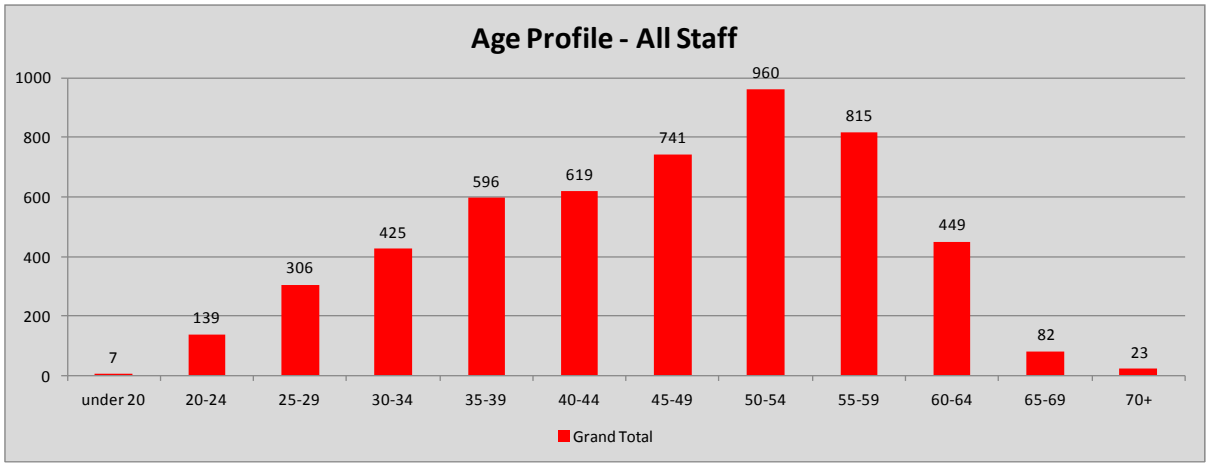
Across the health workforce, 83.34% are female. This is slightly less across the social care workforce where 76.78% of the workforce is female

The gender profile by service area/ division is further outlined in the table below.

Area/ Division (based on headcount)	Female	Male	Total	% Female
Health	**1826**	**352**	**2178**	**83.84%**
Central Services	47	10	57	82.46%
Edinburgh Partnership - Gms	144	24	168	85.71%
Hospital + Hosted Services	766	178	944	81.14%
North East Locality	217	28	245	88.57%
North West Locality	151	21	172	87.79%
South East Locality	187	11	198	94.44%
South West Locality	201	33	234	85.90%
Strategy, Planning & Quality	98	41	139	70.50%
Gylemuir House (Nursing and GPs)	15	6	21	71.43%
Social Care	**2291**	**693**	**2984**	**76.78%**
Chief Social Work Officer Division (Old 8S)	6	4	10	60.00%
Community Alarm Telecare Services (old 8DF)	20	19	39	51.28%
Disability Services (old 8DD)	397	248	645	61.55%
Health and Social Care Locality - North East	424	99	523	81.07%
Health and Social Care Locality - North West	442	100	542	81.55%
Health and Social Care Locality - South East	407	75	482	84.44%
Health and Social Care Locality - South West	349	64	413	84.50%
Other	10	3	13	76.92%
Strategic Planning, Design and Innovation	10	1	11	90.91%
Strategy Planning and Quality (Mental Health and Substance Misuse	168	63	231	72.73%
Gylemuir House (Social Care & Ancilliary)	58	17	75	77.33%
Grand Total	**4117**	**1045**	**5162**	**79.76%**

6.4. Age Demographic

The age profile for the Partnership (all staff) is outlined in the table below. This clearly depicts a shift towards the right of the chart indicating a proportionally aging workforce



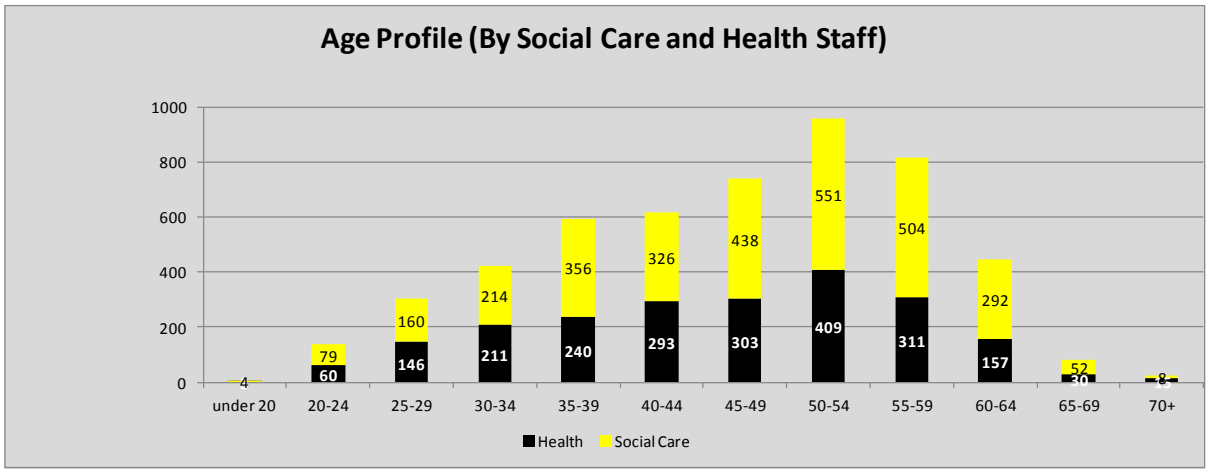
It also shows where the biggest concentration of staff lie, by age group. For example:

- The largest category of staff fall within the 50-54 years of age category
- The second largest category of staff sit within the 55-59 years of age category
- The third largest category of staff is the 45-49 years of age category
- These three categories alone account for 49% of the Partnership's workforce

Once again the above data can also be mapped for both the health and social care components of the overall workforce. This is detailed in the table below.

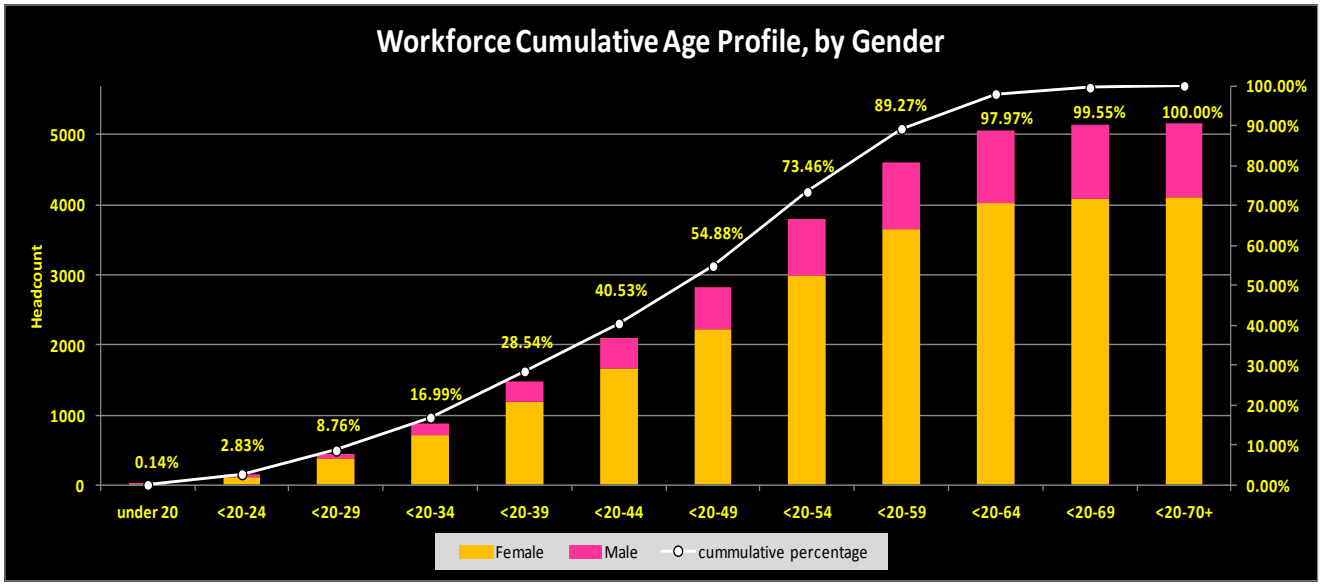
Age Profile (by headcount)	under 20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Grand Total
Health	3	60	146	211	240	293	303	409	311	157	30	15	2178
Social Care	4	79	160	214	356	326	438	551	504	292	52	8	2984
Grand Total	**7**	**139**	**306**	**425**	**596**	**619**	**741**	**960**	**815**	**449**	**82**	**23**	**5162**

This can be better illustrated in the following bar chart, again by headcount.



The social care workforce profile shows a significantly aging workforce profile compared to that for health. This may suggest that different strategies or solutions may be required for different parts of the Partnership's workforce.

The data can also be shown on a cumulative basis. The chart below shows the proportion of the workforce through the age categories.



The above chart illustrates some interesting traits within the Partnership's current workforce.

It highlights that overall, 54.88% of the workforce are under the age of 50 years of age.

It also highlights a potential issue re supply in that currently only 8.76% of the workforce are under 30 years of age.

Given that we know that national demographic projections indicate a reduced capacity within the working age groups; this could pose considerable capacity and supply problems in the future

6.5. Grade/ Band Profile

The following tables plot the bands/ grades for the workforce across health and social care.

	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	8A	8B	8C	8D	Medical	TUPE	Grand Total
Health	**2**	**452**	**209**	**113**	**570**	**462**	**168**	**32**	**16**	**5**	**1**	**128**	**20**	**2178**
Central Services			2	3	20	5	9	2	3	2	1	10		57
Edinburgh Partnership - Gms	1	38	13	6	3	34	6	1				46	20	168
Hospital + Hosted Services	1	340	50	53	254	118	55	8	6	3		56		944
North East Locality		15	30	25	63	65	38	4	2			3		245
North West Locality		4	18	4	77	55	9		2			3		172
South East Locality		12	27	8	58	70	15	4	1			3		198
South West Locality		8	40	3	76	76	24	4	1			2		234
Strategy, Planning & Quality		26	28	11	9	39	12	9	1			4		139
Gylemuir House (Nursing and GPs)		9	1		10							1		21
Grand Total	**2**	**452**	**209**	**113**	**570**	**462**	**168**	**32**	**16**	**5**	**1**	**128**	**20**	**2178**

The largest cohorts of staff within the health workforce are employed at Band 2, Band 5 and Band 6 levels. Collectively this accounts for 68% of the health workforce cohort. Staff members within Bands 1-4 represent approximately 36% of the health workforce within the Partnership. It also suggests that we may in fact look upon the table representing 2 distinct workforces in that there may be little or no opportunity for staff currently within Bands 1-4 to move up into Band 5 and above.

The following table outlines the grade profile for the social care employed staff within the Partnership.

	GR1	GR2	GR3	GR4	GR5	GR6	GR7	GR8	GR9	GR10	GR11	GR12	JNC72	Unknown	Grand Total
Social Care	**108**	**14**	**588**	**1352**	**130**	**189**	**359**	**181**	**26**	**10**	**3**	**3**	**2**	**19**	**2984**
Chief Social Work Officer Division (Old 8S)					1			7	1		1				10
Community Alarm Telecare Services (old 8DF)				32	4		2	1							39
Disability Services (old 8DD)	3		14	455	5	125	32	5	5	1					645
Health and Social Care Locality - North East	30	4	154	206	18	16	62	16	5	1				11	523
Health and Social Care Locality - North West	23	4	174	206	19	17	73	17	6	1				2	542
Health and Social Care Locality - South East	23	4	107	205	25	13	77	20	2	3		1		2	482
Health and Social Care Locality - South West	17	1	105	181	16	8	61	17	2	2		1		2	413
Other				2			2	1	1	2	1		2	2	13
Strategic Planning, Design and Innovation							1	9			1				11
Strategy Planning and Quality (Mental Health and Substance Misuse)				44	41	7	48	87	3			1			231
Gylemuir House (Social Care & Ancilliary)	12	1	34	21	1	3	1	1	1						75
Grand Total	**108**	**14**	**588**	**1352**	**130**	**189**	**359**	**181**	**26**	**10**	**3**	**3**	**2**	**19**	**2984**

The largest cohorts of staff within the social care workforce are employed at Grade 3, Grade 4 and Grade 7 levels. Collectively this accounts for 77% of the health workforce cohort. This may indicate the potential for some flexibility around future skill mix.

It is also possible to consider the grade profile as split across the male and female workforce

Health

Health	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	8A	8B	8C	8D	Medical	TUPE	Grand Total
Female	1	364	184	88	510	391	147	23	13	4	1	80	20	1826
Male	1	88	25	25	60	71	21	9	3	1		48		352
Grand Total	**2**	**452**	**209**	**113**	**570**	**462**	**168**	**32**	**16**	**5**	**1**	**128**	**20**	**2178**

- Approximately 35% of the female workforce is employed between Band 1 and Band 4.
- The total number of women in Bands 5-8D, plus medical grades, represents 54% of the total Health workforce within the Partnership

Social Care

Social Care	GR1	GR2	GR3	GR4	GR5	GR6	GR7	GR8	GR9	GR10	GR11	GR12	JNC72	Unknown	Grand Total
Female	72	1	509	1027	101	131	276	131	19	7	1	1	2	13	2291
Male	36	13	79	325	29	58	83	50	7	3	2	2		6	693
Grand Total	**108**	**14**	**588**	**1352**	**130**	**189**	**359**	**181**	**26**	**10**	**3**	**3**	**2**	**19**	**2984**

- 80% of the female social care workforce is employed between Grade 1 and Grade 6
- The female workforce accounts for 77% of the total Social Care workforce.

6.6. Sickness/ absence levels

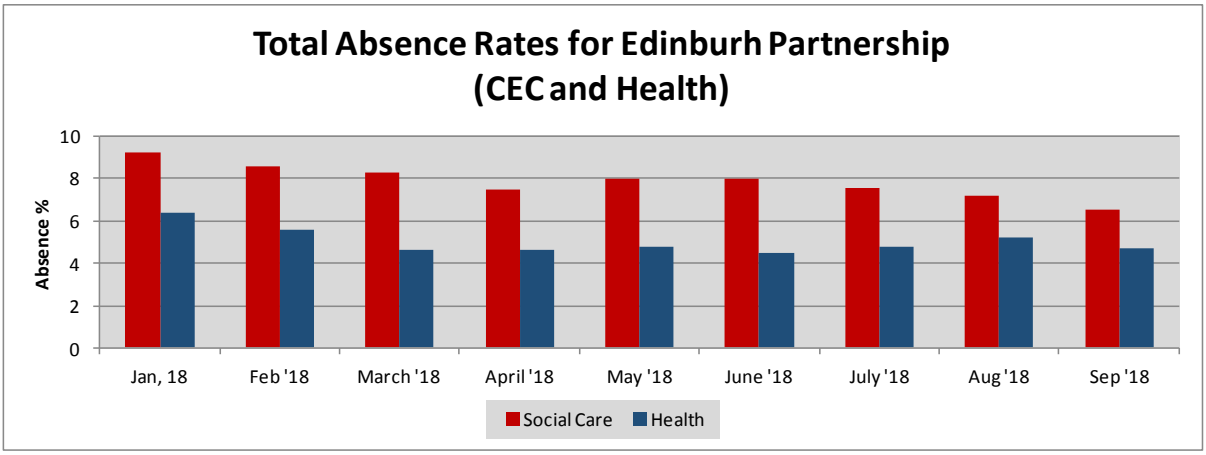
Edinburgh H&SCP Absence Rates (As at Aug 2018)

Staff absence, while inevitable, can be costly to the Partnership, both in terms of the loss of skilled and experience workforce but also in terms of the cost of temporarily filling those gaps, be they on a short or long-term basis.

It can also be used as a barometer of the health of the organisation where absence is monitored over a period of time. Spikes in absence rates may reflect aspects of a disruptive culture or where systems are failing to cope with demand. Monitoring absence rates is therefore a necessary but useful process when taking forward workforce planning activities

Presently, sickness/ absence rates are calculated separately using different systems and reports for health (SSTS) and for social care (Business Hub).

The following outlines the overall absence rates (includes short and long-term absence) for the Partnership showing individual figures for health and for social care (Jan – Sept 2018).



Reasons for Absence

Across the Partnership there are many reasons attributed to staff absence. However the main reasons provided for absence include:

- Cold, cough, influenza
- Gastro-intestinal
- Stress, depression
- Musculo-skeletal
- Infections

7. North West Locality Workforce Profile

7.1. Headcount/WTE

The North West Locality Team consists of a total of 714 (619.07 wte) staff. This includes both health and social care employees. The following table outlines the breakdown across its constituent parts.

Note: For the purposes of this report, the Gylemuir workforce is no longer included within the North West Locality profile (96 Headcount/ 89.10 wte).

North West Locality	WTE	Headcount
NW: Social Care	**478.98**	**542**
HSLCNH Locality Hub	122.27	131
HSLCNM Mental Health and Substance Misuse	19.63	21
HSLCNS Locality Cluster 1 - (Bridge)	179.74	204
HSLCNT Locality Cluster 2 - (Tower)	157.34	186
NW: Health	**140.09**	**172**
Cluster 1 Older People's Mental Health	25.58	31
Cluster 1: District Nursing	33.54	41
Cluster 2: District Nursing	37.95	45
Hub: AHPs	6.57	8
Locality Management	2.80	3
Mental Hlth & Subs. Misuse	33.65	44
Grand Total	**619.07**	**714**

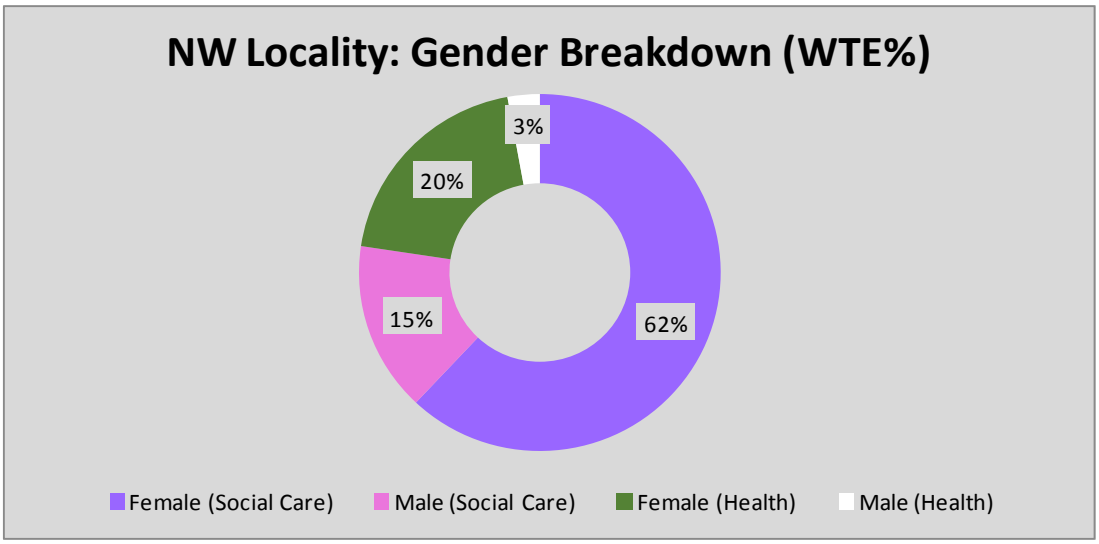
7.2. Gender Profile

The gender profile for NW Locality showing headcount and wte is outlined in the table below.

North West Locality	WTE	Headcount
Female (Social Care)	383.86	443
Male (Social Care)	95.11	99
Female (Health)	122.30	151
Male (Health)	17.80	21

As with many other service areas, the data contained in the above table clearly shows the significant proportion of the workforce capacity that are female.

This data can also be presented diagrammatically. The following chart outlines the percentage breakdown of male and female staff employed across both social care and health within the Locality



7.3. Grade/ Band Profile

The table below plots the NW Locality workforce by Grade/ band and by wte/ headcount.

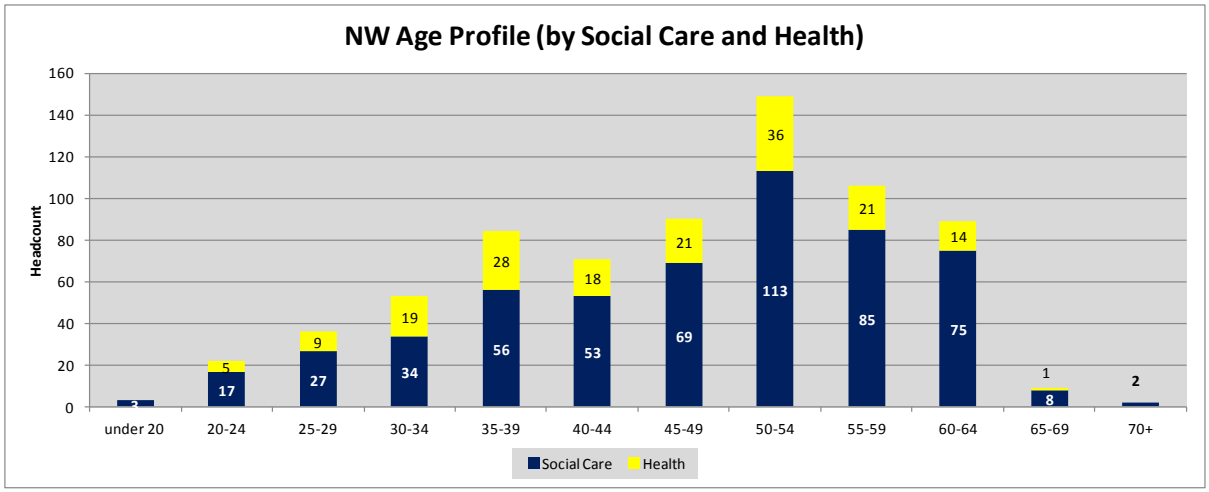
North West Locality	WTE	Headcount
Social Care- Grades		
GR1	19.66	23
GR2	4.00	4
GR3	143.27	174
GR4	191.39	206
GR5	17.76	19
GR6	16.06	17
GR7	64.61	73
GR8	15.24	17
GR9	6.00	6
GR10	1.00	1
Unknown	0.00	2
Health - Bands		
2	3.12	4
3	14.48	18
4	3.43	4
5	62.93	77
6	45.38	55
7	8.06	9
8B	2.00	2
Medical	0.70	3
Grand Total	**619.07**	**714**

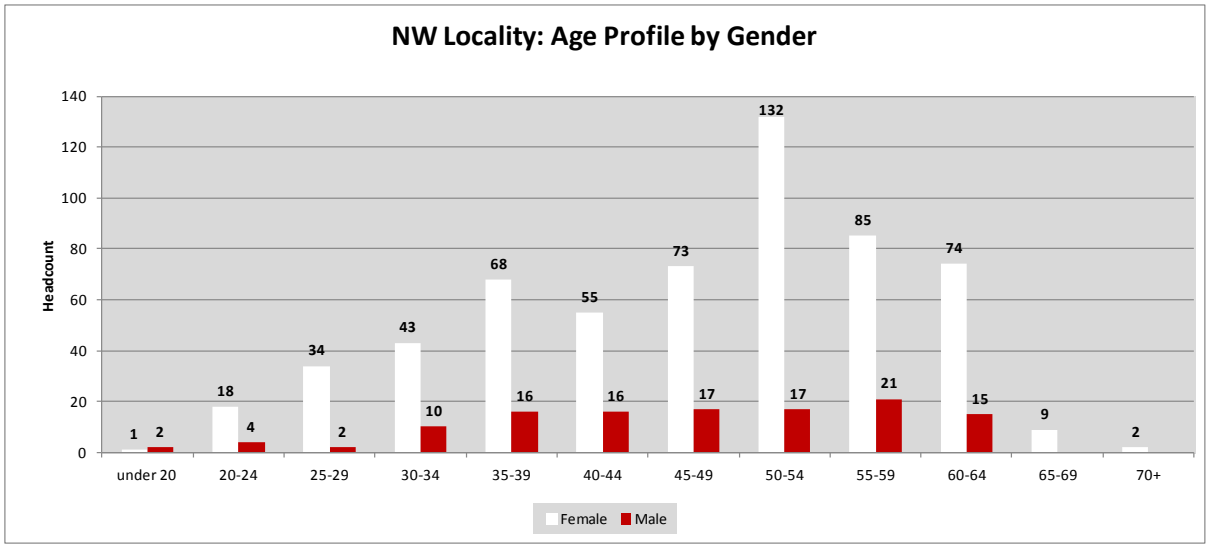
The table clearly shows the significant proportion of staff employed across Grades 3, 4 and 7 as well as across Bands 5 and 6.

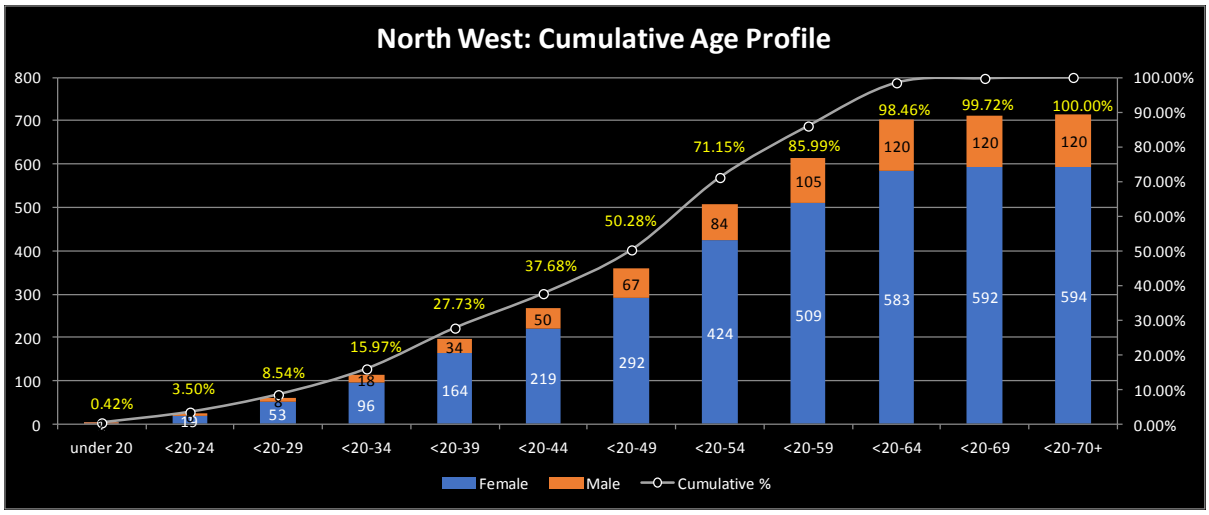
These five Grade/ Band groups account for 82% of the North West Locality's workforce.

7.4. Age Profile

The following tables clearly indicate the aging profile of the North West Locality workforce. These split the data across both health and social care employed staff, by gender and finally present the data showing the cumulative aging effect on the Locality's workforce profile.







The above table bears a striking resemblance to that offered for the whole of the Edinburgh Partnership's workforce in section 6.4.

7.5. Age and Grade Profile

Finally, the age profile is plotted against the grade profile that provides the following detailed table for the North West Locality workforce.

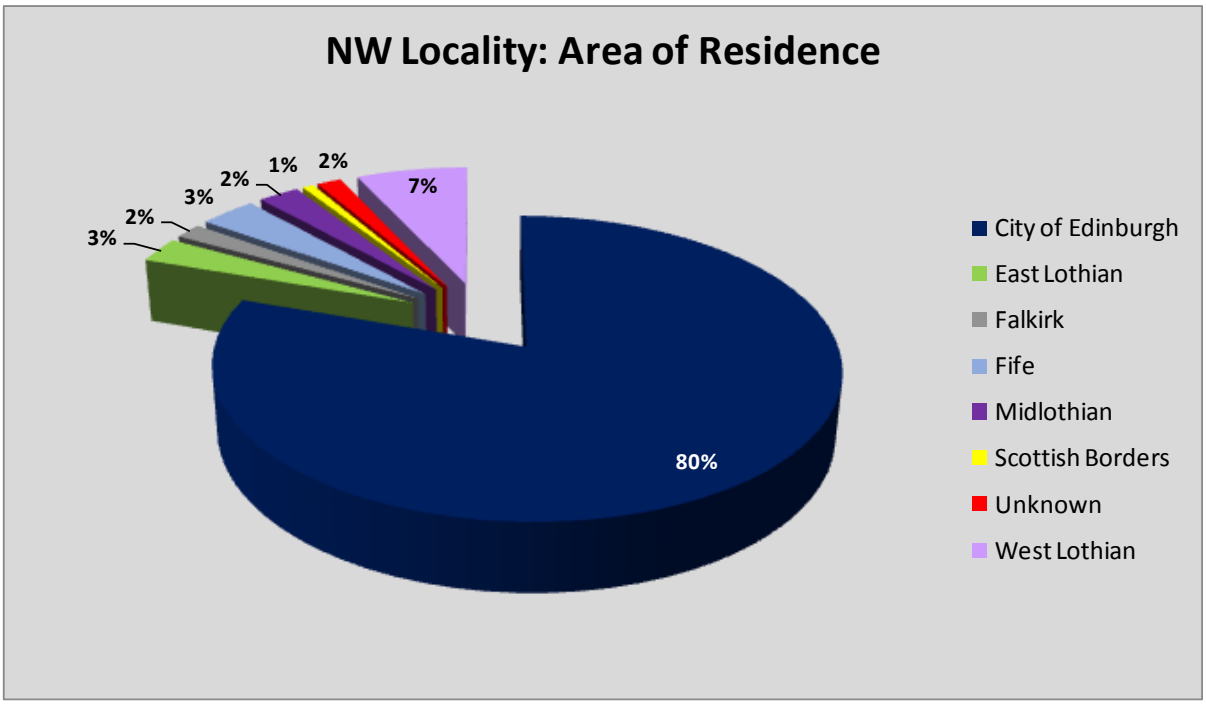
	under 20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Grand Total
Bands (Health)													
2				1	2				1				4
3			2	1	3	1		5	2	4			18
4						2	2						4
5		5	7	15	12	7	8	8	8	6	1		77
6				2	9	5	10	19	7	3			55
7					2	1	1	3	1	1			9
8B									2				2
Medical						2		1					3
Grades (Social Care)													
GR1		1		1	2	3	3	3	7	2	1		23
GR2						1	1	1	1				4
GR3	3	12	12	7	14	15	22	40	23	24	2		174
GR4		3	10	13	18	19	22	46	33	36	4	2	206
GR5					1		4	7	2	5			19
GR6			2	2	2	1	2	4	2	2			17
GR7		1	3	9	16	11	9	9	11	3	1		73
GR8				2	3	2	2	2	4	2			17
GR9						1	4			1			6
GR10								1					1
Unknown									2				2
Grand Total	**3**	**22**	**36**	**53**	**84**	**71**	**90**	**149**	**106**	**89**	**9**	**2**	**714**

7.6. Area of Residence

The table below outlines the area of residence for the whole of the North West Locality's workforce. This clearly shows that the current workforce largely resides in the City of Edinburgh council area.

Council Area	Headcount	% of NW Workforce
City of Edinburgh	570	79.83%
Clackmannanshire	1	0.14%
East Lothian	20	2.80%
Falkirk	12	1.68%
Fife	25	3.50%
Midlothian	18	2.52%
North Ayrshire	1	0.14%
North Lanarkshire	1	0.14%
Renfrewshire	1	0.14%
Scottish Borders	5	0.70%
Unknown	11	1.54%
West Lothian	49	6.86%
Grand Total	**714**	

Again, this data can be presented in the form of a pie chart showing the influence that the City of Edinburgh currently has in terms of NW Locality's workforce. This is important in that this may influence any 'local; solutions, for example with any recruitment drive. However this may shift in the future, particularly with the high employment rates and high cost of living associated with Edinburgh.



7.7. Other Workforce Data and Analysis

At this stage it is worthwhile considering further detailed analysis on particular 'hotspots' within the partnership. For the purposes of this report we aim to highlight further data and intelligence on the following service areas/ workforce groups:

- Care Homes (NHS)
- Home Care service
- District Nursing

7.8. CARE HOMES

There are 2 Care Homes managed under the auspices of North West Locality. These are:

- Royston Cluster 1 (Bridge)
- Drumbrae Cluster 2 (Tower)

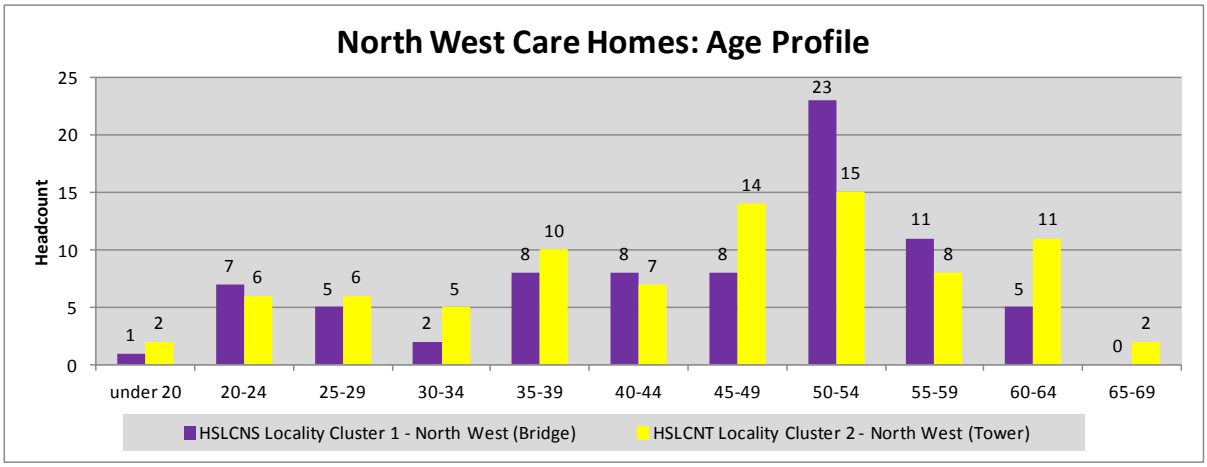
The following table outlines the Care Home workforce in terms of capacity by WTE and Headcount. The table also notes the high proportion of staff employed on a full time basis.

7.8.1. Headcount/WTE

North West Locality: CARE HOMES (Excl Gylemuir)	Headcount	WTE	% WTE
HSLCNS Locality Cluster 1 - North West (Bridge)	78	74.28	95.23%
HSLCNT Locality Cluster 2 - North West (Tower)	86	79.11	91.99%
NW Care Home Total	**164**	**153.39**	**93.53%**

7.8.2. Age Profile

The table below illustrates the age profile for both Care Homes within the North West Locality. Like other service areas, the highest cohort for both Care Homes is within the 50-54 age category.

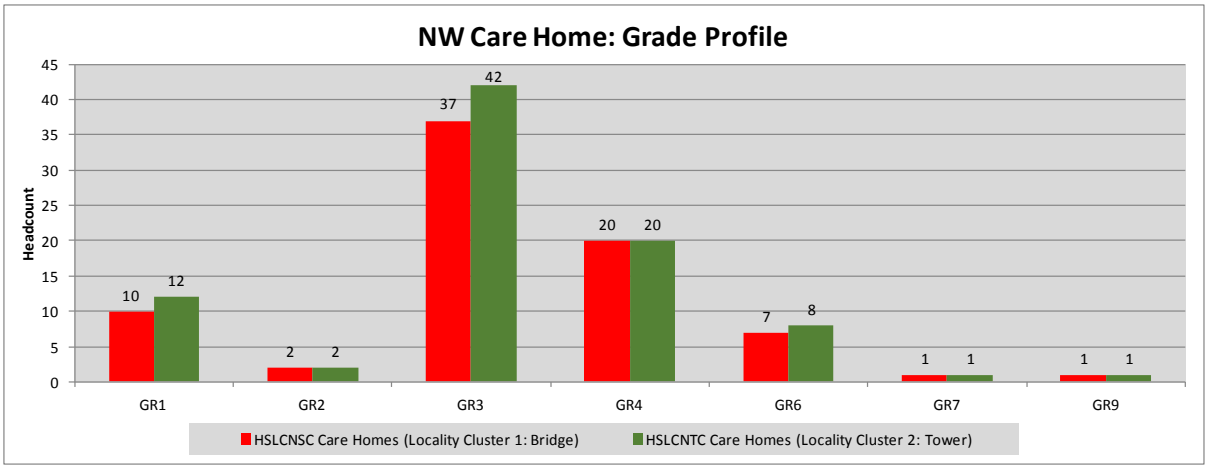


7.8.3. Grade Profile

The following table shows the grade profile across both Care Homes within the North West Locality

Care Homes by Grade	GR1	GR2	GR3	GR4	GR6	GR7	GR9	Grand Total
HSLCNSC Care Homes (Locality Cluster 1: Bridge)	10	2	37	20	7	1	1	**78**
HSLCNTC Care Homes (Locality Cluster 2: Tower)	12	2	42	20	8	1	1	**86**
Grand Total	**22**	**4**	**79**	**40**	**15**	**2**	**2**	**164**
Grade as % of Total Workforce	13.41%	2.44%	48.17%	24.39%	9.15%	1.22%	1.22%	100.00%

As the bar chart below indicates, the majority of staff are employed at Grades 3 and 4, accounting for 73% of the Care Home workforce.

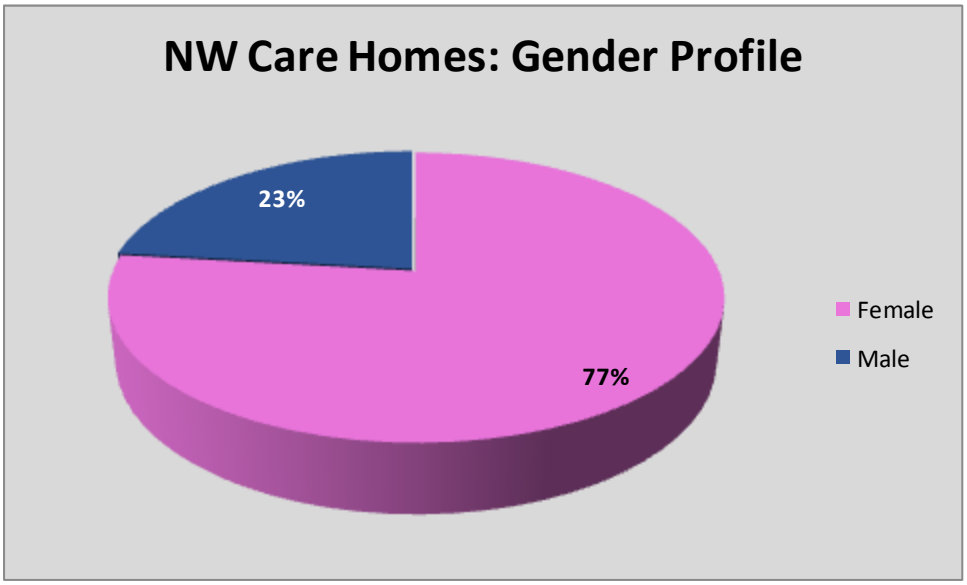


7.8.4. Gender Profile

The table below outlines the gender profile across both Care Homes. Unsurprisingly, the female workforce accounts for approximately 77% of the total Care Home workforce in North West Locality

Care Homes: Gender Profile	Female	Male	Total
HSLCNSC Care Homes (Locality Cluster 1: Bridge)	58	20	78
HSLCNTC Care Homes (Locality Cluster 2: Tower)	68	18	86
Grand Total	**126**	**38**	**164**

The overall gender profile can be illustrated in the following pie chart.



7.8.5. Area of Residence

Data on the area of residence for Care Home staff within North West Locality is outlined in the table below.

	City of Edinburgh	East Lothian	Falkirk	Fife	Midlothian	Scottish Borders	West Lothian	Unknown	Grand Total
HSLCNSC Care Homes (Locality Cluster 1: Bridge)	66	4	2		3	1	1	1	78
HSLCNTC Care Homes (Locality Cluster 2: Tower)	63	1		7	5	1	9		86
Grand Total	**129**	**5**	**2**	**7**	**8**	**2**	**10**	**1**	**164**

This clearly demonstrates that currently the vast majority of NW's care home staff reside within the City of Edinburgh (79%).

The data held in the above table can be split across individual Care Homes in order to match the type and level of role with the current staff' area of residence.

	City of Edinburgh	East Lothian	Falkirk	Fife	Midlothian	Scottish Borders	West Lothian	Unknown	Grand Total
HSLCNSC Care Homes (Locality Cluster 1: Bridge)	**66**	**4**	**2**		**3**	**1**	**1**	**1**	**78**
HSLNSCG/8SC547 Social Care Assistant - Days	1								1
HSLCNSCR/8SC550 Catering Assistant	3								3
HSLCNSCR/8SC549 Domestic Support Assistant	6		1						7
HSLCNSCR/8SC548 Social Care Assistant - Nights	9	1					1		11
HSLCNSCR/8SC547 Social Care Assistant - Days	22				1				23
HSLCNSCR/8SC531 Depute Manager - Care Home for Older People		1							1
HSLCNSCR/8SC529 Team Leader - Nights (60 Bedded Unit)	1								1
HSLCNSCR/8SC528 Team Leader - Days	4				1	1			6
HSLCNSCR/8SC199 Social Care Worker - Homes for Older People - Nights	6				1				7
HSLCNSCR/8SC198 Social Care Worker - Homes for Older People - Days	10	2							12
HSLCNSCR/8SC157 Porter/Handyperson	2								2
HSLCNSCR/8SC135 Manager (Care Home for Older People)			1						1
HSLCNSCR/8SC078 Cook	1							1	2
HSLCNSCR/8SC077 Senior Cook	1								1
HSLCNTC Care Homes (Locality Cluster 2: Tower)	**63**	**1**		**7**	**5**	**1**	**9**		**86**
HSLCNTCD/8SC550 Catering Assistant	2						1		3
HSLCNTCD/8SC549 Domestic Support Assistant	7			1			1		9
HSLCNTCD/8SC548 Social Care Assistant - Nights	11				1		2		14
HSLCNTCD/8SC547 Social Care Assistant (Days)	1								1
HSLCNTCD/8SC547 Social Care Assistant - Days	20			2			4		26
HSLCNTCD/8SC531 Depute Manager - Care Home for Older People	1								1
HSLCNTCD/8SC529 Team Leader - Nights (60 Bedded Unit)		1							1
HSLCNTCD/8SC528 Team Leader - Days	5			1	1				7
HSLCNTCD/8SC199 Social Care Worker - Homes for Older People - Nights	4			1					5
HSLCNTCD/8SC198 Social Care Worker - Homes for Older People - Days	11			2			1		14
HSLCNTCD/8SC157 Porter/Handyperson	1				1				2
HSLCNTCD/8SC135 Manager (Care Home for Older People)						1			1
HSLCNTCD/8SC078 Cook					1				1
HSLCNTCD/8SC077 Senior Cook					1				1
Grand Total	**129**	**5**	**2**	**7**	**8**	**2**	**10**	**1**	**164**

This is information is potentially helpful as it outlines where to focus efforts regarding future recruitment of staff by determining the most effective recruitment strategies, whether they be local or more broad in their scope.

Local information is critical in knowing where to target capacity building strategies. North West Locality recently undertook a local targeted approach to filling vacancies at both Care Homes. With support from the *Recruitment Coordination Team*, interviews were held in the respective Care Homes which was felt to be an important factor in encouraging people to take up any respective offer of employment.

This new approach proved to be successful where previous recruitment efforts had largely drawn a blank, resulting in vacancies having to be plugged by agency staff at considerable cost.

7.9. Home Care

7.9.1. Headcount/WTE

The following table outlines the Home Care workforce in terms of capacity by WTE and Headcount. The table also notes the relatively high proportion of staff employed on a full-time basis.

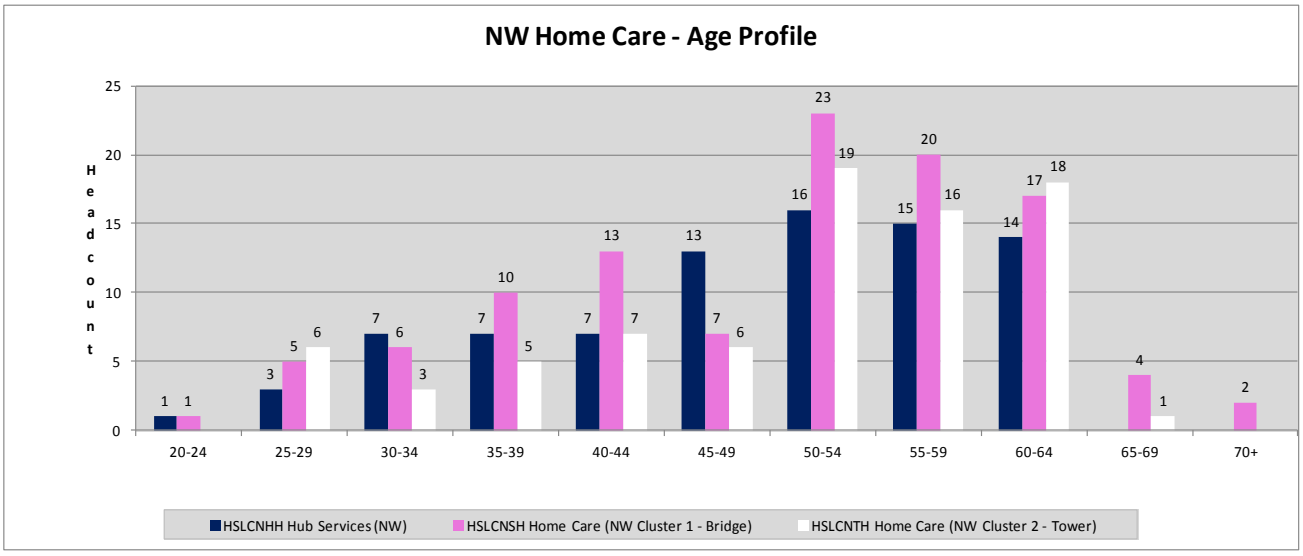
Home Care	Headcount	WTE	% WTE
HSLCNHH Hub Services/ Reablement (NW)	83	76.72	92.43
HSLCNSH Home Care (NW Cluster 1 - Bridge)	108	91.27	84.51
HSLCNTH Home Care (NW Cluster 2 - Tower)	81	64.03	79.05
Grand Total	**272**	**232.02**	**85.30**

7.9.2. Age Profile

The table below illustrates the age profile for Home Care services within the North West Locality. Like other service areas, the highest cohort is within the 50-54 age category for Home Care services in the North West Locality

NW Homw Care - Age Profile	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Grand Total
HSLCNHH Hub Services (NW)	1	3	7	7	7	13	16	15	14			83
HSLCNSH Home Care (NW Cluster 1 - Bridge)	1	5	6	10	13	7	23	20	17	4	2	108
HSLCNTH Home Care (NW Cluster 2 - Tower)		6	3	5	7	6	19	16	18	1		81
Grand Total	**2**	**14**	**16**	**22**	**27**	**26**	**58**	**51**	**49**	**5**	**2**	**272**

The above data can also be represented in the following bar chart.

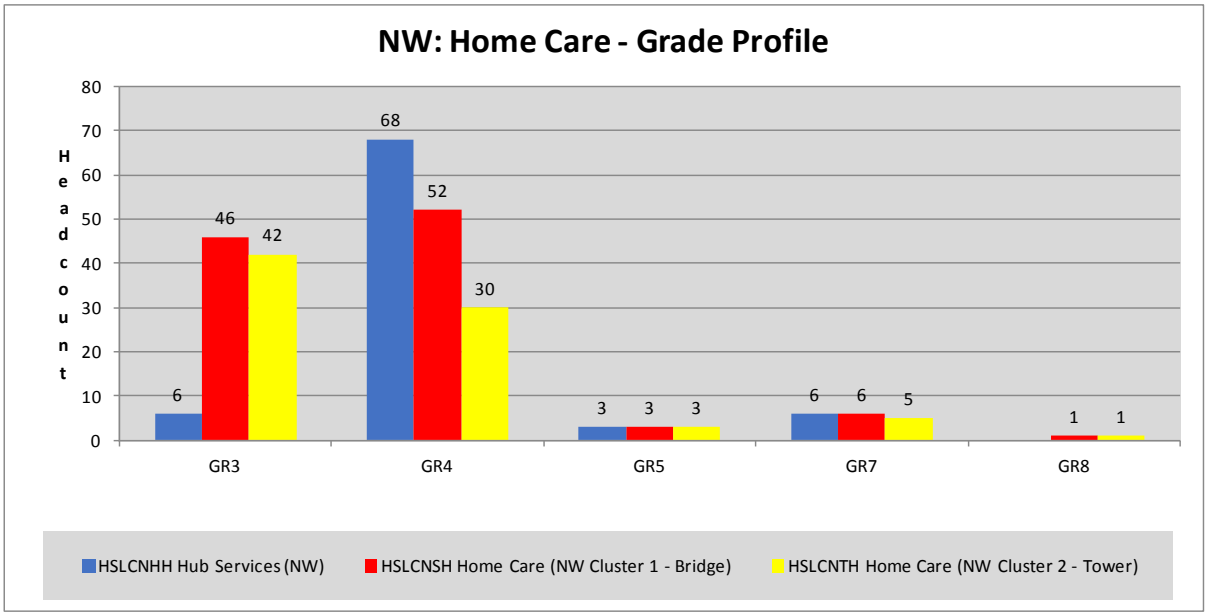


7.9.3. Grade Profile

The following table shows the grade profile across Home Care services within the North West Locality

NW Home Care: Grade Profile	GR3	GR4	GR5	GR7	GR8	Grand Total
HSLCNHH Hub Services (NW)	6	68	3	6		83
HSLCNSH Home Care (NW Cluster 1 - Bridge)	46	52	3	6	1	108
HSLCNTH Home Care (NW Cluster 2 - Tower)	42	30	3	5	1	81
Grand Total	**94**	**150**	**9**	**17**	**2**	**272**

As the bar chart below indicates, the majority of staff are employed at Grades 3 and 4, accounting for almost 90% of the total Home Care workforce within the North West Locality.

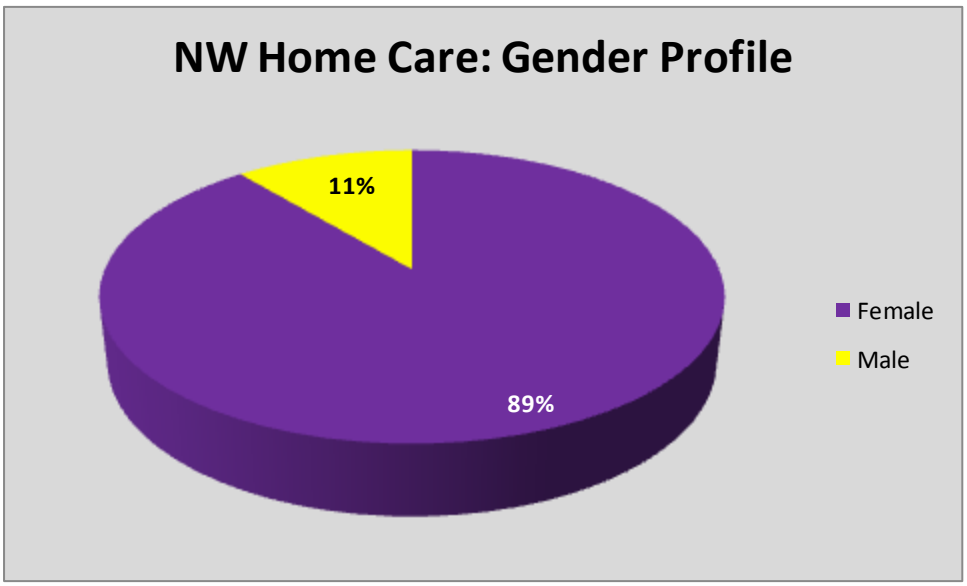


7.9.4. Gender Profile

The table below outlines the gender profile across Home Care within the North West Locality. Unsurprisingly, the female workforce accounts for approximately 89% of the total Home Care workforce in North West Locality

NW: Home Care: Gender Profile	Female	Male	Total	% Female
HSLCNHH Hub Services (NW)	73	10	83	87.95
HSLCNSH Home Care (NW Cluster 1 - Bridge)	93	15	108	86.11
HSLCNTH Home Care (NW Cluster 2 - Tower)	76	5	81	93.83
Grand Total	**242**	**30**	**272**	**88.97**

The overall gender profile can be illustrated in the following pie chart.



7.9.5. Area of Residence

Data on the area of residence for Home Care staff within North West Locality is outlined in the table below.

	City of Edinburgh	East Lothian	Midlothian	West Lothian	Other/ Unknown	Grand Total
HSLCNHH Hub Services (NW)	68	1	2	7	5	83
HSLCNSH Home Care (NW Cluster 1 - Bridge)	101	2		4	1	108
HSLCNTH Home Care (NW Cluster 2 - Tower)	71			8	2	81
Grand Total	**240**	**3**	**2**	**19**	**8**	**272**

This clearly demonstrates that currently the vast majority of NW's Home Care staff reside within the City of Edinburgh (88%).

The data held in the above table can be split across Home Care Services in order to match the type and level of role with the current staff' area of residence.

	City of Edinburgh	East Lothian	Midlothian	Other/ Unknown	West Lothian	Grand Total
HSLCNHH Hub Services (NW)	**68**	**1**	**2**	**5**	**7**	**83**
HSLCNHHR/CEC565 Reablement Coordinator	5			1		6
HSLCNHHR/8SC483 Social Care Assistant	6					6
HSLCNHHR/8OP370 Home Care Organiser	1		2			3
HSLCNHHR/8OP201 Social Care Worker (Home Care)	54			4	6	64
HSLCNHHB/8SC202 Social Care Worker - Day Services	2	1			1	4
HSLCNSH Home Care (NW Cluster 1 - Bridge)	**101**	**2**		**1**	**4**	**108**
HSLCNSH/CEC567 Home Care Manager	1					1
HSLCNSH/CEC133 Home Care Coordinator	4				2	6
HSLCNSH/8SC483 Social Care Assistant	45				1	46
HSLCNSH/8OP370 Home Care Organiser	3					3
HSLCNSH/8OP201 Social Care Worker (Home Care)	48	2		1	1	52
HSLCNTH Home Care (NW Cluster 2 - Tower)	**71**			**2**	**8**	**81**
HSLCNTH/CEC567 Home Care Manager	1					1
HSLCNTH/CEC133 Home Care Coordinator	5					5
HSLCNTH/8SC483 Social Care Assistant	38				4	42
HSLCNTH/8OP370 Home Care Organiser	3					3
HSLCNTH/8OP201 Social Care Worker (Home Care)	24			2	4	30
Grand Total	**240**	**3**	**2**	**8**	**19**	**272**

This is information may potentially be helpful in outlining where to focus resource and effort, for example with regards to future recruitment etc.

7.10. DISTRICT NURSING

The following table shows the District Nursing workforce (headcount) within NW Locality split by age category and cluster

NORTH WEST - DISTRICT NURSING	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Grand Total
Nw C1 District Nursing	**1**	**2**	**4**	**8**	**3**	**4**	**5**	**4**	**5**	**36**
DISTRICT NURSING SERVICES BAND 2			1							1
DISTRICT NURSING SERVICES BAND 3				1				1	1	3
DISTRICT NURSING SERVICES BAND 5	1	2	3	4	3	3	2	3	3	24
DISTRICT NURSING SERVICES BAND 6				2		1	2		1	6
DISTRICT NURSING SERVICES BAND 7				1			1			2
Nw C2 District Nursing	**4**	**5**	**7**	**7**	**4**	**2**	**8**	**4**	**1**	**42**
DISTRICT NURSING SERVICES BAND 3		1		1				1	1	4
DISTRICT NURSING SERVICES BAND 5	4	4	7	5	3	1	5	2		31
DISTRICT NURSING SERVICES BAND 6				1	1	1	3	1		7
Grand Total	**5**	**7**	**11**	**15**	**7**	**6**	**13**	**8**	**6**	**78**

It should be noted that 23 staff (Band 5 plus) are aged 50 years and over. This equates to approximately 30% of this workforce. This is important as given changes to pension regulations, it is most likely that this cohort of North West's DN cohort will leave the service given most will have retained their NHS 'special status' that allows them to retire at 55.

Currently DN training requires individuals to enter into full time training (1 year). Given the numbers required to be replaced and the time out required to train, this has the potential to significantly impact on DN workforce capacity and the ability to deliver a robust and safe service

8. NEXT STEPS

This is Edinburgh H&SCP's inaugural Workforce Baseline Plan.

This will act as a strong foundation from which to build and enhance our strategic approach to our future workforce matching issues of workforce supply with the demand for services across the Partnership.

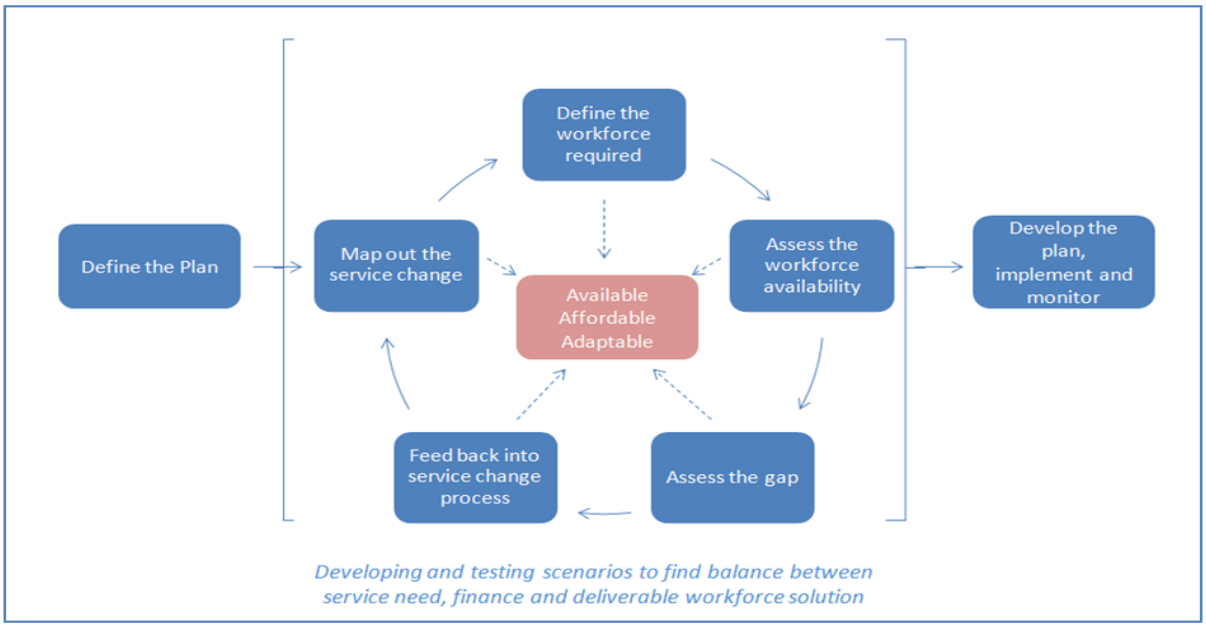
8.1. Workforce modelling – Proposed Methodology

Our future planning approach will be plan structured around the Scottish Government workforce planning guidance CEL (2011) 32, which suggested (initially) that NHS Boards use the nationally sponsored 6 step workforce planning methodology for developing their plans.

The guidance sets out the following 6 steps, which will form the framework for this plan.

Step 1: Defining the plan
Step 2: Visioning the future/Mapping service change
Step 3: Defining the required workforce (DEMAND)
Step 4: Understanding workforce availability (SUPPLY)
Step 5: Developing an action plan
Step 6: Implement, monitor and refresh.

The above model is outlined below:



The Six Step model is intended to promote a more iterative and integrated approach to workforce planning. This allows for key concerns and issues to be addresses in a more manageable and practical way.

The six step process also allows for triangulation across the three key strands of workforce planning, service planning and financial planning. It will also help support us to develop a series of actions as part of a wider workforce strategy, incorporating a solutions based approach to issues such as recruitment, retention, staff development, education and training needs as well as supporting matters of service redesign.

8.2 Acknowledged Gaps

While every effort has been made to try and ensure that this baseline plan is robust, there are a number of noted gaps where future work would be recommended.

The report contains detailed data on North West Locality's workforce; however it would be useful to undertake similar exercises across other localities and divisions within the Partnership.

It is also worth noting that a vast swathe of workforce data is omitted in this plan, most notably around voluntary and third sector agencies as well as across primary care. Given the impact that these workforces have on current service provision it will be necessary to take further actions to account for these particular sectors.

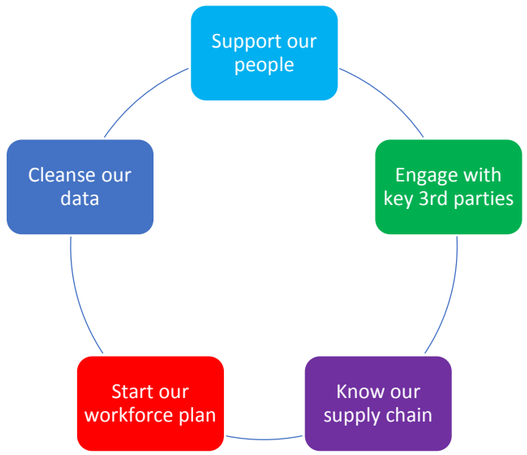
Finally, as part of moving forward, a workshop approach to taking the workforce planning methodology from theory to practical solutions and to develop a workforce strategy for Edinburgh Partnership should be noted as a priority for moving forward in 2019.

BREXIT STORYBOARD 2018 – 2021

APPENDIX A

EDINBVRGH
YOUR COUNCIL – YOUR FUTURE

KEY WORKFORCE OUTCOMES IN 2018-2019



BREXIT ROADMAP 2018-2019

EU Colleagues providing Care Services registered under the Care Inspectorate can apply for settled status November 29th 2018

Phased roll out of the settled status scheme start

Additional EU summit to finalise Brexit deal if deadlock continues

November 2018 Key Brexit Activity

Engage with all colleagues to understand potential wider impact on workforce e.g. Family member impacted

HR to update ... in ask HR team on Brexit impact ... Settled status process

EU summit 18-19th - exit treaty

October 2018 Key Brexit Activity

Engage with other colleagues to synergise internal and external Brexit strategies

Issue updated communications on outcome of EU summit

Last European council meeting of 2018

... months until the UK exits the EU

... 018 Key ...ivity

Political parties hold their conferences September / October 18

Analyse Leaver data Q3 & Q4 for EU leavers

6 months until UK exits the EU

Elected Members, Brexit Working Group meets every six weeks

September 2018 Key Brexit Activity

Meeting with Heads of Service to highlight at risk business areas

Engage with agency partners on potential impactin regard to Brexit impact

January 2019 UK & EU Parliaments must ratify the exit treaty

29th March 2019 Brexit Day UK exits the EU

Q1 2019 Key Brexit Activity

Circulate Home Office employers toolkit across all localities

Issue update to all potentially impacted colleagues on how to apply for settled status

Undertook data analysis on potential impact to the Council

Issued letter to all potentially impacted colleagues

Work to date

Updated intranet to ensure all colleagues can access information on Brexit

Linked in with external partners, COSLA, Audit Scotland, Home Office

31 December 2020 End of the implementation period

Key Future Events

30 June 2021 Deadline for applications to the settled status scheme

APPENDIX B

BREXIT
EU/ EEA Nationals within Edinburgh H&SCP

From the total number of EU employees working with the council we know 179 are within the EHSCP department, we also know the 85 have been employed with us for 5 or more years and 94 have 0-4 years' service.

Title	Headcount
Assistant Day Services Manager	1
Business Officer	1
Care & Support Worker (Respite)	2
Care and Support Worker	18
Care and Support Worker (Day Support)	6
Care Co-ordinator Mental Health Accommodation	1
Catering Assistant	2
Community Care Assistant	2
Community Therapy Assistant	3
Contracts Officer	1
Cook	4
Domestic Support Assistant	7
Equipment Cleaner	1
Equipment Service Technician	1
Home Care Coordinator	2
Home Care Organiser	7
Kitchen Domestic	1
Locum Social Care Worker	7
Mobile Telecare Support Officer	2
Occupational Therapist	4
Porter/Handyperson	1
Senior Care and Support Worker (Day Support)	2
Senior Community Support Worker - ECCL	1
Senior Practitioner	1
Senior Practitioner (Intermittant)	1
Social Care Assistant	21
Social Care Assistant - Days	12
Social Care Assistant - Nights	5
Social Care Worker - Homes for Older People - Days	10
Social Care Worker (Home Care)	38
Social Care Worker (Home Care) (Intermittant)	1
Social Worker	5
Specialist Occupational Therapist (Adult & Children's Equipment)	1
Support Worker	1
Team Leader - Days	5
Volunteernet Co-ordinator	1
(blank)	
Grand Total	**179**

Appendix C

Workforce Strategy Group Membership

Name	Title
Pat Wynne (Chair)	Chief Nurse, Edinburgh Health & Social Care
Kris Aitken	Organisation and Development Partner
Eddie Balfour	East Cluster Manager , NE Locality
Patricia Burns	Mental Health & Substance Misuse Manager, SE
Noreen Clancy	Head of Employee Relations, NHS
Peter Collins	Learning and Development Consultant
Anne Dempsey	Edinburgh College
Debbie Finch	HR Business Partner
Helen Fitzgerald	Staff Side Partnership Representative - NHS
Mark Grierson	Strategic Planning and Quality Manager - Disabilities
Kirsten Hey	Staff Side Partnership Representative - CEC
Fanchea Kelly	Blackwood Group
Kenny, Aileen	Bridge Cluster Manager, NW Locality
Amanda Langsley	Manager – Centre for Management of Aggression
Andrea Macdonald	Early Careers & Apprenticeship Lead
Nick McAlister	Head of Workforce Planning - NHS
Eileen McGuire	Primary Care Services Manager
Helen McKenna	Learning and Development
McWilliam Katie	Strategic Planning and Quality Manager – Older
Florence Miller	Agency Spend Project Manager
Sheena Muir	Hosted Services Manager
Rene Rigby	Scottish Care Homes
Ella Simpson	EVOC
Fiona Wilson	Cluster Manager, Edinburgh Health & Social Care
Neil Wilson	Programme Manager, Edinburgh Health & Social

Leads for sub groups

Group A Workforce Data	Group B Recruitment & Retention of Staff	Group C Staff Experience	Group D Workforce Development
Neil Wilson	Fiona Wilson	Sheena Muir	Pat Wynne

References

1.. Guardian (2 November 2017): European Nurses and Midwives leaving in droves since Brexit Vote

2.. The Herald (31 December 2017): Warning: Brexit will leave Scottish NHS in ruins

3.. The Scottish Government (December 2017), National Health and Social Care Workforce Plan Part 2, (paragraphs 74-75)

4. Health & Sport Committee (10 May 2018), The impact of leaving the European Union on health and social care in Scotland.

Item 5.6

Report

Transitions for Young People with a disability from children's services to adult services Edinburgh Health and Social Care Partnership

Edinburgh Integration Joint Board
14 December 2018

1. Executive Summary

1.1 This report sets out the development of the provision of support and planning for young people with a disability. It sets out five actions that are intended to improve this process for all young people with a disability and outlines the changes we propose to make to how professional staff engage with young people and their carers.

2. Recommendations

2.1 The Integration Joint Board is asked to:

Note and agree the five key action points in relation to young people

2. Background

2.1 Recent feedback from parents and service users indicates that transitioning from children and families support services to adult services has been a complex and frustrating experience. One of the key factors in this process is that it relies on two departments to work to deliver two elements of this process. These departments collectively often do not achieve a good transition for the young people. This report proposes new ways of working to deliver an improved experience and outcome.

3. Main report

3.1 In reviewing the current arrangements for young peoples' transition there is a focus on the responsibilities of the individual departments including financial decisions, which impacts on the outcomes for young people.

3.2 In 2017, The Scottish Transitions Forum produced a document called 'Good transitions 3'. This was a consulted upon document that offered local authorities across Scotland seven principles that are considered to be the basis for a 'good transition'.

Edinburgh has been cited as an area of good practice, however to fulfil a joined-up approach

to transition we need to expand the current scope and remits of our staff. In Edinburgh we propose to adopt these five principles in these points.

A single point of contact – this will be someone who takes responsibility for planning through all the aspects of a person's life.

We will collocate professional staff in one location, begin working towards a single professional worker taking forward all planning for a young person through into adulthood.

Starting Transitions work earlier – currently this happens when someone turns 16. Planning can be at different levels and intensity, but important point is that dialogue is ongoing and available.

We propose that planning is started at 14 through to the age of 25.

Information to young people and families – a commitment to provide documentation to families and easy read version of all the aspects involved in transition

Provide information on all aspects of transition; this should focus in informing young people and their carers of the options available

Provide accommodation options; to work with housing and care providers to avoid out of authority placements.

Adult services work with housing associations across Edinburgh to provide a home for people with a disability. We want to expand these networks to offer support to young people whose lives are in crisis as a direct alternative to residential placements out of Edinburgh.

Communication approaches – we need to move our conversations away from focussing on services and what young people are seeking from their lives.

If planning is ongoing from the age of 14 we can work with young people with a disability towards meeting their aspirations. An approach that assumes a person-centred model of planning as opposed to a passive recipient.

These five key actions will be delivered by resources available in City of Edinburgh Council and Edinburgh Health and Social Partnership.

4. Key risks

4.1 The risks of not changing our approach is we will continue to work in two separate departments ultimately not delivering on positive outcomes for young people with a disability. Following the same path for young people will lead to carer stress, potentially costly placements out of Edinburgh.

5. Financial implications

5.1 There are no anticipated financial implications arising from this report.

6. Implications for Directions

6.1 As part of the commissioning plans that are being developed, these actions will be incorporated into the action plan.

7. Implications

7.1 An Integrated Impact Assessment will be completed.

8. Sustainability implications

8.1 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.

9. Involving people

9.1 The development of the Good Transitions 3 document involved consultation with professionals, carers and young people from Edinburgh.

10. Background reading/references

10.1 Good Transitions - Scottish Transitions Forum

https://scottishtransitions.org.uk/summary-download/

Keys to Life

https://keystolife.info/

Report author

Judith Proctor

Chief Officer, Edinburgh Health and Social Care Partnership

Contact: Colin Briggs, Director of Strategic Planning NHS Lothian/Chief Strategy and Performance Officer (Interim)

E-mail: colin.briggs@nhslothian.scot.nhs.uk | Tel: 0131 465 5588

Appendices

None

Item 5.7

Report

Strategic Assessments – New Practices and Re-provision Schemes Edinburgh Integration Joint Board

14 December 2018

Executive Summary

1. The purpose of this report is to request that the Integration Joint Board supports the submission of the Strategic Assessments for New Practices and Re-provision Schemes to NHS Lothian Capital Investment Group for consideration by NHS Lothian in the Capital Prioritisation Programme 2019/20.

2. The Strategic Planning Group considered a version of the report at the meeting on 30 November 2018 and supported this coming forward to the Edinburgh Integration Joint Board.

Recommendations

3. The Integration Joint Board is asked to:

   i. Note that the new practices and re-provision schemes are identified as priority areas for investment in the Population Growth and Primary Care Assessment 2016-2026, which was supported by the Integration Joint Board on 22 September 2017.

   ii. Note that a Strategic Assessment is the first part of the Scottish Capital Investment Manual (SCIM) Guidelines with which health boards must comply to inform the Scottish Government of any intended investment proposal.

   iii. Note that the scored Strategic Assessments, attached as Appendix 1, have been produced following workshops with the relevant stakeholders for consideration as part of NHS Lothian's Capital Prioritisation Programme 2019/20 in December 2018.

   iv. Note the Strategic Planning Group considered and agreed the report would go forward to the Edinburgh Integration Joint Board.

Background

4. The Population Growth and Primary Care Premises Assessment 2016-2026 is the comprehensive assessment of the primary care pressures and needs across the city, reflecting the extensive housing investment set out in the City of Edinburgh Council (CEC) Local Development Plan (LDP). The report was supported by the Integration Joint Board on 22 September 2017 and noted by NHS Lothian Capital Investment Group (LCIG) on 28 March 2018.

5. Current primary care provision, existing premises constraints, prevailing and future population growth are all considered for each locality within the report and, with reference to the timing of the planned new housing, have generated a priority list of actions to address primary care needs.

6. The list of actions, which will need capital investment to deliver, has to be prioritised by the partnership and then as part of the NHS Lothian Capital Prioritisation Process to ensure inclusion in the NHS Lothian Capital Plan. This process requires the submission of a Strategic Assessment in the first instance.

7. A Strategic Assessment (SA) is the preliminary stage of the Scottish Capital Investment Manual (SCIM) guidelines which health boards must follow to inform the Scottish Government of any proposed investment. Subsequent stages include Initial Agreement, when options for delivering the solution are considered, and Business Case – Standard, or Outline and Full depending on the level of proposed investment with regard to the health board's delegated limits.

8. NHS Lothian has advised that submissions for the 2019/20 Capital Prioritisation Programme will be considered at the Lothian Capital Investment Group (LCIG) in December 2018. Schemes for inclusion in the programme require completed and scored Strategic Assessments

Main report

9. There are two **types** of Strategic Assessment attached to this paper for consideration in the NHS Lothian Capital Prioritisation Programme:

i) **New practice provision** - three Strategic Assessments

ii) **Re-provision of existing practices in South East**- two Strategic Assessments

10. **New Practice Provision**:

CEC Local Development Plan 2016-2026 identifies large areas of the city for development where there is little or no provision of General Medical Services (GMS) currently. These include:

- Granton Waterfront c 12,000 people
- Leith Waterfront c 10,000 people
- West Edinburgh c 8,000 people

11. There is also potential for West Edinburgh to be further developed in future should there be insufficient land identified within the city for development in City Plan 2030 , which is currently in preparation to address the housing requirements in the 2020s, overlapping with the current LDP.

12. The extent of the growth poses a threat to the stability of existing local practices which do not have the physical capacity to absorb the additional population, nor the desire to expand so significantly.

13. Additional physical capacity across the city has been increased in recent years through the implementation of small and intermediate schemes at many practices, together with recent re-provision schemes of several practices and the completion of two new partnership centres. Although this has generated much needed capacity, the historical under investment in primary care and ongoing annual increase of 5,000 people plus per annum into the city means that the existing capacity will not be able to support new developments of this size, requiring investment in new practices.

14. The planned developments will generate sufficient population to provide a sustainable business model for a new practice in each of the identified areas and offer a development opportunity to existing practices through the new contract should they wish to pursue expansion.

15. The design solution will also be able to address the implementation of the new contract and consequent development of the expanded workforce, together with the opportunity to accommodate locality needs.

16. It is difficult to be precise about the timing of when the new practices will be required – currently anticipated to be in the early 2020s. However, further analysis of planned housing programmes, in particular the 2018 Housing Land Audit, will help to clarify when these builds are most likely needed. The number of housing completions has accelerated in the last year which could bring forward the need should that rate continue.

17. The new practices are included in the CEC Edinburgh LDP Action Programme 2018, updated annually, as Healthcare Actions to mitigate the impact of the LDP.

18. **Re-provision of existing practices**

Two areas within the South East Edinburgh Locality comprise the Strategic Assessments for re-provision. These include the following practices, with list size in brackets:

Morningside area – Hermitage Practice (6,974), Morningside Practice (8,670)

Meadows area – Meadows Practice (4,610), Marchmont Practice (2,379), Boroughloch Practice (3,443) Dalkeith Road Practice (3,869)

19. The accommodation for the above practices is functionally unsuitable, does not offer opportunity for growth, restricts delivery of the new GMS contract and does not provide for sustainable delivery of primary care. The likely closure of one of the practices due to retirement in the near future will further impact on the stability /capacity of these practices.

20. Several of the practices are in ground floor tenement flats or, in the case of Hermitage, a terraced Georgian house which limits accessibility and growth, and does not offer any long term solution for delivery of primary care. Whilst Morningside Practice is in a purpose built building which has benefitted in recent years from a couple of small schemes to increase capacity, further expansion is unlikely given the site constraints of its current location. A joint development with the Hermitage practice may offer the practice an opportunity for long term sustainability.

21. Similarly, the practices located around the Meadows area, including Dalkeith Road, could naturally come together in a joint development which would benefit the long term stability of the practices and address the practices' population distribution. Grange Medical Practice, located nearby, may also wish to consider the joint development opportunity.

22. Whilst planned population growth in the area is not as intensive as some parts of the city, the future development of both the Royal Hospital for Sick Children's site and the Astley Ainslie Hospital site will add to the general growth in the area which in recent years has had to absorb the impact of the redevelopment of the former Royal Infirmary site at Quartermile.

23. Timing for the re-provision schemes is driven more by site opportunity than population growth, though there is a risk over the long term tenure of some of the current premises which makes it difficult to predict when circumstances may change and become a more urgent pressure.

24. Site availability for joint developments in both areas are limited though the re-development by NHS Lothian of the Royal Edinburgh site and the Princess

Alexandra Eye Pavilion (PAEP) site are worthy of consideration for these schemes.

25. Joint developments will also offer the opportunity to address locality and cluster needs required to deliver the new GMS contract such as Community Treatment and Care Services (CTACS) and mental health hubs.

26. The SAs were produced following workshops with representation from EHSCP Primary Care Support Team, NHS Lothian Capital Finance, NHS Lothian Capital Planning, the Strategic Lead for Primary Care and locality representation as required. The workshops deliberated the scope of services and drivers for change; in the case of the new practices given the principal driver is the significant new population, the SA is generic and applicable to all three areas. This has been confirmed as acceptable by NHS Lothian. Similarly the two re-provision schemes have the same drivers with the impact affecting different groupings of practices.

Key risks

27. There are no risks associated with the submission of this paper.

Financial implications

28. There are no financial implications associated with the submission of this paper.

Implications for Directions

29. The Integration Joint Board has issued direction EDI_2017/18_4 Primary Care, which includes the following:

4c) agree priorities for capital investment beyond the current year taking account of the anticipated population expansion in each locality as identified in the 'Population and GP Premises Assessment Edinburgh';

Equalities implications

30. The strategic assessments take account of the need to ensure that all citizens in Edinburgh have access to primary care services.

Sustainability implications

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

Involving people

32. The preparation of the strategic assessments involved key stakeholders as noted above. The fuller options appraisal at Initial Agreement stage will broaden the consultation process and engage more widely with users and providers of primary care services.

Impact on plans of other parties

33. Partnership prioritisation of primary care premises will be subsumed into NHS Lothian's Capital Prioritisation Programme with other health and social care partnerships and acute services priorities.

34. Each priority from Edinburgh Health and Social Care Partnership requires a scored strategic assessment for consideration in this programme.

Background reading/references

Population Growth and Primary Care Premises Assessment: Edinburgh 2016 – 2026

Scottish Capital Investment Manual

http://www.pcpd.scot.nhs.uk/Capital/scimpilot.htm

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Appendices

Appendix 1
Strategic Assessments New Practices and Re-provision Schemes

Appendix 1

Granton Waterfront Strategic Assessment

PROJECT:
New practice Granton Waterfront

What are the Current Arrangements: City of Edinburgh Council Local Development Plan identifies Granton Waterfront as an area for significant planned housing development for c 12,000 people where currently there is little or no General Medical Services (GMS) provision

What is the need for change?	Identify Links	What benefits will be gained from addressing these needs?	Identify Links	How do these benefits link to NHSScotland's Strategic Investment Priorities?	Prioritisation Score
Significant planned population increases from CEC Local Development Plan in areas currently with little or no General Medical Services (GMS) provision		Ensure everyone has access to GMS through provision of adequate capacity		Person Centred	5
		Shift the balance of care by increasing the proportion of patients receiving care in community settings;			
The extent of the growth poses a threat to the stability of existing local practices which do not have the physical capacity to absorb the additional population, nor the desire to expand so significantly		Reduce emergency admissions to hospital and rate of attendance at A/E; optimise delivery of additional services and use of third sector resource		Safe	4
		Ensure that people who use health and social care services have positive experiences and their dignity respected.		Effective Quality of Care	4
Planned developments will generate sufficient population to offer a sustainable business model for new practices and provide development opportunity to existing practices through the new contract		Support the attainment of HEAT targets e.g early cancer detection, antenatal access, early years vaccinations		Health of Population	4
		Deliver functionally suitable and sustainable healthcare estate		Value & Sustainability	4
Opportunity to address and accommodate workforce uncertainty to meet new contract and locality needs		Optimise financial and resource usage through an efficient estate and a stable health and social care system		TOTAL SCORE	21

What solution is being considered

Service Scope / Size
Provision of sustainable GMS services in areas with little or no practice provision

Service Arrangement
Increase capacity through development of new practices & contract

Service Providers
EHSCP, GMS contractors, NHS Lothian, City of Edinburgh Council, Third sector, partners, private

Impact on Assets
Potential new premises or refurbishment of existing assets - own or partners

Value & Procurement
New build will use the Hub Framework, other procurement to be confirmed in Initial Agreement

Appendix 1

Leith Waterfront Strategic Assessment

PROJECT:
New practice Leith Waterfront

What are the Current Arrangements: City of Edinburgh Council Local Development Plan identifies Leith Waterfront as an area for significant planned housing development for c 10,000 people where currently there is little or no General Medical Services (GMS) provision

What is the need for change?	What benefits will be gained from addressing these needs?	How do these benefits link to NHSScotland's Strategic Investment Priorities?	Prioritisation Score	What solution is being considered
Significant planned population increases from CEC Local Development Plan in areas currently with little or no General Medical Services (GMS) provision	Ensure everyone has access to GMS through provision of adequate capacity	Person Centred	5	**Service Scope / Size** Provision of sustainable GMS services in areas with little or no practice provision
The extent of the growth poses a threat to the stability of existing local practices which do not have the physical capacity to absorb the additional population, nor the desire to expand so significantly	Shift the balance of care by increasing the proportion of patients receiving care in community settings; Reduce emergency admissions to hospital and rate of attendance at A/E; optimise delivery of additional services and use of third sector resource	Safe	4	**Service Arrangement** Increase capacity through development of new practices & contract
Planned developments will generate sufficient population to offer a sustainable business model for new practices and provide development opportunity to existing practices through the new contract	Ensure that people who use health and social care services have positive experiences and their dignity respected. Support the attainment of HEAT targets e.g early cancer detection, antenatal access, early years vaccinations	Effective Quality of Care	4	**Service Providers** EHSCP, GMS contractors, NHS Lothian, City of Edinburgh Council, Third sector, partners, private
Opportunity to address and accommodate workforce uncertainty to meet new contract and locality needs	Deliver functionally suitable and sustainable healthcare estate	Health of Population	4	**Impact on Assets** Potential new premises or refurbishment of existing assets - own or partners
	Optimise financial and resource usage through an efficient estate and a stable health and social care system	Value & Sustainability	4	**Value & Procurement** New build will use the Hub Framework, other procurement to be confirmed in Initial Agreement
		TOTAL SCORE	21	

Identify Links

Identify Links

NHS Lothian · EDINBVRGH · THE CITY OF EDINBURGH COUNCIL

Working together for a caring, healthier, safer Edinburgh

West Edinburgh Strategic Assessment

PROJECT:
New practice West Edinburgh

What are the Current Arrangements: City of Edinburgh Council Local Development Plan identifies West Edinburgh for significant planned housing development for c 8,000 people where currently there is little or no General Medical Services (GMS) provision; West Edinburgh also has the potential for further significant increases in future plans

What is the need for change?	Identify Links	What benefits will be gained from addressing these needs?	Identify Links	How do these benefits link to NHSScotland's Strategic Investment Priorities?	Prioritisation Score	What solution is being considered
Significant planned population increases from CEC Local Development Plan in areas currently with little or no General Medical Services (GMS) provision		Ensure everyone has access to GMS through provision of adequate capacity		Person Centred	5	**Service Scope / Size**: Provision of sustainable GMS services in areas with little or no practice provision
Potential for the West Edinburgh developments to increase further in future Local Development Plan		Shift the balance of care by increasing the proportion of patients receiving care in community settings;		Safe	4	**Service Arrangement**: Increase capacity through development of new practices & contract
The extent of the growth poses a threat to the stability of existing local practices which do not have the physical capacity to absorb the additional population, nor the desire to expand so significantly		Reduce emergency admissions to hospital and rate of attendance at A/E; optimise delivery of additional services and use of third sector resource		Effective Quality of Care	4	**Service Providers**: EHSCP, GMS contractors, NHS Lothian, City of Edinburgh Council, Third sector, partners, private
Planned developments will generate sufficient population to offer a sustainable business model for new practices and provide development opportunity to existing practices through the new contract		Ensure that people who use health and social care services have positive experiences and their dignity respected.		Health of Population	4	**Impact on Assets**: Potential new premises or refurbishment of existing assets - own or partners
Opportunity to address and accommodate workforce uncertainty to meet new contract and locality needs		Support the attainment of HEAT targets e.g early cancer detection, antenatal access, early years vaccinations		Value & Sustainability	4	**Value & Procurement**: New build will use the Hub Framework, other procurement to be confirmed in Initial Agreement
		Deliver functionally suitable and sustainable healthcare estate		TOTAL SCORE	21	
		Optimise financial and resource usage through an efficient estate and a stable health and social care system				

Morningside Area Re-provision Strategic Assessment

PROJECT: GP Capacity in South East – Morningside Area Re-provision

What are the Current Arrangements: Hermitage practices are in accommodation which is functionally unsuitable, does not offer opportunity for growth, restricts delivery of the new contract and does not provide for sustainable delivery of primary care. Morningside Practice, whilst in more modern accommodation, is based in a constrained site with limited opportunity for growth. Future development of the Astley Ainslie site will add pressure from population growth.

What is the need for change?

Identify Links

- Existing practices, due to a mixture of limitations of workforce and physical capacity, are unable to provide GMS to the current population hence list restrictions
- Current difficulties locally and nationally with primary care workforce provision undermine practices' stability and potential to increase lists Instability
- Premises restrict the ability of practices to increase capacity, and provide sufficient access to primary care.
- Practice is operating from premises which are functionally unsuitable for delivery of sustainable primary care services against existing standards and does not offer a long term solution for delivery
- Accommodation constraints limit ability to optimise primary care services and implement the new GMS contract requirements such as CTACS and Mental Health hubs

What benefits will be gained from addressing these needs?

- Ensure everyone has access to a GP by increasing capacity and reducing restricted lists
- Shift the balance of care by increasing the proportion of patients receiving care in community settings and deliver new GMS contract requriements
- Reduce emergency admissions to hospital and rate of attendance at A/E
- Ensure that people who use health and social care services have positive experiences and their dignity respected.
- Support the attainment of HEAT targets e.g early cancer detection, antenatal access, early years vaccinations
- Improve the functional suitability of the healthcare estate by providing compliant premises
- Optimise financial and resource usage through an efficient estate and a stable health and social care system which avoids crisis solutions

How do these benefits link to NHSScotland's Strategic Investment Priorities?

Identify Links

	Prioritisation Score
Person Centred	5
Safe	4
Effective Quality of Care	4
Health of Population	4
Value & Sustainability	4
TOTAL SCORE	21

What solution is being considered

Service Scope / Size

Provision of sustainable GMS services in EHSCP South East Locality

Service Arrangement

Support primary care delivery and increase capacity through re-provision of accommodation in joint development

Service Providers

EHSCP, GP contractors, NHS Lothian, City of Edinburgh Council, Third sector

Impact on Assets

Re-provision / co-location of practices will reduce number of buildings

Value & Procurement

New build will use the Hub Framework, other procurement to be confirmed in Initial Agreement

Appendix 1

Meadows Area Re-provision Strategic Assessment

PROJECT: GP Capacity in South East - Meadows Area Re-provision

What are the Current Arrangements: Existing practices - including Meadows, Marchmont, Boroughloch, Dalkeith Road (and possibly Grange) – are in accommodation which is functionally unsuitable, does not offer opportunity for growth, restricts delivery of the new GMS contract and does not provide for sustainable delivery of primary care. The likely closure of one of the practices due to retirement in the near future will further impact on the stability /capacity of these practices.

What is the need for change?

Existing practices, due to a mixture of limitations of workforce and physical capacity, are unable to provide GMS to the current population hence list restrictions

Current difficulties locally and nationally with primary care workforce provision undermine practices' stability and potential to increase lists

Premises restrict the ability of practices to increase capacity, and provide sufficient access to primary care; instability at any single practice will impact on others

Practices are operating from premises which are functionally unsuitable for delivery of sustainable primary care services against existing standards – they do not offer a long term option for primary care services

Providing GMS from several sites limits ability to optimise primary care services and implement the new GMS contract requirements such as CTACS and Mental Health hubs

Identify Links

What benefits will be gained from addressing these needs?

Ensure everyone has access to a GP by increasing capacity and reducing restricted lists

Shift the balance of care by increasing the proportion of patients receiving care in community settings and deliver new GMS contract requirements

Reduce emergency admissions to hospital and rate of attendance at A/E

Ensure that people who use health and social care services have positive experiences and their dignity respected.

Support the attainment of HEAT targets e.g early cancer detection, antenatal access, early years vaccinations

Improve the functional suitability of the healthcare estate by providing compliant premises

Optimise financial and resource usage through an efficient estate and a stable health and social care system which avoids crisis solutions

Identify Links

How do these benefits link to NHSScotland's Strategic Investment Priorities?

	Prioritisation Score
Person Centred	5
Safe	4
Effective Quality of Care	4
Health of Population	4
Value & Sustainability	4
TOTAL SCORE	21

What solution is being considered

Service Scope / Size

Provision of sustainable GMS services in EHSCP South East Locality

Service Arrangement

Support primary care delivery and increase capacity through re-provision of accommodation in joint development

Service Providers

EHSCP, GP contractors, NHS Lothian, City of Edinburgh Council, Third sector

Impact on Assets

Re-provision / co-location of practices will reduce number of buildings

Value & Procurement

New build will use the Hub Framework, other procurement to be confirmed in Initial Agreement

Item 5.8

Report

Performance Report

Edinburgh Integration Joint Board

14 December 2018

Executive Summary

1. This report provides an overview of the activity and performance of the Edinburgh Health and Social Care Partnership and certain set aside functions of the Edinburgh Integration Joint Board. It provides an overview of performance covering key local indicators and national measures to the end of September 2018.

Recommendations

2. The Integration Joint Board is asked to note the performance of Edinburgh Health and Social Care Partnership and Edinburgh Integration Joint Board against a number of indicators, both local and national, for the period to September 2018.

Background

3. There are nine National Health and Wellbeing Outcomes which provide a strategic framework for the planning and delivery of health and social care services. They focus on the experiences and quality of services for people using those services, carers and their families. There are 23 Core Integration Indicators set out by the Scottish Government which monitor performance against these nine outcomes.

4. The Health and Social Care Partnership also reports on a suite indicators covering six areas of activity set out by the Ministerial Strategic Group for Health and Community Care as a means of measuring progress under integration.

5. In addition, the Health and Social Care Partnership monitors performance against a suite of local indicators to provide information that the partnership requires in the local context.

6. A performance report is considered by the Health and Social Care Partnership Executive Management Team each month. This report is based on the performance report considered by the Executive Management Team on 25 October 2018.

7. Data in this report are collated from a variety of sources. Appendix 1, the local performance information, comes from the Data, Performance and Business Planning team within Strategy and Communications in the City of Edinburgh Council and the Performance Manager for the Edinburgh Health and Social Care Partnership in NHS Lothian. Appendices 2 and 3 come from the Local Intelligence Support Team (LIST) within in NHS National Services Scotland Information Services Division (ISD).

Main report

Performance – local indicators

8. Performance on the local indicators to the end of September is shown in the performance report (see appendix 1). Key points are shown below:

9. The **number of referrals** has fallen for the fourth month in a row and is now under 5,000 for the first time since September 2017, however, the pattern is similar to last year.

10. **Assessment waiting list**: the number of people waiting for assessment at the end of the month has been relatively stable for the last three months with between 1,724 and 1,790 waiting. In the last year, there has been a reduction since the recent peak of 1,978 in September 2017. The improvement in performance corresponds with the establishment of locality working in the autumn of 2017 and the work of the Assessment Backlog Team in the spring of 2018. Despite the substantial number of assessments removed from the waiting list by that team, this has now been offset by an increase in the assessment waiting list for locality teams. There are now more assessments waiting than there were before the Assessment Backlog Team started their work.

11. The average **time waiting for an assessment** reduced from 98 days in February 2017 to 39 days in August 2018, the fifth month in a row that this figure had reduced. However, this increased to 46 days in September 2018. The average time waiting was 74 days in September 2017.

12. The number of **assessments completed** was 585 in September 2018; this was 20 lower than last September, which saw the lowest number of assessments completed in the month that year. September coincides with the end of the leave year for Council staff.

13. The number of **people delayed awaiting discharge from hospital** was 232 at the end of September 2018, compared to 246 at the end of August. This compares to a delay of 175 in September 2017.

14. The total number of **people awaiting a package of care in the community** was 720 at the end of September 2018, reduced from the maximum of 851 in April 2018.

15. **Overdue reviews**: Focused work has been started through the Data and Compliance Project Team to improve review recording which will impact on this figure. The number fell from an average of 6,051 during 2017 to 4,766 in August 2018, but rose to 4,881 in September.

16. The **percentage of people with an open service with a review in the last 12 months** was 68%. This has risen month on month since March 2018.

17. There has been no **NHS Nursing Agency staff use** in 2018/19 to date. Previously this measure included other staff groups, but now only considers nursing.

18. **Sickness absence** for Council staff has fallen back slightly to 8.66% from a peak of 8.80% in July following a continual rise for the preceding eight months. The levels of sickness for NHS staff rose to above 5% in August for the first time since February, but fell back again to 4.71% in September.

Performance – Ministerial Strategic Group indicators

19. Trends on acute hospital activity related to the Ministerial Strategic Group for Health and Community Care (MSG) indicators to the end of September are contained in appendix 2.

20. **A&E compliance with 4-hour standard** is well below the standard of 95%, and fell markedly between August and September with 82% of patients aged 15+ and 73% aged 75+ were seen within four hours in August falling to 78% and 63% respectively in September.

21. **Unscheduled admissions** – the objective is to maintain the baseline level: the number of admissions for 75+ was very high for a number of weeks in December 2017, however activity has followed a downward trajectory through the first half of 2018 and has remained low since June.

22. **Occupied bed days following unscheduled admission** - the objective of achieving a 10% reduction for 2018 compared to 2017 is not being achieved, however, the trend is downward for mental health. Levels in geriatric long stay and acute are stable rather than reducing. This is affected by the length of stay of people who are delayed awaiting discharge.

23. **Delayed discharge** – The number of days lost reduced from 7,019 in May 2018 to 6,990 in August 2018. Data are not yet available for September.

24. Note that updates on the remaining two indicators, related to the **balance of care**, are not available.

Performance – Core Suite of Integration Indicators

25. A number of indicators in the Core Suite of 23 Integration Indicators were updated by ISD in September 2018. These are mainly around acute hospital activity, completing 2017/18 data, as well as premature mortality in 2017 and delayed discharge for the first quarter of 2018/19. The updated indicators are noted below. Details on all indicators are given in appendix 3. However, unlike the Annual Performance Report, as not all data have been published by ISD, it is only possible to report the Edinburgh figures and ranking, not the Scottish figures.

26. The **premature mortality** rate reduced in Edinburgh in 2017 to 380 per 100,000 population from 399 per 100,000 in 2016 and places Edinburgh 13th nationally.

27. Edinburgh ranks very well, 2nd, for the rate of **emergency admissions**. Between 2016/17 and 2017/18, there was a small increase from 8,464 to 8,575 emergency admissions per 100,000 of the adult population.

28. The rate of **emergency bed days** per 100,000 adult population fell in Edinburgh from 118,752 to 107,835. Edinburgh ranks 9th.

29. Edinburgh ranks 24th in terms of **emergency readmissions to hospital within 28 days of discharge**. The rate of readmissions per 1,000 admissions in Edinburgh has risen each year from 98.1 readmissions per 1,000 admissions in 2012/13 to 110.9 readmission per 1,000 admissions in 2017/18.

30. Edinburgh performs poorly in the **proportion of the last six months of life spent at home or in a community setting**, ranking 31st at 85.8%, although it has increased each year from 2013/14 where performance was at 83.2%.

31. The **falls rate** per 1,000 population aged 65+ rose in Edinburgh in 2017/18 from 21.7 to 23.1 this followed a period of a downward trend from 2012/13 when the rate of falls was 24.5 per 1,000 population. Edinburgh now ranks 22nd.

32. The **rate of lost bed days due to delayed discharge** per 1,000 population aged 75+ rose between 2016/17 and 2017/18 from 1,396 to 1,502 days per 1,000 population. Edinburgh ranks poorly on this indicator as the second worst performer.

33. Just under a quarter (23.6%) of **total health and social care spend was spent on emergency admissions** in Edinburgh in 2017/18. This is reduced from 24.9% in 2016/17.

Key risks

34. The IJB Risk Register identifies and assesses risks that impact the ability of the IJB to deliver its Strategic Plan. Monitoring performance assists the IJB in ensuring that the controls that are in place to mitigate these risks are effective.

Financial implications

35. There are no direct financial implications arising from this report.

Implications for Directions

36. There are no direct implications for Directions arising from this report

Equalities implications

37. There are no equalities implications arising from this report.

Sustainability implications

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

Involving people

39. A number of transformation projects, which will improve performance, are being supported by staff from the City of Edinburgh Council and NHS Lothian.

Impact on plans of other parties

40. None

Background reading/references

Annual Performance Report

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Appendices

Appendix 1	Edinburgh Health and Social Care Performance Report – September 2018
Appendix 2	Ministerial Strategic Group for Health and Community Care indicator update – September 2018
Appendix 3	Core Suite of Integration Indicators – September 2018

PERFORMANCE REPORT SEP 18

1 Referrals
- Number of Referrals
- Table of referral data

2 Assessments
- Waiting for assessment
- Average assessment wait
- Assessments outwith time
- Assessments completed
- Carer Assessmts completed
- Average Assmt completion time
- Assmt to service start time
- Table of assessment data

3 Unmet Need
- Delayed discharge
- People waiting in community
- Drug treatment wait
- GP Restricted list summary
- Table of unmet need data

4 Service Details
- Balance of Care
- Proportion choosing DP/ISF
- Care home requests and starts
- Dom care requests and starts
- DP and ISF requests and starts
- Table of service data

5 Reviews
- Reviews overdue
- Reviews completed
- % Reviews within 14 days
- Longest wait for review
- People reviewed in year
- Table of review data

6 Adult Protection
- Adult Protection referrals
- Adult Protection cases
- Table of Adult Protection data

7 Staffing & sickness absence
- NHS agency staff (hours)
- NHS bank staff (hours)
- HSC % city wide sickness
- NHS sickness in hours
- NHS sickness %
- Table of staff data

INDEX	City Wide	By Locality
Referrals in the month	page 1-1	page 1-2
Referrals in the month (control)	page 1-2	
Table of referrals data	page 1-3	

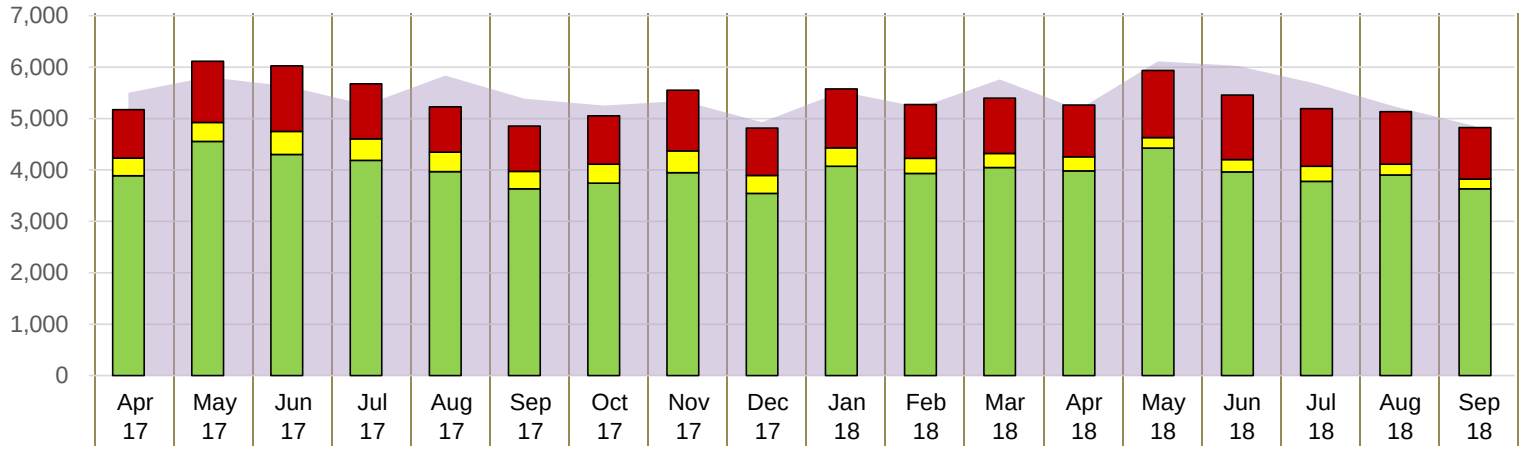
CITY WIDE REFERRALS BY OUTCOME

A count of people on Swift referred to any social care team in the month. Each person is counted once per month, even if they have been referred more than once in that month

Type of referral

New
No Further Action
On-going referrals

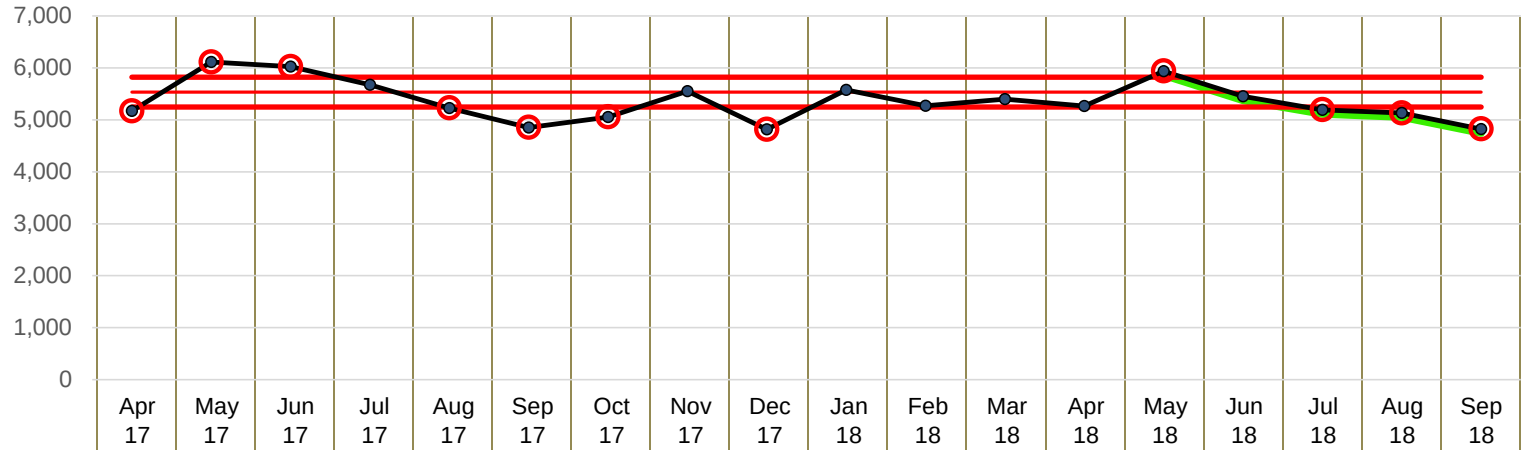
Previous year's data



CITY WIDE REFERRALS CONTROL CHART

A count of people on Swift referred to any social care team in the month. Each person is counted once per month, even if they have been referred more than once in that month

- Consistently above average
- Consistently below average
- Consistently falling
- Beyond control limit



Control chart limits for this chart are based on the 18 month period ending on Feb 17

REFERRALS BY LOCALITY

A count of people on Swift referred to any social care locality team in the month. If a person has been referred to more than one locality in a month, they are counted once in each locality but only once in the total. People with more than one referral to the same locality count as one

- NE
- NW
- SE
- SW

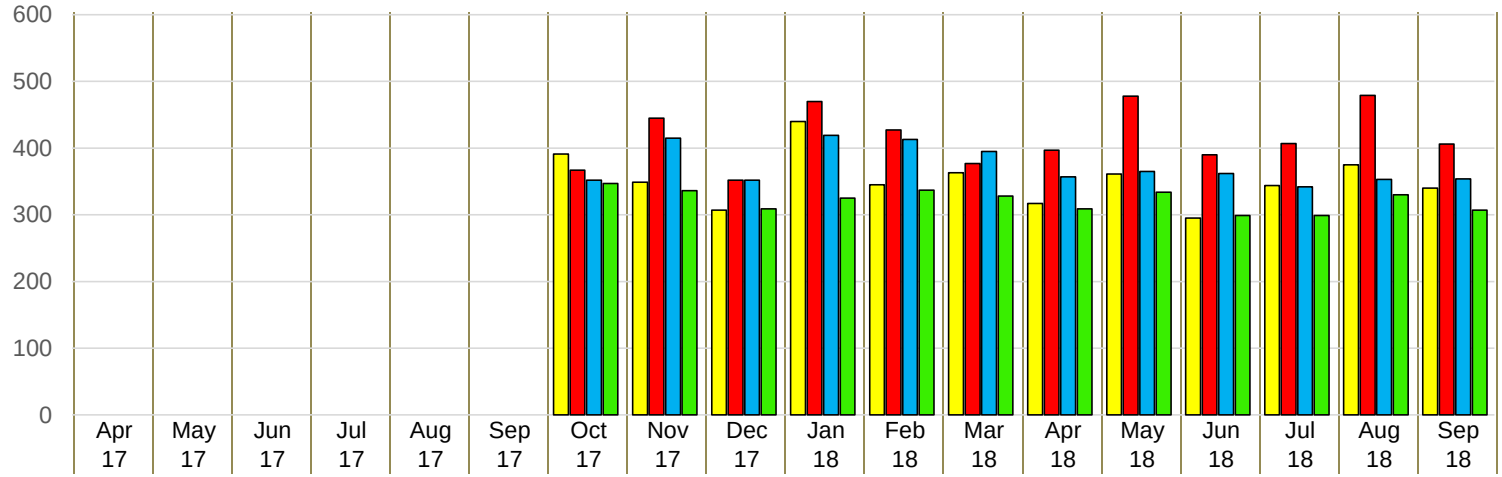


TABLE OF DATA

		Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18
REFERRALS	New Referrals	942	1,192	1,275	1,070	881	879	943	1,182	926	1,143	1,048	1,078	1,008	1,309	1,252	1,123	1,021	1,003
	No Further Action	340	367	446	421	382	341	367	424	347	361	290	272	274	204	241	295	206	186
	Other Referrals	3,889	4,554	4,303	4,185	3,965	3,632	3,744	3,945	3,543	4,071	3,934	4,047	3,981	4,424	3,962	3,775	3,904	3,635
	Total referrals recorded	**5,171**	**6,113**	**6,024**	**5,676**	**5,228**	**4,852**	**5,054**	**5,551**	**4,816**	**5,575**	**5,272**	**5,397**	**5,263**	**5,937**	**5,455**	**5,193**	**5,131**	**4,824**
	Casenotes without Referrals	20	45	33	46	69	157	196	97	107	164	115	114	94	96	105	80	140	55
	Grand Total	**5,191**	**6,158**	**6,057**	**5,722**	**5,297**	**5,009**	**5,250**	**5,648**	**4,923**	**5,739**	**5,387**	**5,511**	**5,357**	**6,033**	**5,560**	**5,273**	**5,271**	**4,879**
	Previous year's referrals recorded	**5,503**	**5,803**	**5,630**	**5,267**	**5,834**	**5,388**	**5,252**	**5,342**	**4,926**	**5,523**	**5,218**	**5,759**	**5,171**	**6,113**	**6,024**	**5,676**	**5,228**	**4,852**
Locality Referrals	NE	na	na	na	na	na	na	391	349	307	440	345	363	317	361	295	344	375	340
	NW	na	na	na	na	na	na	367	445	352	470	427	377	397	478	390	407	479	406
	SE	na	na	na	na	na	na	352	415	352	419	413	395	357	365	362	342	353	354
	SW	na	na	na	na	na	na	347	336	309	325	337	328	309	334	299	299	330	307
	Locality Total	na	na	na	na	na	na	1457	1545	1320	1654	1520	1509	1412	1557	1359	1403	1555	1421

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Assessmet completion time	page 2-4	page 2-8
Assessment to service start time	page 2-5	page 2-8
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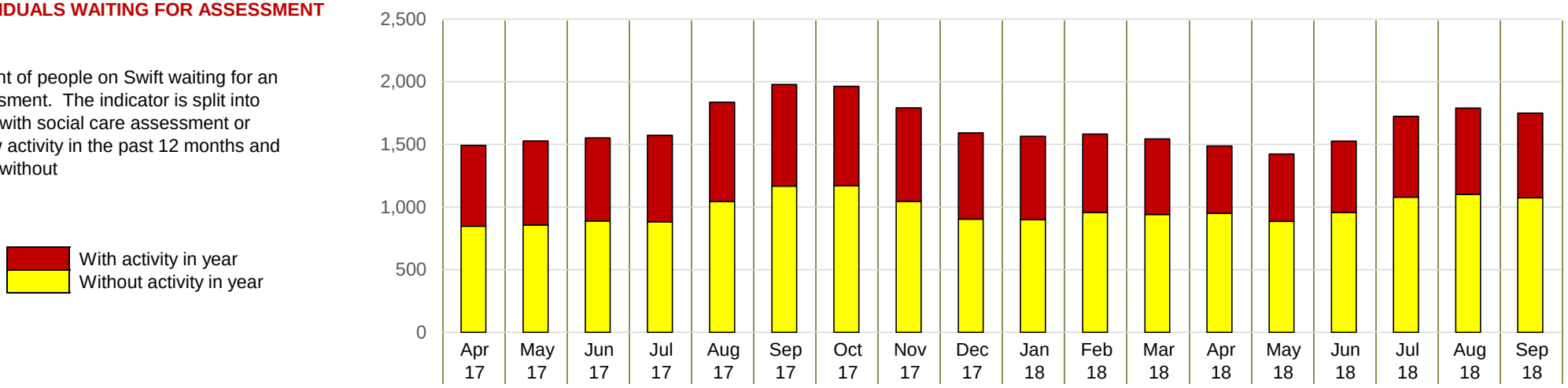
INDIVIDUALS WAITING FOR ASSESSMENT

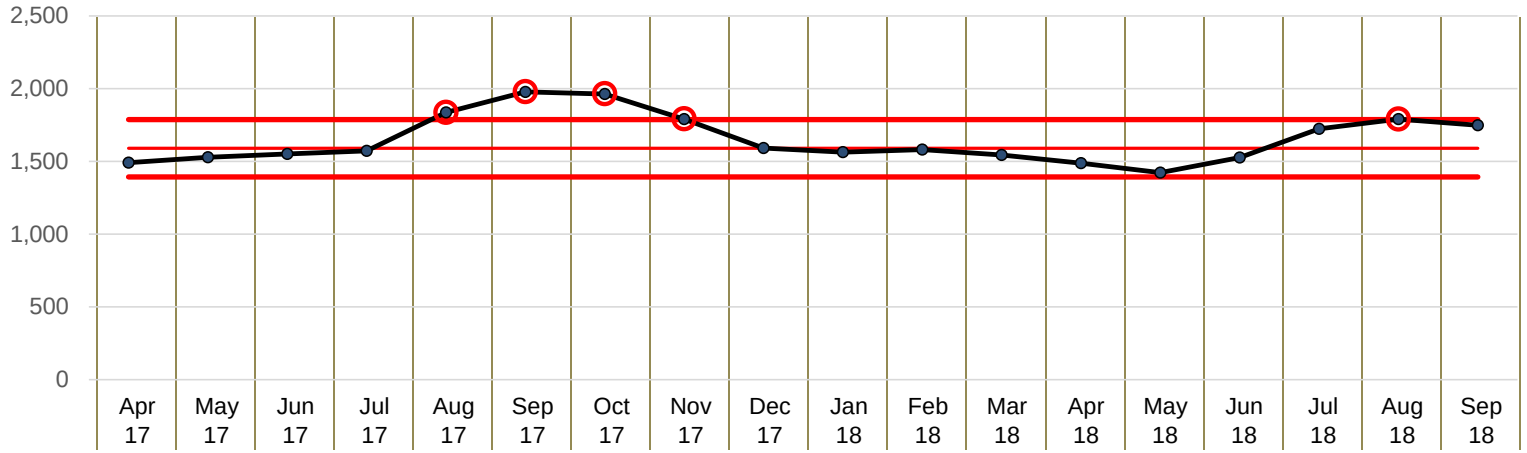
A count of people on Swift waiting for an assessment. The indicator is split into those with social care assessment or review activity in the past 12 months and those without



INDIVIDUALS WAITING FOR ASSESSMENT CONTROL CHART

A count of people on Swift waiting for an assessment.

- Consistently above average
- Consistently below average
- Stable
- Beyond control limit

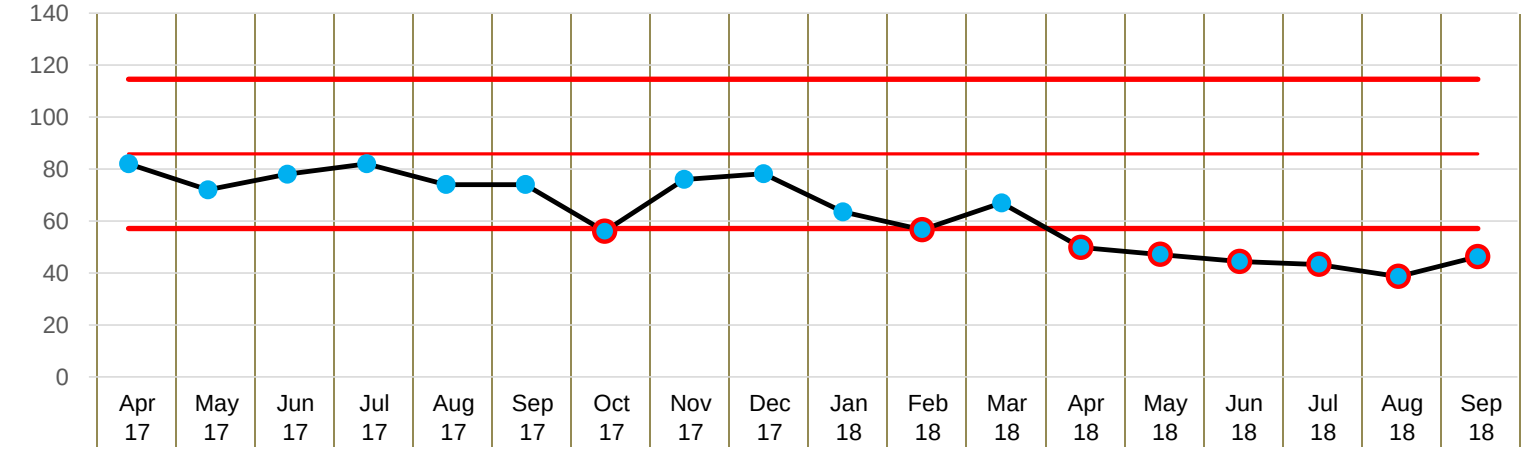


Control chart limits for this chart are based on the 11 month period ending on Sep 17

AVERAGE WAITING TIME FOR ASSESSMENT (DAYS)

The average length of time a person is on the waiting list for assessment.

- Consistently above average
- Consistently below average
- Stable
- Beyond control limit

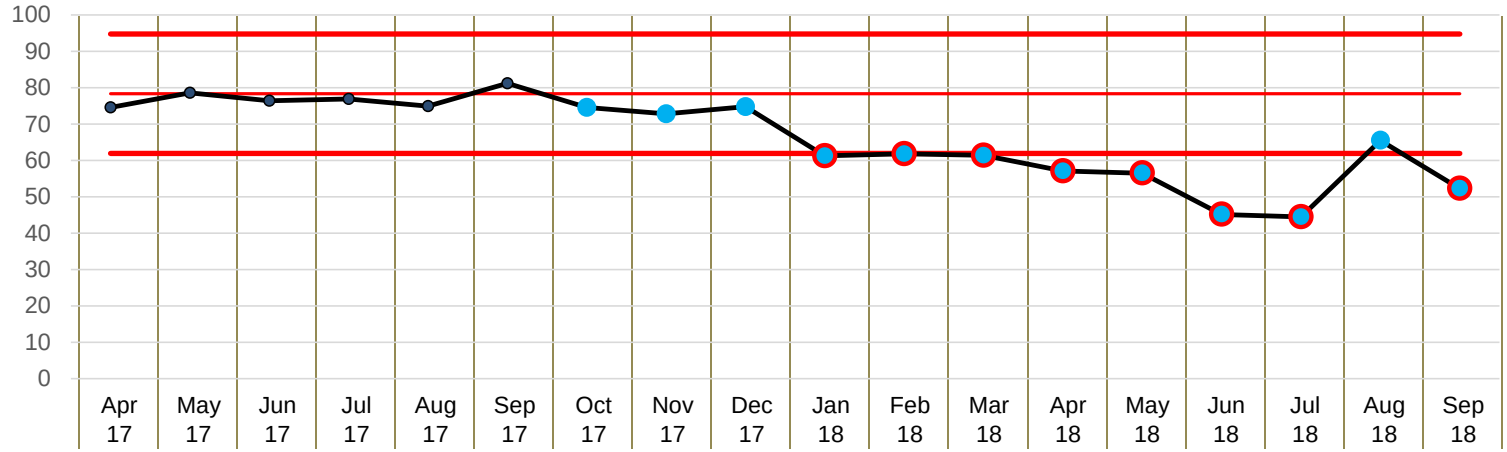


Control chart limits for this chart are based on the 12 month period ending on Mar 17

THE PERCENTAGE OF ASSESSMENTS OUTWITH TIMES

The percentage of cases awaiting assessment by sector practice teams on Swift waiting on the last day of the month, which are outwith standard priority timescales (14 days for Priority A, and 28 days for Priority B)

- Consistently above average
- Consistently below average
- Stable
- Beyond control limit

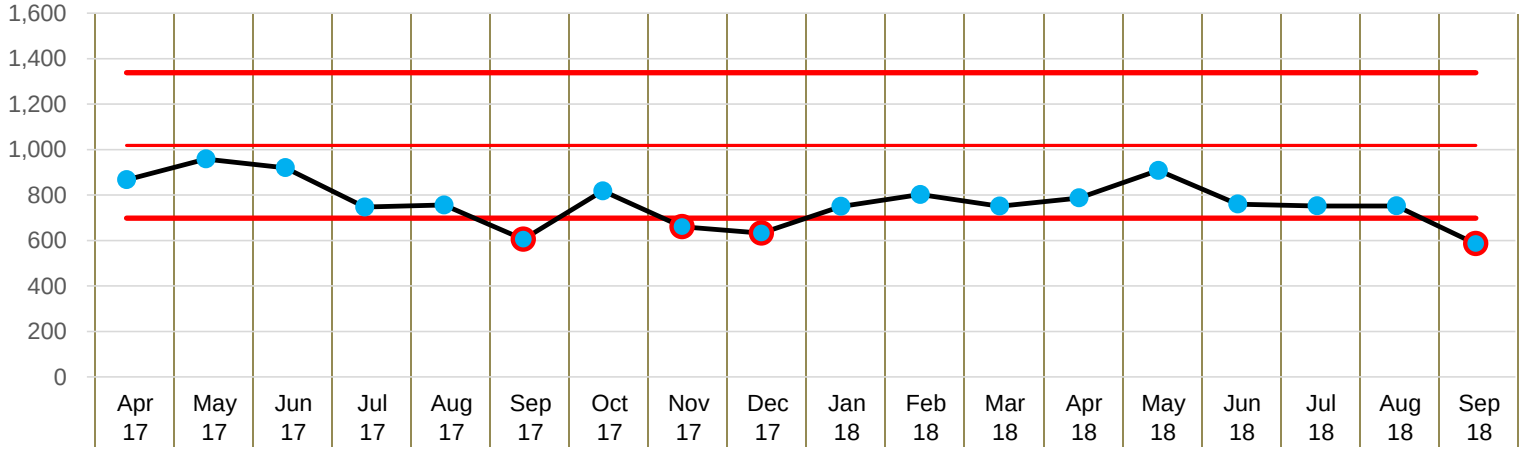


Control chart limits for this chart are based on the 12 month period ending on Mar 17

NUMBER OF ASSESSMENTS COMPLETED

The total number of assessments of all types carried out by all social care teams with an end date in the month.

- Consistently above average
- Consistently below average
- Stable
- Beyond control limit

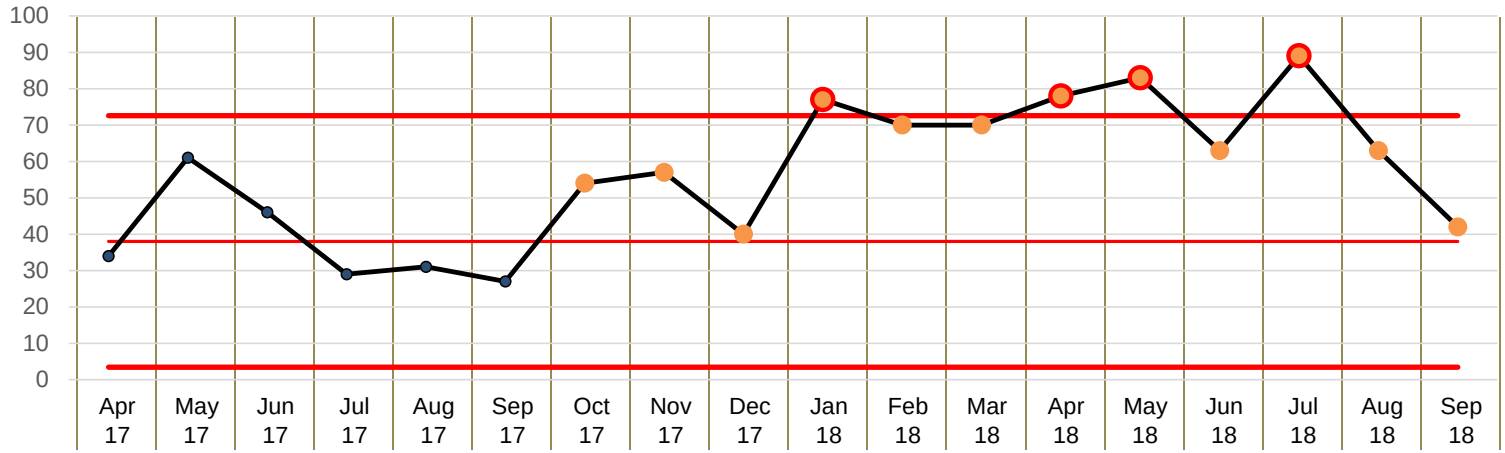


Control chart limits for this chart are based on the 12 month period ending on Mar 17

NUMBER OF CARERS ASSESSMENTS COMPLETED

The number of people who have a completed carers assessment during the month

- Consistently above average
- Consistently below average
- Stable
- Beyond control limit



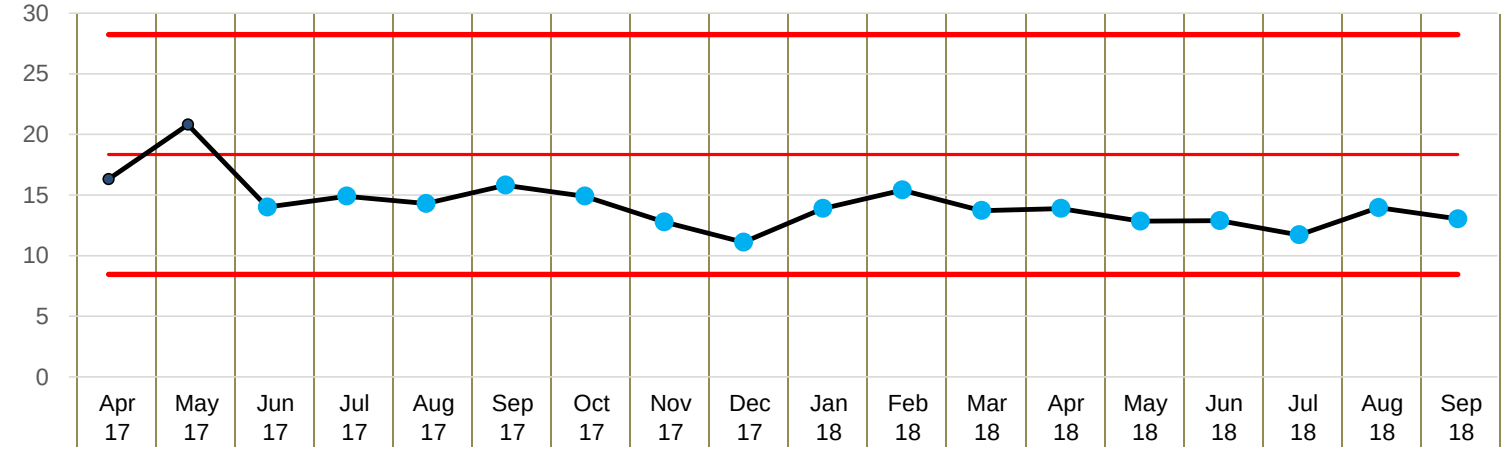
Control chart limits for this chart are based on the 5 month period ending on Mar 17

AVERAGE ASSESSMENT COMPLETION TIME

Aug 18 figure was revised to exclude assessments marked as completed as part of a data quality exercise

The average time from the assessment start date to the assessment end date (in days) for all assessments carried out by social care teams in the month.

- Consistently above average
- Consistently below average
- Stable
- Beyond control limit



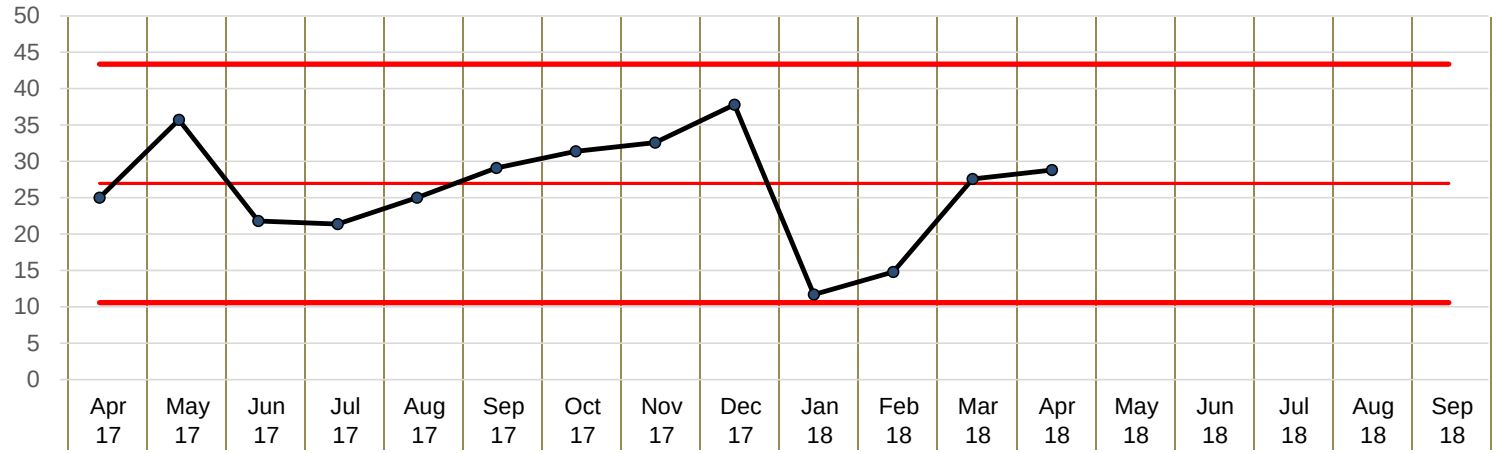
Control chart limits for this chart are based on the 6 month period ending on Mar 17

AVERAGE ASSESSMENT END TO SERVICE START TIME

The average number of days between the latest request for service and the service start date. It includes main service types, except respite.

- Consistently above average
- Consistently below average
- Stable
- Beyond control limit

Control chart limits for this chart are based on the 9 month period ending on Sep 17

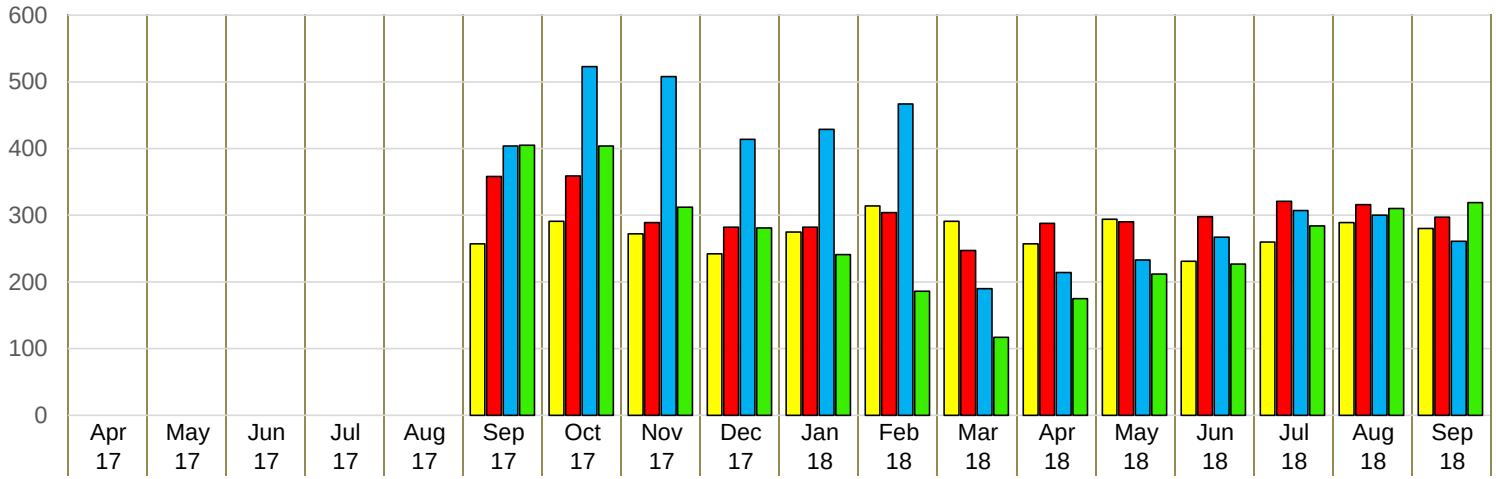


ASSESSMENTS WAITING BY LOCALITY

A count of people on Swift waiting for an Assessment by locality

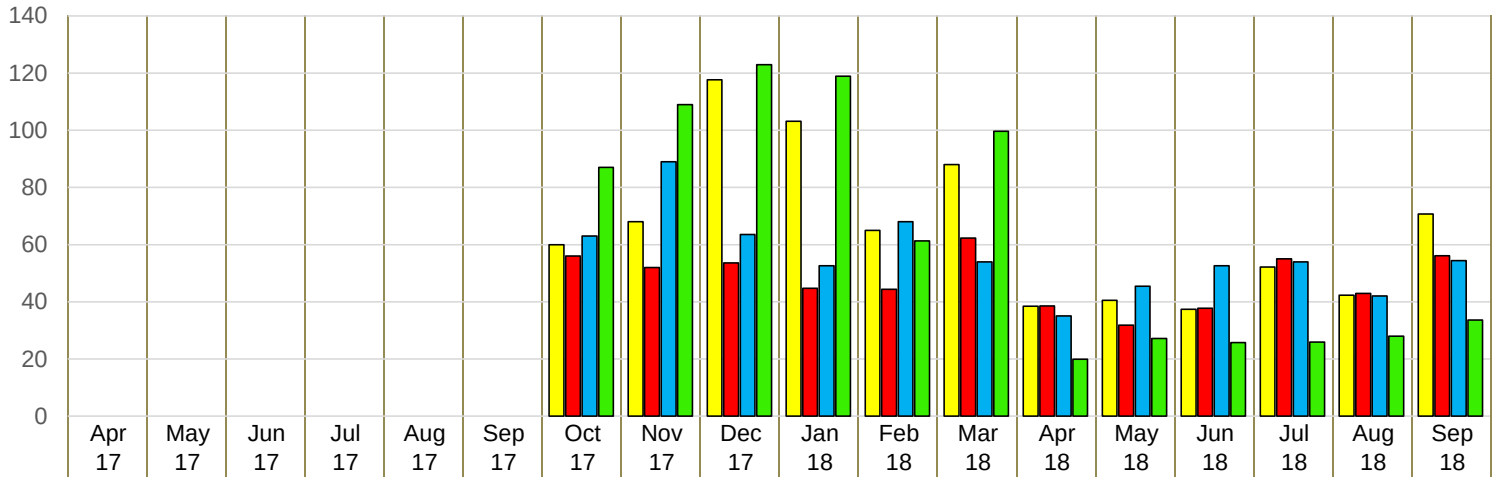
Aug 18 figure was revised to exclude assessments marked as completed as part of a data quality exercise

- NE
- NW
- SE
- SW



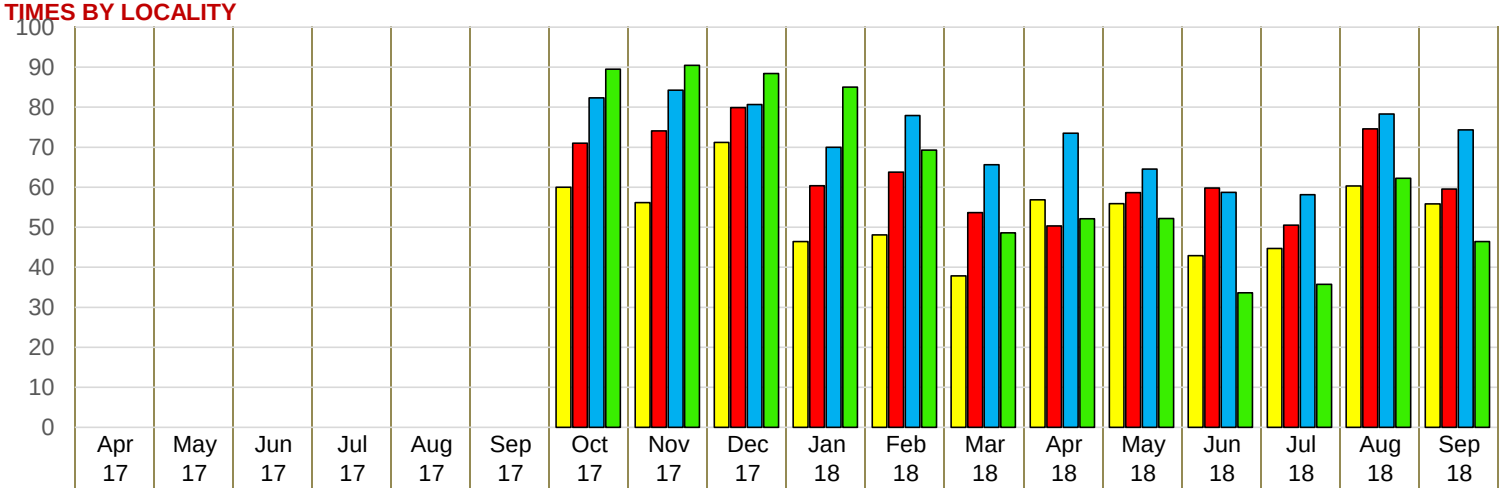
AVERAGE WAITS BY LOCALITY

The average length of time a person is on the waiting list for assessment.



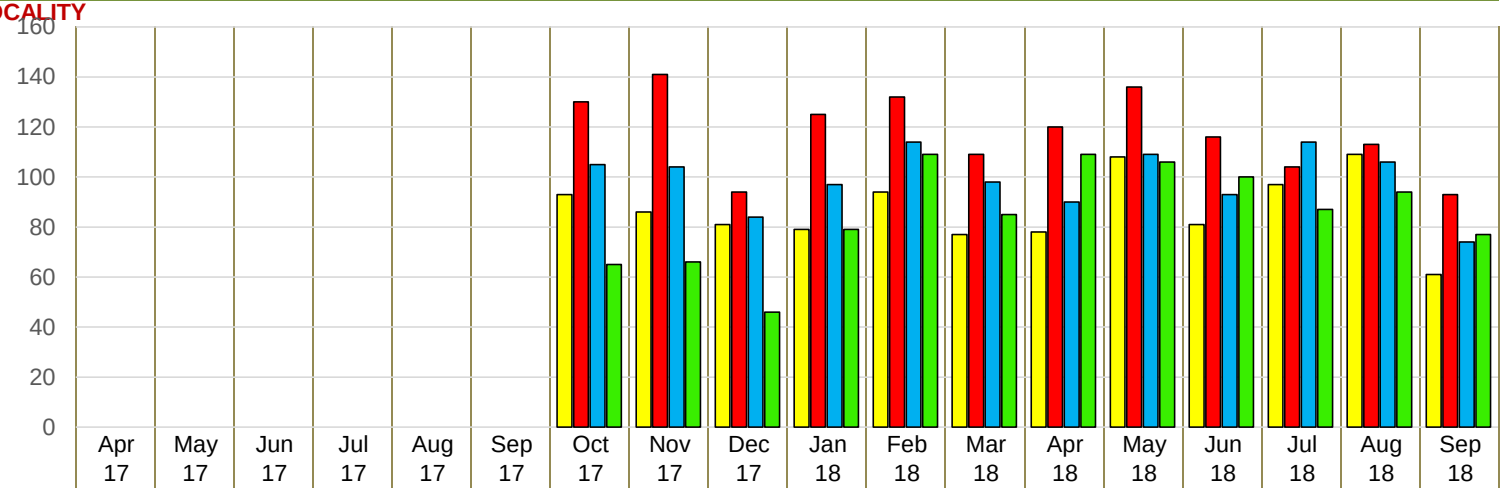
THE PERCENTAGE OF ASSESSMENTS OUTWITH TIMES BY LOCALITY

The percentage of cases awaiting assessment by sector practice teams on Swift waiting on the last day of the month, which are outwith standard priority timescales (14 days for Priority A, and 28 days for Priority B)



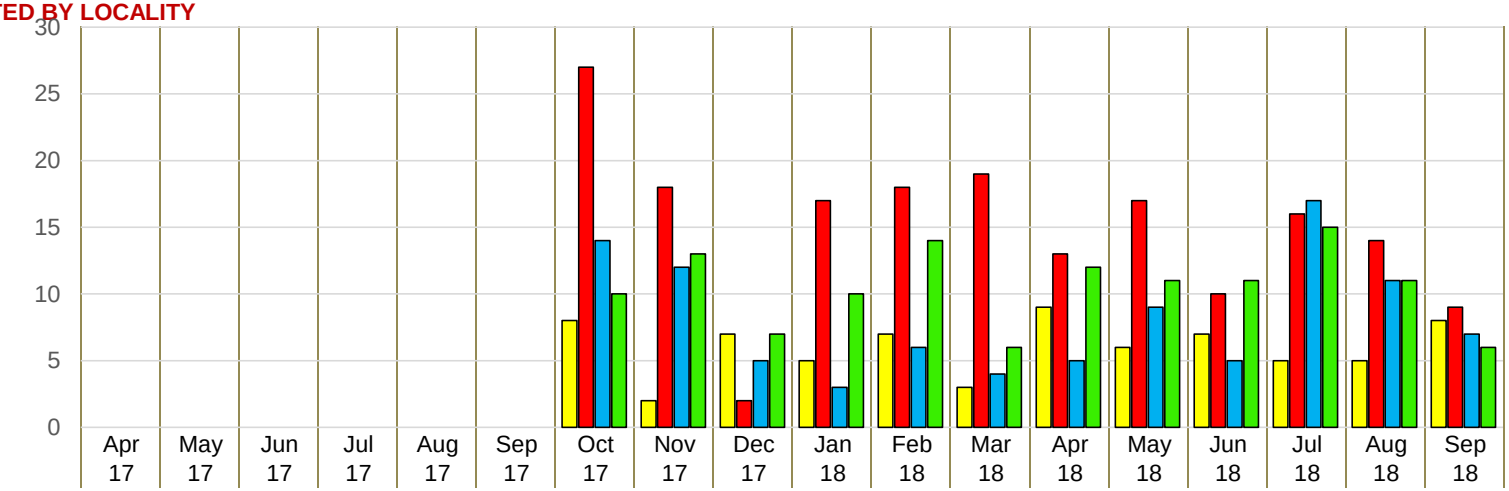
NUMBER OF ASSESSMENTS COMPLETED BY LOCALITY

The total number of assessments of all types carried out by all social care teams with an end date in the month.



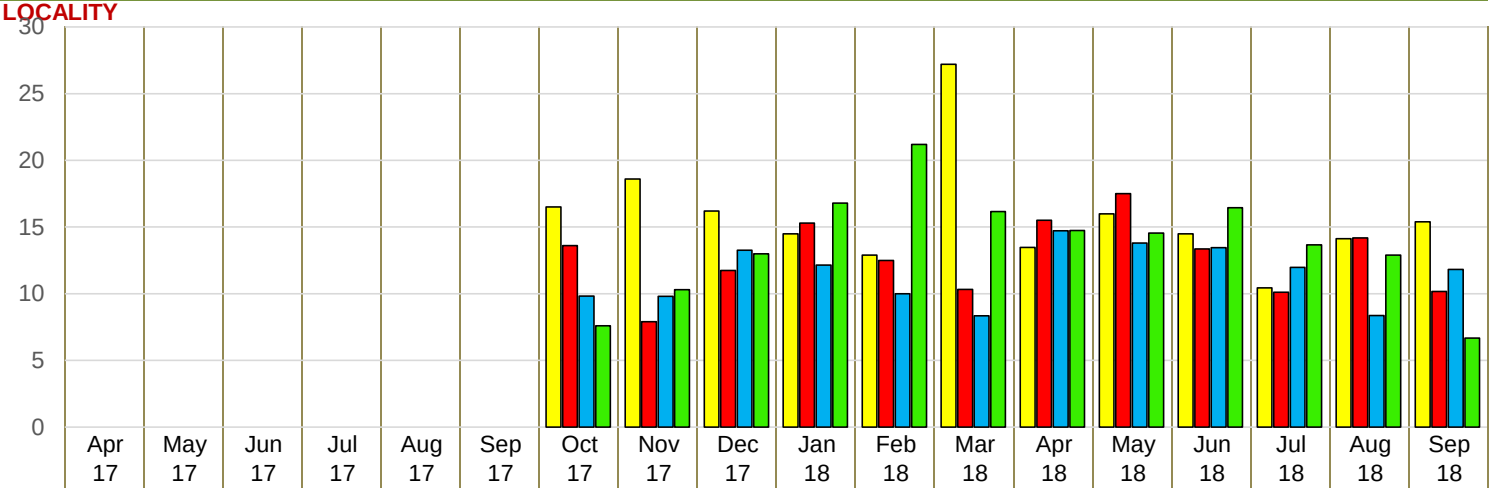
NUMBER OF CARERS ASSESSMENTS COMPLETED BY LOCALITY

The number of people who have a completed carers assessment during the month



AVERAGE ASSESSMENT COMPLETION TIMES BY LOCALITY

The average time from the assessment start date to the assessment end date (in days) for all assessments carried out by social care teams in the month.



AVERAGE ASSESSMENT END TO SERVICE START TIME BY LOCALITY

The average number of days between the latest request for service and the service start date. It includes main service types, except respite.

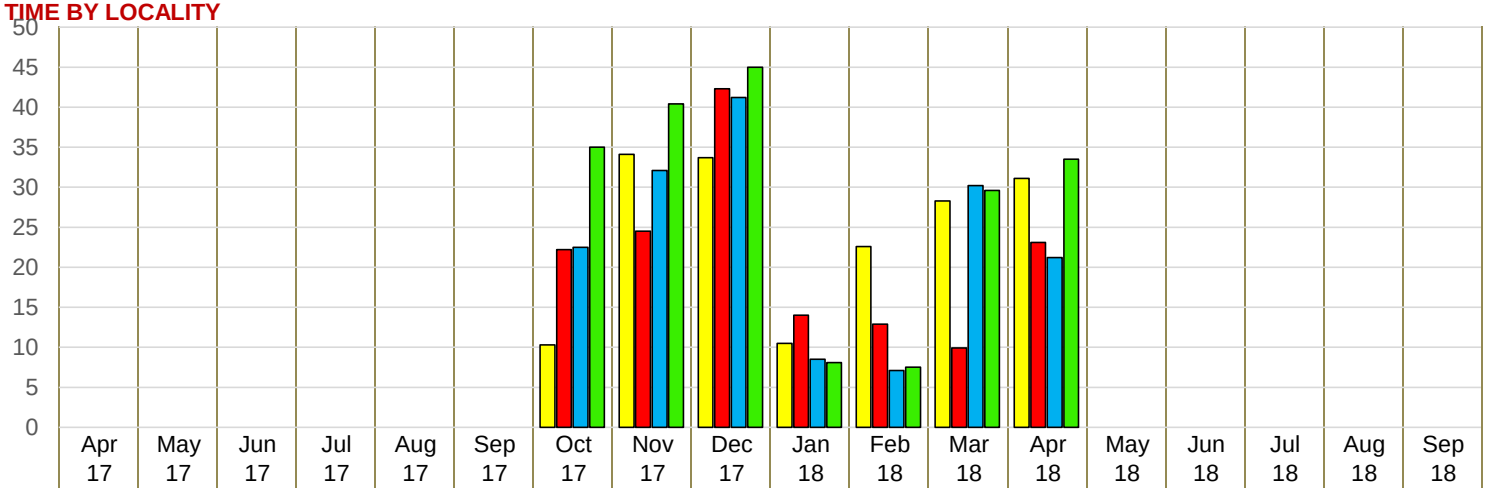


TABLE OF DATA

		Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18
ASSESSMENTS	With HSC activity in the year	645	672	663	690	792	811	793	746	689	666	626	603	538	538	570	645	688	675
People waiting	Without HSC activity in the year	847	856	889	882	1,044	1,167	1,171	1,045	903	898	956	941	950	885	956	1,079	1,102	1,074
	Total waiting for Assessment	1,492	1,528	1,552	1,572	1,836	1,978	1,964	1,791	1,592	1,564	1,582	1,544	1,488	1,423	1,526	1,724	1,790	1,749
	Average assessment waiting time	82	72	78	82	74	74	56	76	78	64	57	67	50	47	44	43	39	46
	The percentage of assessments outwith times	74.6	78.6	76.4	76.9	74.9	81.2	74.6	72.8	74.8	61.2	61.8	61.4	57.1	56.5	45.1	44.5	65.5	52.3
	Number of assessments completed	867	958	920	747	756	605	818	660	632	750	802	751	787	908	760	752	752	585
	Carers assessments completed	34	61	46	29	31	27	54	57	40	77	70	70	78	83	63	89	63	42
	Average assessment completion time	16.3	20.8	14.0	14.9	14.3	15.8	14.9	12.8	11.1	13.9	15.4	13.7	13.9	12.8	12.9	11.7	14.0	13.0
	Average assessment end to service start time	25.0	35.7	21.8	21.4	25.0	29.1	31.4	32.6	37.8	11.7	14.8	27.6	28.8	na	na	na	na	na
Assessments waiting by locality	NE	na	na	na	na	na	257	291	272	242	275	314	291	257	294	231	260	289	280
	NW	na	na	na	na	na	358	359	289	282	282	304	247	288	290	298	321	316	297
	SE	na	na	na	na	na	404	523	508	414	429	467	190	214	233	267	307	300	261
	SW	na	na	na	na	na	405	404	312	281	241	186	117	175	212	227	284	310	319
	Locality Total	na	na	na	na	na	1,424	1,577	1,381	1,238	1,247	1,273	856	934	1,029	1,023	1,172	1,215	1,157
Average waits by locality	NE	na	na	na	na	na	na	60	68	118	103	65	88	38	41	37	52	42	71
	NW	na	na	na	na	na	na	56	52	54	45	44	62	39	32	38	55	43	56
	SE	na	na	na	na	na	na	63	89	63	53	68	54	35	45	53	54	42	54
	SW	na	na	na	na	na	na	87	109	123	119	61	100	20	27	26	26	28	34
	Locality Total	na	na	na	na	na	na	65	81	89	73	55	74	33	35	37	44	37	50
% assessments outwith times	NE	na	na	na	na	na	na	60	56	71	46	48	38	57	56	43	45	60	56
	NW	na	na	na	na	na	na	71	74	80	60	64	54	50	59	60	51	75	60
	SE	na	na	na	na	na	na	82	84	81	70	78	66	74	65	59	58	78	74
	SW	na	na	na	na	na	na	89	90	88	85	69	49	52	52	34	36	62	46
	Locality Total	na	na	na	na	na	na	77	78	80	65	66	50	58	58	50	48	69	58
Number of assessments completed	NE	na	na	na	na	na	na	93	86	81	79	94	77	78	108	81	97	109	61
	NW	na	na	na	na	na	na	130	141	94	125	132	109	120	136	116	104	113	93
	SE	na	na	na	na	na	na	105	104	84	97	114	98	90	109	93	114	106	74
	SW	na	na	na	na	na	na	65	66	46	79	109	85	109	106	100	87	94	77
	Locality Total	na	na	na	na	na	na	550	539	391	479	543	480	513	563	484	449	474	348
Carers assessments completed	NE	na	na	na	na	na	na	8	2	7	5	7	3	9	6	7	5	5	8
	NW	na	na	na	na	na	na	27	18	2	17	18	19	13	17	10	16	14	9
	SE	na	na	na	na	na	na	14	12	5	3	6	4	5	9	5	17	11	7
	SW	na	na	na	na	na	na	10	13	7	10	14	6	12	11	11	15	11	6
	Locality Total	na	na	na	na	na	na	59	45	21	35	45	32	39	43	33	53	41	30

More-

		Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18
Average assmt completion times by locality	NE	na	na	na	na	na	na	17	19	16	14	13	27	13	16	14	10	14	15
	NW	na	na	na	na	na	na	14	8	12	15	13	10	16	18	13	10	14	10
	SE	na	na	na	na	na	na	10	10	13	12	10	8	15	14	13	12	8	12
	SW	na	na	na	na	na	na	8	10	13	17	21	16	15	15	16	14	13	7
	Locality Total	na	na	na	na	na	na	12	11	13	15	16	14	15	15	16	13	13	14
Average assmt to serv start by locality	NE	na	na	na	na	na	na	10	34	34	11	23	28	31	na	na	na	na	na
	NW	na	na	na	na	na	na	22	25	42	14	13	10	23	na	na	na	na	na
	SE	na	na	na	na	na	na	23	32	41	9	7	30	21	na	na	na	na	na
	SW	na	na	na	na	na	na	35	40	45	8	8	30	34	na	na	na	na	na
	Locality Total	na	na	na	na	na	na	21	31	33	11	14	20	27	na	na	na	na	na

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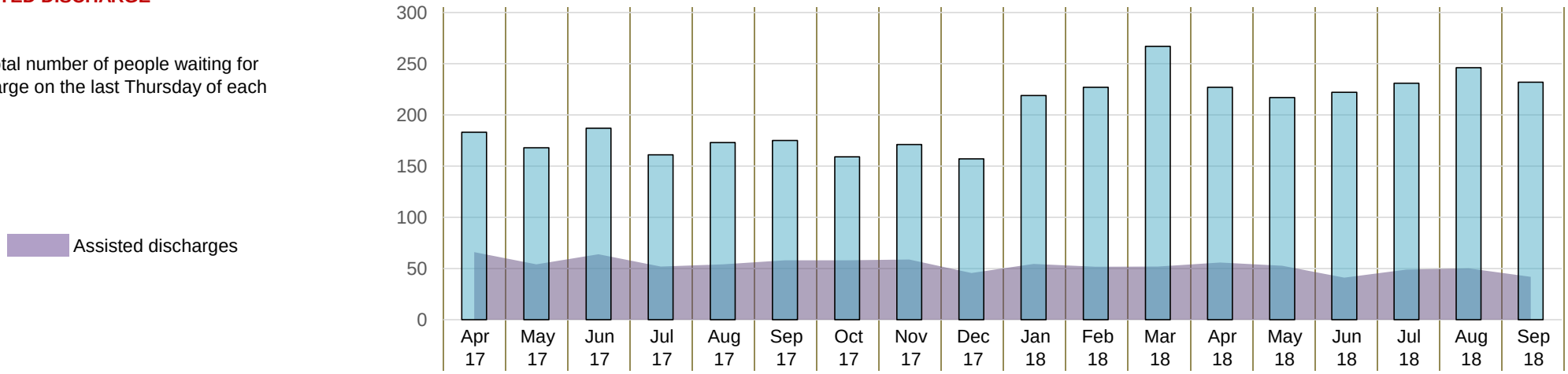
GP Restricted list	page 3-3	page 3-4
Table of unmet need data	page 3-5	

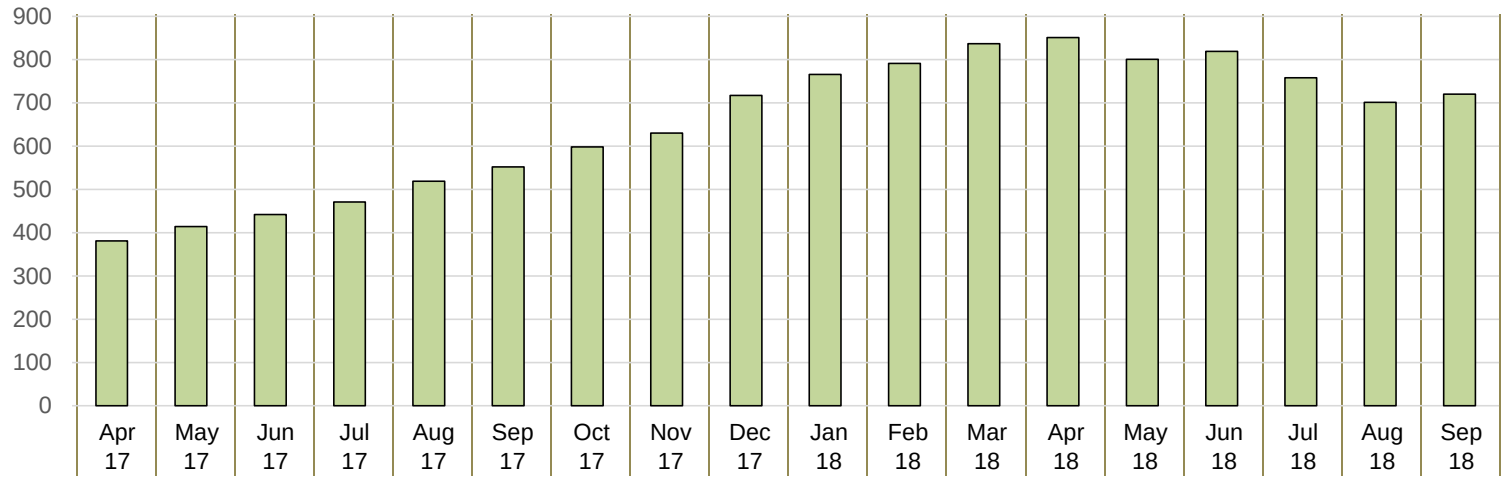
DELAYED DISCHARGE

The total number of people waiting for discharge on the last Thursday of each month



AWAITING A PACKAGE OF CARE

The total number of people waiting for a care package (excluding reablement) at the end of each month

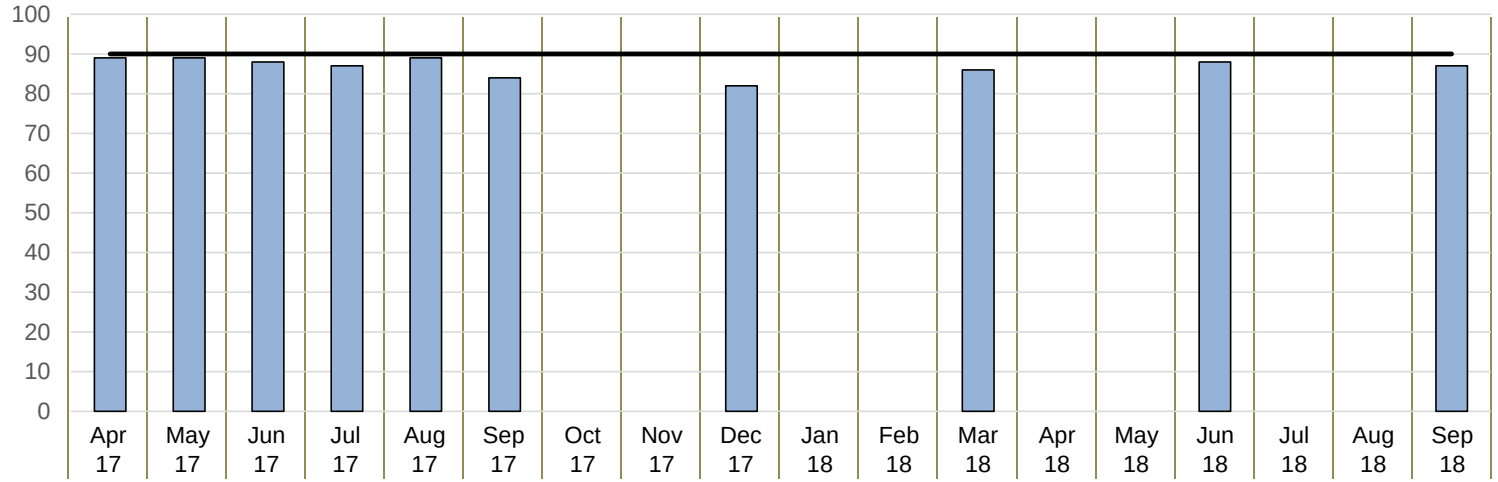


DRUG TREATMENT WAIT

The percentage of people receiving treatment for drug and alcohol abuse who are seen within three weeks. The target is 90%

Target

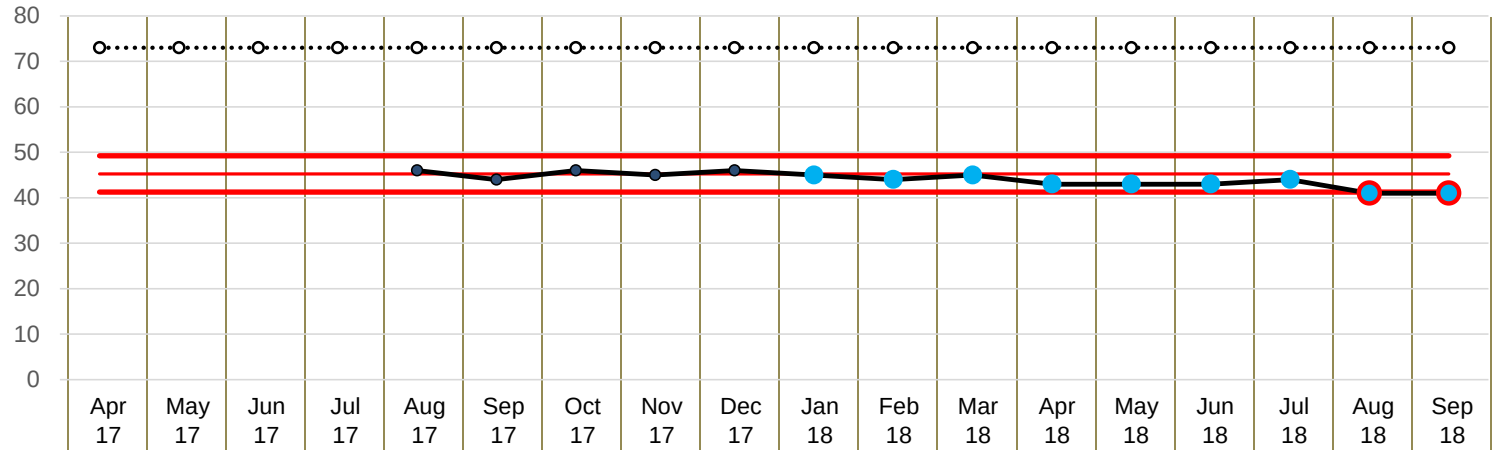
From September 17 the figure relates to the previous quarter



GP RESTRICTED LIST

The number of GP practices in Edinburgh that are not accepting new registrations, or have restrictions on registrations

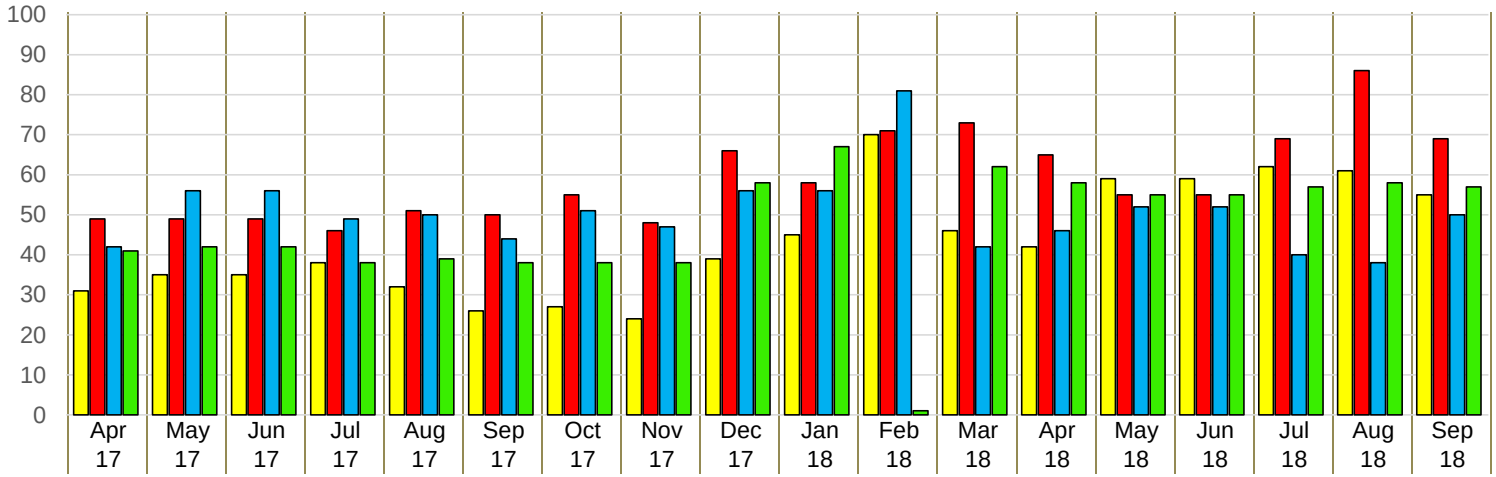
- Total number of GP practices
- Consistently above average
- Consistently below average
- Stable
- Beyond control limit



Control chart limits for this chart are based on the 4 month period ending on Dec 17

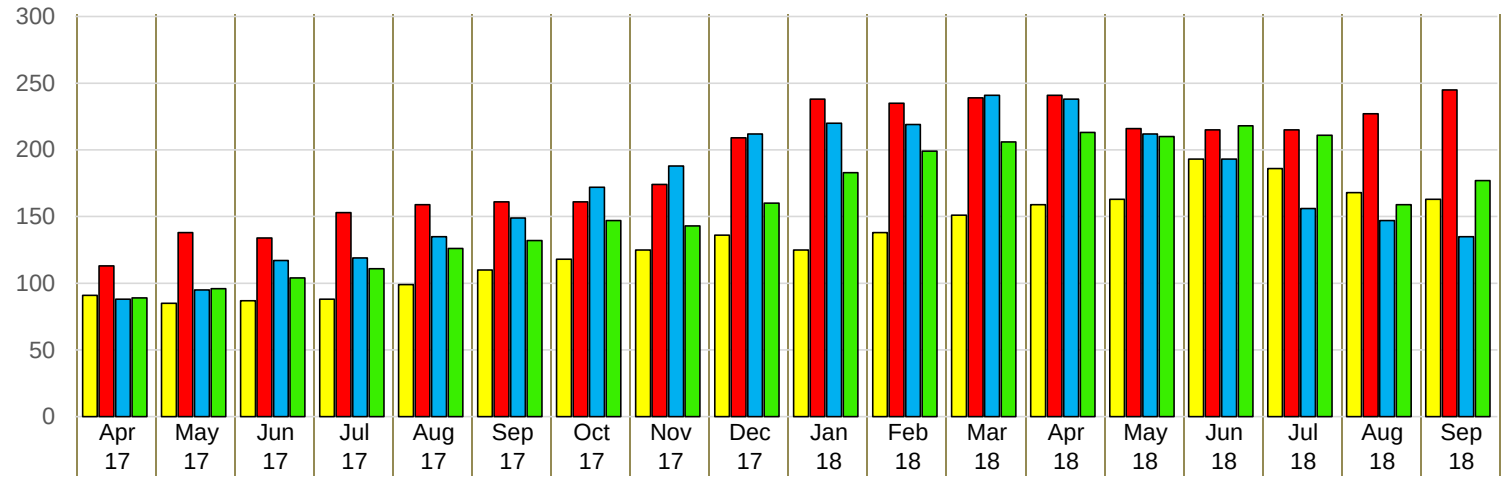
DELAYED DISCHARGE BY LOCALITY

The total number of people waiting for discharge on the last Thursday of each month



AWAITING A PACKAGE OF CARE BY LOCALITY

The total number of people waiting for a care package (excluding reablement) at the end of each month



GP RESTRICTED LIST BY LOCALITY

The number of GP practices in Edinburgh that are not accepting new registrations, or have restrictions on registrations

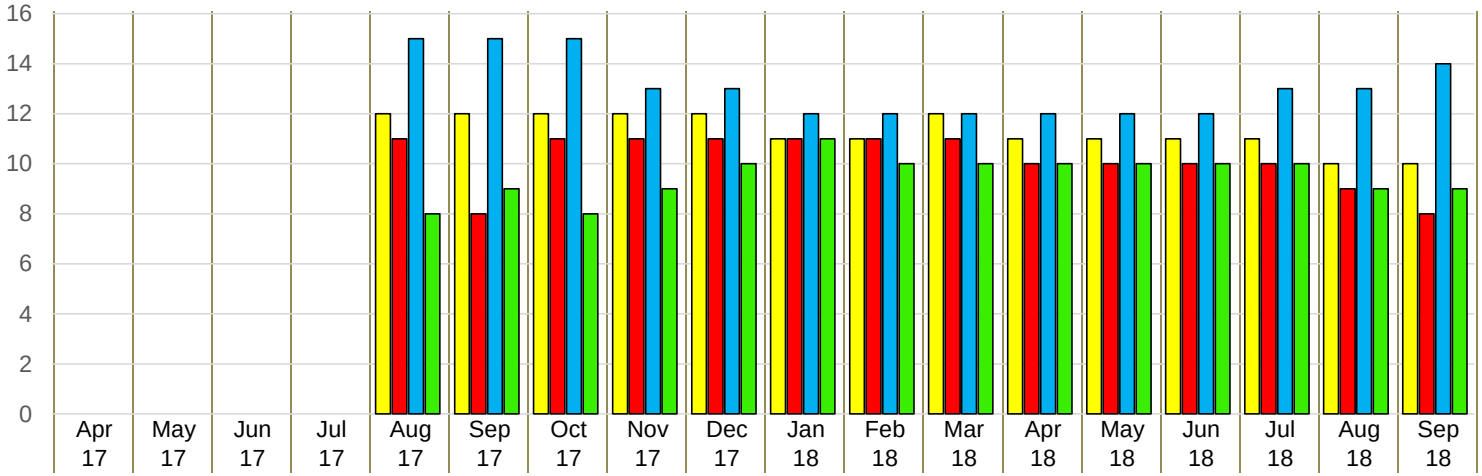


TABLE OF DATA

		Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18
UNMET NEED	Delayed discharge total	183	168	187	161	173	175	159	171	157	219	227	267	227	217	222	231	246	232
	Target	na	na	na	na	na	na	na	na	50	50	50	50	50	50	50	50	50	50
	Assisted discharges	66.0	54.0	64.0	52.0	54.0	58.0	58.0	58.8	45.6	54.4	51.8	51.9	55.8	52.6	41.1	49.0	50.1	41.8
	People waiting in community for package of care	381	414	442	471	519	552	598	630	717	766	791	837	851	801	819	758	701	720
	Drug treatment wait: % meeting 3 wk target	89	89	88	87	89	84	na	na	82	na	na	86	na	na	88	na	na	87
	Target	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
Delayed Discharges by locality	NE	31	35	35	38	32	26	27	24	39	45	70	46	42	59	59	62	61	55
	NW	49	49	49	46	51	50	55	48	66	58	71	73	65	55	55	69	86	69
	SE	42	56	56	49	50	44	51	47	56	56	81	42	46	52	52	40	38	50
	SW	41	42	42	38	39	38	38	38	58	67	1	62	58	55	55	57	58	57
Waiting in Community	NE	91	85	87	88	99	110	118	125	136	125	138	151	159	163	193	186	168	163
	NW	113	138	134	153	159	161	161	174	209	238	235	239	241	216	215	215	227	245
	SE	88	95	117	119	135	149	172	188	212	220	219	241	238	212	193	156	147	135
	SW	89	96	104	111	126	132	147	143	160	183	199	206	213	210	218	211	159	177
GP Restricted List	NE	na	na	na	na	12	12	12	12	12	11	11	12	11	11	11	11	10	10
	NW	na	na	na	na	11	8	11	11	11	11	11	11	10	10	10	10	9	8
	SE	na	na	na	na	15	15	15	13	13	12	12	12	12	12	12	13	13	14
	SW	na	na	na	na	8	9	8	9	10	11	10	10	10	10	10	10	9	9
	Total Restricted	na	na	na	na	46	44	46	45	46	45	44	45	43	43	43	44	41	41
	Total number of GP practices	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73

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Dom care requests and starts	page 4-3
DP and ISF requests and starts	page 4-3
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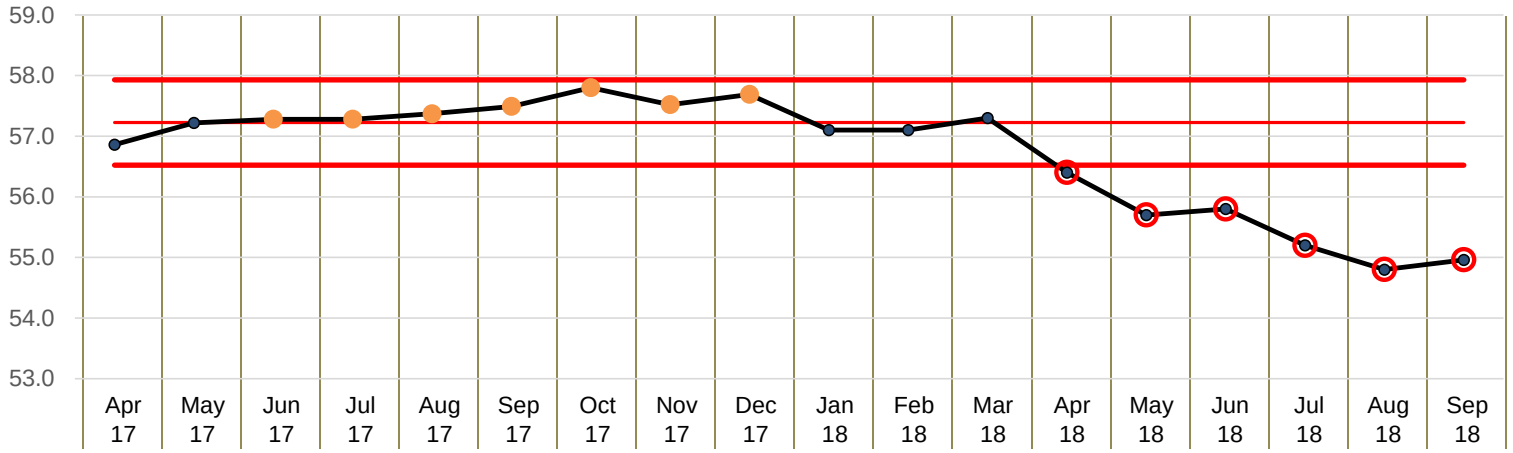
BALANCE OF CARE

The number of adults (aged 18+) receiving personal care at home or direct payments for personal care, as a percentage of the total number of adults receiving care

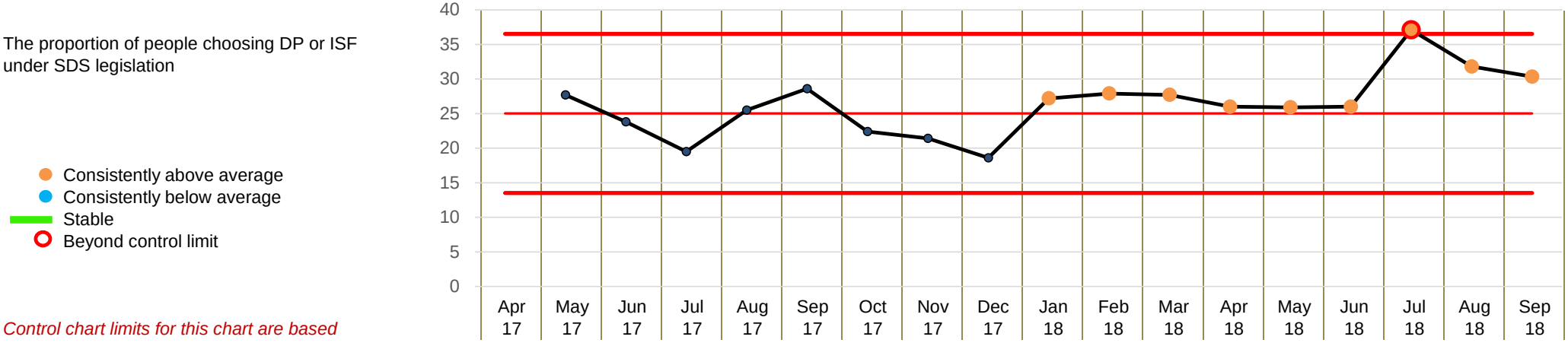
- Consistently above average
- Consistently below average
- Stable
- Beyond control limit



Control chart limits for this chart are based on the 12 month period ending on Mar 17

PERCENTAGE OF PEOPLE CHOOSING DP OR ISF UNDER SDS LEGISLATION

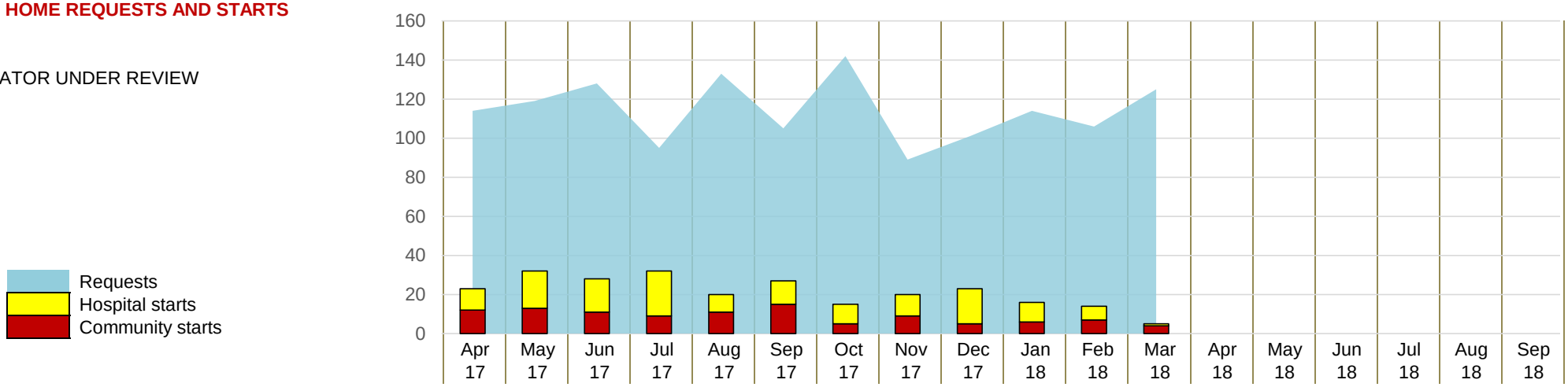
The proportion of people choosing DP or ISF under SDS legislation



Control chart limits for this chart are based on the 5 month period ending on Sep 17

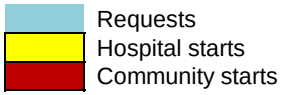
CARE HOME REQUESTS AND STARTS

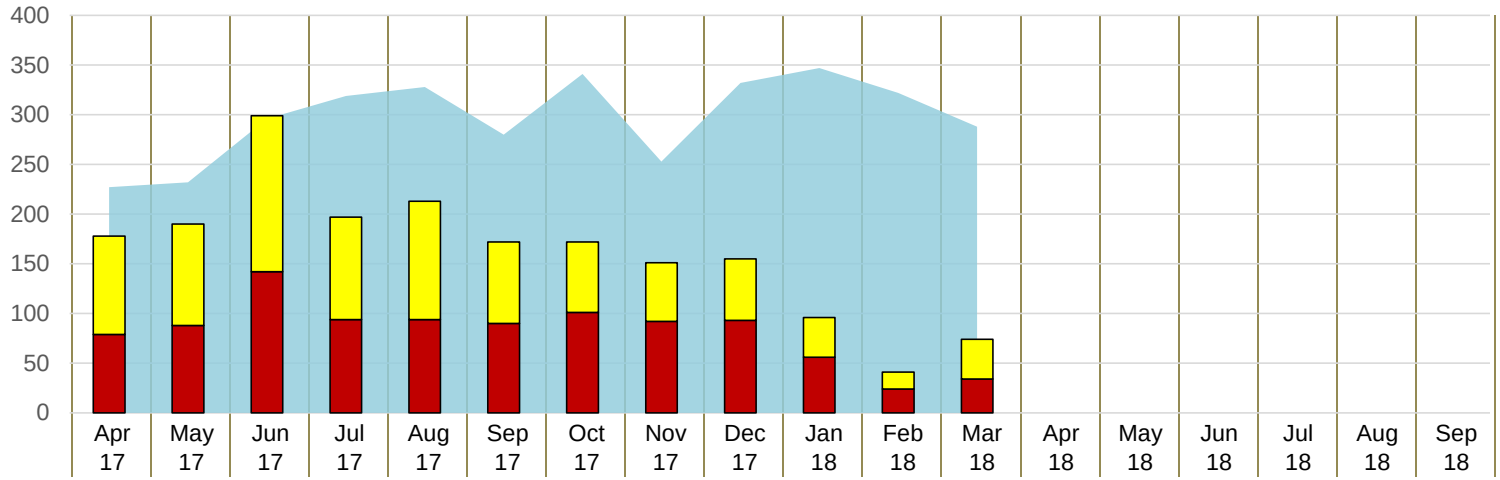
INDICATOR UNDER REVIEW



DOM CARE REQUESTS AND STARTS

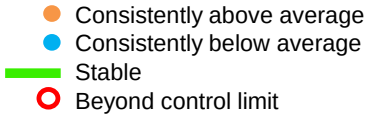
INDICATOR UNDER REVIEW
Dom care starts include both purchased (CAH) and CEC care (HC)

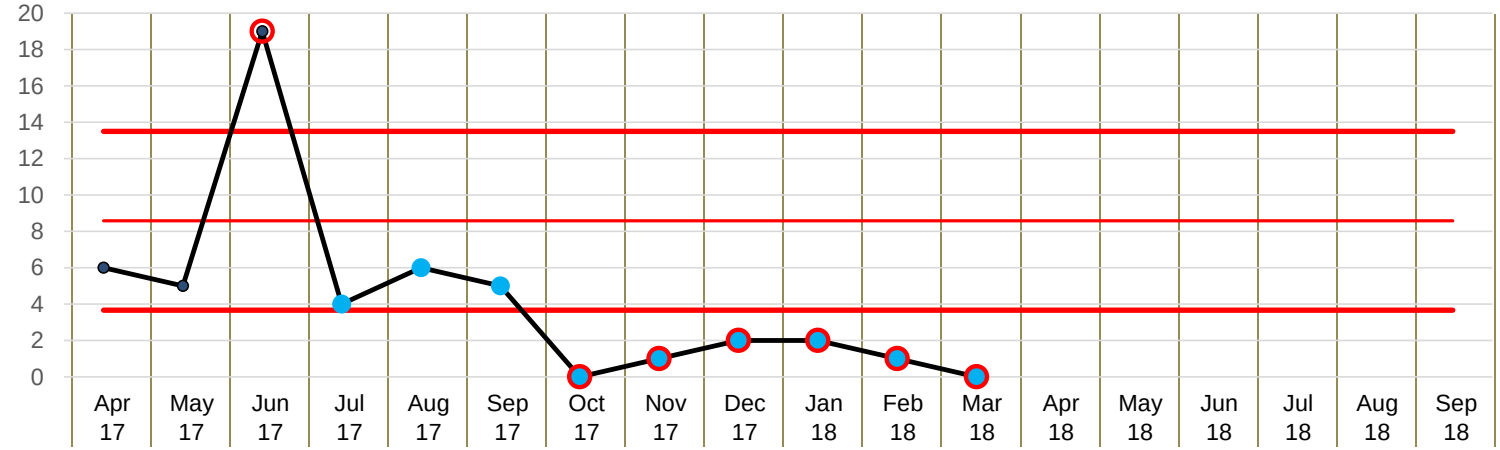




DP AND ISF STARTS

INDICATOR UNDER REVIEW





Control chart limits are set to one deviation, and are based on the 6 month period ending on Mar 17

TABLE OF DATA

		Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18
SERVICE	Balance of Care	56.9	57.2	57.3	57.3	57.4	57.5	57.8	57.5	57.7	57.1	57.1	57.3	56.4	55.7	55.8	55.2	54.8	55.0
	Proportion choosing DP or ISF	na	27.7	23.8	19.5	25.5	28.6	22.4	21.4	18.6	27.2	27.9	27.7	26.0	25.9	26.0	37.1	31.8	30.3
Care Home	Requests	114	119	128	95	133	105	142	89	101	114	106	125	na	na	na	na	na	na
	Starts, Hospital	12	13	11	9	11	15	5	9	5	6	7	4	na	na	na	na	na	na
	Starts, Community	11	19	17	23	9	12	10	11	18	10	7	1	na	na	na	na	na	na
	Starts, Total	**23**	**32**	**28**	**32**	**20**	**27**	**15**	**20**	**23**	**16**	**14**	**5**	**na**	**na**	**na**	**na**	**na**	**na**
	% from Hospital	52	41	39	28	55	56	33	45	22	38	50	80	na	na	na	na	na	na
Dom Care	Requests	227	232	296	319	328	280	341	253	332	347	322	288	na	na	na	na	na	na
	Starts, Hospital	79	88	142	94	94	90	101	92	93	56	24	34	na	na	na	na	na	na
	Starts, Community	99	102	157	103	119	82	71	59	62	40	17	40	na	na	na	na	na	na
	Starts, Total	**178**	**190**	**299**	**197**	**213**	**172**	**172**	**151**	**155**	**96**	**41**	**74**	**na**	**na**	**na**	**na**	**na**	**na**
	% from Hospital	44	46	47	48	44	52	59	61	60	58	59	46	na	na	na	na	na	na
DP and ISF	Requests	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	Starts	6	5	19	4	6	5	0	1	2	2	1	0	na	na	na	na	na	na

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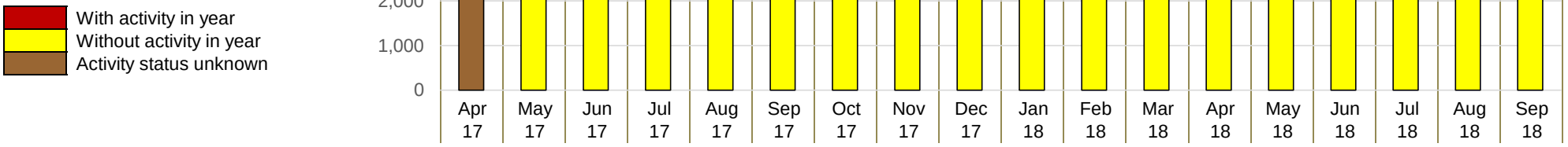
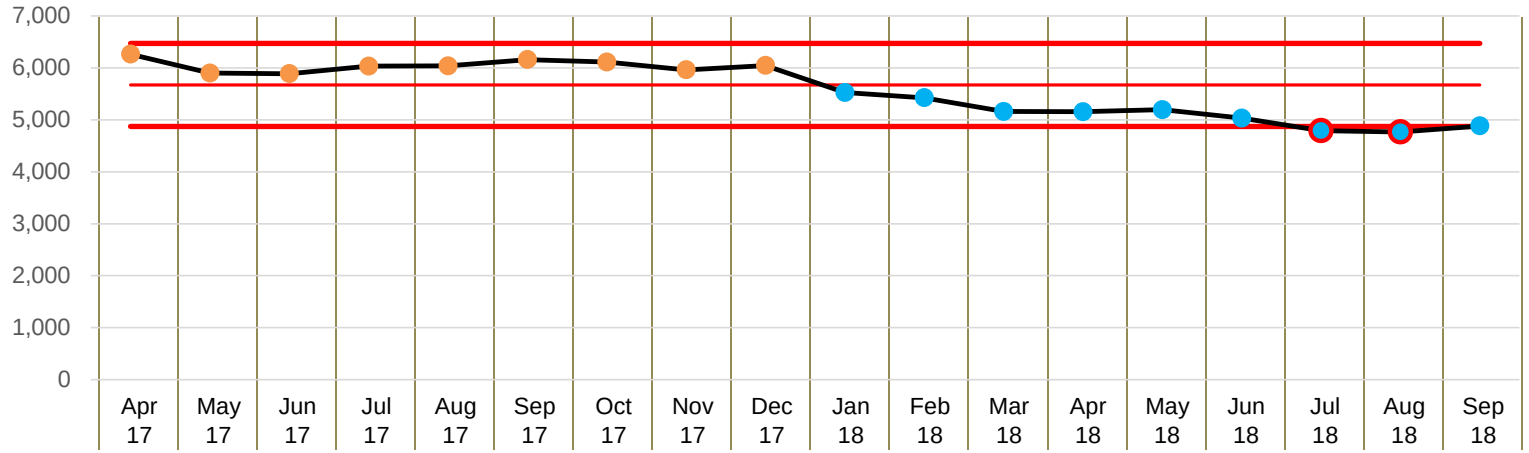
INDIVIDUALS WAITING FOR A REVIEW

A count of people on Swift waiting for a Review. Recent figures are split into those with social care assessment or review activity in the past 12 months, and those without



INDIVIDUALS WAITING FOR A REVIEW

A count of people on Swift waiting for a review

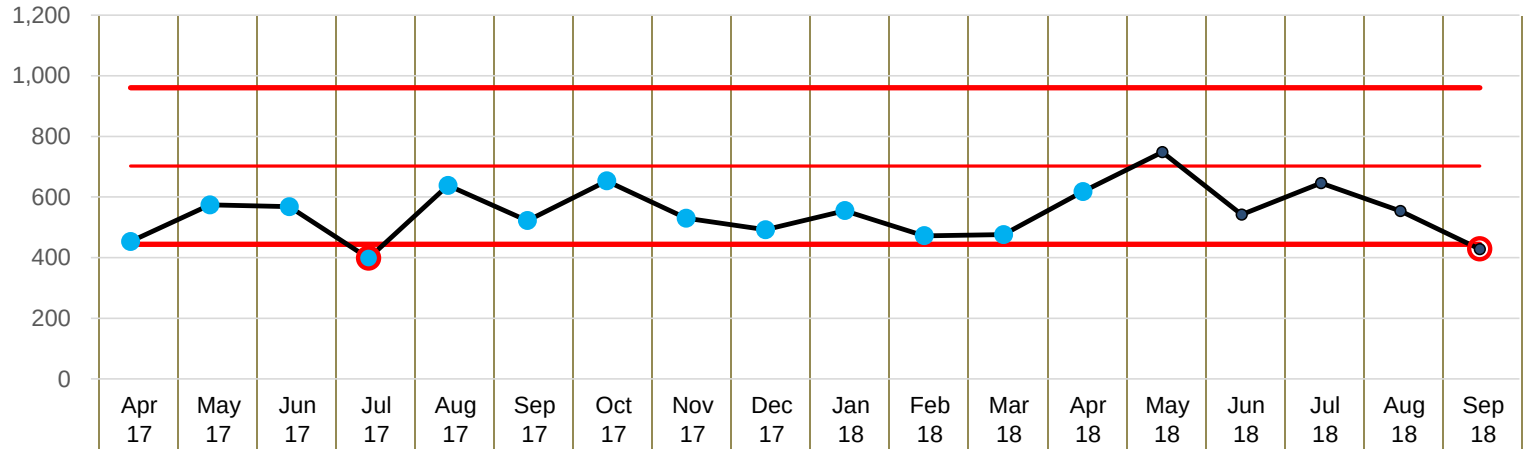


- Consistently above average
- Consistently below average
- Stable
- Beyond control limit

Control chart limits for this chart are based on the 12 month period ending on Mar 17

NUMBER OF REVIEWS COMPLETED

The number of reviews completed during the month that are recorded on Swift. This includes personal plan reviews



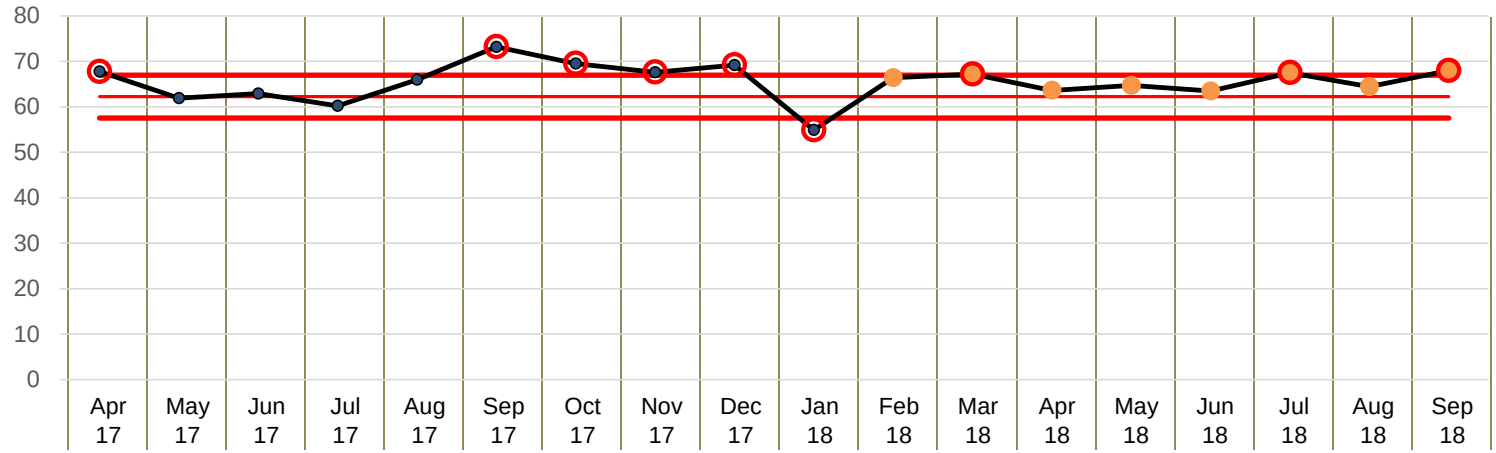
- Consistently above average
- Consistently below average
- Stable
- Beyond control limit

Control chart limits for this chart are based on the 12 month period ending on Mar 17

THE PERCENTAGE OF REVIEWS COMPLETED WITHIN 14 DAYS OF DUE DATE

The number of reviews completed within the month which are completed no later than 14 days after the due date. Figures for Sep 15 to Dec 16 are based on a recent extract of historical data and should be treated as estimates.

- Consistently above average
- Consistently below average
- Stable
- Beyond control limit

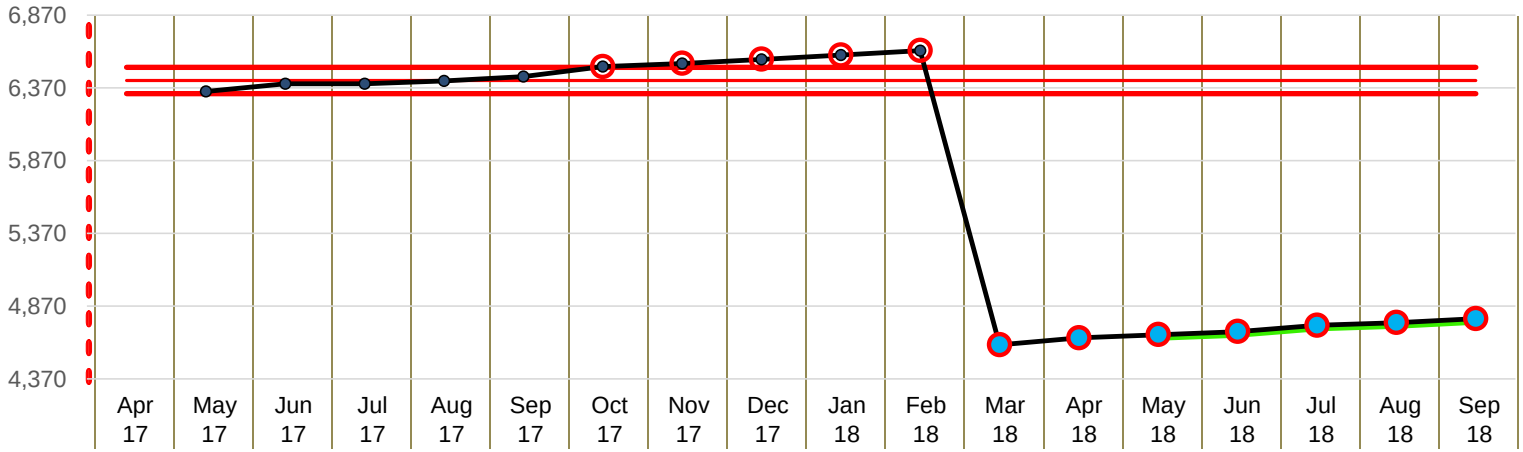


Control chart limits for this chart are based on the 12 month period ending on Mar 17

LONGEST WAIT FOR A REVIEW OR ASSESSMENT

The longest time since the last assessment or review for current clients.

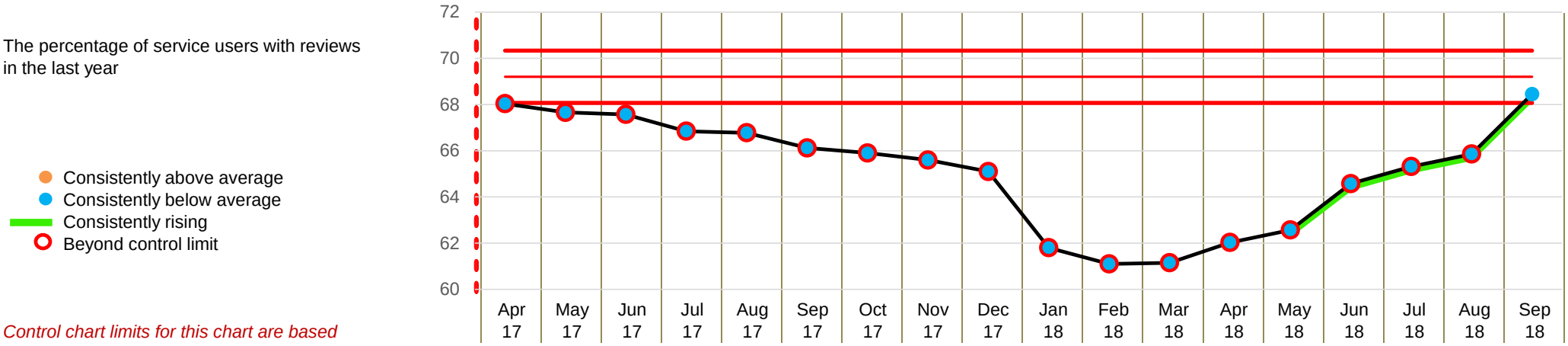
- Consistently above average
- Consistently below average
- Consistently rising
- Beyond control limit



Control chart limits for this chart are based on the 6 month period ending on Oct 17

SERVICE USERS WITH REVIEWS IN THE LAST YEAR

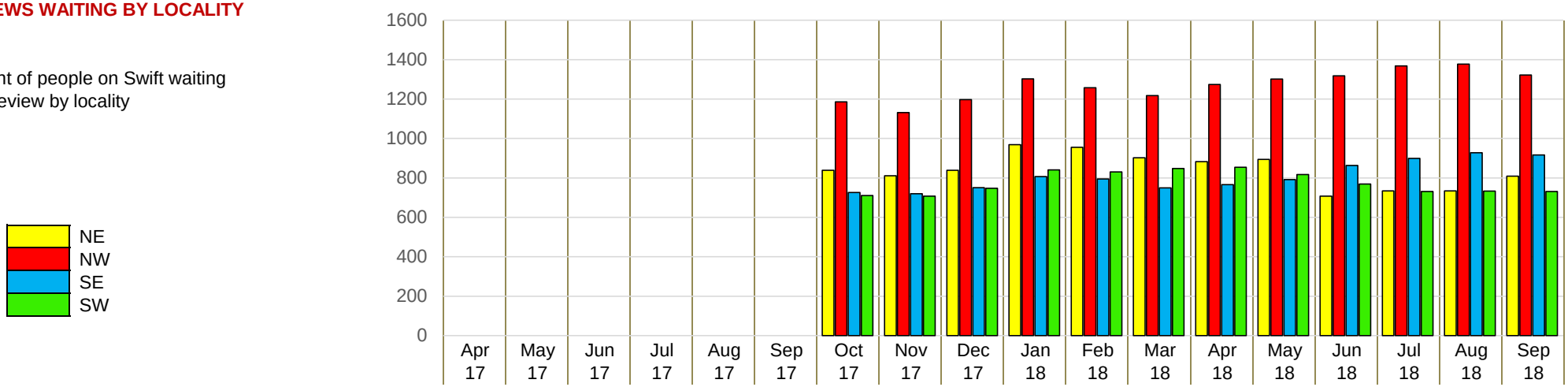
The percentage of service users with reviews in the last year



Control chart limits for this chart are based on the 5 month period ending on Mar 17

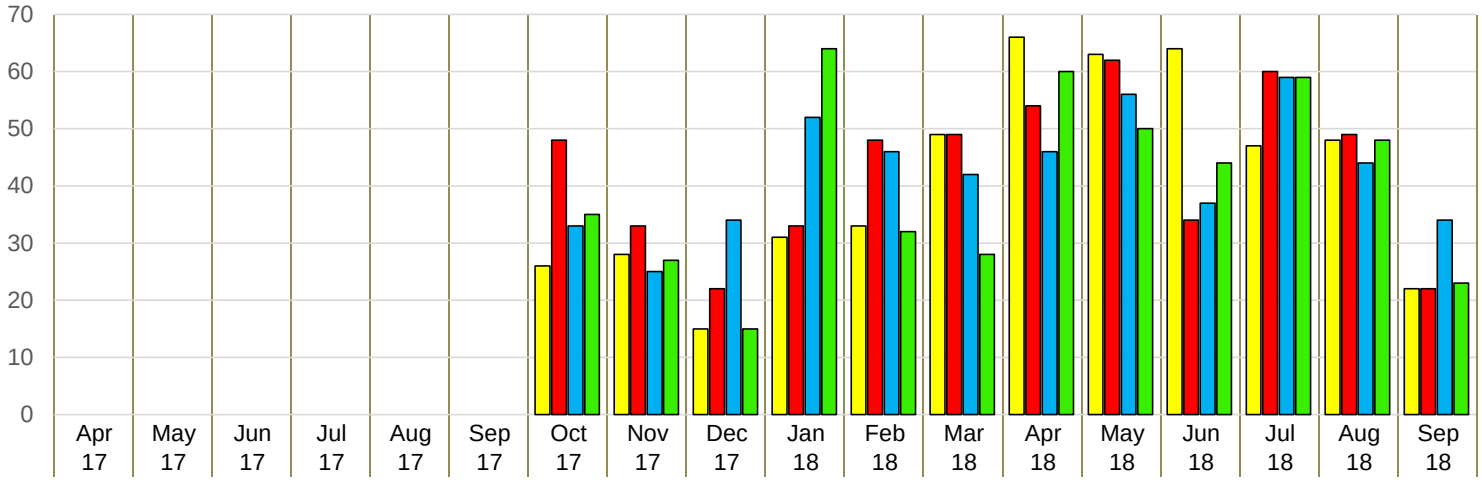
REVIEWS WAITING BY LOCALITY

A count of people on Swift waiting for a review by locality



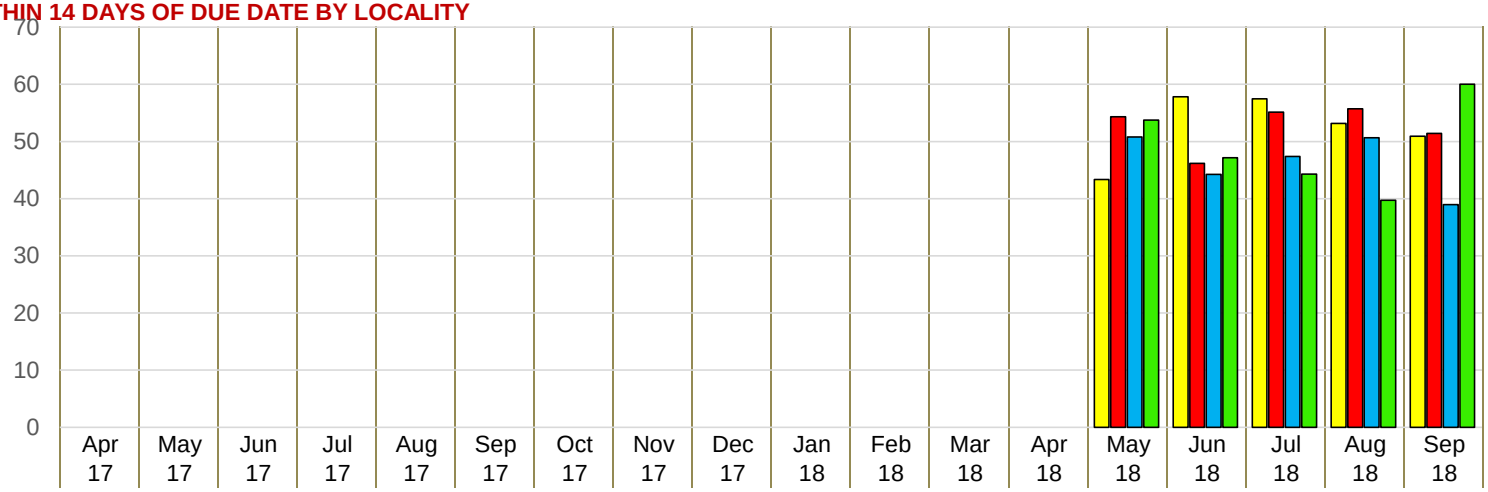
NUMBER OF REVIEWS COMPLETED

The number of reviews completed during the month that are recorded on Swift. This includes personal plan reviews



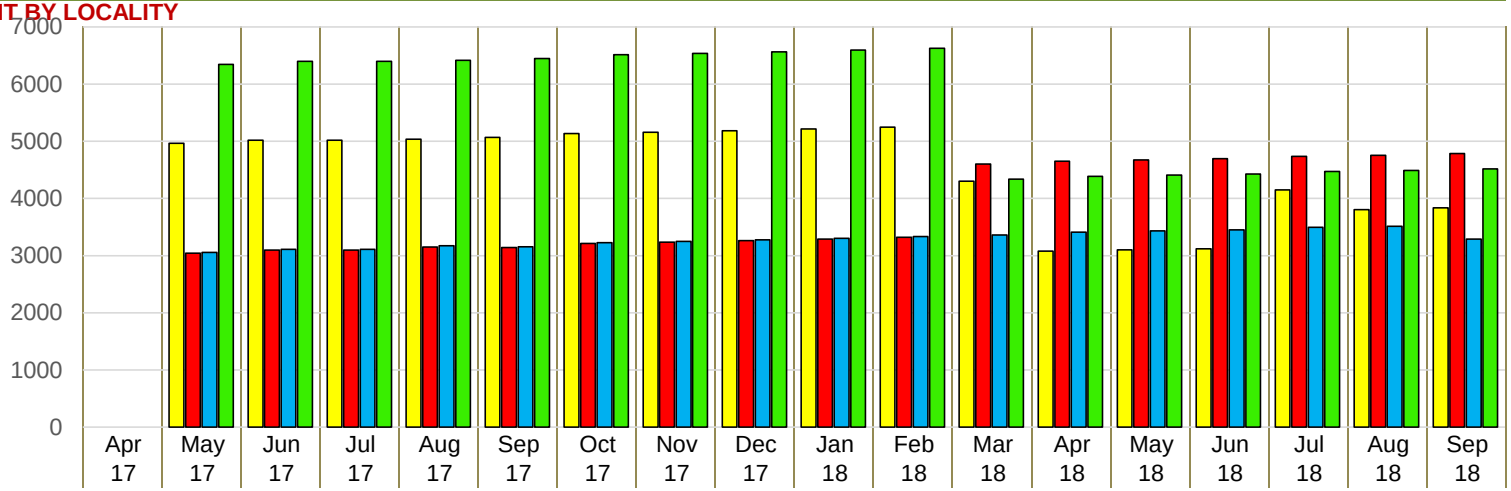
THE PERCENTAGE OF REVIEWS COMPLETED WITHIN 14 DAYS OF DUE DATE BY LOCALITY

The number of reviews completed within the month which are completed no later than 14 days after the due date. Figures for Sep 15 to Dec 16 are based on a recent extract of historical data and should be treated as estimates.



LONGEST WAIT FOR A REVIEW OR ASSESSMENT BY LOCALITY

The longest time since the last assessment or review for current clients.



SERVICE USERS WITH REVIEWS IN THE LAST YEAR BY LOCALITY

The percentage of service users with reviews in the last year

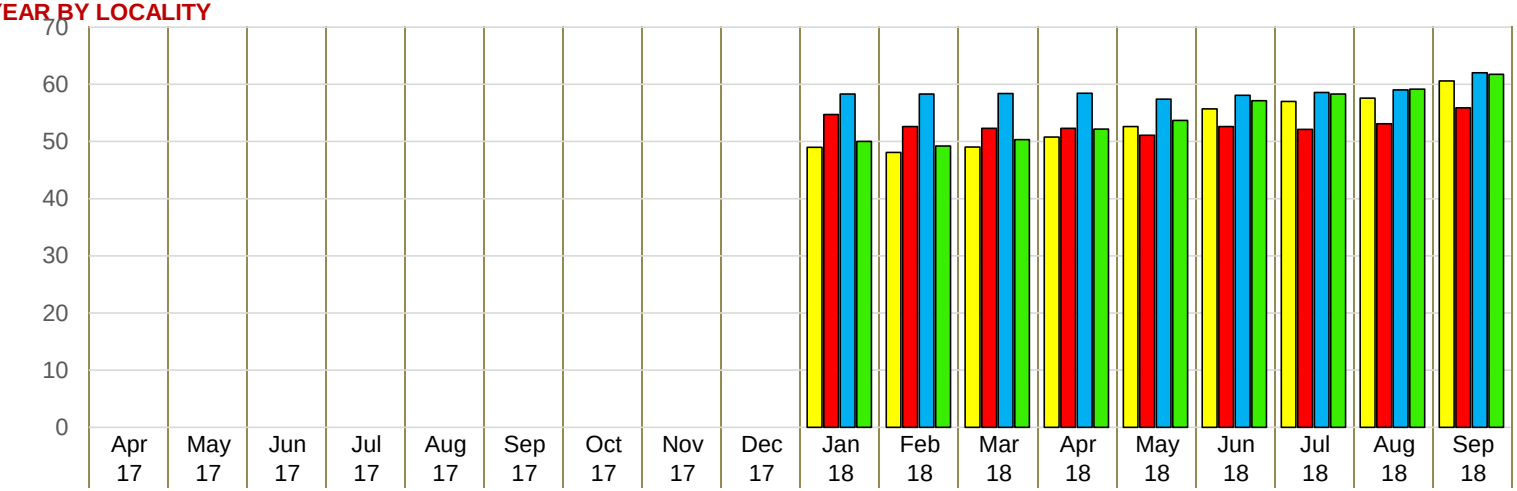


TABLE OF DATA

		Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18
REVIEWS	With HSC activity in the year	na	2,663	2,606	2,624	2,615	2,646	2,610	2,540	2,562	2,396	2,256	2,160	2,201	2,204	2,246	2,248	2,243	2,489
	Without HSC activity in the year	na	3,237	3,281	3,410	3,422	3,513	3,503	3,422	3,484	3,129	3,169	3,001	2,954	2,990	2,787	2,542	2,523	2,392
	Total waiting for Review	**6,262**	**5,900**	**5,887**	**6,034**	**6,037**	**6,159**	**6,113**	**5,962**	**6,046**	**5,525**	**5,425**	**5,161**	**5,155**	**5,194**	**5,033**	**4,790**	**4,766**	**4,881**
	Reviews completed	453	574	568	398	638	522	653	530	492	555	472	476	618	748	542	646	554	428
	% Reviews within 14 days	67.7	61.9	62.9	60.2	66.0	73.2	69.5	67.6	69.2	54.9	66.4	67.2	63.6	64.7	63.5	67.5	64.4	68.0
	Longest wait for a review or assessment	na	6,346	6,399	6,399	6,418	6,447	6,516	6,538	6,566	6,595	6,626	4,604	4,652	4,674	4,695	4,738	4,756	4,784
	% Service users with reviews in the last year	68.0	67.7	67.6	66.8	66.8	66.1	65.9	65.6	65.1	61.8	61.1	61.1	62.0	62.6	64.6	65.3	65.9	68.4
	Reviews waiting by locality NE	na	na	na	na	na	na	839	811	839	969	955	902	883	894	708	734	734	809
	NW	na	na	na	na	na	na	1,186	1,131	1,197	1,302	1,257	1,218	1,274	1,301	1,318	1,368	1,377	1,322
	SE	na	na	na	na	na	na	726	720	751	807	795	749	766	791	863	899	928	916
	SW	na	na	na	na	na	na	711	707	747	841	830	848	854	817	769	731	733	731
	Old Teams	na	na	na	na	na	na	151	143	72	421	221	440	55	52	25	17	11	9
	Reviews completed by locality NE	na	na	na	na	na	na	26	28	15	31	33	49	66	63	64	47	48	22
	NW	na	na	na	na	na	na	48	33	22	33	48	49	54	62	34	60	49	22
	SE	na	na	na	na	na	na	33	25	34	52	46	42	46	56	37	59	44	34
	SW	na	na	na	na	na	na	35	27	15	64	32	28	60	50	44	59	48	23
	Old Teams	na	na	na	na	na	na	65	128	86	178	64	205	297	305	237	240	205	111

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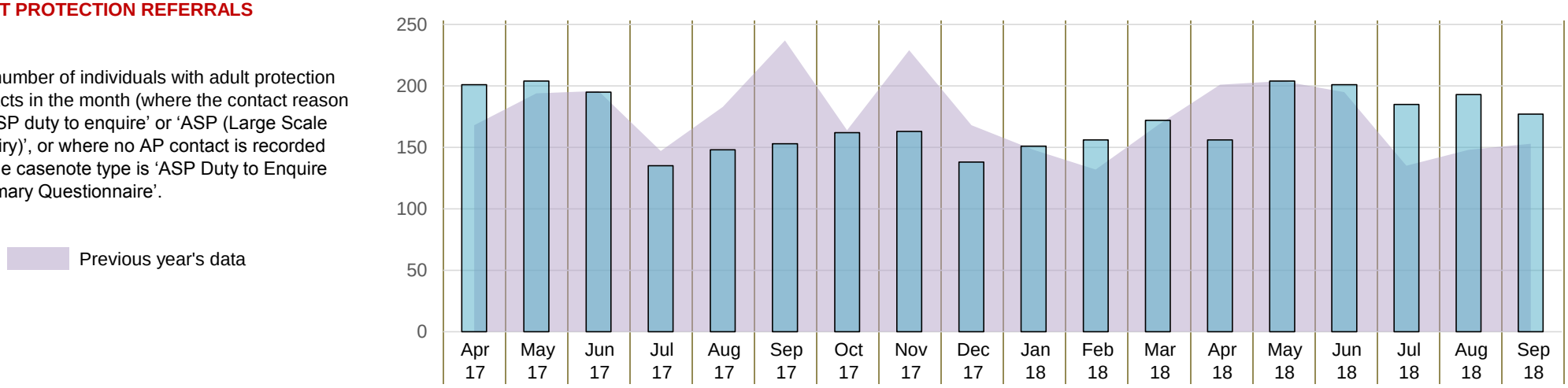
ADULT PROTECTION REFERRALS

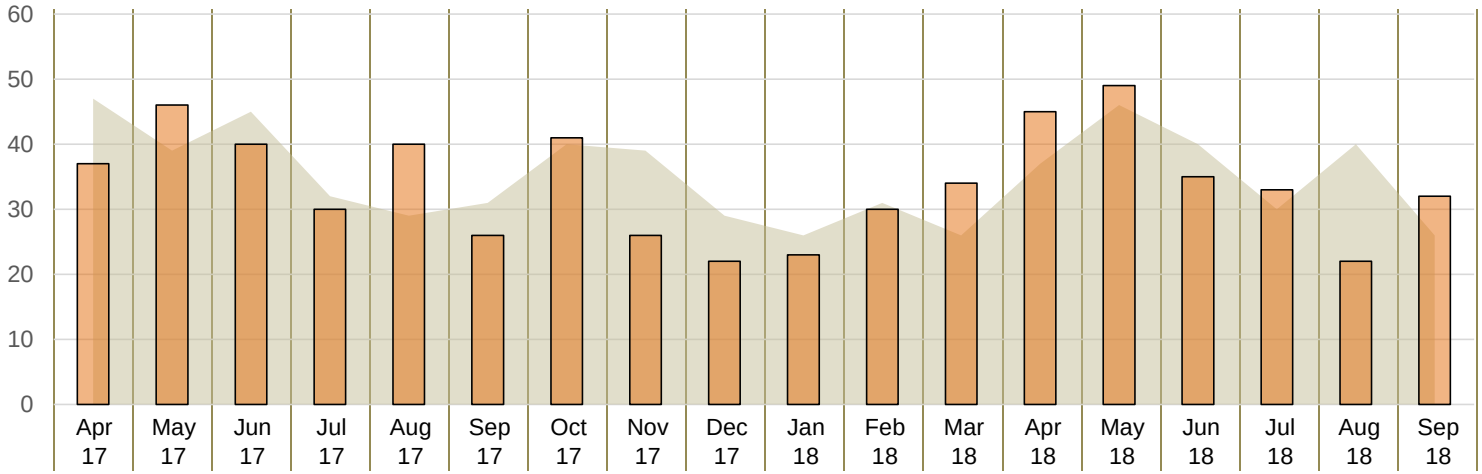
The number of individuals with adult protection contacts in the month (where the contact reason is 'ASP duty to enquire' or 'ASP (Large Scale Enquiry)', or where no AP contact is recorded but the casenote type is 'ASP Duty to Enquire Summary Questionnaire'.



ADULT PROTECTION OPEN CASES

Cases with Adult Protection activity (IRD, investigation, case conference (initial or review)) in the month, with an outcome of to continue AP work' or with a case case conference due in the future. Each person is counted once.

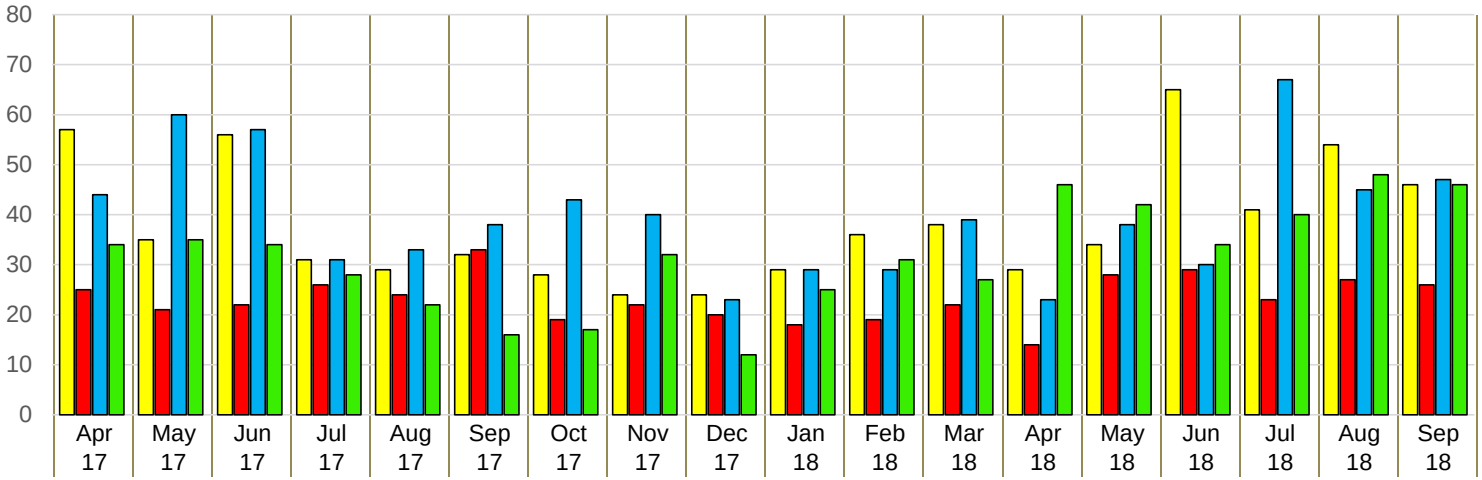
Previous year's data



ADULT PROTECTION REFERRALS BY LOCALITY

The number of individuals with adult protection contacts in the month (where the contact reason is 'ASP duty to enquire' or 'ASP (Large Scale Enquiry)', or where no AP contact is recorded but the casenote type is 'ASP Duty to Enquire Summary Questionnaire'.

NE
NW
SE
SW



ADULT PROTECTION OPEN CASES BY LOCALITY

Cases with Adult Protection activity (IRD, investigation, case conference (initial or review)) in the month, with an outcome of to continue AP work' or with a case case conference due in the future. Each person is counted once.

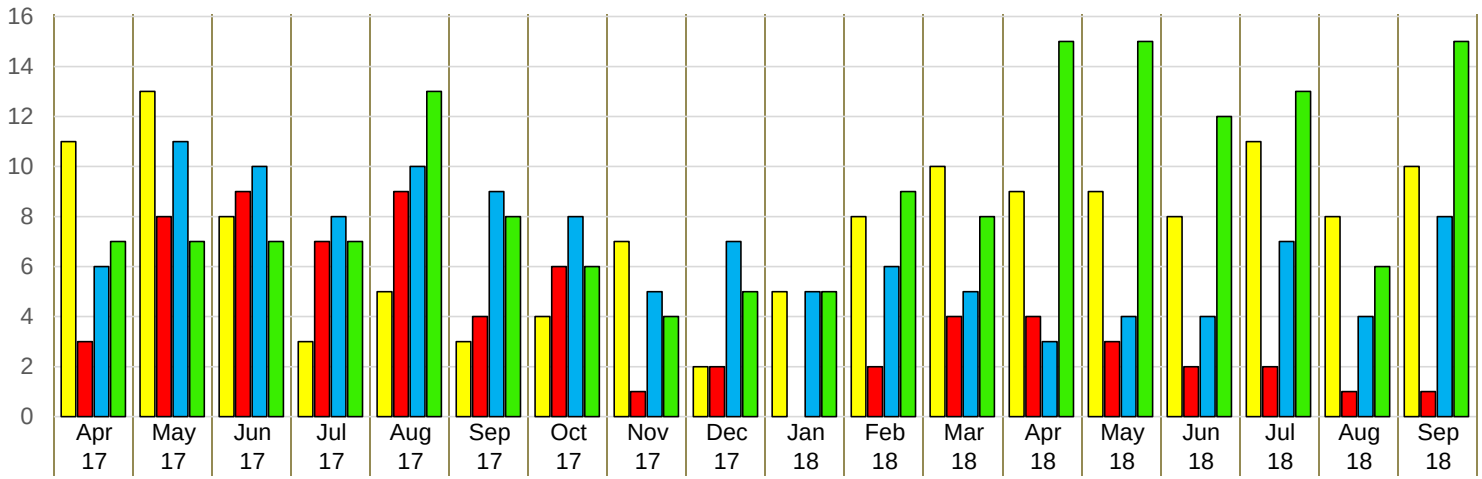


TABLE OF DATA

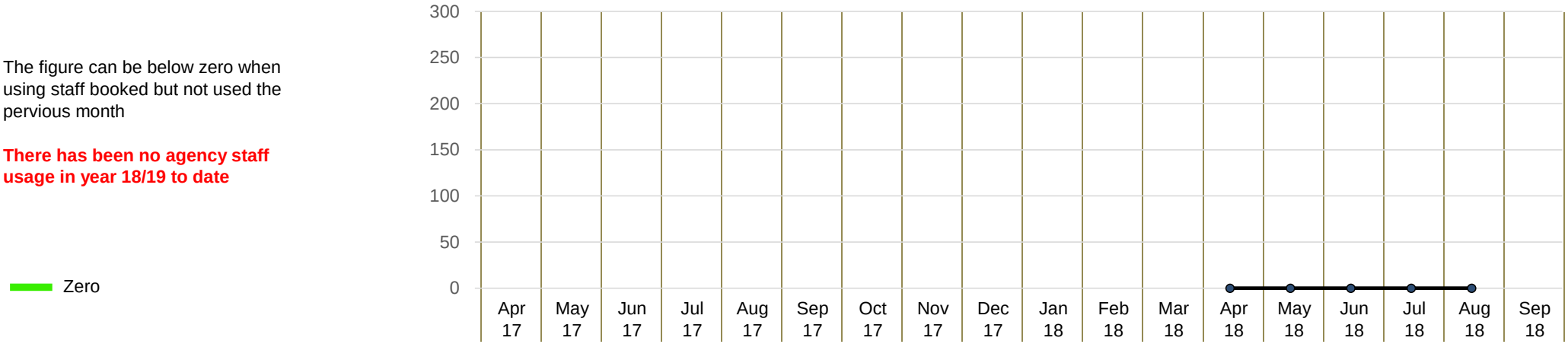
		Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18
ADULT PROTECTION	Adult protection referrals	201	204	195	135	148	153	162	163	138	151	156	172	156	204	201	185	193	177
	Previous year's referrals	168	194	196	147	183	237	164	229	168	148	132	168	201	204	195	135	148	153
	Open adult protection cases	37	46	40	30	40	26	41	26	22	23	30	34	45	49	35	33	22	32
	Previous year's cases	47	39	45	32	29	31	40	39	29	26	31	26	37	46	40	30	40	26
Adult protection referrals by locality	NE	57	35	56	31	29	32	28	24	24	29	36	38	29	34	65	41	54	46
	NW	25	21	22	26	24	33	19	22	20	18	19	22	14	28	29	23	27	26
	SE	44	60	57	31	33	38	43	40	23	29	29	39	23	38	30	67	45	47
	SW	34	35	34	28	22	16	17	32	12	25	31	27	46	42	34	40	48	46
Adult protection open cases by locality	NE	11	13	8	3	5	3	4	7	2	5	8	10	9	9	8	11	8	10
	NW	3	8	9	7	9	4	6	1	2	0	2	4	4	3	2	2	1	1
	SE	6	11	10	8	10	9	8	5	7	5	6	5	3	4	4	7	4	8
	SW	7	7	7	7	13	8	6	4	5	5	9	8	15	15	12	13	6	15

INDEX	City Wide
NHS agency staff (hours)	page 4-1
NHS bank staff (hours)	page 4-2
HSC city wide sickness	page 4-2
NHS sickness in hours	page 4-3
NHS sickness %	page 4-3
Table of staff data	page 4-4

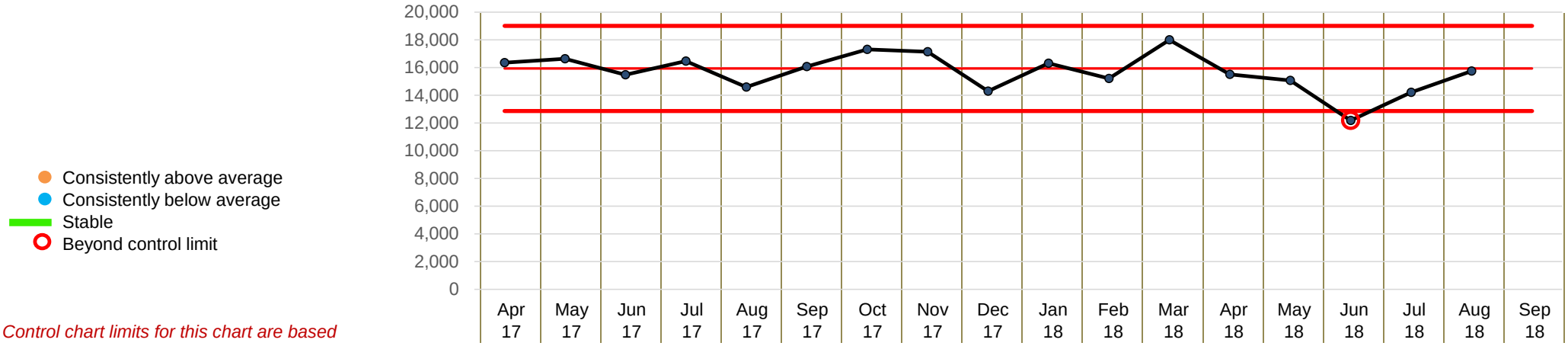
NHS AGENCY NURSING STAFF (HOURS)

The figure can be below zero when using staff booked but not used the pervious month

There has been no agency staff usage in year 18/19 to date



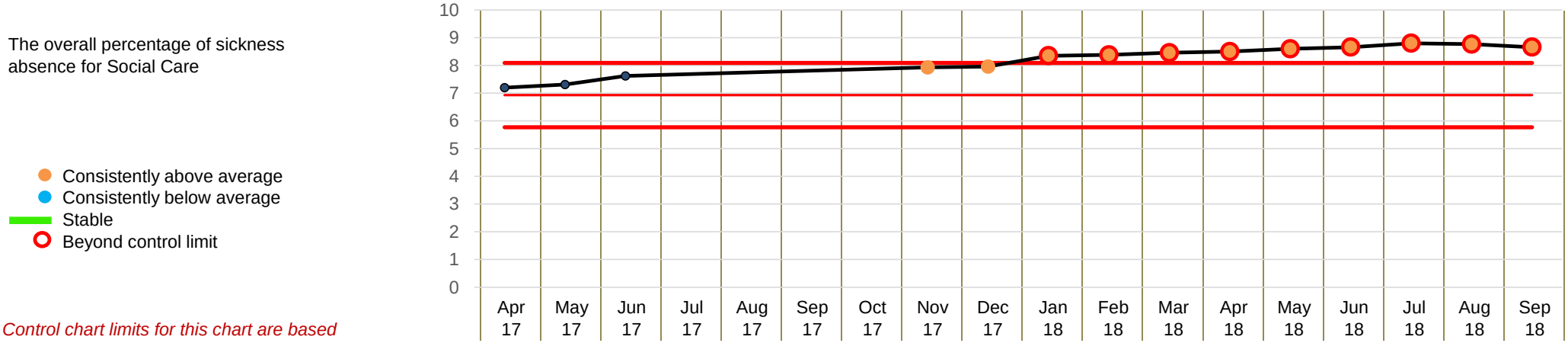
NHS BANK STAFF (HOURS)



Control chart limits for this chart are based on the 6 month period ending on Sep 17

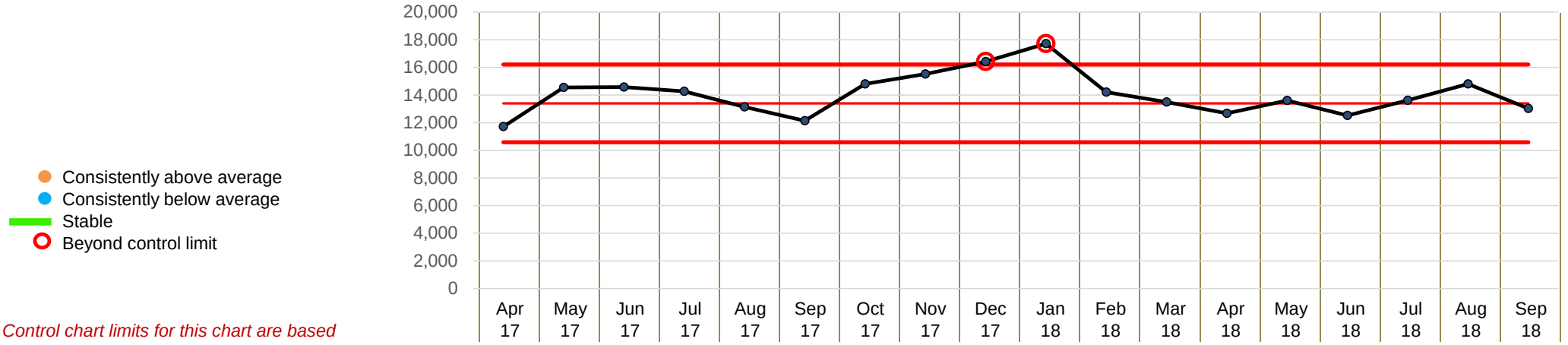
HSC CITY WIDE SICKNESS ABSENCE

The overall percentage of sickness absence for Social Care



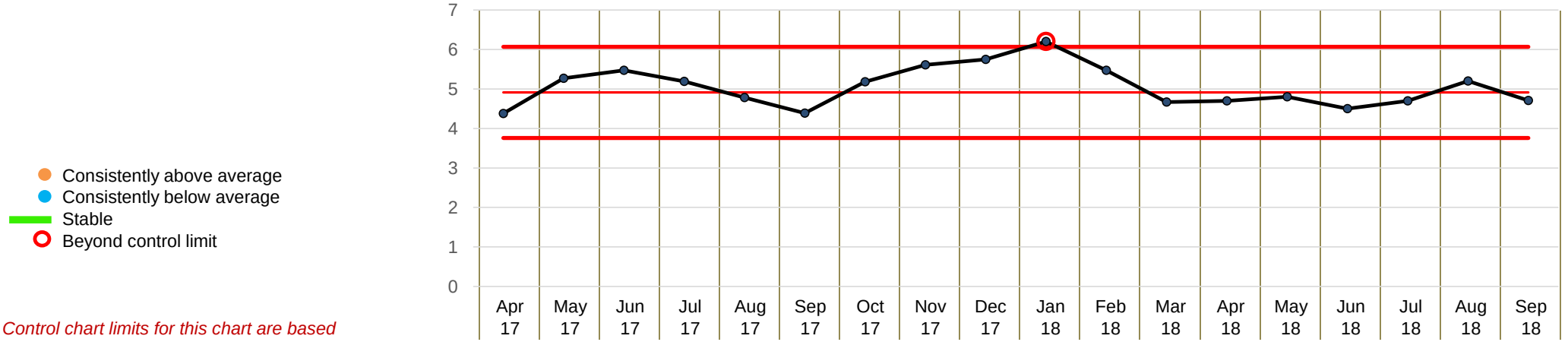
Control chart limits for this chart are based on the 6 month period ending on Mar 17

CITY WIDE NHS SICKNESS ABSENCE IN HOURS



Control chart limits for this chart are based on the 6 month period ending on Sep 17

CITY WIDE NHS SICKNESS ABSENCE AS A PERCENTAGE



Control chart limits for this chart are based on the 6 month period ending on Sep 17

TABLE OF DATA

		Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18
STAFF + SICKNESS	NHS nursing agency staff (hours)	na	na	na	na	na	na	na	na	na	na	na	na	0	0	0	0	0	na
	NHS bank staff (hours)	16,356	16,638	15,487	16,473	14,594	16,070	17,312	17,148	14,293	16,313	15,211	17,995	15,506	15,077	12,184	14,218	15,752	na
	City Wide HSC Sickness Absence	7.20	7.31	7.62	na	na	na	na	7.93	7.96	8.35	8.38	8.46	8.50	8.60	8.66	8.80	8.77	8.66
	City Wide NHS Sickness Absence in Hours	11,711	14,545	14,571	14,262	13,140	12,144	14,807	15,517	16,420	17,715	14,208	13,491	12,678	13,608	12,520	13,624	14,802	13,028
	City Wide NHS Sickness Absence as a percentage	4.38	5.27	5.47	5.19	4.78	4.39	5.18	5.61	5.75	6.20	5.47	4.67	4.70	4.80	4.50	4.70	5.20	4.71

Hospital Activity Indicators for Edinburgh residents receiving treatment at NHS Lothian hospital sites between August 2017 and September 2018 [8]

Indicator	Age	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	MSG Targets
A&E attendances [1]	15+	8,192	8,451	10,429	8,259	10,593	8,018	8,305	8,311	10,205	8,501	8,264	10,498	8,598	8,504	1% reduction against 2016/17 median
	75+	1,376	1,412	1,752	1,461	2,159	1,476	1,495	1,522	1,724	1,525	1,378	1,866	1,500	1,422	
A&E 4 hour compliance	15+	94.0%	92.0%	92.8%	86.2%	69.3%	72.4%	76.5%	68.5%	75.2%	80.9%	81.9%	80.3%	81.5%	78.2%	95%
	75+	87.7%	83.4%	86.1%	73.4%	50.0%	51.5%	60.5%	47.6%	56.4%	68.9%	71.9%	69.3%	72.5%	62.8%	
A&E conversion rate [2]	15+	27.6%	27.4%	27.2%	28.8%	28.8%	28.7%	28.5%	26.5%	25.9%	26.2%	26.1%	25.9%	26.4%	25.8%	N/A
	75+	60.6%	61.3%	60.5%	62.2%	61.1%	63.9%	61.0%	60.4%	57.5%	54.9%	54.6%	54.6%	56.5%	57.9%	
Unscheduled admissions [3]	15+	2,821	2,896	3,603	2,964	3,744	2,825	3,008	2,760	3,391	2,785	2,781	3,484	2,820	2,776	Maintain current level
	75+	944	980	1,239	1,044	1,446	1,057	1,055	1,037	1,143	948	880	1,173	942	932	
OBDs for unscheduled admissions in acute [4]	15+	21,661	20,432	24,789	20,029	26,515	23,262	22,842	22,342	29,729	23,375	21,830	25,284	21,696	20,953	Reduced by 1% in 2018/19 against 2016/17
	75+	12,249	10,158	13,779	11,325	15,447	13,860	12,579	13,778	17,567	13,269	12,872	13,944	12,100	11,347	
	All Ages	21,863	20,645	25,012	20,239	26,746	23,483	23,100	22,562	30,091	24,075	22,088	25,544	21,882	21,175	
OBDs for unscheduled admissions for mental health [5]	18-64	5,398	5,108	5,519	5,474	5,331	5,187	4,773	5,217	5,017	5,007	4,504	N/A	N/A	N/A	1% reduction against 2016/17 median
	65+	4,326	4,188	4,604	3,754	3,282	3,408	2,963	3,151	2,837	2,871	2,461	N/A	N/A	N/A	
OBDs for unscheduled admissions into geriatric long stay [6]	All Ages	1,795	1,792	1,808	1,829	1,797	1,842	1,654	1,764	1,697	1,751	1,734	1,754	2,001	1,960	1% reduction against 2016/17 median
Delayed discharges OBDs excluding Code 9 [7]	18 +	5,156	5,431	5,639	5,239	5,561	6,435	6,480	7,571	7,075	7,019	6,564	7,023	6,990	N/A	5% reduction against 2017/18 median

NOTES

1. Data for A&E, unscheduled admissions and acute bed days are taken from the flow dashboard currently in development (with data coming directly from TRAK), which is set up as a rolling one year trend. Based on activity of Edinburgh residents within NHS Lothian.
2. A&E conversion has been calculated as the number of people admitted to hospital following an A&E attendance / number of A&E attendances * 100
3. The number of emergency (unplanned) admissions by Edinburgh residents into NHS Lothian hospitals
4. The number of Occupied Bed Days by Edinburgh residents in NHS Lothian hospitals after discharge. The days have been allocated to each month where the patient was in the hospital until they were discharged. Data includes all medical and surgical specialties and excludes Geriatric Long Stay and Mental Health.
5. Data has been extracted from the monthly MSG spreadsheet (based on ISD SMR04 dataset), as there are issues with reconciling the TRAK figures to SMR. Data is only available to June 201
6. OBDs within Geriatric Long Stay have been extracted from the NHS Lothian Specialty Activity Dashboard.
7. Data has been sourced from the Delayed Discharges monthly OBD publication. Excludes codes 9 and 100
8. Data available up till Sep 2018.

REVISION - Following the completion of a data quality assessment of delayed discharge data with NHS Lothian, ISD have revised figures for the period Sep 2017 to Jan 2018. NHS Lothian identified that a change in their computer system had introduced an error in reporting some records for the months Sep 2017 to Jan 2018. This has resulted in an average increase for NHS Lothian of 1,123 delayed bed days per month over this period. Figures for Feb 2018 remain unaffected. Revised figures are shown in red.

Produced by:

Jennifer Boyd, Principal Information Analyst, ISD - LIST

Calum Massie, Senior Information Analyst, ISD - LIST

Pauline Oh, Information Analyst, ISD - LIST

Date Produced:

September 2018

Data Sources:

H&SCP Hospital Flow Dashboard based on TRAK Oracle data

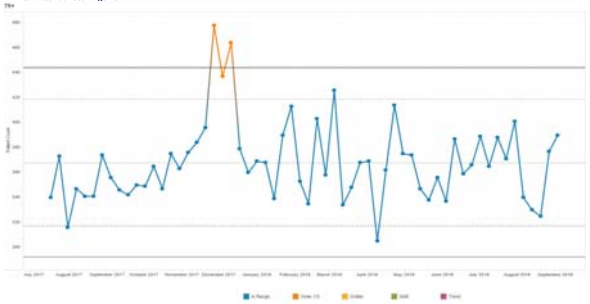
NHS Lothian Specialty Activity Dashboard based on TRAK Oracle data

SMR04 Mental Health Dataset, ISD Scotland

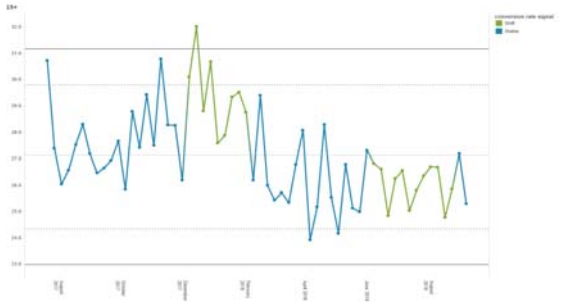
Delayed Discharges OBDs publication, ISD Scotland

1. A&E Attendances: Age 15+

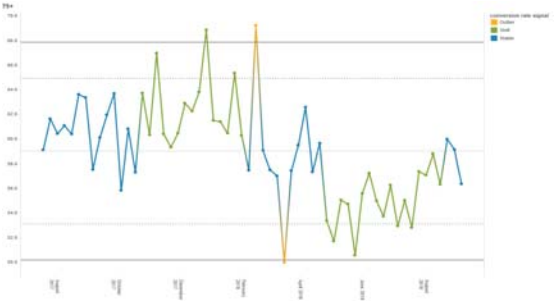
2. A&E Attendances: Age 75+



3. A&E Conversion Chart: Ages 15+

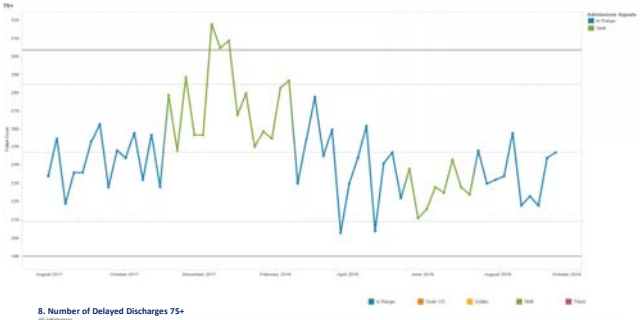


4. A&E Conversion Chart: Ages 75+



5. Unscheduled Admissions: Ages 15 +

6. Unscheduled Admissions: Age 75 +

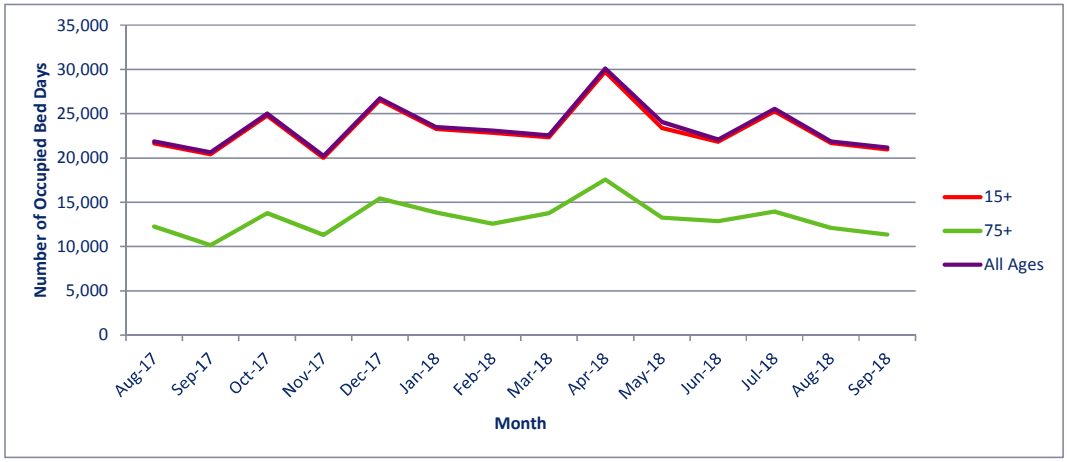


7. Number of Delayed Discharges All Ages

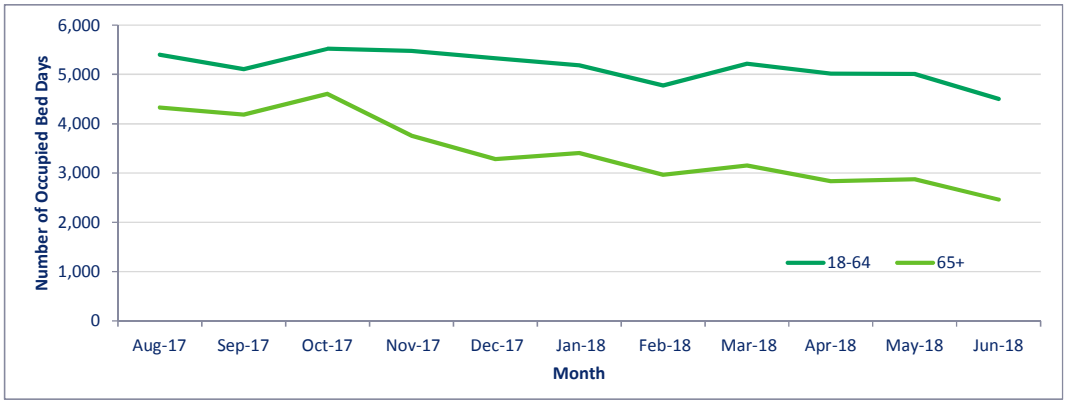
8. Number of Delayed Discharges 75+

Data Source:
NEOP Hospital Flow Tableau Dashboard

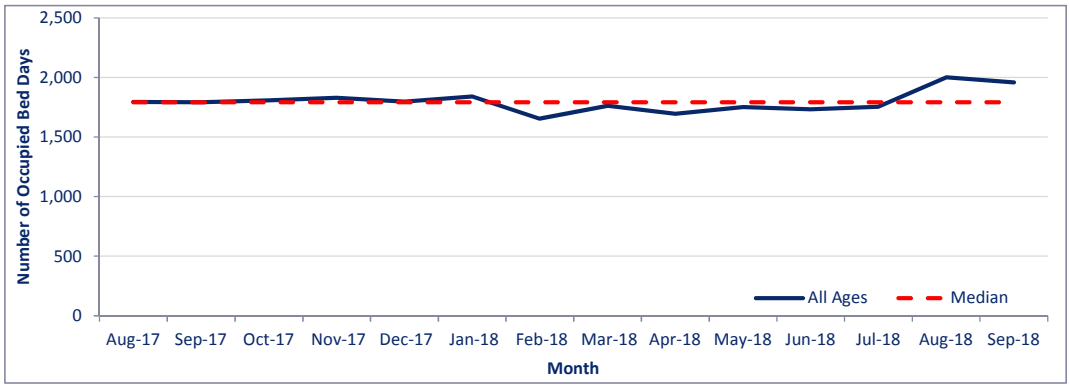
1. Number of Occupied Bed Days within Acute for patients aged 15+, 75+ and All Ages



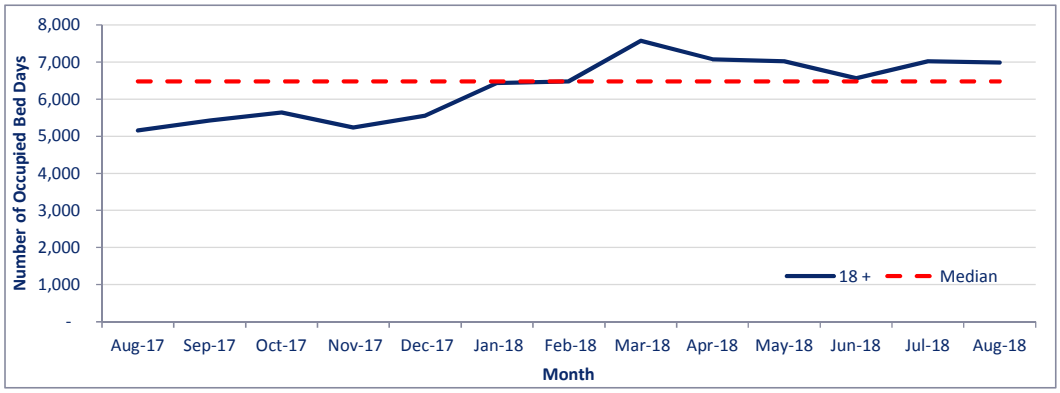
2. Number of Occupied Beds Days within Mental Health for patients aged 18 - 64 and 65 +



3. Number of Unplanned Occupied Beds Days within Geriatric Long Stay



4. Number of Occupied Beds Days by Delayed Discharge patients (excludes codes 9 and 100)



Core Suite of Indicators September 2018		
INDICATOR	**Edinburgh City**	**Edinburgh Rank in Scotland**
1. Percentage of adults able to look after their health very well or quite well - 2017/18	94.0%	7th
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible - 2017/18	79.0%	25th
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided - 2017/18	74.0%	21st
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated- 2017/18	67.0%	29th
5. Percentage of adults receiving any care or support who rate it as excellent or good - 2017/18	80.0%	21st
6. Percentage of people with positive experience of care at their GP practice - 2017/18	84.0%	16th
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life - 2017/18	79.0%	19th
8. Percentage of carers who feel supported to continue in their caring role.- 2017/18	35.0%	26th
9. Percentage of adults supported at home who agree they felt safe.- 2017/18	77.0%	32nd
*10. Percentage of staff who say they would recommend their workplace as a good place to work.**	*Not yet available.*	
11. Premature mortality rate (per 100,000 population) - 2017	380.4	13th
12. Rate of emergency admissions for adults (per 100,000) - 2017/18	8,575	2nd
13. Rate of emergency bed days for adults (per 100,000) - 2017/18	107,835	9th
14. Readmissions to hospital within 28 days of discharge (per 1,000) - 2017/18	110.9	24th
15. Proportion of last 6 months of life spent at home or in community setting -2017/18	85.8	31st
16. Falls rate per 1,000 population in over 65s - 2017/18	23.1	22nd
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections - 2017/18	88%	14th
18. Percentage of adults with intensive needs receiving care at home - 2016/17	61.0%	23rd
19. Number of days people aged 75+ spend in hospital when they are ready to be discharged. (per 1,000) - 2018/19 Q1	1,502	31st
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency - 2017/18	23.6%	18th
*21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home.**	*Not yet available.*	
*22. Percentage of people who are discharged from hospital within 72 hours of being ready.**	*Not yet available.*	
*23. Expenditure on end of life care.**	*Not yet available.*	

Item 5.9

Report

2018/19 Financial Position

Edinburgh Integration Joint Board

14th December 2018

Executive Summary

1. The purpose of this report is to provide the Integration Joint Board (IJB) with an overview of the financial position for the period to October 2018 and the year end forecast. It also presents the conclusion of the financial recovery plan.

Recommendations

2. The Integration Joint Board is asked to:

   a) note that delegated services are reporting an overspend of £6.7m for the period to the end of October 2018, and that this is projected to rise to £10.3m 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 and

   c) remit the Chief Officer, supported by the Chief Finance Officer, to continue to work with colleagues from the City of Edinburgh Council and NHS Lothian to identify options for achieving year end balance.

Background

3. A forecast overspend on delegated services of £10.1m was reported to the IJB at its meeting in September 2018. The board acknowledged the ongoing actions to reduce the predicted in year deficit and, further, that these were not sufficient to provide assurance that a break even position would be achieved.

4. 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 *"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).

5. An update on this position is set out below.

Financial position to the end of October

6. This report is based on the latest financial monitoring information available from the 2 partners. For NHS Lothian this is represented by the position to the end of October and, for the Council, the mid year review.

7. Cumulatively this represents an overspent of £6.7m against the budgets delegated by the IJB. The equivalent projection for the end of the financial year is an overspend of £10.3m. Table 1 below summarises the position with further detail included in appendices 1 (NHS Lothian) and 2 (the Council).

	Year to date			2018/19
	Budget £k	Actual £k	Variance £k	Forecast £k
NHS services				
Core	167,127	168,826	(1,700)	(2,653)
Hosted	46,191	45,839	352	1,473
Set aside	51,376	52,593	(1,216)	(2,030)
Sub total NHS services	**264,694**	**267,258**	**(2,564)**	**(3,210)**
CEC services	**82,271**	**86,378**	**(4,107)**	**(7,041)**
Total	**346,965**	**353,636**	**(6,671)**	**(10,251)**

Table 1: summary IJB financial position to the end of October 2018

8. The key financial issues underpinning the position remain consistent with those previously reported, namely:

- As reflected in the third party payments overspend of £5.8m, **care at home** remains 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 has stabilised as volumes continue to reduce. The outturn position remains difficult to predict due to an emerging potential short supply issue and further changes in tariff and rebate rates. This, along with evolving improvement and efficiency projects, impacts on the projected position but current estimate suggest a small year end underspend of £0.2m.

- Progress in delivering **savings and recovery plans,** is discussed in sections 9 to 12 below; and

- NHS Lothian **set aside** budgets are overspent by £1.2m for the first 7 months and this is forecast to worsen to £2.0m by the end of the financial year. As previously reported this is driven largely by pressures in junior doctor rotas and undelivered savings.

Savings plans

9. The IJB's financial plan incorporated a savings target of £20.3m. Of this, £15.0m had been identified at the time the plan was considered with the balance of £5.3m reflecting the IJB's share of NHS Lothian's financial plan deficit. Work has been ongoing within the business units of NHS Lothian to reduce this gap as a bridge towards financial balance. The net impact of these efforts was to identify a further £0.5m of efficiencies across delegated services.

10. 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 works with operational leads to identify and agree additional opportunities for efficiencies.

11. 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:

	Current programme	Forecast delivery	Projected slippage
	£k	£k	£k
Schemes identified	15,404	9,748	5,655
Outstanding balance	4,855	0	4,855
Total savings requirement	**20,259**	**9,748**	**10,511**

Table 2: status of IJB recovery actions

12. As demonstrated in table 3, forecast delivery against the £15.4m of projects identified equates to £9.7m (or 63%). When compared to the overall target of £20.3m forecast delivery drops to 48%. In recognition of this, the Chief Officer and management team have reviewed current plans to ensure robustness and sustainability as well as attempted to identify alternative in year efficiency opportunities.

IJB reserves

13. In recognition of the projected in year deficit, a review of the reserves held by the IJB has been undertaken. The outcome is summarised in table 3 below with further detail in appendix 4.

	£k
Carried forward from 17/18	8,352
New provision 18/19	11,089
Allocated during 18/19	(11,542)
Commitments cfwd to 19/20	(4,571)
Uncommitted balance	**3,328**

Table 3: IJB reserves

14. This exercise demonstrates that, after setting £4.6m aside for anticipated costs in 2019/20 (see appendix 4 for details), the IJB would have uncommitted reserves totalling £3.3m.

Achieving financial balance

15. Although both NHS Lothian and the Council recognised the underlying pressures in health and social care through their financial planning mechanisms, the IJB remains some distance from recurring financial balance. Specifically, as discussed above, with no further mitigating actions the services delegated to the IJB are forecast to overspend by £10.3m by the end of the year.

16. 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. As a response to section 9.4.3 the Chief Officer, supported by the management team instigated a series of actions, including:

- re focussing leadership for each of the major financial pressures;

- reinforcing accountability for budgets across localities and hosted services;

- strengthening budgetary controls, in particular over discretionary spend and agency costs;

- reviewing progress against existing savings programmes; and
- considering options for further mitigation of the position.

18. These efforts were reported to the September IJB and followed up at the development and briefing sessions in October and December. As part of the ensuing discussion both the Chief Officer and Chief Finance Officer, advised the board that these actions alone will not bridge the predicted level of in year deficit. It was therefore concluded that a recovery plan should be developed in line with section 9.4.4 of the integration scheme.

19. This work has been progressed by the management team and the conclusions are:

- Whilst there are undoubtedly efficiencies which can be delivered in year without detriment to service provision, these are limited in the short term;
- The IJB should review its level of reserves and consider the balance between shoring up the in year position and protecting funds to invest in pump priming change;
- Consequently any options to deliver break even in year will have a detrimental impact on operational services and delivery of the IJB's strategic plan; and
- In this context the Chief Officer and Chief Finance Officer should continue the productive discussion with colleagues in the Council and NHS Lothian to support the achievement of year end balance.

20. The IJB remains ambitious to radically redesign services in a sustainable way and consequently improve outcomes for the people of Edinburgh, this will take 3-5 years and will require pump priming investment to deliver longer term gains.

Key risks

21. 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

22. Outlined elsewhere in this report.

Implications for directions

23. None.

Equalities implications

24. 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

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

Involving people

26. As above.

Impact on plans of other parties

27. As above.

Background reading/references

28. None.

Report author

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Links to priorities in strategic plan

Managing our resources effectively

Appendices

Appendix 1	Financial position of delegated services provided by NHS Lothian to August 2018
Appendix 2	Financial position of delegated services provided by City of Edinburgh Council to August 2018
Appendix 3	Status of IJB directed savings and recovery plans as at November 2018
Appendix 4	Status of IJB reserves as at November 2018

FINANCIAL POSITION OF DELEGATED SERVICES PROVIDED BY NHS LOTHIAN 2018/19

	Year to date			2018/19 Forecast
	Budget £k	Actual £k	Variance £k	£k
Core services				
Community AHPs	5,316	5,518	(202)	(465)
Community hospitals	6,648	6,548	100	213
District nursing	6,548	6,346	202	188
GMS	43,609	44,496	(887)	(1,180)
Mental health	6,200	5,890	310	382
Other	34,720	36,135	(1,415)	(2,015)
Prescribing	46,581	46,392	188	220
Resource transfer	17,505	17,502	3	4
Sub total core	**167,127**	**168,826**	**(1,699)**	**(2,653)**
Hosted services				
AHPs	3,794	3,554	240	492
Complex care	1,078	1,065	13	212
GMS	2,880	2,901	(21)	296
Learning disabilities	4,212	4,473	(261)	(303)
Unscheduled care	3,345	3,345	0	(1)
Mental health	13,655	13,910	(255)	(265)
Oral health services	5,499	5,188	311	315
Other	208	(23)	232	(408)
Palliative care	1,379	1,392	(13)	(3)
Psychology	2,470	2,442	29	(27)
Rehabilitation medicine	1,889	1,756	133	229
Sexual health	1,834	1,840	(6)	(44)
Substance misuse	2,360	2,409	(49)	750
UNPAC	1,587	1,587	(0)	229
Sub total hosted	**46,191**	**45,839**	**352**	**1,473**
Set aside services				
A & E	3,857	3,927	(70)	(172)
Cardiology	2,511	2,538	(27)	19
Diabetes	610	610	(0)	(1)
Gastroenterology	1,700	1,595	105	(54)
General medicine	14,160	15,053	(893)	(1,313)
Geriatric medicine	7,785	7,691	94	65
Infectious disease	3,267	3,197	70	199
Junior medical	7,731	8,095	(365)	(659)
Management	772	824	(52)	(125)
Other	4,049	4,070	(21)	97
Rehabilitation medicine	1,233	1,301	(69)	(95)
Therapies	3,701	3,690	11	9
Sub total set aside	**51,376**	**52,593**	**(1,216)**	**(2,030)**
Total	**264,694**	**267,257**	**(2,564)**	**(3,210)**

FINANCIAL POSITION OF DELEGATED SERVICES PROVIDED BY CITY OF EDINBURGH COUNCIL 2018/19

	Year to date			2018/19
	Budget £k	Actual £k	Variance £k	Forecast £k
Employee costs				
Council Paid Employees	**50,569**	**50,601**	**(32)**	(55)
Non pay costs				
Premises	687	687	0	0
Transport	1,170	1,723	(554)	(949)
Supplies & Services	4,479	4,596	(117)	(200)
Third Party Payments	114,471	117,293	(2,822)	(4,837)
Transfer Payments	478	478	0	0
Sub total	**121,284**	**124,776**	**(3,492)**	**(5,986)**
Gross expenditure	**171,854**	**175,377**	**(3,524)**	**(6,041)**
Income	**(55,831)**	**(55,248)**	**(583)**	(1,000)
Total	**116,022**	**120,129**	**(4,107)**	**(7,041)**

EDINBURGH INTEGRATION JOINT BOARD
STATUS OF RECOVERY PLAN AS AT NOVEMBER 2018

	Current programme	Forecast delivery	Projected slippage
	£k	£k	£k
Telecare and support planning/brokerage	4,000	500	3,500
Homecare and reablement	1,000	1,000	0
Disability services	1,200	1,200	0
Workforce	1,900	750	1,150
Prescribing	3,929	3,929	0
Procurement	480	480	0
Hosted services	436	265	171
Set aside services	659	99	559
Other	1,800	1,525	275
Sub total schemes identified	**15,404**	**9,748**	**5,655**
Unidentified	4,855	0	4,855
Total efficiency requirement	**20,259**	**9,748**	**10,511**

EDINBURGH INTEGRATION JOINT BOARD
STATUS OF RESERVES AS AT NOVEMBER 2018

	Reserves cfwd £k	New provision 18/19 £k	Allocated in year £k	Carry forward £k	Balance £k
Ex CEC balance sheet	504		(244)	(260)	**0**
Integrated care fund	613		(449)	0	**163**
Social care fund	875		(78)	(788)	**9**
Contribution to Council FP	1,830		(1,830)		**0**
Carers act	163	1,465	(610)	(1,018)	**0**
Interim solutions agreed by IJB	4,368		(2,773)	(1,652)	**(57)**
Older people		1,500	(408)	0	**1,092**
MH community accomodation		1,190	(899)	0	**291**
Community led support		2,300	(470)	0	**1,830**
SG allocations (PC, MH, EADP)	0	4,634	(3,781)	(853)	**0**
Total	**8,352**	**11,089**	**(11,542)**	**(4,571)**	**3,328**

Carry forward being:

	Carry forward £k
Integration costs (audit fees, insurance)	260
Telecare	588
Carers Act	1,018
District Nursing	200
Care home capacity	1,652
SG allocations (PC, MH, EADP)	853
Total	**4,571**

Report

Governance Review

Edinburgh Integration Joint Board

14 December 2018

Executive Summary

1. This report presents the findings and recommendations from the independent review of the governance of the Edinburgh Integration Joint Board (EIJB), commissioned by the Chief Officer.

Recommendations

2. The Integration Joint Board is asked to:

   i. Agree in principle all recommendations in the report, noting there will be resource implications for their full implementation;

   ii. Agree to prioritise the development of a Governance Handbook as set out in the report and task the Chief Officer with the procurement of support to do this within a limit of £30k; and

   iii. Task the Chief Officer to bring a costed action plan in response to the wider recommendations, and a timeline for its implementation, back to the February IJB meeting, noting at this stage that there is potential to fund this from a number of sources, including the uncommitted reserves and this will be presented alongside the costed plan.

Background

3. The EIJB Chief Officer initiated a review of the governance systems and processes of the Board on coming into the post in May 2018. This was in recognition of the extent and complexity of the role of the EIJB and its growing maturity as a distinct entity as set out in the Public Bodies (Joint Working)(Scotland) Act of 2014.

4. Given the extent and scope of this review, the Chief Officer commissioned external, independent expertise to support the review and the report at **Appendix 1** has been produced by the Good Governance Institute. Their

methodology is set out in detail in the report and this included one to one interviews with IJB members and the Executive Management Team as well as observation at meetings and a development sessions.

Main report

5. The EIJB was formally constituted from April 2016. The new Chief Officer took up post in May 2018 and believed it timely and appropriate to review the governance structures, processes and systems in place to support the significant role of the IJB as a distinct entity.

6. The review was commissioned from the Good Governance Institute and concludes that, overall, the EIJB does need to take action to strengthen its governance. This is not presented as a criticism of the work undertaken in the first two years of the IJB's operation, but as part of the natural maturing of the governance of the IJB needed now and for its future.

7. The review sets out a series of 18 recommendations which support that strengthening of arrangements, as well as the longer term strategic ambitions and transformation potential of health and social care in Edinburgh.

8. Both the undertaking of the review and the acceptance of its recommendations demonstrates a positive commitment by the EIJB to achieving its potential and being well structured to deliver strong governance, strategic direction and oversight of an ambitious change and transformation programme. Additionally it supports the EIJB in delivering against the recommendations in the recent Audit Commission report 'Health and Social Care Integration – Update on Progress', published in November 2018. Further, it supports the EIJB in making progress against the recommendations in both the Joint Inspection of Older People's Services in Edinburgh (2017) and the subsequent progress review published on the 4th of December 2018.

9. Importantly, the review recognises that the development and strengthening of the governance of the EIJB will be developmental rather than a 'one off fix' and that this will require the commitment of IJB members over time. It also recognises the critically important role that the EIJB has in developing a strong relationship to the creation of wellbeing through working with the citizens of Edinburgh and our 3rd and independent sector partners.

10. The report recommends a blended approach to development but recommends some key priorities for the IJB including the development of a refreshed structure and a Governance Handbook. The report recommends prioritisition of the IJB handbook in order that the structures, risk appetite, board etiquette and operating principles be set out as a foundational part of this review.

Key risks

11. The current governance processes have not kept pace with the growing role of the IJB and its complex agenda. There is a risk therefore in not adopting these recommendations.

Financial implications

12. It is anticipated that there will be financial costs to deliver on all 18 recommendation and the Chief Officer will develop an action plan for February's IJB that with detail any additional resources and the associated costs. The action plan will come to the IJB February and will set out the costs of this. Funding could be prioritised from within the IJB's uncommitted reserves, presented separately to this meeting.

Implications for Directions

13. As there will be financial costs to delivery of all recommendations, there will be implications for directions which will be confirmed in the action plan presented to the IJB in February.

Equalities implications

14. There are no equalities implications arising from this report.

Sustainability implications

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

Involving people

16. GGI have met with all IJB member and key parties and from those outputs identified 18 recommendations. There will be full engagement with key stakeholder to develop the action plan and as recommendations are implemented.

Impact on plans of other parties

17. Adoption of the recommendations in principle supports the good governance of the EIJB as well as supporting greater clarity of lines of accountability and scrutiny across our partner organisations; NHS Lothian and City of Edinburgh Council.

Background reading/references

1. Joint inspection report Older People's Service 2018

2. Joint Inspection Progress Review Report 2017

3. Health and Social Care Integration – Update on Progress, Audit Scotland 2018

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Appendices

Appendix 1	Independent Review of the Governance of the Edinburgh Integration Joint Board

Appendix 1

Good Governance Institute

NHS Lothian · EDINBVRGH · THE CITY OF EDINBURGH COUNCIL

Working together for a caring, healthier, safer Edinburgh

Independent Review
of the Governance of the Edinburgh Integration Joint Board

Good Governance Institute

November 2018

www.good-governance.org.uk

1 Introduction

This report sets out the conclusions of a review of the effectiveness of the governance of the Edinburgh Integration Joint Board (EIJB).

The review was commissioned by the Chief Officer of the EIJB to provide an assessment of the effectiveness of current governance arrangements and to make recommendations which would enable the EIJB to meet future requirements and expectations.

It is intended to be of practical value at an important time in the development of the maturity of the EIJB. Effective, agile governance will be the bedrock of the future success of the EIJB. Got right, good governance will provide the strong foundations of legitimacy, authority, accountability, agency, visibility and agility which the EIJB requires to catalyse a new, modern and effective approach to health and social care for local citizens.

The report inevitably focuses on areas where aspects of current governance can be strengthened to increase effectiveness. But it is not intended to be a negative commentary and should not be seen as such. The aim is to create the right conditions for immediate and future success, acknowledging the history which has shaped the EIJB, and IJBs more generally to date.

It places consideration of core structures and processes in the context of a wider review of good governance. It is not intended to offer a review of the Integration Scheme under which the IJB was created, but it does make comments in several areas where the application of first principles of good governance raise questions about the effectiveness of arrangements currently imposed on the IJB by the Scheme.

The overall conclusion is that the Board does need to take action to strengthen its governance. Changes to structures must not be seen in isolation but as part of a general maturing of governance of the IJB which is needed now and in future.

The report is designed to provide the basis for a road map which the IJB and its partners can take forward and refine together. It therefore includes a number of questions for further discussion as well as providing a suggested direction and timeline.

2 Methodology

The review was undertaken by the Good Governance Institute between September and November 2018 using an established review methodology including:

- structured interviews with (voting and non-voting) members of the IJB
- structured interviews with the senior leadership team (Executive) of the IJB
- systematic document review covering the execution of business in meetings
- reviews of processes and procedures.

This report represents a point-in-time assessment and only indicates what evidence was either shared or observed during the review.

3 Context and History

Edinburgh Integration Joint Board was established in 2016 under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 with full delegation of functions and resources to enable integration of primary and community health and social care services effective from 1 April 2016.

The IJB is a separate legal organisation and acts as principal in its own right, having been established through a detailed Integration Scheme between City of Edinburgh (CEC) and NHS Lothian, as approved by the Scottish Government.

The founding ambition for the IJB stated in the Integration scheme is:

- to improve health and wellbeing of citizens
- to reduce inequalities, including health inequalities
- to increase citizen involvement and focus as partners in service design and delivery

- to promote collaborative working between teams and individuals across organisational and professional boundaries
- to increase cost effective use of resource
- to deliver improved and fully-integrated health and social care services through partnerships and deployment of best practice
- to respect the principles of equality, human rights, and independent living, and will treat people fairly

EIJB was founded with a stated ambition of genuine social importance. It is committed to adopting a disruptive and compelling approach to changing perceptions and expectations of public and professionals, to driving forward new ways of working and to bringing into practice in Edinburgh new models of health and care which would transform the well-being and lives of local citizens.

One clear theme arising from the interviews and reflections of key players involved in the development of the IJB is that in Edinburgh the route forward has not been easy, nor enabled by consistent leadership or clear and effective governance in relation to itself and others. The feeling amongst current Board members and officers is that the IJB has felt the negative impact of leadership changes in senior staff, which has meant that a stable leadership team has only recently been put in place, following the appointment of a third chief officer. This has been material in the ability of the IJB to develop a vision to match its founding ambition, and to carve out the necessary strategic, tactical and practical leverage and drive forward partnerships which the complex and highly political history of health and social care in Edinburgh demands.

The potential of the IJB to achieve and catalyse change at scale remains a matter of active debate within the IJB as much as by others. Looked at objectively the need for the IJB to both maintain "business as usual" as well as achieve transformational change might lead to a conclusion that it seems under-resourced in terms of financial and human resources.

This review was completed at the time of publication of Audit Scotland's third report into progress being made nationally[1]. This reflects on disappointing progress in fulfilling the ambition for the IJBs in delivering national and well as local priorities and targets. It places emphasis on the need for greater evidence of joint working in a number of areas which depends on both confidence and maturity, which in turn depends on good governance principles.

The IJB was not set up according to first principles of good governance. The Delegation Scheme is complex and risk-averse, and could be interpreted as reflecting a reluctance to cede any real authority to act to a new body.

It is to the credit of those involved that the IJB has started to establish a way of working which blends the received agenda of meeting national and local priorities, with a focus on longer-term change and how that might be achieved through partnership, engagement and breaking the mould through effective leadership of innovative thinking and doing.

There is a shared view amongst all the EIJB members and officers we interviewed that the IJB has significant potential to make a difference to the lives of local citizens and fulfil its purpose with conviction and impact. They also believe that the time has arrived for its governance to mature quickly if it is to turn what has been a clear aspiration into visible impact. This collective intent to overcome issues of confidence and frustration with progress is hugely positive, with what appears to us to be a consensus that specific areas need particular attention. These include working together on establishing a greater clarity of purpose and intent, the modelling of behaviours and leadership, improving the effectiveness and inclusivity of core business structures and the pace and agility of decision-making, amongst others. We believe this also needs to be guided by a set of consistent governance principles to provide cohesion and depth to action.

EIJB is moving rapidly towards an innovative transformation approach to drive forward its vision, based on citizen and stakeholder engagement. A refreshed strategy and set of narratives will also become public in the coming months. This means the governance of the EIJB now needs to support and enable these defining programmes to come live, to connect to all stakeholders and to do so in a way that is markedly different from what has gone before. To reflect back the words of different Board members, EIJB needs to be robust, autonomous, connected and visible. This requires a mixture of increased confidence and clarity about the governance, authority and legitimacy which we believe the circumstances are right for the Board to achieve. We now set out the main areas and key indicators of good governance which we believe could provide the right framework for success for EIJB. These are drawn from research evidence and practice.[2 3 4]

1) Health and Social Care Integration – Update on Progress Audit Scotland November 2018
2) Good Governance Institute (GGI) and Healthcare Quality Improvement Partnership (HQIP), Good Governance Handbook, January 2015,. http://www.good-governance.org.uk/good-governancehandbook-publication/
3) The Scottish Government, Risk Management – public sector guidance, 2009. http://www.gov.scot/Topics/Government/Finance/spfm/risk
4) Chartered Institute of Public Finance and Accountancy (CIPFA) and the International Federation of Accountants® (IFAC®). International Framework: Good Governance in the Public Sector, (2014)

4 Analysis

Each section includes a short analysis of readiness and position, some further questions for the Board to engage with and a small number of recommendations for action which can be taken by the Board within its own authority.

5 Entity

Any Board has to be clear about the formal entity in whose interest it exists as a foundation of good governance. Edinburgh IJB like all IJBs has struggled to establish itself as a discrete entity with a distinctive personality.

This is not intended as a criticism of those who have been involved in its creation and development. Any new organisation faces this problem. This has been made more difficult by perceived lack of clarity about the legislative foundations of IJBs, not least in what were unfortunately called the relationships with parent bodies in the NHS and CEC. It has to be recognised that this has placed the voting Board members in a difficult position. The Chair continues to do an excellent job in developing a coherent agenda for the Board and in creating a balanced and inclusive approach to its business, involving both voting and non-voting members. And members have been thoughtful and considered in the way they have sought to work through the issues of identity, authority and conflicts inherent in the IJB model. This has allowed EIJB to develop, as the landscape around it has changed.

However, the most important step the IJB now needs to make in terms of its governance is for the Board to embody with greater confidence a shared sense of the IJB as a properly-constituted entity which is determined to act decisively and independently to achieve its ends.

This has challenges and consequences which it is worth being direct about from the outset.

The Board will need:

- to become cohesive, decisive and trusting as a collective Board to embody clarity of purpose and to model integration. This will require much more open and active engagement with what it means to be a Board member for the IJB, and what members expect of each other, so that the Board operates as a confident, independent authority in a challenging landscape
- to develop a distinctive vision and strategy which is understood by local citizens in their own language. The IJB offers a genuine opportunity to engage differently with local citizens which the Board needs to not just enable but to drive forward
- to structure its business as effectively as possible to reflect this vision and strategy in its approach to assurance, its committee infrastructure, its flow of business and its way of working
- to establish a supportive and enabling relationship with the senior officer (Executive). The history of the IJB has not yet allowed the critical roles and responsibilities of the Board and the senior leadership team to be worked through together in order to provide a model of joint leadership, nor to secure the depth of professional capacity into the organisation required to make the IJB an effective agent of change
- to grow a sense of momentum and belief that change is possible through disruption as well as evolution. This places particular importance on attention to the IJB's own strategic risk assessment (as distinct from that of NHS Lothian or CEC) and to living a clear risk appetite
- to act as an influencing body as well as a decision-making or assurance body.

This is certainly challenging and is not a one-off fix around governance. It will take time to reach the right level of governance maturity to support the impact the Board are seeking. This report suggests adopting a developmental approach which is in effect a road-map over the next year with some immediate priorities to address in the first quarter of 2019.

Recommendation 1

The Board adopts a clear, planned approach to its development as an entity and agent for change over the next year

6 Good governance guiding principles

The Board has a responsibility to establish an operating model of governance appropriate to its purpose. Currently there is no single place where the governing principles for EIJB are set out. We would suggest that a formal handbook would help dispel any room for misunderstanding and doubt about the legitimacy of the Board to act, and equally importantly to set the tone and expectations of behaviour for those acting in its name. The handbook should include the working definitions for governance, key roles and responsibilities, behaviour etiquettes and standards, scheme of delegation as well as the structures and processes which embody governance in practice.

There will always be fluidity in membership of the Board. The Handbook would provide the basis for ensuring new members and officers can understand the way the IJB works before taking on their role and what is expected of them in their roles as a Board member or officer. It can of course be updated to form the basis for regular induction/updates to ensure confidence and collective understanding of what governance means in the context of the IJB becomes a hallmark of the way it works. It could include guidance on handling conflict of interest and clarification on the distinction between voting and non-voting members where currently no formal guidance exists. It would also set out clearly the levels of assurance that are needed for members in addition to reporting back to the "parent" organisations.

Recommendation 2

The Board commissions a Good Governance Handbook for adoption in early 2019

This practical step presumes another requirement. The Handbook, to work effectively, should be based on an underpinning philosophy of governance appropriate to its purposes. This should ideally not be a hybrid of the cultures of the NHS or Council but be grounded in a more independent evidence-based philosophy.

A sound governance approach would require a set of principles and practices which transcend specific compliance requirements. As part of the research for this paper, GGI reviewed the various potential models available. We believe that one stands out as a potential fit for the IJB. This is the South African Institute of Directors model, known as the *King IV Report*.

The *King IV Report* on corporate governance, the first outcomes-based governance code in the world, emphasises how important it is for organisations and institutions to be good 'corporate citizens', accountable to all stakeholders, current and future.[5] [6]

According to the *King IV Report*, the primary governance roles and responsibilities for any board, or constituted governance body, are:

- **to steer the organisation** and set strategy
- **to approve policy** and effective planning
- to oversee **monitoring and performance**
- to be accountable to stakeholders through effective and **ethical leadership.**

Effective leadership is results-driven, focused on achieving strategic objectives and positive outcomes. Ethical leadership is exemplified by integrity, competence, responsibility, accountability, fairness and transparency. The *King IV Report* offers a ready-made set of guiding principles, with codes that are non-legislative, based on ethical principles and practices *(see Figure 2)*.

We believe the characteristics of the King IV model which make it most suitable to EIJB is that it frames governance as a system which delivers outcomes, is relevant to complex systems and promotes the taking of entrepreneurial risk within a system. It makes a compelling case for seeing the added value of governance as providing a dynamic framework for creating impact with ethics and transparency at its heart.

Critically it also provides an encouragement for governance to provide the foundation for an assertive confidence to do what the organisation needs to do. This encouragement to be courageous and brave will be important for the IJB in working through how to achieve its vision over the next few years.

5) https://www.adamsadams.com/wp-content/uploads/2016/11/King-IV-Report.pdf
6) https://www.pwc.co.za/en/publications/king4.html

The adoption of King IV by the IJB could:

- connect the organisation to a wider, evidence-based model of governance beyond the restrictions of health and care in Scotland and the UK
- provide an objective template for growing the maturity of governance in an agile way over time in a way that reflects its mixture of commercial, charitable and civic responsibilities
- enable wider reflection and connection by Board members to stimulus and reflection in an international network
- ensure it meets the CIPFA international standards
- potentially provide an opportunity for the IJB to influence how governance is seen by others – its own partners and more widely in the sector.

This fits with an approach which sees the strengthening of governance not as a one-off hit but a continuing engagement to which the Board needs to devote time and energy.

This is obviously a matter for the Board as such an approach might seem remote – a theoretical rather than practical framework of only academic value. The questions for the Board are:

- *Does the King IV fit with our longer-term vision and strategic objectives?*
- *Would we be willing to pioneer and promote the King IV principles as a standard for the sector?*

Recommendation 3

The Board adopts an underpinning philosophy of governance which supports a clear sense of autonomy, agency and entity for the IJB

7 Accountability and clarity of purpose

The Board and the leadership team of officers need to operate as the controlling mind of the IJB, as they would for any organisation. This is especially important now given the scale of the responsibilities and duties which fall to the IJB and the complex issues and choices which the Board will need to make and the consequences which result. This matters also so all stakeholders and interested parties understand who is accountable for the control of the organisation and who can enter into engagements on the organisation's behalf.

There is growing evidence of a shared understanding about what the IJB can achieve and a collective intent to make this happen, between the leadership of the IJB. This is starting to be translated into clear outcomes which the IJB is seeking to achieve. From our review we suggest there still needs to be vigilance by all members of the Board to avoid any tendency to default to adopting NHS or Council "positions", or over-sensitivity to obstacles to progress which can reduce ambition and impact. The role of the IJB is to embody something different and make change happen.

The most visible signs of effective collective intent have most recently been seen in the exploring of an ambitious Transformation Programme based on a an innovative engagement model. This offers a dynamic and transparent way of translating intent to catalyse change at scale into practical action.

There are also clear processes in place for developing strategy in an inclusive way with key stakeholders including staff and the public. The governance challenges are whether the strategy will be seen as sufficiently distinctive and dynamic and will carry authority. This has not yet been subject to sufficient Board time in thinking through what roles and responsibilities will need to be developed to ensure this happens.

Clarity on roles and responsibilities is especially important in the IJB where its members become members of the IJB as a result of being members of the Board of NHS Lothian or as elected members of City of Edinburgh Council. There are inevitably challenges for members therefore to ensure they understand their distinctive responsibilities and modes of behaviour when acting as collective members of the IJB. We believe this is an area where more time and support should be devoted to help members work through the many challenges which the role of IJB members brings.

This attention we believe would yield significant benefits in increasing the sense of agency, (the ability to act) and allow the Board to act more effectively as the controlling mind of the organisation. The clearer the shared intent, the greater the likely impact.

Recommendation 4

The Board develops a series of narratives about how and what the IJB is seeking to achieve, in sufficient detail to allow the collective intent of the Board to be clear, and for all members to be seen to be committed to a joint purpose and to permit engagement with stakeholders

8 Leadership, culture and behaviours

All members of the Board are aware of the importance of the IJB in embodying the distinctive roles and responsibility of the IJB in the way it operates. This was evident from the interviews we conducted. But there does not yet seem to be a clear joint understanding about how this translates into key roles, responsibilities and relationships both within the Board and between the Board and its executive officers. The handover and transition to a different chair which is due to happen in 2019 needs early consideration to ensure the critical role of chair continues to develop from the sound non-partisan base already established. This should include establishing a clear job description for the role of chair (and of chairs of sub-committees).

The Board, together with the senior leadership team, form the heart, mind and soul of the organisation. Unlike a unitary Board where members of the senior leadership team also hold formal director responsibilities alongside Non-Executive Directors as equals in the Board, the IJB is not constituted in this way. However the tone set by the Board should reflect a sense of joint enterprise whilst retaining the right level of separation of responsibilities.

We feel there is room for further development for growing a shared understanding of roles and responsibilities which gives an opportunity to explore personal and collective styles of questioning and its consequences. This will help ensure that all Board members work through the implications of their responsibilities for the way of working with the senior leadership team.

In part this can be done through spending more time together outside formal meetings. More effective would be a development programme which took specific issues – risk, transformation, engagement – as themes which would allow this collective approach to be worked through in a more informal setting. This would be a development and refinement of the current development sessions which have tended to be seen as officer-led rather than giving space to explore styles of working.

There is inherent potential for conflict of interest in the composition of the Board. This is clearly understood by Board members. To ensure there is absolute clarity, processes and procedures need not only to be in place but also to be rehearsed in respect of how such issues are handled in practice. This suggests there would be value in having a clear Board Etiquette statement which could also be included in the Governance Handbook.

The Board will need to develop a greater sense of collective confidence that they as a Board can act decisively and draw on this collective responsibility to also act as an IJB member individually in other settings. The Board is neither an extension of the NHS infrastructure nor a committee of CEC.

The Board is already committed to development sessions on an alternative schedule with formal Board meetings. This is an excellent idea but this needs to be treated as protected time which allows members to understand and work issues through with the senior leadership team, and as Board members. The evidence suggests that this time can be swamped by pressing operational business.

Recommendation 5

Protected time needs to be devoted for the Board and senior leadership team to achieve the right level of collective working and address complex issues around accountability between Board members themselves and between the Board and the senior leadership team

The future of the IJB will depend on succession planning. Consideration needs to be given about how to ensure that members joining the Board understand the working arrangements, expectations, culture and commitments which will be required of them. This requires more than the current induction programme (which is sporadic) and the development sessions (which can be overrun by urgent business).

Recommendation 6

The Board should commission a development programme for members to be delivered during 2019

The review team saw real value in the development sessions. We suggest these would increase in value if they formed part of a Board development programme over a year, planned in advance around key themes. These could include a mixture of practical skills and capacity development alongside strategic issues which require time and thought outside formal sessions:

- Roles of members and chairs of sub-committees and expectations of them
- Risk appetite
- Board etiquette and behaviour
- Handling conflicts of interest
- Reporting arrangements
- Population and public health priorities
- Stimulating innovative thinking and learning

The programme would not need to be restricted to just IJB members, although that should be its primary focus. It could for example provide an opportunity to include external partners and inputs to stimulate thinking. Some elements could also be open to joint development with other IJBs and bodies.

9 Strategic Risk

One hallmark of the maturity and effectiveness of governance is the approach taken by a Board to strategic risk. This is particularly important for any ambitious IJB which will be encouraging and enabling innovation, community engagement and participation, and joint working. The development of a mature understanding of risk is fundamental to the development of robust, forward-looking governance systems. The innovative nature of Health and Social Care Integration Schemes also requires governance systems which support complex arrangements, such as hosting of services on behalf of other IJBs, planning only of services delivered by other entities, accountability for assurance without delivery responsibility, and other models of care delivery and planning.

Evidence of a mature risk approach would include:

- a framework which engages with all the risks which need to be addressed by the IJB
- a clearly articulated risk appetite which has been the subject of dedicated time
- a comprehensive risk assessment methodology and risk management system
- alignment of Board and sub-committee agendas to engage with the strategic risk
- clear delegation and routes for escalation about concerns in relation to IJB services and those in their organisations
- a Board Assurance Framework which actively manages the risks in an effective way at all levels of the organisation – board, corporate, service and individual.

This is complicated for the IJB for several reasons. The IJB is currently reliant on the internal processes of other organisations for some of the mitigation of key risks, not least around clinical and care governance. This is an inherited position built into the way the IJB was established, and needs to be recognised in a clear escalation scheme into other organisations for specific risks. The Board is entitled, indeed obliged, to ensure that it has a comprehensive and effective approach to strategic risk management in this way.

We also suggest that there is a need for the Board at this stage in the development to look beyond the current parameters within which it is working. The IJB will need to reflect on strategic risks relating to social and economic change, technology and innovation which are themselves transformative.

Our assessment of the current arrangements around risk is that although many of the elements are in place they do not yet form part of an integrated approach which connects strategic priorities and risks clearly in a single framework, to provide the right level of transparent assurance which it will need going forward.

Recommendation 7

The Board should commit to an integrated risk and escalation framework, shaped by a risk appetite owned by all Board members, supported by a risk methodology, and supported by subcommittees and systems providing specific assurances and clear escalation processes

10 Structures

The report was commissioned to place emphasis on whether the structures and processes for the IJB were keeping pace with progress and were fit for future purpose.

We believe the committee structures reporting to the Board currently need to be rethought , to provide the level of assurance which the Board will need in future to discharge its responsibilities.

The Board has to balance a number of different roles and responsibilities including priority setting, performance monitoring and accountability arrangements.

The fundamental question for the Board is "how do we create a governance structure which covers our current and anticipated responsibilities in a way which matches our strategic priorities and which we can populate effectively?"

Edinburgh IJB currently has a crowded Board agenda which is increasingly struggling to provide the time, space and focus to enable members to engage with the issues they need to. The amount and complexity of issues requiring consideration by the Board is likely to increase further.

The future agenda will include:

- growing effective community engagement
- transformational change at scale
- the impact of technology
- consideration of business cases for change
- creating directions with bite
- population health
- public protection and wellbeing
- workforce and skills capacity
- innovation
- family breakdown
- tight budgets, risk sharing, emergency planning
- collapse of private-sector care homes
- provision of housing and places of safety.

The most effective organisations strike the right balance between work that should only be done in full Board and activities which can be delegated to management (Executive) and sub-committees, reporting formally into the Board. This way, the Board can establish a pattern of working which allows space and time to fulfil strategic responsibilities as effectively as possible. This is in the IJB's own gift.

The creation of a clear set of committees which cover the main business of the IJB is a critical decision for the Board. Currently we believe that there are key areas of business which require the Board to explore in greater depth, or develop new thinking, which is only possible in committee rather than the full Board.

10.1 Current structures

The current structures GGI was asked to review include:

- Strategic Planning Group
- EIJB Audit and Risk Committee
- EIJB Performance and Quality subgroup
- EIJB Professional Advisory Group
- Strategic Plan Reference Boards
- Strategic Planning Partnership.

We would make the following comments:

1 Currently a number of core governance responsibilities seem to be underdeveloped or unclear:

- *Governance of Performance* – the Performance and Quality subgroup is not currently meeting and its terms of reference seem imprecise about accountability and outcomes
- *Governance of clinical and care quality* – a decision seems to have been taken for the IJB to receive assurance from committees already established in NHS Lothian and in CEC. We would echo the views of a number of members who expressed doubts about whether this was working and indeed whether it was correct in terms of fulfilling a core governance responsibility which individual members hold as members of the IJB
- *Governance of people* – although the IJB does not have specific responsibilities as an employer it does have a profound interest in the performance and governance of staff delivering services under its directions, workforce development as a strategic risk and the quality and development of capacity in the system overall – the NHS and CEC and third parties
- *Finance* – this appears to be reported in similar form directly to the full Board, as well as to the Performance and Quality subgroup, which undermines the effectiveness of both.

2 The terms of reference for these groups are inconsistent in relation to titles (committees and subgroups and groups etc.), where they report and their relationship to the assurance model for the IJB. Some are operating in effect as formal sub-committees of the IJB (Audit and Risk) whilst others (Professional Advisory Group) are clearly fulfilling advisory roles through the membership of the joint chairs of the IJB as non-voting members.

3 The role of the **Professional Advisory Group** has a wide ranging remit, namely "to provide an integrated professional grouping through which health and social care professionals can influence the planning and delivery of delegated services and provide advice to the IJB." The membership seems imprecise and attendance is irregular. The active participation of the co-chairs is welcome by fellow board members, but the PAG needs further rethinking to clarify its intent and value.

4 Accountability, reporting and membership of the different **strategic planning** groups seem both complex and unclear, including to Board members

5 The remit of the **Audit and Risk Committee** needs to establish a clearer formal responsibility to the IJB. Currently it is "to ensure appropriate consideration of governance, risk and assurance matters in line with good practice governance standards in the public sector." This should be more precise and in line with best current practice in audit committees, bring to bear its independence and external/ public reporting role.

6 The remit of the **Performance and Quality Group** is not clear enough on delegated responsibility. Currently it is "to provide assurance that the performance and quality of delegated functions are being effectively assessed and managed. "

7 Formal reporting processes to the IJB are unhelpfully imprecise. The Chairs of any committee or group fulfilling an assurance role for the IJB should have a clear reporting responsibility and operate to a protocol for doing so. Reporting arrangements and responsibilities generally need to be clearer and the performance of roles by non-voting members of the Board and participants in Board-linked sub-committees and groups be better defined.

8 The understanding of the NHS Board and the full Council still seems underdeveloped about roles and responsibilities of the IJB as much as the members' roles and accountabilities in the IJB.

9 Memberships of sub-committees should reflect expected contribution to their core purpose rather than simply fulfilling a representative role. As with any board or committee the expectation and responsibilities of members should be identified in advance. Confirmation of acceptance of the responsibility and its consequences should be formalised. This is not the case for most of the IJB-related groups.

10 More fundamentally the distinct roles of voting members, as opposed to non-voting members, need to be re-affirmed. Voting members need to feel that as a group with specific responsibilities there is greater clarity on how decisions are reached which carry the authority of the Board. No tradition of formal voting has been established, reflecting an understandable desire to reflect an inclusive approach. However, the Board needs to be clear about the distinction between discursive consideration and the decisions its takes, when responsibility becomes accountability.

10.2 Change to structures

We have used a set of guiding principles to guide the design process:

- Any function delegated by the IJB should be formally treated as sub-committee
- Sub-committees should have clarity on their role and be directly related to specific strategic and statutory responsibilities
- Delegated responsibilities should be reviewed annually as part of the risk appetite development
- The frequency of meetings should be kept to a minimum
- Membership should be active and attendance regarded as a formal responsibility
- Outcomes and performance management arrangements for each sub-committee should be clear
- There should be a clear separation of responsibilities and clarity on remits and reporting processes
- The Chairs of each sub-committee should be a voting member of the Board and should be subject to performance assessment for that role
- Strategic risk should be retained by full IJB for the next year.

We have also been sensitive to the available time of both members and officers and perceptions beyond the Board. On the one hand any increase in number of sub-committees is likely to be considered as increasing bureaucracy, requiring additional time from members and more administrative support to make it work effectively. But it must be remembered that the IJB was established with the very minimum of infrastructure, reflecting views at the time, which are changing as the value of the IJB is beginning to be recognised. It is important the Board does not paint itself into a corner with this type of thinking. The IJB needs to establish itself as a serious entity providing confidence to partners and the public. Sound but measured governance is an essential part of that equation. Good governance should be seen as saving time and resources as well as increasing focus and effectiveness.

The rationale for a small number of balanced committees is that members can become more involved in deeper discussion of issues of interest on behalf of the full Board, and that more value can be gained from a wider range of skills in the sub-committees, by being thoughtful about membership and contribution that might be involved. All sub-committees other than SPG and Audit are optional and as such should be subject to regular review. This will avoid redundant committees being retained and make space for new committees as needed.
We suggest a straight-forward structure as follows. This is not intended to be didactic but to show how a set of new committees would allow the board the time and space members rightly suggest they need

10.3 Proposed structure

The Board

The Board, as described by King IV, and as stated earlier, is responsible for:

- **to steer the organisation** and set strategy
- **to approve policy** and effective planning
- to oversee **monitoring and performance**
- to be accountable to stakeholders through effective and **ethical leadership**

Other specific responsibilities more traditionally used to describe the function of the Board include

- establishing vision, mission and values
- setting strategy and structure
- delegating to management
- exercising accountability and being responsible to relevant stakeholders

The creation of a sub-committee structure is directly connected to discharging these responsibilities and in respect of each committee, excluding Audit and the SPG, is a matter of choice for the IJB. The suggestion here is to retain a pattern of two-monthly formal meetings, with other planned business and developmental activities scheduled inbetween, as described elsewhere in this report. This will help with the planning of time and contribution.

Each committee is deliberately set out with a simple statement of purpose, together with comments on frequency of meeting, areas of coverage and notes on membership.

New terms of reference for the whole committee structure, once agreed, should be included in the Governance Handbook.

Committee	Remit and purpose	Comments
Strategic Planning (Group)	To oversee strategic planning processes to meet statutory obligations placed on the IJB in respect of strategies and plans. To provide assurance to the IJB that processes are fully inclusive of stakeholders and partners and formal consultative processes are followed. To identify on behalf of the IJB key priorities, progress arrangements and outcomes in relation to the planning of services. To quality assure proposed directions in support of the operation plan for recommendation to the IJB. To assess business cases for recommendation to the IJB for decision.	This is a sharper remit and purpose. The IJB is legally required to set up a Strategic Planning Group as a means of enabling stakeholders to influence the planning and delivery of delegated services. Meeting frequency – no more than 6 times a year. Membership would need to include the prescribed groups of persons to be represented in strategic planning group: • health professionals; • users of health care; • carers of users of health care; • commercial providers of health care; • non-commercial providers of health care; • social care professionals; • users of social care; • carers of users of social care; • commercial providers of social care; • non-commercial providers of social care; • non-commercial providers of social housing; and third sector bodies carrying out activities related to health care or social care. be significantly reduced. Current specified tasks would be revised to clarify formal responsibilities. Reporting arrangements and accountability. The reporting structures of the Strategic Plan Reference Boards and Strategic Planning Partnership would be revised and aligned to make accountabilities arising from the SPG clearer.
Performance and delivery	To provide assurance to the IJB that the IJB is doing what it has committed to do. To oversee on behalf of the IJB a performance and progress reporting framework and supporting processes which provide assurance to the IJB about progress and delivery. To receive progress reports from accountable officers on finance, duty of care, quality, variations etc.	This sub-committee would in effect do the "heavy-lifting" for the Board on: • monitoring and scrutiny – how is the IJB doing against what it said it would do • meeting statutory targets and metrics • financial plan and CIP • contract and service delivery • employer and workforce metrics • fulfilment of values and duty of care This represents a single focus for understanding. Meeting frequency needs to reflect appetite but bi-monthly meeting with a monthly update without meeting might be needed. Membership would be tight and include both voting and non-voting members. The Chair would be responsible for reporting on outcomes and exception issues arising to the full IJB. An integrated reporting process and narrative would be provided by the Executive to each Board meeting.
Audit and assurance	To provide assurance to the IJB that it is fulfilling all its statutory requirements and all systems are performing as required, with appropriate and consistent escalation of notice and action. To review and continually re-assess their system of governance, risk management and control, to ensure that it remains effective and fit for purpose. To oversee the annual audit programme in respect of the IJB's services. To develop integrated public reporting of the IJB as an independent, objective process (see note below). To ensure that its arrangements for delegation within the IJB structures promote independent judgement, and assist with balance of power and the effective discharge of its duties.	This fulfils a statutory requirement with senior officer therefore in attendance. The Committee will be chaired by a non-office bearing voting member of the IJB and will rotate between NHS and CEC. (see note below on the Chair*). The Committee will consist of not less than 4 members of the IJB, excluding Professional Advisors. The Committee will include at least two voting members, one from Health and one from CEC. The Board Chair, Chief Officer, Chief Finance Officer, Chief Internal Auditor and other Professional Advisors and senior officers as required as a matter of course, external audit or other persons shall attend meetings at the invitation of the Committee. The Chief Internal Auditor should normally attend meetings. The external auditor will attend at least one meeting per annum. Oversight of whether systems have successfully met standards of : • financial probity • stewardship of assets • clinical and care governance • staff governance • Board assurance framework • Benchmarking • Public reporting • duty of care Meeting frequency would most likely need to be a maximum of 4 times a year.

Committee	Remit and purpose	Comments
Clinical and care governance	To provide assurance to the IJB on the systems for delivery of safe, effective, person-centred care in line with the IJB's statutory duty for the quality of health and care services. To provide assurance to the IJB that clinical and care governance is being discharged within the Partnership in relation to the statutory duty for quality of care and that this is being led professionally and clinically with the oversight of the IJB. To provide the strategic direction for development of clinical and care governance within the Partnership and to ensure its implementation. To ensure that there are effective structures, processes and systems of control for the achievement of the IJB's priorities, where these relate to regulatory compliance, service user experience, safety and the quality of service outcomes. To assure the IJB that services respond to requirements arising from regulation, accreditation and other inspections' recommendations.	Meeting frequency – no less than 4 times a year. This would provide the necessary focus for priority setting and reporting arrangements covering all services for which the IJB is responsible. It would be supported by a network of clinical governance arrangement which already exist but whose outcomes and processes need to be integrated and standardised to provide effective system assurance for the IJB to fulfil its responsibilities. This would include an escalation beyond the IJB of issues. The Committee would consider and approve high value clinical and care risks, consider the adequacy of mitigation, the assurance provided for that mitigation and refer residual high risks to the Board. It has a key role in assuring the board that learning from governance systems across services, including learning arising from incidents, complaints and identified risks, is shared and embedded as widely as possible. It is important that the risk registers, financial and operational delivery, the innovation and transformation programmes are identified as the responsibility of the Executive who would report through the Performance and delivery sub-committee. Main duties: • set clinical and care governance priorities and give direction to clinical and care governance activities • develop clear strategic objectives for clinical and care governance and reporting processes covering all services including third and independent sectors • oversee work of subgroups on clinical and care and staff governances to provide assurance for IJB • escalate to the IJB any unresolved risks that require executive action arising from risk register or that pose significant threat to patient care, service provision or the reputation of the Partnership. • direct processes within the Partnership to ensure appropriate action is taken in response to adverse events, scrutiny reports/action plans, safety action notices, complaints and litigation. • disseminate examples of good practice and lessons learned are disseminated within the Partnership and beyond if appropriate
Futures	To provide strategic focus and stimulus on long-term issues relevant to the vision and purpose of the IJB. To evaluate assurance to the IJB about strategic approach to capacity building, community development, consultation and engagement. To provide protected time and space for consideration of the core narratives for change and transformation on behalf of the IJB .	This committee would provide a broader, 10 year focus that the shorter-term, service planning remit of the SPG. Its membership would be based on a core membership with an open style. The types of issue which the committee would engage with would for example include: • Implications of IT and AI for care and services • Workforce of the future and changing work patterns • Innovation in connecting with the public • International models of best practice in integration and delivery • Core narratives on change • Capacity building • Community engagement • Design of consultative and engagement processes • Clinical leadership and engagement • Engagement with voices • Community development – voluntary, commercial and entrepreneurial

*Note on Audit and Assurance Sub-Committee (AAC)

The creation of this set of sub-committees allows a much more innovative approach to be taken to future-proof the IJB.

The new IJB structure creates an additional need for a robust audit committee and arguably it should be chaired by an independent chair who might incidentally combine the role with at that of a SID (senior independent director) offering advice and counsel to board members and others.

The Audit and Assurance Committee should ensure robust risk management structures and in future assurance that the ambitious plans of the IJB are on track or that lessons are learnt to get back on track. As such it has important relations with the Futures and the Performance and delivery sub-committee, though more of process than substance. Where the board has developed an annual delegation to management and committees, with appropriate delegation; the audit committee can be asked to check these arrangements are working effectively. This will allow the board to remove risk from its risk/assurance systems which otherwise just get clogged with a list of residual risks.

The sub-committee could hold responsibility for producing an annual public report. This is a non statutory report. This should be based on the King IV integrated report model which defines a set of capitals distinct from usual access and finance measures. The capitals could represent the values and commitments of the IJB: public service, respect for staff, working partnerships, well trained staff, using the health and social care pound locally, sustainability, joined up services, health and well-being improvements, innovation, good neighbour, easy to deal with etc. The report would provide an honest scrutiny and update on the trajectories to add value to these plans, with guidance on how best to progress in future. The AAC would not have to write the whole report but it would sign it off as true and fair and thereby hold the organisation to account. The Audit Committee must be seen to be independent to allow it to do this so we recommend an independent chair i.e. not a board member from health or local government but possibly from a university or criminal justice background.

We believe this suite of sub-committees provides the balance of governance which would be expected for the IJB into the future.

In considering its position the Board may also wish to consider this section of the Integration Scheme which provides the IJB with the reassurance that it is able to implement the proposed changes under its own authority: 1.5 In the interests of efficient governance, the relevant committees of NHS Lothian and CEC will continue to discharge their existing remits for assurance and scrutiny of the carrying out of NHS Lothian and CEC functions, regarding matters such as internal control, quality and professional standards, and compliance with the law. The Integration Joint Board will not duplicate the role carried out by those committees other than in exceptional circumstances where the IJB considers that direct engagement by the IJB (or by a committee established by the IJB) is appropriate in order to secure the proper discharge by the IJB of its statutory responsibilities.

Recommendation 8

The Board should agree and implement a revised committee structure to strengthen its overall governance

10.4 Advisory Groups

The role of the Professional Advisory Group needs comment and consideration. We understand and respect the intent which lay behind its being set up and also the role it has fulfilled to date in the absence of an effective infrastructure for the IJB.

However its terms of reference and accountability do not make its role in the governance of the IJB clear enough. There is both a statutory requirement and an obvious value in the IJB being shaped in some way by professional advice and voice. The chairs are active and their advice and personal contributions in a Board setting are seen as helpful and adding value. But the authority and impact of the PAG itself seem unclear and potentially confusing.

The PAC is constituted to provide advice but the status and consequences of its advice are difficult to track. We would suggest that the role of the PAC should be reconsidered.

The creation of the Futures and the Clinical Care Governance committees, alongside the revised SPG, would provide an opportunity to increase the influence of professional voices more systematically in the core sub-committees. This would reduce the need for the PAG in its current form and could allow active members of the PAC to migrate to the new committees.

The membership of the Futures and SPG committees should reflect a wider range of expertise, partners and voices. This would embed the professional and public engagement principles in practice and allow the Professional Advisory Group to undertake deeper-dive work as commissioned by the sub-committee. This would help focus the value of the PAG and might encourage greater active involvement from potential members which the PAG currently struggles to attract consistently.

Recommendation 9

The role and remit of the Professional Advisory Group is revised to provide a clearer relationship to the work of the sub-committees of the IJB

10.5 Connectivity

This review has focused on the direct governance infrastructure connected to the IJB itself but a much more detailed organogram showing the flow of accountability is also needed.

Recommendation 10

The Board commissions a full map of governance showing the key relationships and accountabilities which constitute its governance

10.6 Business Flow

Whatever structures the Board decides upon there are several recommendations around business flow which we believe would help increase the effectiveness and transparency of IJB governance. These are set out in the recommendations which follow:

Recommendation 11

The Board should adopt a rolling annual cycle of business

This would set out the formal schedule of meetings and the core business of the Board and its sub-committees to be executed at each meeting in order to fulfil its statutory, budgetary, strategic intent and other objectives. This is more than a planning tool and would be agreed by the IJB and reviewed regularly to ensure all members were clear where and when business was being transacted in the sub-committees and in full Board. For the Executive this should ideally extend to include the senior management team and its processes.

Recommendation 12

The IJB should establish a Programme Office responsible for supporting the Board and the flow of business related to it and its governance

This need not be a significant resource but it needs to be sufficient. The aim for the role would seek to make the best use of the time committed by members, by improving the effective flow, communication and support available to Board members and those fulfilling additional responsibilities including chairs of subcommittees. The impact of improving the focus and quality of Board papers on the effectiveness of the IJB should not be underestimated. However challenging this may be given other demands for limited space, there should be a specific, private space found to provide a physical base for members as well.

Equally the Board cannot expect to achieve any level of sustainable success unless its core governance support arrangements are put on a firm footing. This extends beyond just the proper clerking of committees. The programme office would provide the engine-room for a more streamlined and effective flow of information, for better briefing material and support to members as well as the formal papers to support the Board and its sub-committees. This could potentially be combined with the external communications and engagement capacity which will be needed to support the partnerships and therefore meet the role of a Board Secretary with a wider responsibility.

One other point. We understand the importance and value of conducting and web-streaming the Board meetings. However, we suggest this is kept under review as the current arrangements and location reinforce an over-formality in the conduct of business and endorses a possible perception that the IJB is indeed a council committee rather than a very different autonomous body.

10.7 Capacity and people

There are strong signs that the IJB is growing into a permanent organisation which is clear about its purpose and the capacity it needs to succeed.

So far the emphasis in this report has been on the Board and its members, but also critical to the effective governance of the organisation is the capacity and expertise which the organisation is able to deploy. The nature of an IJB includes an assumption that it should be able to mobilise a range of talent from across the whole health and care system, as well as those who are more clearly identified as staff directly linked to IJB governance review. This is a long-term project which should become easier as the way of working, the value and impact of the IJB becomes more established.

There are a number of areas however where greater clarity may be necessary more immediately. It is important that the Board and the Executive are absolutely clear to whom they owe a duty to care and how it intends to meet its obligation to both staff and members of the public. The review team were unclear whether this was fully represented in the business of the Board. This depends perhaps on a greater sense of pace about the connection of staff from different backgrounds to the purpose of the IJB and for this to be clearer to the staff themselves. Similarly, the place and implications of staff governance in terms of the operation of the governance of the IJB as an autonomous entity, although articulated in the Integration Schedule, seems to be less clear in practice.

The executive structure has been strengthened in recent months with clearly defined roles for senior leadership team, professional and locality accountability. This provides clarity on lead functions. It is reassuring to see that there is recognition that further investment in roles connected to the transformation role of the IJB and/or clarification of responsibilities around change is needed to match the accountability placed on the chief officer and the senior professional team.

Although beyond the scope of our review we would also comment that it is important that the Board are assured about the capacity and expertise which goes deeper into the organisation, especially in respect of core financial, planning and governance roles. We would suggest that an (independent) assessment is undertaken to provide the assurance needed that the organisation is establishing the capacity it needs following a period of uncertain leadership.

We would note that there are a number of interim roles covering key functions, and we understand there is an active programme to fill these permanently as a matter of priority. We would support this approach as there is clear evidence that stability in leadership provides greater likelihood of sound governance and will increase confidence in the IJB as a credible and reliable partner.

Recommendation 13

The Board should commission an (independent) assessment of the leadership and managerial capacity needed for the IJB to succeed in the next three years

10.8 Relationships and engagement

The need for the IJB to be visible and connected to local neighbourhoods, communities, partners and employers across Edinburgh and beyond is essential for future success. The ability to connect to and shape public expectations and behaviours is a challenging proposition, which can only be delivered in partnership with others.

Edinburgh has a thriving voluntary sector, a strong social entrepreneurial base, well-developed local neighbourhoods and networks, innovative housing and care infrastructure as well as core health and care services, all of which will be directly relevant to its success.

Edinburgh also contains significant skills, experience and capacity built into communities and people with histories, backgrounds and knowledge who are not be part of existing networks or wish to be. This resource also needs to be connected into the way the IJB works to shape public expectations and behaviour.

Recommendation 14

The Board builds relationship building, engagement and community development consistently into its governance structures at Board, Executive, professional and locality levels

This raises a number of governance issues:

What are the respective roles and responsibilities of Board members and the senior leadership team in terms of connection to the public?

What is the relationship with public health and public protection functions in governance terms?
How does the Board avoid duplication and add value and dynamic to existing local approaches?

What are our processes for prioritising and working through the nature of the style of engagement and partnership?

The IJB will need to consider how it manages the consequences of listening, inclusion, and engagement processes more systematically than it currently does.

These issues currently are addressed in full Board as they arise or are linked to formal strategy development processes. As a result they have to compete for time and space with other purposes and operational business. The revised structure we propose provides a specific focus on the long-term future and the role of capacity-building internally and externally as a core priority for the IJB built into its governance structures.

Recommendation 15

The Board spends dedicated time on a structured basis to developing a clear governance approach to engagement and public accounting

10.9 Impact and performance

The impact of the IJB depends in part on the quality and impact of its use of directions – the mechanism by which it makes its intentions on service change turn into concrete action.

A review of the approach to directions suggests that EIJB could include more clarity on outcomes, with specific and more comprehensive metrics and clearer reporting and accountability arrangements, including penalties. Equally the IJB is a vehicle for wider cultural change and innovation as an organisation. Consideration could be given to make Directions perform a change function beyond the specific focus of a service with greater emphasis on expectations around partnership working, inclusivity,, equality and standards of conduct for example and for this to form part of the metrics.

Recommendation 16

The Board develops a template for Directions which uses a suite of metrics and performance reporting which reflect its vision, values and mission as well as the specific expectations for service delivery

10.10 Performance and progress reporting

It is clear from the review of documentation that performance reporting and monitoring continues to evolve. There is a recognised need for the Board to play an active role in shaping the information needed to provide assurance. The proposed change in structures and a move to integrated reporting should provide the right infrastructure for members and Executive officers to establish a rhythm to reporting which deals with current frustrations with the quality and timeliness of information. Importantly, having an effective focus in a committee on the more detailed performance information will enable the Board to spend more time itself on strategic and developmental issues.

In the absence of an active committee with that responsibility, we found it difficult to gauge what action might be needed to improve performance reporting processes, but the way performance information is presented at the IJB requires streamlining to enable members to understand the critical issues more clearly and to spend their time constructively.

The IJB however in addition to currently reported metrics needs to settle on a wider set of indicators of success – on engagement, public health, innovation – which would also form part of routine progress and reporting timetabling, albeit on a less frequent basis.

This focus on wider social and economic impact is important not just in translating vision into practice, but in growing wider alliances, challenging thinking and developing leverage which can be included in the directions. These new indicators would also form the basis for external reporting of progress. It is another way that the IJB can be innovative with a purpose.

This can only be achieved through partnership reporting and indeed some of the performance reporting should include reports from partners other than CEC and NHS Lothian.

Recommendation 17

The Board develops a set of performance indicators which reflect the IJB's whole vision, and track its impact on engagement and longer-term social and economic progress with partners, as well as operational plans

The IJB has been slow to establish a vehicle for its unique identity and presence. The development of a distinctive website is an important priority which we understand is being developed. Its value in shaping the perception of the organisation and its value cannot be underestimated.

The purpose of the website in governance terms needs to grow understanding of shared intent and the core responsibilities around engagement and partnership to achieve concrete change, and in time to promote impact through integrated reporting.

Recommendation 18

The Board puts in place a website which promotes its identity, values and impact, and acts as a vehicle for engagement and change in its own right with neighbourhoods, communities and local citizens

10 Road map

This report suggests a set of recommendations and changes which are meant to be taken together as a road map to strengthen governance over time. The whole programme will of course require careful timetabling to ensure the interdependencies are worked through and sufficient momentum is generated in the right areas early on.

It is important we feel to stress that the timing matters. The IJB is entering a period in the next few weeks where it will need to have in place the right level of governance to accommodate a series of significant challenges and also a strategic transformation programme. We suggest an approach which accepts the whole governance package but initially chooses the areas of maximum impact without delay.

Priority action (within 3 months)

- Structures agreed in principle and fully operational for the new financial year
- Good governance handbook live
- Board development programme developed and first session organised and run
- Template for Directions approved and in use

This will provide initial momentum with other recommendations paced over the following months, using a project plan or road map approach to ensure all aspects of the report are covered.

11 Conclusion

The overall conclusion of this report is that Edinburgh IJB should take action to strengthen its governance arrangements to meet current and future requirements and challenges. It is difficult to see how the IJB will be able to make the level of progress it wishes to make without putting in place the changes to strengthen governance as proposed.

The 18 recommendations are intended to provide the basis for a road map which can be implemented in phases over time. However there are a number of priority areas which we suggest are more pressing.

There is a danger that the IJB could not only miss an opportunity to make a difference without taking action now, but also find itself quite quickly at the behest of the agendas of others whose interests will be different and may be more constricting.

It is always worth considering the opportunity costs where governance is concerned. This report it must be remembered in part reflects the issues raised by those interviewed and the solutions they identified, as well as the professional and independent assessment of GGI.

Edinburgh IJB is in an excellent position to make the next steps in establishing itself as a permanent and credible agent for change and also as a pioneer of the type of dynamic and confident approach to governance which IJBs need to pursue if they are to succeed.

Summary of Recommendations

Recommendation 1

The Board adopts a clear, planned approach to its development as an entity and agent for change over the next year

Recommendation 2

The Board commissions a Good Governance Handbook for adoption in early 2019

Recommendation 3

The Board adopts an underpinning philosophy of governance which supports a clear sense of autonomy, agency and entity for the IJB

Recommendation 4

The Board develops a series of narratives about how and what the IJB is seeking to achieve, in sufficient detail to allow the collective intent of the Board to be clear, and for all members to be seen to be committed to a joint purpose and to permit engagement with stakeholders

Recommendation 5

Protected time needs to be devoted for the Board and senior leadership team to achieve the right level of collective working and address complex issues around accountability between Board members themselves and between the Board and the senior leadership team

Recommendation 6

The Board should commission a development programme for members to be delivered during 2019

Recommendation 7

The Board should commit to an integrated risk and escalation framework, shaped by a risk appetite owned by all Board members, supported by a risk methodology, and supported by subcommittees and systems providing specific assurances and clear escalation processes

Recommendation 8

The Board should agree and implement a revised committee structure to strengthen its overall governance

Recommendation 9

The role and remit of the Professional Advisory Group is revised to provide a clearer relationship to the work of the sub-committees of the IJB

Recommendation 10

The Board commissions a full map of governance showing the key relationships and accountabilities which constitute its governance

Recommendation 11

The Board should adopt a rolling annual cycle of business

Recommendation 12

The IJB should establish a Programme Office responsible for supporting the Board and the flow of business related to it and its governance

Recommendation 13

The Board should commission an (independent) assessment of the leadership and managerial capacity needed for the IJB to succeed in the next three years

Recommendation 14

The Board builds relationship building, engagement and community development consistently into its governance structures at Board, Executive, professional and locality levels

Recommendation 15

The Board spends dedicated time on a structured basis to developing a clear governance approach to engagement and public accounting

Recommendation 16

The Board develops a template for Directions which uses a suite of metrics and performance reporting which reflect its vision, values and mission as well as the specific expectations for service delivery

Recommendation 17

The Board develops a set of performance indicators which reflect the IJB's whole vision, and track its impact on engagement and longer-term social and economic progress with partners, as well as operational plans

Recommendation 18

The Board puts in place a website which promotes its identity, values and impact, and acts as a vehicle for engagement and change in its own right with neighbourhoods, communities and local citizens

www.good-governance.org.uk

Item 5.11

Report

Additional investment in community capacity in Edinburgh

Edinburgh Integration Joint Board

14th December 2018

Executive Summary

1. The purpose of this report is to request that the Board issue a direction to the City of Edinburgh Council in respect of additional care at home capacity.

2. Any member wishing additional information on the detail of this paper should contact the author in advance of the meeting.

Recommendations

3. The Integration Joint Board is asked to remit the Chief Officer to issue the direction to the City of Edinburgh Council.

Background

4. At its meeting of 28th September, the IJB delegated approval of the proposal to apply an additional £4m of funding to increase capacity in care at home services, thereby reducing waiting lists for service to the Chair, Vice Chair and Chief Officer.

5. Following agreement by the Finance and Resources Committee of the City of Edinburgh Council (the Council) the contract was varied accordingly. The final piece of governance is the issuing of a direction to the Council in respect of this change.

Main report

6. Edinburgh faces significant challenges in generating and sustaining the capacity required to provide the volume of community based services needed to support people to live at home. This has resulted in well recognised delays across the Health and Social Care system.

7. To address this, the Edinburgh Health and Social Care Partnership (the Partnership) has agreed the "Sustainable Community Support" programme of work. The first phase of which has been focused on what can realistically and affordably be done to alleviate the pressures across the system in the short term. The longer term vision and commissioning strategy for Edinburgh focuses on a wider system transformation, reducing demand and increasing capacity. This will require building new, collaborative relationships with you as providers

8. A provision to meet a proportion of the cost of providing additional care packages to partly address these delays was incorporated in the IJB's financial plan for 2018/19. The plan also assumed a contribution of £4m from NHS Lothian to support this work. Discussions about how best to target this investment took place between officers from the Council, NHS Lothian and the Integration Joint Board. These focussed on the priorities of the 3 bodies, how these could be aligned and how the risk would be mitigated and shared.

9. In consultation with providers across the city, the challenges faced in recruiting and retaining staff were consistently stressed. To address this, a proposition to increase hourly rates to partner care at home providers in a way which directly links to an evidenced increase in capacity and demonstrates that it improves the pay and conditions of staff was worked up.

10. Following agreement of the IJB, the care at home contract was varied to reflect the outcome of these tri partite discussions ie a staged increase in the hourly rate paid to contracted providers, with effect from 1st October 2018.

11. The Partnership management team has produced a detailed action plan, Edinburgh Delayed Discharge Trajectory and Action Plan (EDDTAP) to support both the performance management and to illustrate how the investment will be used. EDDTAP incorporates outputs from the work commissioned by NHS Lothian from the Carnall Farrar consultancy and work undertaken by the EY consultancy on how the investment could be best used. At its core, however, EDDTAP is a tool for managing the operations of EHSCP and allowing EIJB to performance manage against this key indicator.

12. EDDTAP's differs from previous work undertaken in Edinburgh in that it has adopted a queue analysis methodology to build a realistic improvement trajectory from the bottom up, rather than imposing a single global target and expecting universal improvement to meet this target. It does not treat all delayed discharges as equal, and recognises the varying degrees of complexity in, for example, the organising of discharges for learning disability patients, versus those in the acute sector with relatively small packages of care.

13. Providers have reported the following improvements they have been able to make to boost recruitment, retention, and overall stability;

    - *Hired a recruitment consultant, whose main focus will be the management of the online presence on various recruitment platforms and social media*

- *Increased pay rate to £10.15 per hour for our care workers, a 13% increase from the previous rate.*
- *Increased mileage allowance from 15p to 30p per mile.*
- *Begun building an additional operations team to support the anticipated growth of the Edinburgh contract to maintain and further improve the quality of service.*
- *Enrolled 50 Community Care Assistants in our SVQ level 3 Health and Social Care programme with an anticipated completion date of April 2019*

Key risks

14. The key risk is that the investment does not support improved performance. This is being closely monitored and will be scrutinised through the quarterly performance meetings between the senior management team of the Partnership and officers from NHS Lothian and the Council.

Financial implications

15. This report details the direction which supports the £4m investment in care at home capacity. The initial rate increase to £17.43 will cost an estimated £0.6m.

16. Any further increase in rates will only be triggered if the capacity increases outlined in the table above are achieved.

17. Monitoring arrangements will be scrutinised at the quarterly performance meetings for the Health and Social Care Partnership held jointly by the Council and NHS Lothian.

Implications for directions

18. The draft direction to the City of Edinburgh Council is attached as an appendix to this report.

Equalities implications

19. As above.

Sustainability implications

20. As above.

Involving people

21. As above.

Impact on plans of other parties

22. This impacts on the plans of partner organisations i.e. the Council, NHS Lothian and care at home providers. These bodies have worked together to develop the proposal to increase care at home capacity in the city.

Background reading/references

Report author

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Appendices

Appendix 1	Direction from Edinburgh IJB to City of Edinburgh Council

Appendix 1

Direction from Edinburgh Integration Joint Board

Issued to: City of Edinburgh Council

Service affected: Social care for older people

Financial resources: £4m

Timescale for implementation: From 1st October 2018 to 30th September 2019

Direction:

Edinburgh Integration Joint Board ("EIJB") directs the City of Edinburgh Council to procure additional social care capacity for older people in the form of packages of care.

Intent:

1) To improve performance against the national delayed discharge standard, and to reduce the IJB's dependence upon hospital beds; and
2) To reduce the number of people in the community waiting on the provision of a package of care.

This will be delivered by:

- An increase in the baseline hourly rate for participating providers to £17.43, from 1st October 2018;
- An increase in the baseline hourly rate for participating providers to £17.95, on the delivery of 7 additional hours across the city;
- An increase in the baseline hourly rate for participating providers to £18.31, on the delivery of a further 6 additional hours across the city;
- A final increase in the baseline hourly rate for participating providers to £18.54 on the delivery of a further 4 additional hours across the city.

The total financial value of the above is not to exceed £4m.

This capacity increase is to be targeted at acute hospital beds in the first instance, to meet the trajectory for improvement set out in the Edinburgh Delayed Discharge Trajectory and Action Plan (EDDTAP).

Once this trajectory is met, additional capacity can be provided for those waiting in the community.

Performance management;

A report on progress against the trajectory will be required at each meeting of EIJB until October 2019.

The Chief Officer of the Integration Joint Board is responsible for the delivery of this direction.

Item 5.12

Report

IJB Risk Register

Edinburgh Integration Joint Board

14th December 2018

Executive Summary

1. The purpose of this report is to submit the current version of the Integration Joint Board (IJB) risk register for consideration and to update the board on the processes which are being established to manage, mitigate and escalate risks.

Recommendations

2. The Committee is asked to:

   a) note the continued development of the IJB risk register and associated action plan;

   b) note that the latest version of the register has been scrutinised by the Audit and Risk Committee on 16th November 2018; and

   c) note that the Audit and Risk Committee has requested the addition of two additional risks.

Background

3. As a key part of its governance process, the risk register examines the risks that impact the IJB's ability to deliver its strategic plan. The IJB's Audit and Risk Committee (ARC) oversees risk management arrangements; this includes receipt, review and scrutiny of reports on strategic risks and escalation of any issues that require to be brought to the IJB's attention.

4. On 1st June 2018, the risk register was presented to, and scrutinised by, the ARC. It was subsequently presented to the IJB on 15th June 2018. IJB members requested that the risk register should be submitted to the board every six months. This report is in answer to this request.

Main report

5. The IJB risk register, a cornerstone of a comprehensive risk process, identifies and assesses risks, and clearly articulates the controls in place to manage them. Since the inception of the IJB the risk register has been presented in a number of different ways and both the ARC and the IJB have agreed the current format and approach.

6. It was recognised that further work to refine the risk register presented in June was necessary. In particular, the mitigating controls needed strengthening. Work to support this has been ongoing since June and, in anticipation of the next six-monthly update to the IJB, risk owners were encouraged to take a proactive approach to risk by:

   a) self-assessing the effectiveness of current mitigating controls;

   b) diminishing risk impacts and/or probability by refining controls; and

   c) implementing action plans to address residual risk in a timely manner.

7. Another element of the work is the creation of a "risk register action plan". This tool is designed to assist risk owners identify their course of action for managing their assigned risk(s). Listed actions will help reduce the likelihood of these risks occurring and lessen their impact if they do occur. The plan has been created to ensure that the agreed actions are carried out in a timely manner.

8. The IJB risk register has now been amended to reflect this work and the revision is attached as appendix 1. The associated risk register action plan, template and guidance notes are attached as appendix 2.

9. On 16th November 2018, the IJB Audit and Risk Committee considered the latest iteration of the register and requested the addition of two new risks.

   a) The first risk should highlight the complex nature of the IJB's regulatory environment. A consequence of the changing legal requirements imposed on integration authorities means that the IJB is juggling a growing number of compliance responsibilities. As such, it is the responsibility of the IJB to what it is responsible for under relevant legislation and there is a risk that the IJB is unsighted on one (or more) such requirement; and

   b) The second additional risk should focus on potential conflicts of interests for senior managers in the Health and Social Care Partnership (the Partnership) where these individuals also have roles relating to the IJB. Best practice (as per the three lines of defence model) is that managers with second and third line assurance and scrutiny responsibilities (for example risk management and internal audit) should not also have operational responsibilities as this presents the possibility of conflicts of interest.

10. The Chief Officer will formally assign respective risk owner(s) to develop these risks with associated mitigating controls for the next ARC.

11. In November 2018, the Good Governance Institute (GGI) released a paper: *'Independent Review of the Governance of the Edinburgh Integration Joint Board'.* Section 9 is dedicated to 'Strategic Risk' and highlights the importance of the role of the IJB's strategic risk register in helping the IJB accomplish its objectives. The relevant recommendation is replicated below:

> **Recommendation 7** – The Board should commit to an integrated risk and escalation framework, shaped by a risk appetite owned by all Board members, supported by a risk methodology, and supported by subcommittees and systems providing specific assurances and clear escalation processes.' (GGI, *Independent Review of the Governance of the Edinburgh Integration Joint Board, page 9)*

12. The GGI report referred to above is considered elsewhere on this agenda. One of the recommendations in that report is that the Chief Officer brings an action plan back to the February IJB meeting.

Key risks

13. As set out in the IJB risk register.

Financial implications

14. No direct financial implications.

Implications for Directions

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

Equalities implications

16. There are no equality issues within this report.

Sustainability implications

17. There are no direct sustainability implications arising from this report.

Involving people

18. The IJB risks were developed following consultation with the Chief Finance Officer, Chief Internal Auditor, Chief Nurse, representatives from the three Lothian IJBs and the Council's Risk Officer.

Background reading/references

19. None

Report author

Judith Proctor

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Appendices

Appendix 1	IJB Risk Register
Appendix 2	IJB Risk Register Action Plan
Appendix 3	IJB Risk Register Action Plan Template & Guidance notes

Appendix 1 – IJB Risk Register

	Risk	Rating
	Strategic planning and commissioning	
1	There is a risk that the IJB fails to deliver its strategic objectives because the Council and/or NHS Lothian do not delegate sufficient resource – leading to a requirement to revise the strategic plan.	**High**
2	There is a risk that the IJB has limited ability to influence the decision making over set aside and hosted services which are not managed and delivered by the Partnership because of conflicting requirements – leading to the IJB's inability to drive strategy to help meet its objectives/outcomes.	**High**
3	There is a risk that the IJB will not achieve its strategic objectives and/or financial targets because delegated services are not delivered by Council and NHS Lothian within available budgets – leading to a requirement to revise the strategic plan.	**Very high**
4	There is a risk that the IJB has insufficient asset planning arrangements because of a lack of a capital plan – leading to failure or delays in delivering the strategic plan.	**High**

	Risk	Rating
	Issuing of directions	
5	There is a risk that NHS Lothian and the Council do not deliver directions because they are not: • well-articulated • properly understood • realistic/achievable • performance targets are not SMART	**High**
6	There is a risk that the IJB directions are not delivered because of the lack of a workforce strategy - leading to a mismatch between workforce requirements and availability.	**High**
	Management and role of the IJB	
7	There is a risk that the IJB does not operate effectively as a separate entity because: • there is a lack of clarity about the separate roles of the IJB, HSCP, Council and NHS Lothian; and/or • members lack the necessary skills, knowledge and experience to undertake their role leading to a failure to deliver the principles of integration.	**High**
8	There is a risk that the IJB does not make best use of the expertise, experience and creativity of the third, independent and housing sectors, and other partners as a result of failing to engage and collaborate appropriately - leading to a negative impact on the delivery of the strategic outcomes and poor relationships.	**High**
9	There is a risk that the IJB lacks the infrastructure to operate effectively because of a failure by NHS Lothian and the Council to meet their obligations under the integration scheme to provide adequate professional, administrative and technical support – leading to failures in governance, scrutiny and performance arrangements.	**High**

	Risk	Rating
10	There is a risk that the IJB receives insufficient or poor-quality assurance from assurance providers to support effective delivery of their scrutiny responsibilities.	**Medium**

Strategic planning and commissioning

Current risk rating: High	Risk ID:	1
There is a risk that the IJB fails to deliver its strategic objectives because the Council and/or NHS Lothian do not delegate sufficient resource – leading to a requirement to revise the strategic plan.	Risk Owner	Chief Officer
	Date added to register	June 2016
	Last revised date:	November 2018
	Next review date:	

Key Mitigating Controls:

- Financial plan is approved annually by the IJB following the annual due diligence process on the budget offers from NHS Lothian and the Council
- Financial position reported to each meeting of the IJB
- Budget Setting Protocol agreed by IJB, NHS Lothian and the Council in place
- Timetable of engagement meetings with key stakeholders (IJB, CEC Head of Finance, NHS Lothian Director of Finance, Chief Executives from both Council and NHS Lothian)

Target Risk: Medium

	Consequence				
Likelihood	**Neg**	**Min**	**Mod**	**Maj**	**Ext**
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Evidence:

- Sub group/committee/board membership lists
- Records of meetings

Adequacy of current control measures:	Uncertain

Impact of controls not known at this time and more work is required to identify current situation.

Strategic planning and commissioning		
Current risk rating: HIGH	Risk ID:	2
There is a risk that the IJB has limited ability to influence the decision making over set aside and hosted services which are not managed and delivered by the Partnership because of conflicting requirements – leading to the IJB's inability to drive strategy to help meet its objectives/outcomes.	Risk Owner	Interim Chief Strategy and Performance Officer
	Date added to register	June 2016
	Last revised date:	November 2018
	Next review date:	

Mitigating Controls:

- Regular (monthly) Chief Officer meetings attended by all four IJBs and officers from NHS Lothian provide a forum to reach consensus and raise any relevant issues.
- Specific service forums are established to consider and agree major service changes which impact on more than 1 IJB (examples include the Royal Edinburgh Campus Reprovision Project Board which meets monthly).
- Outline strategic commissioning plans detailed impact on hosted and set aside services

Target Risk: Medium

	Consequence				
Likelihood	**Neg**	**Min**	**Mod**	**Maj**	**Ext**
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Adequacy of current control measures: Uncertain

Impact of controls not known at this time and more work is required to identify current situation.

Evidence:

- IJB reports
- Feedback from sub groups, particularly the SPG and reference boards
- Meeting agenda, papers and minutes.

Strategic planning and commissioning

Current risk rating: Very High	Risk ID:	3
There is a risk that the IJB will not achieve its strategic objectives and/or financial targets because delegated services are not delivered by Council and NHS Lothian within available budgets – leading to a requirement to revise the strategic plan.	Risk Owner	Chief Officer
	Date added to register	June 2016
	Last revised date:	November 2018
	Next review date:	

Mitigating Controls:

- Finance is a standing item on the IJB agenda.
- Regular financial reports to IJB, partnership executive team and the various governance forums in the Council and NHS Lothian
- Chief Finance Officer in post.
- Operational financial monitoring undertaken monthly by both NHS Lothian and the Council.
- Partnership Savings Governance Group meets monthly to scrutinise progress against the Partnership's savings and recovery plans.
- Ongoing dialogue with NHS Lothian's Director of Finance and the Council's Head of Finance, through quarterly performance meetings and regular informal discussion.
- Chief Officer regularly meets with both Council and NHS Lothian Chief Executives
- Budget Setting Protocol agreed by IJB, NHS Lothian and the Council in place

Target Risk: High

	Consequence				
Likelihood	**Neg**	**Min**	**Mod**	**Maj**	**Ext**
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Adequacy of current control measures: Uncertain

Impact of controls not known at this time and more work is required to identify current situation.

Evidence:

- IJB reports
- Financial monitoring is undertaken on a regular basis and features as a regular item on the Executive Team agenda.
- Savings Governance Group meeting fortnightly. Action logs circulated.

Strategic planning and commissioning

Current risk rating: High	Risk ID:	4
There is a risk that the IJB has insufficient asset planning arrangements because of a lack of a capital plan – leading to failure or delays in delivering the strategic plan.	Risk Owner	Chief Finance Officer
	Date added to register	June 2016
	Last revised date:	November 2018
	Next review date:	

Mitigating Controls:

- Joint NHS Lothian/Council asset management group has been established to agree on priorities.
- Representation on the Council Property Board and NHS Lothian Finance and Resources Committee.
- Outline strategic commissioning plans included outline of capital requirements to deliver the strategic plan
- IJB has agreed a number of strategic assessments for primary care developments which are now progressing to the next stage of development (initial assessments)

Target Risk: Medium

	Consequence				
Likelihood	**Neg**	**Min**	**Mod**	**Maj**	**Ext**
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Adequacy of current control measures:	Uncertain

Impact of controls not known at this time and more work is required to identify current situation.

Evidence:

- IJB reports
- Feedback from sub groups, particularly the SPG and reference boards
- Papers (including minutes) of meetings

Issuing of directions		
Current risk rating: High	Risk ID:	5
There is a risk that NHS Lothian and the Council do not deliver directions because they are not: • **well-articulated** • **properly understood** • **realistic/achievable** • **performance targets are not SMART** **leading to confusion and inefficiency**	Risk Owner	Interim Chief Strategy and Performance Officer
	Date added to register	June 2016
	Last revised date:	November 2018
	Next review date:	

Mitigating Controls:

- Directions emerge from the strategic plan which has been developed in collaboration with NHS Lothian, the Council and other partners.
- Directions themselves are also developed in collaboration with NHS Lothian and the Council.
- Plans are being developed to regularly monitor and report on progress in delivery of the directions
- Directions can be withdrawn or amended at any time if they are no longer to be appropriate/realistic/achievable.

Target Risk: Low

	Consequence				
Likelihood	**Neg**	**Min**	**Mod**	**Maj**	**Ext**
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Adequacy of current control measures: Uncertain

Impact of controls not known at this time and more work is required to identify current situation.

Evidence:

- Annual performance report
- IJB reports
- Feedback from sub groups, particularly the SPG and reference boards
- Papers (including minutes) of meetings

Issuing of directions

Current risk rating: High

Risk ID:	6
Risk Owner	Chief Nurse
Date added to register	June 2016
Last revised date:	October 2018
Next review date:	

There is a risk that the IJB directions are not delivered because of the lack of a workforce strategy - leading to a mismatch between workforce requirements and availability.

Mitigating Controls:

- A Workforce Development Steering Group has been established under the leadership of the Chief Nurse to oversee the development and implementation of a workforce strategy.
- Four sub-groups are now established to progress the workforce strategy
  - Group 1 – Workforce Data
  - Group 2 – Recruitment & Retention of Staff
  - Group 3 – Staff Experience
  - Group 4 – Workforce Development
- As part of a transparent and holistic approach, third, independent and housing sectors are members of the steering group to ensure inclusivity and compatibility for the delivery of care services.

Target Risk: Low

	Consequence				
Likelihood	**Neg**	**Min**	**Mod**	**Maj**	**Ext**
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Adequacy of current control measures: Uncertain

Impact of controls not yet known at this time and more work is required to identify current situation.

Evidence:

- IJB reports
- Record of feedback from sub groups, particularly the SPG and reference boards
- Papers (including minutes) of meetings

Management and role of the IJB		
Current risk rating: High	Risk ID:	7
There is a risk that the IJB does not operate effectively as a separate entity because: • **there is a lack of clarity about the separate roles of the IJB, Partnership, Council and NHS Lothian; and/or** • **members lack the necessary skills, knowledge and experience to undertake their role.** **leading to a failure to deliver the principles of integration.**	Risk Owner	IJB Chair
	Date added to register	June 2016
	Last revised date:	May 2018
	Next review date:	November 2018

Mitigating Controls:

- Regular development sessions for IJB members.
- Induction session for new IJB members.
- Members are encouraged to actively engage with the Partnership Senior Management Team.
- Members are advised that they can meet with Partnership Officers/ report owners prior to meetings to discuss the report content. Board members chair subgroups and reference boards which aids to broaden members knowledge, understanding, and decision making.
- IJB Standing Order / Code of Conduct
- 'Declaration of Interest' - members are responsible for declaring certain interest in IJB proceedings.
- The IJB Chair monitors the quality of the debates and if necessary, will ask the Partnership Chief Officer for additional information if the subject matter requires further clarification for members.
- Regular Edinburgh Integration Joint Board Newsletter to provide members/stakeholders with latest news from both the IJB and the Strategic Planning Group.
- Chair's 'Open Door' policy – members regularly arrange to meet the Chair to ask questions and/or discuss IJB matters.

Target Risk: Low

	Consequence				
Likelihood	**Neg**	**Min**	**Mod**	**Maj**	**Ext**
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Adequacy of current control measures:	Uncertain

Impact of controls not known at this time and more work is required to identify current situation.

Evidence:

- Record of development sessions taking place
- Record of inductions
- Records of 'Declaration of Interests'
- EIJB Newsletter

Management and role of the IJB		
Current risk rating: High	Risk ID:	8
There is a risk that the IJB does not make best use of the expertise, experience and creativity of the third, independent and housing sectors, and other partners as a result of failing to engage and collaborate appropriately - leading to a negative impact on the delivery of the strategic outcomes and poor relationships.	Risk Owner	Interim Chief Strategy and Performance Officer
	Date added to register	June 2016
	Last revised date:	May 2018
	Next review date:	

Mitigating Controls:

- The third, independent and housing sectors represented on a range of IJB sub groups, sub committees and reference boards.
- Significant engagement undertaken as integral part of developing the strategic plan.
- The third, independent and housing sectors involved in the development of the outline strategic commissioning plans and all will have an integral role as these evolve into detailed commissioning plans.
- Development of an engagement strategy underway.
- The third, independent and housing sectors will be represented on the Workforce Development Steering Group

Target Risk: Low

	Consequence				
Likelihood	**Neg**	**Min**	**Mod**	**Maj**	**Ext**
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Adequacy of current control measures: Uncertain

Impact of controls not known at this time and more work is required to identify current situation.

Evidence:

- IJB reports
- Feedback from sub groups, particularly the SPG and reference boards
- Papers (including minutes) of meetings
- Lack of deputations

Management and role of the IJB		
Current risk rating: High	Risk ID:	9
There is a risk that the IJB lacks the infrastructure to operate effectively because of a failure by NHS Lothian and the Council to meet their obligations under the integration scheme to provide adequate professional, administrative and technical support – leading to failures in governance, scrutiny and performance arrangements.	Risk Owner	Chief Officer
	Date added to register	June 2016
	Last revised date:	May 2018
	Next review date:	

Mitigating Controls:

- The Chief Officer is a member of the senior management teams in both NHS Lothian and the Council, thus in a position to influence decision making.
- Through regular 1:1 with each respective Chief Executive, the Chief Officer is able to directly raise any issues and seek solutions.
- Comprehensive audit plan in place to understand the quantum of the risk.

Target Risk: Medium

	Consequence				
Likelihood	**Neg**	**Min**	**Mod**	**Maj**	**Ext**
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Adequacy of current control measures:	Uncertain

Impact of controls not known at this time and more work is required to identify current situation.

Evidence:

- Feedback from Chief Officer
- Annual assurance process and governance statement

Management and Role of the IJB

Current Risk Rating: Medium	Risk ID:	10
There is a risk that the IJB receives insufficient or poor-quality assurance from assurance providers to support effective delivery of their scrutiny responsibilities.	Risk Owner	Chief Officer
	Date added to register	June 2016
	Last revised date:	May 2018
	Next review date:	October 2018

Mitigating Controls:

- The IJB has both internal and external audit assurance providers: Internal - NHS Lothian & Council; External - Scott-Moncrieff.
- Internal Audit (IA) delivers four IJB Audits per year – one from NHS Lothian IA and three from the Council IA.
- The IJB risks in the risk register are mapped to the annual IA plan to ensure that all key risks are covered.
- Annual IA plans of NHS Lothian and the Council are subject to review and scrutiny by the EIJB Audit and Risk Committee.
- Clear internal review process for all audits completed on behalf of the IJB and the Partnership.
- Independent external review of IA is performed every 5 years in line with Public Sector Internal Audit Standards (PSIAS) requirements (last review was performed 2016/17).
- Annual Internal Audit opinion for the EIJB is required to highlight any instance of non compliance with the PSIAS.
- The governance statement (incorporated in the annual accounts) and the annual IA opinion is subject to review and scrutiny by the EIJB A&R Committee.
- A clearly established follow-up process to ensure that all IA findings raised are appropriately closed and risks mitigated – an area of non PSIAS compliance for 2017/18.
- IA progress reports provided to the Audit and Risk Committee quarterly, updating progress on the audit plan and also the status of open and overdue IA findings.
- Established IA system that records and retains the audit work performed by the IA team. Also includes 'layered' levels of review and sign off that are linked to the roles in the team.
- Each year, external audit will perform a sample-based review of IA work to determine whether they can rely on the outcomes in relation to best value. A comment will be included in the annual accounts to reflect this.

Target Risk: Low

	Consequence				
Likelihood	**Neg**	**Min**	**Mod**	**Maj**	**Ext**
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Adequacy of current control measures: Uncertain

Impact of controls not known at this time and more work is required to identify current situation.

Evidence:

- Need to receive assurance on the services and systems provided by external third parties by obtaining copies of their internal audit reports or professional inspectorate reviews.

Appendix 2 - IJB Risk Register Current Action Plan – November 2018

IJB RISK ACTION PLAN						
Maintained by: Partnership Operations Manager						
Last Update: October 2018						
Risks	**Action Required**	**By When**	**Responsibility Assigned to:**	**Resources Implications**	**Outcome Target**	**Progress to date**
IJB Risk #1 There is a risk that the IJB fails to deliver its strategic objectives because the Council and/or NHS Lothian do not delegate sufficient resource – leading to a requirement to revise the strategic plan.	5 year financial plan being updated in parallel to development of strategic plan	Initial draft in January 2019, finalised by March 2019 in line with strategic plan	Moira Pringle, Chief Finance Officer	Appropriate information to be provided by CEC Head of Finance and NHSL Director of Finance	5 year financial plan presented to IJB	**NEW**
IJB Risk #1	Meeting schedule in support of budget protocol to be finalised	November 2018	Judith Proctor, Chief Officer	Administrative support to organise meetings	Timetable to be shared with all participants	**NEW**

IJB RISK ACTION PLAN						
Maintained by: Partnership Operations Manager						
Last Update: October 2018						
Risks	**Action Required**	**By When**	**Responsibility Assigned to:**	**Resources Implications**	**Outcome Target**	**Progress to date**
IJB Risk #2 There is a risk that the IJB has limited ability to influence the decision making over set aside and hosted services which are not managed and delivered by the Partnership because of conflicting requirements – leading to the IJB's inability to drive strategy to help meet its objectives/outcomes.	Strategic commissioning plans under development to reflect the implications for hosted and set aside services	December 2019	Colin Briggs, Interim Head of Strategy and Performance	Being addressed via reference boards and working groups.	Strategic commissioning plans presented to the IJB	**NEW**
IJB Risk #4 There is a risk that the IJB has insufficient asset planning arrangements because of a lack of a capital plan – leading to failure or delays in delivering the strategic plan.	Capital Plan Completion	March 2019	Moira Pringle, Chief Finance Officer	Project group to be established	Capital plan presented to the Strategic Planning Group for onward submission to the IJB	**NEW**
IJB Risk #4	Initial agreements (IAs) for primary care developments	Various, depending on the specific project	Colin Briggs, Interim Head of Strategy and Performance	Project teams in place for each individual development	IAs presented to the IJB for approval and submission to NHS Lothian Finance and Resources Committee	**NEW**

IJB RISK ACTION PLAN						
Maintained by: Partnership Operations Manager						
Last Update: October 2018						
Risks	**Action Required**	**By When**	**Responsibility Assigned to:**	**Resources Implications**	**Outcome Target**	**Progress to date**
IJB Risk #5 There is a risk that NHS Lothian and the Council do not deliver directions because they are not: • well-articulated • properly understood • realistic/achievable • performance targets are not SMART leading to confusion and inefficiency	Directions policy to be agreed and implemented	March 2019	Nickola Paul, Programme Business Manager		Directions policy in place	**NEW**
IJB Risk #5	Arrangements for monitoring progress against directions to addressed via governance review	December 2018	Judith Proctor, Chief Officer	Good Governance Institute has been appointed	Revised IJB governance arrangements in place	**NEW**
IJB Risk #6 There is a risk that the IJB directions are not delivered because of the lack of a workforce strategy - leading to a mismatch between workforce requirements and availability.	Workforce Strategy completion	March 2019	Pat Wynne, Chief Nurse Partnership Executive Team Workforce Development Steering Group	Operational Officers have been asked to lead sub-groups in additional to normal duties	New Workforce Strategy will be presented to IJB	**NEW**
	Baseline Report completion	December 2018	Neil Wilson, Workforce Planning Manager		Baseline report to capture scope and progress update.	**NEW**
	Presentation Test Site at North West Locality	TBC	TBC		Data and Trends to NW Locality Senior	**NEW**

IJB RISK ACTION PLAN						
Maintained by: Partnership Operations Manager						
Last Update: October 2018						
Risks	**Action Required**	**By When**	**Responsibility Assigned to:**	**Resources Implications**	**Outcome Target**	**Progress to date**
					Management Team.	
IJB Risk #7 There is a risk that the IJB does not operate effectively as a separate entity because: • there is a lack of clarity about the separate roles of the IJB, Partnership, Council and NHS Lothian; and/or • members lack the necessary skills, knowledge and experience to undertake their role. - leading to a failure to deliver the principles of integration. **IJB Risk #7** (continued)	Creation of an Induction Pack for new IJB Members.	November 2018	Chief Officer	N/A	Induction Pack to be shared with new IJB Members at Induction Sessions	**NEW** Draft submitted to IJB Chair and Deputy Chair ahead of November Induction Session for approval.
	Governance Review	December 2018	Chief Officer	N/A	The results of the Governance Review will provide members with a greater understanding of IJB and Partnership governance.	**NEW**
	IJB Chair Risk – Mitigating Controls Review Review current mitigating controls and action plan with deputy chair and other IJB Members to assess if controls are adequate in managing this risk.	November 2019	IJB Chair	N/A	Confirmation, review and/or addition of mitigating controls Action Plan update	**NEW**
IJB Risk #10 There is a risk that the IJB receives insufficient or poor-quality assurance from assurance providers to support effective delivery of their	Regular meetings between the EIJB Chair and CIA to be established	December 2018	Lesley Newdall, CIA / Cllr Henderson, IJB Chair	N/A	Regular diary dates organised for the next 6 months.	**NEW**

IJB RISK ACTION PLAN						
Maintained by: Partnership Operations Manager						
Last Update: October 2018						
Risks	**Action Required**	**By When**	**Responsibility Assigned to:**	**Resources Implications**	**Outcome Target**	**Progress to date**
scrutiny responsibilities.						
IJB Risk #10	Assurance statements to be obtained from other assurance providers	February 2019	Cathy Wilson, Operations Manager	Meeting with CIA and other representatives as required	Mitigating controls added to risk register	**NEW**

Appendix 3 – IJB Risk Register Action Plan – Template

RISK ACTION PLAN						
Officer Name:						
Date:						
Risks	**Action Required**	**By When**	**Responsibility Assigned to:**	**Resources Implications**	**Outcome Target**	**Progress to date**

GUIDANCE NOTES ON COMPLETING YOUR RISK ACTION PLAN						
Risks	**Action Required**	**By When**	**Responsibility Assigned to:**	**Resources Implications**	**Outcome Target**	**Progress to date**
List the IJB Risk e.g IJB Risk 01 - There is a risk that the IJB fails to deliver its strategic objectives because the Council and/or NHS Lothian do not delegate sufficient resource – leading to a requirement to revise the strategic plan.	1. You should break down your actions into a number of tasks that are required to achieve it	Insert Date e.g Dec18	1. Please include the name of the officer responsible	Consider and state implications for staffing, cost	Coherent and balanced set of SMART performance targets based around the needs of the IJB.	Please use key below to highlight individual status of targets
	2.One risk may have a number of actions required. These should be listed and the rest of the columns completed for each of them.		2. State any Governance Body/Board this officer may need to report to.		• Relate to a service or strategic objective • Be achievable • Be of a manageable number • Short or Long term?	**A -** Target **ACHIEVED** on time (Green)
					• Financial & non-financial • Be clear and easily understood • Have the commitment of authority members, service users, patients, staff & other stakeholders • Be readily measurable.	**B** - Target **BEHIND** schedule (Red) • *Provide explanatory notes detailing why* • *Strikethrough the original 'by when date & insert new target date* Please provide
						C – Target **ON SCHEDULE** for completion.
						• *Provide explanatory notes detailing circumstances*

Item 5.13

Report

IJB Records Management Plan

Edinburgh Integration Joint Board

14 December 2018

Executive Summary

1. The purpose of this report is to present the Integration Joint Board draft Records Management Plan (RMP). It has been prepared in compliance with the requirements of the Public Records (Scotland) Act 2011.

2. This covering report briefly explains the legislative background and how the RMP is based on the model plan and guidance published by the Keeper of the Records of Scotland.

Recommendations

3. The Integration Joint Board (IJB) is asked to:

   i. note the content of this covering report;

   ii. delegate scrutiny and oversight responsibilities of the IJB RMP and its associated Improvement Plan to the IJB Audit and Risk Committee; and

   iii. approve the draft RMP (and associated evidence) for submission to the Edinburgh Integration Joint Board (IJB).

Main report

Background

4. The Public Records (Scotland) Act 2011 has as its main aim to improve the quality of record keeping by named Scottish public authorities. It requires an authority to prepare, implement, and keep under review, a records management plan. The plan must clearly set out proper arrangements for the way an authority manages public records, created in any format, when performing its functions. The Act has been in force since January, 2013.

5. The Act has its origins in the Historical Abuse Systemic Review: Residential Schools and Children's Homes in Scotland 1950-1995 (The Shaw Report) published in 2007. The Shaw Report recorded how its investigations were hampered by poor record keeping and found that thousands of records were lost due to poor records management.

IJB Record Management Plan

6. The management of records is central to good governance, openness and transparency. A subsequent review of public records legislation found that poor records management was not restricted to the childcare sector alone but affected many different authorities.

7. The Act requires a named Scottish public authority to prepare, implement and keep under review a RMP. The plan must set out proper arrangements for the management of its public records. The plan must be submitted to the Keeper of the Records of Scotland (the Keeper) for his or her assessment and agreement, then implemented and reviewed regularly.

8. As a named Scottish public authority, the IJB must submit a RMP to the Keeper for his or her agreement. The plan must also show the policies that are in place for the appropriate retention, disposal, archiving and security of its records.

9. To assist the IJB in complying with its obligations, the Keeper has published a model plan and guidance document. This takes the form of an annotated list of 14 elements that are expected to appear within the document.

10. When a plan has been agreed by the Keeper, the authority is invited to participate in the annual Progress Update Review process. This provides an opportunity for an authority whose plan may contain elements signed off as being under improvement, to report on any new initiatives and on progress made. It is designed to support continuous improvement.

11. The IJB has been asked to prepare the plan, gather supporting evidence and submit this to the Keeper. The Keeper's implementation team will then begin the assessment process and consider each element of the RMP against all the accompanying evidence. The Keeper views this assessment as an 'opportunity to highlight good practice' and will in turn help us identify any areas for improvement.

12. The IJB, City of Edinburgh Council (Council) and NHS Lothian have a Memorandum of Understanding (MoU) in relation to the sharing of information 'for the purpose of the integration of health and social services in the Edinburgh area'. As Scottish Public Authorities, both IJB partner organisations (Council and NHS Lothian) have their own respective RMP in place. For records generated by the operational elements of the Edinburgh Health and Social Care Partnership,

the MoU states that they will be managed in accordance to the arrangements set out in each organisation respective RMP.

13. However, records created by the IJB must be covered by its own RMP. This includes for example, data relating to the Strategic Plan, Board and Committee papers and any correspondence by the Chief Officer, Chief Finance Officer, Chief Nurse and Clinical Director involving IJB Business.

14. The RMP that is prepared will require to be based on the Keeper's Model plan and will require to evidence how the IJB records management practice meets the requirements of the 14 key elements.

15. IJB records, which must form part of the formal records management plan, are currently held on both Council and NHS Lothian systems. To address the complexity of documents being held within the systems of two different organisations, the management of these records will require to conform to relevant Council and NHS Lothian information governance policies and procedures, which will be provided as evidence to the Keeper in support of the IJB RMP.

Roles and Responsibilities

16. Under Element 1 of the Model Records Management Plan (Senior Management Responsibility), the IJB must identify an individual at senior level who has overall strategic responsibility for records management. The Chief Officer has appointed the IJB's Chief Finance Officer, Moira Pringle with this role.

17. Under Element 2 of the Model Records Management Plan (Records Manager Responsibility), the IJB must also identify an individual, answerable to senior management, to have operational responsibility for records management within the IJB. The Partnership's Operations Manager, who is also the IJB's Lead Information Governance Practitioner, has been tasked with this role.

18. Due to the overall complex landscape of the RMP, the ICT and Information Governance Steering Group, which is attended by information governance officers from both Council and NHS Lothian will also play a role in the IJB RMP and will assist in the development of a more detailed improvement plan.

Key risks

19. The proposals set out in this report will allow the IJB to meet its obligations in respect of the Public Records (Scotland) Act 2011. Once completed and approved by the Keeper, the IJB's RMP will help fulfil legislative responsibilities, safeguard the IJB's reputation and optimise the record risk management.

Financial implications

20. There are no direct financial implications arising from the consideration of this report.

Implications for Directions

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

Equalities implications

22. The purpose of the Records Management Plan is to ensure that there is full awareness of the nature, scope and implications of the Public Records Act and to ensure that colleagues are aware of their roles and responsibilities around information governance and record keeping (including for records held within electronic systems).

23. Although no significant equality issues were identified during the development of the RMP, the IJB's understanding of the Equality Impact Assessment Process will allow for the development of better outcomes for staff in relation to equality matters by ensuring that the RMP is available and accessible to all.

Sustainability implications

24. No direct sustainability implications.

Involving people

25. By detailing record management responsibilities and requirements, this RMP will help ensure compliance with legislative, regulatory and best practice standards. The ongoing development of the RMP will need to be supported by Council and NHS Lothian Information Governance Officers, the Partnership's Executive Management Team and IJB members.

Impact on plans of other parties

26. Any possible impact arising from the IJB RMP on either Council or NHS Lothian plans will be discussed at the ICT and Information Governance Steering Group.

Background reading/references

27. National Records of Scotland – Model Records Management Plan

Report author

Judith Proctor

Chief Officer, Edinburgh Health and Social Care Partnership

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Appendices

Appendix 1	Draft - IJB Records Management Plan

Appendix 1

Edinburgh
Integration Joint Board

Record Management Plan

December 2018

Document Control Sheet

Author: Lead Information Governance Practitioner

Document Title Public Records (Scotland) Act 2011 – Records Management Plan and Improvement Plan

Review/Approval History

Date	Name	Position	Version Approved
31/10/2018	Cathy Wilson	IJB Lead Information Governance Practitioner/Operations Manager	Draft v0.1
6/11/2018	Kevin Wilbraham	IJB Data Protection Officer / Council Information Governance Manager	Draft v0.2
	Moira Pringle	Chief Finance Officer	Draft v0.2
	Judith Proctor	Chief Officer	Draft v0.2
16/11/2018	Edinburgh Integration Joint Board Audit and Risk Committee		Draft v0.2
14/12/2018	Edinburgh Integration Joint Board		Draft v0.3

Foreword

The Edinburgh Integration Joint Board for Health and Social Care recognises and values record management as an important part of our quality assurance and continuous improvement activity. The management of records is central to good governance, openness and transparency.

This Records Management Plan has been created for the Edinburgh Integration Joint Board. It has been prepared in compliance with requirements of the Public Records (Scotland) Act 2011. It relates to records held directly by the Board and includes records produced as part of a delegated function - these records are covered in the respective Record Management Plans of the City of Edinburgh Council and NHS Lothian. This arrangement acknowledges that delegated functions are provided on the Edinburgh Integration Joint Board's behalf by each respective authority.

Our historical records and archives inform the historians of today and will provide a rich supply of material for the historians of the future. This is a heavy responsibility. The Board will protect and manage information like any other valuable asset that we are entrusted with. It expects that this Records Management Plan will provide a firm foundation from which we can make better use of this information. It will help make sure that Board is:

- that our officers and members have the right information to hand to support their activities and decisions.
- that information is freely available when required or only available to those who need it if it is personal or sensitive.
- that information is accurate, reliable and up to date.
- that we do not waste valuable resources storing information which is no longer required is superseded or is duplicated elsewhere.

The Plan also recognises that we are on a journey. Many of the elements within the plan describe the future developments which will improve our records management policies and procedures.

Judith Proctor
Chief Officer

Cllr Ricky Henderson
Convenor of Edinburgh Integration Joint Board

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Introduction

About the Edinburgh Integration Joint Board

The Public Bodies (Joint Working) (Scotland) Act 2014 required Local Authorities and Health Boards to jointly prepare an Integration Scheme, which sets out how Health and Social Care Integration is to be planned, delivered and monitored within their local area. In line with this requirement, the Edinburgh Health and Social Care Partnership (the Partnership) has been established to bring together the strategic planning and operational oversight of a range of adult social care services.

The Edinburgh Integration Joint Board (IJB) is the main decision-making body and has governance oversight of the Partnership and all commissioning. Given formal powers in April 2016, the Partnership brings together NHS Lothian's Community Health services and the City of Edinburgh Council (the Council) Health and Social Care functions.

Public Records (Scotland) Act 2011

The Public Records (Scotland) Act 2011 (PRSA) has as its main aim to improve the quality of record keeping by named Scottish public authorities. It requires an authority to prepare, implement and keep under review a records management plan. The plan must clearly set out proper arrangements for the way an authority manages public records, created in any format, when performing its functions. The Act has been in force since January 2013.

The Act has its origins in the Historical Abuse Systemic Review: Residential Schools and Children's Homes in Scotland 1950-1995 (The Shaw Report) published in 2007. The Shaw Report recorded how its investigations were hampered by poor record keeping and found that thousands of records were lost due to poor records management.

Record Management

The PRSA named public authorities across Scotland, including the Council, NHS Lothian and the IJB, are required to put in place appropriate records management arrangements by producing and implementing a Records Management Plan (RMP) within their organisation. These arrangements will show effective, efficient and systemic control of the creation, storage, retrieval, maintenance, use and disposal of records including processes for capturing and maintaining evidence. This systemic management of records is particularly significant because it allows the organisation to:

- Increase efficiency and effectiveness;
- Make savings in administrative costs, both in staff time and storage;

- Ensure compliance with the Public Records (Scotland) Act 2011 and other legislative requirements, standards and codes of conduct;
- Provide continuity in the event of a disaster; and
- Support decision making, transparency, accountability and good governance.

The above is covered under the IJB's Record Management Principles:

Secure	that records will be secure from unauthorised or inadvertent alteration or erasure, that access and disclosure will be properly controlled, and audit trails will track all use and changes. Records will be held in a robust format which remains readable for as long as records are required.
Accountable	that adequate records are maintained to account fully and transparently for all actions and decisions.
Accurate	that records are complete and accurate and the information they contain is reliable and its authenticity can be guaranteed.
Accessible	that records and the information within them can be efficiently retrieved by those with a legitimate right of access, for as long as the records are held by the organisation
Retained	that there are consistent and documented retention and disposal procedures, including provision for permanent preservation of archival records (retention schedule)
Trained	that all staff are informed of their record-keeping responsibilities through appropriate training and guidance (as made available by the City of Edinburgh Council and NHS Lothian), and if required further support as necessary.

The extent of the IJB RMP includes the management framework, policies, procedures, record management systems, technologies and tools employed within the organisation to ensure that its records are managed effectively and efficiently to be in compliance with legislation as well as satisfying business needs. It is important to note that the RMP applies to all records irrespective of the technology used from either partner organisation (Council and NHS Lothian) to create and store them or the type of information they contain.

This document summarises each of the elements of the PRSA and provides evidence of records management arrangements that are in place demonstrating compliance with the PRSA. This includes both corporate evidence, such as policies, procedures, standards and where applicable local application of these. Also contained herein are provisions for future improvements on each of the fourteen elements as planned by the IJB or partner organisations in the next couple of years as well as actions that will be taken to ensure the identified developments are achieved within these timescales.

In submitting this RMP, the IJB acknowledges that further development work is needed in order to demonstrate full compliance for each element of the PRSA. As such, an improvement plan incorporating action area for improvement on each element is linked directly to this RMP. The IJB is committed to ensuring that a culture of continuous record management is embedded in its business practices. Governance and oversight on the content of this document will be provided by the IJB Audit and Risk Committee. Progress update on the improvement plan will feature as a standing agenda item for this Committee.

Record Management Plan Elements

The RMP sets out the overarching framework for ensuring that IJB records are managed and controlled effectively. The RMP considers all 14 elements as advised in the Keeper's Model RMP and supporting guidance material. The 14 elements are:

- Senior management responsibility
- Records manager responsibility
- Records management policy statement
- Business classification
- Retention schedules
- Destruction arrangements
- Archiving and transfer arrangements
- Information security
- Data protection
- Business continuity and vital records
- Audit trail
- Competency framework for records management staff
- Assessment and review
- Shared information

The RMP outlines a high level IJB Improvement Plan (Appendix 1) to support on-going improvements in the quality, availability and effective use of records across the organisation and provides a strategic framework for all records management activities. A more detailed Improvement Plan will be developed by the ICT and Information Governance Steering Group.

The RMP will be implemented once it has been approved by the Keeper of the Records of Scotland and will be continuously reviewed and updated. Annual update reports will be submitted to the IJB and to the Keeper of Records Scotland.

Element 1: Senior Management Responsibility

Element 1 is compulsory and covers Senior Management Responsibility. Section 1(2) (a) (i) of the Act requires the Council's RMP to identify the person at senior level who has overall strategic responsibility for records management. The RMP must name and provide the job title of the senior manager who accepts overall responsibility for the RMP that has been submitted.

Statement of Compliance:
The Senior Accountable Officer for Records Management for the IJB is:

Moira Pringle, Chief Finance Officer
Edinburgh Integration Joint Board
Waverley Court
4 East Market Street, Business Unit 1.8
Edinburgh
EH8 8BG

Tel: 0131 469 3867
Email: healthsocialcareintegration@edinburgh.gov.uk

Evidence of Compliance
Statement from the Chief Officer
Statement from the IJB Chair
Executive Team – Structure Map
Chief Finance Officer Job Description

Future Developments
There are no planned future developments in respect of Element 1. Any further changes going forward will be reflected in policies and procedures.

Assessment and Review
This element will be reviewed in the event of any relevant change in personnel, roles and/or responsibilities.

Element 2: Records Manager Responsibility

Element 2 is compulsory and covers Records Manager responsibility. Section 1(2)(a)(ii) of the Act specifically requires a Records Management Plan to identify the individual responsible for ensuring the authority complies with its plan. An Authority's RMP must name and provide the job title of the person responsible for the day-to-day operation of activities described in the elements in the authority's RMP.

Statement of Compliance
The individual answerable to Senior Management within the IJB/Partnership and who has operational responsibility for records management within the IJB is:

IJB Lead Information Governance Practitioner/Partnership Operations Manager
Edinburgh Health and Social Care Partnership
Waverley Court
4 East Market Street, Business Unit 1.8
Edinburgh
EH8 8BG

Tel: 0131 529 7153

Evidence of Compliance
Statement from IJB Lead Information Governance Practitioner
Statement from Chief Officer
Data Compliance Report to IJB

Evidence of Compliance
Memorandum of Understanding – March 2018
Operations Manager Job Description

Future Developments
Any future changes relating to this element will be published and included in the Improvement Plan as appropriate

Assessment and Review
N/A

Element 3: Records Management Policy Statement

Element 3 is compulsory and covers the Records Management Policy Statement. This will serve as a mandate for the activities of the Records Manager and any other governance group that will have the responsibility of information and records management. It shows how the IJB, Council and NHS Lothian creates and manages authentic, reliable and useable records capable of supporting business functions and activities for as long as they are required through any organisational or system change irrespective of format.

The Policy Statement reflects the business functions of IJB, Council and NHS Lothian. It provides an overarching statement of the organisations priorities and intentions in relation to record keeping and delivers a supporting framework for the development and implementation of a records management culture.

Statement of Compliance

IJB RECORDS Management Policy Statement

A record is recorded information, in paper or electronic format, created or received and maintained by the IJB in the transaction of business or the conduct of affairs and kept as evidence of such activity. Records include Directions, accounts, strategies and policies, annual reports, minutes, reports and any IJB complaints.

For the purposes of the IJB, a record is recorded information that has been created or received by the IJB in the regular course of its business activities or in the pursuance of legal transactions.

As such, all records are the property of the IJB. This applies regardless of the physical location of the record, or whether it is held in off-site storage (i.e. deposited with a 3rd party organisation specifically contracted to store information on behalf of the IJB), in a partner organistion asset (Council or NHS Lothian) or within a service provider's system.

IJB records constitute an auditable account of the Board’s activities, which provides evidence of the business, actions, decisions and resulting policies formed by the organisation.

Records represent a vital asset, which support the daily functions of the IJB and protect the interests and rights of staff, service users, patients and members of the public who have dealings with this authority. Effective record keeping supports efficiency, consistency and continuity of work and enables the IJB to deliver a wide range of sustainable services. It ensures that the correct information is: captured, stored, maintained, retrieved and destroyed or preserved in accordance with business need, statutory and legislative requirements.

Records management is an essential part of enabling the IJB to achieve priority outcomes that reflect what is most important to the people and communities of Edinburgh.

Scope:

The IJB Record Management Policy applies to:

- All records which are created received and managed in the course of IJB business (IJB Records)
- All voting and non-voting members and any other Council or NHS Lothian officer when acting in IJB business; and
- All third parties and contractors performing a statutory IJB function or service

Policy:

The Edinburgh Integration Joint Board is the owner of all IJB records, including those created by Council or NHS Lothian employees, volunteers, people on work placements and elected members, contractors or consultants when acting in IJB business.

IJB records must be accurate, authoritative and comprehensive in content in order to provide reliable evidence of IJB business.

IJB records must be adequate for the IJB business they support and based on good quality data, in accordance with either the Council or NHS Lothain's information governance policies (dependent or orginating source).

IJB records must be titled and referenced in a manner consistent and relevant to the business activity to ensure that they can be easily retrieved, understood and managed.

IJB records should be created in fixed formats where ever possible.

Storage:

IJB records must be adequately protected and stored securely to prevent unauthorised access.

Electronic IJB records must be stored on either the Council or NHS Lothian's network in folder structures clearly identified for IJB business or in valid electronic record keeping systems.

Physical IJB records no longer needed for immediate or routine use should be sent to the the City of Edinburgh Council Records Centre for storage and management.

IJB records must always be retrievable for business, performance, audit and public rights of access purposes up until they are destroyed.

Management:

The IJB does not have its own IT system, associated storage equipment and infrastructure. As such it must rely on both the City of Edinburgh Council and NHS Lothian's assets for the day-to-day administration of its business.

IJB records must have access controls and audit logging in place that are appropriate to the sensitivity and risk of their content.

Primary IJB records which have been published (meetings, minutes, reports) must remain accessible and usable for as long as they are required to be solely managed, retained and archived under the City of Edinburgh Council's information governance policies.

Secondary IJB records which have been created for the purposes or for the attention of IJB business (e.g accounts, emails, complaints) will be subject by the hosting organisation's respective information goverance policies.

IJB records must not be distributed or copied unnecessarily.

Disposal:

No IJB record may be destroyed without appropriate authorisation and due regard to both legal obligations.

All destructions of IJB records must be logged by the disposing business unit. This log must be kept for no less than 20 years on a rolling basis.

Primary IJB records must never be destroyed – they will be held permanently.

Secondary IJB records must be destroyed securely, in compliance with the hosting organistion procedures.

Evidence of Compliance

Council Records Management Policy Statement
NHS Lothian Records Management Policy Statement

Assessment and Review

Once in place, the Policy will be reviewed as required and also after each major business or technological change such as any programme, project or initiative that might affect the content of the policy therein. Other supporting guidance and procedures will be reviewed on an ongoing basis as stipulated by the ICT and Information Governance Steering Group, or whichever body replaces this group within any new Governance Structure.

Element 4: Business Classification

Element 4 covers the Business Classification Scheme and it is expected that the IJB should have appropriate arrangements in place to assess its core business functions and activities represented in a business classification scheme. Such arrangement should therefore be evidenced the IJB RMP either as a complete document or as a work in progress. A business classification scheme usually takes the form of a hierarchical model or structure diagram. It records, at a given point in time, the information assets the business creates and maintains, and in which function or service area they are held. As authorities change, the scheme should be regularly reviewed and updated.

Statement of Compliance

The volume and type of record keeping specific to the IJB is constantly evolving. The IJB is currently undertaking a governance review with an anticipated completion date in early 2019. Once IJB Governance arrangements are made clear, further action will be required to develop and implement business classification schemes across the organisation outlining structure and business functions for each area, to support document management system and provide guidance to staff to support document management.

Once the review is complete, the IJB will base its Business Classification Scheme published by the Scottish Council on Archives for use by all Scottish Local Authorities.

Evidence of Compliance
Governance Review Report – Draft expected in December 2018

Assessment and Review
Once the actions on this element have been completed, an actual assessment and review procedure will be developed and cascaded to the IJB and Health and Social Care Partnership Executive Team. This will allow for the business classification scheme and file plan to be maintained up to date.

Responsible Officer
IJB Lead Information Governance Practitioner

Element 5: Retention Schedules

Section 1(2)(b)(iii) of the Act specifically requires a RMP to include provision on the archiving and destruction or other disposal of the Authority's public records. The RMP must demonstrate the existence of, and adherence to a corporate records retention procedures. The procedures should incorporate retention schedules and should detail the procedures that the authority follows to ensure records are routinely assigned disposal dates, that they are subsequently destroyed by a secure mechanism at the appropriate time or preserved permanently by transfer to an approved repository or digital preservation programme.

Statement of Compliance

As mentioned in the Records Management Policy Statement, the IJB does not have its own IT system, associated storage equipment and infrastructure. As such it must rely on both the City of Edinburgh Council and NHS Lothian's assets for the day-to-day administration of its business.

IJB records must have access controls and audit logging in place that are appropriate to the sensitivity and risk of their content.

Primary IJB records which have been published (meetings, minutes, reports) must remain accessible and usable for as long as they are required to be solely managed, retained and archived under the City of Edinburgh Council's Record Retention Schedule. In alignement with all of the Council's Committee papers, these records are permanent and cannot be destroyed.

Secondary IJB records which have been created for the purposes or for the attention of IJB business (e.g accounts, emails, complaints) will be subject by the hosting organisation's respective records rention schedules. Both the Council and NHS Lothian have their own established RMP in place which details their respective record retention policy..

Evidence of Compliance

Council Record Retention Schedule
NHS Lothian Record Retention Schedule

Element 6: Destruction Arrangements

Element 6 is compulsory and covers Destruction Arrangements. Section 1(2)(b)(iii) of the Act requires the Council to include provision about the destruction, or other disposal, of IJB's public records and to ensure proper destruction arrangements are in place.

Statement of Compliance

Both the Council and NHS Lothian have arrangements in place to destroy records that have been identified for destruction.

Council Statement – (Element 6 – Page 20)

The Council's Records Management Policy states that no Council record may be destroyed without appropriate authorisation and due regard to legal obligations; that disposal must be recorded; and that disposal must be carried out securely and in line with the Council's records retention schedules.

In terms of physical record destruction, the core office estate have lockable security bins in multiple locations on each floor, with clear guidance for staff on what should be placed in the recycling, standard and confidential waste bins. These are emptied routinely, and on demand, by facilities staff. In the Council's neighbourhood offices and other office accommodation, confidential waste sacks are provided by the Council's Trade Waste Services section (TWS). Subsequent collection of confidential waste across the whole Council estate is managed in house by TWS and actual destruction is undertaken by a contractor, the Scottish Braille Press.

Disposal of physical records stored at the Council's Records Centre is managed jointly by the Records Management team and Iron Mountain Ltd., who run the centre on behalf of the Council. Disposal reports are run routinely by the Records Management team using Iron Mountain's inventory software to highlight boxes and files that are due for disposal. These are identified by checking their destruction dates, which were provided at accession or updated subsequently. The Records Management team then contacts the relevant manager to confirm that disposal can take place and, when disposal is confirmed, they liaise with Iron Mountain, who takes over the responsibility for the disposal of the records. Each stage is documented by whoever takes responsibility for that stage of the process, culminating in the issue of a destruction certificate by Iron Mountain to the Records Management team, confirming final disposal of the records.
Both retention and disposal guidance within the Council clearly state that electronic records should be disposed of at the same time as physical copies, and vice versa. While there are areas of good practice, notably within Children and Families and Health and Social Care, the documented and routine destruction of electronic records is an area for improvement through records management manuals and the Enterprise Content Management solution.

The large majority of ICT hardware used by the Council is owned by our existing IT provider, CGI. Obsolete, or surplus to requirements, hardware is returned to them, as per our contractual arrangements. Non-CGI ICT hardware is destroyed securely via suppliers on a case by case basis, managed and monitored by our ICT service desk section.

NHS Lothian Statement - (Element 6 – Page 13)

The policy relating to the retention and destruction of health records outlines the arrangements for retention and destruction of records. The Records Policy details destruction schedules and processes which reflect national guidance for disposal of confidential waste. NHS Lothian's procedure relating to Board and Committee Servicing Protocol indicates all paper records should be scanned and saved in PDF format and hard copies of documents destroyed in line destruction procedures. Supporting information outlining retention / destruction periods for a wide range of records held across the organisation is available to staff on the NHS Lothian Intranet site as is information relating to guidance on the disposal of confidential waste.

It is not always cost-effective or practical for an authority to securely destroy records inhouse. Along with other authorities NHS Lothian engages professional contractors to destroy records and ensure the process is supervised and documented. This follows strict security and confidentiality rules and is signed at contract.

Evidence of Compliance

Council Destruction Statement – taken from RMP

NHS Lothian Destruction Statement – taken from RMP

Assessment and Review

This element will be reviewed annually by the ICT and Information Governance Steering Group, or whatever body replaces this group in any new Governance Structure, or as required following any incident.

Element 7: Archiving and Transfer Arrangements

This element is compulsory. Section 1(2)(b)(iii) of the Act requires an RMP to make provision about the archiving of the IJB's public records. The RMP must detail the IJB's archiving and transfer arrangements and ensure that records of historical value are deposited in an appropriate archive repository. The RMP will detail how custody of the records will transfer from the operational side of the authority to either an in-house archive, if that facility exists, or another suitable repository, which must be named. The person responsible for the archive should also be cited.

Statement of Compliance

IJB records identified as having enduring evidential or historical value (primary IJB records) are to be transferred to the professional care of Edinburgh City Archives for permanent preservation after they have ceased to be of business use.

IJB records in the care of Edinburgh City Archives will be stored, arranged, described, indexed and made accessible in accordance with professional archival standards and recommendations.

Council arrangements are stated in the Council's statement of compliance. Residual records such as data used to create IJB documents and correspondences (subject to FOI) found on either organisation's infrastructure, will be subject to their respective archive policy.

Council Statement of Compliance
The Council operates an in-house archive service for the preservation of historical records and records with enduring evidential and informational value. The Council's Archives Service - Edinburgh City Archives service (ECA)- was established in 1986 to acquire, preserve, promote and make accessible the archival heritage of the City of Edinburgh. These records relate both to the Council and its numerous predecessor authorities, as well as local businesses and organisations. ECA is part of the Council's Information Governance Unit. In 2011 the Council funded the renovation of an existing storage space to accommodate an environmentally controlled repository to store ECA's collections. This storage space is monitored and managed according to PD 5454:2012 Guide for the storage and exhibition of archival materials specifications. The Council's record retention schedules indicate which records should be retained permanently. Records that are otherwise due for disposal can be flagged by managers for archival preservation through the Council's Archive Transfer procedure, which is promoted by the Council's Records Management team. All new record accessions are recorded in ECA's accession register and on Axiell's CALM solution. Accession are arranged and described as part of the ECA cataloguing programme and listed to ISAD(G) and other professional archival standards. The Information Governance Unit is in the process of acquiring space for a digital archive repository for electronic records. It is also investigating potential software solutions in conjunction with other Scottish Local Authorities. ECA are currently working towards Archives Accreditation. Part of this work involves reviewing current policies and revising where necessary.

NHS Lothian Statement of Compliance
NHS Lothian transfer of records and files policies have been agreed by the information governance steering group, signed off by the Director of Public Health and Health policy. Approval and formal sign off is undertaken following consultation, at the Information Governance Steering Group. These policies include:

- Transfer of health records between healthcare sites for daily use
- Transfer of records to the records storage firms for short and long-term storage

Where records require to be retained for permanent preservation, this is managed via the Lothian Heath Service Archive (LHSA) which holds historically important records of NHS hospitals and other health-related material. The LHSA collect, preserve and catalogue these records and promote them to increase understanding of the history of health. LHSA was awarded Accredited Archive Status in 2014. A contract exists and procedures in operation between NHS Lothian and NHS Lothian Archive Service run within the University of Edinburgh.

Evidence of Compliance

Council's Archiving and Transfer Arrangements – taken from RMP

NHS Lothian's Archiving and Transfer Arrangements – taken from RMP

Assessment and Review

This element will be reviewed annually by the ICT and Information Governance Steering Group, or whatever body replaces this group in any new Governance Structure, or as required following any incident.

Element 8: Information Security

Element 8 is compulsory and covers Information Security. The IJB policies and procedures are essential in order to protect an organisation's information and information systems from unauthorised access, use, disclosure, disruption, modification, or destruction.

Statement of Compliance

The IJB does not have its own ICT infrastructure. The IJB relies on both Council and NHS Lothian ICT systems and will therefore align itself to each organisation's respective policies and procedures for ICT security and information governance.

Council Statement of Compliance

The Council has an Information Security Policy, agreed in 2004, which is currently being revised as part of the transition to the new IT provider in April 2016. However existing and managed information security arrangements consist of the following:

- ICT Acceptable Use Policy for Staff
- ICT Acceptable Use Policy for Elected Members
- Information security breach process
- Use of the Public Services Network for secure data sharing with other agencies
- Hardware encryption for all corporate laptops
- Mobile device management for all Council smart phones and tablets
- Endpoint security for removable media on the corporate IT estate

Information security guidance is also available on the Council's intranet and security advisories are issued to staff through intranet content or directly via email campaigns, as and when required.
Relevant training is provided through a specific ICT Acceptable Use e-learning module and as part of a separate information governance e-learning module. Both of these are mandatory for all staff to complete, initially at induction, and then as part of an annual refresher.
The Council has an Information Security Officer (ISO) and has just recruited to the vacancy of the Information Security Manager (ISM). The ISM (or ISO in their absence) attends the Data Council (an information governance working group) to provide advice on, and raise issues around, information security and routinely deputes for ICT on the Information Council.

NHS Lothian Statement of Compliance

NHS Lothian Information Security Policy is available for all staff on the NHS Lothian Intranet for common use. Each member of staff has to read and understand the policy during induction to employment. The most recent policy was signed off at the Information Governance Advisory Board. As staff members log on each day they are forced to agree that they have read and understand Security and DPA principles. All supporting Information Governance policies and guidance documents are available on the NHS Lothian Information Governance web pages on NHS Lothian Intranet site.

Evidence of Compliance

Council's Information Security– taken from RMP
NHS Lothian's Information Security – taken from RMP

Assessment and Review

This element will be reviewed annually by the ICT and Information Governance Steering Group, or whatever body replaces this group in any new Governance Structure, or as required following any incident.

Element 9: Data Protection

Information security is the process by which an authority protects its records and ensures they remain available It also maintains privacy where appropriate and provides for the integrity of the records.

The Keeper expects the IJB to provide evidence of compliance with data protection responsibilities for the management of all relevant personal data.

Statement of Compliance:

The EU General Data Protection Regulation (GDPR) recently changed data privacy legislation on 25 May 2018 an increased the rights of individuals and also increased fines for data breaches.

The Overarching Memorandum of Understanding between the IJB, Council and NHS Lothian highlights its GDPR obligations. The IJB in itself does not hold any personal records of staff, service users/patients. The Council and NHS Lothian retain Data Controller responsibilities for the processing of personal data in respect of the delegated functions they have delagted to the IJB.

When a health or social care function is delegated to the IJB, the IJB also takes on Data Controller responsibilities in relation to the processing of Personal Data in connection with the exercise of the delegated functions. Accordingly, NHS Lothian and the IJB are joint Data Controllers in relation to delegated functions which are health functions and the Council and the IJB are joint Data Controllers in relation to delegated functions which are social care functions.

The IJB is registered as a body which will be subject to Freedom of Information – however most requests will be addressed directly by the parent bodies.

IJB Complaints first point of contact is the Edinburgh Health and Social Care Operations Manager.

IJB records are subject to the hosting organistion's (Council or NHS Lothian) Data Protection policies and procedures.

Council Statement of Compliance
The Council is registered as a Data Controller with the UK Information Commissioner (Registration No: Z5545409)**.** The Council also manages registration on behalf of Elected Members. The process of registration is administered by the Data Protection team who also provide specialist support and advice to services regarding their data protection responsibilities. The Data Protection team also processes all subject access requests (SARs) received by the Council, and requests made under section 29 (for information required for the prevention and detection of crime). This approach ensures that a consistent approach is applied to requests for personal information and that requests are also answered within statutory timescales. Compliance with statutory timescales is reported to the Information Council and the Corporate Leadership Team.

General guidance regarding Data Protection is available to all staff on the Council's intranet, this includes advice surrounding protecting personal information, fair processing or privacy notices, conducting Privacy Impact Assessments (which is mandatory for new or revised processes or projects that involve personal data), and the procedure for reporting and managing a data protection breach. Data protection responsibilities are also included within the Information Governance e-learning package which is mandatory piece of training for all staff. The Council's standard terms and conditions for goods and services contracts include a section on Data Protection that outlines a basic data controller to processor relationship. Where the contractual relationship is more complicated, the Data Protection team provide bespoke advice to the relevant Council service area.

NHS Lothian Statement of Compliance
Aspects of Information Governance are overseen by the Information Governance Advisory Board chaired by the NHS Lothian Caldicott Guardian, Professor Alison McCallum. All staff receive training on Data Protection at induction. All staff are bound by the NHS Code of confidentiality. All staff are required to undertake information governance mandatory training every 2 years. This is supported through the Learnpro module relating to information Governance which includes modules relating to IT security, Data Protection and Confidentiality and Records Management Information Governance road shows are undertaken annually outlining staff obligations to data protection and security. Requirements associated with Public Records (Scotland) Act 2011 will be incorporated within future road shows. In addition, NHS Lothian operates a 'Fairwarning' process utilising software endorsed by the Scottish government Information Governance Department. Monitoring of information breach incidents is undertaken by the Information Governance team and reports discussed at a 'Fairwarning' Committee attended by senior managers and chaired by an Executive Director. Details for members of the public to access information under the Freedom of Information (FoI) Act 2005 is available on NHS Lothian's website http://www.nhslothian.scot.nhs.uk/YourRights/FOI/Pages/default.aspx

Evidence of Compliance

IJB Information sharing Memorandum of Understanding
Council's Data Protection Statement – taken from RMP
NHS Lothian's Data Protection Statement – taken from RMP

Assessment and Review

This element will be reviewed annually by the ICT and Information Governance Steering Group, or whatever body replaces this group in any new Governance Structure, or as required following any incident.

Element 10 – Business Continuity and Vital Records

The Keeper expects the IJB's RMP to indicate arrangements in support of records vital to business continuity. Certain records held by local authorities are vital to their function. The RMP will support reasonable procedures for these records to be accessible in the event of an emergency affecting their premises or systems. Both the Council and NHS Lothian should therefore have appropriate Business Continuity Plans (BCPs) ensuring that the critical business activities referred to in their vital records will be able to continue in the event of a disaster. How each authority does this is for them to determine in light of their business needs, but the plan should point to it.

Statement of Compliance

The IJB's records will be subject to the policies and procedures of the partner body in relation to business continuity.

All services will continue to be provided or commissioned directly by the Council or NHS Lothian. As such there is no direct requirement for the IJB to have its own arrangements for business continuity of vital records.

Both the Council and NHS Lothian have adequate business continuity arrangements to ensure the sustainability of health and social care services for which the IJB has overall responsibility.

Council Statement of Compliance
Under the Civil Contingencies Act 2004, the Council has a legal duty to ensure that, in the event of an emergency or disruption, the impact on our day-to-day activities is kept to a minimum and our vital community services are maintained. In addition to fulfilling our obligations under the Civil Contingencies Act 2004, the Council holds corporate registration to the International Standard ISO 22301: 2012 *Societal security – Business continuity management system*. The Council is required to re-register to this Standard every 3 years and Continual Assessment Visits (CAVs) are conducted every 6 months by the British Standards Institute (BSI) to ensure we continue to comply. The Council has a Resilience Management System (RMS) and Procedures Manual which documents how Business Continuity Management (BCM) is undertaken within the organisation. The Council has a Corporate Business Continuity Plan and Service Area Business Continuity Plans in place. These plans include details on incident management and reporting, corporate business continuity strategy, cross-council functions (which includes records management) as well as the data collected through business impact analyses (BIAs). These plans, and the methodology behind them, are all agreed and signed-off by the Council Leadership Team. Essential activities are identified and prioritised using an agreed methodology. The Council has approximately 145 essential activities. BIAs are conducted for each essential activity to assess the impact if the activity cannot be delivered and to identify and capture the resources required to deliver the activity. These resources include details of any vital records (type of record, whether it is backed-up, where the back-up is stored and frequency of back-up) that an essential activity depends on. In addition, the BIA identifies information on IT systems, hardware and telephony which is deemed critical for the delivery of the essential activity. Information collected through the BIAs is signed-off by the relevant Head of Service.

Guidance for managers on how to identify vital records is incorporated into the Resilience Management System. Guidance on how to secure and manage vital records is provided on the Council's intranet via the Records Management team. Information assets are also marked within the information asset register on whether or not they directly relate to an essential activity.

NHS Lothian Statement of Compliance
NHS Lothian business continuity arrangements include corporate, departmental and hospital site / service recovery and continuity plans. All records and data stored on NHS Lothian networks are subject to regular backup and recovery procedures. In the event of eHealth systems failure, NHS Lothian employs a vital recovery arrangement associated with clinical records. NHS Lothian's Emergency Planning Officer supports resilience and business continuity arrangements across the organisation.

Evidence of Compliance

Council's Business Continuity and Vital Records– taken from RMP

NHS Lothian's Business Continuity and Vital Records– taken from RMP

Assessment and Review

This element will be reviewed annually by the ICT and Information Governance Steering Group, or whatever body replaces this group in any new Governance Structure, or as required following any major incident.

Element 11: Audit trail

The Keeper expects the IJB's RMP to provide evidence that the authority maintains a complete and accurate representation of all changes that occur in relation to any particular record and requires evidence that an authority can locate its records and can confidently declare these records to be true and authentic.

Statement of Compliance

IJB records created by the Council and NHS Lothian and Midlothian Council are managed via their own respective information governance policies.

Personal records, policies and procedures and all other corporate records will be accessed by employees through the parent bodies information systems. As the IJB develops its own internal and external information systems consideration will be given to the need for audit trail arrangements.

Council Statement of Compliance

An audit trail, from collection to disposal, can be evidenced for all hard copy records managed within the Council's offsite Record Centre.
The local management of both physical and electronic records is undertaken by individual Council service areas according to their individual business requirements. Staff are supported in good practice through on demand advice and training and an e-learning module on information governance.
The Information Governance Unit is in the process of promoting records management manuals as the means to document and improve this local management of records, including file tracking registers, document / version control through file naming and templates and converting documents from editable formats into PDFs.
Shared drive projects are offered and run by the Records Management team that encourage Council teams to review their access arrangements, administrative procedures and storage arrangements, particularly around email.
In terms of IT systems, the Council uses a broad range of line of business systems, which include case, asset and customer relationship management systems. The key systems (relating to Health and Social Care/IJB) currently in use are as follows:

- iTrent – HR system and Payroll
- Oracle – Finance
- Oracle Solidus – Contact Centre
- SWIFT – Social Care client records

These produce audit trails for information created in them. In particular, all movements of and changes to adult social work case files are recorded within the relevant line of business IT system (SWIFT). This includes information such as whether a paper files exists for that service user; who is in possession of the file including its location and transfer details and, at the end of a case, the information is used to cross-reference paper records ensuring all paper information is archived for destruction.
The Council has committed within policy to developing and implementing an audit programme of records management functionality within relevant IT systems.
Implementation of an organisation wide Enterprise Content Management solution will also improve the Council's compliance with this element in the future.

NHS Lothian Statement of Compliance

NHS Lothian Development, Approval and Communication of Policies and Procedures

document outlines the commitment of the organisation to implementation of naming conventions and version control for corporate records. This policy has been approved by the NHS Lothian Partnership Forum.

The NHS Lothian Clinical Documentation Standards outline methodology for search and retrieval documents and for naming conventions of clinical policies and all clinical records. A Clinical Documentation Group meets quarterly to approve new clinical documentation. The electronic Patient Administration system, TRAK, enables internal audit of recording activity. It also has a tracking feature used when transferring patient records. Audit of movement within electronic health records is monitored in the process of 'Fairwarning'. Inappropriate activity is subject to scrutiny and potentially disciplinary action.

Staff requiring access to NHS Lothian shared drives must complete a User ID Request Form. This form also includes agreement to adhere to NHS Lothian eHealth Security Statement. Line managers have a responsibility to notify the eHealth department of staff who leave the organisation to ensure access rights are deleted.

Evidence of Compliance

Council's Audit Trail – taken from RMP

NHS Lothian's Audit Trail – taken from RMP

Assessment and Review

This element will be reviewed annually by the ICT and Information Governance Steering Group, or whatever body replaces this group in any new Governance Structure.

Element 12: Competency Framework for Records Management Staff

The Keeper expects the IJB's RMP to detail a competency framework for person(s) designated as responsible for the day-to-day operation of activities described in the elements in the authority's RMP. It is important that authorities understand that records management is best implemented by a person or persons possessing the relevant skills. A competency framework outlining what the authority considers are the vital skills and experiences needed to carry out the task is an important part of any records management system.

Statement of Compliance
From 25 May 2018, the existing Data Protection Act 1998 was replaced by new legislation in the form of the EU General Data Protection Regulation (GDPR), and a new Data Protection Act.

Data Protection Reform introduced a statutory role of Data Protection Officer (DPO), which is mandatory for public authorities. The DPO is responsible for assuring compliance with data protection legislation, and has a direct reporting route to senior management. The DPO is expected to have sufficient professional knowledge to inform and advise the organisation, and to act independently with sufficient authority to identify, report and rectify risks relating to the processing of personal data. The IJB appointed the Council's Information Governance Manager (IGM) as its DPO.

The officer named under element 2 will be attending regular information governance related events for continuous professional development.

Although the IJB appointed the Council's IGM as its Data Controller, it also relies on the expertise of the NHS Lothian's IGM and all supporting information governance staff/advisors from both organisations.

Evidence of Compliance
Council Information Governance Manager Job Description
NHS Lothian Information Governance Manager Job description
Lead Information Governance Practitioner Job Description

Assessment and Review
The ICT and Information Governance Steering Group will regularly review the requirements for information management training for all staff with an information management requirement.

Element 13: Assessment and Review

Regular self-assessment and review of records management systems will give an authority a clear statement of the extent that its records management practices conform to the RMP as submitted and agreed by the Keeper. Section 1(5)(i)(a) of the Act says that an authority must keep its RMP under review and the IJB RMP must describe the procedures in place to regularly review it in the future. A statement to support the Authority's commitment to keep its RMP under review must appear in the RMP detailing how it will accomplish this task.

Statement of Compliance
The IJB Audit and Risk Committee will review the RMP regularly to ensure that the provisions contained in it remains fit for purpose. The format for assessing and reviewing the Plan will be determined by the ICT and Information Governance Steering Group.

An Improvement Plan has been attached to this document and it will help in the review of the relevance of the Plan. Services will be required to indicate the percentage they have achieved for each aspect of the Improvement Plan and this will equally be monitored by the ICT Information and Information Governance Group. This information will also be shared with the Partnership's Executive Management Team for monitoring purposes. Assistance will be offered to services where records management advice is required.

As the RMP's appropriate body, the Edinburgh Integration Joint Board will receive an annual progress report on yearly basis.

Supporting Evidence Submitted:
ICT Steering group terms of reference
IJB December minutes

Future Development
While the IJB Audit and Risk Committee will have oversight of the RMP and Improvement Plan, the ICT and Information Governance Group (with its team of experts) is taking on the responsibility of monitoring the development of the RMP, compliance with the Improvement Plan and advise on the IJB's record management practices.

Element 14: Shared Information

Under certain conditions, information given in confidence may be shared. Most commonly this relates to personal information, but it can also happen with confidential corporate records. Protocols for the routine sharing of information with external partner organisations are considered important, but not a legal requirement, for ensuring data protection, information security and record keeping compliance. Where protocols are utilised they should include guidance as to what information can be shared under what circumstances, who should retain the data, how the data will be shared securely, who should have access within respective organisations and what the disposal arrangements are.

The Keeper expects an authority's RMP to reflect its procedures for sharing information expects an authority's RMP to reflect its procedures for sharing information

Statement of Compliance
An over-arching Memorandum of Understanding (MoU) has been agreed between the Edinburgh Integrated Joint Board, the City of Edinburgh Council and NHS Lothian and sets out high-level arrangements concerning the management of information within integrated services, including information sharing.

Future Development

To support effective service delivery and compliance with information governance legislation, the MoU will be underpinned by local documentation setting out practical arrangements and responsibilities.

Evidence of Compliance
Copy of signed MoU
Copy of Newsletter to all staff

Appendix 1 – Record Management Improvement Plan

The development of the IJB's Records Management Plan has highlighted a number of improvement actions which require to be addressed across the organisation as outlined below. A detailed implementation plan to support the high-level actions outlined in this plan will be supported through the ICT and Information Governance Steering Group.

RMP Element	Action	Owner
Element 4 Business Classification Scheme (BCS)	To develop and implement business classification scheme for the IJB - outlining structure and business functions.	
Element 5 Retention Schedules	Identify records champions to ensure local adherence and management of retention and destruction schedules as appropriate Organise record retention training for champions	
Element 6 Destruction Arrangements	IJB to develop and share policies and procedures to support the auditable destruction of records held on network drives in line with each organisation's retention schedule. IJB to receive assurance of on-going monitoring from each organisation's contracts/agreements associated with disposal of confidential waste.	
Element 7 Archiving and Transfer	IJB to receive assurance from each organisation of relevant policies and procedures being in place to transfer and archive records.	
Element 8 Information Security	Identify all IJB members/staff that are required to complete mandatory information governance and ICT Security training. Continue to improve and monitor compliance with mandatory training relating to Information Governance and ICT Security training.	

RMP Element	Action	Owner
Element 9 Data Protection	Continue to improve and monitor compliance with mandatory training relating to Data Protection/GDPR Compliance.	
Element 10 Business Continuity and Vital Records	Liaise with Council and NHS Lothian Business Continuity Lead to seek assurance that appropriate business continuity plans have be completed for IJB vital records.	
Element 11 Audit Trail	Liaise with Council and NHS Lothian Information Governance Managers to seek assurance that appropriate local procedures are in place to support an audit of records transfer for IJB records.	
Element 12 Competency Framework Records Management	Seek assurance from each organisation that records management policies are reviewed and updated. Lead IJB Information Governance Practitioner to be invited to attend national conferences and meetings to support development of IJB's RMP and sharing of good practice.	
Element 13 Assessment and Review	ICT and Information Governance Steering Group to continue to regularly meet to support the development of the detailed RMP improvement plan. IJB Audit and Risk Committee to receive quarterly updates on the RMP Improvement Plan. Provide the IJB an annual update report on updates to existing information governance policies, and progress with the development and implementation of the RMP Improvement Plan.	
Element 14 Shared Information	Protocols to support information sharing are reviewed and updates as required Raise awareness of any additional information sharing protocols with IJB members/staff.	

Appendix 2 – Summary of Evidence

TBC following December IJB