

Notice of Meeting and Agenda

Edinburgh Integration Joint Board

9.30am Friday 29 March 2019

Dean of Guild Court Room, City Chambers, Edinburgh

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

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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 8 February 2019 (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)
 - 4.2.2 Professional Advisory Group – Minute of 8 January 2019 (circulated)
 - 4.2.3 Strategic Planning Group – Minute of 30 November 2018 (circulated)

5. Reports

- 5.1 Rolling Actions Log – March 2019 (circulated)
- 5.2 Carers Strategy – report by the IJB Chief Officer (circulated)
- 5.3 Short Break Services Statement (Unpaid Carers) – report by the IJB Chief Officer (circulated)
- 5.4 Edinburgh Integration Joint Board Draft Strategic Plan 2019-2022 – report by the IJB Chief Officer (circulated)
- 5.5 Lothian Strategic Planning Forum – report by the IJB Chief Officer (circulated)
- 5.6 2019/20 Financial Plan – report by the IJB Chief Officer (circulated)
- 5.7 Performance Report – report by the IJB Chief Officer (circulated)

- 5.8 Review of Progress within Integration of Health and Social Care – Ministerial Strategic Group – report by the IJB Chief Officer (circulated)
- 5.9 Update on the Edinburgh Integration Joint Board Grants Review – report by the IJB Chief Officer (circulated)
- 5.10 Calendar of meetings – 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 George Gordon, Martin Hill, Councillor Melanie Main, Angus McCann, Councillor Susan Webber and Richard Williams.

Non-Voting

Colin Beck, Carl Bickler, 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 8 February 2019

Dean of Guild Court Room, City Chambers, Edinburgh

Present:

Board Members:

Councillor Ricky Henderson (Chair), Carolyn Hirst (Vice Chair), Councillor Robert Aldridge, Mike Ash, Colin Beck, Carl Bickler, Andrew Coull, Christine Farquhar, Helen Fitzgerald, Councillor George Gordon, Kirsten Hey, Carole Macartney, Councillor Melanie Main, Angus McCann, Moira Pringle, Judith Proctor, Ella Simpson, Councillor Susan Webber and Richard Williams.

Officers: Tom Cowan, Tony Duncan, Jamie Macrae and Sarah Stirling.

Apologies: Lynne Douglas, Martin Hill and Alison Robertson.

1. Minutes

Decision

To approve the minute of the meeting of the Edinburgh Integration Joint Board of 14 December 2018 as a correct record.

2. Sub-Group Minutes

Updates were given on Sub-Group and Committee activity.

Decision

To note the minute of the meeting of the Professional Advisory Group of 20 November 2018.

3. Rolling Actions Log

The Rolling Actions Log for 8 February 2019 was presented.

Decision

- 1) To agree to close the following actions:
 - (a) Action 3 – Edinburgh Health and Social Care Partnership Communications Action Plan
 - (b) Action 4 – Whole System Delays – Recent Trends
 - (c) Action 8 – Plan for Immediate Pressures and Longer Term Sustainability
 - (d) Action 12 – 2018/19 Financial Position
 - (e) Action 18 – Governance Review
- 2) To otherwise note the remaining outstanding actions.
(Reference – Rolling Actions Log – 8 February 2019, submitted.)

4. Impact of Audit Scotland Report Health and Social Care Integration on Edinburgh Integration Joint Board

On 15 November 2018 Audit Scotland published a report titled “Health and Social Care Integration – Update on Progress”. The aim of the audit was to explore the impact public bodies were having on integration of health and social care services. This was the second of three planned audits into the delivery of integration in Scotland.

This report gave an overview on the findings and set out actions being taken across the Edinburgh Integration Joint Board (EIJB). It also noted that several recommendations from the Audit Scotland report were the responsibility of other organisations and, where possible the action plan set out current knowledge of actions being taken by them, or where these would be discussed.

Decision

- 1) To note the findings from the Audit Scotland report.
- 2) To note those activities, currently underway in Edinburgh which relate to actions in the Audit Scotland report as set out at Appendix B.
- 3) To note the actions on other organisations as set out in the report and in doing so, direct the Chief Officer to work with both NHS Lothian, the City of Edinburgh Council and Scottish Government to undertake a scoping across the Audit Scotland report findings in relation to its impact and requirements for action in Edinburgh.
- 4) To request that the Chief Officer report on actions being taken across all organisations in support of the recommendations in the Audit Scotland report in relation to the EIJB and request a further report on this to come to the Audit and Risk Committee in six months.

5. Update on the Progress Review of Older People's Services

An update was provided on the outcome of the progress review of Older People's services in Edinburgh Health and Social Care Partnership (EHSCP). The report provided detail of the proposed approach for taking forward the 17 recommendations made in the inspection report in June 2017, which included an updated improvement plan with clear links to the partnership's transformation and change programme.

Decision

- 1) To note the findings of the Progress Review of Older People's Services in Edinburgh which took place during June and July 2018.
- 2) To note the EHSCP's plans to align the areas for improvement set out in the progress report through a new strategic transformation model designed to take the focus away from short term, reactive planning to long term sustainable change.
- 3) To agree that the report and action plan would be overseen by the EIJB and its revised governance structures.

(References – Edinburgh Integration Joint Board, 16 June 2017 (item 5); report by the IJB Chief Officer, submitted.)

6. Transformation and Change – Developing the Edinburgh Model

Proposals were set out for the further development of the EIJB's transformation programme and agreement was sought to ring-fence funding from within the EIJB reserves to support this ambitious programme of change.

Decision

- 1) To agree the case for change as set out in this paper and to the direction set out for transformation and change within the EHSCP.
- 2) To agree to ring-fence £2m non-recurring funding from reserves to support and fund the change programme, and to request more detail on this funding, relating this to directions and delivery timescales.
- 3) To agree to task the Chief Officer with developing further the programme structure and programme support as outlined in the paper
- 4) To note that the governance reporting of this programme would develop in parallel to the wider IJB governance development agreed at the IJB meeting on the 14th of December 2018.
- 5) To agree regular updates on the development of the programme.

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

7. 2018/19 Financial Position and Initial Outlook for 2019/20

An overview of the in-year financial position was provided to the members of the EIJB. The report also outlined the indicative budget offers from partner organisations for 2019/20.

Decision

- 1) To note that delegated services were reporting an overspend of £7.7m for the period to the end of December 2018, and that this was projected to rise to £10.0m by the end of the financial year.
- 2) To acknowledge that, based on ongoing discussions between the Chief Officer, Chief Finance Officer, and colleagues from the City of Edinburgh Council and NHS Lothian, moderate assurance of balanced year end position could be given.
- 3) To agree the proposal for the use of reserves as set out in paragraph 11 of the report.
- 4) To note the indicative budget offers from NHS Lothian and the City of Edinburgh Council and the concerns raised by the Chief Officer.

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

8. Communications Action Plan for the EIJB

An action plan was developed in response to the EIJB's growing requirement to communicate and the opportunities presented to do so by a wide variety of media. This plan would develop over time to reflect new audiences, objectives and communications needs.

Decision

- 1) To approve the EIJB communication action plan.
- 2) To agree to updates on this as it developed, at least annually.

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

9. Brunton Place Surgery Re-provision

Brunton Place Medical Practice was operating from a building with severely restricted space which was not compliant with modern health care standards. The Practice was willing to increase its current patient list from 8,300 to 10,000 if provided with sufficient clinical space to do so.

The report presented the initial agreement for the re-provision of Brunton Place Surgery.

Decision

- 1) To note that the Brunton Place Medical Practice presently operated from a building with severely restricted space and which was not compliant with modern health care standards.
- 2) To note that the Practice was willing to increase its current patient list from 8,300 to 10,000 if provided with sufficient clinical space to do so.
- 3) To note that NHS Lothian invited Edinburgh Health and Social Care Partnership to submit an Initial Agreement for this proposal following the conclusion of the 2018-19 Capital Prioritisation Process.
- 4) To note the Initial Agreement was supported by EHSCP Executive Team on 6 December 2018.
- 5) To agree to the submission of the Initial Agreement to NHS Lothian Capital Investment Group in accordance with the Capital Prioritisation Process.

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

10. Edinburgh Integration Joint Board Strategic Plan 2019/2022 – Update

On 14 December 2018 a draft of the Edinburgh Integration Joint Board Strategic Plan 2019-2022 was presented. The EIJB agreed that a completed draft be taken to the EIJB on 8 February 2019 prior to a consultation phase of three months.

An EIJB Development Session took place on 22 January 2019 to consider options to mitigate a larger than predicted funding shortfall for financial year 2019/2020. Given the scale of these budgetary pressures and the emerging Edinburgh Health and Social Care Partnership (EHSCP) transformational work, the EIJB considered that additional time was needed to reflect the impact on the draft Strategic Plan 2019-2022. The EIJB Chair and Vice-Chair reaffirmed this decision at the EIJB Agenda Planning Meeting on 24 January 2019. On 25 January 2019, the Chief Officer wrote to EIJB Members outlining the decision and rationale to delay the circulation of the draft Strategic Plan 2019-2022 to enable and ensure alignment of ambitions with the financial reality for the EIJB.

It was proposed to take the revised draft of the Strategic Plan 2019-2022 to the EIJB on 29 March 2019 prior to a consultation period of three months.

Decision

- 1) To note the rationale for extending the time for the production of the next draft of the Strategic Plan 2019-2022.
- 2) To agree the new date of 29 March 2019 for the EIJB to consider the redrafted Strategic Plan 2019-2022 prior to a consultation period of three months.

- 3) To agree the formal extension of the existing Strategic Plan 2016-2019 including Directions until the new Strategic Plan was published.

(References – Edinburgh Integration Joint Board, 14 December 2018 (item 9); report by the IJB Chief Officer, submitted.)



Minutes

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 a company director/trustee of VOCAL 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 a company director/trustee of VOCAL 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 be 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 a company director/trustee of VOCAL 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 a company director/trustee of VOCAL 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

Edinburgh Integration Joint Board Professional Advisory Group

10.00am Tuesday 8 January 2019

Diamond Jubilee Room, City Chambers, Edinburgh

Present:

Colin Beck (Chair), Eddie Balfour, Robin Balfour, Carl Bickler, Chris Brannan, Andrew Coull, Helen Faulding-Bird, Alasdair FitzGerald, Helen FitzGerald, Belinda Hacking, Kirsten Hey, Sylvia Latona, Sandra McNaughton and Linda Nicol Smith.

Apologies:

Sheena Borthwick, Kate Pestell, Kath Anderson and Moyra Burns.

1. Note of the meeting of the Integration Joint Board Professional Advisory Group meeting of 20 November 2018 and Matters Arising

Decision

- 1) To note Alison Meiklejohn's apologies.
- 2) To otherwise approve the minute of the meeting of the Edinburgh Integration Joint Board Professional Advisory Group of 20 November 2018 as a correct record.

2. Note of the meeting of the Edinburgh Integration Joint Board of 14 December 2018 and Matters Arising

Decision

To note the minute of the meeting of the Edinburgh Integration Joint Board of 14 December 2018.

3. Sub-Group Updates

An update was provided on the Strategic Planning Group's discussions on the Commissioning Plans and Reference Groups. The Commissioning Plans would be out for consultation prior to publication. The Joint Board had asked that the plans include financial information and performance indicators before consultation. The final Strategic Plan would be submitted to the February 2019 meeting of the Joint Board.

Decision

To note the update.

4. Governance Review

Carl Bickler provided details of the Governance Review that had been commissioned by the Chief Officer. The review, carried out by the Good Governance Institute, included recommendations on the structure of the Board, leadership and improvements to the overall governance. The report included a specific recommendation in relation to the sub-group structure, and questioned the sub-groups' role, functions and outputs. In terms of the PAG, the papers suggested that the Chair should be a voting member of the IJB. It proposed a radical restructuring and suggested the PAG would be closely aligned to the Futures Group. Members of the Professional Advisory Group provided the following comments:

- The role of the PAG was important but the function was being lost. The group could be more effective.
- The PAG lacked a clear opportunity to contribute before matters were considered by the IJB. There was frustration about papers only being presented to the PAG after decisions had been made the IJB.
- The PAG was not being asked for strong recommendations by the IJB. The group was not being heard. Senior IJB officers should attend the meeting.
- IJB reports should take account of whether PAG input was required and there could be dedicated slot on the IJB agenda for PAG input.
- It was important that a broad range of professions were represented – there should be frontline staff, professional representatives from all disciplines and people who represent hospitals/locality teams.
- There was some anxiety about professional governance – there was confusion about the capacity in which certain people attend the PAG (representing

service/role/professional line). It was clarified that members should represent their profession, rather than their respective services.

- The PAG should have appropriate representation on other groups.
- Clarity should be provided on the difference between professional and clinical advice.

Decision

- 1) To note the update.
- 2) To agree that the Co-Chairs would write to the Chief Officer summarising the feedback provided by the Professional Advisory Group.

5. Recommendations from the Health and Social Care Grants Review Programme 2019

Details were provided of the Joint Board's decision in December 2018 regarding the Health and Social Care Grants Review Programme 2019. There was a three-month notice period for those organisations which had been unsuccessful. Members raised the following points:

- The Grants Review Programme was not a complete picture of all investment – it only included money designated under grants.
- Some organisations had reported that the form was clunky and difficult to use.
- The total amount applied for was £31 million – only £14 million was available.
- Localities should be asked which services they need most.

Decision

To agree that the Co-Chairs would represent the views of the Professional Advisory Group to the Joint Board.

6. 2018-19 Financial Position

A report on the IJB's 2018-19 Financial Position was submitted for information. It had been considered by the Joint Board at its December 2018 meeting and provided an overview of the financial position for the period to October 2018 and the year-end forecast. It also presented the conclusion of the financial recovery plan.

Decision

To note the update.

7. Next Meetings

- Thursday 7 March 2019 (Mandela Room, City Chambers)
- Tuesday 28 May 2019 (Diamond Jubilee Room, City Chambers)
- Tuesday 23 July 2019 (Mandela Room, City Chambers)



Minutes

Edinburgh Integration Joint Board Strategic Planning Group

10.00am Friday 30 November 2018

City Chambers, High Street, Edinburgh

Present: Ricky Henderson (Vice-Chair) (in the Chair), Colin Beck, Colin Briggs, Christine Farquhar, Dermot Gorman, Stephanie-Anne Harris, Nigel Henderson, Fanchea Kelly, Peter McCormick, Moira Pringle, Rene Rigby, and Ella Simpson.

In attendance: Kirsten Adamson, Mike Ash, Gillian Donohoe, Mark Grierson, Linda Irvine-Fitzpatrick, Councillor Melanie Main, Katie McWilliam, Michele Mulvaney, Nickola Paul and David White.

Apologies: Councillor Ian Campbell, Sandra Blake, Eleanor Cunningham, Belinda Hacking, Carolyn Hirst (Chair), Carole Macartney, Angus McCann and Alison Robertson.

1. Minute

Decision

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

2. Rolling Actions Log

Decision

- 1) To agree to close Action 2 – Carer (Scotland) Act 2016 – North West Locality Pilot as there was a report on the agenda for this meeting and thereafter planned for submission to the Edinburgh Integration Joint Board meeting on 14 December 2018.
 - 2) To agree to keep Action 3 open – Directions.
 - 3) To otherwise note the remaining outstanding actions.
- (Reference – Rolling Actions Log, submitted.)

3. Grants Review

The Chief Finance Officer updated the Group on progress with the grants review. The consensus and moderation process had concluded resulting in a prioritised list. Thereafter, at the third stage of the process led by the Independent Chair consideration was given to those applications on the prioritised list which aligned best with the IJB's strategic priorities.

A briefing session had been arranged for IJB members to be held on Wednesday 5 December

During discussion, the following points were highlighted:

- The process had been difficult but there had been excellent co-production throughout with all partners working together and focusing on principles and priorities
- It was 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 note that all applicants, successful and unsuccessful, would be notified 24 hours in advance of the IJB full meeting papers being published.

(References – Strategic Planning Group 11 May 2018 (item 3), 22 June 2018 (item 4), 17 August 2018 (item 3), 12 October 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.

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

4. Draft Edinburgh IJB Strategic Plan 2019-2022

The Draft Edinburgh IJB Strategic Plan was submitted for consideration by the Group. The Plan was a culmination of the work of many different stakeholders and groups throughout the year and built on the foundation of the first IJB Strategic Plan for 2016-2019.

The Plan was supported by commissioning plans for specific groups. Subject to approval from the Strategic planning group, and subsequently IJB, the draft Strategic Plan and Commissioning Plans would be published for a three month period of consultation with members of the public. It would then be edited in consideration of the feedback received and reported back to the IJB for final approval before being published in April 2019.

Over 700 people had already given feedback on various elements of the Plan. Reference boards and working groups had worked together to co-produce the commissioning plans. The SPG had shaped the vision, values and priorities for the plan based on those of the previous strategic plan.

Details of the following three commissioning plans were submitted:

- Ageing Well
- Edinburgh Thrive – Mental Health
- Primary Care

The remaining two commissioning plans for learning and physical disabilities were still being finalised.

Further work under development included the Housing Contribution Statement, Directions and the Engagement and Communication Plan. The proposed timeline for engagement was submitted.

Cross cutting themes highlighted across the Plan included:

- maintaining people's independence for as long as possible and ideally all the way throughout their lives
- when someone was in crisis if institutions and services were to be used, people needed to be there for the minimum possible period of time to receive intervention or appropriate medical attention
- identifying ways in which people would be helped to rebuild their lives after having been in an institution

- some of the plans were defined by the service and others were defined by the clients and organic conditions – positive step much more strategic than in the past
- first stage should be about keeping people living independently as long as possible and this message needed to be strengthened in the Plan
- IJB has responsibility for acute services – we don't have commissioning plans for these – how and where do we include those
- tackling inequalities needed to be included as one of the enablers
- would like more detail in the enablers about the workforce, what it consisted of and what it might look like in the future , resources, providers which would help transition to the future space
- had sufficient weight been given in the Plans to carers, paid and unpaid, as one of the groups key to workforce resourcing
- there needed to be a discussion going forward in terms of the Edinburgh Partnership governance review and opportunities for joining up this work and in relation to the Locality Improvement Plans which was planned for review in the early part of 2019
- primary care group felt that tackling inequalities should be the top priority – need to single out poverty and health inequalities

Edinburgh Thrive – Mental Health Commissioning Plan

The Plan aimed to address causes of health inequalities rooted in the political and social decisions that resulted in an unequal distribution of income, power and wealth which lead to poverty and marginalisation of individuals and groups. The Plan also aimed to determine the fundamental causes which influenced the distribution of wider social determinants of health, such as the availability of good-quality housing, green space, work, education and learning opportunities, access to services and social and cultural opportunities, all of which had strong links to mental health.

The following key headlines in the Plan were presented:

- Building Resilient Communities – e.g. Greening Up, GameChanger, A Sense of Belonging Arts Programme, LGBT Mind Matters Programme
- A Place to Live – e.g. Graded Support: making sure the environment “fits” the person’s needs
- Get Help When Needed – e.g. fewer beds in acute hospital, more community based provision delivered in partnership
- Closing the Inequalities Gap – e.g. housing first
- Rights in Mind – e.g. Peer led self help groups
- Meeting Treatment Gaps – e.g. matched care model for women with multiple and complex needs

The following issues were raised and discussed:

- There was tremendous ambition in this Plan, however, we need to know what we're going to stop doing, what we keep doing and what new things we start doing
- how do we make sure our services are complying with the NCPD
- we need to change the way we deliver the core part of the psychiatric service
- need to look at the provision of inhouse and contracted services
- areas missing in the plan was the forensic prison and custody mental health interface whereby people with mental health issues were inappropriately incarcerated

Ageing Well

The principal aim of the plan was to keep people well at home for as long as possible (e.g. Befriending). It was also important to make sure people were aware of what services were available and how to access them (e.g. social care direct and information) and ensuring community based services were working together and as efficiently as possible to support the future of long terms care. A lot of audit work had been carried out in intermediary care facilities and sheltered housing.

The following points were raised and discussed:

- this is a more focussed Plan than the previous iteration
- key thing was once content was agreed more work would be done and an easy read version would be available highlighting key messages
- housing support funding aspect could be strengthened in the Plan and was essential
- was there sufficient weight given in the Plans to carers, district nurses, etc as one of the key enablers was the workforce – part of the challenge was making sure the workforce was incorporated and included as costed and funded in the plans

Learning and Physical Disabilities

The redesign of the Royal Edinburgh Hospital would require 19 community placements. Additionally, the Partnership would commission from NHS Lothian 15 beds for assessment and treatment. There should be earlier intervention in childhood for people with behaviours that were challenging and development of smoother transitions from childrens' to adult services.

A range of housing and support options for people with learning disability required to be identified with a particular focus on core and cluster services together with information on how self-directed support could improve people's lives. It was important to explore how integrated services could increase access to and benefit from improved Health and Wellbeing support.

During discussion the following issues were raised:

- early intervention and transition from child to adult services were really good but there are also other things that need to catch up
- the enablers were increasingly important as they were the things that would allow people to remain in their own homes as long as possible
- the Plan should be driven by the people for whom the services were provided
- institutional care needed support in the community to be there to allow beds to remain transient and not long term
- high sensory and mental health requirements and a background in understanding of sensory care to keep people out of psychological services
- health and wellbeing was missing in the Plan and this was being written now
- a lot of commentary back from people with physical disabilities related to learning disabilities too
- outcomes from the previous Plan needed to be evaluated before a new Plan could be signed off

Primary Care

The draft plan was shaped around the National Primary Care outcomes framework developed by Scottish Government. The Primary Care Improvement Plan was a key document and informed the strategy. The Plan built on existing good work in Edinburgh to support general practice to be sustainable, such as recruiting different health and social care staff in general practice. It also highlighted work required to develop physical and digital infrastructure in general practice and set out ways in which general practice was supported to continue to address health inequalities and general population health.

A paper setting out recommendations for consideration from the Primary Care Strategic Reference Group was submitted. In particular, the Reference Group felt that, as one of the largest budgets in the Health and Social Care Partnership, it was important that the IJB had a clear understanding of this service, costs and budgeting. A recent presentation had been very well received at the Reference Group and members felt strongly that there should be a presentation to IJB members.

Decision

- 1) To agree that the draft plan and appendices reflected the direction of travel for the Partnership and to refer them to the IJB for approval for consultation.
- 2) To agree the engagement plan for the consultation.

- 3) To agree that a final plan would be reported back to the January meeting of the SPG and the February meeting of the IJB with Directions linked to finance, with clear options for the IJB to deliberate.
- 4) To record thanks to Board members, officers and stakeholders for their commitment and contributions to the working groups and reference boards.

(References – report by the IJB Chief Officer and additional paper from the primary care strategic reference group, 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.

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

5. Strategic Assessments – New Practices and Re-Provision Schemes

Information was provided on the strategic assessments for new GP practices in Leith Waterfront, Granton Waterfront and West Edinburgh and re-provision of existing practices in the South East of the City as set out in the City of Edinburgh Council's Local Development Plan 2020-2026.

Decision

- 1) To note that the new practices and re-provision schemes were 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.
- 2) To note that the scored Strategic Assessments, attached as Appendix 1 to the report, had been produced following workshops with the relevant stakeholders.
- 3) To recommend that the Integration Joint Board supports the submission of the Strategic Assessments to NHS Lothian Capital Investment Group (LCIG) in December 2018 for consideration as part of NHS Lothian Capital Prioritisation Programme 2019/20.

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

6. Carer (Scotland) Act 2016 – Update on North West Locality Pilot

An update was provided on progress of the pilot in the North West Locality. The pilot commenced 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.

Information was also submitted on new business and financial systems which had been developed to support the pilot outcomes.

The following points were raised and discussed:

- Guardianships should be flagged up in the forms
- Concerns around ICT issues, for example SWIFT not being compatible with other systems
- budgetary issue as across Scotland Joint Boards were at different stages of implementation – there was a general national carer concern that budgets had slipped

The Group were advised that, on an ongoing basis, the Scottish Government had committed to fund the Carer Act commitments. In terms of any carry forward, that would be a decision for the Board when they considered the end year financial position.

Decision

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 would be asked to approve.

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

7. Forward Plan

The agenda forward plan was submitted, with proposals for agenda items for January 2019.

Decision

To note the forward plan.

(Reference – Agenda Forward Plan – January 2019, submitted.)

8. Date of Next Meeting

Friday 18 January 2018, 10am to 12pm, Dean of Guild Room, City Chambers

Rolling Actions Log

March 2019

Item 5.1



29 March 2019

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
1	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	May 2019	
2	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	June 2019	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
3	City of Edinburgh Council Motion by Councillor Miller – Attracting and Retaining Carers (Agenda for 29 June 2017)	29-06-17	1) Agrees to call for a report into the improvements including pay and conditions that could attract and retain care workers, in comparison to other employment options, and meet the shortfall in care provision, taking into account the results of the research. 2) To instruct officers to remit the report to the Integration Joint Board and Corporate Policy and Strategy Committee for further scrutiny.	Chief Officer, Edinburgh Health and Social Care Partnership	June 2019	
4	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	June 2019	Report will be submitted in June 2019.
5	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 March 2019	1) Closed – covered at the IJB Development Session on 6 November 2018. 2) This was included in the Finance Update

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
						report on the agenda for December 2018 but was agreed at Committee on February 2019 to remain open until budget discussions were complete.
6	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	June 2019	Report will be submitted in June 2019.
7	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	April 2019	
8	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	June 2019	A report on the programme of Development Sessions for

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
				Social Care Partnership		2019/20 will be presented in March 2018.
9	Evaluation of 2017/18 Winter Plan and Winter Plan 2018/19	28-09-18	<ol style="list-style-type: none"> 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	<p>June 2019</p> <p>October 2018</p>	<p>2) Closed – circulated on 8 October 2018</p>
10	John's Campaign	29-09-18	<p>To request an update report in 12 months' time on progress in carrying out the recommendations of the report:</p> <ol style="list-style-type: none"> 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 	Chief Officer, Edinburgh Health and Social Care Partnership	September 2019	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
			<p>campaign across all older people's residential services within the Edinburgh.</p> <p>4) To support the launch of John's campaign in Edinburgh.</p> <p>5) To agree that the benefits of John's Campaign should be formally measured.</p>			
11	Recommendations from the Health and Social Care Grants Review Programme 2019	14-12-18	To agree to instruct the IJB Chief Officer to provide progress reports on the work with organisations previously funded, but who had been unsuccessful in their grant application, and how service users and the organisations were being supported.	Chief Officer, Edinburgh Health and Social Care Partnership	March 2019	Recommended for closure – report on the agenda for March 2019.
12	Draft Edinburgh IJB Strategic Plan 2019-2022	14-12-18	To agree that a final plan would come back to the February meeting of the IJB with Directions linked to finance, with clear options for the IJB to deliberate.	Chief Officer, Edinburgh Health and Social Care Partnership	June 2019	
13	Transitions for Young People with a disability from children's services to adult services Edinburgh Health	14-12-18	To request an update on progress of the 5 key action points in 12 months.	Chief Officer, Edinburgh Health and Social Care Partnership	December 2019	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
	and Social Care Partnership					
14	Performance Report	14-12-18	To agree that a briefing note on actions being taken with regard to sickness absence and financial implications would be circulated to members.	Chief Officer, Edinburgh Health and Social Care Partnership	March 2019	
15	Impact of Audit Scotland Report Health and Social Care Integration on Edinburgh Integration Joint Board	08-02-19	To request that the Chief Officer report on actions being taken across all organisations in support of the recommendations in the Audit Scotland report in relation to the Edinburgh Integration Joint Board and request a further report on this to come to the Audit and Risk Committee in six months.	Chief Officer, Edinburgh Health and Social Care Partnership	August 2019	
16	Communications Action Plan for the EIJB	08-02-19	To agree to updates on this as it develops, at least annually.	Chief Officer, Edinburgh Health and Social Care Partnership	February 2020	



Report

Carers Strategy

Edinburgh Integration Joint Board

29 March 2019

Executive Summary

1. The [Carers \(Scotland\) Act 2016](#) is designed to support carers' health and wellbeing and help make caring more sustainable. Duties from 1 April 2018 include:
 - a) a duty for local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria
 - b) a specific adult carer support plan (ACSP) and young carer (YCS) statement to identify carers' needs and personal outcomes
 - c) a requirement for local authorities to have an information and advice service for carers which provides information and advice on, amongst other things, emergency and future care planning, advocacy, income maximisation and carers' rights
 - d) to produce a Carers Strategy that outlines local priorities for the implementation of the act
2. The key provisions are summarised here and in the Scottish Government's [Carers' charter](#), setting out carers' rights under the Act.
3. The Edinburgh Carers Strategy 2019-2022 outlines the Edinburgh Health and Social Care Partnership's (EHSCP) current position, vision, priorities and implementation to meet the new duties of the act for young and adult carers throughout Edinburgh and was developed in partnership with the third sector and unpaid carers.
4. The Carers Strategy 2019-22 takes account of the learning from the independent review carried out by Edinburgh Voluntary Organisations Council (EVOC) of the previous Edinburgh Joint Carers Strategy 2014-2017 as well as information from citywide consultations. Outcomes from the current pilots will also form the detail of an implementation plan.

Recommendations

5. The Integration Joint Board is asked to:
 - i. Approve progress being made on the development of the strategy and implementation plan, which is being produced with third sector stakeholders, internal partners and led by the lead officer for carers.
 - ii. Agree that the six priorities identified will meet the outcomes of the Carer Strategy.

Background

6. The previous Edinburgh Joint Carer Strategy 2014-2017 was reviewed independently by Edinburgh Voluntary Organisations Council (EVOC) in 2017 to measure the impact of the Joint Carers Strategy. The review made six recommendations for the new Edinburgh Joint Carer Strategy:
 - a) Focus on Implementation
 - b) Broaden ownership of the strategy
 - c) Maintain the same priorities in the new strategy
 - d) Recognise the fundamental differences of young carers
 - e) Futureproof the strategy
 - f) Measure Impact
7. The Carers (Scotland) Act 2016 is designed to support carers' health and wellbeing and makes provision for enhanced carers' rights for support in the caring role including:
 - a) early identification of carers' needs for support
 - b) carers' entitlement to adult carer support plans and young carer statements
 - c) the provision of support to carers
 - d) the enabling of carer involvement in certain services;
 - e) the preparation of local carer strategies and the
 - f) establishment of information and advice services for carers

8. This strategy has been developed in partnership with EHSCP, key stakeholder partners from the third sector, young and adult carers and incorporates the six recommendations and the new duties from the act.

Main report

9. Scottish Government census figures state there is 65,084 carers in Edinburgh, or 13.7% of the population. EHSCP and joint planning partners recognise carers as an equal partner in care, and support the principles developed in partnership with carers and other stakeholders by Equal Partners in Care (EPiC)¹.
10. The EPiC principles are:
 - a) Carers are identified
 - b) Carers are supported and empowered to manage their caring role
 - c) Carers are enabled to have a life outside of caring
 - d) Carers are fully engaged in the planning and shaping of services
 - e) Carers are free from disadvantage or discrimination relating to their role
 - f) Carers are recognised and valued as equal partners in care
11. The EHSCP will identify carers as soon as possible within their caring role (preferably at point of diagnosis), signpost them to services for information and advice. Where further support is required, the EHSCP will work to identify any specific, unmet, assessed needs through completing an ACSP to support carer health and wellbeing.
12. Demand for services will continue to increase with Edinburgh's population predicted to grow by 19% to 505,363 between 2013 and 2033. Recent estimates indicate one in ten adults are an unpaid carer and this will have a serious impact on both carers and any services provided for them in the years to come.
13. Unpaid carers will have a key role in achieving the strategic objective of shifting the balance of care. It is essential for sufficient, flexible support to be available allowing carers to carry out their caring role while maintaining their wellbeing, especially those carers with a greater risk of poorer health. Identifying carers early and providing support they identify as being missing, for example swimming lessons or purchasing technology, which meets individual carer needs, improves outcomes whilst reducing costs.

¹ EPiC was a joint project between NHS Education Scotland and the Scottish Social Services Council aimed at achieving better outcomes for all involved in the caring relationship.

14. EHSCP and Communities and Families will focus on working with young and adult carers, developing services that increase personalisation and choice, within the communities in which they live, to improve individual outcomes.
15. EHSCP will support carers as early as possible in order to tackle health inequalities, working holistically, developing preventative interventions to meet carers needs. Focusing on having a good conversation to reduce the risk of over providing support, improving responses, address the piece(s) of support that is missing to meet individual needs.
16. To ensure effective implementation of the strategy; future reviews and the ongoing development of services including monitoring of the strategy is currently being developed with all partners.
17. Partners and the local authority are required to report carer census data to the Scottish Government on an annual basis, evidencing outcomes and the impact of the implementation of act. Key performance indicators (KPI's) and outcomes will assist in planning for future services as trends, demands and gaps emerge through the analysis of the data. This coupled with measuring outcomes and impact, partners surveys, feedback data and ongoing consultations with carers will inform all future developments.
18. An implementation plan will be developed around the six priorities listed in table 1. The implementation plan will provide details on specific tasks, who owns those tasks, key milestones, their completion and review date.

Table 1.	High level priorities and activities
Priority	Activities
1. Identifying Carers	<ul style="list-style-type: none"> ○ Point of Diagnosis pathways ○ Awareness raising and publicity for employers and workforce ○ Complete Adult Carer Support Plans and Young Carer Statements
2. Information and Advice	<ul style="list-style-type: none"> ○ Access to services using technology ○ Accessible carer training ○ Welfare benefits advice ○ Self-directed support and other carer grants ○ Advocacy
3. Carer Health and Wellbeing	<ul style="list-style-type: none"> ○ Carer support that offers a range of responses ○ Emotional support and/or counselling ○ Emergency planning ○ Services available all year ○ Transitions planned and supported. Carer stress reduced. Carers supported to make future plans (Power of Attorney/guardianship), support with,

	anticipatory care planning, preventative services, culturally appropriate services
4. Short Breaks	<ul style="list-style-type: none"> ○ Development and implementation of a Short Breaks Statement. ○ Flexible, responsive and creative short breaks ○ Management of short breaks funding ○ Respite and breaks with Third sector
5. Young Carers	<ul style="list-style-type: none"> ○ Identifying young carers as soon as possible ○ Identifying and improving transition periods for young carers ○ Work with higher education establishments to develop joint plans/strategies ○ Work with schools in their clusters for joint plans within localities ○ Employment and training support.
6. Personalising support for Carers	<ul style="list-style-type: none"> ○ Completing ACSP/YCS as soon as possible with carers ○ Signposting to existing services ○ Personalised solutions to carers ○ Supporting carers own solutions ○ Use self-directed support options ○ Carers offered more choice and control to support their unmet needs ○ Getting It Right for Every Child/Getting it Right for Everyone framework used ○ Use of technology enabled care ○ Digital inclusion ○ Personalised data stores for carer information to reduce the number of times carers have to tell their and the cared for's "story" and share relevant information

Key risks

19. It is anticipated that demand for services and support will increase as more carers are identified. There is a risk if services are not redesigned the needs of carers cannot be met. Doing more of the same is no longer viable and the pilots have shown the new ways of working do work.
20. The budget provided needs to be available to support the shift in the balance of care and continued finance pressures may present a risk as budgets are reduced.

Financial implications

21. More work is required to develop services and resources that will meet both young and adult carers needs. The implementation of the Carers (Scotland) Act 2016 is supported by a five-year financial settlement (Edinburgh's percentage is shown in Table 2.). A detailed implementation plan will be produced if the 6 key priorities are agreed in this report. The high-level priorities and actions are outlined in table 1.

Edinburgh Allocation	2018/19	2019/20	2020/21	2021/22	2022/23
Provision of ACSPs	£153,000.00	£482,368.00	£702,160.00	£1,362,374.00	£1,582,165.00
Provision of YCSs	£18,000.00	£36,073.00	£67,112.00	£97,312.00	£128,352.00
Information and Advice	£277,000.00	£255,026.00	£255,026.00	£255,026.00	£255,026.00
Duty to Support adult Carers	£312,000.00	£833,447.00	£1,432,757.00	£3,044,200.00	£4,296,678.00
Duty to Support young Carers	£61,000.00	£122,898.00	£245,798.00	£368,697.00	£544,698.00
Additional Short Breaks Support	£198,000.00	£197,980.00	£197,980.00	£197,980.00	£197,980.00
CIS	£420,000.00	£419,702.00	£419,702.00	£419,786.00	£419,869.00
Local Carer Strategies	£27,000.00	£0.00	£0.00	£13,424.00	£0.00
TOTAL	£1,466,000.00	£2,347,494.00	£3,813,494.00	£5,758,799.00	£7,424,768.00

(Table2. Estimated Five Year Scottish Government Settlement)

22. There will be an effective co-production approach to developing new specifications to support young and adult carers for as long as they need that support. Gaps in provision and service visibility within some localities will be address with new contracts in place for 1 April 2020.
23. The implementation and rolling out of the findings North-West pilot which reflects a change in allocating funds to unpaid carers that reduced the pathway from 18 months to ten working days.
24. Work is also ongoing to upskill staff to new ways of working so that staff can feel confident that when the Adult Carer Support Plan has been completed and if a budget to purchase, for example swimming lessons, night classes etc, they can allocate that money within the agreed governance structure.
25. The information within Table 2. Show the actual and estimated annual settlement from the Scottish Government, it is worth noting however, the Carer Information Strategy (CIS) money is monies previously available and managed by NHS Lothian but included as part of the settlement and sits with the EIJB.

26. There ongoing work nationally to quantify the true impact of the carers act, no provision was made for replacement care and the figures in the financial memorandum were strongly challenged by SWS at the time.

Implications for Directions

27. There are no Directions required as an immediate result of this paper.

Equalities implications

28. An Integrated Impact Assessment has been completed for the implementation of the Act.

Sustainability implications

29. The strategy supports a shift towards supporting and enabling carers which would be anticipated to have a positive impact on the sustainability of their caring role.

Involving people

30. 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 who are members of the Edinburgh Integration Joint Board.
31. Carers' organisations working with both adult and young carers also sit on the Strategic Carers' Partnership that oversees the work of all 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 carer's 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.
32. EHSCP are currently working with the Young Carers' Forum to identify older young carers (over 18) who can attend the Strategic Carers' Partnership group to help with ongoing developments.
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. The work with unpaid carers impacts on all areas of the Health and social Care Partnership as a cross cutting theme.

Background reading/references

Report author

Judith Proctor

Chief Officer, Edinburgh Health and Social Care Partnership

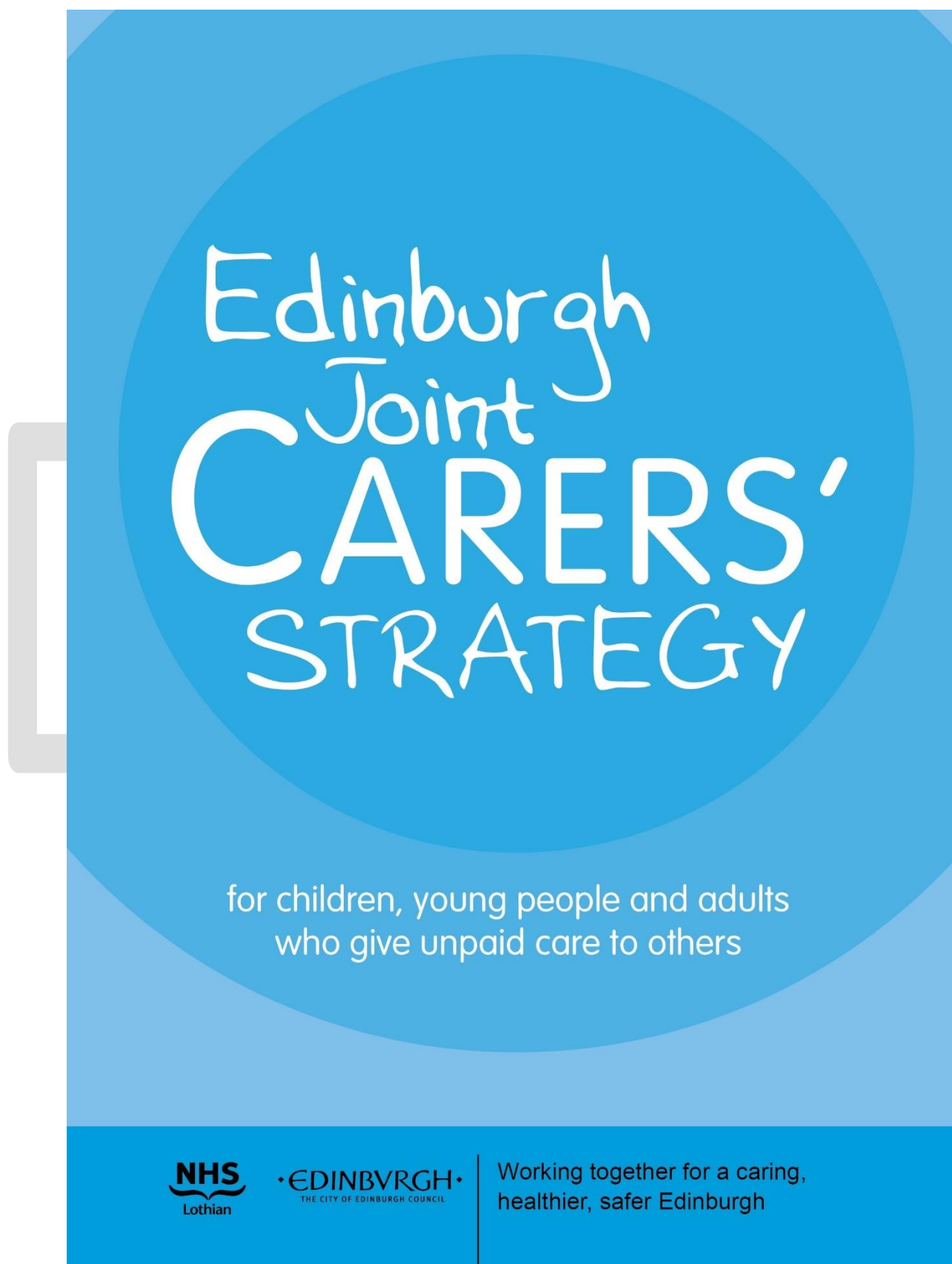
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Appendices


Appendix 1

Draft Edinburgh Joint Carers Strategy



Contents

1. Executive Summary
2. Introduction
 - a. Number of carers in Edinburgh
 - b. Estimates of future demand
3. Where are we now?
4. Where are we going?
5. Principles and vision for carers in Edinburgh
6. What are the priorities for young and adult carers in Edinburgh?
7. How will we get there?
8. Final word from carers
9. Appendix One Implementation Plan (High Level)
 Appendix Two What we know
 Appendix Three What information informed this version of the Edinburgh
 Joint Carers Strategy?
 Appendix Four Summary of key themes from Carers (Scotland) Act 2016
 Appendix Five What data is collected in the Carers Census?



**No carer should be disadvantaged
by undertaking a caring role.**

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being. *(Scottish Government)*

Executive Summary

The [Carers \(Scotland\) Act 2016](#) is designed to support carers' health and wellbeing and help make caring more sustainable. New duties for local authorities from 1 April, 2018 include:

- a duty for local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria.
- a specific adult carer support plan and young carer statement to identify carers' needs and personal outcomes.
- a requirement for local authorities to have an information and advice service for carers which provides information and advice on, amongst other things, emergency and future care planning, advocacy, income maximisation and carers' rights.

The key provisions are summarised here and in The Scottish Government's [Carers' charter](#), setting out carers' rights under the Act.

The Act contributes to the Scottish Government's vision of a healthier and fairer Scotland, and sits alongside related policy on the integration of Health and Social Care, new social security powers; and the Fair Work agenda.

The Edinburgh Carers Strategy 2019-2022 outlines Edinburgh's current position, vision, priorities and implementation to meet the new duties of the act for young and adult carers throughout Edinburgh developed in partnership with the third sector and unpaid carer

Introduction

The Edinburgh Health and Social Care Partnership (EHSCP) recognise the crucial role young and adult carers contribute to their communities across Edinburgh.

Edinburgh City Health & Social Care Partnership has adopted the following as a working definition of a carer:

“A Carer is ‘A person of any age who provides, or intends to provide, unpaid help and support to a relative, friend or neighbour who cannot manage to live independently without the Carer’s help due to frailty, illness, disability or addiction’.” (Scottish Government 2016)

A Young Carer is a Carer who is under 18 years old or is 18 years old and is still at school. A Young Carer is more than just a Young person who provides unpaid care. They are Children and Young People first, with rights to live a full life and not miss out on childhood.

A Young Adult Carer is aged 16 to 29 who cares, unpaid, for a family member or friend with an illness, or disability, mental health condition or an addiction. Young Adult Carers are usually aged from 18 to 25.”

Number of carers in Edinburgh:

Since the publication of Edinburgh’s Joint Carers’ Strategy (2014-17), Scottish Government statisticians considered the range of estimates and concluded that the most robust estimate was provided by the Scottish Household Survey (SHeS) – a figure of 65,084 in Edinburgh, or 13.7% of the population. This is a substantially higher figure than the estimate from the Census alone, which counted 37,859 carers or 7.9% of the population.

(Source: Scotland’s Census (2011); SHeS (2011))

Table 1: Revised estimated number of unpaid carers split by locality (2011)

2011 Census figures uprated to SHeS Estimate	Locality				Edinburgh
	North East	North West	South East/Central	South West	
Carers (1+ hours/week unpaid care	14,411	20,803	14,659	15,211	65,084
% Carers	13.4	15.5	11.7	13.9	13.7
All People	107,924	134,527	124,930	109,245	476,626
Provides 1 - 19 hours unpaid care a week	8,582	13,296	9,868	9,749	41,495
Provides 20 - 34 hours unpaid care a week	1,224	1,664	1,093	1,265	5,246
Provides 35 - 49 hours unpaid care a week	1,195	1,484	875	1,030	4,584
Provides 50+ hours unpaid care a week	3,411	4,360	2,823	3,167	13,761
% of carers providing 50+ hours/week	23.7	21.0	19.3	20.8	21.1

Source: Scotland's Census (2011); SHeS (2011)

The estimates show that there were proportionally more carers in **North West** (15.5%) than in **South Central** (11.7%). Just over 1 in 5 (21.1%) of carers provide 50+ hours per week and this rate was highest in **North East** (23.7%) and lowest in **South East/Central** (19.3%).

Estimates of Future Demand:

Unpaid carers will play a key part in achieving the strategic objective of shifting the balance of care by supporting more people to live at home in the community. It is essential that sufficient support is available to allow them to carry out their caring role while maintaining their wellbeing, especially those carers with a greater risk of poorer health.

A further source of increased demand comes from population growth: NRS predicts that Edinburgh's population will grow by 19% to 505,363 between 2013 and 2033. The number of older people in Edinburgh who will require intensive levels of support is expected to increase by 61% over the next 20 years due to demographic factors alone. The number of people over 85 is expected to almost double by 2032 to 19,294. In 20 years the number of people with dementia could rise by 61.7% to 11,548 people (see Appendix Two for further information).

This strategy (*what we want to do*) outlines Edinburgh's vision and priorities for carers throughout the city with more detail provided in the attached implementation plan (*how we will do it*). All aspects of the development and implementation have been approved either by the Edinburgh Integrated Joint Board (EIJB) or the Children's partnership.

Where are we now:

This strategy has been informed by Edinburgh Voluntary Organisations' Council's (EVOC) evaluation of the 2014-2017 Joint Carers Strategy undertaken in 2017, subsequent consultation events (via an on-line survey and face to face events) as well as information from VOCAL's biannual survey of carers, as well as being shaped by the Carers (Scotland) Act 2016 and associated Scottish Government National Guidance.

The Edinburgh Joint Carer Strategy 2014-2017 was developed in partnership with key stakeholders and carers. The effectiveness of the strategy was reviewed independently by Edinburgh Voluntary Organisations Council (EVOC) to measure the impact of the Joint Carers Strategy. The review made six recommendations for the new strategy:

- Focus on Implementation
- Broaden ownership of the strategy
- Maintain the same priorities in the new strategy
- Recognise the fundamental differences of young carers
- Futureproof the strategy
- Measure Impact

Summary of VOCAL's survey

VOCAL's carer survey report in March 2018, based on 910 carer responses from a total of 7,984 carer households contacted, identified the following priorities for additional carer support:

With nearly 60% of carers reporting a negative impact on their own health as a result of caring, naming specifically insufficient sleep, depression and social isolation from family and friends, future supports should further prioritise personalised and peer-focused activities focusing on improved physical and emotional wellbeing and an increased focus on social contact and engagement

47% of carers reported that being a carer had made money and finances more difficult – a third are paying for care out of their own savings, a quarter had to reduce their working hours and a further quarter had to give up work altogether. With 75% of respondents being female this highlights the disproportionate financial and economic impact of caring on women, with consequences long beyond the caring role into old age. These findings necessitate measures to support carers early in the caring role with a wide range of income maximisation and financial planning and a stepping-up of work with local employers to identify and support carers in the workforce to enable them to retain paid employment.

One third of carers reported they had never had time away from caring at all. 80% of those who had had opportunities to take time away from caring reported this had made it easier for them to continue in their caring role. These findings support the government's and Edinburgh's focus on broadening out opportunities and access to personalised short breaks.

In all the three key areas above, the survey found that carers of children with disabilities and additional needs reported disproportionately greater negative impacts of caring and greater barriers for accessing support than those in other caring situations. This suggests that parent carers require additional priority measures to reduce ill-health, social isolation and financial hardship through improved access to support.

The package of provisions in The Carers (Scotland) Act 2016 is designed to support carers' health and wellbeing. It makes provision for enhanced carers' rights for support in the caring role, including early identification of carers' needs for support, carers' entitlement to adult carer support plans and young carer statements; the provision of support to carers; the enabling of carer involvement in certain services; the preparation of local carer strategies; the establishment of information and advice services for carers; and for connected purposes. See appendix four for further details.

This strategy has been developed in partnership with EHSCP, key stakeholder partners from the third sector, young and adult carers.

Where are we going?

City of Edinburgh Council and joint planning partners recognise carers as equal partners in care and support the principles developed in partnership with carers and other stakeholders by Equal Partners in Care (EPiC)¹. The EPiC principles are:

1. Carers are identified.
2. Carers are supported and empowered to manage their caring role.
3. Carers are enabled to have a life outside of caring.
4. Carers are fully engaged in the planning and shaping of services.
5. Carers are free from disadvantage or discrimination relating to their role.
6. Carers are recognised and valued as equal partners in care.

¹ EPiC was a joint project between NHS Education Scotland and the Scottish Social Services Council aimed at achieving better outcomes for all involved in the caring relationship.

The Edinburgh Carers Strategy is one of a number of strategies under development by EHSCP (Link to Strategic plan) and Communities and Families (Link to plan) with carers identified as a cross cutting theme due to the care they provide for vulnerable people in Edinburgh. The EHSCP aspires to identify carers as soon as possible (preferably at point of diagnosis), signposting them to services for information and advice and, should further support be required, helping identify any specific, unmet, assessed needs in a timely manner to support carer health and wellbeing.

Under the Carers (Scotland) Act 2016 there is provision made for both adult and young carers.

The priorities from the Edinburgh Joint Carers Strategy, reviewed by Edinburgh Voluntary Organisations Council (EVOC) in 2017 were found to still be relevant. These six priorities sit within broad strategic areas with related activities and are outlined in table 1. With more detail contained within the high level implementation plan (appendix one).

- Identifying Carers
- Information and Advice
- Carer Health and Wellbeing
- Short Breaks
- Young Carers
- Personalising Support for Carers

Table 1.	High level priorities and activities
Priority	Activities
1. Identifying Carers	<ul style="list-style-type: none"> ○ Point of Diagnosis pathways ○ Awareness raising and publicity for employers and workforce ○ Complete Adult Carer Support Plans and Young Carer Statements
2. Information and Advice	<ul style="list-style-type: none"> ○ Access to services using technology ○ Accessible carer training ○ Welfare benefits advice ○ Self-directed support and other carer grants ○ Advocacy
3. Carer Health and Wellbeing	<ul style="list-style-type: none"> ○ Carer support that offers a range of responses ○ Emotional support and/or counselling ○ Emergency planning ○ Services available all year

	<ul style="list-style-type: none"> ○ Transitions planned and supported. Carer stress reduced. Carers supported to make future plans (Power of Attorney/guardianship), support with, anticipatory care planning, preventative services, culturally appropriate services
4. Short Breaks	<ul style="list-style-type: none"> ○ Development and implementation of a Short Breaks Statement. ○ Flexible, responsive and creative short breaks ○ Management of short breaks funding ○ Respite and breaks with Third sector
5. Young Carers	<ul style="list-style-type: none"> ○ Identifying young carers as soon as possible ○ Identifying and improving transition periods for young carers ○ Work with higher education establishments to develop joint plans/strategies ○ Work with schools in their clusters for joint plans within localities ○ Employment and training support.
6. Personalising support for Carers	<ul style="list-style-type: none"> ○ Completing ACSP/YCS as soon as possible with carers ○ Signposting to existing services ○ Personalised solutions to carers ○ Supporting carers own solutions ○ Use self-directed support options ○ Carers offered more choice and control to support their unmet needs ○ Getting It Right for Every Child/Getting it Right for Everyone framework used ○ Use of technology enabled care ○ Digital inclusion ○ Personalised data stores for carer information to reduce the number of times carers have to tell their and the cared for's "story" and share relevant information

Principles and Vision for Carers in Edinburgh

The Edinburgh Health and Social Care Partnership and Communities and Families will focus on working with young and adult carers to develop services that increase personalisation and choices within the communities in which they live to improve individual outcomes. We will support carers as early as possible in order to tackle health inequalities, working holistically, developing preventative interventions to meet carers needs. The City of Edinburgh Council recognises the need to work closely with partners within education, health and the third sector to support and meet the needs of young and adult carers.

We will continue to engage and include carers in the development work streams throughout the life of this strategy, developing tools to measure the impact of the services for carers. Linked to the eligibility criteria and outcomes tool based in the SHANARRI (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included) indicators we will measure the impact of the strategy, current services and those developed for carers as a result

In order to improve the implementation of this strategy, future reviews and the ongoing development of services, monitoring of the effectiveness of the strategy and its' implementation will be developed with all partners. Further, partners and the local authority are required to report carer census data to the Scottish Government on an annual basis, evidencing outcomes and the impact of the implementation of act. (See Appendix five for the reporting requirements). Agreed key performance indicators (KPI's) and outcomes will assist in planning for future services as trends, demands and gaps emerge through the analysis of the data. This coupled with partners surveys, feedback data and ongoing consultations with carers will inform all future developments.

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What are the Priorities for Adult and Young Carers in Edinburgh?

'I think carers need to be recognised for the commitment they have made. There is no break from this role and at times it is very hard to feel positive.'

(Unpaid Carer 2018)

Identifying Carers:	Strategic Objective:	Outcomes for Carers:
<p>Carers will be identified within all community care group settings and as such this policy applies to carers of older people, those with physical disabilities, learning disabilities, children with disabilities, people with addiction, with mental health issues and a range of long term health conditions.</p> <p>One of the greatest barriers to offering help and support to carers is that many people do not identify themselves as being in a caring role. This applies to young carers and adult carers alike, our consultation data shows that this is still a problem and there is a lack of information to assist with this for carers.</p>		
<ul style="list-style-type: none"> • A holistic approach, wherever possible to identifying carers should be encouraged to avoid a 'silo' approach to working with the family. • Working with partners in 	<ul style="list-style-type: none"> • Identify carers as early in their caring role as possible through school clusters, statutory provision, GP practices, NHS services, Third sector organisations 	<ul style="list-style-type: none"> • Adult Carer Support Plans/Young Carer Statements can be completed and support needs identified at earliest opportunity improving outcomes. • Carers report being identified early and supported in the workplace to

<p>education, NHS and the third sector in Edinburgh families requiring support, for example, after a diagnosis from an NHS team/GP etc will be offered an Adult Carer Support Plan/ Young Carer Statement at that point so new carers not yet fully aware of their caring role are supported early in their journey. This support will continue for as long as the carer requires it and any support offered must be flexible enough to respond to the changing needs of carers.</p> <ul style="list-style-type: none"> • Employers and private sector partners play an increasingly significant role in identifying carers among their workforce and clients, recognising their 	<ul style="list-style-type: none"> • Increase partnership initiatives with Edinburgh employers to identify and support carers in the workplace and to help recruit carers back to work • Improve carer awareness information to target '<i>hidden</i>' carers not already identifying as a carer but requiring support. • Produce a variety of information in a range of formats to widen reach to the target audience as much as possible. 	<p>balance caring with employment</p>
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<p>role in supporting carers to accessing information and support early in the caring role and allowing them to balance the caring role with paid employment.</p>		
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*'There's very little
accessible info'
(Unpaid Carer 2018)*

Information and Advice:	Strategic Objective	Outcomes for Carers:
<p>The recent consultation with adult and young carers demonstrated that both groups concluded there is no one size fits all solution. Rather, there is a need to develop a variety of information, in a variety of formats and re-doing what has previously been done is not the outcome they want.</p> <p>We need to work with carers to look at a range of information and advice, for example, young carers produced the short film We Care Do You? (Link) and adult carers in a group cautioned about producing information with the word 'carer' in it as people often don't identify as being a carer. Up to date, relevant information for carers available when they need it, reflecting what carers have said they need.</p>		
<p>Information and advice needs to be dynamic in nature responding to the ever changing wider marketplace of social care linking to Welfare Reform changes, Self Directed Support options and opportunities for example. Carers and</p>	<ul style="list-style-type: none"> • To continuously develop high quality information for carers and professionals in a relevant format using different communication methods. • To continue to develop and deliver training on carer awareness and other relevant 	<ul style="list-style-type: none"> • Carers have information in a relevant, appropriate, accessible format which is up to date. • Carers can report they are well informed about issues relevant to their caring role. • Carers feel supported by services and have increased

<p>practitioners need to be updated and informed in order to make informed decisions regarding what they need to support them in their caring role.</p> <p>Of equal importance to developing a range of information and advice solutions is ensuring information and advice is available to carers when they require it and not, for example, at periods of high stress.</p> <p>Therefore, a simple and clear approach for carers to access information when they require it needs to be developed to meet the wide range of carers needs.</p>	<p>topics relating to the caring role for professionals and carers.</p> <ul style="list-style-type: none"> • To continuously engage with carers of all ages on the information and advice they require to support them in their caring role. 	<p>confidence in their caring role.</p> <ul style="list-style-type: none"> • Carers are offered help with their financial planning, benefits advice and general advice. • Carers are informed and integral in hospital discharge plans for the person they care for.
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I myself have no support network whatsoever and feel very isolated.

(Unpaid carer 2018)

Carer Health and Wellbeing:	Strategic Objective	Outcomes for Carers:
<p>The role and identity of those within a caring role is a complex one and one not often planned for. Becoming a carer can be a slow process as health gradually deteriorates or as a result of sudden unexpected events with life changing consequences that/which changes lives overnight. No carer is the same and therefore there is no '<i>one size fits all</i>' solution to carer health and wellbeing.</p>		
<p>The challenge for local authorities and their partners is to develop solutions that have enough flex to meet the larger health and wellbeing needs whilst delivering personal outcomes for individual carers regardless of their age. Being a carer can bring considerable challenges however, there are positive</p>	<ul style="list-style-type: none"> • To identify carers as early as possible in their caring role in order to offer support as soon as possible should it be required. • To continue to make carer health and well-being a priority offering support that meets their needs to improve health and wellbeing 	<ul style="list-style-type: none"> • Reduce carer stress by offering support that meets their needs as soon as possible in their caring role. • Carers report improved health and wellbeing, including mental health. • More carers report improved support within their workplace

<p>elements to caring for someone you care deeply about and this should not be lost in the mix.</p> <ul style="list-style-type: none"> • This section would benefit from mention of several interventions and supports which directly contribute the health and wellbeing, e.g. befriending (this is service now funded by CEC grants, provided by the Eric Liddell Centre), similarly complementary therapies, health checks for carers and healthy lifestyle activities. 	<p>outcomes, including adult education</p> <ul style="list-style-type: none"> • We will work with employers within the city of Edinburgh to increase their carer awareness and work with them to promote awareness of carer friendly policies in the work place. • To develop responses to carer requests for support that are flexible and meet changing carer needs depending on their personal circumstances, for example befriending and counselling services. • We will work with carers who's caring role has ended either through bereavement or change in circumstances to support them with this transition. 	
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Giving me free time & a break as not really had a proper holiday since taking on the carer role.

(Unpaid carer 2018)

Short Breaks:	Strategic Objective	Outcomes for Carers:
<p>The recent consultation with adult and young carers clearly evidenced short breaks and breaks from caring as a key priority. We know from carers feedback that short break options need to be flexible, individual and meet personal outcomes.</p>		
<p>The consideration of a carers need for a short break is a requirement of the Carers Act so all carers receiving a ACSP/YCS should have their individual needs discussed in relation to getting a break from caring.</p> <ul style="list-style-type: none"> There are a number of 3rd sector partners and statutory services providing a range of short breaks for carers in the city. This 	<ul style="list-style-type: none"> To identify carers who are in need of a short break Deliver a range of short break options Promote short break options through the Short Breaks Services Statement and Short Breaks Booklet Improve access to short breaks Use short breaks as an early intervention 	<ul style="list-style-type: none"> Improve carers physical health and mental wellbeing Increased ability to cope and feeling better supported Increased ability to maintain the caring relationship and sustain the caring role Improve quality of life To provide opportunities to provide a life outside and/or alongside the caring role

<p>can include options that offer breaks from a few hours to 7 nights away; for the carer alone; for the carer and the cared for person together; for a group of carers together; for the cared for person alone and/or a combination of all of these.</p>	<p>that reduces the likelihood of carer/family breakdown or crisis.</p>	
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Awareness and knowledge in schools so that better support can be delivered.

(Young Carer 2018)

Young Carers:	Strategic Objective	Outcomes for Carers:
Young Carers are young people first. It is important to remember that each young carer themselves is a unique individual. A child or young person who is entitled to find and reach their full potential.		
<ul style="list-style-type: none"> • There are various circumstances that can arise within the home environment that makes a child or young person a carer. Such circumstances can occur at various points and times within a child or young person's life. • A young carer is entitled to a childhood. Therefore, acknowledgement and recognition needs to be given regarding their caring role and how this impacts on their childhood, adolescence and onto adulthood. 	<ul style="list-style-type: none"> • Ensure all young carers have the best possible childhood and are supported to fulfil their potential. • To provide training across all sectors i.e education, health to better identify young carers as early as possible • To implement support networks from partners across the city, accessible for all young carers • Recognise that YP need support and respite in order 	<ul style="list-style-type: none"> • Early intervention will mean better outcomes for young carers in all areas of their life; social, education, home environment, community, support networks. • A choice of support, equal and accessible for all young carers across the city such as: support in school, peer support in a group setting, 1:1

<ul style="list-style-type: none"> • The earlier a young carer is identified the better as this can provide crucial support to alleviate the impact caring can have on a young carers life. 	<p>to reduce the burden of caring on the young carer</p> <ul style="list-style-type: none"> • Reduce the likelihood of young carers becoming accommodated • Give young carers the opportunity to have their say and take action on their individual needs and their rights as a young person • Give young carers the opportunity to have the best transition within education, further education and into relevant adult carer services that meet their needs as young people 	<p>support, drop ins, websites.</p> <ul style="list-style-type: none"> • Reducing isolation and the impact of caring as an adverse childhood experiences. • Being part of a wider nurturing environment with at least one trusted adult in their life • To feel listened to and have access to holistic support as and when they want to access it • Young carers health and well-being improves as they are supported through major milestones that can cause additional stress in their
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		<p>personal circumstance</p> <ul style="list-style-type: none"> • Improved mental health and general wellbeing of young carers.
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To look at each person individually
and not one size fits all approach in
the adult service.

(Unpaid Carer 2018)

Personalising Support for Carers:	Strategic Objective	Outcomes for Carers:
<p>The Social Care (Self-directed Support) (Scotland) Act 2013 and the Carers (Scotland) Act 2016 have paved the way for the personalisation of carer support, recognising that the support needs and aspirations of people in need of care and their carers vary greatly and no two caring situations are the same.</p>		
<p>In the recent consultation on the impact of the Edinburgh Joint Carers Strategy 2014-2017 only 18.42% of carers reported being satisfied with the support they received. Carers indicated that faster assessments, less red tape and formalising informal supports would be required to personalise support. This strategy recognises the need to define personal outcomes and care solutions jointly with carers, speed up and</p>	<ul style="list-style-type: none"> • Carers have a better understanding of the choices and support options available to them and how to access them • High quality ACSP/YCS identify needs and personal outcomes • Services and supports can respond to needs more flexibly and creatively • The uptake of SDS options and 	<ul style="list-style-type: none"> • Carer report being listened to and heard • Carers report feeling well supported throughout their caring journey • Carers report being supported in care planning and choosing care options best suited to meet their personal needs • Carers report increased confidence in shaping services for themselves and those they support and more in control

<p>simply access to support and to offer support earlier in the caring role. This will help strengthen carer resilience, mental and physical health and wellbeing and carer confidence to balance and combine the caring role with education, employment and regular breaks from caring.</p>	<p>personalised budgets increases.</p> <ul style="list-style-type: none"> Support is offered timeously and at the earliest possible point in the caring journey to aid prevention, maintain carers' health and reduce the risk of crisis and breakdown of caring relationships 	<p>of the support they receive</p> <ul style="list-style-type: none"> Carers report positive outcomes from personalised budgets
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How will we get there?

There is a lot of work to be done to develop services and resources that meet both young and adult carers needs. However, what is clear is that we do have good services in place now and when carers find them they meet their needs. However, there remains a significant gap in how people find out about support and current services and this was evident from the information provided by carers during the consultation. Therefore, we must look at how we provide information to carers acknowledging that there is no one size fits all solution to this or many of the gaps identified. We will work with professionals and carers to develop services that are responsive and meet carers needs in a timely fashion.

The Scottish Government provided additional financial resources to implement the act. (See table 1.) over the next five years.

Edinburgh Allocation	2018/19	2019/20	2020/21	2021/22	2022/23
Provision of ACSPs	£153,000.00	£482,368.00	£702,160.00	£1,362,374.00	£1,582,165.00
Provision of YCSs	£18,000.00	£36,073.00	£67,112.00	£97,312.00	£128,352.00
Information and Advice	£277,000.00	£255,026.00	£255,026.00	£255,026.00	£255,026.00
Duty to Support adult Carers	£312,000.00	£833,447.00	£1,432,757.00	£3,044,200.00	£4,296,678.00
Duty to Support young Carers	£61,000.00	£122,898.00	£245,798.00	£368,697.00	£544,698.00
Additional Short Breaks Support	£198,000.00	£197,980.00	£197,980.00	£197,980.00	£197,980.00
CIS	£420,000.00	£419,702.00	£419,702.00	£419,786.00	£419,869.00
Local Carer Strategies	£27,000.00	£0.00	£0.00	£13,424.00	£0.00
TOTAL	£1,466,000.00	£2,347,494.00	£3,813,494.00	£5,758,799.00	£7,424,768.00

(Table 1. Estimated Five Year Scottish Government Settlement)

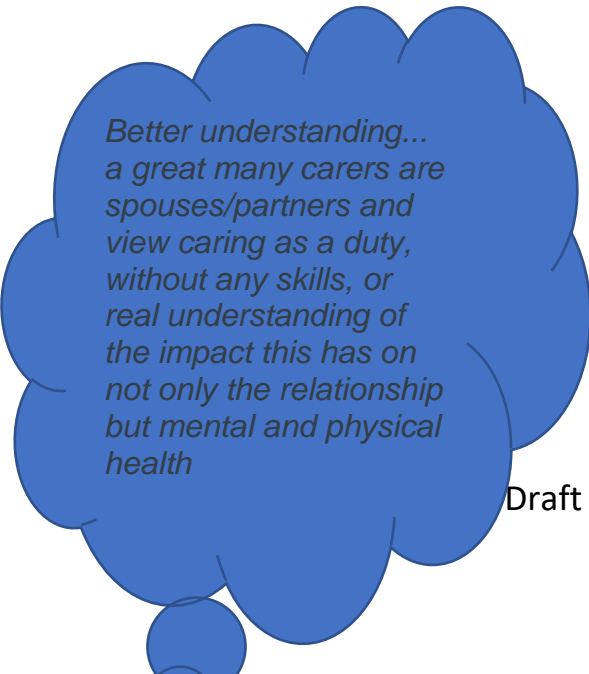
How people access support and advice needs to be streamlined and Adult Carer Support Plans and Young Carer Statements carried out by a range of carers organisations and relevant teams to meet carers needs. There are significant cultural and systems change required for this approach to work and this is currently underway.

Carers have asked for responsive, flexible services that can meet their assessed needs providing, sometimes multiple solutions, to support them within their caring role. Supporting carers within current provision or identified assessed needs alongside staff who understand their situation and personal circumstances is important to carers. In order to meet these needs trained frontline staff will carry out Adult Carer Support Plan and/or Young Carers Statement referring to social work practice teams where required (critical and substantial result or risk concerns). This reduces the pressure on practice teams increasing the responsiveness of services to meet the needs of carers as early as possible.

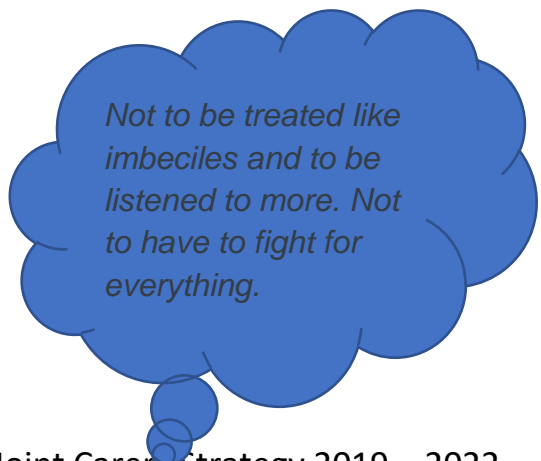
We will work with council, NHS, education and third sector partners to continuously seek ways to help carers identify they are in a caring role – this will be an ongoing development.

The strategy will be monitored throughout its' life measuring both outcomes and outputs to make sure we are reaching as many carers as we can throughout the city of Edinburgh. We will review the strategy halfway through its' life in order to maintain its relevance to the changing needs of carers and we will continue to work with carers throughout the implementation and review cycle.

Last word to the carers who helped shape this strategy during recent consultation events;



Better understanding... a great many carers are spouses/partners and view caring as a duty, without any skills, or real understanding of the impact this has on not only the relationship but mental and physical health



Not to be treated like imbeciles and to be listened to more. Not to have to fight for everything.



Implementation Plan (High Level)

Appendix One

What adult and young carers can expect

Areas of Life	Issues	How this plan will help.
Health and Wellbeing	<ul style="list-style-type: none"> The emotional impact of caring - more 	<ul style="list-style-type: none"> Developing a short breaks statement.

	<p>emotional support required.</p> <ul style="list-style-type: none"> • Carers' physical health affected • Carers seek mental health support (People to talk to, support to overcome stress, worry, depression) 	<ul style="list-style-type: none"> • Develop and communicate clearer pathways to access services • Identify carers/help carers identify as a carer as early as possible • Provision of peer mentoring and more peer support programmes • Commitment to increased provision of carer counselling
Relationships	<ul style="list-style-type: none"> • Change of relationships as a result of the caring situation, the impact of long term conditions, behavioural changes, growing resentment or family relationships, (wife to carer for example). • Strained relationships 	<ul style="list-style-type: none"> • Earlier identification of carers to offer ACSP/YCS at earliest opportunity. • Established relationships with carer organisation(s) once identified for ongoing support • Provision of peer mentoring and more peer support programmes • Access/signposting to counselling services where required.
Finance and economic wellbeing	<ul style="list-style-type: none"> • Reduced Income • Limited additional resources available. • Additional costs of caring • Fuel poverty • Debt or money worries. • Reconciling paid employment with caring responsibilities 	<ul style="list-style-type: none"> • A range of income maximisation services provided by carer agencies and other services • Access to legal information and support for carers. • Joint partnership initiatives between carer agencies and employers to identify and support carers in the workforce • Training programmes on a wide range of financial

		<p>planning, access to benefits and income maximisation and self-advocacy</p> <ul style="list-style-type: none"> • Access to support to make informed decisions regarding financial/ employment planning. • Assisting carers to return to work, incl. access to volunteering
Life Balance	<ul style="list-style-type: none"> • Loss of identity • Feeling isolated/trapped within caring environment. • Little or no chance to socialise. 	<ul style="list-style-type: none"> • Developing of a short breaks statement • Signposting to relevant carer/other support services. • Early identification of needs through ACSP/YCS and offer of support. • Provision of peer mentoring and more peer support programmes • supporting people to access and benefit from mainstream services –with focus on role of Edinburgh Leisure and also access to personalised budgets •
Future Planning	<ul style="list-style-type: none"> • Power of Attorney Planning. • Employment advice • Training opportunities • Emergency Planning • Careers advice 	<ul style="list-style-type: none"> • Information and advice services – no ‘one size fits all’ solution. • Support peer support groups and activities for carers. • Needs identified at the earliest opportunity by the relevant person. • Inclusion of emergency planning in ACSP’s and

		good conversations with carers.
Employment and Training	<ul style="list-style-type: none"> • Unable to work at all. • Reduced hours of work. • No time to attend training. • No money to attend training 	<ul style="list-style-type: none"> • Information and support for employers regarding carer needs. • Support to attend training as identified in ACSP/YCS. • Information and signposting to support available • Organisations encouraged to be part of the Carer Positive scheme. • Assisting carers to return to work, incl. access to volunteering •
Living Environment	<ul style="list-style-type: none"> • Adaptions • Telehealth Solutions • Location • Housing!! • Fuel poverty 	<ul style="list-style-type: none"> • Information and Advice on housing rights and options • Work with housing colleagues • Telehealth Services/technology solutions • Equipment store links. • Home safety checks; energy efficiency checks; telecare checks • Personalised budgets for equipment/ assistive technology/ housing repairs and redecoration/gardening • Expansion of care and repair handyman service; gardening support? •

Education	<ul style="list-style-type: none"> • Lack of awareness of young carer needs in schools. • Transitions • Lack of training for teachers. • Lack of consistent information. 	<ul style="list-style-type: none"> • Needs identified in ACSP/YCS • Staff training • Clear pathway in schools for accessing support. • Young carers supported in school, college and university.
Breaks from Caring	<ul style="list-style-type: none"> • Sustaining caring role • Stress • Risk of inappropriate behaviour due to lack of support • Reducing isolation • Enhancing a life outside of the caring role • Reduce the negative impacts of caring 	<ul style="list-style-type: none"> • Inform carers about short breaks • Utilise Short Breaks Services Statement and Booklet to promote good conversations • Support carers to access a range of short breaks • Support development of short breaks for carers

○ **Self-care, self-management and self-directed support**

These concepts underpin all health and social care directions and we should include a comprehensive section to stress that these underpin the strategy and all interventions and support should focus on reducing dependency, increasing self-directed support and self-help.

SDS must be particularly prominent to reflect recent audit reports and new SG initiatives to roll out SDS options, etc.

○ **Social inclusion**

We ought to stress the role of mainstream services to be more carer aware and more carer 'friendly' – should Edinburgh develop a 'carer friendly' mark like the 'dementia friends' which would be distinctly different to the carer positive mark? The focus on mainstream services also links to respite and perhaps the development of a carer discount card. The strategy's aim is to embrace the importance of the wide range of agencies, businesses and employers to play their part, not to focus on a silo of carers.

- **Economic wellbeing**

This strategy urgently needs a **comprehensive section on economic wellbeing**: the impact of caring on people's income and the poverty spiral many are exposed to when reducing or giving up work. Financial planning with carers, support for debt management, income maximisation etc are a key aspect of current government focus following the devolution of 15% of the UK's welfare benefits. Edinburgh cannot be seen not to acknowledge this at a time where government and council develop their own anti-poverty strategies!!

- Regarding carer evidence, the strategy should reference VOCAL's most recent **carer survey** which set out many clear messages from carers – this was discussed and agreed within the Carers' Strategic Partnership earlier this year, just prior to Wendy Dale relinquishing her role as convenor of the group.

It is desirable to also include reference to surveys or carer evidence produced by other local agencies.

- **Reporting to meet the criteria of the SG Carer Census**

We will be expected to reference the government's requirement to report to the Carer Census and we should welcome this initiative and set out in the strategy how we will comply and how we are committed to using the emerging data for future reference, benchmarking and planning of carer support in Edinburgh

- **future/emergency planning**

future planning and emergency planning are key aspects for prevention! They feature strongly in the Carers Act and should be raised prominently in the relevant section of the strategy – all agencies need to focus on care planning with carers to help deliver prevention.

Anticipatory care planning - linking up to the NHS KIS summary not just social care. Ensuring that the emergency plan is not just about cared for person but the carer as well. The Enable tool is very cared for person dominated. We should point to the importance of estates planning to capture ideas of wills, trusts.

We need to stress the need for more guardianship and Power of Attorney work – lack of POA/Guardianship arrangements are often at the heart of long

delays for hospital discharge and other key decisions needing to be taken in the interest of a person – there is a growing need for more POA and guardianship work!

- **IT and digital skills and literacy**

The strategy should emphasise the need to assist carers with initiatives to increase their digital and IT skills – Longstone is a case in point; communication and self-help through internet and social media are crucial for training, information and social inclusion, etc. The digital dimensions of future support provision deserve a section and would include assistive technology/telehealth

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It is estimated that around 788,000 people are caring for a relative, friend or neighbour in Scotland including 44,000 people under the age of 18^[6]. The provision of unpaid care to family members, friends or others is not shared equally across social groups. Also, the mental and physical health and wellbeing of carers can be negatively affected by the caring demands placed upon them; around a third of carers have reported that caring has a negative impact on their health and the more care that a carer provides, the less likely they are to report good health^[6].

The Scottish Health survey found that 47% of the Scottish population had a long term condition, 53% of that number are female and 47% are male. The prevalence of limiting long-term conditions was highest for those aged 75 and over and lowest for those aged 0-15.

The prevalence of long-term conditions therefore represent significant personal, social and economic costs both to individuals and their families as well as to health and care services and Scottish society more widely.

(Scottish Health Survey 2016: volume 1: main report: <https://www.gov.scot/publications/scottish-health-survey-2016-volume-1-main-report/pages/60/>)

The Scottish Health Survey (2016) indicated that;

- More than one in seven (15%) adults provided regular, unpaid care to a family member, friend or someone else in 2016, with women more likely to do so than men (17% and 13% respectively).
- Of all children aged 4-15, 3% provided care, with older children more likely to provide care than younger (5% of those aged 12-15 compared with 1% of those aged 4-11).
- Women working full time were significantly more likely to provide unpaid care than men working full time (17% and 12% respectively).
- In 2015/2016, adults providing unpaid care were most likely to do so for 5-19 hours per week.
- Those over the age of 65 were most likely to provide more than 50 hours of care per week at 24%, compared with 13-14% of those aged 16-64.

So we know that one in ten young people are carers and one in seven adults provide unpaid care, this can have several impacts both positive and negative for carers across Edinburgh. (More detail can be found by following this link -

<https://www.gov.scot/publications/scottish-health-survey-2016-volume-1-main-report/pages/60/>

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Appendix Three

What information informed this version of the Edinburgh Joint Carers Strategy?

Review of currently commissioned services and grant reviews.

This version of the strategy incorporates the learning from the previous Edinburgh Joint Carers Strategy (2014-17) and the subsequent independent review and recommendations made by EVOC. Services currently commissioned by Communities and Families and the Health and Social Care Partnership were also reviewed to inform this strategy preventing the duplication of any services developed using the funding available. The new grants processes will also influence the implementation of the strategy and will impact on both small grass root services and larger city-wide services.

City wide consultation of carers

In order to develop a strategy and implementation plan that is relevant to current needs of carers the EHSCP and its partners carried out a joint and independent consultations. VOCAL carried out a carer survey of 8,000 carer households with 915 carer responses in November 2017, commissioned by VOCAL and conducted independently by ScotInform (https://www.vocal.org.uk/wp-content/uploads/2018/03/2017-VOCALCarerSurveyReport_Edinburgh.pdf)

The city-wide consultation on the Carers (Scotland) Act 2016 was for unpaid carers and targeted at Young Carers and Adult Carers alike. The initial information gathering was completed using a short Survey Monkey distributed electronically via partner organisations and the City of Edinburgh Council's consultation hub.

Once the online survey was closed three officers met to discuss some high-level themes that had come from the 126 responses received. Face to face events were then planned open to both young and adult carers to check out the themes identified and record more specific points discussed – these events were attended by 5 adult carers and 19 young carers. A further 4 events were carried out in partnership with young carer organisations to collect young people's views – these were attended by 50 young carers.

Appendix Four

Summary of key themes from Carers (Scotland) Act 2016

- Widening the definition of carer so it encompasses a greater number of carers.
- Placing a duty on local authorities to prepare an adult carer support plan (ACSP) or a young carer statement (YCS) for anyone who requests one or is identified as a carer. As part of an ACSP/YCS the development of an emergency plan and carer's need for short breaks from their caring role must be considered and recorded.
- Giving local authorities a duty to provide support to carers who meet local eligibility criteria.
- Requiring local authorities and NHS boards to involve carers in the development of carer services and hospital discharge processes for the people they care for.
- 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.
- To prepare and publish a statement on short breaks available in Scotland for carers and cared for persons.

What data is collected in the Carers Census?

For each Carer:

- Data Provider
- ID Carer
- CHI number
- postcode
- date of birth
- gender
- ethnic group
- care duration
- care hours
- care type
- care impact

For the person they care for:

- ID Carer
- Unique ID for cared for person
- age group
- does carer live with cared for person
- gender
- ethnic group
- client group
- relationship to carer

For Adult Care Support Plan / Young Carers Statement:

- ID Carer
- source of referral for ACSP / YCS
- date ACSP / YCS requested / offered
- type of ACSP / YCS – new or review
- ACSP / YCS completed?
- date completed
- ACSP / YCS declined
- date declined
- ACSP / YCS joint assessment with cared for person
- is carer willing to care
- is carer able to care
- is carer eligible for support
- carers support needs
- support provided / purchased by LA
- did review result in change to support
- Short break provided
- Number of short breaks taken
- Replacement care provided
- Type of replacement care
- Daytime replacement care - hours
- Overnight replacement care - nights

Please note:

Items in pale text are not mandatory for 2018-19 but we would encourage you to return these if you already hold this data as this will help with discussion on taking forward data collection for these items which are still considered essential for the longer term data collection.

For Young Carers Statement:

responsible Authority for young carer



HAPPY TO TRANSLATE

You can get this document on tape, in Braille, **large print** and various computer formats if you ask us.
Please contact the Interpretation and Translation Service (ITS) on 0131 242 8181 and quote reference number 14-0083. The ITS can also give information on community language translations. You can get more copies of this document by calling 0131 553 8466.

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Report

Short Break Services Statement (Unpaid Carers)

Edinburgh Integration Joint Board

29 March 2019

Executive Summary

1. The purpose of this report is to present the Edinburgh Integration Joint Board (IJB) with the Short Break Services Statement for Unpaid Carers. It has been prepared in compliance with the requirements of the Carers (Scotland) Act 2016.
2. The Short Break Services Statement gives information about short breaks available both locally and across Scotland for unpaid carers and the person or people they care for.

Recommendations

3. The Integration Joint Board is asked to:
 - i. Approve the Short Break Services Statement (SBSS)
 - ii. Recommend the publication of the SBSS
 - iii. Note that there are additional funds through the Carers (Scotland) Act 2016 five year financial settlement to implement additional short breaks support for carers

Background

4. The Carers (Scotland) Act 2016 was implemented on 1 April 2018 placing new duties on local authorities, these are:
 - a) requiring local authorities to produce a Short Break Services Statement for their area and make this available to carers and professionals
 - b) a change in the definition of carer so that it encompasses a greater number of carers

- c) 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
- d) giving local authorities a duty to provide support to carers that meet local eligibility criteria
- e) requiring local authorities and NHS boards to involve carers in carers' services
- f) giving local authorities a duty to prepare a carers strategy for their area
- g) requiring local authorities to establish and maintain advice and information services for carers

Main report

- 5. A short life working group from the Strategic Carers Partnership (SCP) was formed in summer 2018 to draft the SBSS. Membership included a carer, two third sector representatives and an officer from the Health and Social Care Partnership Integrated Carers Team. The SBSS was then reviewed and approved by the Strategic Carers Partnership in December 2018.
- 6. A national carer's organisation, Shared Care Scotland, worked alongside the Carers Act Advisory Team within Scottish Government to draft a SBSS template which local authorities could use and populate with their own information. The SCP group agreed to broadly follow this outline.
- 7. All members of the Edinburgh Carer Network, which includes both carer dedicated organisations and other organisations who provide some support to carers, were invited to complete a template asking them to give information about the short breaks they provide for carers.
- 8. Research on other organisations and resources where carers, or the person they care for, can access a short break was conducted to provide a comprehensive guide both locally and nationally. This list is not exhaustive and the SCP group view the statement as a dynamic document which will be reviewed regularly and updated accordingly.
- 9. The SBSS guide includes carer definitions; the purpose of the SBSS; what is meant by a short break; carer outcomes; support available (in a table format categorised into specific sub-sections; how to access a short break and how it is funded; charging policy; contact details for feedback and further information; and a jargon buster
- 10. A brief 'one minute' guide has also been included in the SBSS for both carers and staff to use.

Key risks

11. It is estimated from the 2011 census that there are 37,859 unpaid carers in Edinburgh. The General Household survey (2013) suggests this figure could be significantly higher at 65,084 and demographics show us these figures are set to increase. This SBSS will be circulated widely to allow more citizens and carers to know about their rights to access short breaks if eligible. Therefore, a potential risk exists in an increase in demand for short breaks and a risk that providers will not be able to supply the number of breaks required.

Financial implications

12. Before the Carers (Scotland) Act 2016, carers could access short breaks through 1) The waiving of charges for replacement care when the assessed needs of the carer and cared for person deem this appropriate and; 2) through short break opportunities available through third sector organisations who already receive funding from the Edinburgh Health and Social Care Partnership and 3) through other national carer organisations such as 'Short Breaks Funding' via Shared Care Scotland.
13. However, there is now a financial settlement from the Scottish Government for five years, (2018-2023) which is aligned to the implementation of the Carers (Scotland) Act 2016. Within this settlement there is a specified amount of £198,000 per year for 'Additional Short Breaks Support'.
14. Within the Joint Edinburgh Carers Strategy (2019-2022) Short Breaks for Carers are one of the six identified priorities. This additional funding from the Carers Act for short breaks will be costed and incorporated into the Implementation Plan for the Carers Strategy which is currently being written. Outcomes for carers from the Carer Act funding will be monitored and evaluated as projects progress.
15. This new funding stream and the services it provides will offer additional short break opportunities for unpaid carers in Edinburgh and will enhance the provision which is already available.

Implications for Directions

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

Equalities implications

17. The purpose of the SBSS is to ensure that carers from a range of communities know they can access a break and have information on how to go about this. There are some communities where English is not the carers first language or

where there maybe literacy issues. Carer Support Organisations across the City will work with their communities of interest and this statement can be translated as required or explained to carers by support staff.

18. It is also planned that the SBSS will be available in both electronic and hard copy, (booklet style) formats to allow carers to access the statement, acknowledging feedback from carers that many carers do not access information via the internet.

Sustainability implications

19. To support carers to care for others at home it is widely recognised that accessing a short break, relevant to the carers personalised needs, is invaluable and helps to support the health and social care system. It is therefore vital that short breaks are sustained and developed within the city and this SBSS will assist us in the future to examine areas for development.

Involving people

20. The Carer representative from the Edinburgh Integration Joint Board was involved in preparing the statement representing carers views alongside colleagues from Third Sector Carer Organisations. A draft of the plan was also commented on by members of the SCP, including representatives from Third Sector Carer Organisations, NHS Lothian and City of Edinburgh Council. Impact on plans of other parties.

Impact on plans of other parties

21. The Carers (Scotland) Act 2016 and aligned work streams 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.

Report author

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Appendices

Appendix 1	Short Breaks Services Statement
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REVISED FINAL DRAFT 20-03-2019

Edinburgh Health & Social Care Partnership

Carer (Scotland) Act 2016

Short Break Services Statement

Working together for a caring
healthier, safer Edinburgh



Edinburgh Health and Social Care Partnership



**Equal Partners
in Care**

Working together to achieve better
outcomes for carers and young carers

Content

1. One minute guide
2. Background
3. Purpose of Statement
4. What is meant by Short Breaks?
5. Carer Outcomes
6. Support Available
7. How do I get a Short Break and How is it Funded?
8. Charging Policy
9. Feedback and further information
10. Jargon Buster

Short Break Services Statement

1. One Minute Guide

This Statement is required by the Carers (Scotland) Act 2016. It gives information about the short breaks services available locally and across Scotland for unpaid carers and the person or people they care for.

Carer

A Carer is 'A person of any age who provides, or intends to provide, unpaid help and support to a relative, friend or neighbour who cannot manage to live independently without the Carer's help due to frailty, illness, disability or addiction'. (Scottish Government 2016)

A Young Carer is a Carer who is under 18 years old or is 18 years old and is still at school.
A young adult carer is aged between 16 and 29 years.

What is meant by a Short Break?

The purpose of a 'short break' is to support all carers to have a life outside of and/or alongside of their caring role and short breaks should also help to support their health and wellbeing. For young carers, accessing a short break reflects their right to be a child first (rather than being a carer first with a life alongside caring).

A short break is planned around what is important in your life. This can be innovative and creative.

We recognize that everyone is an individual and therefore the type of short break needed will vary from person to person.

Carers will be supported to identify the need for a short break and what the potential benefits of their short break maybe. The outcomes of a break will be personal to each carer and cared-for person, but may include activities that improve your health and wellbeing, less lonely and give you opportunities to have a life outside caring.

A carer can choose to have an adult support plan or a young carers statement. Carers will be involved in completing their plan which will identify ways that can help support them through short breaks. There are a range of options which carers can access for short or longer breaks.

Short breaks for carers in Edinburgh can be accessed through a range of organisations as well as the Edinburgh Health and Social Care Partnership.

You can view what support is available to Carers in Edinburgh by visiting this link www.edinburgh.gov.uk/info/20077/carers or by requesting a copy of the Short Breaks Services Statement from a range of carer organisations or the Integrated Carers Team on 0131-5536-3371.

There may be a cost for a short break service. Some carers may need help and support to fund this. This will be discussed as part of the support plan. This may include Self Directed Support

options and in some cases, charges for carers to access short breaks can be removed. (Please refer to the full document for further details.)

For more information on unpaid carers in Edinburgh, the Joint Edinburgh Carers Strategy is available here www.edinburgh.gov.uk/info/20077/carers

"A few hours apart from the person you care for helps both parties to get space from one another. I feel I have had my batteries recharged, it helps a lot."

"Being away, even for 4 days, brings an element of perspective to my caring relationship. The knowledge that I can take a break makes a difference."

"A tool to survive"

"Time out for me, having fun, being with other carers, means everything to me."

"To give me strength"

Young Carer, aged 7

2. Background

This Statement is required by the Carers (Scotland) Act 2016. It gives information about the short breaks services available locally and across Scotland for unpaid carers and the person or people they care for.

A variety of short break options for carers have been available through the Health and Social Care Partnership (H&SCP) and Third Sector Organisations prior to the implementation of the Carers (Scotland) Act 2016 and these opportunities will continue to be available. Many of these options are funded by the H&SCP and one example of this is the short residential break for carers called ['Stepping Out'](#) .

The financial resource to provide short breaks for carers has been increased by the Scottish Government through the Carers (Scotland) Act 2016. This means that additional funds of £198,000 per year, for the next five years until 2022/2023, will provide new short break opportunities for carers to support their health and well being. Details of how these funds will be used will be available in the Implementation Plan for the Edinburgh Carer Strategy.

Unpaid carers are people of any age, who look after a relative, friend or neighbour to help that person continue to live in their community. Caring situations vary greatly, and if you are unsure whether you are a carer, please do not hesitate to contact one of the organisations listed on pages 10-18. Caring roles can continue when the cared for person leaves their own home and moves into a care home or a residential setting and this situation should not prevent a carer from seeking support. Kinship carers can also access carer support organisations and short break services.

People can look after more than one person in their life-time and sometimes care for more than one person at the same time. Caring can be for a short or a long period of time.

Definition of 'Carer'

Edinburgh City Health & Social Care Partnership has adopted the following as a working definition of a carer as set out in the Carers Act.

Carer

A Carer is 'A person of any age who provides, or intends to provide, unpaid help and support to a relative, friend or neighbour who cannot manage to live independently without the Carer's help due to frailty, illness, disability or addiction'. (Scottish Government 2016)

Young Carers

A Young Carer is a Carer who is under 18 years old or is 18 years old and is still at school. A Young Carer is more than just a Young person who provides unpaid care. They are Children and Young People first, with rights to live a full life and not miss out on childhood. Short Breaks have a role to play in ensuring Young Carers can benefit from the same experiences and opportunities as their friends and peers, and this Short Break Service Statement (SBSS) should reflect this.

Young Adult Carers

A Carer aged 16 to 29 who cares, unpaid, for a family member or friend with an illness, or disability, mental health condition or an addiction. Young Adult Carers are usually aged from 18 to 25. There are also important transition issues for this group of Carers, especially with regard to support for Young Adult Carers aged over 18.

Carers will be identified within all community care group settings and as such this policy applies to carers of older people, those with physical disabilities, learning disabilities, children with disabilities, people with addiction, with mental health issues and a range of long term health conditions.

What is a Short Breaks Statement?

Every Local Authority and/or Health & Social Care Partnership in Scotland is required to write a 'Short Breaks Services Statement, (SBSS)', to help carers understand what short breaks are available for them, how they can be accessed and any eligibility criteria that may apply.

Carers have a range of legal rights including:

- The **Carers (Scotland) Act 2016** places a legislative requirement to provide support to Carers, including considering if a Short Break would help meet the Carer's outcomes. The Act also requires that a statement is published which sets out information about Short Breaks, including what services are available for Carers and the people they support is published.
- The **Social Care (Self-Directed Support) (Scotland) Act 2013**, Carers should be provided with information and advice about Self-Directed Support (SDS) options. If a Carer is eligible, staff must offer and explain a range of choices to you and the person you care for, about how support can be provided.
- The **Children & Young People (Scotland) Act 2014** places a duty on public services such as Social Work, Education and Health to identify Young Carers. These services must also work together to make sure that the Young Carers are provided with the required support

3. Purpose of Statement

The purpose of this SSBS is to provide information to carers and cared for people and professionals so that they;

- Know they can have a break in a range of ways
- Are informed about the short breaks that are available
- Have choice in the support they choose to access
- Can identify what a short break means for them
- Know they can be supported to find a break that meets their needs
- Can achieve the outcomes or results they would like from having a break
- Can access holistic support to deal with the life challenges they are facing

The content of this statement has been informed by what carers have told us in our consultation around the Edinburgh Joint Carers Strategy for 2018-2023 and other development work. The statement will continue to be reviewed in light of feedback.

The statement will also signpost you to information we expect to be available locally. This provides information on what services you and the cared for person can expect from a range of local agencies, including education, health and social care. Knowing what is out there gives you more choice and therefore more control over what support is right for you.

4. What is meant by a Short Break?

The purpose of a 'short break' is to support carers to have a life outside and/or alongside of their caring role and short breaks should also help to support their health and wellbeing. For young carers, accessing a short break reflects their right to be a child first (rather than being a carer first with a life alongside caring).

Edinburgh Health and Social Care Partnership seeks to provide carers with a range of short break options which can be innovative and creative. A short break is planned around what is important in your life. We recognize that everyone is an individual and therefore the type of short break needed will vary from person to person.

A short break can also benefit the cared-for person and others (e.g. family members) and can help to maintain and sustain relationships.

For young carers, having a break from their caring role can allow them to build their self-esteem and confidence. It may also enable the young carer to try out new hobbies, interests and meet other people.

'Respite'

Sometimes, the term 'Respite' is used to describe a break from caring. Staff, partners and Carers feel the term 'Respite' is often associated with institutional services or emergency situations. 'Short Breaks' is a term more positive, broader and inclusive and captures the flexibility and creativity that you as Carers have told us matters to you.

This Short Break Services Statement focuses on planned breaks.

Quotes from local carers on what a short break meant to them:

"Being away, even for 4 days, brings an element of perspective to my caring relationship. The knowledge that I can take a break makes a difference."

"A few hours apart from the person you care for helps both parties to get space from one another. I feel I have had my batteries recharged, it helps a lot."

"Time out for me, having fun, being with other carers, means everything to me."

"A tool to survive."

"I love going on the residentials because I always learn something new about myself and grow closer with the people I go with. I also receive life coaching which has helped me tremendously. BYC has helped changed my life for the better." Young Carer.

5 Carer Outcomes

Carers will be supported to identify the need for a short break and what the potential benefits of their short break may be. The outcomes of a break will be personal to each carer and cared-for person, but may include:

- ✓ Having more opportunities to enjoy a life outside/alongside the caring role
- ✓ Feeling better supported
- ✓ Improved health and wellbeing
- ✓ Reduced social isolation and loneliness, for example increasing social circles, connections and activities
- ✓ Increased ability to cope
- ✓ Increased ability to maintain the caring relationship - and sustain the caring role
- ✓ Improved quality of life
- ✓ Improved confidence (for example, more confident as a carer)
- ✓ Reduced likelihood of breakdown and crisis.

In an Adult Carer Support Plan (ACSP) or a Young Carers Statement, (YCS) we will discuss what the carer's needs and outcomes are, and whether a short break could help meet those needs or outcomes. We believe it is important carers are given choice and flexibility about what form of short break is suitable for them. Breaks should be regular and sufficient to meet the needs of the carer.

Some examples of creative solutions that have been identified through ACSP's to offer a carer a short break through funding are:

- Swimming lessons
- Driving lessons
- An iPad
- Specialist massage
- A garden shed

A break may:

- Take place during the day or overnight
- Be for short or extended periods
- Involve the person with support needs having a break away from home allowing the Carer time for themselves
- Enable the Carer to have a break away from caring by temporarily providing replacement care, if required
- Allow the carer and the cared for person/family to have breaks together

It is also important that Carers have the opportunity to access a break at short notice when this is required due to an emergency situation, such as a crisis or a sudden deterioration in health of the person they are looking after. When Carers have an Adult Carer Support Plan or a Young Carer Statement completed, they will be asked whether they have emergency or future plans in place, and whether they need help with the completion of these. Having an emergency plan in place which includes options for emergency cover for the cared-for person can help make this process easier should an emergency break ever be required. If you need help in an emergency you can call Social Care Direct on 0131-200-2324 (Out of hours: Monday to Thursday 5pm to 8.30am weekends from Friday 3.55pm to Monday 8.30 am: 0800 731 6969)

6. Support Available

Some Carers will be happy and able to organise and fund a short break for themselves and/or the person they care for. Others may need some help and support to access services only available through social work services to fund a short break or to discuss options for appropriate short breaks. Please see Appendix 1 for a general list describing different ways that breaks can be provided.

Information about some of the short break services available nationally and in Edinburgh are listed in Table 1 below. There may be eligibility criteria attached to these.

1.1 National Organisations and databases

Organisation	What they offer	More information
Shared Care Scotland	This website contains a searchable directory of short breaks. Anyone wishing to list a short break service can log in to do so.	www.sharedcarescotland.org.uk
Euan's guide	Euan's Guide is the disabled access review website that aims to remove the fear of the unknown' and inspire people to try new places. The cornerstone of Euan's Guide is its community of independent reviewers, who share their photos and experiences of restaurants, hotels, train stations, attractions and anywhere else they may have visited.	https://www.euansguide.com/
ALISS	ALISS (A Local Information System for Scotland) aims to increase the availability of health and wellbeing information for people living with long term conditions, disabled people and unpaid Carers. It supports people, communities, professionals and organisations that have information to share.	https://www.aliss.org/
Carefree Breaks	Carefree Breaks provides short breaks for unpaid carers in hotels and holiday cottages provided free of charge by owners in the low season.	https://www.carefreebreaks.com

1.2 Young Carers

Organisation	What they offer	More information
The Broomhouse Centre (Young Carers Project)	<p>Groupwork and peer support for young carers for 2 hours per week throughout the year.</p> <p>Residential breaks for young carers are provided six times a year. These range from three to five nights away.</p>	<p>79-89 Broomhouse Crescent, Edinburgh, EH11 3RH</p> <p>0131 455 7731</p> <p>www.broomhousecentre.org.uk</p>

	Open to young carers in the South West of Edinburgh ages 7-25.	youngcarers@broomhousecentre.org.uk
Edinburgh Young Carers Project	<p>Residential breaks for young carers aged 5-20 years old ranging from 1-4 nights away.</p> <p>Holiday activities during school holidays in the Easter, Summer and October holidays.</p> <p>A range of group activities are available to Young Carers within the project which can allow young carers to access a short break of a few hours on a regular basis.</p> <p>Open to Young Carers across the City.</p>	<p>Norton Park, 57 Albion Road, Edinburgh EH7 5QY</p> <p>0131 475 2322</p> <p>www.youngcarers.org.uk</p> <p>info@youngcarers.org.uk</p>
In Your Corner	Open to Young Adult Carers, aged 18-25 years old across the City.	<p>Norton Park, 57 Albion Road, Edinburgh, EH7 5QY</p> <p>https://www.cornerstone.org.uk/how-we-heZp/care-and-support?id=in-your-corner</p> <p>http://edspace.org.uk/service/in-your-corner/</p>
North West Carers Centre	<p>The Wi Rascals Project run support groups for young carers, from primary 1 to sixth year, twice per week.</p> <p>They offer one to one support as requested; drop in sessions as requested and also provide two residential breaks per year allowing young carers to access a trip away with other young carers.</p> <p>The project is open to young carers aged 5-18 years in the North West Edinburgh Area.</p>	<p>The Prentice Centre, 1 Granton Mains Avenue, Edinburgh, EH4 4GA</p> <p>0131 315 3130</p> <p>www.nwcarers.org.uk</p> <p>moira@nwcarers.org.uk</p>

Positive Realities	<p>Social Hub: A social group for young carers and young adult carers aged between 12-25 years to help meet new people, try new things and learn about building confidence, relationships and your future.</p> <p>Open to Young Carers across the City.</p>	<p>41 Old Dalkeith Road Edinburgh, EH16 4TE</p> <p>0749 6782436</p> <p>www.positiverealities.org</p> <p>megan@positiverealities.org</p>
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1.3 Adult Carers

Organisation	What they offer	More information
The Broomhouse Centre	<p>The Broomhouse Centre provides three main options for short breaks for carers through their monthly support group which meets on a Tuesday; their Day Breaks programme which runs every three months and through their Peer Support service which runs monthly.</p> <p>Open to carers who live in the South West of Edinburgh.</p>	<p>79-89 Broomhouse Crescent, Edinburgh, EH11 3RH</p> <p>0131 455 7731</p> <p>www.broomhousecentre.org.uk</p> <p>adultcarers@broomhousecentre.org.uk</p>
Care For Carers	<p>Care for Carers provide a range of short break services to carers through their Stepping Out and Still Caring services.</p> <p>Stepping Out Breaks: A group based residential Short Break programme for carers offering a range of breaks across Scotland in different venues and settings.</p> <p>These organised and supported breaks vary from 1 to 4 nights away and are funded for carers to take part in. Some breaks are themed, focusing on subjects such as relaxation and meditation to astronomy and sciences.</p> <p>Still Caring is a programme of day and evening events/breaks for carers and take place in a range of venues, offering art, culture,</p>	<p>St Margaret's House, 151 London Road, Edinburgh, EH7 6AE</p> <p>0131 661 2077</p> <p>www.care4carers.org.uk/Web_Pages/Stepping_Out.htm</p> <p>Jacqui@care4carers.org.uk</p> <p>ruth@care4carers.org.uk</p>

	<p>music and other event options and experiences over the year. Some of the programme is planned to enable the carer to bring along the cared for person to specific events.</p> <p>All short breaks seek to support and improve carers health and wellbeing, enable carers to take part, have fun and socialise with others.</p> <p>Care for Carers are members of Shared Care Scotlands Respite programme and Carefreebreaks. Both these services offer carers on our membership list access to offers from hospitality providers. These offers provide the accommodation for free but the carer has to be able to fund their travel, catering, event and activity costs themselves. We can help carers to try to access funding to support their break where possible.</p> <p>Open to carers across the city.</p>	
Eric Liddell Centre	<p>Befriending service to adult carers on a weekly, fortnightly or monthly basis to reduce carer isolation and support carers to become more engaged with their community or simply have a break from their caring role.</p> <p>Open to carers across the City.</p>	<p>15 Morningside Road, Edinburgh, EH10 4DP</p> <p>0131 447 4520</p> <p>www.ericliddell.org/services/befriending</p> <p>sorries@ericliddell.org</p>
Edinburgh Headway	<p>Edinburgh Headway Group provides short breaks for unpaid carers caring for someone with an ABI (acquired brain injury).</p> <p>Edinburgh Headway Group offer flexible individual and specialised 1:1 respite opportunities to carers. 1:1 respite matching provides flexible respite for carers by matching trained volunteers to members for social contact and outings.</p>	<p>Unit 4, 27 Pepper Place, Edinburgh, EH16 4BB</p> <p>0131 370 0393</p> <p>www.edinburghheadway.org.uk</p>

	<p>Social event examples include- Pamper Afternoon, Cuppa and Chat, Christmas market & Afternoon Tea. These events are a great opportunity to meet others in a similar situation or just take some time out.</p> <p>Edinburgh Headway Group offers a Supper club to carers and the person they care for. Our Supper Club Project has been specifically created to give the opportunity to both carer and cared for, to go out in the evening to a restaurant (which differs each time) and enjoy each other's company and meet other carers with similar challenges in a relaxed, fun and supported environment.</p> <p>Open to carers across the City (and Lothian's).</p>	carers@edinburghheadway.org.uk
Lanfine Carer Support Service	<p>Awards of up to £1000 for short breaks or respite for Carers of people with progressive neurological conditions who have been in-patients at Lanfine between Dec 2011 and Sept 2017.</p> <p>Applicants are required to have an Adult Carer Support Plan or Carer's Assessment. Applications submitted annually.</p> <p>Award can be spent on breaks for carer or cared-for person if they wish to go on holiday together or access respite.</p> <p>Open to carers across the City and the Lothians.</p>	<p>East Pavilion, Astley Ainslie Hospital, 133 Grange Loan, Edinburgh, EH9 2HL</p> <p>0131 537 9087</p> <p>www.nhsllothian.scot.nhs.uk/GoingToHospital/Locations/AstleyAinslieHospital/LanfineService/Pages/default.aspx</p>

MECOPP	<p>MECOPP provides regular short breaks from caring through its domiciliary care at home service. The services assists with personal care and practical support in the home.</p> <p>Minority Ethnic carers who are caring for an adult or older person with eligible support needs can access this service and Minority Ethnic adults or older people (with no informal carer) in specific circumstances may also access the service.</p> <p>The frequency of the service depends on the assessed need. The service is registered to provide a service between 8am – 8pm Monday to Friday and 8am – 4pm over the weekend</p>	<p>Maritime House, 8 The Shore, Edinburgh, EH6 6QN</p> <p>0131 467 2994</p> <p>www.mecopp.org.uk</p> <p>Margaret@mecopp.org.uk</p>
VOCAL	<p>VOCAL offer a variety of short break opportunities through a variety of options for carers.</p> <p>These include; Educational and personal development courses for carers. There are multiple events every week as per our training and events website</p> <p>Time to Live and better breaks – small grants for carers to purchase items and services to facilitate a break are available at certain times of the year. Please contact VOCAL to find out more information.</p> <p>Respite - day trips, overnight stays, and other break related activities are available through VOCAL, please contact the centre to find out more about availability.</p> <p>A Carer Support group open to carers who live in South West Edinburgh runs on a weekly basis and another support group, SMART, is open to carers from across the city who are caring for someone who uses substances.</p>	<p>60 Leith Walk, Edinburgh, EH6 5HB</p> <p>0131-622-6666</p> <p>www.vocal.org.uk</p> <p>https://www.carerstraining.co.uk</p> <p>www.vocal.org.uk/carer-support/care-for-yourself/taking-a-break/vocal-short-breaks-fund</p> <p>centre@vocal.org.uk</p>

	<p>Carer Conversation Cafes also run on a monthly basis for carers from across the city.</p>	
VolunteerNet	<p>VolunteerNet is a service for unpaid carers who live with the person they care for.</p> <p>It is an easy and safe way for carers to access support from fully checked, trained and supervised volunteers. Carers can make arrangements quickly and directly online with registered volunteers.</p> <p>Volunteers can help with small practical tasks; spend time with the carer and the person they care for; provide carers with short respite by spending time with the cared for person, whilst the carer has some time for themselves</p> <p>Open to carers across the City.</p>	<p>0131-200-2324 (Social Care Direct)</p> <p>http://www.edinburgh.gov.uk/info/20077/carers/478/volunteernet</p> <p>socialcaredirect@edinburgh.gov.uk</p>

1.4 Adults (Learning Disabilities)

Organisation	What they offer	More information
Enable	<p>ENABLE Scotland can support carers and cared for people in different ways to make sure they get a well earned rest.</p> <p>Carers want peace of mind that the person they care for is safe and well looked after when they are not with their main carer. Lots of people we support make use of flexible respite care options. Some like to go on holiday with friends. It's a chance to meet new people and see different places. Short breaks are a great alternative to traditional respite care in a residential home.</p>	<p>0300 0200 101</p> <p>www.enable.org.uk</p> <p>https://www.evocredbook.org.uk/services/short-breaks/a0Vb000000368dIEAQ</p> <p>enabledirect@enable.org.uk</p>
Firrhill Residential Short Breaks Service	<p>This purpose built centre offers state of the art facilities for people with disabilities. With 8 fully adapted rooms and bathrooms the unit is able to accommodate service users with a wide range of needs. The service is for clients who meet the criteria and live in Edinburgh. The service can be accessed through social care direct</p>	<p>257 Colinton Road, Edinburgh, EH14 1DW</p> <p>0131-200-2324</p> <p>www.evocredbook.org.uk/services/firrhill-residential-short-breaks-service/a0Vb00000019FAGEA2</p>

1.5 Adults (Physical Disabilities and Long Term Conditions)

Organisation	What they offer	More information
Leuchie House (Registered Charity)	<p>A dedicated respite centre, specialising in 4,7 or 11 night breaks with expert nursing care for people who have a Long Term Condition and/or their carer.</p> <p>Open to carers across the City and Scotland wide.</p>	<p>North Berwick, East Lothian, EH39 5NT</p> <p>01620-892864</p> <p>www.leuchiehouse.org.uk</p> <p>enquiries@leuchiehouse.org.uk</p>

Edinburgh Headway	<p>Provide a range of therapeutic and rehabilitative activities for people who have an acquired brain injury.</p> <p>Daily fees apply to the day service. To enquire further about fees please call us on 0131 370 0393</p>	<p>Unit 4, 27 Peffer Place, Edinburgh, EH16 4BB</p> <p>0131 370 0393</p> <p>www.edinburghheadway.org.uk</p> <p>www.edinburghheadway.org.uk/page.php?page=136</p>
Firrhill Residential Short Breaks Service	<p>This purpose built centre offers state of the art facilities for people with disabilities. With 8 fully adapted rooms and bathrooms the unit is able to accommodate service users with a wide range of needs. The service is for clients who meet the criteria and live in Edinburgh. The service can be accessed through social care direct</p>	<p>257 Colinton Road Edinburgh, EH14 1DW</p> <p>0131-200-2324</p> <p>www.evocredbook.org.uk/services/firrhill-residential-short-breaks-service/a0Vb00000019FAGEA2</p>

1.6 Adults (Mental Health)

Organisation	What they offer	More information
Edinburgh Carers Council	<p>A variety of services offered to carers around individual and collective advocacy, periods of transition and forensic mental health services.</p> <p>ECC also host a regular carers forum and an annual event in June during Carers Week.</p>	<p>GF5, 14 Links Place (Great Michael House), Edinburgh, EH6 7EZ</p> <p>0131 322 8480</p> <p>www.edinburghcarerscouncil.co.uk</p> <p>info@edinburghcarerscouncil.co.uk</p>
Stafford Centre Carers Service	<p>A variety of services offered to carers who care for someone with a mental health illness which offer support, information and a short break from their caring role. These include: one to one support as</p>	<p>103 Broughton Street, Edinburgh, EH1 3RZ</p>

	<p>and when required by the carer; a Carers Support group which runs on a monthly basis; and groups and activities available to carers Monday to Friday such as tai-chi or walking or music.</p> <p>The cared for person can also become a member of the Stafford centre and attend the groups and activities while the carer is there and offer the carer and cared for person a short break together.</p> <p>Open to carers across the City.</p>	<p>0131 629 1844</p> <p>www.staffordcentre.org.uk</p> <p>sccs@supportinmindscotland.org.uk</p>
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1.7 Adults (Over 65's)

Organisation	What they offer	More information
Edinburgh City Council	<p>Day services for older people</p> <p>Day services can help older people keep active, meet with other people and can give carers a break. People may only need these services for a short while, for example to regain confidence after a fall or a spell in hospital.</p>	<p>Social Care Direct: 0131-200-2324</p> <p>www.edinburgh.gov.uk/info/20076/adults_and_older_people/86/day_care_and_support</p>
North West Carers Centre	<p>Alternative to Day Care Service: provides 30 hour per week short break provision to adult carers and those they care for over the age of 65 in the North West Area of Edinburgh (Almond, Forth, Inverleith and Western localities)</p> <p>Average visit provided is 2 – 4 hours per week</p>	<p>Prentice Centre, 1 Granton Mains Avenue, Edinburgh, EH4 4GA</p> <p>0131 315 3130</p> <p>www.nwcarers.org.uk</p> <p>moira@nwcarers.org.uk</p>

Lifecare (Edinburgh Based Charity)	Lifecare provide a variety of support services including, day care clubs, outreach, care at home services for older people	2 Cheyne Street, Edinburgh, EH4 1JB 0131 343 0940 www.lifecare-edinburgh.org.uk
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1.8 Parent Carers

Organisation	What they offer	More information
Aberlour Options	We help children and young people with disabilities to enjoy adventure holidays through a specialist short breaks service.	0800 0856150 www.aberlour.org.uk/services/options-adventures/
Quarriers	Family-based short breaks for children with significant disabilities aged 0-18 years. This can be accessed by referral from social work services following an assessment. They also offer friendship and activity groups throughout the region for children and young people with significant disabilities of school age.	01387 249888 https://quarriers.org.uk/ https://quarriers.org.uk/services/countryview
Kinsfolk Carers	Every Thursday morning from 10AM to 12PM, excluding school holidays, we meet at the Leith Community Education Centre. For many of us this is an informal social gathering where we can discuss, in confidence, relevant issues and generally help to support each other in a relaxed environment. We are always delighted to encourage new carers to join our warm and friendly group.	Leith Community Education Centre, 12A Newkirkgate, Edinburgh, EH6 6AD 0131 208 4321 www.kinsfolkcarers.co.uk info@kinsfolkcarers.co.uk
Parent and carer support resources	Get details of local programmes, activities and groups designed to support parents and carers. Links to locality area booklets available on the website link	www.edinburgh.gov.uk/info/20100/support-for-families/1455/local-resources-for-parents-and-carers

Edinburgh City Council	Edinburgh Council can help the parents of children and young people access services that may support their parents, and other family members, i.e. siblings, to have a short break. We run respite, befriending and social support services for children from birth to school-leaving age.	Social Care Direct: 0131 200 2324 www.edinburgh.gov.uk/info/20078/children_and_families/824/children_and_young_people_with_disabilities
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1.9 Adults (With Dementia)

Organisation	What they offer	More information
Alzheimer Scotland	<p>Alzheimer Scotland provide information and advice to people with dementia, and their carers, family and friends. There are various social and support groups across Edinburgh.</p> <p>There is a varied range of social groups that include things like singing groups, art groups and dementia cafes. Dementia cafes are informal places for people with dementia and their carers. They provide a place to get information and to meet up with others in the same situation.</p> <p>Open to carers across Edinburgh</p>	<p>National Office, 160 Dundee Street, Edinburgh, EH11 1DQ</p> <p>0131 243 1453 24 hour Dementia Helpline: Freephone 0808 808 3000</p> <p>www.alzscot.org/services_and_support/search/1919_edinburgh_service www.alzscot.org/services_and_support/search?location=Edinburgh info@alzscot.org</p>
Edinburgh City Council	<p>Day services for older people</p> <p>Care and Support at Home: Personal Care in your own home is provided to help you keep your independence.</p> <p>It may involve regular visits from a care home worker to provide</p>	<p>Social Care Direct 0131-200-2324</p> <p>www.edinburgh.gov.uk/info/20076/adults_and_older_people/86/day_care_and_support www.edinburgh.gov.uk/info/20102/live_w</p>

	<p>personal care, help with meal preparations and assistance with medications.</p> <p>These services can be accessed by referral from Social Work services following an assessment of need.</p> <p>Short Breaks for the cared for person can be arranged in a care home or a nursing home to allow a carer a break from their caring role. These services can be accessed by referral from Social Work services following an assessment of need.</p>	<p>ell at home/151/care and support at home www.edinburgh.gov.uk/info/20199/get_care_and_support/287/how we assess your needs www.edinburgh.gov.uk/info/20101/supported housing and care homes/78/care homes</p>
Lifecare (Edinburgh Based Charity)	Lifecare provide a variety of support services including, day care, outreach, care at home services, companionship, and specialist dementia services for older people	<p>LifeCare Centre, 2 Cheyne Street, Edinburgh, EH4 1JB</p> <p>0131-343-0940</p> <p>www.lifecare-edinburgh.org.uk</p>

Carer Organisations and other Support Services

Organisation	What they offer	More information
Carers Emergency Card	A Carer's Emergency Card lets the emergency services or Social Care services know that you're an unpaid carer. Carrying the card at all times can help us to put other support in place in a crisis. The card is free of charge and any unpaid carer can request a card.	<p>Social Care Direct. You can phone between 8.30am and 5pm to ask for a registration form: 0131 200 2324</p> <p>www.edinburgh.gov.uk/info/20077/carers/60/carers_emergency_card</p>
Carer Organisations	One to one support; information and advice; carer support groups; carer courses; counselling; financial and power of attorney surgeries; short breaks for carers	<p>www.broomhousecentre.org.uk www.care4carers.org.uk www.edinburghcarerscouncil.co.uk www.edinburghheadway.org.uk www.ericliddell.org</p>

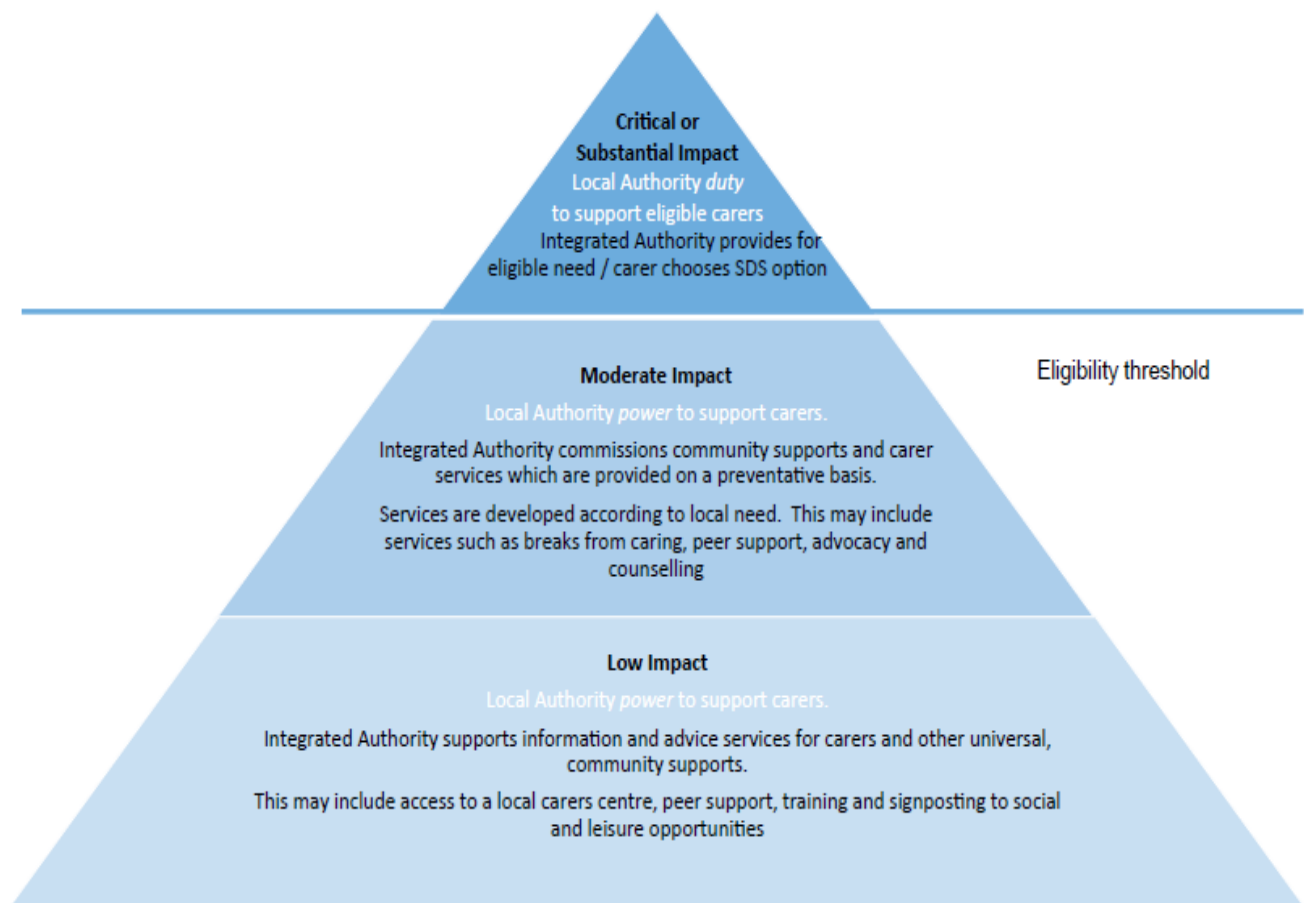
		http://kinsfolkcarers.co.uk http://mecopp.org.uk www.nwcarers.org.uk www.staffordcentre.org.uk www.vocal.org.uk www.youngcarers.org.uk
Telecare/ Community Alarms	There are many personal alarms and monitors available to keep you safe. This type of equipment is called telecare.	For further information contact: 0131 529 7714 community.alarms@edinburgh.gov.uk . www.edinburgh.gov.uk/info/20102/help_to_live_at_home/964/alarms_and_monitors_in_the_home

7. How do I get a short break and how is it funded?

Short breaks for carers in Edinburgh can be accessed through a range of organisations as well as the Edinburgh Health and Social Care Partnership.

Some Carers will be able to organise and fund a short break for themselves and/or the person they care for. Other Carers may need some help and support to access services.

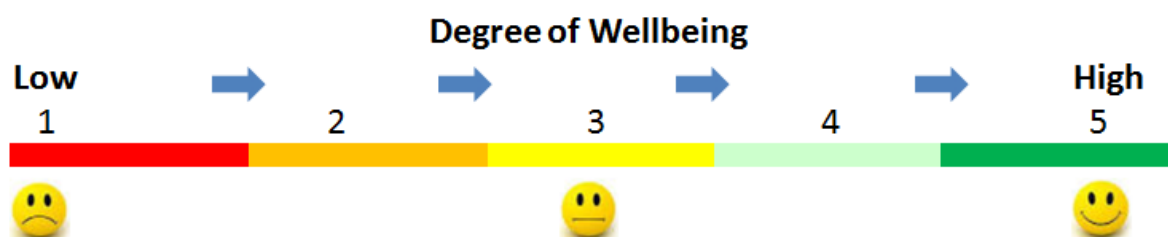
Short breaks can be planned as part of an outcome-focused conversation, which may result in an Adult Carers Support Plan or Young Carers Statement being produced. When a plan or statement is developed, we will use the Partnership's Carer Wellbeing Criteria.



Eligibility for Services is decided in terms of risk to an individual.

There are five indicator categories:

No Impact (5)	Indicates that there are no quality of life issues resulting from the caring situation and at this moment no need for support or advice.
Low Impact (4)	Indicates that there may be some quality of life issues but low risk to a carer's capacity for independence or health and wellbeing.
Moderate Impact (3)	Indicates that there is some risk to a carer's capacity for independent living and health and wellbeing. This may call for provision of some health and social care services.
Substantial Impact (2)	Indicates that there is major risk to a carer's capacity for independent living and health and wellbeing. Likely to require urgent provision of health and social care services.
Critical Impact (1)	Indicates that there are significant risks to a carer's capacity for independent living and health and wellbeing. Likely to require immediate provision of social care services.



The Plan or the Statement will identify:

- The impact of caring on your health, wellbeing, employment and ability to socialise
- Your relationship with the person you care for (or the wider family) and if it is becoming difficult
- The amount of time spent caring each week
- How long it has been since you last had a break
- If you are the only person caring and if you care for more than one person
- Your ability to make arrangements for a short break with support

Where there is a cost for a short break service, some carers may need help and support to fund a short break or discuss options for appropriate short breaks.

Self Directed Support

Some Carer Outcomes maybe achieved through accessing universal services. Universal services are those which are provided to the public generally (e.g. Carer Organisations, leisure and recreation facilities, support groups, neighbourhood networks). Where this is not possible or appropriate, Self-Directed Support (SDS) funding may be offered to provide access to short breaks and/or replacement care.

If you are eligible, an individual budget will be allocated to you, based on your individual needs. You will be supported to identify your own skills and resources and to look at different ways to improve your life, using the resources identified and the individual budget. Once all this is agreed, you can choose from four options as to how much control and responsibility you want to take.

- A Direct Payment (a cash payment) where you choose how the budget is used and you manage the money.
- You direct how the budget is used, but the money is managed by someone else (sometimes called an Individual Service Fund).
- You ask the council to choose and arrange services for you.
- You can choose a mix of these options for different types of support.

8. Charging policy

Short breaks and other services accessed by Carers via an Adult Carer Support plan or a Young Carers Statement are non-chargeable in line with the intentions of the Carers (Scotland) Act 2016.

In most cases, charges for Carers to access some short breaks will be removed. However, there are some instances where this is not the case. Due to the unique circumstances of each carer this will be assessed on an individual basis.

For example, charges for over-night respite costs, for the cared for person, are waived if this break benefits the carer's assessed, eligible needs and outcomes as identified in the Adult Carer Support Plan or Young Carer Statement. This is because the Local Authority is replacing the care a carer would usually provide to the cared for person to allow the Carer a short break to benefit their health and wellbeing. This does not apply in emergency situations where charges do apply for replacement care.

9. Feedback and further information

This Short Break Services Statement will be reviewed annually for accuracy and the whole document will be reviewed and revisited at least once every three years.

Carers, Carer Organisations, relevant professionals from the Integrated Carers Team based within the Edinburgh Health and Social Care Partnership, Providers of short Breaks and those that use them will be involved in the review.

For more information please contact either Social Care Direct on 0131-200-2324 or call the Integrated Carers Team on 0131-536-3371.

For more information on unpaid carers in Edinburgh, the (draft) Joint Edinburgh Carers Strategy 2019-2024 is available on www.edinburgh.gov.uk/info/20077/carers

10. Jargon Buster

Adult Carer	Adult over 18 years of age who cares, unpaid, for a friend or family member who, due to illness, disability, a mental health issue or an addiction, cannot cope with their support.
Adult Carer Support Plan (ACSP)	Adult carers have the right to be offered/request their own support plan related to their caring role and responsibilities. The plan will be based on an outcome focused/assessment discussion with the carer and information from people identified by the carer as knowing their circumstances well.
Break from caring	Any form of support that enables a carer to have time away from their caring responsibilities. This can include a short break or care for the cared-for person that enables the carer to have a break.
Carer	Individual who provides or intends to provide care for another individual. (A person who provides unpaid care to a family member, partner, friend or neighbour, who needs support because of their age, physical or mental illness or disability.
Cared-for	Someone to whom a carer provides support. This is the term used throughout the Carers Act.
Carers' Information Pack	Unpaid Carers' information pack for both adult and young carers who have caring responsibilities available from The Edinburgh
Commissioning	Commissioning Is a process that local authorities and health boards use to plan and deliver services for carers in their area.
Consultation	The action or process of formally seeking opinions and feedback on something, for example seeking carers views on a proposed service.
Duties under the Act	Responsibilities required by law.
Eligibility Criteria	The eligibility criteria set out the level of need that a carer must have in order to access certain forms of support, including Self-directed Support. The criteria may include things such as whether a carer is likely to be able to meet their desired outcomes through general services, or the impact of their caring role on their wellbeing.
Eligible Need	A need which is considered to be appropriate to be met by the allocation of some Social Care Services resource or funding, by the application of eligibility criteria.

Health and Social Care Partnerships	Health and Social Care Partnerships, (HSCPs) are the organisations formed as part of the integration of some services provided by Health Boards and local authorities in Scotland.
Identified Need	An area of an individual's life which they currently need support with. Not all identified needs will require, or be eligible for, input from Social Care Services.
Individual Budget	The amount of combined financial resource the individual and Social Care Services agree to commit to meet the eligible needs of the individual.
Information and Advice	Providing knowledge and facts and recommendations regarding care and support. This can help a person identify their options or a possible course of action as well as other places to access care, support or further information.
Options	With Self-directed Support families can choose how much or little involvement they want. The choices are known as Options.
Personal Outcome	The specific goal or aim of a carer which is unique to the carer and their situation.
Short Break	A short break is any form of service or assistance which enables the carer(s) to have periods away from their caring routines or responsibilities.
Social Care (Self-directed Support) (Scotland) Act 2013	A process to allow individuals who require support greater choice and control about how they are supported.
Strategy	A plan of action designed to achieve a long-term or overall aim.
Transition	The process or a period of changing from one state or condition to another.
Young Carer	A child or young person under the age of 18, or 18 but still at school who provides unpaid care for a friend or family member who due to illness, disability, a mental health issue or an addiction cannot cope without their support.
Young Carer Statement (YCS)	Young carers have the right to be offered/request their own support plan related to their caring role and responsibilities. The plan will be based on an outcome focussed/assessment discussion with the young carer and information from their parent/Guardian.

Appendix 1

The following list gives examples of the different ways that breaks can be provided.

Breaks in specialist/dedicated accommodation

The accommodation, which is only used for short breaks, might be guest houses, community flats, purpose-built or adapted accommodation. Depending on the group catered for, facilities may be able to offer specialist care.

Breaks in care homes (with or without nursing care)

Some care homes may have a small number of places set aside specifically for short breaks. Rather than simply offering a 'spare bed' the home may provide activities for short-term guests to suit individual needs and interests.

Breaks in the home of another individual or family

These involve overnight breaks provided by paid or volunteer carers in their own home. These are sometimes referred to as shared lives, family based or adult placement schemes. Families or individuals offering this support are carefully recruited and registered – normally by the local authority or through voluntary sector organisations.

Breaks provided at home through a care attendant or sitting service

This includes individual support provided in the home of the cared-for person for periods of a few hours or overnight. The purpose may be to provide support while the Carer is away, or to support the Carer in other ways, e.g. by enabling the Carer to have an undisturbed night's sleep.

Supported access to clubs, interest or activity groups

These opportunities might focus on a particular activity (e.g. sports clubs, leisure activities) and may be based in a community building. These generally take place over a few hours perhaps once or twice a week or, in the case of disabled children, they may be planned over the school holidays. The availability of adapted equipment or trained workers can help people with support needs to enjoy these activities.

Holiday breaks

These include opportunities for people to have a short break together, or independently. These breaks can be supported in different ways – through an agency specialising in breaks for people with particular needs; in adapted accommodation; or in ordinary hotels and guest houses, perhaps with additional equipment. More mainstream breaks may also be possible with the support of a paid carer or companion.

Day care

Day care is typically based in a community building and provided by a local authority or voluntary organisation. The degree of flexibility varies; most are characterised by fixed opening hours on particular days; some offer a drop-in service whereby people can attend for part of the day only.

Alternative breaks

Increasingly, with the development of Self-directed Support, more people are finding creative ways to take a break that don't necessarily involve external services. For example, they might use leisure equipment, computers, gardens or anything else that provides a break from routine.

Report

Edinburgh Integration Joint Board Draft Strategic Plan 2019-2022

Edinburgh Integration Joint Board

29 March 2019



Executive Summary

1. On Friday 8 February the Edinburgh Integration Joint Board (EIJB) agreed that more time be given to the development of the draft Strategic Plan 2019-2022. The decision was taken based on emerging budgetary pressures, the status of the draft at that time and EIJB acceptance of the EHSCP Transformational Change Proposal. A formal extension to the existing Strategic Plan 2016-2019 was approved until the new Strategic Plan is published.
2. The revised draft of the Strategic Plan 2019-2022 has been developed over the past six weeks. The earlier work conducted by Reference Groups considering Older People (Ageing Well), Mental Health (Thrive), Learning Disabilities, Physical Disabilities, and Primary Care has informed the process with outputs being mapped carefully to the planned Change Programme; this work continues. Other aspects of these plans will be taken forward as part of normal business within service areas.
3. An earlier version of the revised draft Strategic Plan 2019-2022 was discussed at the Strategic Planning Group on Friday 18 March 2019.
4. Subject to EIJB approval, the revised draft Strategic Plan 2019-2022 will be circulated for a 3-month consultation period.
5. At the end of the consultation period, subject to EIJB approval, the Strategic Plan 2019-2022 will be published.

Recommendations

6. The EIJB is requested to:
 - i. Approve the revised draft Strategic Plan 2019-2022 at Appendix 1 and release for public consultation.
 - ii. Recognise the essential work conducted by the Reference Groups which has shaped and informed the draft Strategic Plan 2019-2022.

- iii. Approve the draft EIJB Strategic Framework on a page at Appendix 2.

Background

7. On Friday 8 February the Edinburgh Integration Joint Board (EIJB) agreed that more time be given to the development of the draft Strategic Plan 2019-2022. The decision was taken based on emerging budgetary pressures, the status of the draft at that time and EIJB acceptance of the EHSCP Transformational Change Proposal, part of which embraces the Three Conversations Model. A formal extension to the existing Strategic Plan 2016-2019 was approved until the new Strategic Plan is published.
8. The revised draft of the Strategic Plan 2019-2022 has been developed over the past six weeks. The work conducted by Reference Groups considering Older People (Ageing Well), Mental Health (Thrive), Learning Disabilities, Physical Disabilities, and Primary Care has informed the process with outputs being mapped carefully to the planned Change Programme; this work continues to be refined. Other aspects of these plans will be taken forward as part of normal business within service areas reporting to the EIJB as appropriate.
9. The future support and activity of the Reference Groups will be considered as we move towards the start of the Change Programme which is expected to commence in July 2019. Stakeholders will be invited to join projects within the Change Programme.
10. An earlier version of the revised draft Strategic Plan 2019-2022 was discussed at the Strategic Planning Group on Friday 18 March 2019. The majority of comments and observations were considered and have been incorporated into the current draft.
11. The draft Strategic Plan 2019-2022 seeks to outline the direction of travel over the next two to three planning cycles in outline and the planning cycle in more detail. A draft EIJB Strategic Framework on a Page is at Appendix 2. Milestones will be developed within the Change Programme as project scopes and definitions matures. Implementation is captured in two broad phases:
 - a. **Phase 1: Prelims and Launch (1 July 2019 to 31 March 2021).** Phase 1 will initially be focused on getting organised and aligned to the start of the Change Programme. The Good Governance Institute (GGI) will continue to work with the EIJB at the higher level which will include refinement of the supporting sub-committees. Partners4Change (P4C) will begin working with the Partnership from April 2019 in preparation for the roll out of the Three Conversations Model as part of the Change Programme. Collaboration and co-production with our partners and stakeholders will be

central to the programme. Directions will then flow out of the Change Programme, aligned with our strategic priorities, for approval by the EIJB.

- b. **Phase 2: Continuation and Development (1 April 2021 to 31 March 2022).** Phase 2 will bring a continuation of the projects and reviews started within Phase 1. Agreed actions and outputs will be reported to the EIJB and Directions will follow. Concurrently, the Strategic Plan will be monitored, refined and aligned to the planning for the next strategic cycle 2022-2025 to measure performance, compliance and to ensure coherence.
12. The draft Strategic Plan 2019-2022 presents a high-level strategic vision, intent and direction of travel which recognises the strategic context and necessity to change the way health and social care is delivered in Edinburgh. It also seeks to drive improvement in our structures, planning, performance measurement, including assurance and compliance, and delivery. It embraces the five principles of the National Health and Social Care Standards and the nine National Health and Wellbeing Outcomes. It sets out the aspiration to redesign services through a comprehensive Change Programme, to shift the balance of care from acute to the community; the desire to work collaboratively with our partners to optimise available resource and capacity, and to roll out the Three Conversations Model across the City. The intent is to progress rapidly over the next three years and beyond into future strategic planning cycles, to create the conditions to successfully transition to a modern and sustainable health and social care model for Edinburgh.
13. Subject to EIJB approval, the revised draft Strategic Plan 2019-2022 will be circulated for a 3-month consultation period. The draft will continue to be refined as the Change Programme arrangements firm up and as comment is received through consultation. At the end of the consultation period, subject to EIJB approval, the final version of the Strategic Plan 2019-2022 will be published.
14. The Strategic Plan 2019-2022 once published will be reviewed annually. All Directions made by the EIJB throughout the planning cycle will be monitored, managed and status reported back routinely to the Board.

Key risks

15. The previously identified potential risk of internal or external disquiet caused by the delay in consulting on the draft Strategic Plan 2019-2022 has not been realised. The mitigation of budget pressures and the emergence of the transformational change proposal has been broadly accepted.

16. There is a risk that the Change Programme roll out is delayed as capacity is used to conduct the necessary work to deliver against the budget savings proposals.

Financial implications

17. None.

Implications for Directions

18. The existing Directions will remain in force until the publication of the Strategic Plan 2019-2022.
19. A stocktake of existing Directions has been conducted. The output from this stocktake will be presented to the Executive Management Team and then the Strategic Planning Group in April 2019. Directions that have not been closed will be carried forward into the next planning cycle.
20. Future Directions will follow the consultation period.
21. Directions will be routinely presented to the EIJB as Business Cases for sign off throughout the duration of the next strategic planning cycle.

Equalities implications

22. None.

Sustainability implications

23. None.

Involving people

24. None.

Impact on plans of other parties

17. The support and activity of the Reference Groups will be considered as we move towards the start of the Change Programme which is expected to commence in July 2019. Stakeholders will be invited to join projects within the Change Programme.

Background reading/references

25. None.

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Appendices

Appendix 1	Draft EIJB Strategic Plan 2019-2022
Appendix 2	Draft EIJB Strategic Framework on a Page

EDINBURGH INTEGRATION JOINT BOARD
DRAFT STRATEGIC PLAN 2019-2022

DRAFT

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1. FOREWORDS

1.1 Chair and Vice Chair – TO BE COMPLETED POST CONSULTATION

2. EXECUTIVE SUMMARY

- 2.1 EIJB Strategic Plan 2019 – 2022 sets out how health and social care services will evolve in Edinburgh over the next nine years in outline and the next three years in detail¹. It applies to all adults in the City of Edinburgh who require health and social care or who are considered at risk. It explains our intention to be the first in Scotland to embrace the Three Conversations Model at scale, as a strategic and cultural framework. It does not list detailed Directions, but it provides the necessary framework and guidance within which to progress.
- 2.2 Reference Groups, chaired by EIJB members, were set up to conduct detailed work in the areas of: Older People (Ageing Well), Mental Health (Thrive), Learning Disabilities, Physical Disabilities, and Primary Care. The outputs from these Reference Groups have informed the development and production of this Strategic Plan and have been carefully mapped to the change programme work streams to deliver coherence, prioritisation and to capture aspirations for future planning cycles.
- 2.3 Throughout the lifetime of this Strategic Plan there is much to do. The Good Governance Institute (GGI) will continue its support to the EIJB; to improve ways of working, decision making and setting Directions. We will learn from experience and good example elsewhere, to refine our planning, budget setting and commissioning activity, and we will redefine the Edinburgh Offer. Our improved planning cycle will allow us to work in a more co-productive way with our partners and to more clearly define Directions which will provide focus and allow our progress to be assessed. We plan to increase our efforts to improve performance and ways of working, to provide better outcomes and experience for service users, carers and our valued staff.
- 2.4 By involving partners in the design of our performance and quality systems, we can provide simple access for service users and build on the strong foundation of the 'good conversations' approach. It will require cultural change, a more integrated approach involving the evolution of fully integrated teams and a deliberate shift towards community-based services. At its heart, the Strategic Plan seeks to deliver health and social care services in a way that supports people to be well at home, and in their community, for as long as possible. Providing first class acute hospital care only when medical intervention is required; aiming to provide the right care, at the right time, in the right place.

¹ Aligns to three year recurring strategic planning cycles.

- 2.5 We will advance our change programme over the next planning cycle in two phases. Carrying forward existing work streams from the Reference Groups and driving forward in close collaboration and engagement with our partners and stakeholders. We must progress rapidly over the next three years and beyond into future strategic planning cycles, to create the conditions to successfully transition to a modern and sustainable health and social care model for Edinburgh.

3. VISION, STRATEGIC FRAMEWORK AND INTENT

- 3.1 **Vision.** The EIJB vision remains to deliver together a *‘caring, healthier and safer Edinburgh’*.

- 3.2 **Intent.** The EIJB intent is to further develop integration to deliver an affordable, sustainable and trusted health and social care system for Edinburgh. To achieve our intent, we will redesign and transform through a comprehensive change programme starting in July 2019. We will enhance our efforts in prevention and early intervention to support independence and tackle inequality. We seek to listen and hear, reduce bureaucracy, reduce waiting lists and assist people to remain at home for as long as they can. Striving to move the balance of care from acute hospital services to the community and home. Working closely with our partners including housing officials and the voluntary and independent sectors, to optimise all available resources in the community and to support and enhance our locality framework. We will redefine the Edinburgh offer, and in so doing, seek to align expectations to the modern reality.

We will strive to ensure we support all carers and our valued and skilled workforce by engaging, hearing and seeking to grow a culture of collaboration, maximising capacity, driving out inefficiencies and one of continuous improvement. We will seek to better align and integrate our planning and commissioning process, financial planning, our ways of working and make best use of existing and emerging technology. The Three Conversations Model will be introduced across the City to advance our strategic priorities and enhance our commitment to delivering Self Directed Support. Delivering these vital changes will take time and will need positive leadership and drive at all levels. We must progress rapidly over the next three years and beyond, to create the conditions to successfully transition to a modern and sustainable health and social care model for Edinburgh.

- 3.3 The strategic framework that we will work to over the next series of planning cycles is summarised in the table below:

Where do we want to be?	How are we going to get there?	What resources and enablers must we manage effectively to support us?
An affordable, sustainable and trusted health and social care system	Develop and agree a refreshed 'Edinburgh Offer' with our citizens	Scottish Government Direction Good governance, planning and commissioning
A clearly understood and supported 'Edinburgh Offer' which is fair, proportionate and manages expectations	Adopt a 'home first' approach and roll out the Three Conversations Model to support prevention and early intervention	Finance – constantly working towards a balanced budget
A person centred, patient first and home first approach	Work towards shifting the balance of care from acute services to the community through our change programme	Workforce – strategy to mitigate pressures and working closely with partners
A motivated, skilled and balanced workforce	Continue to build our partnership with the voluntary and independent sectors	Infrastructure – right sizing, future planning
An optimised partnership with the voluntary and independent sectors	Continue to tackle inequality	Technology – identification and implementation
Care supported by the latest technology	Deliver this Strategic Plan over the next three years and continue the change programme over future planning cycles	Communications and Engagement with our partners and with our citizens
A culture of continuous improvement	Unity of purpose and momentum	Data and performance management

Supporting themes:

- A deliberate shift to early intervention and prevention, building reliance at individual and community level.
- Working across life stages and ages to create more cohesive and seamless services.

- Service users empowered to design their own care (through the design of services and the consistent use of good conversations).
- Resources joined up and working together both within and across our localities and the third and independent sectors.
- People gain access to resources and services in a timely manner.
- 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, ideally through a single point of contact.
- Forge closer links with acute services to ensure that people are not either 'referred' or trapped for reasons which do not help to enhance their independence.
- Service users are involved in how resources are used and developed in their communities.
- Carers are supported to carry out their role in a way that supports the carers health and wellbeing.
- Success is demonstrated based on outcomes for people.

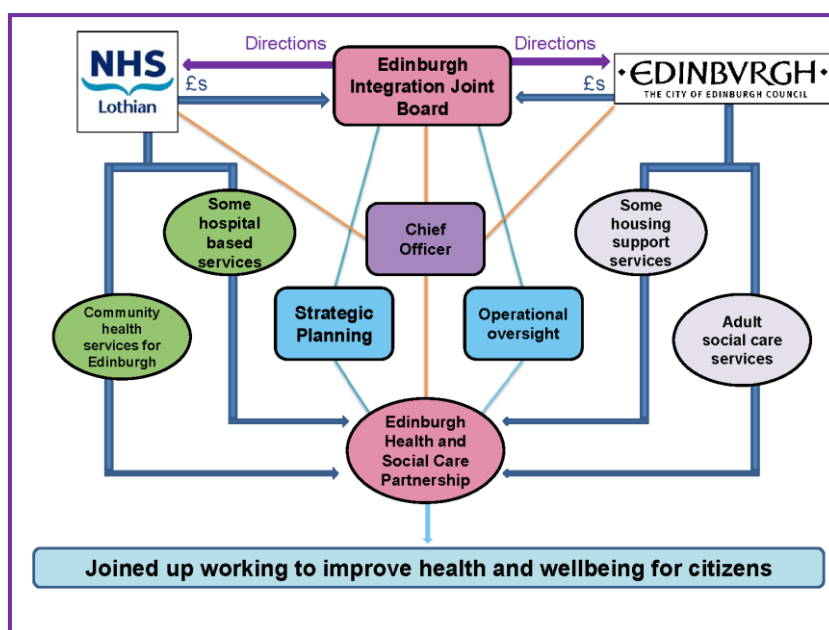
4. THE INTEGRATION OF HEALTH AND SOCIAL CARE

- 4.1 **Scottish Government.** The Scottish Government directed the integration of health and social care under the terms of the Public Bodies (Joint Working) Act 2014. Central to the legislation was the integration of Local Authorities and Health Boards. Since then, health and social care in Scotland has moved towards integration and will continue to evolve. The Health and Social Care Standards² which aims to drive improvement, promote flexibility and encourage innovation, and the nine National Health and Wellbeing Outcomes, have shaped and underpinned the production of this Strategic Plan.
- 4.2 **Edinburgh Integration Joint Board (EIJB).** The EIJB, and the supporting Health and Social Care Partnership (EHSCP), were established on 1 July 2016. The City of Edinburgh Council (CEC) and the National Health Service Lothian (NHS Lothian) delegate resource³ and responsibility for planning health and social care functions to the EIJB. As a decision-making body, the EIJB is required to produce a Strategic Plan every three years, reviewed annually, setting out the vision, intent and strategic priorities for health and social care

² Scottish Government Health and Social Care Standards dated June 2017.

³ The EIJB is responsible for a budget of circa £700 million.

in Edinburgh. The relationship of the EHSCP with CEC, NHSL and the EIJB is set out in the following diagram.



The EIJB sits formally every two months and is supported by four sub-committees⁴ and by the EHSCP. The [EIJB membership](#) is set out in legislation and has broad representation. A review of the EIJB by the GGI was conducted in November 2018⁵. The 18 recommendations contained in the final report were accepted in full by the EIJB on 14 December 2018. The GGI will continue to support the EIJB to develop and improve its ways of working and overall performance during this strategic planning cycle.

The majority of services are delivered through the EHSCP, although some are managed directly by NHSL; these are referred to as ‘hosted’ or ‘set aside’ services. The following table sets out the services delegated to EIJB.

Adult social care services	Community health services	Hospital based services
<ul style="list-style-type: none"> Assessment and care management – including occupational therapy services Residential care Extra care housing and sheltered housing (housing support provided) 	<ul style="list-style-type: none"> District nursing Services relating to an addiction or dependence on any substance Services provided by allied health professionals (AHPs) Community dental services 	<ul style="list-style-type: none"> A&E General medicine Geriatric medicine Rehabilitation medicine Respiratory medicine Psychiatry of learning disability Palliative care

⁴ Audit and Risk Committee, Strategic Planning Group, Performance and Quality Group, and Professional Advisory Group.

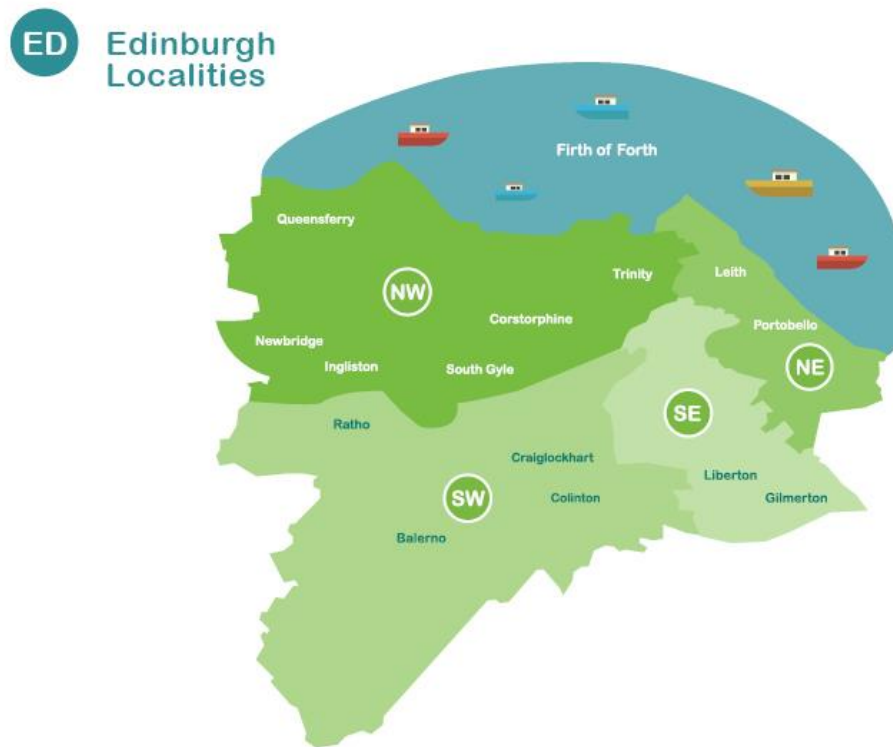
⁵ GGI Independent Review of the Governance of EIJB dated November 2018.

<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 <p>* includes responsibility for those aged under 18</p>	<ul style="list-style-type: none"> • 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
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The EIJB is also a member of the Edinburgh Community Planning Partnership (ECPP). The role of the ECPP is to ensure there is a coordinated approach to planning public services through the development of a [community plan](#) aimed at reducing poverty and tackling inequalities. In addition, the EHSCP is one of a number of strategic partnerships that support the delivery of the community plan. The ECPP work is collaborative and essential in addressing inequalities, much of which cannot be solved by health and social care services alone. Working closely with our partners, including housing officials and the third and independent sectors, is of growing importance and instrumental in evolving the concept of integration.

- 4.3 **EHSCP.** The EHSCP is led by an integrated Executive and Senior Management team which operates from CEC headquarters at Waverley Court. In the City of Edinburgh, local health and social care responsibilities are mainly managed through our localities: North East, North West, South

East and South West.



Our hospital and Care Home services are delivered as a City run function and the Primary Care Support Team supports the 70 general practices (GP) which deliver General Medical Services (GMS) across Edinburgh.

- 4.4 **The Locality Model.** We consider the community to be at the heart of the design and delivery of the services which support it. We believe that communities should be fully engaged in co-producing solutions to problems, that may have traditionally been considered entirely the role and responsibility of formal organisations, such as NHS and CEC. Establishing the four localities in Edinburgh has moved us closer to communities in terms of design and delivery, which in turn support the localised 'neighbourhoods' within the City. The localities provide both a 'front door' access point to health and social care services, as well as the place from which longer-term support is organised. Citizens benefit from the more localised delivery of many services, as well as being invited to participate in supporting the development of more localised opportunities, which adds additional value to meeting the diverse needs of the City. Each locality co-produces a locality plan, with service users, partners and other stakeholders within the community. These plans are designed around the specific needs of the locality and are reviewed annually against the priorities set out in the Strategic Plan.
- 4.5 **Our Progress on Performance.** EHSCP regularly monitors the performance of the services it provides. The Executive Management Team meet monthly to scrutinise service performance and use performance information to identify

and track service improvements. Several key areas have seen improvements in performance over the last 18 months, and these are outlined below:

Number of people waiting for a support assessment. To determine the appropriate support for individuals, we undertake a formal assessment with them to identify their support needs. The number of people waiting for an assessment to be undertaken has reduced in the last 18 months.

Number of people waiting for an assessment	September 2017	February 2018	February 2019
	1,978	1,582	1,261

Number of service users waiting for review. To ensure that service users are continuing to receive the appropriate support, we undertake reviews at regular intervals. We have focused resources on increasing the number of reviews that we carry out, and on ensuring that our records correctly reflect the service user's current situation. This has reduced the number of service users whose review are recorded as overdue. As such, the proportion of people who have had a review of their needs and support in the last year has increased from 61% to 75%.

Number of service users waiting for review	September 2017	February 2018	February 2019
	6,159	5,425	3,761
Percentage of service users with a review in the last year		61.1%	74.5%

People waiting for package of care. Following an assessment or review, it may be that an individual requires a package of care for them to remain living at home. The number of people, and associated care hours, who are waiting for a package has reduced substantially throughout 2018/19.

Number of people waiting for package of care		February 2018	April 2018	February 2019
	People	925	1,012	613
	Hours	7,444	8,679	4,569

Delayed Discharge. Individuals are recorded as delayed in hospital when they are medically able to be discharged, but cannot, as ongoing care arrangements are not in yet place. This could include, a package of care to support them in their own home, or a suitable care home placement being available. To help us respond more quickly to individuals' needs, we use local data to supplement nationally validated monthly data. This is detailed below and highlights that since the largest number of delays were recorded in March 2018 the overall number of patients delayed has fallen by 108. The number of

patients with delays in the assessment process has fallen by 38 and the number waiting for a package of care has fallen by 79.

Local data/ month end	All delays	Assessment delays	Waiting for care home	Waiting for package of care
Jan 2018	248	52	54	99
Feb 2018	257	43	65	110
Mar 2018	288	55	55	128
Apr 2018	252	44	41	128
May 2018	243	43	33	121
Jun 2018	259	45	46	117
Jul 2018	251	48	45	105
Aug 2018	271	55	50	104
Sep 2018	268	32	75	102
Oct 2018	252	21	75	98
Nov 2018	201	19	58	57
Dec 2018	163	18	40	36
Jan 2019	194	22	59	48
Feb 2019	209	15	62	41
Mar 2019	180	17	41	49

5. THE STRATEGIC CONTEXT

5.1 General. As improvements in medical science and technology advance, many people are living longer. Whilst this is a most welcome trend, a direct consequence is a rise in frailty and more complex medical conditions being presented, placing more pressure on carers and the traditional approach to publicly funded health and social care services. In addition, society, and government are becoming increasingly aware and taking account of the effect of mental illness and living with disabilities. As overall demand increases, the supply and related costs of health and social care come under increasing pressure. An anticipated reduction in replacement levels, alongside patterns of poor diet and lifestyle, is expected to extenuate this pressure. Within cities this is further heightened by the gradual effect of urbanisation and a rise in inequality. All this set against a background of downward budgetary pressure as governments struggle to balance resources. A recent report by Audit Scotland⁶ reviewed the changes being introduced through the integration of health and social care. The report sets out the challenge of increasing demand for services and growth over the next 15 years in Scotland. Among the pressures identified were:

- A 12% increase expected in GP consultations.

⁶ Health and Social Care Integration prepared by Audit Scotland dated November 2019.

- A 33% increase in the number of people needing homecare and a 31% increase in those requiring 'intensive' homecare.
- A 35% increase in demand for long-stay care home places.
- A 28% increase in acute emergency bed days and a 16% increase in acute emergency admissions.

The Scottish Government has reacted to these trends through integration, the 2020 vision and a series of supporting initiatives. Integration was intended to drive change and the adoption of innovative ways of working to optimise resource and capacity, and signs of this accelerating are already apparent.

5.2 Edinburgh. In Edinburgh, the population is diverse with distinct areas of wealth and economic deprivation. The population in Edinburgh is projected to increase faster than any other city in Scotland over the next 20 years⁷. Based on historical trend analysis, the annual population growth for the City is estimated to be between 5 to 6 thousand, with those aged 85+ projected to grow by 28% between 2012 to 2022. By 2037, the number of those aged 85+ is set to more than double⁸. The City also has high student and tourist populations putting additional pressure on some of our services at peak times in the year. These demographic trends present significant implications to the City and in particular to health and social care.

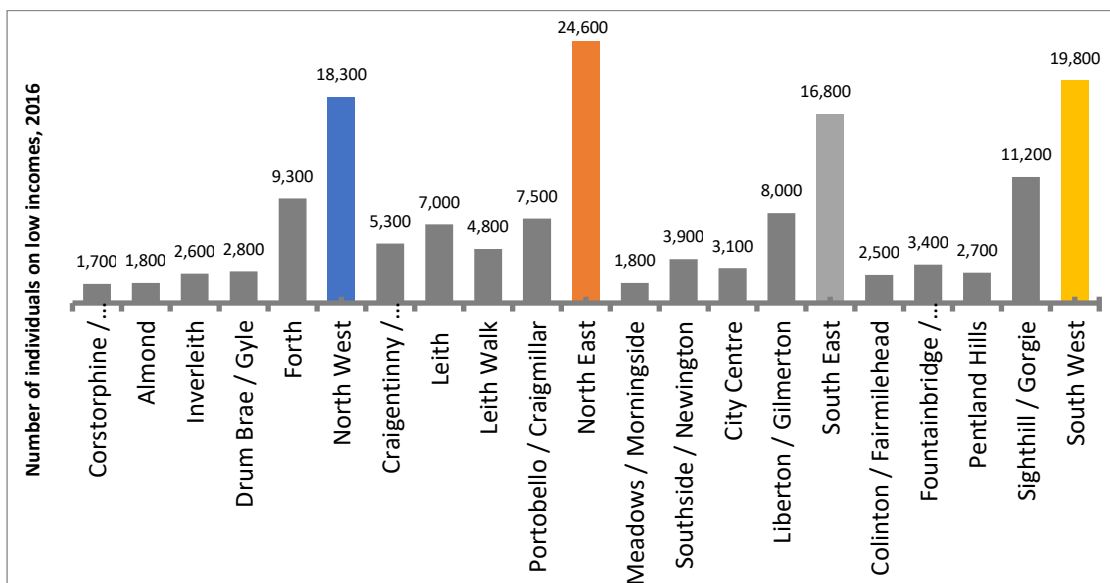
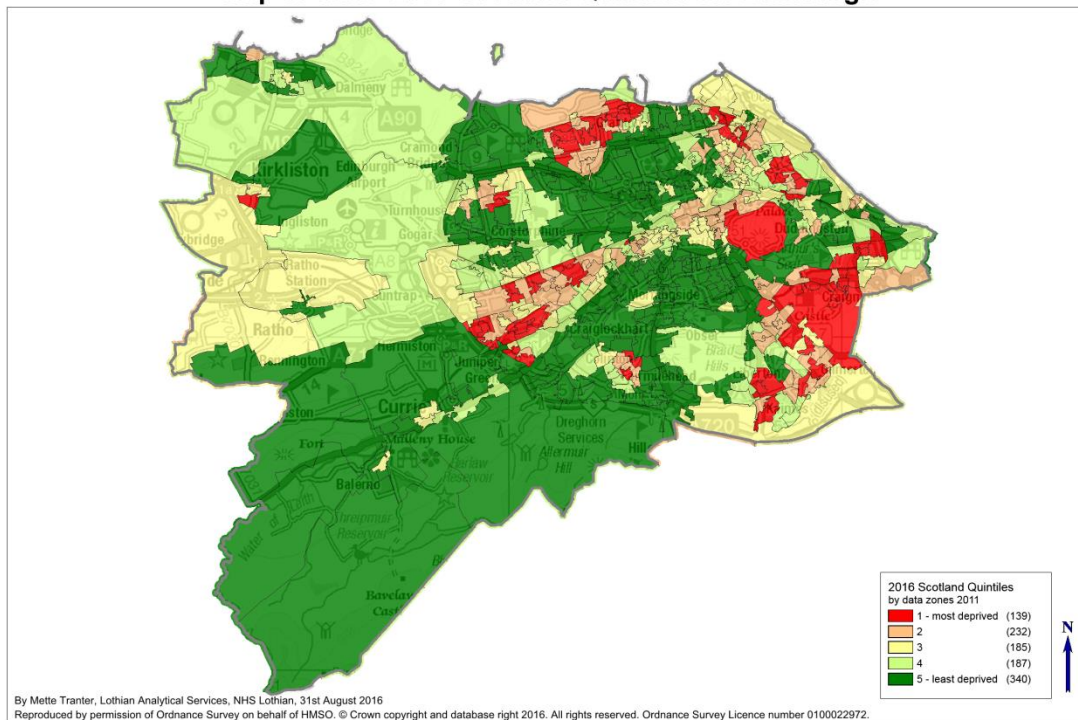
The Scottish Index of Multiple Deprivation (SIMD) maps shows that area deprivation in Edinburgh is mostly concentrated in peripheral housing estates; a pattern that has existed for many years. Each locality has a significant area of concentrated economic disadvantage, but deprivation and health inequalities are not confined to areas of multiple deprivation. Data on poverty highlights the extent to which there are people across the City living on very low incomes⁹.

⁷ Edinburgh Joint Strategic Needs Assessment 2015.

⁸ Edinburgh Joint Strategic Needs Assessment 2015.

⁹ EIJB Edinburgh Health Information dated October 2019. Authors Dr Dermot Gorman, Martin Higgins, Public Health and Health Policy, NHS Lothian.

Map of SIMD 2016 Scotland Quintiles for Edinburgh



The number of people living in areas of multiple deprivation is vastly outweighed by those living in less deprived areas. Understanding this City-wide picture is of key relevance to EHSCP and EIJB. It provides essential insight to inform planning and guide operational priorities. Tackling health inequalities through alleviating poverty would reduce long term demand on public services (reducing 'failure demand'). EHSCP will work with Community Planning Partners and communities throughout the City to better understand how community capacity and resilience can be developed.

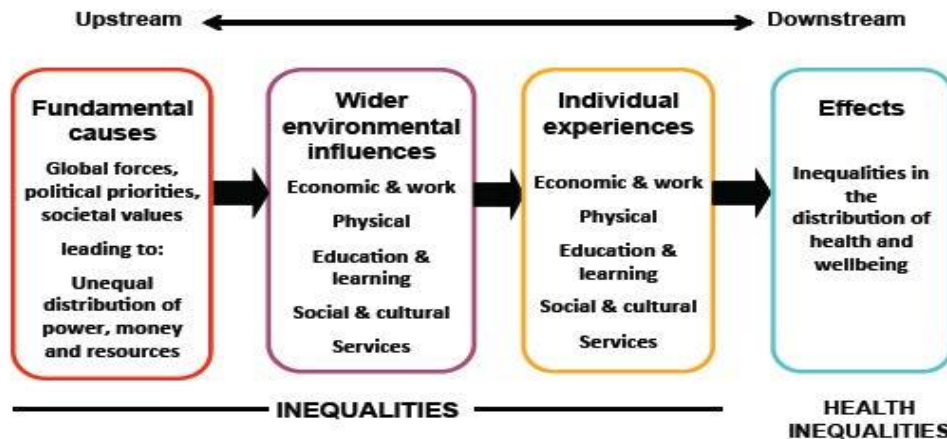
EHSCP will embrace the Three Conversations Model as a combined cultural re-orientation and delivery philosophy, which will produce a deeper

understanding of how to support communities, rather than simply offering standard services. This approach is particularly important in areas of multiple economic disadvantage, where individuals and families can experience multiple needs being met with well intentioned, but uncoordinated public services. We can learn from previous ambitious activities such as 'Total Place' and 'Inclusive Edinburgh,' but there is an urgent need to talk to communities about the opportunities to mainstream different and more responsive relationships with public services.

- 5.3 **Inequalities.** The [Christie Commission](#) highlighted that the greatest challenge facing public services is to combat the negative outcomes for individuals and communities arising from deep-rooted inequalities. This challenge is not new, but public policy has failed consistently to resolve it. Part of the problem has been a failure to prioritise preventative measures; a weakness which can trap individuals and communities in a cycle of deprivation and low aspiration¹⁰.

EHSCP has strong foundations with which to understand and address health inequalities. In 2015 CEC undertook a mapping exercise which revealed 152 natural communities across the City. These natural communities mapped well into the City's 12 Neighbourhood Partnership areas, which were then used as the geographical foundations of the 4 new multi-agency localities. The City currently has 70 GP Practices, each of which has a population concentration which readily maps onto the identified natural communities. Each practice has a detailed understanding of their community's needs and how the demands of the local population are changing. Our intention is to ensure these insights and local credibility can be better harnessed into shaping more responsive and effective approaches to preventative health and social care. Engaging housing authorities and the voluntary and independent sectors to develop more integrated and inclusive solutions. The EHSCP is well positioned to contribute to one of the key aspirations emerging from the City Wide 2050 visioning; to eradicate poverty.

¹⁰ Commission on the future delivery of Public Services dated June 2011.



“The challenge is to reduce the difference in mortality and morbidity rates between rich and poor and to increase the quality of life and sense of wellbeing of the whole local community. Healthcare services have a very limited impact on the overall health of the population. Health and wellbeing is largely determined by social circumstances, the environment, lifestyle and behaviours. These factors are estimated to account for between 60-85% of an individual’s overall health and wellbeing”.¹¹

The WHO Commission on the Social Determinants of Health proposed that proportionate universalism is the most effective way of deploying resources to address inequalities. Universal service provision is still vital, but there needs to be flexibility or responsiveness that allows resource to be directed in proportion to the needs of the most disadvantaged populations. People with chaotic and complex life circumstances benefit most from services that are designed with their needs in mind such as the Integrated Homelessness Service, Drug and Alcohol Services, Veterans First Point, SHAKTI and the Willow Project. EHSCP has a direct role in thinking about resource allocation and accessibility. EHSCP has longstanding investments in community projects in the areas of the City with concentrated economic deprivation, linking Primary Care and the local third sector and community resources through the new network of Primary Care Linkworkers. In turn, Linkworkers are being deliberately linked to a strengthened and re-commissioned network of Welfare Rights Advisors. In addition, there are specialist resources provided to interest groups, most notably LGBT¹². Income, housing issues, social security changes, employment and education have major impacts on health. These fundamental determinants play out in numerous ways across the health and social care system. Welfare Rights Advisors are a response to the significant number of people who present to primary and social care services with income, debt, budgeting, welfare or housing concerns; the lived

¹¹ NICE Health inequalities and population health, Local government briefing [LGB4] adapted from Campbell F (editor) (2010) [the social determinants of health and the role of local government](#).

¹² Lesbian, Gay, Bi-sexual and Transgender.

experience of disadvantage shapes physical and mental health¹³. While EHSCP can provide some mitigation, more significant preventative action must occur in other areas.

- 5.4 **Housing.** Edinburgh has a lack of affordable and social housing, an ageing estate, high property costs and high rental properties. A critical component of housing planning is health and social care. The Scottish Government requires all Integrated Joint Board Strategic Plans to have an integral Housing Contribution Statement (HCS); considered to be a key cross-cutting enabler. The Edinburgh HCS has been designed in co-production with strategic Reference Groups focussing on the key themes of increasing the supply of new homes, providing services to help people stay at home and working more closely with communities. The City of Edinburgh HCS is at Appendix 2.
- 5.5 **Workforce.** The workforce is our key resource and ensuring we have both the numbers and skills to meet the increasing service demand remains a priority for EHSCP. It is vital that we engage with, motivate and support our workforce, to improve and sustain their knowledge, skills and experience as we face the challenges and opportunities ahead. Our workforce is ageing in several areas and there is a constant struggle to recruit and retain health and social care professionals in the City. Baseline indicators identify across the Partnership 45% of the total workforce at age 50 and above. Further scrutiny also highlights issues of supply with less than 10% of the workforce below the age of 30. Into this mix, the ageing city population, as well as Edinburgh's buoyant employment position poses further challenges with recruitment and subsequent service delivery. To meet the increasing demand, the EHSCP workforce planning group have highlighted the need for targeted recruitment, for example offering Modern Apprenticeships, as well as the need to transform roles to allow for a step-change in the way our workforce deliver services now and in the future. A workforce strategy is being developed and will form part of our change programme.
- 5.6 **Voluntary and Independent Sectors.** The voluntary and independent sectors are vital partners in the development of health and social care in Edinburgh. Our partners are faced with similar budgetary and workforce pressures and it is essential we work together and build trust to make the most of the resources available. Engagement and collaborative planning are central in realising the benefits of these relationships. Both sectors will be invited to continue their support to co-production and planning through the lifetime of the change programme and beyond.
- 5.7 **Unpaid Carers.** Carers are recognised as playing an increasingly key role in keeping people of all ages in their own homes and community. In recognition of this, the Scottish Government established the [Carers \(Scotland\) Act 2016](#),

¹³ EIJB Edinburgh Health Information dated October 2019. Authors Dr Dermot Gorman, Martin Higgins, Public Health and Health Policy, NHS Lothian.

which is designed to promote carers' health and wellbeing and help make caring more sustainable. This act places a duty on EHSCP to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria. Tools that enable these outcomes are an adult carer support plan (ACSP) and a young carer statement (YCS); these assist to identify carers' needs and personal outcomes. The EHSCP is also required to provide information and an advice service for carers, which should cover such issues as; emergency and future care planning, advocacy, income maximisation and carers' rights. A Carers Strategy for Edinburgh, including an action plan, will be implemented from 01 April 2019.

- 5.8 **The Edinburgh Offer.** There is a high public expectation of what health and social care services should provide. These expectations have been shaped by experience of what the health and social care system is capable of, as well as an increasingly focused perspective on what the health and social care system should be responsible for, and the shape and standards it should have. Expectations have grown whilst our ability to deliver has become increasingly challenging as we face unprecedented change in our health and social care system. Whilst a growing awareness and acceptance of the modern reality of demographic trends, inequalities and the impact of lifestyle choices can sensibly be assumed, the impact on expectations is difficult to measure accurately. What we do know, is that the status quo is unsustainable in the longer term and consequently our health and social care system must evolve and find new ways to meet these challenges. Our existing service delivery is largely transactional in nature, and often within rigid models of delivery. Inevitably, there may be certain areas of current care provision models that will no longer be viable, even if desirable.

To optimise alignment between expectations and realistic delivery, we must actively engage our citizens in a more active and collaborative way. Working alongside formal health and social care agencies, as well as other partners within our communities; community groups, the third and independent sectors, faith-based organisations and others, to build genuine collaborations which support individuals and communities through co-production. To achieve this aspiration, we must provide clarity of the offer to our citizens and redefine what the statutory services can contribute. The redefined Edinburgh offer will come in the form of an explicit statement of our intent and mutual expectations, with greater definition on the kind of contract we wish to have with our citizens. We seek to be transparent and realistic when developing the Edinburgh Offer and intend to regularly communicate and engage in a more collaborative and integrated way, so that citizens who find themselves needing our support, know how to engage with us and realistically what to expect from that relationship. Essentially, we believe people are experts in their own lives, so our aim is to work with individuals and their carers to identify what matters most to them and support them to reach their potential.

Working with the strengths of our citizens and communities to make sure that age, disability, or health conditions are not barriers to living a safe and thriving life in Edinburgh.

6. OUR STRATEGIC PRIORITIES, GUIDING PRINCIPLES AND VALUES

6.1 **General.** The selection of our strategic priorities and supporting principles is critical to our success in implementing the changes envisaged through integration. They will shape our thinking and guide decision making as we navigate through an increasingly challenging strategic environment. There are six strategic priorities:

1. **Prevention and early intervention.** More time and investment are needed in prevention and early intervention. The [Christie Commission](#) reports that in Scotland, at least 40% of public money was spent on health and social care issues that could have been prevented by taking action earlier¹⁴. There is a need to encourage healthier lifestyles and to improve our conversations with those at risk, in crisis and with their families. Through the locality structure, our relationship with community-based support is improving, with the opportunity and desire to expand. Helping people build and maintain social networks, preventing falls, increasing physical activity, supporting unpaid carers and intervening early when long-term conditions develop, are all key components of our approach. We seek to create the conditions in the community where individuals take a responsible approach to lifestyle and are supported to remain as healthy and independent in a home setting for as long as possible.
2. **Tackling inequalities.** Health inequalities represent thousands of unnecessary premature deaths every year in Scotland; for men in the most deprived areas nearly 25 fewer years spent in 'good health' and 22 years for women¹⁵. The fundamental causes of health inequalities are an unequal distribution of income, power and wealth which can lead to poverty and the marginalisation of individuals and groups. The wider environment in which people live and work then shapes their individual experiences in terms of low income, poor housing, discrimination and access to health services. This results in the unequal and unfair distribution of health, ill health (morbidity) and death (mortality). This has implications beyond health inequalities. Less equal societies, in terms of the differences in the income, power and wealth across the population show an association with doing less well over a range of health and social

¹⁴ Commission on the future delivery of Public Services dated June 2011

¹⁵ EIJB Edinburgh Health Information dated October 2019. Authors Dr Dermot Gorman, Martin Higgins, Public Health and Health Policy, NHS Lothian.

outcomes including violence and homicide, teenage pregnancy, drug use and social mobility. These fundamental causes also influence the distribution of wider social determinants of health, such as the availability of good-quality housing, green space, work, education and learning opportunities, access to services and social and cultural opportunities. These also have strong links to mental and physical health. By focusing on these factors within the change programme, we can begin to systemically address health inequalities at a structural, locality, community and individual level.

3. **Person centred care.** Recent evidence¹⁶ overwhelmingly supports the view that people wish to maintain their independence and remain at home, and in their communities, for as long as possible. Our planning and care pathways will be focussed on all available services in the community, viewed as the front line. To support this approach, we will seek to provide clear information on the services available in each community and apportion resources as best we can. Whenever possible, medical institutions will be temporary rather than permanent solutions for longer term care. When acute services are required, clear and understandable pathways will be used to get people home in a controlled manner. We will seek to create capacity in the community so that people can receive the care they need in the place they call home, which may be their own tenancy, supported accommodation or care home. This includes tailoring support to individual need through good conversations. Care needs will be reviewed regularly, and integrated packages adapted to meet the requirement. Many people in their communities are supported by their GP and do not need to routinely access hospital services. We intend to support our GP Practices to build on this good work. The Primary Care Improvement Plan (PCIP) published in July 2018 outlines the key areas where we must invest to support the sustainability of general practice. 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, however we know that this has resulted in waiting lists for some of our community services. The front-end of our services will be redesigned to ensure people are supported in the community wherever possible and to ensure people have more control over how they use an allocated budget for care support. We will re-energise Self-Directed Support within the transition to the Three Conversations Model and adopt the principle of 'home first'. We need to ensure our commissioning plans support the enhancement of community services delivered by the third sector. One of

¹⁶ EVOC study by Virginia – to be published imminently.

the other important elements of prevention and keeping people well in communities is housing and the use of technology. We will continue to work closely in co-production with housing colleagues, to plan ahead and make the most of opportunities as they present themselves.

4. **Managing our resources effectively.** It is important to ensure all resources are managed efficiently throughout the structure. A culture of prudent budgetary control, active monitoring and management of contracts, and continuous improvement, is essential to ensure public money is spent in the most cost-effective way. When commissioning services, the strategic planning cycle must be rigorously applied. In the current environment, we must identify those areas of high cost inefficiency and take sensible remedial action, to ensure resources and capacity are put to best use. As part of the change programme, a comprehensive review will be conducted on our bed-base; including intermediate care and broader infrastructure.
5. **Making best use of capacity across the system.** It is important to ensure that capacity within the structure is utilised in a balanced and progressive way. Our workforce and infrastructure should be resourced and designed to fit the requirement and demand, subject to budgetary controls and cognisant of third and independent sector provision. We will seek to rationalise and align where it makes sense to do so, through engagement and co-production with our partners and stakeholders.
6. **Right care, right place, right time.** Central to our thinking is working towards the provision of care tailored to the individual, in a place which best provides this care and as close as possible to when it is required. Early intervention, improving conversations and embracing the principle of 'home first'. We want to ensure people are supported to live as independently as possible. In line with the national Delivery Plan, Edinburgh's Strategic Plan focuses on reducing the unnecessary use of hospital services, shifting resource too primary and community care and supporting the capacity within community care. This provides a challenging agenda in terms of planning, strategic decision making, managing financial pressures and providing value for money, but must be tackled.

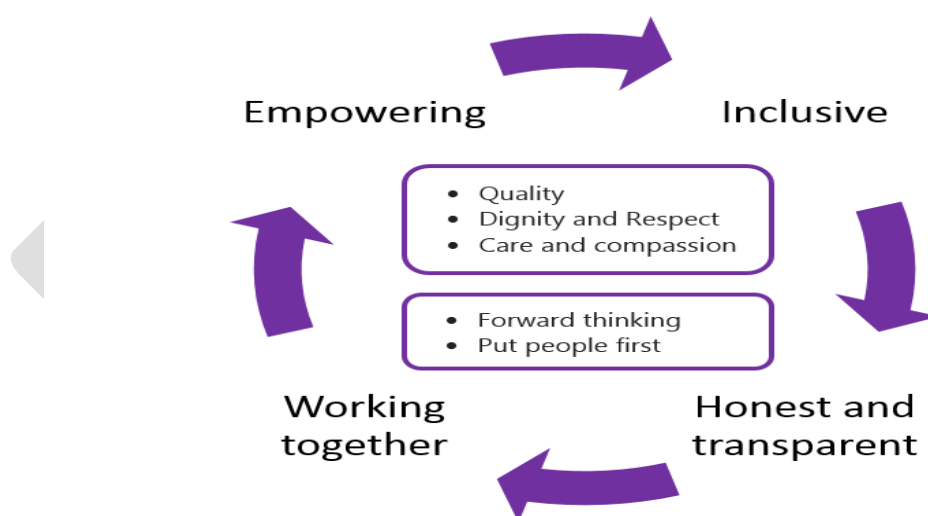
6.2 **Guiding Principles.** There are seven guiding principles which must remain at the heart of our planning and operational delivery:

1. **Home First.** Whenever possible, in supporting individual choice, we must do what we can to assist an individual to stay at home, or in a homely setting, for as long as possible. Working with stakeholders to design the best level of support available in the community.

2. **Integration.** In the process of planning and decision making, integration must be a central consideration; to grow and develop relationships with our partners and stakeholders, and to maximise available resource. Designing pathways for citizens and professionals to make best use of available people, facilities and resources.
3. **Engagement.** Generate and improve a culture of engagement and collaboration at all levels. Engaging with our health professionals and partners to ensure housing officials, the third and independent sectors, carers, service users and their families are included whenever possible in our processes. Working to make available clear and transparent information on our plans and the Edinburgh offer. Committing to ongoing dialogue to promote best practice in engagement and participation. Striving to be inclusive in our reach; ensuring individuals and groups have their views represented. To acknowledge and build on existing relationships as well as inspiring new participation.
4. **Respect.** In everything we do, we apply a suitable level of respect for service users, families, carers and all those involved in the provision of care. Ensuring due regard for the feelings, wishes and rights of every individual. To listen, hear, respect and learn; working towards a high level of shared responsibility.
5. **Fairness.** Ensuring impartiality, without favour, providing unbiased information about the choices available and to tackle inequality. Supporting individuals to meet their aspirations and assisted to make informed choices, without discrimination or hindrance.
6. **Safer.** Working in partnership to support every individual to feel safe and secure in all aspects of their life, free from exploitation, abuse or harm. To encourage self-management, to anticipate risk and develop prevention measures.
7. **Affordable and sustainable.** At all levels, decisions should be made that take account of affordability, longer-term sustainability and value for money. Growing a culture of continuous improvement.



- 6.2 **Values.** The wellbeing of people living in the City of Edinburgh must be at the heart of our core values focussed on an asset based, person centred approach, to improve outcomes and experience. As we progress our change programme, we will remain inclusive, transparent and compassionate. The values of EIJB have been designed to capture and integrate the values of both CEC and NHSL.



7. THE THREE CONVERSATIONS MODEL

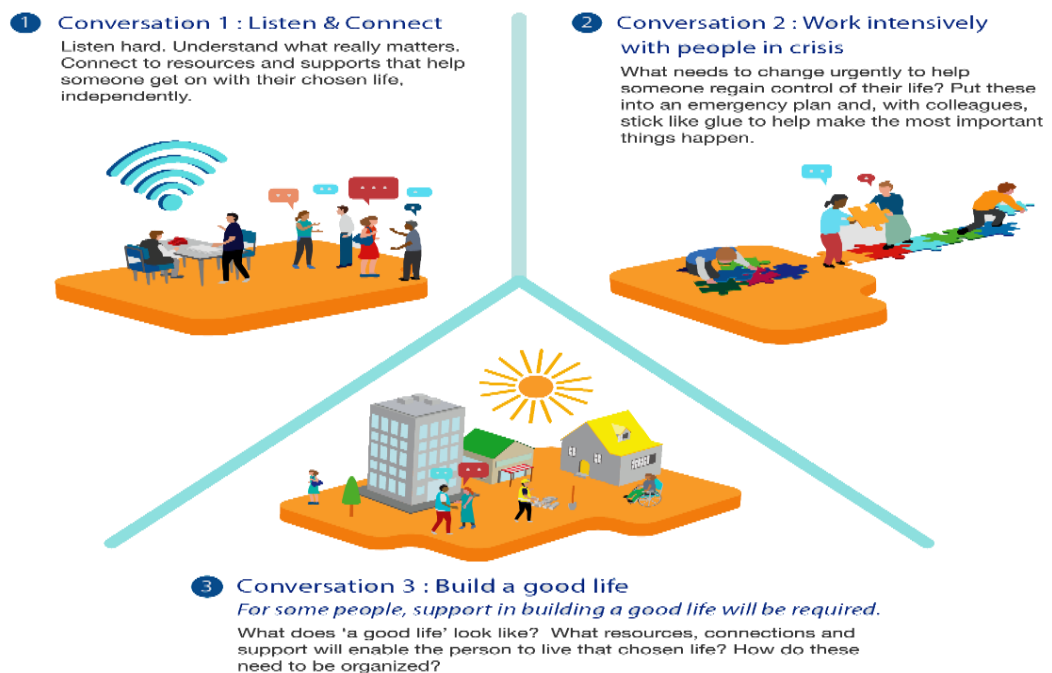
“To get to the next level of greatness depends on the quality of the culture, which depends on the quality of the relationships, which depends on the

quality of the conversations. Everything happens through conversations!”
Judith E Glaser¹⁷

- 7.1 **General.** The Three Conversations Model is proving successful as an approach to health and social care and is expanding fast. The model is based on working differently, to achieve tangible benefit for people and families without an increase in staff or budget. The success of this model is centred on the approach; innovation sites, new rules and new practice, developed through coaching and mentoring, building a qualitative and quantitative evidence base. Partners4Change (P4C) will be working with EHSCP and partners over the coming years to implement the model across the City. The Three Conversations Model has been chosen for Edinburgh, because it underpins and supports our intent, strategic priorities, vision and values.

The Three Conversations Model is a radically different approach. The conventional approach to care triages people, attempts to divert and connect the level of support required, and then too often makes people wait for an ‘assessment for services’. To move away from the idea that the task is to process people, complete unwieldy documents and presume the need for formal services, the Three Conversations Model offers three clear and precise ways of interacting with people that focus on what matters to them. It recognises the power of connecting people to the strengths and assets of community networks, and the necessity to work dynamically with people in crisis. It is focussed on improving the experience of people and families needing support, and in so doing, improving the satisfaction, fulfilment and effectiveness of those working in the sector, whether they be health care professionals, volunteers or carers. The Three Conversations Model not only improves the experience of service users but is popular with those working in the sector and can lead to a significant reduction in recurring funded support.

¹⁷ American author, academic, business executive and organisational anthropologist. Founder and CEO of Benchmark Communications Incorporated.



Conversation 1: Listen and Connect. How can I connect you to things that will help you get on with your life – based on your assets, strengths and those of your family and neighbourhood? What do you want to do? What can I connect you to?

Conversation 2: Work intensively with people in crisis. What needs to change to make you safe and regain control? How can I help make that happen? What do I have at my disposal, including small amounts of money and using my knowledge of the community, to support you? How can I pull them together in an emergency plan and stay with you to make sure it works?

Conversation 3: Build a good life. What is a fair personal budget and what are the sources of funding? What does a good life look like? How can I help you use your resources to support your chosen life? Who do you want to be involved in support planning?

There are some non-negotiable rules about working in this new way that include abandoning the idea that our task is to assess people for services, that we must change our language (including the words 'case', triage, referral, pathway) away from terms that dehumanise people and describe a 'sorting office' approach, that we stop 'handing people off' to others in the system, that we cease our tolerance and reliance on waiting lists, that we must know the neighbourhoods and communities where people live. The approach to delivering change through the Three Conversations Model is rapid, dynamic and co-designed. P4C will help us quickly establish innovation sites where we

will learn how to work in this different way and collect the evidence, that it is better for people and families, better for our staff who become more productive and better for our budgets. Over time this approach will have an impact on everything else that we do, including our workforce requirements, our commissioning intelligence and actions, and our links to other parts of the community support system including the housing sector.

8. THE WAY FORWARD

- 8.1 **General.** The EIJB approved an EHSCP Transformation Change Proposal on 8 February 2019. The thrust of the proposal is *'We need to increase the pace and focus for our transformation and change efforts as a Health and Social Care Partnership. Similarly, we also know we need to make significant improvement within current areas of underperformance – Delayed Discharge, people waiting for care, assessment and review. But, even more importantly, we must increase our efforts as they relate to the wider change in demand, demographics and in order to create and build a sustainable, high quality health and care system for the future in this city. We have an opportunity to recast our offer to the public as an organisation and shape our services to be fit for the 21st Century. This will involve us in thinking and acting in radically different ways and in reframing our relationship with the public, our partners and our staff to deliver a new Edinburgh model of care and support across the city'*¹⁸

In preparation for our Strategic Plan, Reference Groups chaired by EIJB members, conducted detailed work in five areas: Older People (Ageing Well), Mental Health (Thrive), Learning Disabilities, Physical Disabilities, and Primary Care. This work engaged a wide range of stakeholders including citizens, service user representatives, carers, front line practitioners working in statutory and third sector agencies staff, housing colleagues, and the independent sector and was cited by Audit Scotland as an example of meaningful and sustained engagement¹⁹. The outputs from these Reference Groups have informed the production of this Strategic Plan and have been carefully mapped to the change programme work streams to deliver coherence, prioritisation and to capture aspirations for future planning cycles. Strategic development and planning will continue in service areas out with the change programme. This includes outputs from the Reference Groups which are already being developed as part of normal business.

To implement EIJB aspirations through this Change Programme will span several strategic planning cycles. The EIJB Strategic Plan 2019 – 2022 sets out how health and social care services will evolve in Edinburgh over the next

¹⁸ Transformation and Change – Developing the Edinburgh Model dated 8 February 2019.

¹⁹ Health and Social Care Integration prepared by Audit Scotland dated November 2019.

nine years in outline and the next three years in detail. It applies to all adults in the City of Edinburgh who require health and social care or who are considered at risk. It explains our intention to be the first in Scotland to embrace the Three Conversations Model at scale, as a strategic and cultural framework. It cannot sensibly list everything that the EIJB and partners are planning to do, but it provides the necessary direction and a framework within which to progress. Throughout the lifetime of this Strategic Plan there is much to do, including more detailed planning and commissioning activity produced in collaboration with our partners and stakeholders. The delivery of the Strategic Plan will be the first step on a long journey which will only work if we take the difficult decisions necessary to improve integration and shift the balance of care from acute services towards the community. This will require changes to existing service delivery models and disinvestment in activity which does not align with the Strategic Plan. Redesign must include in-house service delivery as well as those services delivered by the third, independent and housing sectors, working towards holistic service redesign. The change programme contains several projects and initiatives to be completed over the coming and subsequent strategic planning cycles. In outline, over the course of the next three years our focus will be on:

- The development of housing and care models.
- Further development of a City-wide Hospital@Home model.
- The roll out of the Three Conversations Model.
- A redesign of the Edinburgh offer.
- A comprehensive bed-based review to include intermediate care (step up/step down) and infrastructure requirements.
- A care home model to meet changing needs and potential for a whole system/market response.
- Making the most of technology-enabled care options and the overall management of equipment.

We must also make sustainable improvement in areas of current underperformance. Our energy will continue to be focused on:

- Reducing delayed discharge.
- Reducing length of stay and days lost to delays.
- Reducing unplanned admissions and re-admissions to acute hospitals.
- Reducing waiting times for assessment.

8.2 Implementation and Governance. The change programme is part of the EIJB approved direction and has been designed within the construct of the Three Conversations Model supported by enabling activity. These work

streams will be monitored and directed by the EIJB and managed by the EHSCP in 2 Phases. Phase 1 will run out to 31 March 2020 and will be focused on getting organised and aligned to the start of the change programme. GGI will continue to work with the EIJB at the higher level which will include refinement of the supporting sub-committees. P4C will begin working with EHSCP from April 2019 and at the centre of this will be a fortnightly '*making it happen*' conference with key leaders and stakeholders from across the structure. The recruitment of additional project managers to underpin the programme will begin to operate from early July 2019 and a range of internal reviews will be initiated. Phase 2 will bring a continuation of the projects within the programme and implementation of agreed actions from projects and reviews that have been completed. Concurrently, the Strategic Plan will be monitored, refined and aligned to the planning for the next strategic cycle 2022-2025 to measure performance and ensure coherence. Throughout the planning cycle Directions will flow from projects to be presented to the EIJB for authorisation.

Phase 1: Prelims and Launch (01 Jul 19 to 31 Mar 20):

- Complete Interim Change Group preliminary activity
- Initiate P4C guidance and support with the Three Conversations Model
- Establish Change Programme and governance structure
- Complete GGI development work with EIJB
- Publish redefined 'Edinburgh Offer'
- EHSCP Structural Refresh
- Planning Cycle Review
- Performance Management Review
- Review of Services
- Refine and implement Communications and Engagement Plan

Phase 2: Continuation and Development (01 Apr 20 to 31 Mar 22)

- Continuation of Change Programme
- Extension of P4C support
- Implement outcomes from change projects
- Implement outcome of Planning Cycle Review
- Implement outcome of Performance Management Review
- Implement outcome of Review of Services
- Review Strategic Plan and Directions

- Preparations for the next Strategic Planning Cycle
- Continuation of Change Programme
- Extension of P4C support as required
- Production of Strategic Plan 2022-2025

Build and Exploit (beyond 01 April 22) into the next Strategic Cycle.

8.3 Change Programme Work Streams:

The change programme will commence once the governance structure is in place; initial operating capability expected by summer 2019. The programme has been designed around the Three Conversations Model and a separate strand focussed on enabling activity. The outline scope of the programme is broken down in the table below. A more detailed breakdown by 'conversation' and 'enabling activity' is provided in Appendix 1.

Conversation 1	Conversation 2	Conversation 3	Enablers
Prevention strategy	Hub Operating Model	Sustainable Community Support	Digital Strategy
Carers strategy	Hospital at Home	Redesign of Bed-Based Care Models to include Internal Care Home Model Redesign	Structure Review
Family group decision making analysis	Service Approaches to Crisis Management	Implications of Royal Edinburgh development Phases 1 and 2	Quality, Performance and process management analysis
Review of approach to Grants Process	Adult Support and Protection	Assessment and review	Workforce strategy and cultural development
Technology enabled care	Primary Care Stability and Transformation	Redesign of Learning Disabilities Services	Review of community equipment and housing adaptations
Front door access			Future focused housing analysis

Self-management and resilience			Infrastructure and Support Service analysis
			Contribution based care analysis

9. STRATEGIC PLANNING CYCLE AND DIRECTIONS

- 9.1 **General.** The current strategic planning and commissioning cycle is under review and will be redesigned. The new cycle will take an informed and integrated approach which will consider emerging ideas that support the business need, including outputs from the change programme. It will also consider existing and new direction from the Scottish Government and guidance from the EIJB. An integrated planning conference will be held monthly to fuse planning activity across EHSCP, chaired by the Head of Strategic Planning. Insight will support planning decisions; including demographics, performance management, and financial considerations. The outputs from this conference will shape and direct the development of business cases, some of which will emerge as formal EIJB Directions.



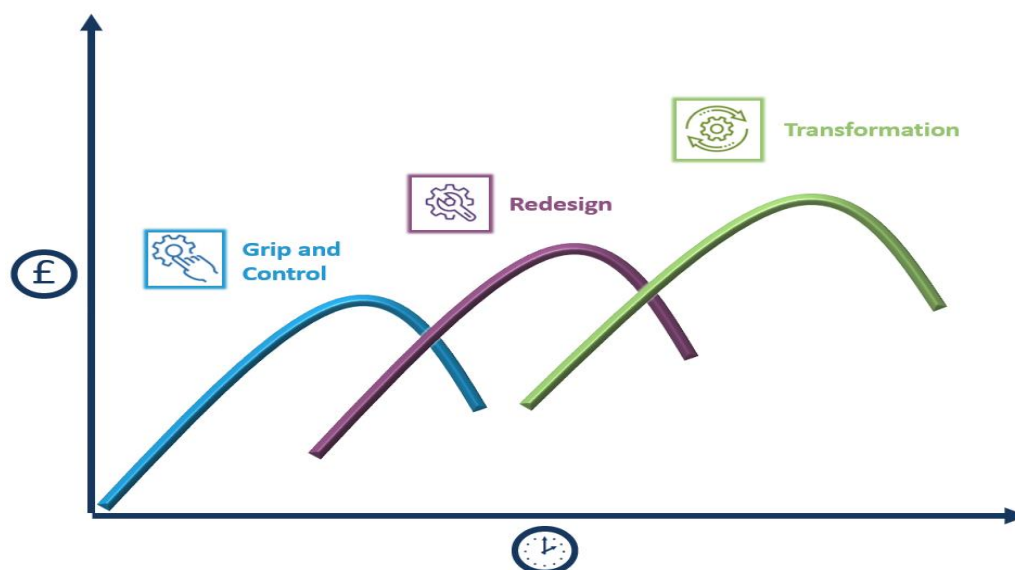
- 9.2 **Directions.** EIJB Directions for 2019 – 2022 will emerge from the Strategic Plan and change programme and will be part of the service planning and design phase of strategic commissioning within the strategic planning cycle. This will provide EIJB with the mechanism to action the Strategic Plan and

form binding Directions to one or both of CEC and NHSL. In addition, the issuing of EIJB Directions will take place throughout the strategic planning cycle when key strategic and commissioning decisions are made about change, service redesign and investment/disinvestment.

A stocktake is underway on existing Directions for 2016-2019 to decide whether they are open, closed, or superseded by a revised Direction within the next strategic planning cycle. It is anticipated that the issuing of new or varied Directions throughout 2019 – 2022 will emerge from business case decisions. Business cases will clearly set out funding, expectations, outputs and outcomes for any new Direction issued. This will improve the EIJB ability to monitor the implementation of Directions and measure performance.

10. FINANCIAL PLANNING

- 10.1 **Financial context.** In an environment of increasing demographic pressures and a growing financial challenge, the ability to redesign services in ways that make the best use of scarce resource will be critical. Aligned with this is the rising expectation from the public that health and social care services should be able to deliver the increased capacity required to fully meet changing needs.
- 10.2 **How we get our money.** Functions are delegated to the EIJB from the CEC and NHSL and the resources associated with these functions form the budgets for EIJB. It then becomes the responsibility of EIJB to deploy these resources in support of the strategic plan. Each year we agree a budget within EIJB, and with our partners in CEC and NHSL. Both our partners have separate budget setting processes, and once concluded, EIJB receives its budget 'offer' from each partner for the forthcoming year.
- 10.3 **The financial challenge.** As the resources available to EIJB flow through CEC and NHSL, the financial constraints facing these organisations are equally relevant for the EIJB. There is no doubt that, given the financial constraints that CEC and NHSL face, both now and in the medium term, we will have a recurring financial challenge to address. In this environment, achieving financial balance will require a focus on service redesign within the overall financial envelope. Our change programme is encapsulated within this Strategic Plan, but while we think about change in the medium to longer term, and while we put in place the programme and engage with our teams and stakeholders on our plans, we also have to make savings now and across 2019/20. Our approach is to focus in the immediate term mainly on 'grip and control' measures. In the medium to longer term, we are confident of achieving efficiencies that assist in delivering financial balance through redesign and outputs from transformation through the change programme. The broad approach is set out in the following schematic:



- 10.4 **Our financial plan.** The CEC formally agreed their budget on 21 February 2019. The NHSL financial plan will be considered at the board meeting on 3rd April 2019. The draft financial plan for the EIJB is therefore based on the best information currently available. The initial assessment of the financial plan for 2019/20 identifies a budget for EIJB of £660m and projected spend of £684m; generating a savings requirement of £24 million, or 3.6%. This level of efficiency, set against a background of increasing pressure on services, is clearly a challenge for EIJB. The table²⁰ below summarises the position.

	Council £k	NHS Lothian £k	Total £k
Delegated resources	211,932	448,118	660,050
Anticipated cost of delegated services	228,326	456,041	684,367
Projected savings requirement	16,394	7,923	24,317

11. MANAGING PERFORMANCE

- 11.1 **General.** Performance reporting should be structured to inform local decision making at all levels of the E IJB and EHSCP. It should be our primary means of how we inform relevant stakeholders about how well we are performing against our stated priorities and how we measure ourselves against delivery of National Indicators. Our current reporting, though well established, is largely reflective of the pre-integration Council and NHS data and analytical support structures; with social care and health data largely analysed

²⁰ EIJB 2019/20220 Financial Plan dated 29 March 2019

separately, rather than forming part of an integrated performance and reporting framework.

- 11.2 **Integrated Framework.** Developing a more integrated approach to social care and health data will help us to use data more effectively and support more informed decision making. We are committed to developing a new, more collaborative performance reporting framework, and are engaging stakeholders from CEC and NHSL, NHS National Services Scotland Information Services Division and the Scottish Government, to determine what this should look like for Edinburgh. Our vision is to ensure that strategic and operational decisions are made based on a fully informed position that will ensure that outcomes for service users are comprehensively monitored and improved.
- 11.3 **Continuous Improvement.** As part of the change agenda we seek to develop a culture of continuous improvement. Refining the performance framework will allow us to revisit the areas that are measured to ensure we are capturing the most relevant and useful data. Managing risk, quality assurance, compliance and internal audit activity all play a role in continuous development. Engagement and collaboration is also central in generating a culture of ownership and responsibility and driving out nugatory activity.

12. APPENDICES

12.1 Appendices:

1. Change Workstreams by Conversation and Enabling Activity.
2. Housing Support Statement.

Appendix 1 - Workstreams by Conversation and Enabling Activity

TABLES REMAINS UNDER DEVELOPMENT

Conversation 1: Listen and Connect (Access, Wellbeing and Prevention)

Project Area	Current Status	Action and Tasks	Strategic Priority	Phase
Prevention strategy	<p>Scoping exercise to be carried out to define the parameters of the project.</p> <p>Work is underway to map existing short-term services and to update Red Book.</p> <p>Disabilities: Health and Wellbeing</p> <p>From Thrive:</p> <ul style="list-style-type: none"> • Inclusive Edinburgh • Green to Go • Game Changer • Arts programme 	<p>Analysis to include:</p> <ul style="list-style-type: none"> • Community investment and capacity building. • Recovery hubs. • Mental Health Link workers. • Working with third sector partner organisations. • Development of befriending services. • Public health. • Daycare model. • Community directory and website approach. 	1, 2, 3, 4, 5, 6	1
Carers strategy	Draft Carers' Strategy for EIJB approval on 29 March 2019.	Implementation of proposals. Link to Prevention Strategy. Monitor, report and adjust	1, 2, 3, 6	1
Self-management and resilience	Well established planning group with all 8 further and higher educational institutions established. Training in Prospect IPC delivered to Edinburgh College and Heriot Watt.	Improve the pathway for students across colleges and universities to access care and support statutory services. (2.00 WTE staff members and time limited targeted initiatives).	1, 2, 3, 4, 5	1

Family Group decision making (FDGM)	FGDM mainstreaming options to be scoped into new structure.	Review existing team and methodology and consider options for mainstreaming.	1, 3, 6	1
Review of Approach to Grants Programme	Scoping exercise to be carried out to define the parameters of the project.	Review to ensure alignment with Prevention strategy.	1, 4, 5	2
Technology Enabled Care (TEC)	Scoping exercise to be carried out to define the parameters of the project.	Review provision of TEC and align with Prevention strategy. Use the SMART house as a show case for new technologies.	1, 3, 4, 5, 6	1
Access and Case-Finding	Scoping exercise to be carried out to define the parameters of the project. Population increase to be monitored to ensure capacity for predicted additional rise of 5000-6000 per annum. Funding secured as part of UK Living Well Collaboration to deliver minimum of 4 Thrive sites with open access by Oct 2020.	Analysis to include: <ul style="list-style-type: none"> • Community navigation. • Community hubs / one stop shops. • Community navigation, social care direct and developing early intervention strategies to support signposting and self-management. • Engage GPs to identify those in need of prevent activity. • Infrastructure (capital spend) requirements • LEGUP grants. 	1, 3, 6	2

Conversation 2: Work Intensively with People in Crisis (Crisis Intervention, Short term and Acute Services)

Project Area	Current Status	Action and Tasks	Strategic Priority	Phase
Hub Operating Model	<p>Work ongoing with Hub managers and acute sites to ensure responsive operating model which delivers on our key targets.</p> <p>Scoping work continues.</p> <p>Older People: Reablement Efficiency</p>	<p>Analysis to include:</p> <ul style="list-style-type: none"> • Alignment to flow centres. • Palliative care model. • Prevention of admission (community and hospital). • Hospital interface (acute receiving units). • Discharge to assess. 	3, 4, 5, 6	1
Hospital at Home	<p>Current model to be reviewed. Intent remains to provide a city-wide service which is equitable and sustainable.</p> <p>Initial review of current model to begin in April 2019</p> <p>Scoping work continues.</p>	<p>Analysis to include:</p> <ul style="list-style-type: none"> • Benchmarking of service delivery options. • Rationalisation of current environment of specialist teams operating independently within communities. 	1, 3, 4, 5, 6	1
Service Approaches to Crisis Management	<p>Scoping exercise to be carried out to define the parameters of the project.</p> <p>Mental health HUBs to provide major increase in response to crisis management not able to be contained in primary care.</p>	<p>Analysis to include:</p> <ul style="list-style-type: none"> • Community and clinical crisis management, respite and emergency care home places. • Support to three conversations ethos and interface between conversations 1 and 2. • To be developed in work with P4C. 	3, 4, 5, 6	1

	Increased capacity in selected practices (17 to date) reducing referrals to acute mental health services.	<ul style="list-style-type: none"> Support on assessment from the Primary Care Evaluation post. 		
Adult Support and Protection	Scoping exercise to be carried out to define the parameters of the project.	Analysis to include: redesign of ASP governance model to ensure streamlined, focussed care for individuals in crisis.	1, 3, 4, 5, 6	1
Primary care Stability and Transformation	<p>Primary care to focus on 1% of patients who account for 10% of workload, 5% who account for 25% etc.</p> <p>Primary care to review admissions from each practice as PCIP investment rolls out (impact building from 2020 onwards).</p>	<p>Information being gathered to inform cluster focus (generic not solely GMS cluster).</p> <p>PCIP resource to be agreed with each practice alongside anticipated changes in pattern of service response.</p>	1, 3, 6	1

Conversation 3: Build a Good Life (Long Term Care, Complex Care, Accommodation and Bed Based Care)

Project Area	Current Status	Action and Tasks	Strategic Priority	Phase
Sustainable Community Support	Scoping exercise to be carried out to define the parameters of the project.	<p>Analysis to include:</p> <ul style="list-style-type: none"> SW Edinburgh pilot to be assessed for impact on demand. Review of home-based care models including contracts. Networks of local organisations to be focussed on loneliness in older people. Integrate efficiency proposals for Care@Home, responder service and provider uplift. 	3, 4, 5, 6	1

Redesign of Bed-Based Care Models	<p>Scoping exercise to be carried out to define the parameters of the project.</p> <p>Initial review to begin in April 2019</p>	<p>Analysis to include:</p> <ul style="list-style-type: none"> • Care Homes. • HBCCC. • Interim and intermediate care, and step up / step down. • Emergency places. 	3, 4, 5, 6	1
Royal Edinburgh Phases 1 and 2	<p>Phase 1 complete</p> <p>Phase 2 business case due summer 19</p>	Operating model to be designed.	1, 3, 4, 5, 6	1
Overnight Support Offering	Scoping exercise to be carried out to define the parameters of the project.	<p>Analysis to include:</p> <ul style="list-style-type: none"> • Sleepover/responder service. • Overnight home care. • Continence support. • District nursing. • Emergency home care. • ATEC 24 support. 	1, 3, 4, 5, 6	1
Redesign of Learning Disability Services	Scoping exercise to be carried out to define the parameters of the project.	Analysis to include: current and emerging policies, staffing model and support services, transition from children to adult services.	1, 2, 3, 4, 5, 6	1

Enabling Action: Cross-cutting activities essential to the delivery of the Strategic Plan

Project Area	Current Status	Action and Tasks	Strategic Priority	Phase
Digital Strategy	<p>Scoping exercise to be carried out to define the parameters of the project.</p> <p>Lean and agile data cleansing project due to complete June 2019.</p> <p>SWIFT replacement being developed. Implementation expected next 2-4 years.</p>	<p>Analysis to include:</p> <ul style="list-style-type: none"> • Digital access to services. • Community directory. • SWIFT/AIS development and implementation strategy. • Integration of health and social care systems and interoperability. • Webroster. • Intelligent automation. 	1, 4, 5	1
Structure Review	<p>Scoping exercise to be carried out to define the parameters of the project.</p>	<p>Analysis will initially cover a structural refresh leading to alignment to supporting the three conversations framework.</p>	4, 5	1
Quality, Performance and process management	<p>Scoping exercise to be carried out to define the parameters of the project.</p> <p>Performance management framework is being reviewed. A series of workshops with broad stakeholder engagement to follow.</p>	<p>Analysis to include:</p> <ul style="list-style-type: none"> • Data quality and compliance. • Process redesign for non-three conversations model areas. • Performance monitoring and approaches to reporting; dashboards, scorecards, KPIs. 	4,5	2
Three Conversations	<p>Scoping exercise to be carried out to define the parameters of the project.</p> <p>Engagement of P4C complete and start date confirmed for 17 April 19.</p>	<p>Analysis to include:</p> <ul style="list-style-type: none"> • Required support to P4C, identification of innovation sites and workshops. • Changes to existing processes including contracts, IT and reporting. 	1, 2, 3, 4, 5, 6	1

		<ul style="list-style-type: none"> • Access to budgets and monitoring arrangements. • Framing the Edinburgh Offer. • Communications and engagement. 		
Workforce and Cultural Development	<p>Scoping exercise to be carried out to define the parameters of the project.</p> <p>A Workforce Strategy is under development.</p>	<p>Analysis to include:</p> <ul style="list-style-type: none"> • Coherence with Workforce Strategy. • Staff engagement. • Staff development. • Building a partnership ethos and culture. 	2, 4, 5	1
Review of Community Equipment and Housing Adaptations	<p>Scoping exercise to be carried out to define the parameters of the project.</p>	<p>Analysis to include:</p> <ul style="list-style-type: none"> • Streamlining processes. • Storage, maintenance and delivery options. • Engagement with housing officials. • Care model options. 	1, 2, 3, 4, 5, 6	1
Future Focused Housing	<p>Scoping exercise to be carried out to define the parameters of the project.</p> <p>Commission from CEC 30 new homes a year to be ringfenced for people with a physical disability. Of which four of these should be able support people with bariatric needs.</p> <p>We will commission through CEC 15 care home beds for adults with neurological conditions who are under 65 years of age. There will include two beds to offer respite.</p>	<p>Analysis to include:</p> <ul style="list-style-type: none"> • Sustainable housing and community planning. • Care village models/extra care housing options. • Safe places – dementia care. <p>Work with 21st Century homes, housing partners to deliver specified number of tenancies. Review progress at 6 monthly intervals.</p>	1, 2, 3	1

Infrastructure and Support Services	Scoping exercise to be carried out to define the parameters of the project.	<p>Analysis to include:</p> <ul style="list-style-type: none"> • Development of a coherent EHSCP approach to support services: • Business support. • Finance, • Performance. • DATA and ICT • Policy. 	4, 5	1
Contribution Based Care	Scoping exercise to be carried out to define the parameters of the project.	Analysis of charging policy options.	4, 5	1
Prescribing management	Continue to support prescribing activity to maintain high cost containment performance combined with safety and clinical excellence	<ul style="list-style-type: none"> • Delivery of Edinburgh share of combined £4.0m saving programme. • In addition, monitor effectiveness of additional 'spend to save' investments being implemented across Lothian and within localities. 	1, 3, 6	1

Appendix 2 - Housing Contribution Statement to support Edinburgh Health and Social Care Partnership Strategic Plan 2019-22

Introduction

The purpose of the Housing Contribution Statement (HCS) is to set out the role and contribution of the local housing sector in supporting the draft Strategic Plan 2019-22 priorities.

The final HCS will be published as part of the final Strategic Plan following the consultation phase. The final HCS will be action-focused, responding to agreed strategic priorities. Edinburgh Affordable Housing Partnership members have provided initial feedback which supports inclusion, or strengthening, of the following key areas:

- Homelessness and Housing Support
- Technology
- Adaptations
- Moving from hospital to community-based living
- Step-down accommodation
- Shared Evidence
- New build housing
- Role and engagement of private housing sector
- Collaboration between housing partners at city-wide and locality level

The Scottish Government's Housing Advice Note on housing and integration (2016) sets out the requirement to have a HCS as an integral part of Strategic Plans. The Edinburgh Integrated Joint Board (EIJB) draft Strategic Plan 2019-22 identifies housing as a key cross-cutting theme and enabler. Housing related activity supports the strategic priorities and the seven supporting principles.

The HCS which supported the Strategic Plan 2016-19 was set out under the three themes of 'Supply, Services and Community'. These themes remain relevant to the principles outlined above and help to reflect the wide range of housing-related activities which have a significant impact on health and wellbeing:

- **More Homes (Supply):** increasing the supply of new energy efficient homes and investing in existing homes to meet people's health needs.
- **Integrated Services:** providing a wide range of services to help people live independently at home or in a homely setting.
- **Caring community:** providing services at local level, building strong relationships with customers, communities and partners to tackle inequalities.

Governance

The Housing, Health and Social Care Forum, which sits within the EIJB governance structure, is tasked with ensuring progress is made on delivering the housing commitments and progressing joint work which supports health and social care priorities and service improvements. For example, housing's role in helping people to live independently through the provision of support, technology and adaptations as well as meeting needs through provision of accessible homes. The Edinburgh Affordable Housing Partnership (EAHP) Health and Social Care Sub Group also brings together health and housing partners, including those involved in the commissioning and service delivery for housing, to discuss priorities and contribute to specific projects. The EAHP group is also the forum which provides the housing representative for the EIJB's Strategic Planning Group.

Housing sector representatives have also been involved in the reference groups and working groups over the past year. The outputs of which have fully informed the draft Strategic Plan 2019-22.

The Local Housing Strategy (City Housing Strategy in Edinburgh) is a Local Authority's strategic document for housing and housing services. It covers all housing tenures. The City Housing Strategy (CHS) 2018 has three outcomes:

- People live in a home they can afford.
- People live in a warm, safe home in a well-managed neighbourhood
- People can move home if they need to

The significant investment in new affordable homes and in improving existing homes continues to provide an opportunity to better support the needs of older people and people with complex health needs as the population grows and demand on services increase, as outlined in the Edinburgh Health Information section of the draft Strategic Plan.

Housing in Edinburgh

There are some unique and significant housing challenges within Edinburgh. There are high housing costs and a high need for affordable housing. The housing market is expected to come under increasing pressure as the city grows at a faster pace than elsewhere in Scotland.

The latest Housing Needs and Demand Assessment (HNDA2) states that there is demand for between 38,000 and 46,000 new homes in Edinburgh over ten years; over 60% of these homes need to be affordable.

Nationally (Scotland), housing tenure is made up of 61% owner occupation, 25% social rent and 14% private rent. In Edinburgh owner occupation represents 59%, social rent is 15% and private rented is 26%, double what it was in 2003.

Over 21,000 people in the city are registered for social rented housing through EdIndex, the Council's common housing register, with an average of 190 households bidding for every social rented home that becomes available for let. In 2017/18, 70% of Council lets in Edinburgh went to homeless households, alongside 41% of Registered Social Landlord lets (compared to the Scottish average of 41% of Local Authority lets and 26% of RSL lets to homeless households).

Supply

New Homes

There is a renewed commitment from the housing sector that 4,500 of the 20,000 new affordable homes planned for the city over the next 10 years will support health and social care priorities. Understanding how we make best use of existing housing to support health and social care is also an important factor.

The delivery of the Affordable Housing Supply Programme (AHSP) is managed by the Council's Housing Service. Forward planning of this programme is done formally through the production of the Strategic Housing Investment Programme (SHIP) which is approved annually by the Council's Housing & Economy Committee for submission to Scottish Government. The SHIP sets out the approach by the Council and its housing association partners to investing in new affordable housing in the city over a five-year period and can be used to help identify joint opportunities for development, allowing enough time for plans to be developed to provide homes to meet particular needs in the right places.

Health and social care partners are increasingly involved in the SHIP planning process, with discussions taking place between health and social care strategic commissioning leads and locality teams on the provision of new homes for people with learning disabilities and on new Council led housing developments where older people's housing is planned, for example. There is a commitment to work jointly to ensure appropriate housing is available for older people, in relation to both new and existing homes. There is also an identified requirement for specific core and cluster accommodation over the next three years.

Shortage of affordable housing impacts on the ability of services to recruit and retain workforce. Edinburgh has the largest mid rent house building programme in Scotland. In 2018 the Council established two Limited Liability Partnerships (LLPs) to provide housing for mid rent and market rent. Mid rent housing can be an option for some people working in health & social care services who cannot afford to buy a home or rent on the open market. The Edinburgh Living LLPs are expected to deliver around 1,500 homes over the next five years.

Since 2016/17 there have been 303 housing completions from the Affordable Housing Supply Programme that have directly contributed towards health and social care outcomes. This is set against an overall combined completions target of 1,094 from these two years.

TMDF - Specialist Housing Completions

Type Of Specialist Housing	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	Total Number
Level Access	110	130	260	245	321	138	91	66	1121
Specialist other (Veterans)		4			5	2			7
Older Persons / Amenity	23	8	46	42	63				151
Wheelchair	20	8	14	32	66	136	119	111	478
Totals	153	150	320	319	455	276	210	177	1757

2018/19 Approvals

Type Of Specialist Housing	Total Number
Level Access	248
Specialist other (Veterans)	0
Older Persons	31
Wheelchair	84
Totals	363

Affordable Housing Completions %	2016/17	2017/18
Total AHSP Completions	471	623
Level Access	23	21
Specialist other (Veterans)	0	1
Older Persons / Amenity	5	1
Wheelchair	4	1
Totals	32	24

Around 9% of the homes in the first two years of the current SHIP (2019-24) are specifically designed for older people and those with complex needs. This includes amenity and supported housing, fully wheelchair accessible homes, housing for veterans and letting properties to care providers to enable people to receive support in their own homes.

It is important to note that the majority of new build properties funded through the Affordable Housing Supply Programme are designed to meet the Housing for Varying Needs Standard. Many properties delivered through the AHSP are therefore accessible for people of limited mobility and older people, meaning specific housing requirements can often be met through allocation of a standard general needs property.

One of the big challenges to delivering new affordable homes is securing sites for development. The other key element to support the SHIP beyond 2021 is securing additional grant funding to support the house building programme.

In recognition of the land supply challenge the Edinburgh Partnership Community Plan 2018-28 includes commitments to:

- maximise the land to deliver affordable homes and;
- maximise the value and outcomes from Edinburgh's public-sector estate and deliver opportunities for accelerated investment through strategic partnership and review of public sector assets.

Existing homes

The Council continues to invest in improving its homes, particularly to make them more energy efficient and cheaper to heat (something Council tenants have highlighted as a priority). The Council want to ensure all homes meet the Scottish Government's Energy Efficiency Standards for Social Housing (EESH) by December 2020, a standard which RSL partners will also seek to meet. The Council is seeking to go beyond this standard and achieve an Energy Efficiency Rating of C or above, where possible.

As part of the work around older people's commission plan, a steering group has been set up to take a collaborative approach to reviewing supported (sheltered) housing within the Council's ownership and associated digital support.

Services

Building affordable, more accessible and energy efficient homes makes a significant contribution to supporting health and social care priorities. However, the housing contribution through making best use of existing homes and the provision of preventative support (and care) services, helping people to live independently at home or in a homely setting and helping to prevent unscheduled admissions to hospital and delayed discharge from hospital is equally important. Examples of preventative services provided by housing organisations to support independent living include: housing support services, technology based services, digital inclusion services, benefits and welfare rights advice, energy advice, tenancy sustainment services and the provision of integrated care and housing. When integrated with health and social care services this can make a valuable contribution to outcomes for individuals as well as helping to reduce costs related to long-term stays in hospital for example.

Housing and Health and Social Care partners have had further discussions on the role of step-down housing. This builds on work of the Delayed Discharge Matching Group, set up to improve the processes for discharging patients delayed in hospital due to housing, and to reduce the time taken to assist them to secure alternative, suitable housing. Access to more step-down accommodation should enable the discharge of more patients on an interim basis, providing them with a more suitable place to live while they wait for suitable permanent re-housing.

A SMART demonstration home, formally opened in Longstone in December 2018, has been set up by the Health and Social Care Partnership in conjunction with Blackwood Homes and Care. This supports the increasingly important role technology is playing in helping people to live independently at home. The SMART home showcases the latest technologies available to support independent, where staff and residents can test out what is available in a realistic, well-designed environment.

Adaptations

The responsibility for planning and resourcing some adaptation provision is a delegated function under the Public Bodies (Joint Working) (Scotland) Act 2014.

However, the Act and accompanying regulations do not prescribe the delivery arrangements for adaptations – this is decided locally.

Currently, the assessment of the need for aids or the adaptation of a property is carried out by Health and Social Care. Where an adaptation for a Council property is required these adaptations are project managed by the Council's Housing Property Team. This team also manage the grant process for adaptations to private sector homes.

Where the adaptation is to the home of a council tenant it is funded by the Housing Revenue Account (HRA), a ring-fenced account. Adaptations for homeowners and private tenants' homes are supported by grant funding from the General Fund Capital Investment Programme. The duty to provide grants of 80% or 100% for those living in the private sector, who are assessed as needing adaptations, is still in place under the terms of the Housing (Scotland) Act 2006 but the duty is delegated to the IJB.

Funding for adaptations in the homes of Registered Social Landlord (RSL) tenants is supported by Scottish Government grant, managed by the Council's Housing Service as part of the management of the Affordable Housing Supply Programme (AHSP). This is not delegated to the IJB.

Joint work is being progressed through the Housing, Health and Social Care Forum to review the delivery of adaptations and resources required to ensure the service can meet customer needs going forward. This builds on joint work to improve service delivery as discussed at the Edinburgh Equipment and Adaptations Partnership meetings which involve housing and health and social care staff, particularly Occupational Therapists, who are responsible for day-to-day delivery of the current service.

In 2017/18, 142 major adaptations were carried out in Council homes, alongside almost 700 minor adaptations, with a total spend of £750k. 286 grant payments were made to fund private sector adaptations, with a spend of just of £1 million. Funding of £600k was provided to registered social landlords for 317 adaptations. The budget for private sector grants in 2018/19 was set at £1.086m.

The final HCS should include agreed adaptations budgets for 2019/20.

Homelessness and Housing Support

Homelessness and Housing Support functions (with the exception of housing support services in so far as they relate to adults with social care needs) are not delegated to the IJB. However, there are key links with services provided by health and social care, particularly for people with more complex needs.

A key area of work for homelessness services and partners is responding to the recommendations from the Homelessness and Rough Sleepers Action Group (Homelessness and Rough Sleeping Action Group (HARSAG) set up October 2017

to recommend to Scottish Government Ministers the actions and solutions needed to:

- Eradicate rough sleeping
- Transform the use of temporary accommodation in Scotland
- Bring about an end to homelessness in Scotland

70 recommendations from HARSAG have been accepted by the Scottish Government with local authorities and partners to work towards recommendations in tandem with production and implementation of Rapid Rehousing Transition Plans (RRTPs). First drafts of costed RRTPs were submitted to Scottish Government by the end of December 2018, with implementation of the 5-year RRTP from April 2019.

The overarching approach to ending homelessness is covered in the Scottish Government's *Ending Homelessness Together Action Plan*, published in November 2018. This continues to have a strong focus on prevention of homelessness.

Where homelessness cannot be prevented, Rapid Rehousing means:

- A settled, mainstream housing outcome as quickly as possible;
- Time spent in any form of temporary accommodation reduced to a minimum, with the fewer transitions the better;
- When temporary accommodation is needed, the optimum type is mainstream, furnished and within a community.

And for people with multiple needs beyond housing:

- Housing First is the first response for people with complex needs and facing multiple disadvantages;
- Highly specialist provision within small, shared, supported and trauma informed environments if mainstream housing, including Housing First, is not possible or preferable.

Homelessness presentations in the city have been decreasing due to the focus on homelessness prevention, but pressures on temporary accommodation have increased due to the length of homeless cases, caused by the limited settled housing options relative to the scale of demand. The Council currently allocates 70% of all its lets to homeless households, significantly higher than the average of 41% for Scottish local authorities. Housing associations also let around 41% of homes to homeless households, which is, again, higher than the Scottish average of 26%.

The draft RRTP submitted to Scottish Government highlights the significant shortfall of settled housing available for all housing needs groups in the city, including homeless households. The draft RRTP outlines the Housing First approach which is being taken forward in Edinburgh, which will require continued joint working and resourcing from Health and Social care partners

Community

Housing organisations, including the Council's Housing Service, have excellent connections within communities across Edinburgh. There is a strong track record of working with tenants and local communities, delivering a wide range of services to help people live independently at home and connect with their local communities. This includes the way housing teams work locally and the increased focus on placemaking in relation to new developments.

The draft Strategic Plan outlines that improving the way people are supported in communities requires changing the way people access services. The importance of clear and transparent information on the services available to support people in their communities is highlighted. Strengthening relationships with local housing teams and linking in to local projects and advice services managed by housing associations for example can help to support this shift.

Housing's contribution to the work conducted by the Thrive Edinburgh Partnership stakeholder group is also important, including A Place to Live and Closing the Inequalities Gap. Also, options to support the Wayfinder model, development and mainstreaming of the Housing First model, as well as provision of improved green space, which can be supported through the focus on placemaking in the delivery of new affordable homes.

Next steps

The final HCS will be drafted following the wider consultation on the draft Strategic Plan, articulating housing's role in supporting the EIJB's strategic priorities. It will be action focused to ensure that the housing needs of all client groups are met.

This draft HCS sets out housing's input to health and social care priorities through involvement of housing representatives within the Health and Social Care Partnership's governance structure and there is scope to build on joint working over the next three years in localities and on specific projects and key areas of work.

This includes:

- Provision of new affordable homes to meet needs of older people and people with health needs.
- Progress joint work on improving delivery of adaptations (through Housing, Health and Social Care Forum)
- Implementation and mainstreaming of Housing First approach as part of Inclusive Edinburgh Homeless service and further development of rapid rehousing transition plan
- Participation on steering group to reviewing supported (sheltered) housing within the Council's ownership and associated digital support.

Other areas could include:

- Strengthening housing input into ongoing workforce strategy

- Involvement in ongoing work to scope and support implementation of improvements to dementia assessment and services pathways, as outlined in Ageing Well Commissioning Plan. Work undertaken nationally by the Chartered Institute of Housing in Scotland in 2016/17 should help to inform this. The provision of dementia friendly housing is also referenced within the Ageing Well CP.
- Increased focus on role of private sector housing in supporting health and social care priorities, given that social rented housing is only 15% of housing stock within the city.

DRAFT

Housing in Edinburgh

- Edinburgh does not have an adequate affordable and social housing supply. The latest Housing Needs and Demand Assessment (HNDA2) states that there is demand for between 38,000 and 46,000 new homes in Edinburgh over ten years; over 60% of these homes need to be affordable.
- Over 21,000 people in the city are registered for social rented housing through EdIndex, the Council's common housing register, with an average of 190 households bidding for every social rented home that becomes available for let. Around 70% of Council lets in Edinburgh go to homeless households, alongside 41% of RSL lets. This compares to the Scottish average of 41% of Local Authority lets and 26% of RSL lets to homeless households in 2017/18.
- Around a third of people presenting as homeless are in employment.
- Nationally (Scotland), housing tenure is made up of 61% owner occupation, 25% social rent and 14% private rent. In Edinburgh owner occupation represents 59%, social rent is 15% and private rented is 26%.
- Since 2000, the proportion of households in the PRS in the city has doubled. Younger households are the main age grouping in PRS with 69% of tenants under 35 years old.
- The average advertised monthly private rent in Edinburgh is currently £1,087 compared to a national average of £799. Over the last year Edinburgh has experienced average annual rental growth of 4.8% compared to national average annual rental growth of 1.3%.
- The average house price is six times the average gross annual earnings in the city, making it least affordable city in Scotland to buy a home (Bank of Scotland 'Affordable Cities Review' 2017).
- Edinburgh has the oldest housing in Scotland, with almost half (48%) of homes built before 1945 (SHCS 2013-15), posing significant challenges on upgrading homes to modern standards and improving energy efficiency of homes to tackle fuel poverty. Almost two thirds of all homes in Edinburgh are flats, increasing the challenges in relation to maintenance and improvement of communal areas. Over half of all Council homes are in mixed tenure blocks.

EIJB Strategic Framework On a Page

Principles: *Home first, Integration, Engagement, Respect, Fairness, Affordable and Sustainable, Safer*

What means do we have?

Scottish Government
Direction

Good Governance

Budget

Workforce

Infrastructure

Data and Performance
Management Framework

Technology

Communications and
Engagement

How will we get there?

Implementation of Strategic Plan and
Change Programme aligned to priorities

Develop modern Edinburgh Offer

Roll out Three Conversations Model

Strong Partnership with 3rd and 4th Sectors

Shift balance of care to communities

Tackling inequality

Unity of purpose and momentum

Appendix 2

Vision: *To deliver together a caring,
healthier and safer Edinburgh*

Where do we want to get to?

- An affordable, sustainable and trusted health and social care system
- A clearly understood and supported 'Edinburgh Offer' which is fair, proportionate and manages expectations
- A person centred, patient first and home first approach
- A motivated, skilled and balanced workforce
- An optimised partnership with the voluntary and independent sectors
- Care supported by the latest technology
- A culture of continuous improvement

Values: *Empowering, Inclusive, working together, honest and transparent*

Report

Lothian Strategic Planning Forum

Edinburgh Integration Joint Board

29 March 2019



Executive Summary

1. The purpose of this report is to update the Edinburgh Integration Joint Board (EIJB) on the implementation of a Lothian Strategic Planning Forum.

Recommendations

2. The Integration Joint Board is asked to:
 - i. Note the implementation of a Lothian Strategic Planning Forum.
 - ii. Discuss the membership and agenda of the proposed forum; and
 - iii. Agree that the Chair and Vice Chair will be the representative for EIJB on the Lothian Strategic Planning Forum and that the Chief Officer and other relevant officers will also attend.

Background

3. There are four Integration Joint Boards (IJB) across Lothian – one in each Local Authority area and a single NHS Board. The four IJBs have similar interests and areas of focus with their partner organisations and there is potential benefit in creating a forum to discuss these as well as where a more collective approach to significant issues of strategy might be beneficial.
4. In light of this, a Lothian Strategic Planning Forum (the forum) has been formed, in its initial phase supported by NHS Lothian. An inaugural meeting is scheduled for the 4 April 2019 where its terms of reference and future agenda will be discussed.

5. The forum has been developed to allow the four Integration Joint Boards (Midlothian, East Lothian, West Lothian and Edinburgh) and NHS Lothian to meet to discuss a range of issues which will include items of strategic interest and priority to each of the parties. This will include, but not be limited to unscheduled care, emergency department, inpatient mental health services and community hospitals. There will be other issues that will come to the forum where this is appropriate.
6. The forum will also give the IJBs and NHS Lothian the opportunity to develop a co-ordinated approach to the recommendations from the Audit Scotland Report on Integration and the Ministerial Strategic Group for Health and Community Care.
7. The membership of the forum will include the Chair and Chief Executive of NHS Lothian, four IJB Chairs and Vice Chairs, four Chief Officers, Chief Officer for Acute Services and the Director of Strategic Planning for NHS Lothian. Where appropriate, additional officers will be asked to attend.
8. The forum will enhance the opportunity to have a collective discussion in relation to the “set-aside” budgets and progress recommendations from key integration reports and does not replace or cut across the IJB strategic planning group or the NHS Strategic Planning Committee. The forum will have no formal decision making authority in respect of the organisations own role but may make decisions in relation to items under discussion and further work within the context of its work.
9. Nominations for a Chair and Vice Chair are being sought from non-executive members and councillors who hold positions on the NHS Lothian Board and the Integration Joint Boards, with Peter Murray, Chair of the East Lothian IJB, chairing the first meeting on the 4 April 19.
10. Members will note that there are no Local Authority representatives invited to take part and may wish to discuss whether this is a gap in membership given the potential focus on the Audit Scotland and Ministerial Strategic Group progress reports.
11. The forum will meet six times a year, with the administering of the forum provided by NHS Lothian.

Key risks

12. There are no risks relating to the setting up of the forum, however if a collective approach to problem solving across the four IJB's is not taken, a key risk is that issues and decision making across set-aside services is fragmented.

Financial implications

13. As the forum has no decision making power, there are no financial implications relating to this report.

Implications for Directions

14. There are no implications for directions.

Equalities implications

15. There are no equalities implications.

Sustainability implications

16. There are no sustainability implications.

Involving people

17. There is a recognition that having a forum where all four IJB's can discuss "set aside" issues and implementation of the recommendations from Audit Scotland and the Ministerial Strategic Group will be valuable.

Impact on plans of other parties

18. There are no impact on plans of other parties.

Background reading/references

[MSG Review of Integration](#)

[Audit Scotland - Review of Integration](#)

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Appendices

None

Report

2019/20 Financial Plan

Edinburgh Integration Joint Board

29 March 2019



Executive Summary

1. The purpose of this report is to present the board with progress with establishing a balanced financial plan for 2019/20.

Recommendations

2. The Integration Joint Board is asked to:
 - i. note that there is no change to the moderate assurance given in relation to achieving a balanced year end position for 2018/19;
 - ii. note the anticipated budget offers from the City of Edinburgh Council and NHS Lothian;
 - iii. note the resultant financial plan based on the anticipated delegated budgets;
 - iv. agree the draft savings and recovery programme for 2019/20 as outlined in appendix 1;
 - v. note the efforts being made to reach a balanced position and remit the Chair, Vice Chair, Chief Officer and Chief Finance Officer to meet with senior representatives from City of Edinburgh Council and NHS Lothian to progress the options to support a balanced financial plan; and
 - vi. agree to receive an update at the next meeting.

Background

3. The Board has received regular updates on the financial position for 2018/19, the latest of which indicated a projected year end overspend in delegated services of £10.0m. Based on the positive ongoing discussions between the Chief Officer, Chief Finance Officer, and colleagues from the City of Edinburgh Council and NHS Lothian, moderate assurance of a balanced year end position was given in

the finance report to the board in February 2019. Since this point there has been no material change in the numbers and the status of moderate assurance remains.

4. Despite this projected balanced position for 2018/19, the underlying financial pressures remain. A series of development sessions have taken place between January and March to brief the IJB on the emerging financial plan for 2019/20 and associated savings programme.
5. The Council agreed its financial plan for 2019/20 on 21 February 2019, at the time of writing no formal offer has yet been received but this is expected imminently. NHS Lothian has not yet concluded its financial planning process and an update will be presented to their Finance and Resources Committee on 20 March 2019.
6. Based on this information the IJB has developed its financial plan and associated savings programme, further details on which is included in paragraphs 9 to 23 below.
7. At this point the plan remains unbalanced and, it is clear that, like many other public sector bodies, the IJB faces significant financial challenges for the foreseeable future. The system is some way from recurring financial balance and the budgets delegated by Council and NHS Lothian will not be sufficient to deliver services without the requirement to make further savings. As such, further discussions with our partner organisations will be required to consider what additional actions we need to take collectively to get to a balanced plan, both for next financial year and beyond.

Main report

Scottish Government budget

8. The Scottish Government's budget for 2019/20 was approved by the Scottish Parliament on 21 February 2019. Key headlines from the budget included:

Health

- a minimum uplift of 2.5% for all territorial health boards plus a share of £23m for those below NRAC parity;
- additional investment of £149m to improve patient outcomes in 5 core areas:
 - a) **primary care** - investment in the primary care fund will rise by £35m to £155m to support transformation by enabling the expansion of multidisciplinary teams for improved patient care, and a strengthened and clarified role for GPs as expert medical generalists and clinical leaders in the community;
 - b) **waiting times improvement plan** – an further investment of £90m to support delivery of the trajectories set out in the waiting times improvement plan;

- c) **mental health and CAMHS** - a further £14m is to be invested which will go towards the commitment to increase the workforce by an extra 800 workers; for transformation of CAMHS; and to support the Programme for Government commitments on adult and children's mental health services. This funding is provided on the basis that it is in addition to a real terms increase in existing 2018/19 spending levels;
- d) **trauma networks** - funding will increase by £8 million to £18 million, taking forward the implementation of the major trauma networks; and
- e) **cancer** - an additional £2m reflecting continued investment in the £100 million cancer strategy.

Local authorities

- additional Scotland wide revenue funding of £148m to facilitate expansion of free personal and nursing care for under 65s (£29.5m), continuing implementation of the carers' act (£10.5m) and increased investment in health and social care integration (£110m);
- permission to apply an efficiency target prior to passing on the additional resources noted above to IJBs. If actioned this would act as a contribution to addressing wider savings requirements; and
- underlying year-on-year cash-terms core funding for local government of around £140m across Scotland. Edinburgh's level of reduction was slightly higher than the Scotland-wide average.

Delegated resources 2019/20

9. The full council agreed the budget at a special meeting on 21 February 2019, and information has been provided on the implications for the IJB. This suggests an in year delegated budget allocation of £211.9m, an increase of £13.0m (6.6%) over the 18/19 level. A breakdown of the movement is given in table 1 below:

	£k
18/19 delegated budget	198,895
<i>Local Government settlement</i>	
Investment in integration	9,127
Carers act	887
Free personal care	3,023
Total delegated resources	211,932

Table 1: proposed Council delegated budget 2019/20

10. It should be noted that the Council opted not to exercise their right to retain an element of the additional funding provided through the Local Government settlement as outlined above. Therefore included in this offer is the Council's full share of the monies provided nationally to support integration.
11. On 20 March, the NHS Lothian Finance and Resources Committee will consider the latest version of its financial plan. Following this, it will be presented to the board meeting on 3 April 2019. As the plan is not yet finalised no formal offer has yet been made to the IJB so this paper outlines the indicative position. As in previous years, NHS Lothian's financial plan is currently unbalanced, with a gap

of c£26m projected for the year. As such, the Director of Finance is likely to provide the board with only limited assurance that a balanced outturn would be achieved in 2019/20.

12. NHS Lothian's planning assumption is that each of the 4 IJBs will be passed a 2.6% uplift, reflecting the budget settlement outlined in paragraph 8 above, plus a share of a fund totalling £7.1m which the board is proposing to allocate to meet a range of unscheduled care initiatives across Lothian. This is in response to the recognised need to improve performance at the "front door" (the care deficit) and the majority of the associated funding would be passed to IJBs recognising that these are delegated services. For Edinburgh this will be supplemented by the balance of the £4m investment to increase community capacity and consequently reduce hospital delays. In total this potential funding package equates to an increase of £17.9m (4.2%) in the IJB's delegated budget. Of this, £3.7m is non recurring and the position is summarised in table 2 below:

	£k
18/19 delegated budget	430,229
Uplifts	
2.6%	11,185
Unscheduled care	3,004
Balance of £4m (non recurring)	3,700
Total delegated resources	448,118

Table 2: proposed NHS Lothian delegated budget 2019/20

13. The combination of the funding discussed in paragraphs 9 to 12 would give an opening IJB delegated budget of £660m for 2019/20, as per table 3 below:

	Recurring £k	Non recurring £k	Total £k
City of Edinburgh Council	211,932		211,932
NHS Lothian	444,418	3,700	448,118
Total delegated resources	656,350	3,700	660,050

Table 3: projected IJB delegated budget 2019/20

Expenditure on delegated services 2019/20

14. Working with colleagues in the Council and NHS Lothian the costs associated with the delegated services for 2019/20 have been modelled. To support this exercise the following assumptions were used:
- pay costs will rise in line with Scottish Government public sector pay policy;
 - contract inflation based on estimates of the impact of: implementing the new Scottish living wage of £9.00 from 1 May 2019, the anticipated negotiated settlement for the national care home contract; and addressing the Scottish Government policy of paying the Scottish living wage for sleepovers from 1st April 2019;

- prescribing costs will increase by an average of 1.6%, in line with the estimates provided corporately by NHS Lothian;
- hospital medicine costs will increase by 33%; this figure is based on the detailed horizon scanning that has been undertaken by NHSL pharmacy department
- NHS non pay costs will increase by 2%;
- demographic growth in older people and learning disabilities services will increase costs by a further £8m in 2018/19;
- the implications of Scottish Government policies, including the Carers' Act, the living wage, the new GP contract and free personal care are deliverable within the funding available.

15. Based on these assumptions (the financial implications of which are captured in table 4), the costs projected to be incurred by the delegated services total £684m:

	£k
Opening cost base	642,928
<i>Projected increase in costs</i>	
Costs funded non recurrently in 18/19	3,380
Pay awards, increments & contract inflation	13,170
Growth and capacity	19,800
Matched funding	4,480
Other	608
Total projected costs	684,367

Table 4: projected delegated costs 2019/20

16. Comparing the anticipated income and expenditure for the IJB gives an opening savings requirement for the IJB of £24.3m as per table 5 below:

	Council £k	NHS Lothian £k	Total £k
Delegated resources	211,932	448,118	660,050
Anticipated cost of delegated services	228,326	456,041	684,367
Projected savings requirement	16,394	7,923	24,317

Table 5: projected savings requirement 2019/20

Savings and recovery strategy and programme

17. As can be seen from the discussion above, the IJB faces a mismatch between the level of funding available and the projected costs. It is widely acknowledged that we face unprecedented challenges to the sustainability of our health and care system: resource availability cannot continue to match levels of demand; the population is ageing, and we are facing a reduction in the working age population which compounds the challenge in workforce supply. It is in this context that the IJB has developed its savings and recovery strategy which recognises that efficiencies are delivered in 3 “phases”: grip and control; redesign; and

transformation. Although the greatest gains are delivered via transforming services, change of this scale complexity takes time and needs to be adequately resourced. Until this is achieved and sustained shorter term efficiencies from introducing and reinforcing controls and smaller scale redesign will bridge the gap. The savings and recovery strategy is displayed graphically in figure 1 below:

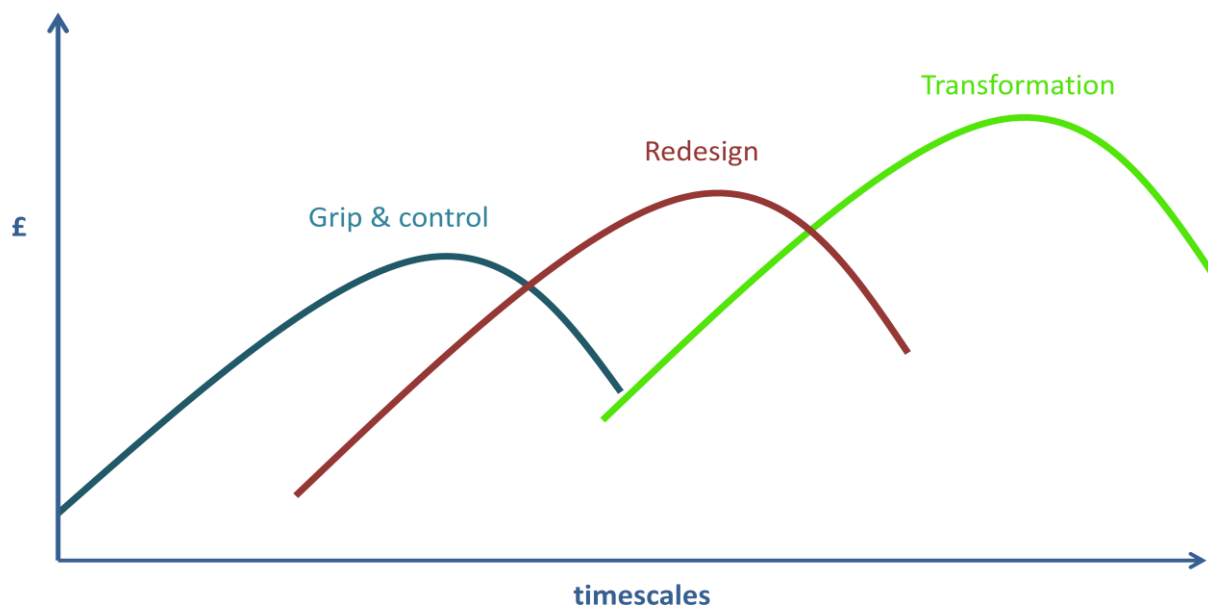


Figure 1: IJB savings and recovery strategy

18. It is in this context that IJB members have participated in a series of workshops to consider the emerging savings and recovery programme. This takes cognisance of the ambitious programme of improvement set out in the paper on “Transformation and change –developing the Edinburgh model” agreed by the Board in February 2019 and as, far as possible, seeks to balance efficiency with performance and recognising the longer term need to radically redesign our offer to the people of Edinburgh.
19. Individual projects have been identified by the Edinburgh Health and Social Care Partnership's (the Partnership) management team working collaboratively with colleagues in the Council and NHS Lothian. Templates outlining the scope, impact, benefit, risks and dependencies have been prepared and shared with board members. Work is now underway on the detailed implementation plans, and integrated impact assessments will be undertaken, both for individual schemes and the programme as a whole.
20. Both the scale and pace of delivery is challenging and, to give the best chance of delivery, will require to be adequately resourced. For this we will be dependent on our partners and will also utilise an element of the £2m investment in transformation agreed by the IJB in February. Scrutiny of the programme will be via the Partnership's savings governance board to the performance and delivery subgroup recommended in the recent governance review of the IJB.

21. The programme is summarised in table 6 below with further detail included as appendix 1.

	In year £k	Recurring £k
Grip and control	1,700	2,200
3 conversations/Edinburgh offer/service redesign	4,803	7,793
Other	5,168	4,896
Total	11,671	14,889

Table 6: savings and recovery programme 2019/20

Achieving financial balance

22. Taking together the financial impact of the savings and recovery programme as it currently stands and the savings requirement demonstrated in table 5 still does not get the IJB to a break even position, as per table 7 below:

	£k
Savings requirement	24,317
Savings and recovery programme	11,671
Net position	12,645

Table 7: projected net position

23. A range of parallel and urgent actions will be required in order to reach a balance position for next financial year. These include:
- reviewing the IJB's reserves, to reassess priorities for investment and, potentially delay the implementation of some developments. It is estimated that this exercise could identify between £5m and £6m to offset the pressures driving the cost overruns;
 - continuing the work to identify other opportunities for efficiencies and contributions to the savings and recovery strategy;
 - ongoing overview of financial management discipline, this will include a series of service by service reviews, the first of which will be held in April and will cover: current pressures and mitigations; savings proposals and efficiencies; and transformation proposals;
 - continued dialogue with our partners in NHS Lothian and the Council to agree a collective approach to addressing the financial pressure whilst recognising the need to maintain performance improvements and transform services; and
 - developing a medium term financial strategy which will underpin the strategic plan.

Key risks

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

Financial implications

25. Outlined elsewhere in this report.

Implications for directions

26. Following formal acceptance of the budget allocations from the Council and NHS Lothian the figures in the associated financial plan will inform the funds delegated by the IJB back to the partner bodies. Further work will be required to agree how the projected savings will be allocated between the partner organisations.

Equalities implications

27. 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

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

Involving people

29. As above.

Impact on plans of other parties

30. As above.

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Appendices

Appendix 1

Edinburgh Integration Joint Board savings and recovery programme 2019/20

EDINBURGH INTEGRATION JOINT BOARD

PROPOSED SAVINGS AND RECOVERY PROGRAMME FOR 2019/2020

PROPOSAL	DESCRIPTION	2019/20 IN YEAR £K	RECURRING £K
Grip and Control			
Transport efficiencies	Implementation of a range of efficiencies, including: the introduction of a revised assisted transport policy which aims to reduce dependency on transport provided by the Partnership, whilst maximising independence through utilising individual and community based resources; introduction of greater “grip and control” around provision of staff transport.	500	500
Reduction in agency staffing expenditure	A range of grip and control measures to reduce expenditure in relation to agency and supplementary staffing, particularly across the care home estate and within disability services.	700	700
Budget control and efficiencies in ATEC24 Service	Introduction of better grip and control in relation to the processes for requesting and authorising spend against the NHS budget for the equipment service provided by the ATEC 24 service	250	500
S2C GP practices	Establishment of a dedicated post will ensure greater grip and control within Section 2C GP practices and provide day to day operational support to address current projected overspends.	250	500
3 Conversations Model/ Edinburgh Offer/ Service Redesign			

Home care	Right sizing the internal home care service, to achieve a scaled, effective in-house managed service, which is focused on provision of reablement and complex care. Mainstream care at home can then be purchased from the external market.	500	1,000
Overnight home care	Modernisation of the existing overnight home care service to bring it into line with other out-of-hours/ responder systems. Introduction of better continence care to reduce the need for overnight support and meet outcomes in a more cost effective and less intrusive way.	250	500
Overnight support	Introduction of a city-wide responder service to support a strategy of shared overnight support, aligned with better use of assistive technology. This would provide a more cost effective and less intrusive way of alternative to traditional sleepover services for those service users whose needs can be appropriately met in this way.	250	500
Expansion of Be Able model of day care	Increase access to the successful Be Able programme of older people's day care by refocusing our resources on providing high-end support and reablement approaches. Increase the number of Be Able sessions from 9 a week to 15 a week. Move away from the provision of internal mainstream daycare with the resulting closure of 2 day care centres.	92	200
Closure of Gylemuir House Care Home	The current lease for Gylemuir House does not permit the physical upgrades and improvements which are necessary to meet the terms of Care Inspectorate registration. Gylemuir cannot provide this service going forward and will need to be closed. There is sufficient capacity across the rest of the care home estate to manage the immediate demand for interim care, pending a wider redesign of the bed base.	2,250	3,000

Delivery design	Reconfiguration of organisational structure to support our move towards the 3 Conversations whole-system model of delivery. Simplification of locality management structures to provide more supportive management and professional governance.	350	700
Mental health and disabilities services efficiencies	A range of efficiency measures within mental health and disability services, including a review of the current management arrangements for internally provided services; reviews of current packages of care, aligned with the 3 Conversation model, to ensure fair and equitable provision of support in areas such as short breaks and housing with support; a review of out of Edinburgh placements for mental health.	736	1,393
Community/hospital interface	This proposal seeks to create a city-wide sustainable Hospital @ Home service as part of a wider review and rationalisation of a variety of disparate, specialist teams working within the community.	375	500
Other			
Scheduling efficiencies in the internal home care service	Introduction of a new IT scheduling system for the internal home care service, leading to greater efficiency in scheduling and a consequent reduction in current administration costs.	125	250
Uplifts to rates	Honouring the commitment to support providers to deliver the Scottish Living Wage whilst also working with those providers in 19/20 to deliver increased efficiencies and reduced costs.	550	550
Efficiencies in hosted and set aside services	Continue to work in partnership with NHS Lothian on this area of budget pressure.	1,870	1,473

Increases to charges	Discretionary charges for health and social care services (including care at home, day care and telecare and community alarm services) increased by 5%, pending the development of a more comprehensive charging strategy for services.	500	500
Prescribing	A range of prescribing efficiency measures which includes actions that have taken place in 18/19 that impact on expenditure in 19/20 have been estimated at £0.5m. Schemes for next year include; polypharmacy reviews, scriptswitch, rebates, GP practice intervention project, dietetic reviews of oral nutritional supplementation and a care home waste reduction initiative.	2,123	2,123
TOTAL		11,671	14,889

Report

Performance Report

Edinburgh Integration Joint Board

29 March 2019



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 January 2019.

Recommendations

2. The Integration Joint Board is asked to:
 - i. note and discuss the performance of Edinburgh Health and Social Care Partnership and Edinburgh Integration Joint Board against a number of indicators for the period to January 2019
 - ii. agree the objectives for the Ministerial Strategic Group indicators for 2019-20

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. Objectives for these indicators for 2019-20 are to be submitted to the Ministerial Strategic Group, however, it is for the Partnership to determine their own objectives and outline how these will be achieved.

6. 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.
7. 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 28 February 2019.
8. 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. Appendix 2 comes from the Local Intelligence Support Team (LIST) within in NHS National Services Scotland Information Services Division (ISD).

Main report

Future work

9. The Governance Review considered at the meeting of the IJB on 14 December 2018 recommended the establishment of a Performance and Delivery Committee. This committee will provide a forum for in depth monitoring and scrutiny of performance and provide assurance to the IJB that it is meeting the commitments that it has made.
10. A series of workshops are planned to take place in the spring of 2019 to develop an integrated performance framework for the IJB. The initial workshop will bring together analysts from the City of Edinburgh Council, NHS Lothian, NHS National Services Scotland Information Services Division Local Intelligence Support Team (ISD LIST) to capture the scope of current reporting, agree on what the future framework would look like and agree on how to engage operational staff in the workstream.

Performance – local indicators

11. Performance on the local indicators to the end of January is shown in the performance report (see appendix 1). Key points are shown below:
12. **Assessment waiting list:** the number of people waiting for assessment at the end of the month had been falling since the recent peak of 1,790 in August 2018 to 1,196 in December 2018. This rose slightly by the end of January 2019 to 1,245. In the last 18 months, there has been a reduction of 37% since the peak of 1,978 in September 2017.

13. **Carers assessments:** The number of Adult Carer Support Plans and Carer Assessment and Support Plans completed in January 2019 (100) is the highest number completed in a month since the implementation of the Carers (Scotland) Act 2016 last April.
14. The average **time waiting for an assessment** reduced from 98 days in February 2017 to 39 days in August 2018, however, this has increased to 50 days by January 2019.
15. The number of **people delayed awaiting discharge from hospital** was 192 at the end of January 2019. Although this reflects an increase from the December figure of 170, it is a reduction from the 271 patients delayed at the September census (the highest number at census in 2018). It should be noted that in line the revised trajectory, from September 2018 onwards, the target and figure now include X codes and patients coded 100 – those with complex codes or awaiting reprovisioning. This reflects more accurately the impact of delayed discharge on hospital capacity.
16. The total number of **people awaiting a package of care in the community** was 615 at the end of January 2019, reduced from 720 in September 2018 (the last reported figure to the IJB) and the maximum of 851 in April 2018.
17. The number of people with an **overdue review** continues to reduce with 4,096 people waiting for a review at the end of January 2019. This is 26% lower than last January (5,525 people). Data quality work has been undertaken recently which will have reduced the number waiting. The average number of reviews undertaken each month has also increased. In the last six months the number of completed reviews was 617 per month on average compared with 584 in the preceding six months.
18. The **percentage of people with an open service with a review in the last 12 months** was 72.6% in January 2019. This proportion has followed an upward trend throughout 2018. This means that an increasing proportion of people receiving social care support from the Partnership have had their support reviewed in the last 12 months to ensure that the support is appropriate for their needs.

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 January 2019 are contained in appendix 2.
20. **A&E compliance with 4-hour standard** remains below the standard of 95%, but is improved on the position in September where 79% of patients aged 15+ and 66% aged 75+ were seen within four hours rising to 84% and 73%

respectively in January. This does however show a deterioration in performance from November where 89% of 15+ and 83% 75+ were seen within four hours. A new minor injuries unit at the Royal Infirmary opened in January 2019. It will be important to note the impact of this new facility on A&E activity and performance in the coming months.

21. **Unscheduled admissions** – the objective is to maintain the baseline level. The number of unscheduled admissions fell in January compared with December (4,003 in January compared with 5,035 in December).
22. **Delayed discharge** – The number of days lost in the month was relatively stable for most of 2018 (an average of 6,950 days per month from January to October), however the number of lost days fell sharply in November (5,677 days) and December (4,660 days). Data are not yet available for January, however, this reduction in lost bed days reflects the decrease in the number of patients delayed awaiting discharge from hospital noted in paragraph 14 above.

Ministerial Strategic Group indicators – 2019-20 objectives

23. Performance trends to date against the six Ministerial Strategic Group indicators in 2018-19 has been considered along with information about changes in provision and population to determine a realistic set of objectives for the 2019-20 against the baseline position of 2017-18 (the latest data for which full year data are available). The details of the objectives for the Partnership are detailed in appendix 3, which also contains details of how these objectives will be achieved.

24. The headline objectives for the six indicators are:

	2018-19 objective (on 2016-17 baseline)	2019-20 objective (on 2017-18 baseline)
Emergency admissions	Maintain number	1% reduction
Unplanned bed days (acute)	1% reduction	3% reduction
Unplanned bed days (geriatric long stay)	1% reduction	7% reduction
Unplanned bed days (mental health)	1% reduction	7% reduction
A&E attendances	1% reduction	2% increase
Delayed discharge bed days	5% reduction	5% reduction
Percentage of last six months of life spent in a large hospital	Shift from 13.5% to 12.5%	Shift from 13.1% to 12%
Percentage of 75+ population in a large hospital	Move from 2% towards 1.6%	Shift from 1.9% to 1.6%

Key risks

25. 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

26. There are no direct financial implications arising from this report.

Implications for Directions

27. There are no direct implications for Directions arising from this report

Equalities implications

28. There are no equalities implications arising from this report.

Sustainability implications

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

Involving people

30. 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

31. None

Background reading/references

[Annual Performance Report](#)

[Governance review](#)

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Appendices

Appendix 1	Edinburgh Health and Social Care Performance Report – January 2019
Appendix 2	Ministerial Strategic Group for Health and Community Care indicator update – January 2019
Appendix 3	Ministerial Strategic Group for Health and Community Care indicators 2019-20 objectives

PERFORMANCE REPORT

JAN 19

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KEY

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text in green	data table

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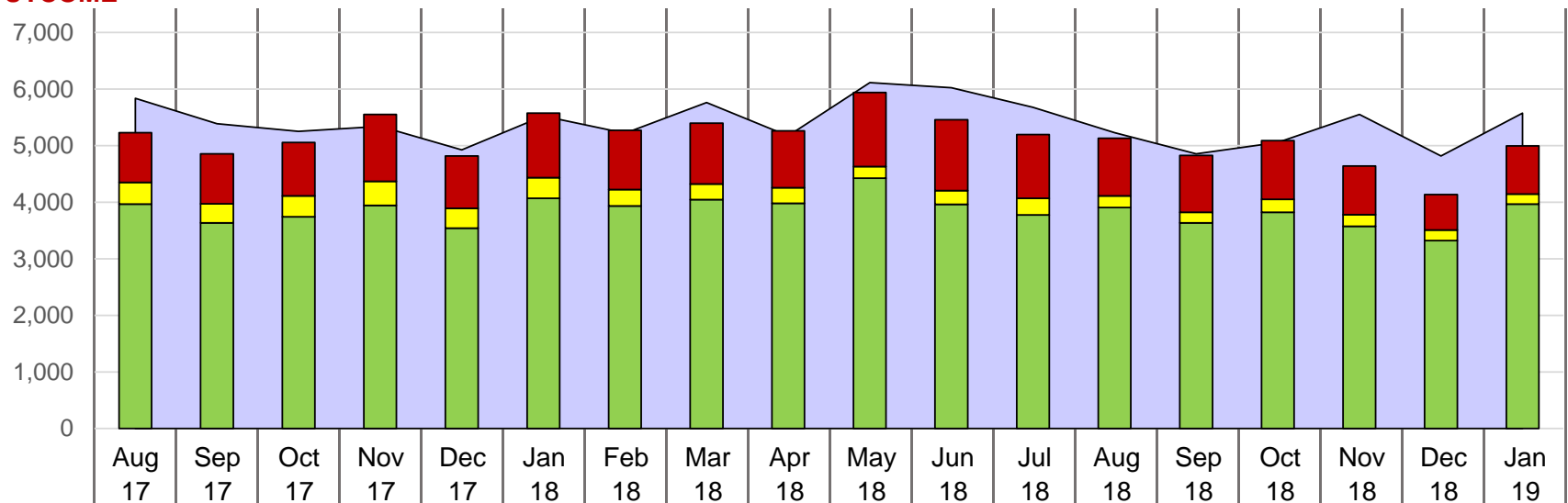
KEY	
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text in green	data table
Chart axis does not start at zero	

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

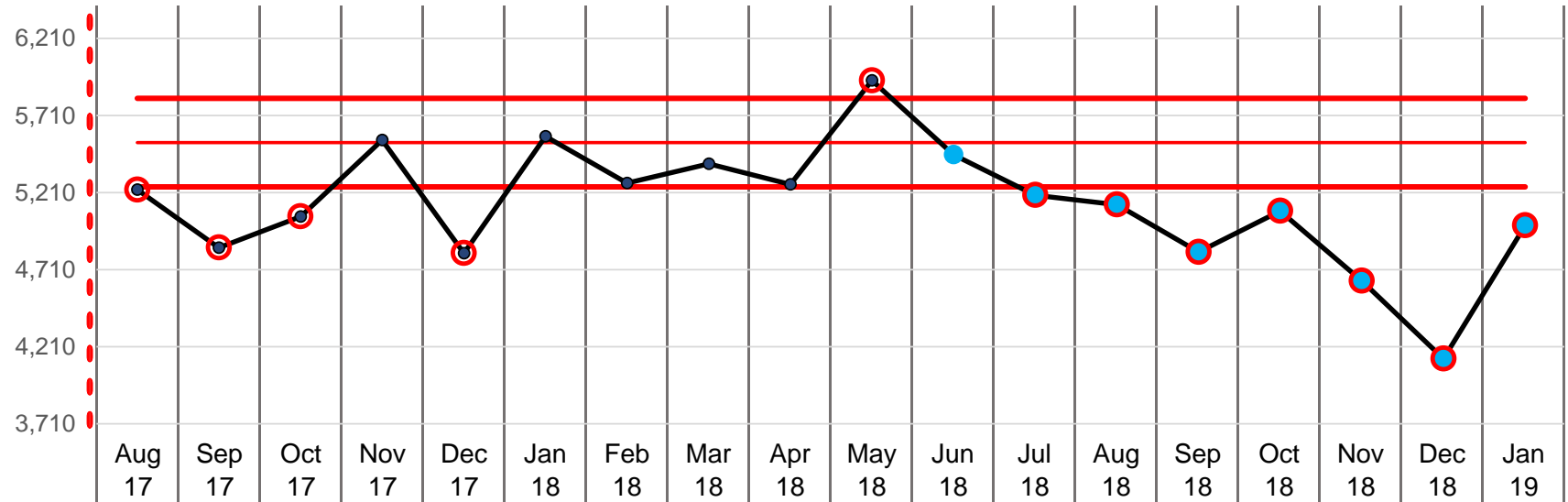
	New
	No Further Action
	On-going referrals
	Previous year's data



CITY WIDE REFERRALS CONTROL CHART

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.

- 8 above average
- 8 below average
- Beyond control limit



Control chart limits based on the 18 month period ending Feb 17

REFERRALS BY LOCALITY

People on Swift referred to any social care locality team in the month. Any person referred to more than one locality in a month is counted once in each locality, but only once in the total. People with more than one referral to the same locality count as one.

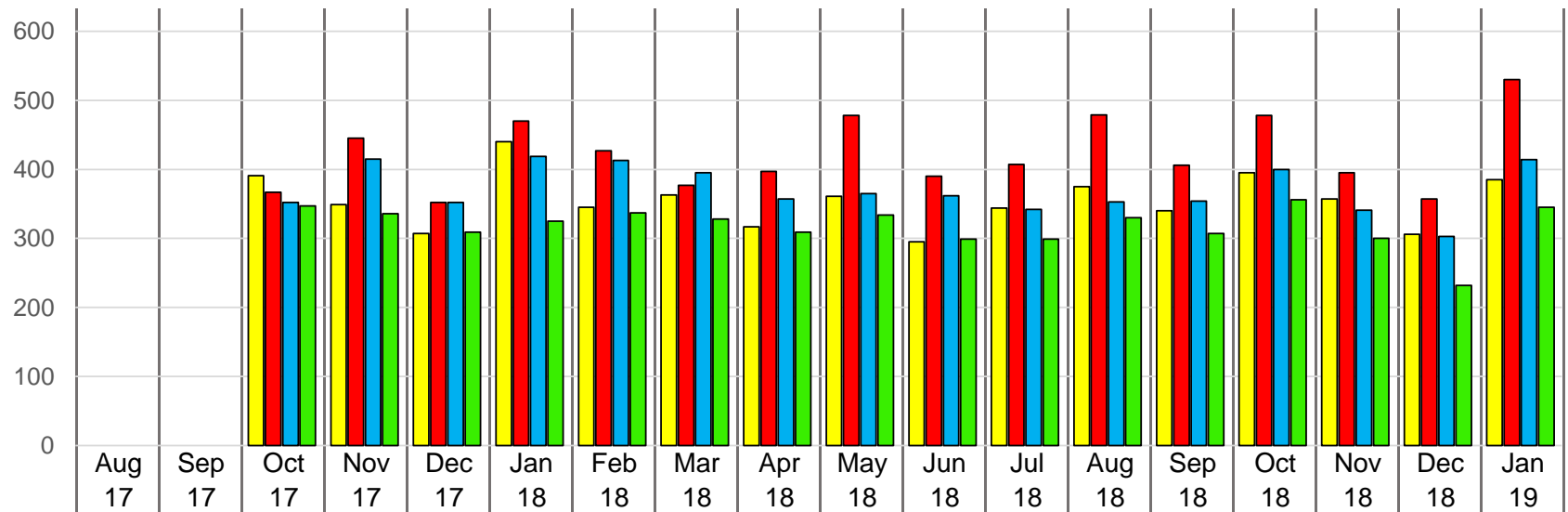


TABLE OF DATA

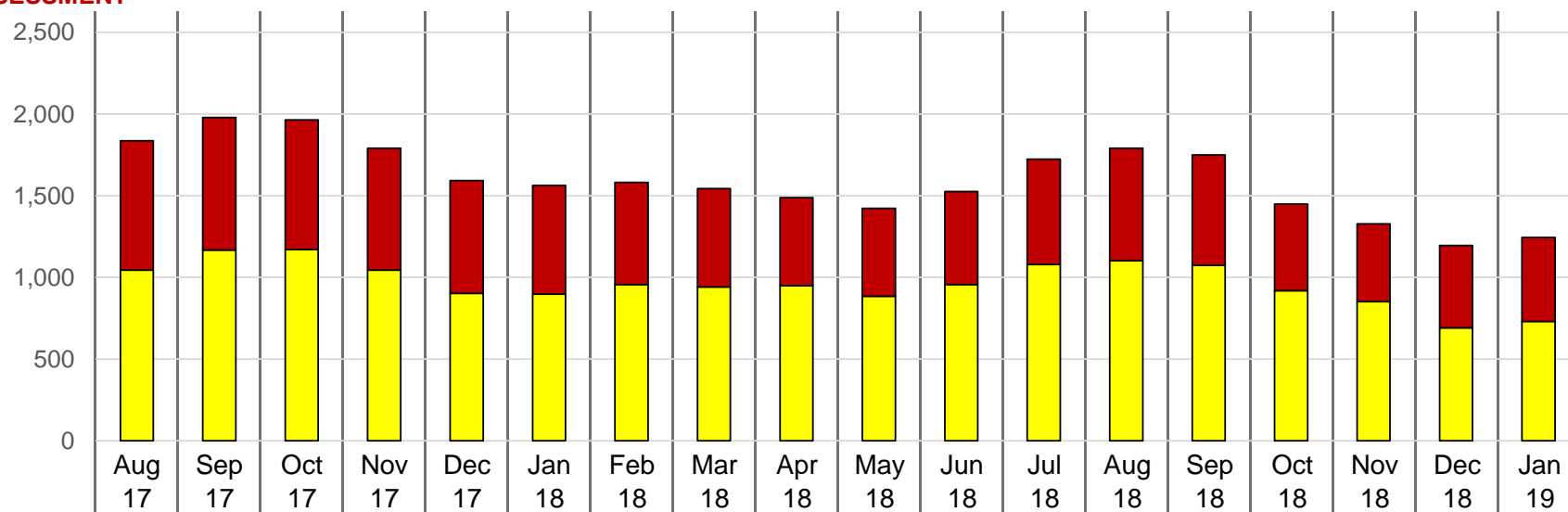
	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19
New Referrals	881	879	943	1,182	926	1,143	1,048	1,078	1,008	1,309	1,252	1,123	1,021	1,003	1,040	859	622	851
No Further Action	382	341	367	424	347	361	290	272	274	204	241	295	206	186	231	204	189	181
Other Referrals	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	3,819	3,574	3,321	3,964
Total referrals recorded	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	5,090	4,637	4,132	4,996
Casenotes without Referrals	69	157	196	97	107	164	115	114	94	96	105	80	140	55	135	87	99	139
Grand Total	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	5,225	4,724	4,231	5,135
Previous year's referrals	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	5,054	5,551	4,816	5,575
Locality Referrals																		
NE	na	na	391	349	307	440	345	363	317	361	295	344	375	340	395	357	306	385
NW	na	na	367	445	352	470	427	377	397	478	390	407	479	406	478	395	357	530
SE	na	na	352	415	352	419	413	395	357	365	362	342	353	354	400	341	303	414
SW	na	na	347	336	309	325	337	328	309	334	299	299	330	307	356	300	232	345
Locality Total	na	na	1,457	1,545	1,320	1,654	1,520	1,509	1,412	1,557	1,359	1,403	1,555	1,421	1,640	1,400	1,204	1,684



INDEX	City	By Locality
Waiting for assessment	page 2-1	page 2-5
Waiting for assessment	page 2-2	
Average assessment wait	page 2-2	page 2-5
Assessments outwith time	page 2-3	page 2-6
Assessments completed	page 2-3	page 2-6
Carer Assessmts completed	page 2-4	page 2-7
Assessment completion time	page 2-4	page 2-7
Table of assessment data	page 2-8	

KEY	
text in black	bar chart
text in red	control chart
text in green	data table
Chart axis does not start at zero	

INDIVIDUALS WAITING FOR ASSESSMENT

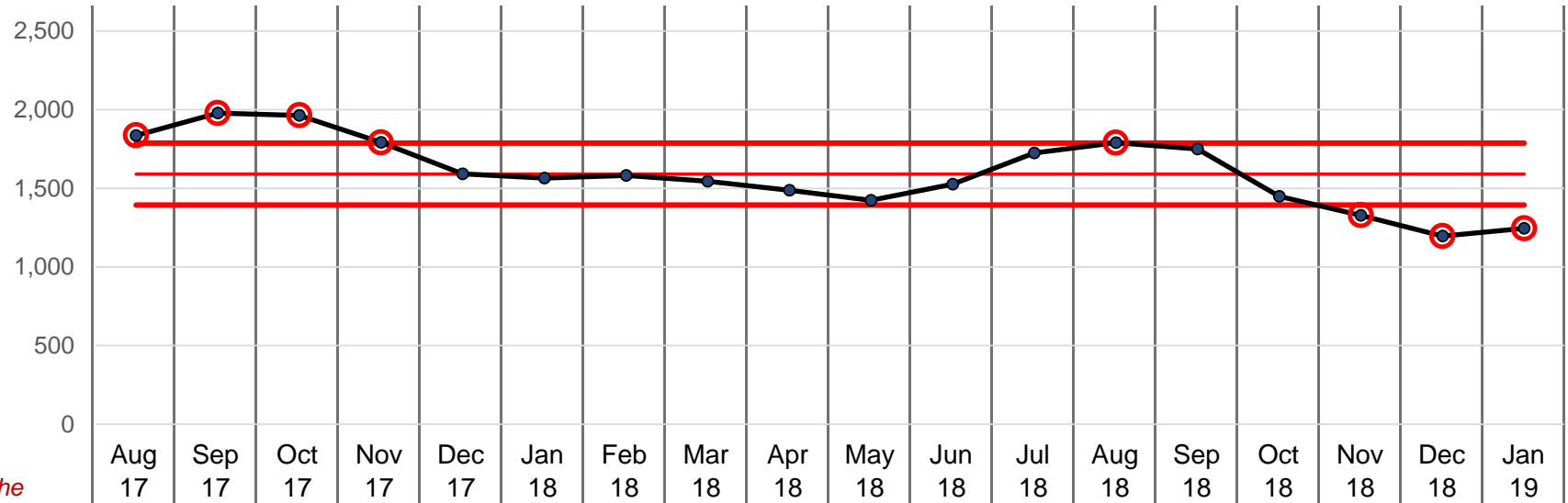
A count of people on Swift waiting for an assessment. The indicator is split into those with social care assessment or review activity in the past 12 months and those without



 With activity in year
 Without activity in year

INDIVIDUALS WAITING FOR ASSESSMENT CONTROL CHART

A count of people on Swift waiting for an assessment.



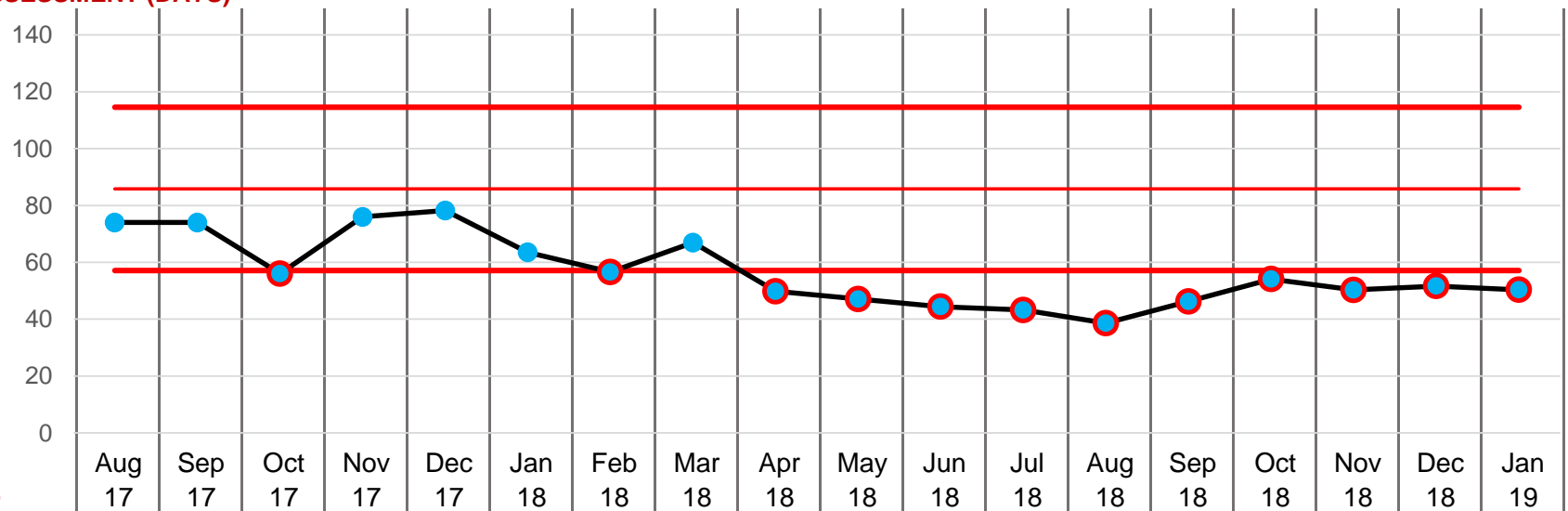
○ Beyond control limit

Zoom in

Control chart limits 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.



● 18 below average

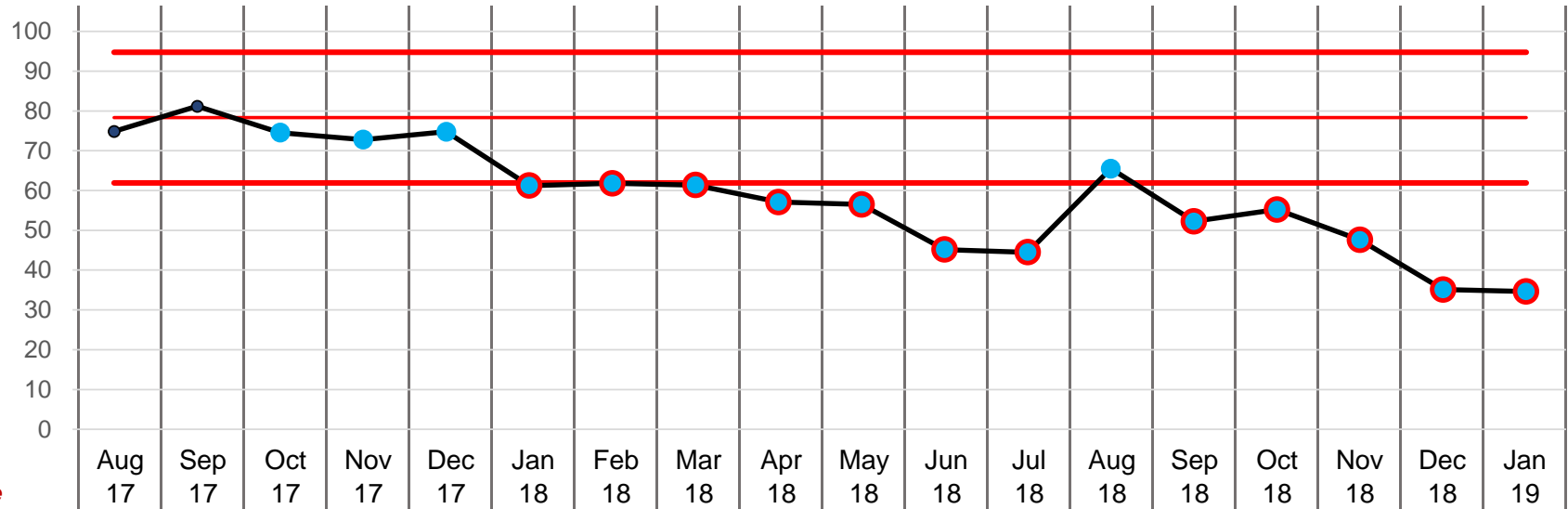
○ Beyond control limit

Control chart limits 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 on the last day of the month, which are outwith standard priority time-scales (14 days for Priority A, and 28 days for Priority B)

- 16 below average
- Beyond control limit

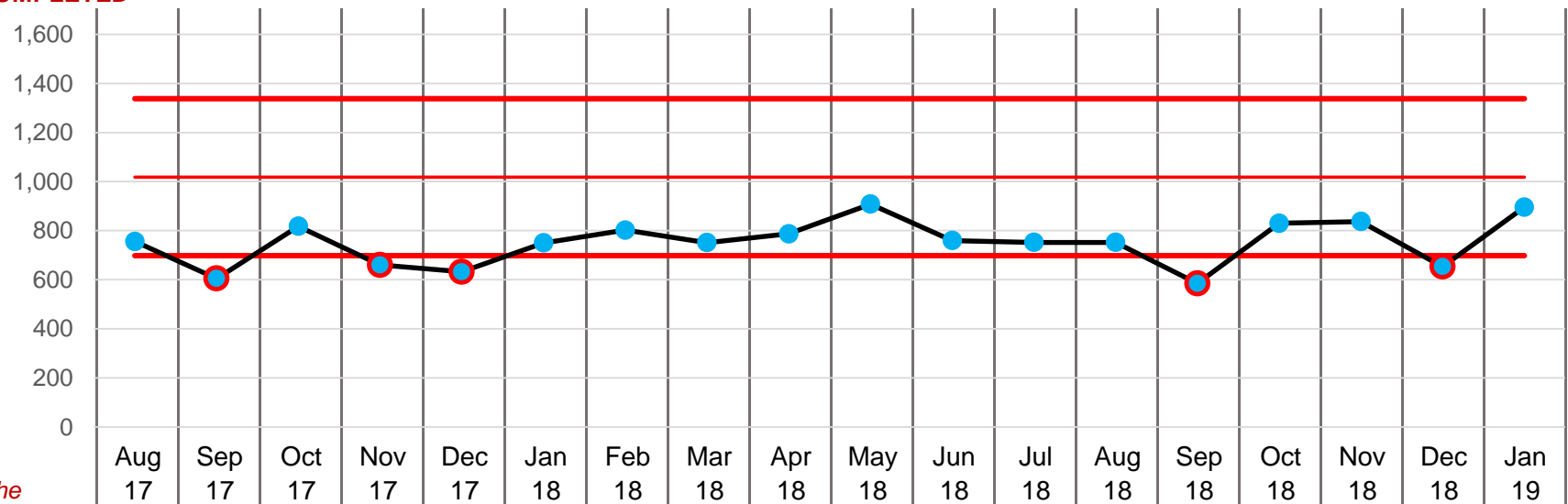


Control chart limits are based on the 12 month period ending on Mar 17

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.

- 18 below average
- Beyond control limit

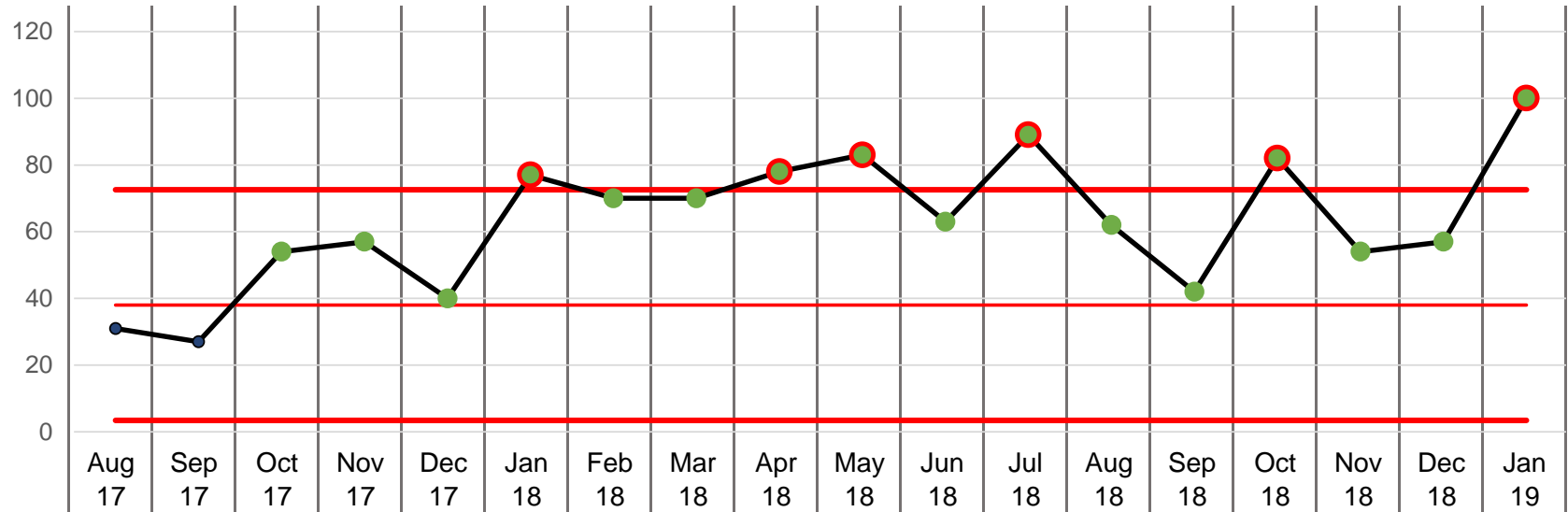


Control chart limits are based on the 12 month period ending on Mar 17

NUMBER OF CARERS ASSESSMENTS COMPLETED

The number of people who have a completed carers assessment during the month

- 16 above average
- Beyond control limit

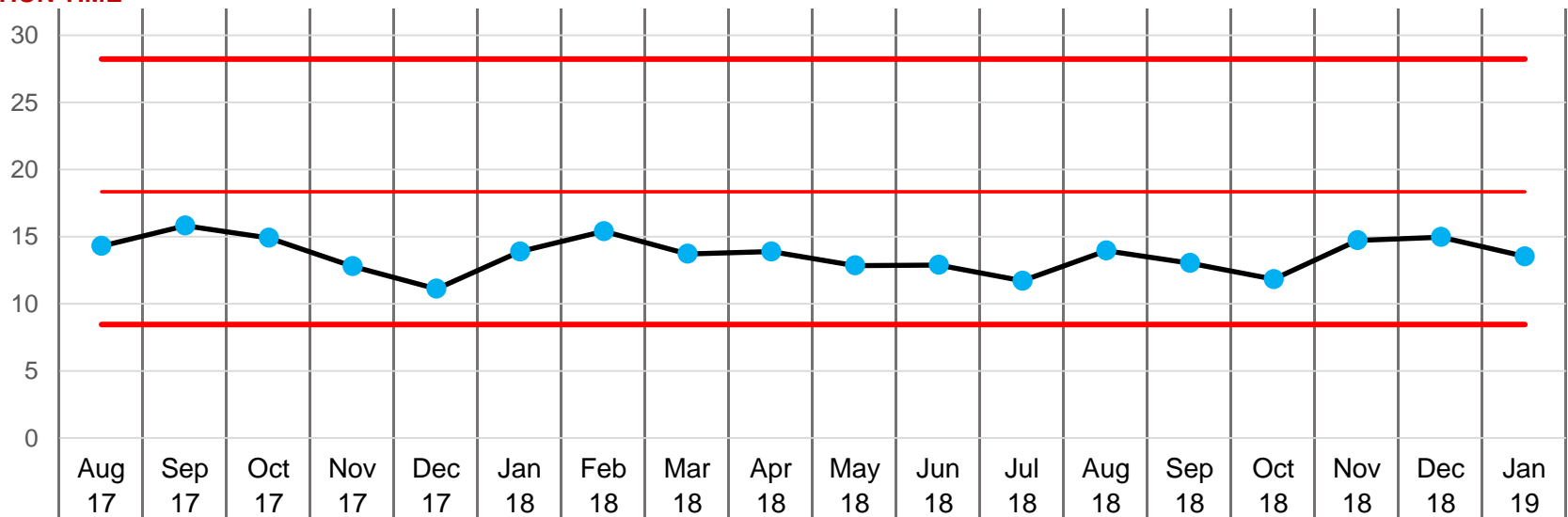


Control chart limits are based on the 5 month period ending on Mar 17

AVERAGE ASSESSMENT COMPLETION TIME

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.

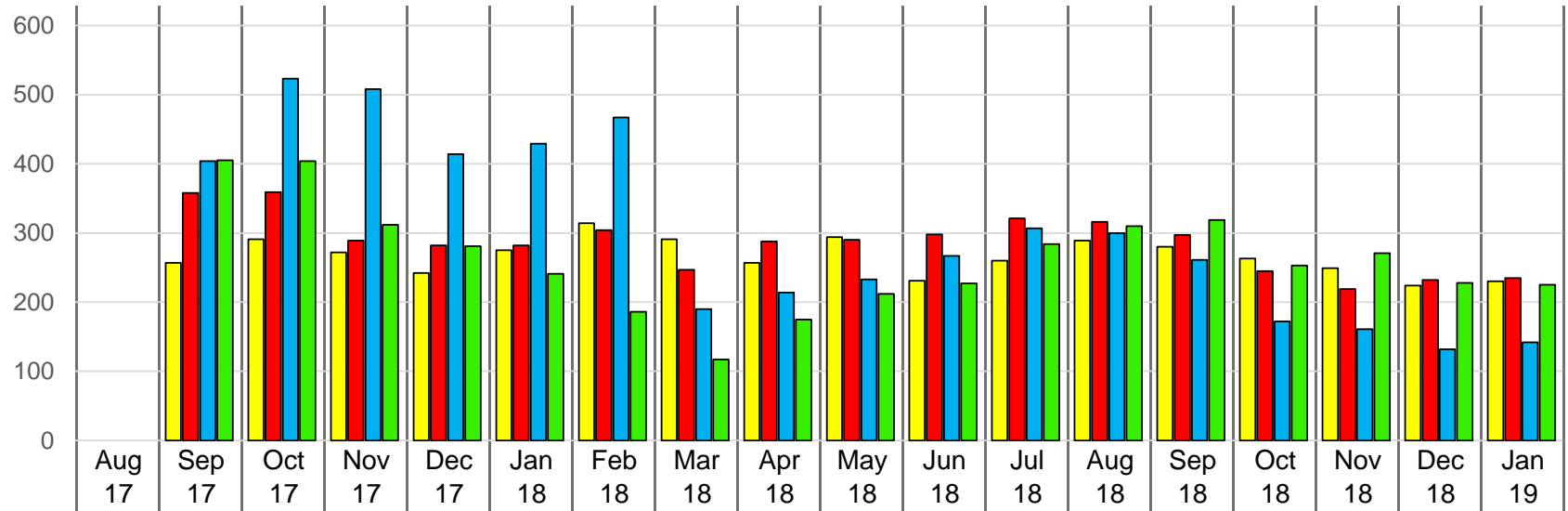
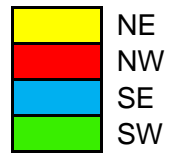
- 18 below average



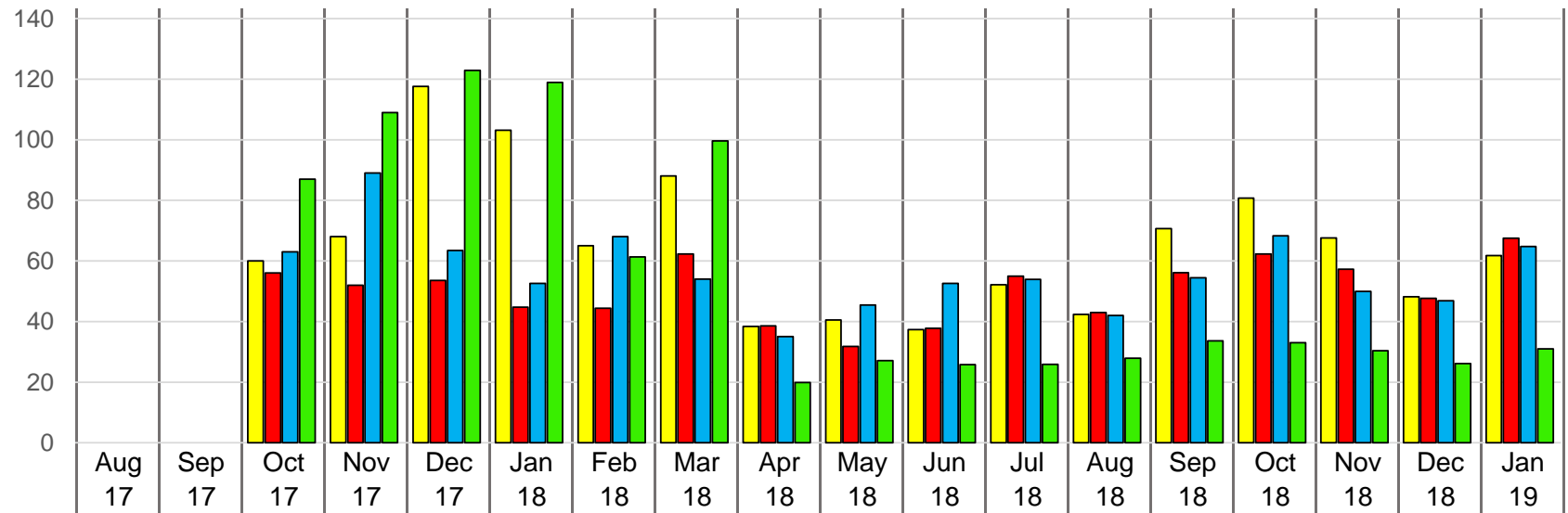
Control chart limits are based on the 6 month period ending on Mar 17

ASSESSMENTS WAITING BY LOCALITY

A count of people on Swift waiting for an Assessment by locality.

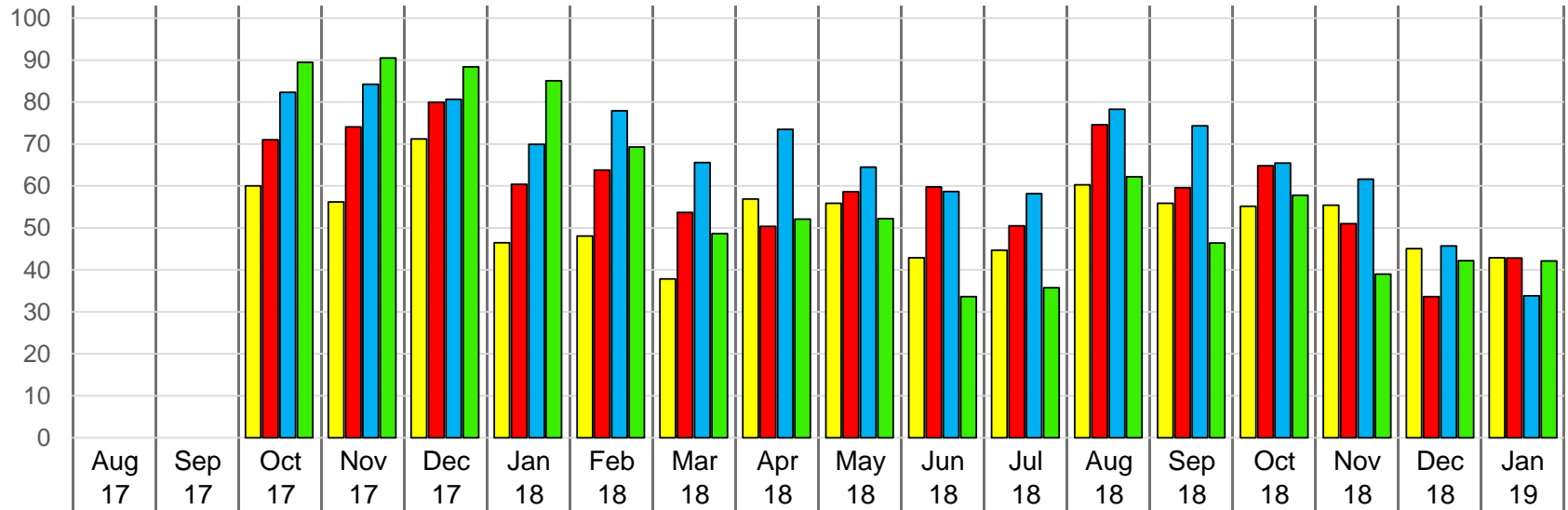
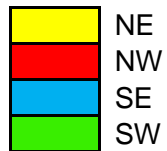
**AVERAGE WAITS BY LOCALITY**

The average length of time a person is on the waiting list for assessment.

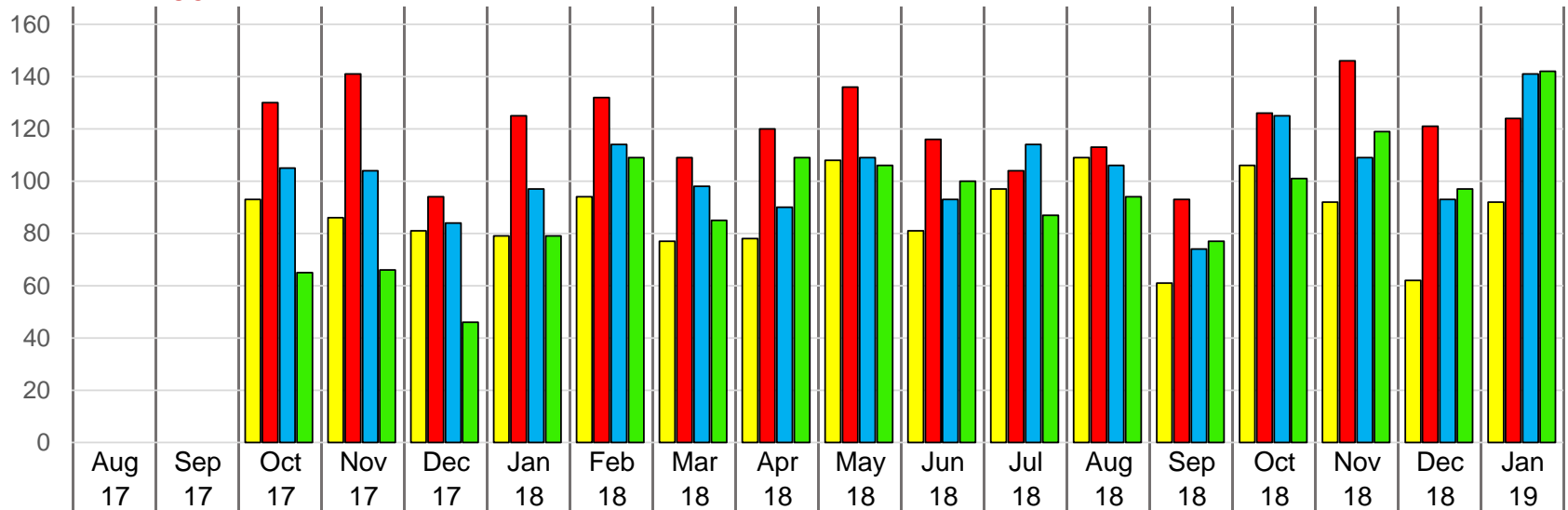


THE PERCENTAGE OF ASSESSMENTS OUTWITH TIMES BY LOCALITY

The percentage of cases awaiting assessment by sector practice teams on Swift on the last day of the month, which are outwith standard priority time-scales (14 days for Priority A, and 28 days for Priority B).

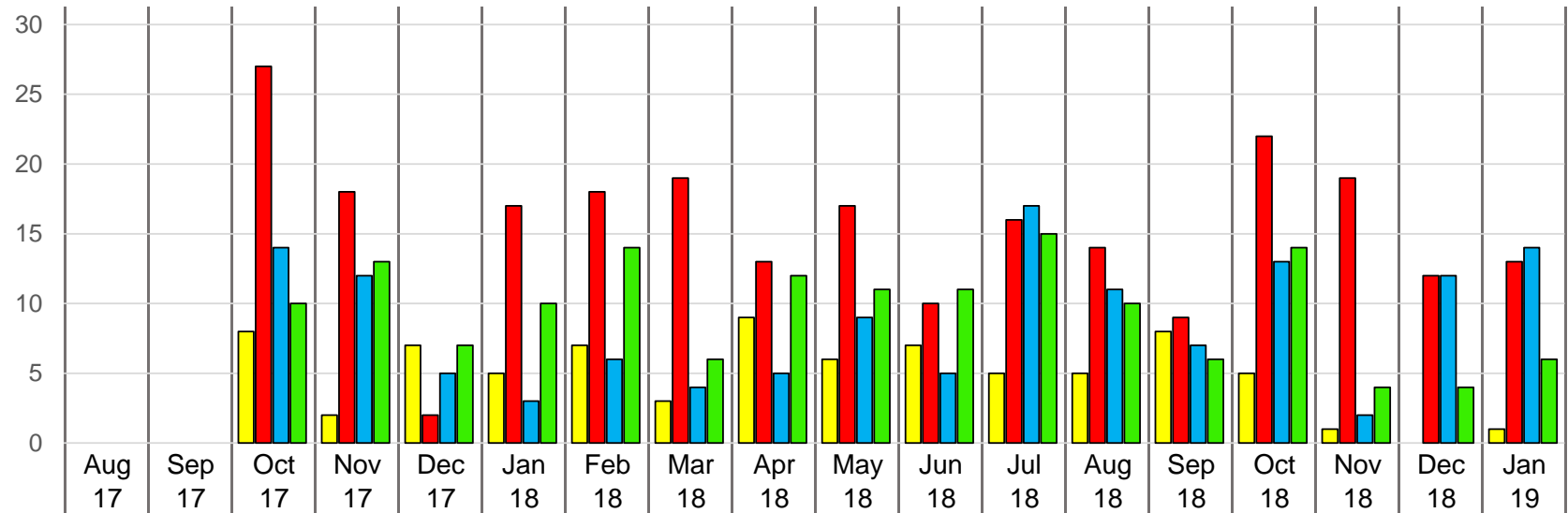
**NUMBER OF ASSESSMENTS COMPLETED BY LOCALITY**

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 total number of assessments of all types carried out by all social care teams with an end date in 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.

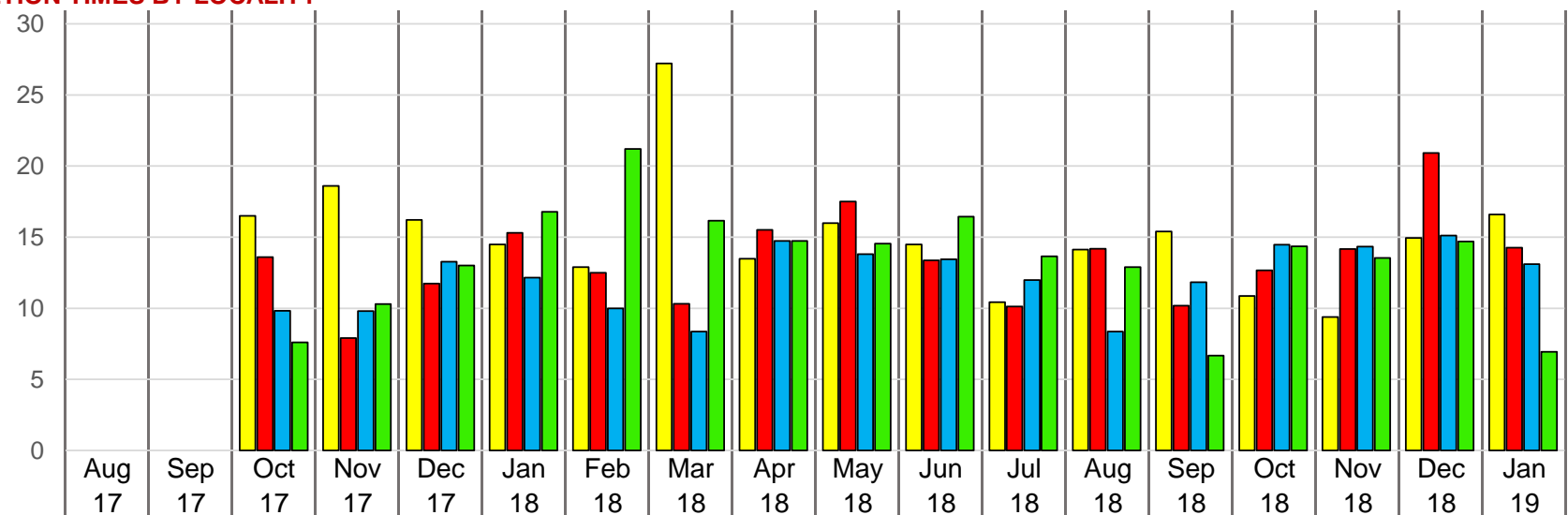


TABLE OF DATA

		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	Oct 18	Nov 18	Dec 18	Jan 19
Waiting	With HSC activity in the year	792	811	793	746	689	666	626	603	538	538	570	645	688	675	530	476	505	515
	Without HSC activity in the year	1,044	1,167	1,171	1,045	903	898	956	941	950	885	956	1,079	1,102	1,074	918	852	691	730
	Total waiting for Assessment	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	1,448	1,328	1,196	1,245
	Average assessment waiting time	74	74	56	76	78	64	57	67	50	47	44	43	39	46	54	50	52	50
The % of assessments outwith times		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	55.2	47.6	35.1	34.6
Number of assessments completed		756	605	818	660	632	750	802	751	787	908	760	752	752	585	830	837	653	896
Carers assessments completed		31	27	54	57	40	77	70	70	78	83	63	89	62	42	82	54	57	100
Avge assessment completion time		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	11.8	14.7	15.0	13.5
Assessments waiting by locality	NE	na	257	291	272	242	275	314	291	257	294	231	260	289	280	263	249	224	230
	NW	na	358	359	289	282	282	304	247	288	290	298	321	316	297	245	219	232	235
	SE	na	404	523	508	414	429	467	190	214	233	267	307	300	261	172	161	132	142
	SW	na	405	404	312	281	241	186	117	175	212	227	284	310	319	253	271	228	225
	Locality Total	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	933	900	816	832
Average waits by locality	NE	na	na	60	68	118	103	65	88	38	41	37	52	42	71	81	68	48	62
	NW	na	na	56	52	54	45	44	62	39	32	38	55	43	56	62	57	48	68
	SE	na	na	63	89	63	53	68	54	35	45	53	54	42	54	68	50	47	65
	SW	na	na	87	109	123	119	61	100	20	27	26	26	28	34	33	30	26	31
	Locality Total	na	na	65	81	89	73	55	74	33	35	37	44	37	50	59	48	39	52
% assessments outwith times	NE	na	na	60	56	71	46	48	38	57	56	43	45	60	56	55	55	45	43
	NW	na	na	71	74	80	60	64	54	50	59	60	51	75	60	65	51	34	43
	SE	na	na	82	84	81	70	78	66	74	65	59	58	78	74	65	62	46	34
	SW	na	na	89	90	88	85	69	49	52	52	34	36	62	46	58	39	42	42
	Locality Total	na	na	77	78	80	65	66	50	58	58	50	48	69	58	60	50	41	41
Number of assessments completed	NE	na	na	93	86	81	79	94	77	78	108	81	97	109	61	106	92	62	92
	NW	na	na	130	141	94	125	132	109	120	136	116	104	113	93	126	146	121	124
	SE	na	na	105	104	84	97	114	98	90	109	93	114	106	74	125	109	93	141
	SW	na	na	65	66	46	79	109	85	109	106	100	87	94	77	101	119	97	142
	Locality Total	na	na	550	539	391	479	543	480	513	563	484	449	474	348	513	513	396	533

More-

SECTION 2 - ASSESSMENTS

		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	Oct 18	Nov 18	Dec 18	Jan 19
Carers assessments completed	NE	na	na	8	2	7	5	7	3	9	6	7	5	5	8	5	1	na	1
	NW	na	na	27	18	2	17	18	19	13	17	10	16	14	9	22	19	12	13
	SE	na	na	14	12	5	3	6	4	5	9	5	17	11	7	13	2	12	14
	SW	na	na	10	13	7	10	14	6	12	11	11	15	10	6	14	4	4	6
	Locality Total	na	na	59	45	21	35	45	32	39	43	33	53	40	30	54	26	28	34
Average assessment completion time	NE	na	na	17	19	16	14	13	27	13	16	14	10	14	15	11	9	15	17
	NW	na	na	14	8	12	15	13	10	16	18	13	10	14	10	13	14	21	14
	SE	na	na	10	10	13	12	10	8	15	14	13	12	8	12	14	14	15	13
	SW	na	na	8	10	13	17	21	16	15	15	16	14	13	7	14	14	15	7
	Locality Total	na	na	12	11	13	15	16	14	15	15	16	13	13	14	14	16	17	13

INDEX	City	By Locality
Delayed Discharge	page 3-1	page 3-3
People waiting in community	page 3-2	page 3-4
Drug treatment wait	page 3-2	
GP Restricted list	page 3-3	page 3-4
Table of unmet need data	page 3-5	

KEY	
text in black	bar chart
text in red	control chart
text in green	data table
Chart axis does not start at zero	

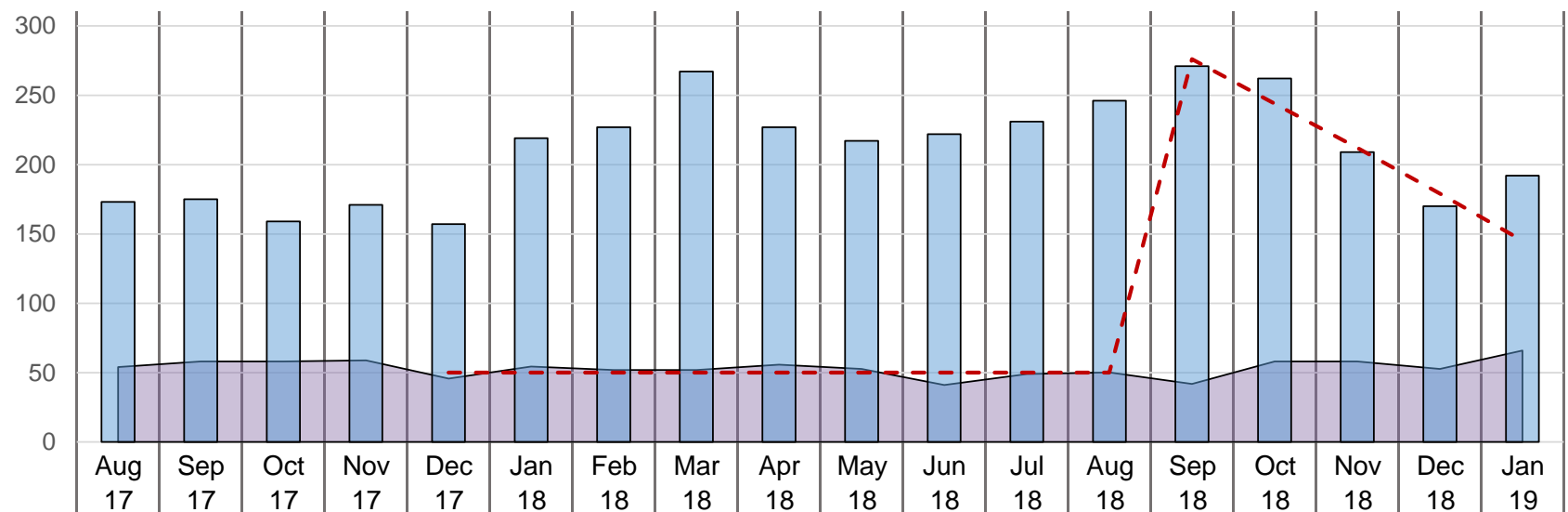
DELAYED DISCHARGE

The total number of people waiting for discharge on the last Thursday of each month.

(Figures prior to Sep 18 do not include those waiting with complex needs)

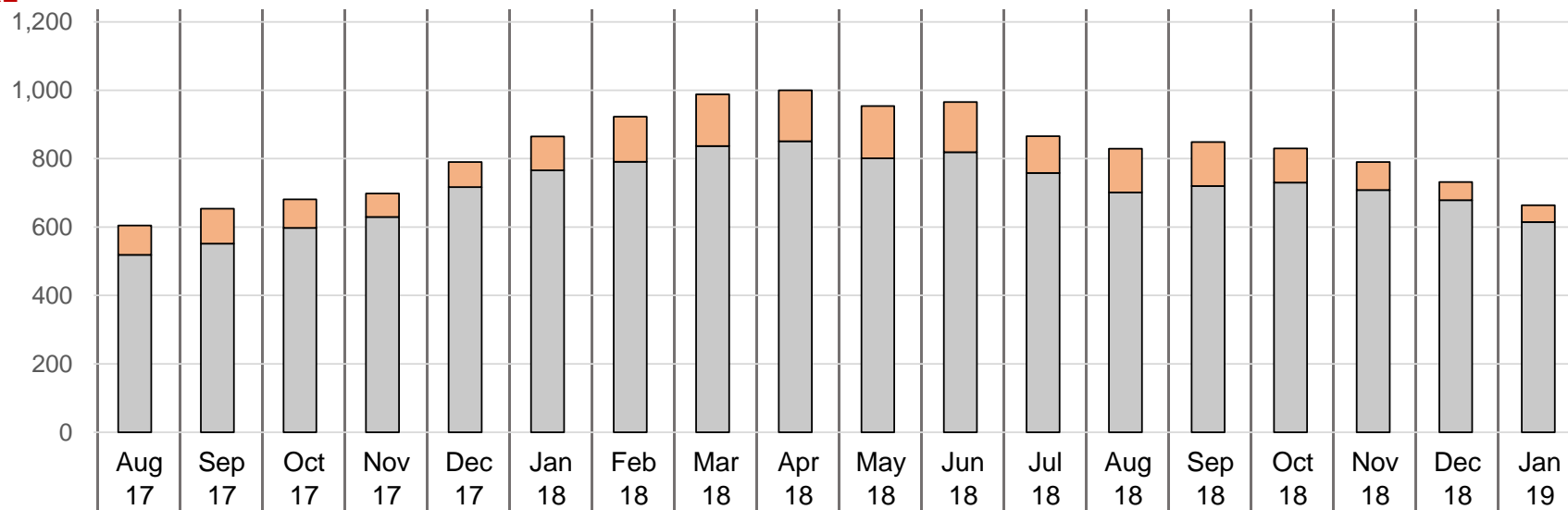
--- New Target

Assisted discharges



AWAITING A PACKAGE OF CARE

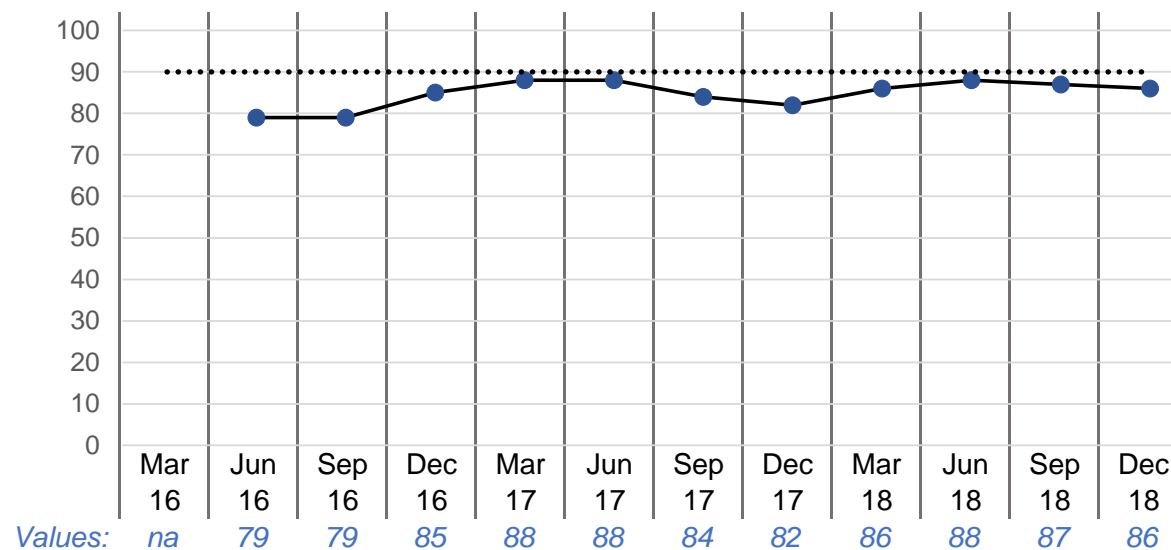
The total number of people waiting for a care package (excluding reablement) at the end of each month.

**DRUG TREATMENT WAIT**

The percentage of people receiving treatment for drug and alcohol abuse who are seen within three weeks.

Figures are collated quarterly

..... Target (90%)



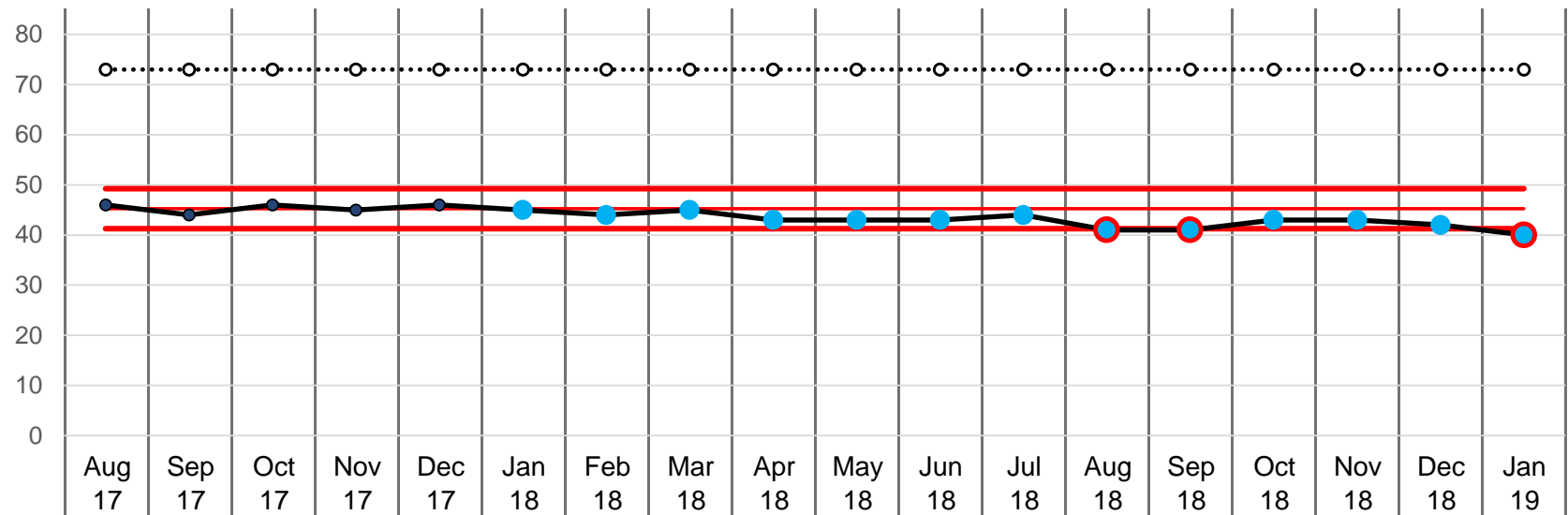
GP RESTRICTED LIST

The number of GP practices in Edinburgh that are not accepting new registrations, or have restrictions on registrations.

••○•• Number of GP practices

● 13 below average

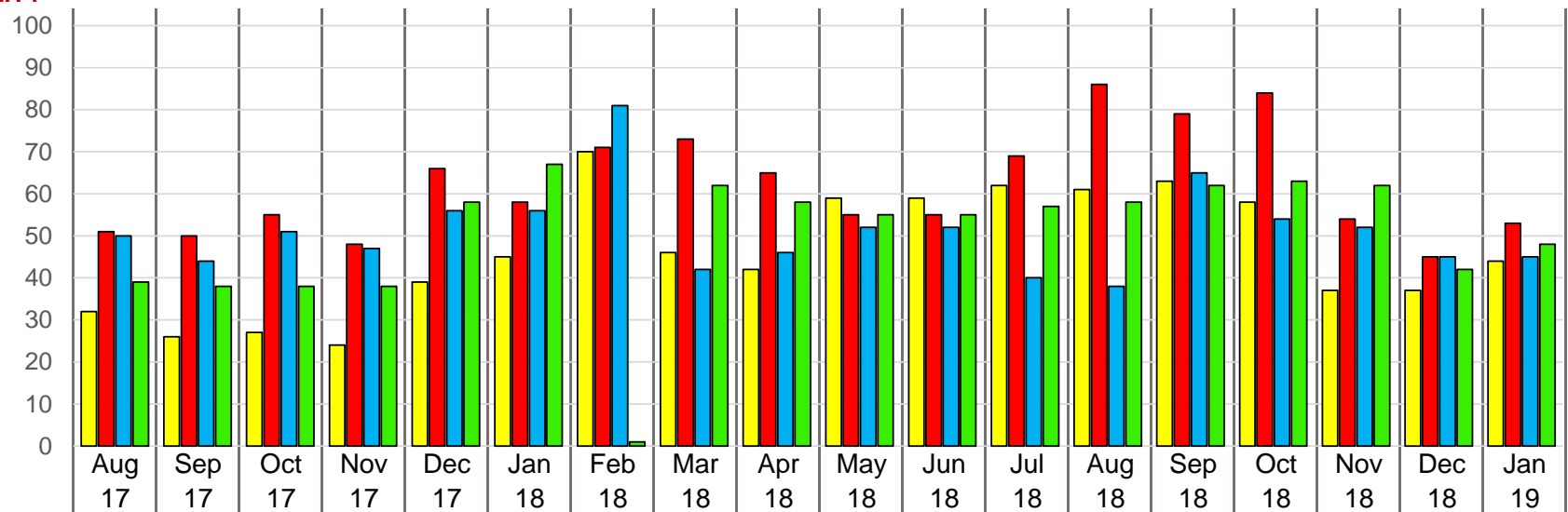
○ Beyond control limit



Control chart limits are based on the 4 month period ending on Dec 17

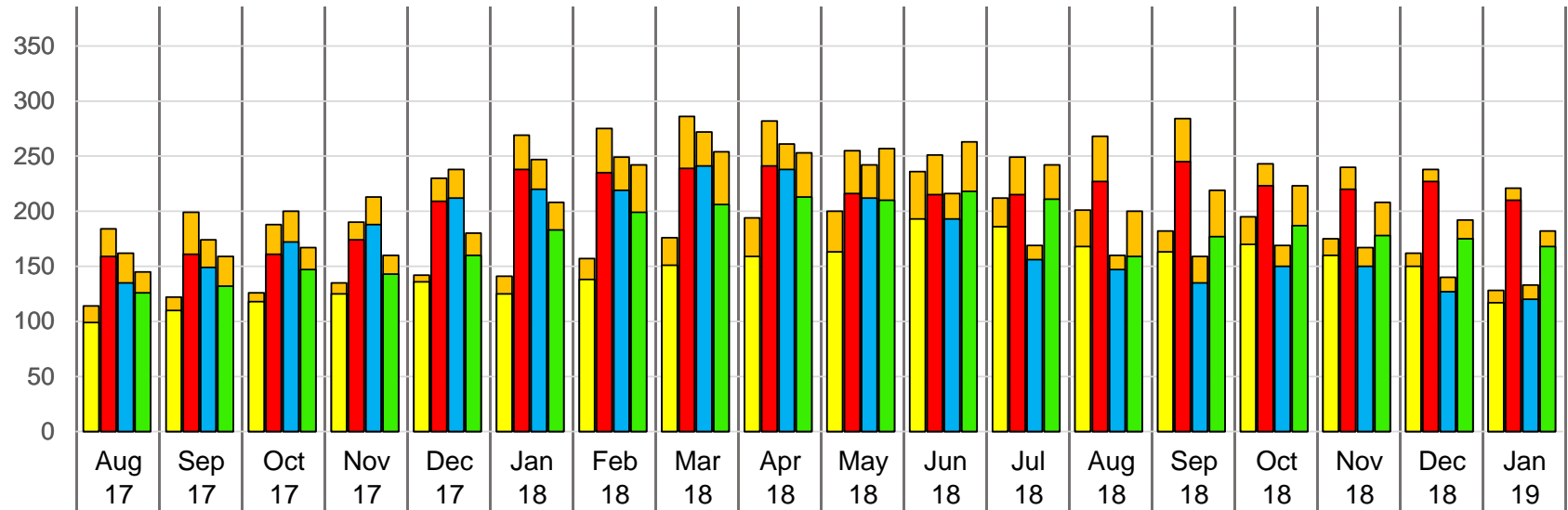
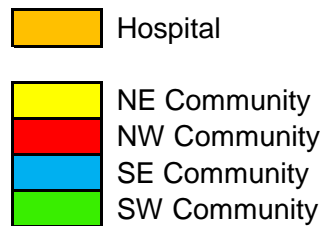
DELAYED DISCHARGE BY LOCALITY

The total number of people waiting for discharge on the last Thursday of each month.

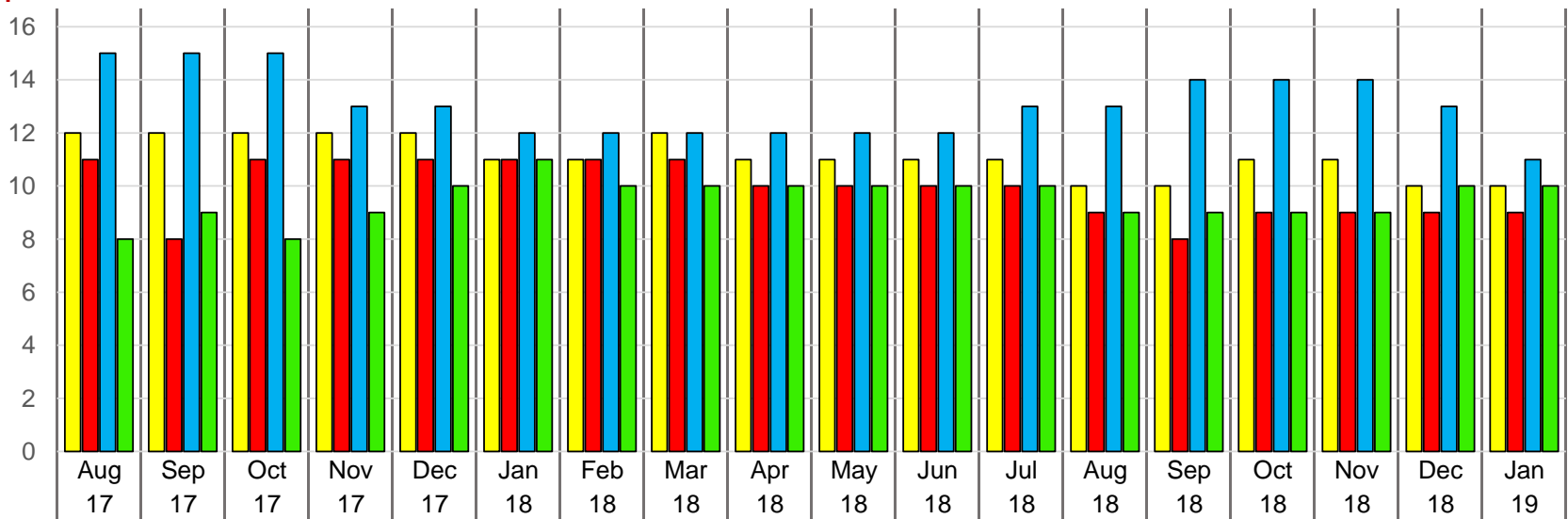


AWAITING A PACKAGE OF CARE BY LOCALITY

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.



[illegible]

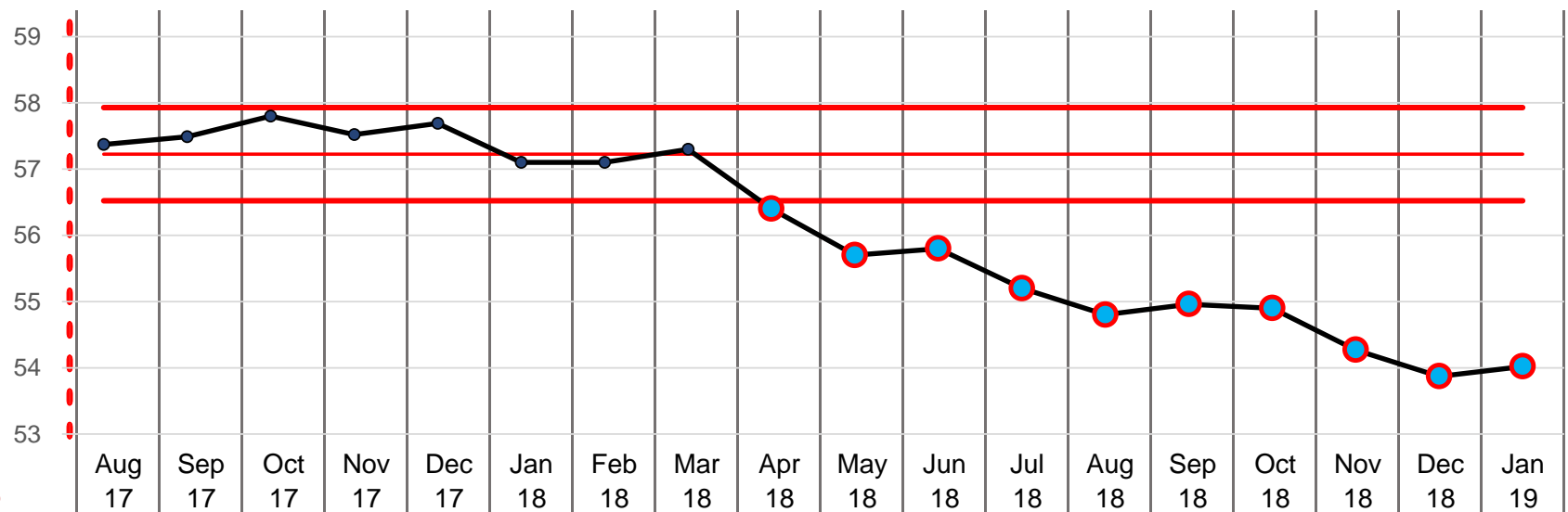
INDEX	City	By Locality
Balance of Care	page 4-1	
Proportion choosing DP/ISF	page 4-2	
Table of service data	page 4-2	

KEY	
text in black	bar chart
text in red	control chart
text in green	data table
Chart axis does not start at zero	

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.

- 10 below average
- Beyond control limit

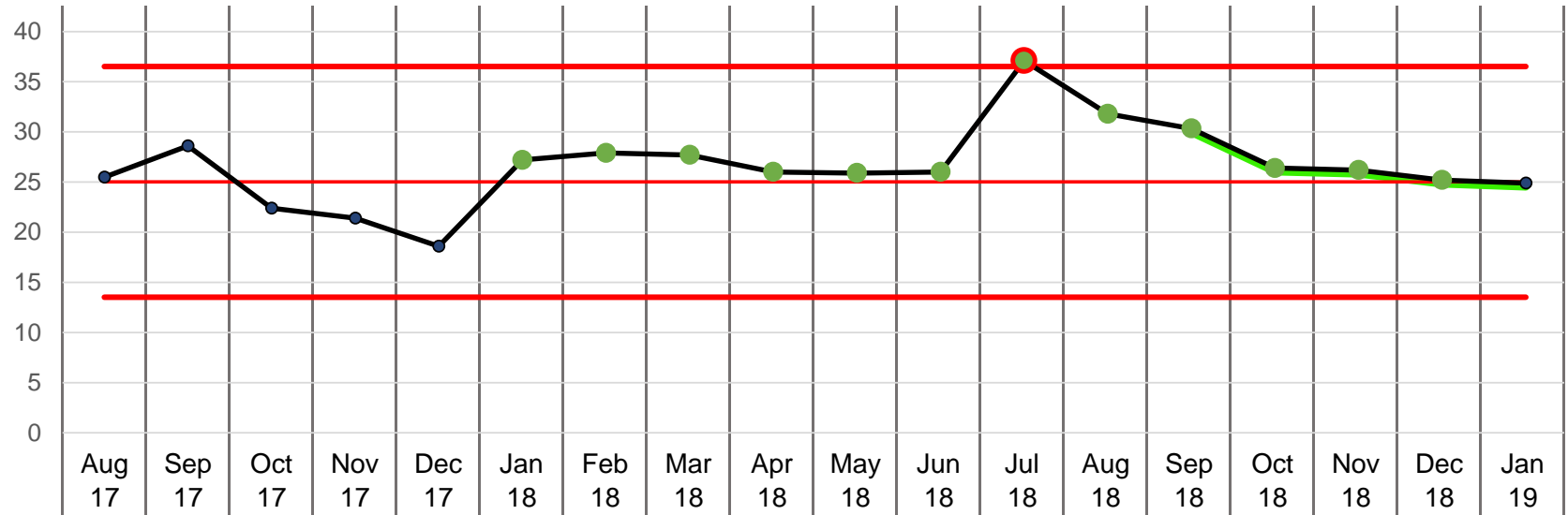


Control chart limits are based on the 12 month period ending on Mar 17

PERCENTAGE OF PEOPLE CHOOSING DP OR ISF UNDER SDS LEGISLATION

The proportion of people choosing DP or ISF under SDS legislation.

- 12 above average
- Continuous reduction
- Beyond control limit



Control chart limits are based on the 5 month period ending on Sep 17

TABLE OF DATA

	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	Oct 18	Nov 18	Dec 18	Jan 19
SERVICE Balance of Care	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	54.9	54.3	53.9	54.0
Proportion choosing DP or ISF	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	26.4	26.2	25.2	24.9

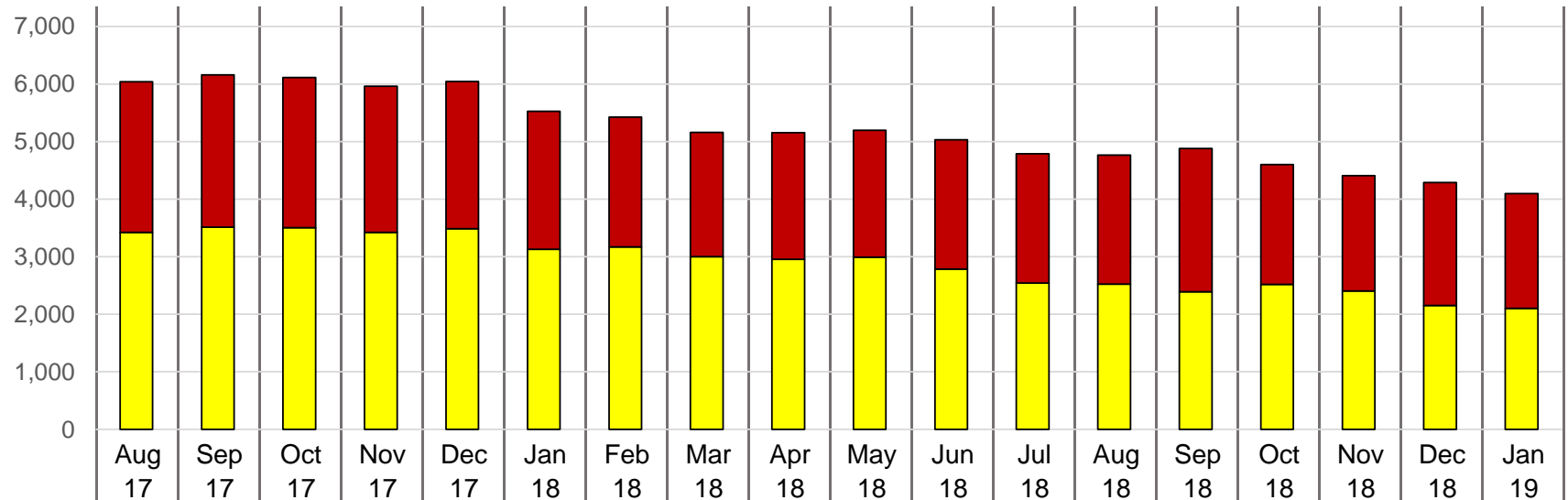
INDEX	City	By Locality
Reviews overdue	page 5-1	page 5-4
Reviews overdue (control chart)	page 5-2	
Reviews completed	page 5-2	page 5-5
Reviews within 14 days	page 5-3	page 5-5
Longest wait for review	page 5-3	page 5-6
People reviewed in year	page 5-4	page 5-6
Table of review data	page 5-7	

KEY	
text in black	bar chart
text in red	control chart
text in green	data table
Chart axis does not start at zero	

INDIVIDUALS WAITING FOR A REVIEW

A count of people on Swift waiting for a Review.

Figures are split into those with social care assessment or review activity in the past 12 months, and those without.

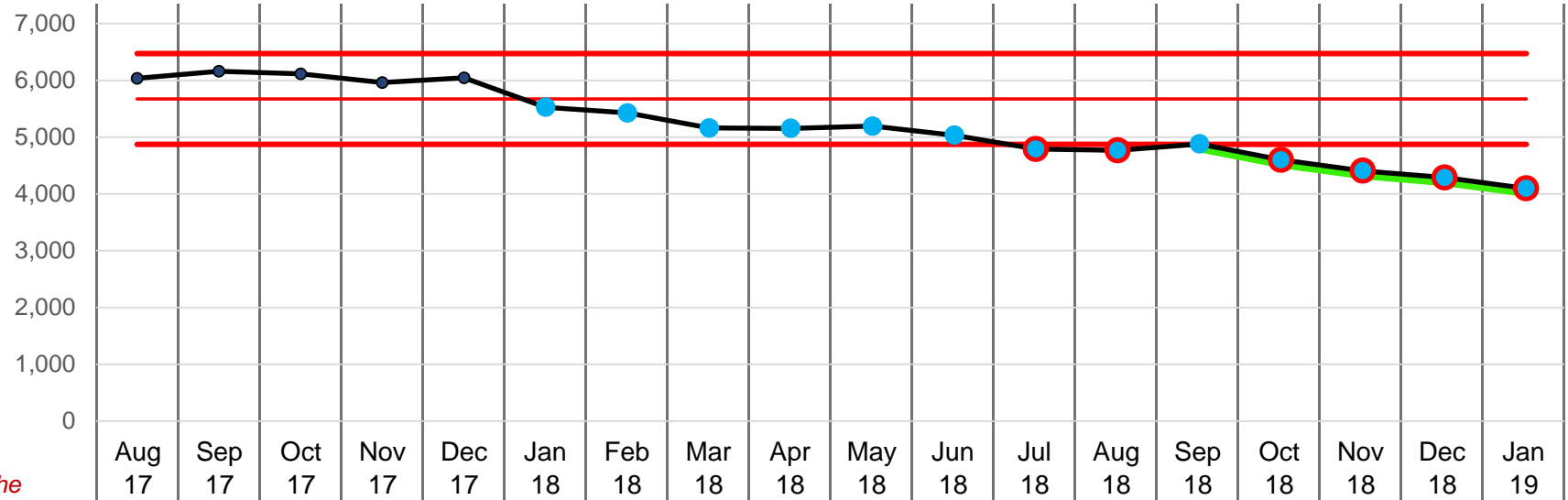


With activity in year
 Without activity in year

INDIVIDUALS WAITING FOR A REVIEW

A count of people on Swift waiting for a Review.

- 13 below average
- Continuous reduction
- Beyond control limit

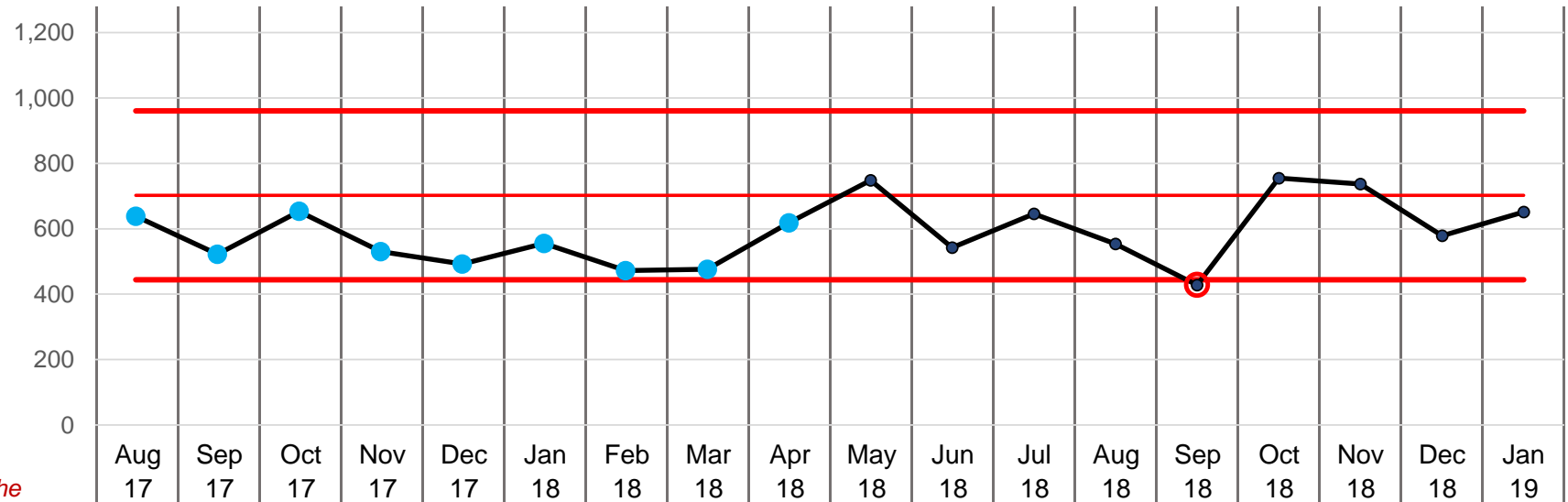


Control chart limits are based on the 12 month period ending on Mar 17

NUMBER OF REVIEWS COMPLETED

The number of reviews completed during the month that are recorded on Swift. This includes personal plan reviews.

- 9 below average
- Beyond control limit



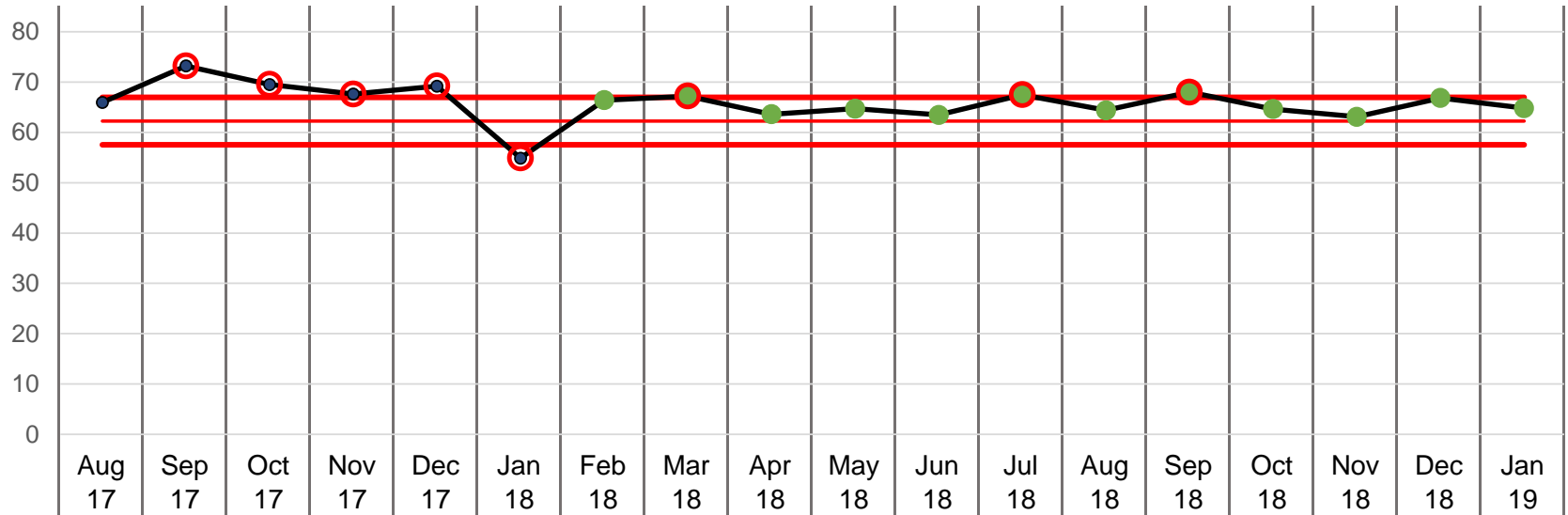
Control chart limits are based on the 12 month period ending on Mar 17

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.

● 12 above average

○ Beyond control limit



Control chart limits are based on the 12 month period ending on Mar 17

LONGEST WAIT FOR A REVIEW OR ASSESSMENT

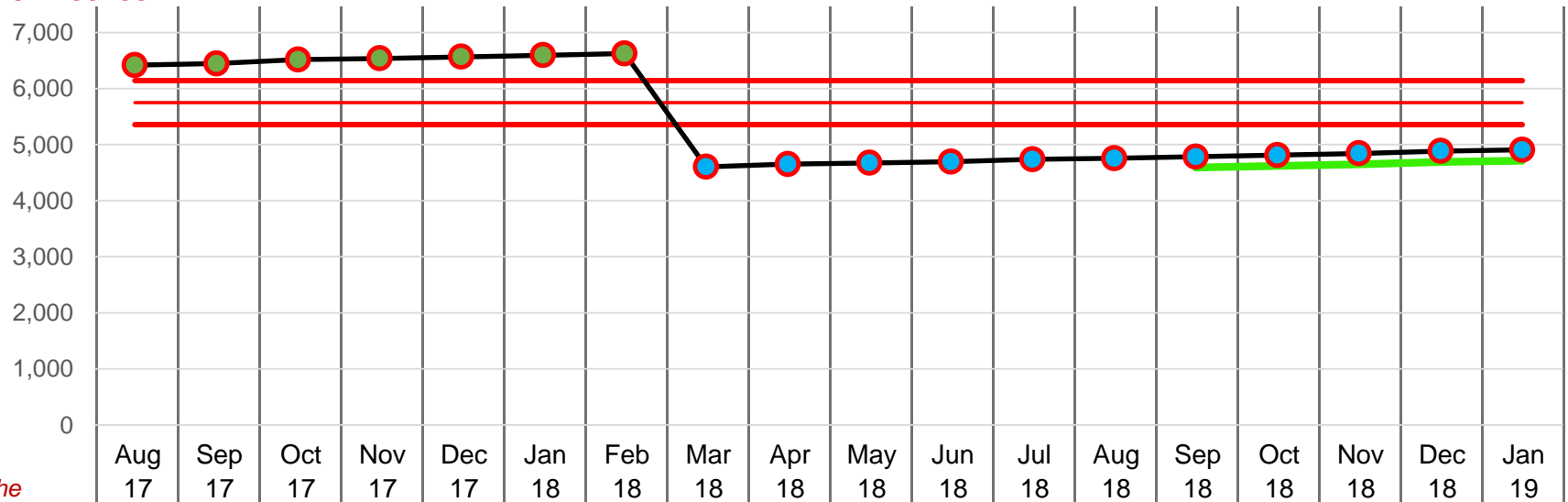
The longest time since the last assessment or review for current clients.

● 7 above average

● 11 below average

— Continuous increase

○ Beyond control limit



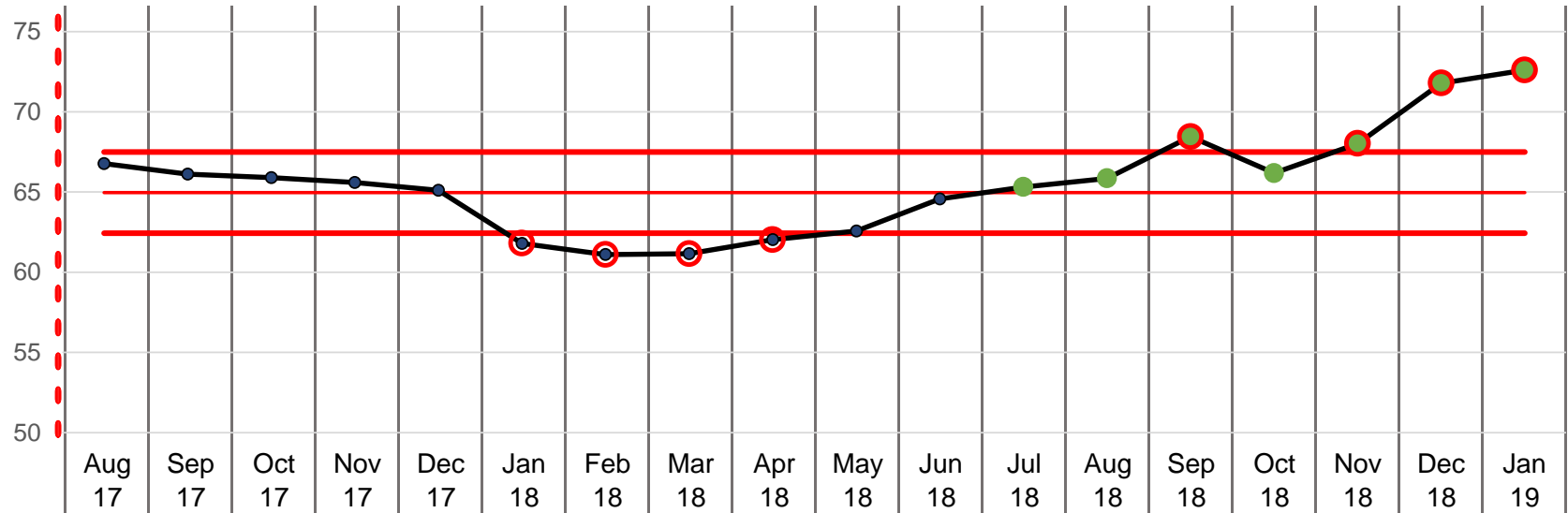
Control chart limits are based on the 18 month period ending on Oct 18

SERVICE USERS WITH REVIEWS IN THE LAST YEAR

The percentage of service users with reviews in the last year.

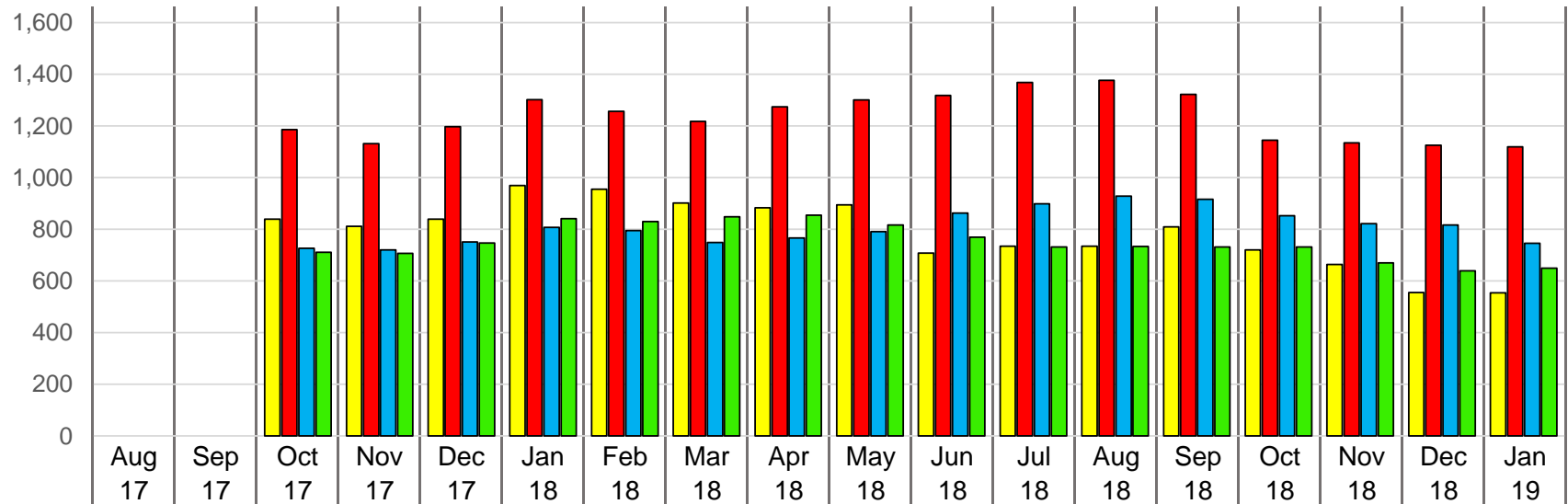
● 7 above average

○ Beyond control limit



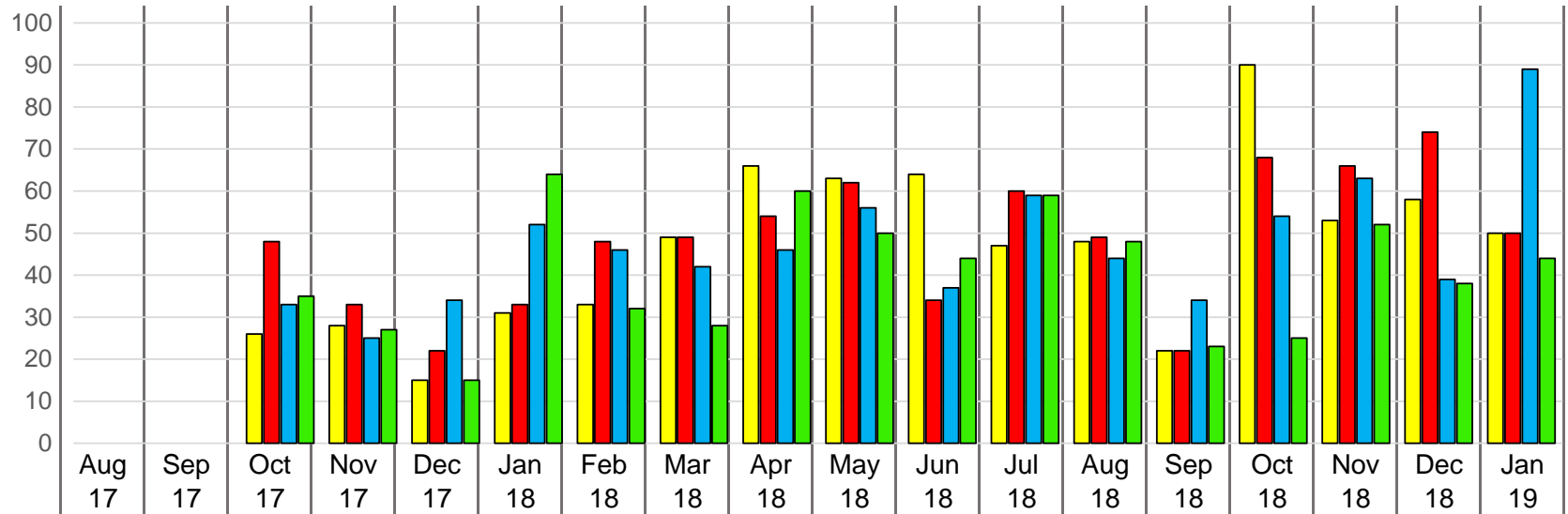
REVIEWS WAITING BY LOCALITY

A count of people on Swift waiting for a review by locality.

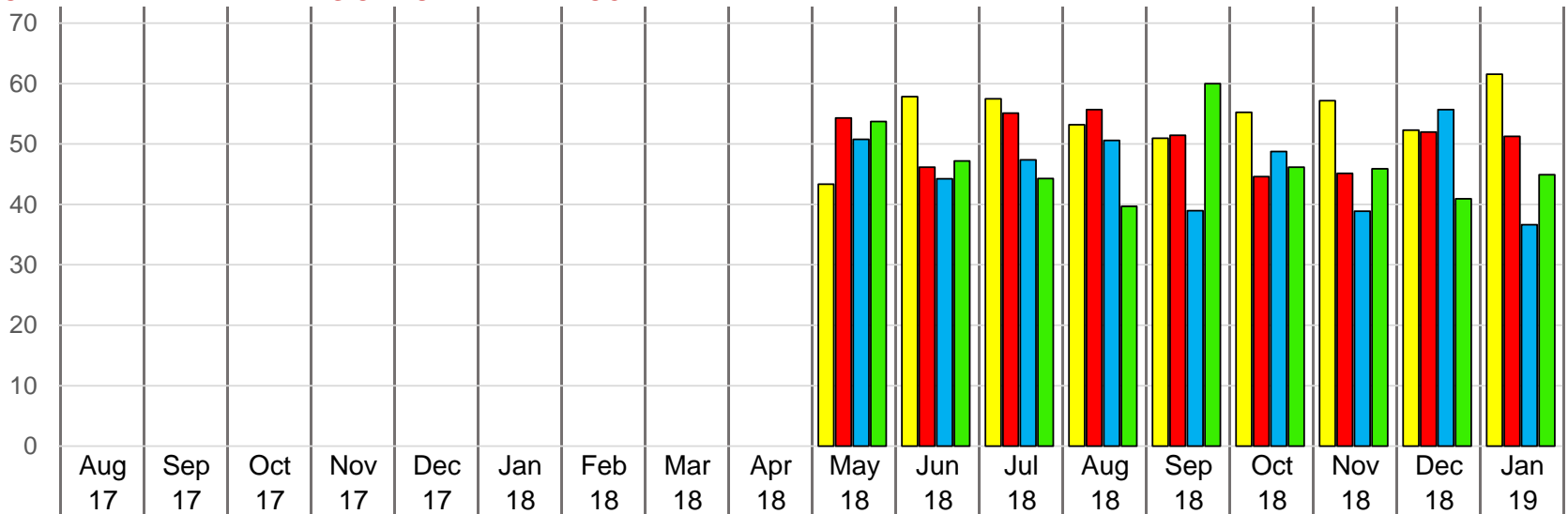


NUMBER OF REVIEWS COMPLETED

The number of reviews completed during the month that are recorded on Swift. This includes personal plan reviews.

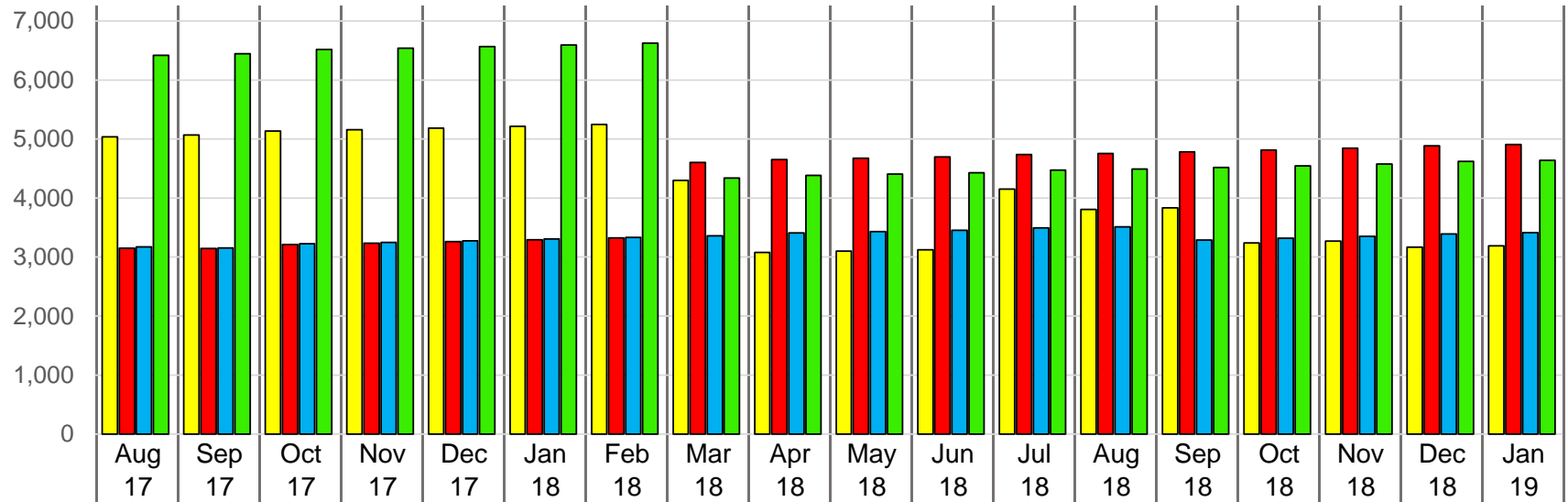
**THE PERCENTAGE OF REVIEWS COMPLETED WITHIN 14 DAYS OF DUE DATE BY LOCALITY**

The number of reviews completed within the month which are completed no later than 14 days after the due date.



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.

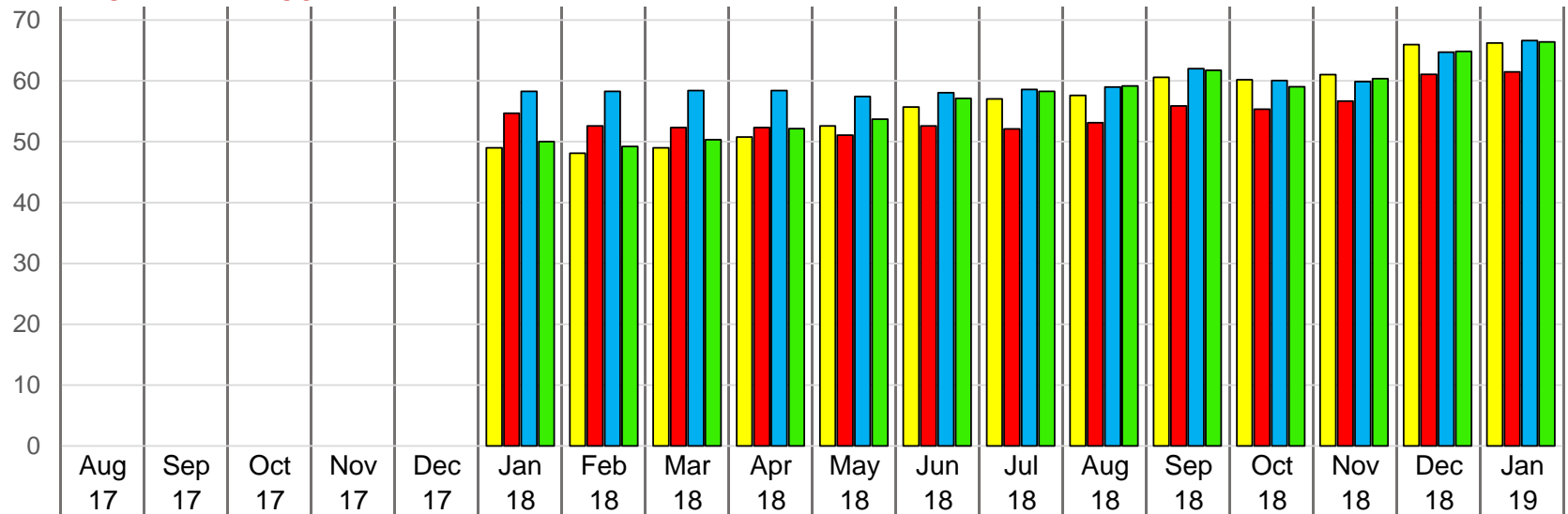


TABLE OF DATA

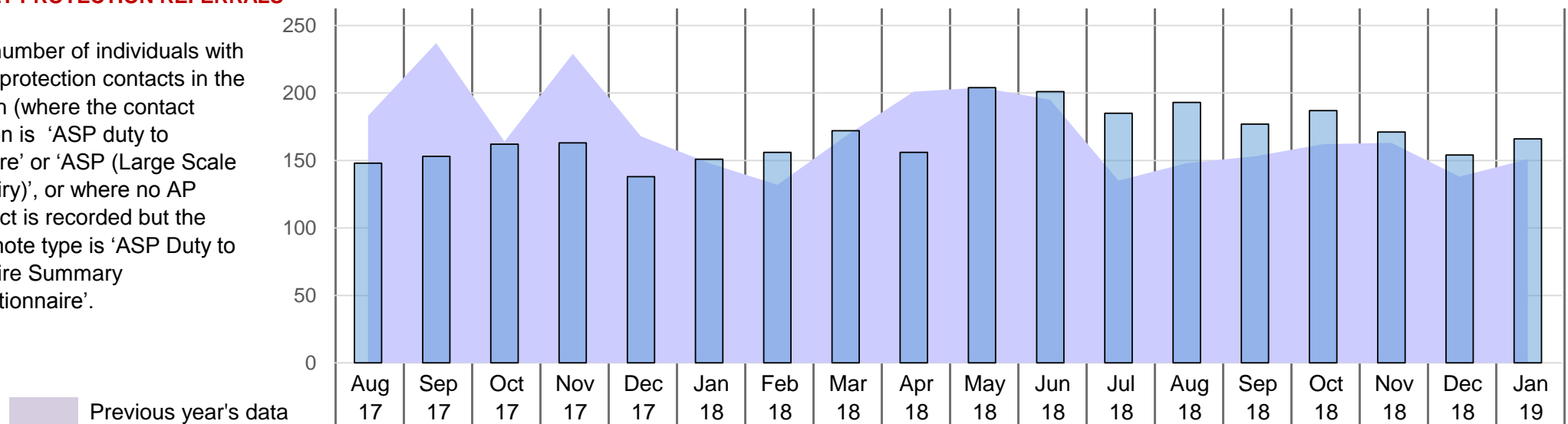
		Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19
With HSC activity in the year		2,615	2,646	2,610	2,540	2,562	2,396	2,256	2,160	2,201	2,204	2,246	2,248	2,243	2,489	2,082	2,002	2,135	1,992
Without HSC activity in the year		3,422	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	2,518	2,404	2,152	2,104
Total waiting for Review		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	4,600	4,406	4,287	4,096
Reviews completed		638	522	653	530	492	555	472	476	618	748	542	646	554	428	755	737	579	651
% Reviews within 14 days		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	64.6	63.1	66.8	64.8
Longest wait for a review or assmt		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	4,812	4,843	4,885	4,906
% Service users with revs in the year		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	66.2	68.0	71.8	72.6
Reviews waiting	NE	na	na	839	811	839	969	955	902	883	894	708	734	734	809	720	664	555	554
by locality	NW	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	1,145	1,134	1,125	1,119
	SE	na	na	726	720	751	807	795	749	766	791	863	899	928	916	852	822	816	746
	SW	na	na	711	707	747	841	830	848	854	817	769	731	733	731	731	670	639	649
	Old Teams	na	na	151	143	72	421	221	440	55	52	25	17	11	9	6	1	1	1
Reviews completed	NE	na	na	26	28	15	31	33	49	66	63	64	47	48	22	90	53	58	50
by locality	NW	na	na	48	33	22	33	48	49	54	62	34	60	49	22	68	66	74	50
	SE	na	na	33	25	34	52	46	42	46	56	37	59	44	34	54	63	39	89
	SW	na	na	35	27	15	64	32	28	60	50	44	59	48	23	25	52	38	44
	Old Teams	na	na	65	128	86	178	64	205	297	305	237	240	205	111	265	269	229	249

INDEX	City	By Locality
Adult protection referrals	page 6-1	page 6-2
Adult protection open cases	page 6-2	page 6-3
Table of adult protection data	page 6-3	

KEY	
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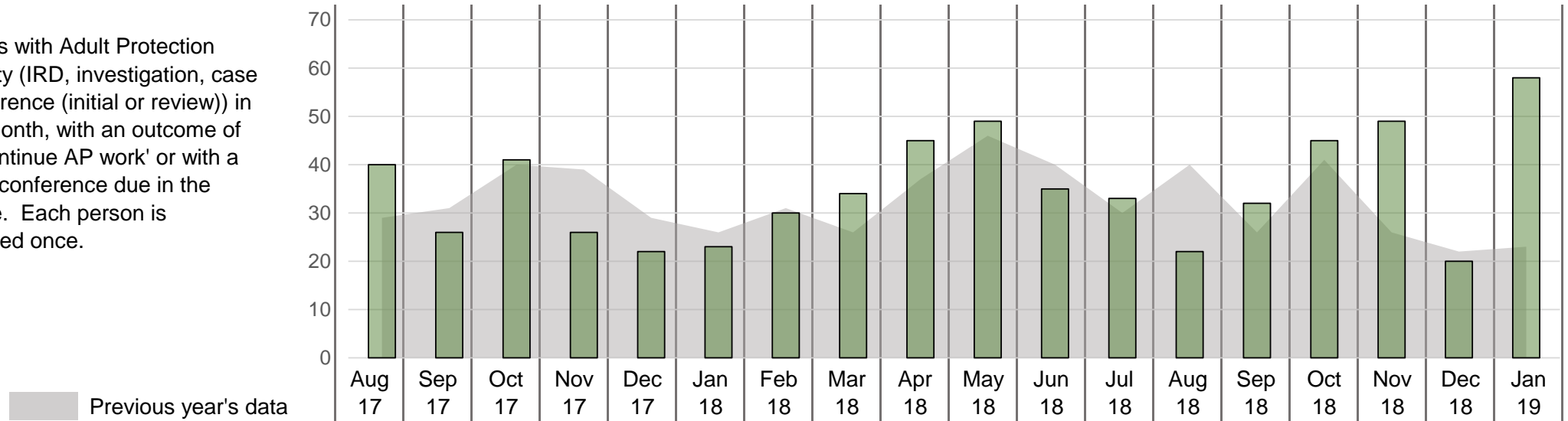
ADULT PROTECTION REFERRALS

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'.

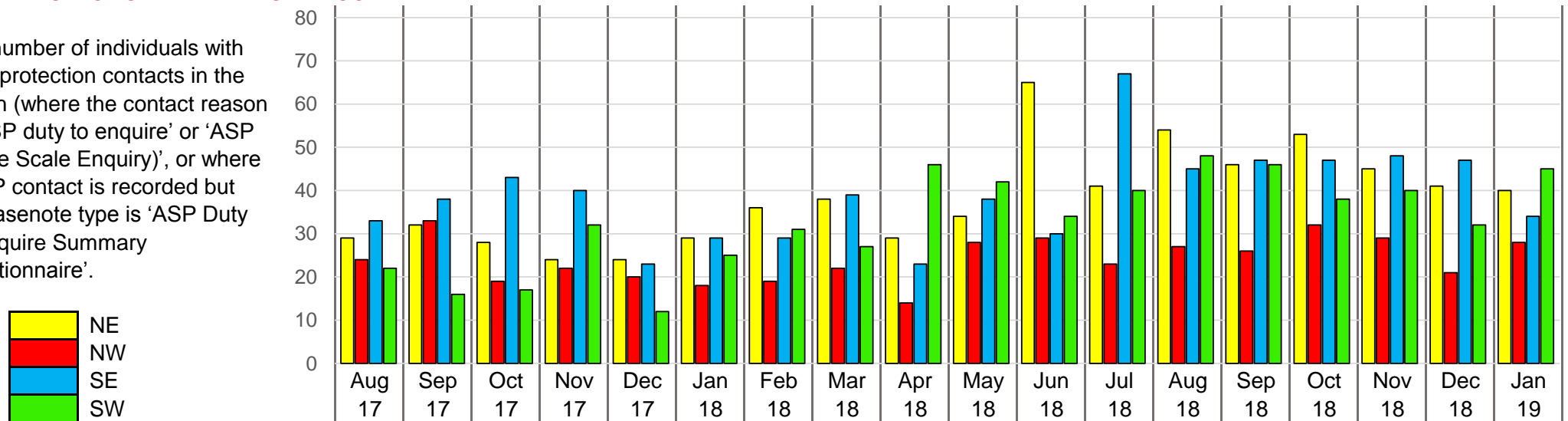


ADULT PROTECTION OPEN CASES

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 conference due in the future. Each person is counted once.

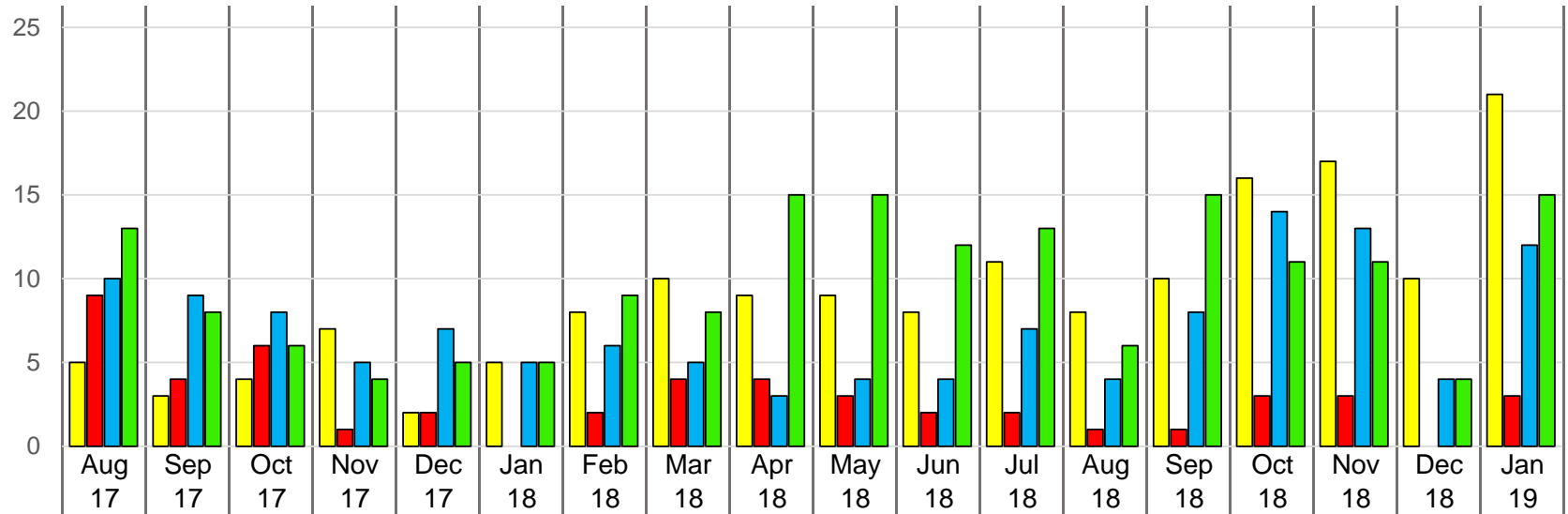
**ADULT PROTECTION REFERRALS BY LOCALITY**

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'.










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.

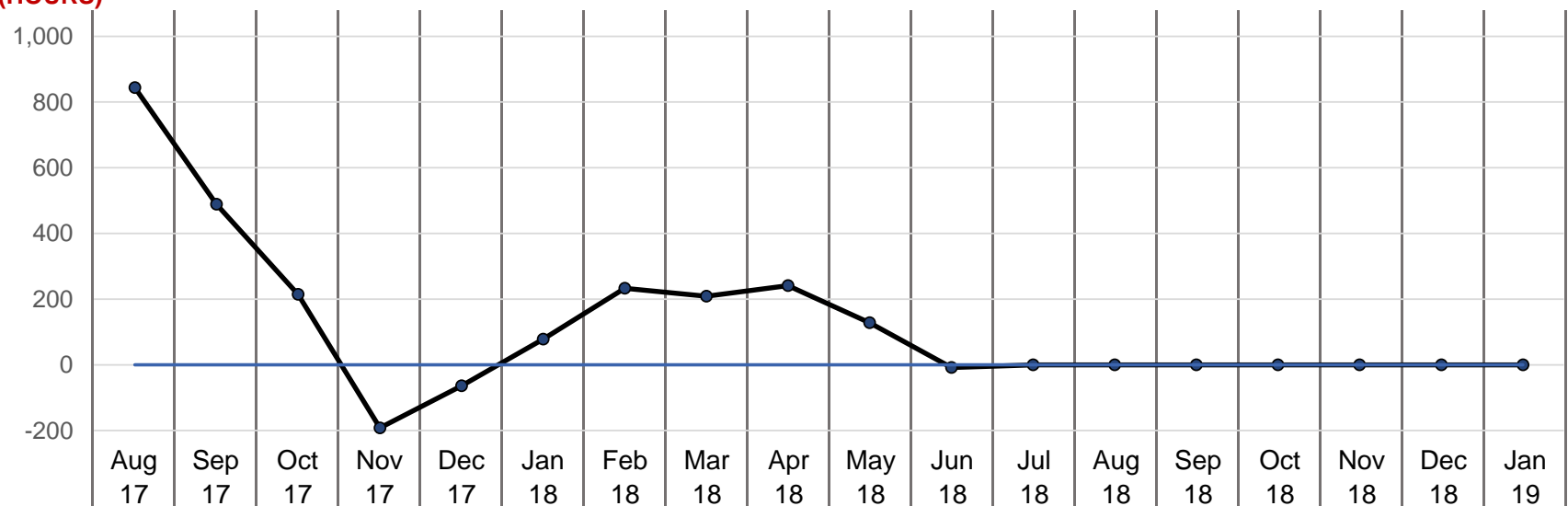
**TABLE OF DATA**

		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	Oct 18	Nov 18	Dec 18	Jan 19
Adult protection referrals		148	153	162	163	138	151	156	172	156	204	201	185	193	177	187	171	154	166
Previous year's referrals		183	237	164	229	168	148	132	168	201	204	195	135	148	153	162	163	138	151
Open adult protection cases		40	26	41	26	22	23	30	34	45	49	35	33	22	32	45	49	20	58
Previous year's cases		29	31	40	39	29	26	31	26	37	46	40	30	40	26	41	26	22	23
Adult protection referrals by locality	NE	29	32	28	24	24	29	36	38	29	34	65	41	54	46	53	45	41	40
	NW	24	33	19	22	20	18	19	22	14	28	29	23	27	26	32	29	21	28
	SE	33	38	43	40	23	29	29	39	23	38	30	67	45	47	47	48	47	34
	SW	22	16	17	32	12	25	31	27	46	42	34	40	48	46	38	40	32	45
Adult protection open cases by locality	NE	5	3	4	7	2	5	8	10	9	9	8	11	8	10	16	17	10	21
	NW	9	4	6	1	2	0	2	4	4	3	2	2	1	1	3	3	0	3
	SE	10	9	8	5	7	5	6	5	3	4	4	7	4	8	14	13	4	12
	SW	13	8	6	4	5	5	9	8	15	15	12	13	6	15	11	11	4	15

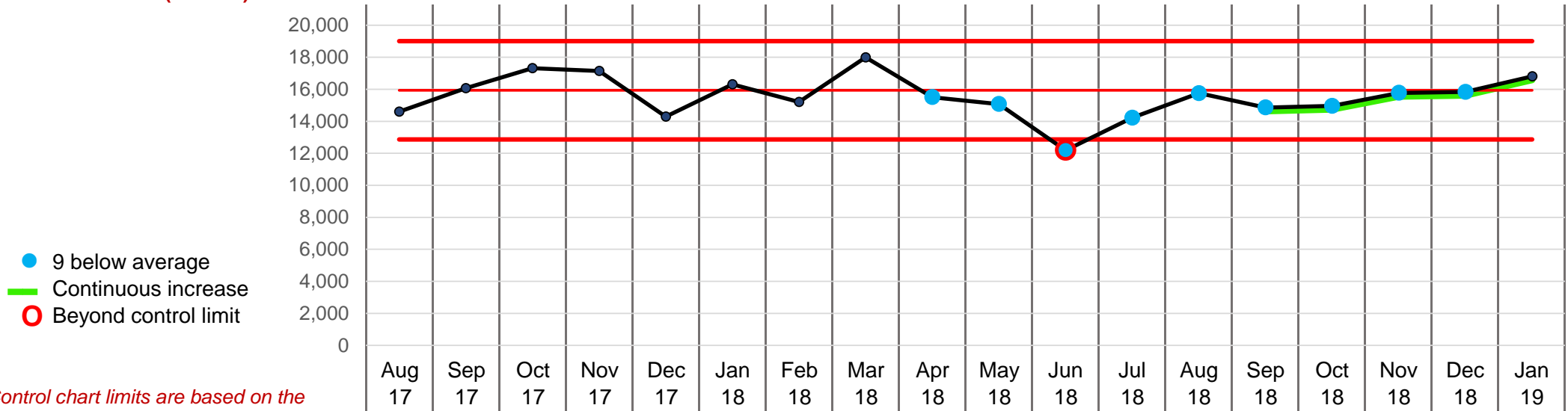
INDEX	City	By Locality
NHS agency staff (hours)	page 7-1	
NHS bank staff (hours)	page 7-2	
HSC city wide sickness	page 7-2	
NHS sickness in hours	page 7-3	
NHS sickness %	page 7-3	
Table of staff data	page 7-4	

KEY
Return to homepage 
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Go to control chart 
Go to locality-split chart 
Go to table of data 
Chart axis does not start at zero 

NHS AGENCY NURSING STAFF (HOURS)

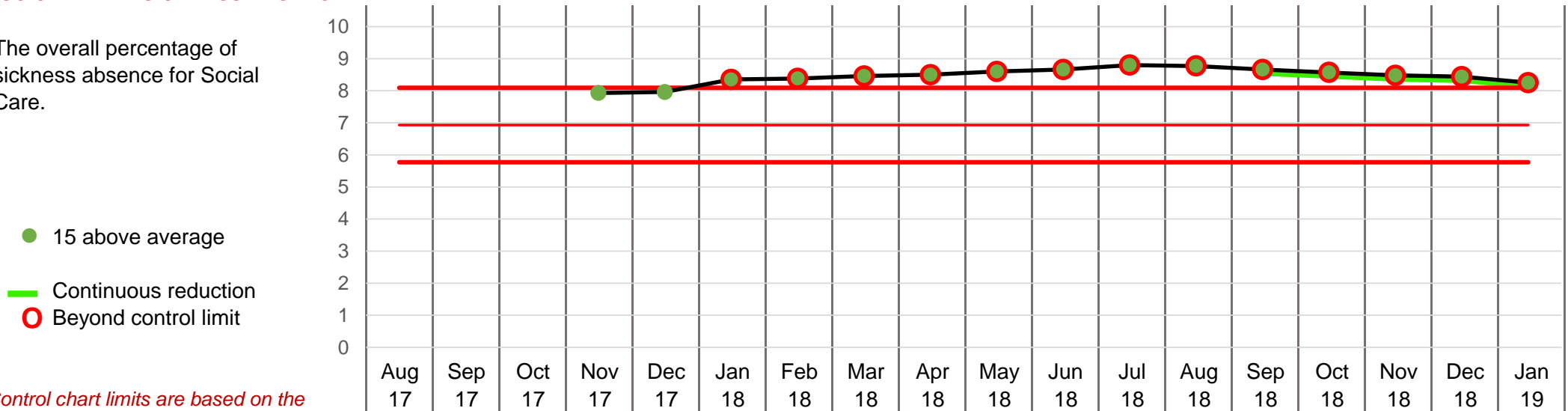


NHS BANK STAFF (HOURS)

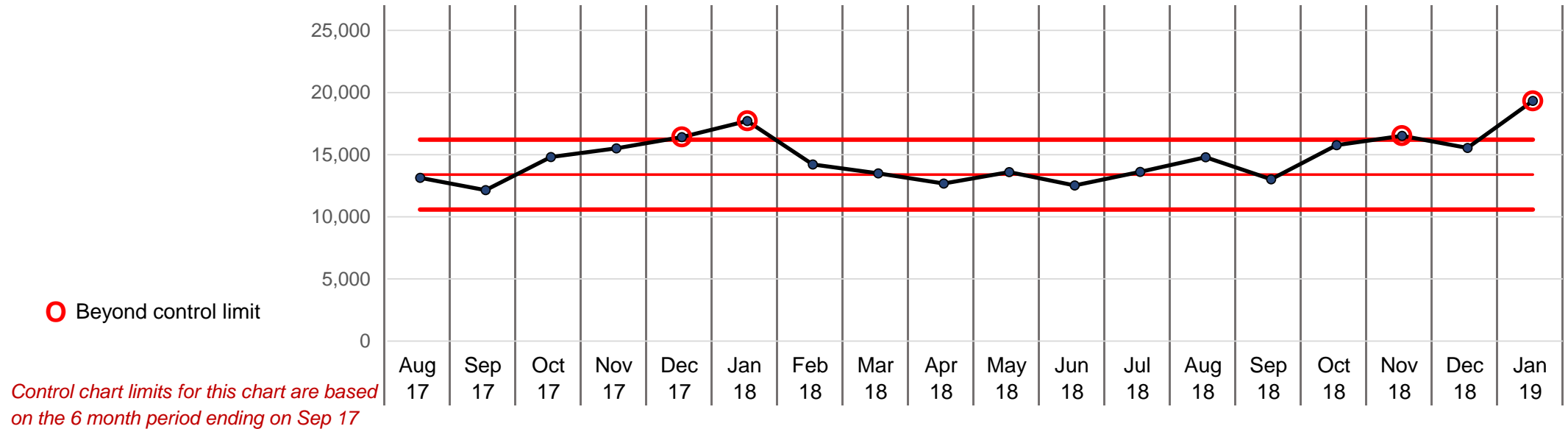


HSC CITY WIDE SICKNESS ABSENCE

The overall percentage of sickness absence for Social Care.



CITY WIDE NHS SICKNESS ABSENCE IN HOURS



CITY WIDE NHS SICKNESS ABSENCE AS A PERCENTAGE

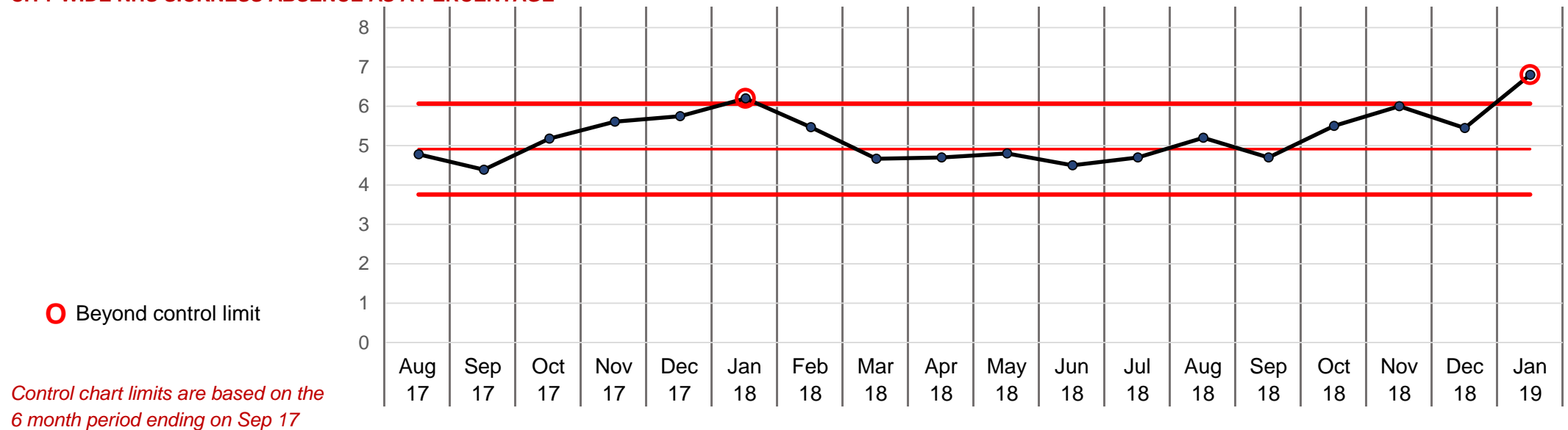


TABLE OF DATA

	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	Oct 18	Nov 18	Dec 18	Jan 19
NHS agency staff (hours)	844	489	214	-192	-64	78	233	209	241	128	-8	0	0	0	0	0	0	0
NHS bank staff (hours)	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	14,857	14,957	15,776	15,836	16,802
City Wide HSC Sickness Absence	na	na	na	7.93	7.96	8.35	8.38	8.46	8.5	8.6	8.66	8.8	8.77	8.66	8.57	8.48	8.44	8.25
NHS Sickness Absence Hours	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	15,773	16,521	15,537	19,330
NHS Sickness Absence percentage	4.8	4.4	5.2	5.6	5.8	6.2	5.5	4.7	4.7	4.8	4.5	4.7	5.2	4.7	5.5	6	5.45	6.8

Hospital Activity Indicators for Edinburgh residents receiving treatment at NHS Lothian hospital sites between December 2017 and January 2019.

Indicator	Age	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	MSG Targets
A&E attendances ¹	15+	10,589	8,016	8,299	8,308	10,192	8,500	8,262	10,491	8,621	10,609	8,393	8,362	10,185	8,396	1% reduction against 2016/17 median
	75+	2,156	1,476	1,495	1,520	1,718	1,523	1,375	1,866	1,505	1,802	1,477	1,441	1,918	1,596	
A&E 4 hour compliance	15+	69.3%	72.4%	76.5%	68.5%	75.2%	80.9%	81.9%	80.2%	81.5%	79.3%	87.4%	88.5%	84.3%	84.5%	95%
	75+	49.9%	51.4%	60.5%	47.6%	56.3%	68.9%	71.9%	69.2%	72.4%	65.7%	79.4%	82.7%	73.2%	73.4%	
A&E conversion rate ²	15+	28.8%	28.7%	28.4%	26.5%	25.8%	26.2%	26.0%	25.9%	26.4%	25.8%	27.3%	28.0%	28.7%	28.3%	N/A
	75+	61.1%	63.9%	61.0%	60.3%	57.5%	54.8%	54.5%	54.6%	56.4%	57.0%	58.0%	60.5%	59.0%	59.0%	
Unscheduled admissions ³	15+	3,740	2,821	3,003	2,756	3,383	2,782	2,781	3,479	2,838	3,487	2,876	2,984	3,735	2,947	Maintain current level
	75+	1,444	1,057	1,055	1,034	1,138	945	878	1,172	948	1,167	965	1,017	1,300	1,056	
OBDs for unscheduled admissions in acute ⁴	15+	26,490	23,251	22,821	22,316	29,681	23,335	21,803	25,209	21,461	28,000	22,101	24,498	28,471	22,312	Reduced by 1% in 2018/19 against 2016/17
	75+	15,424	13,872	12,548	13,761	17,507	13,227	12,848	13,862	12,151	15,461	13,555	13,947	15,007	12,576	
	All Ages	26,722	23,473	23,080	22,538	30,040	24,034	22,058	25,460	21,657	28,269	22,230	24,622	28,693	22,447	1% reduction against 2016/17 median
OBDs for unscheduled admissions for mental health ⁵	18-64	5,503	5,406	5,012	5,518	5,352	5,519	5,349	5,562	5,646	5,370	5,262	4,338	N/A	N/A	
	65+	3,667	3,780	3,327	3,587	3,320	3,406	3,184	3,415	3,277	3,021	2,728	2,310	N/A	N/A	1% reduction against 2016/17 median
OBDs for unscheduled admissions into geriatric long stay ⁶	All Ages	1,797	1,842	1,663	1,762	1,696	1,751	1,734	1,754	1,983	1,954	1,979	1,906	1,981	1,884	
Delayed discharges OBDs excluding Code 9 ⁷	18 +	5,561	6,435	6,480	7,571	7,075	7,019	6,564	7,023	6,990	7,188	7,157	5,677	4,660	N/A	5% reduction against 2017/18 median

NOTES

1. Data for A&E, unscheduled admissions and acute bed days are taken from the hospital 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 November 2018.
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.

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:

February 2019

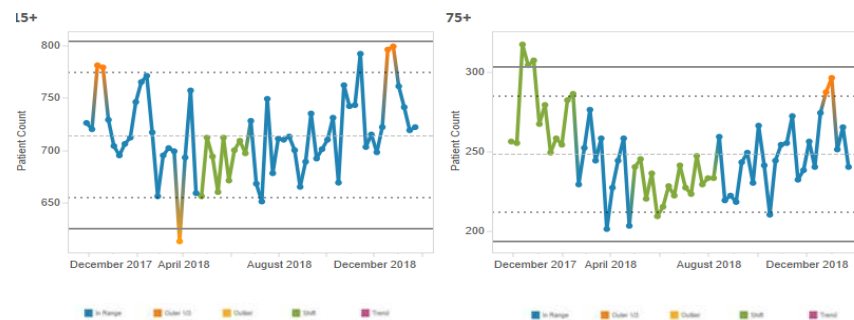
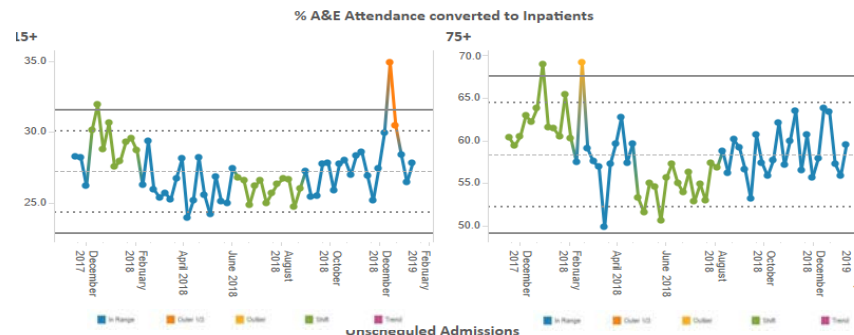
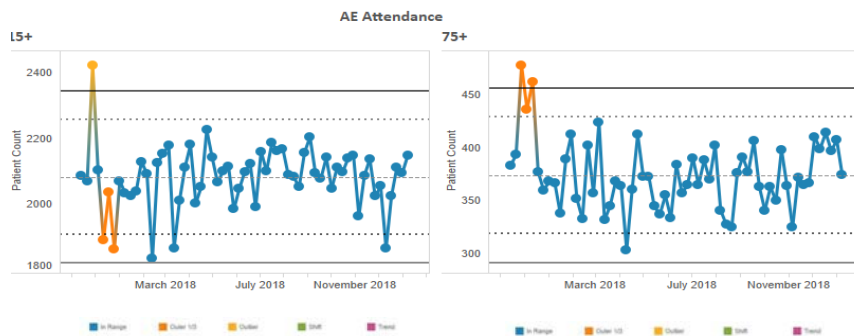
Data Sources:

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

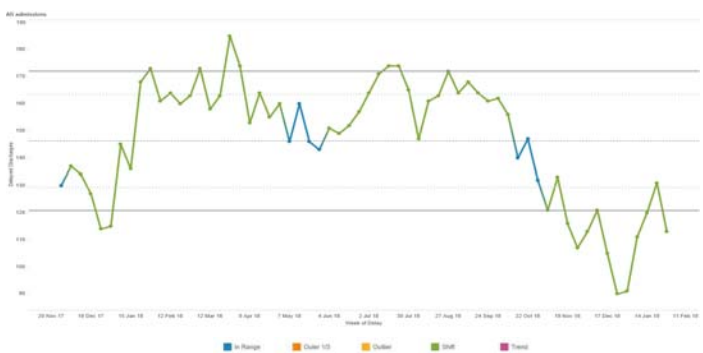
Delayed Discharges OBDs publication, ISD Scotland



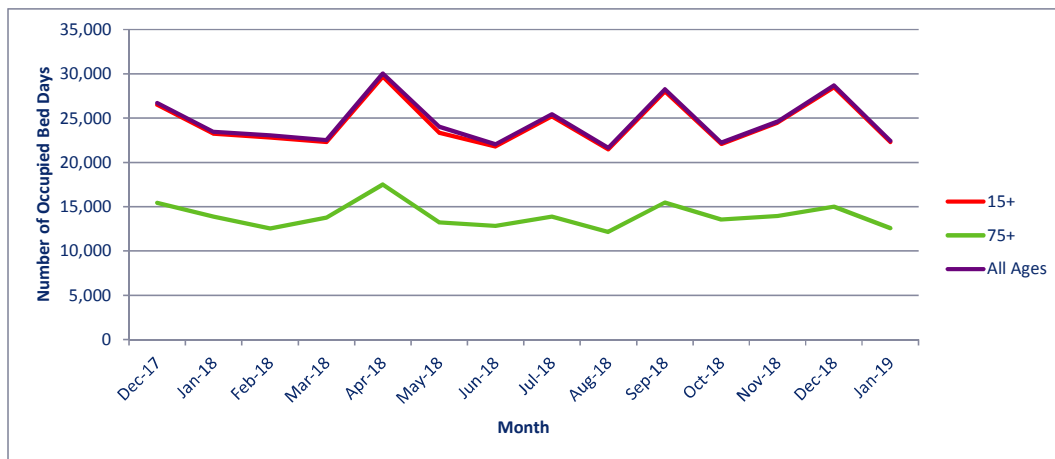
Number of Delayed Discharges All Ages



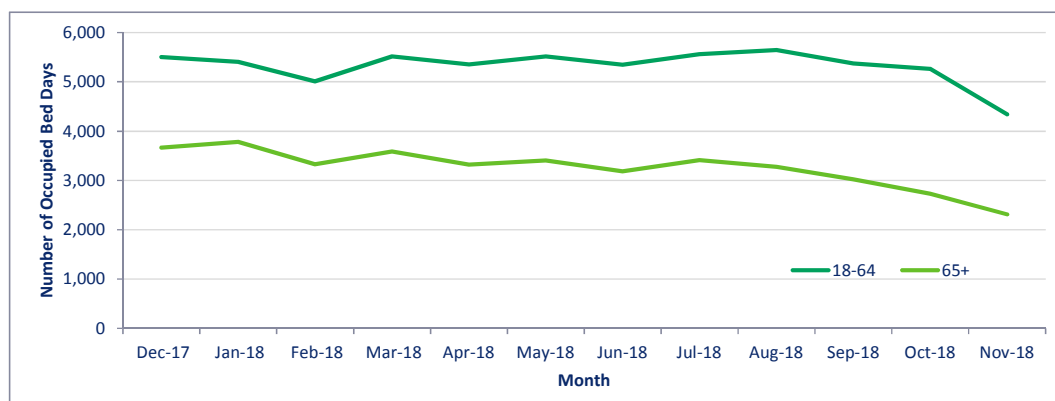
Number of Delayed Discharges 75+



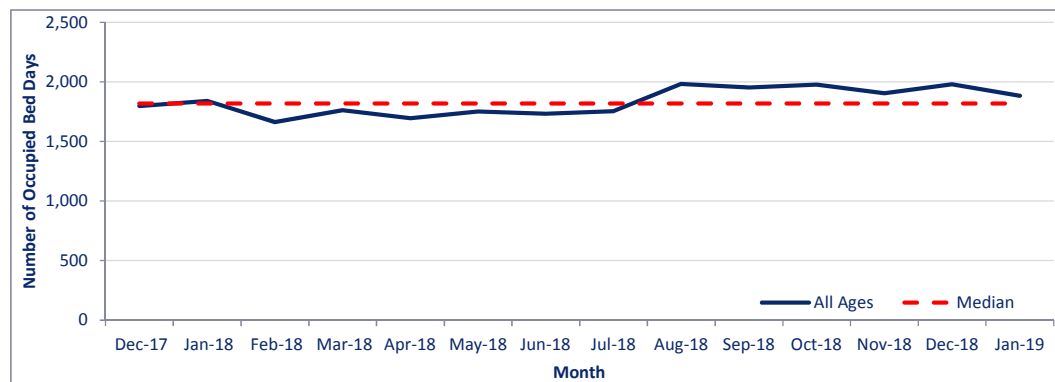
Data Source:
H&SCP Hospital Flow Tableau Dashboard.



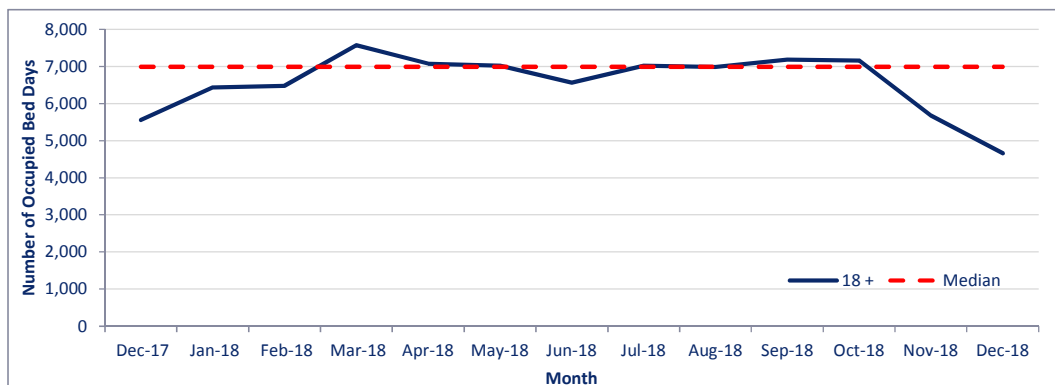
2. Number of Occupied Beds Days within Mental Health for patients aged 18 - 64 and 65 +



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)



Template for MSG 2019/20 objectives

Health and Social Care Partnership:

Age Group for indicators 1 to 3: All Ages

	1. Emergency admissions				2. Unplanned bed days				3. A&E attendances				4. Delayed discharge bed days (18+)					
Objective	Baseline year	Baseline total	% change	Expected 2019/20 total	Acute	Baseline year	Baseline total	% change	Expected 2019/20 total	Baseline year	Baseline total	% change	Expected 2019/20 total	All reasons	Baseline year	Baseline total	% change	Expected 2019/20 total
	2017/18	39,617	-1%	39,221		2017/18	339,849	-3%	329,654	2017/18	142,078	2%	144,209		2017/18	76,933	-5%	73,086
					Geriatric Long Stay	Baseline year	Baseline total	% change	Expected 2019/20 total					H&SC/patient and family related reasons	Baseline year	Baseline total	% change	Expected 2019/20 total
						2017/18	22,324	-7%	20,761						Baseline year	Baseline total	% change	Expected 2019/20 total
					Mental Health	Baseline year	Baseline total	% change	Expected 2019/20 total					Code 9	Baseline year	Baseline total	% change	Expected 2019/20 total
						2017/18	124,359	-7%	115,654						Baseline year	Baseline total	% change	Expected 2019/20 total
How will it be achieved	EHSCP is developing a strategic transformational change programme to support delivery of EUB aims as set out in its Strategic Plan. Central to this is the development of a new framework, the 3 Conversations Model, which is aimed at supporting prevention and earlier intervention. This has been used in more than 75 authorities and partnerships elsewhere in the UK and has an evidence base that supports its implementation.				EHSCP is developing a strategic transformational change programme to support delivery of EUB aims as set out in its Strategic Plan. Part of this work aims to remodel current processes around prevention of admission to ensure a home first approach which will impact on a reduction in admissions to acute hospital based care.				The LTC team remit includes working to reduce the number of potentially preventative hospital admissions, falls prevention work and helping people to manage their LTCs.				There has been marked improvement in EHSCP Delayed Discharge figures over recent quarters. These improvements have been achieved through the following actions:					
	Other elements of our programme includes:				• EHSCP involved in earlier conversations and assessment for people who are at perceived risk leaving hospital to prevent hospital based prescription of care or plans when people are in crisis.				The Primary Care quality improvement agenda will focus on and support reducing emergency activity:				• Stretch Targets set for the Localities.					
	• Supporting a review of our community facing services including the Hospital at Home (H@H) service.				• Developing the care at home capacity through partner providers and the community sustainability programme.				• Extend Pan-Lothian Admission Avoidance Network which is being tested in two GP clusters in North Edinburgh.				• Improvements in performance around delayed discharge and care at home provision resulting in reduction in delays and length of stay.					
	• Taking forward a review of our bed based models including step up/ step down and intermediate care capacity.				• Develop the specialist provider market within Mental Health Services to ensure that hospital based care is only used for acute needs.				• Continue to support a range of multi-disciplinary preventative services and initiatives – explored in Locality Improvement plans.				• A consistent Hub model- with increased pull through Hub Services to optimise independence post discharge.					
Notes	• Continuing to develop service delivery through our Hub and Cluster model at a locality level.				Overall focus needs to look at alternative models to bed based assessment and care this will be addressed through the Partnership's transformation programme.				• Implement the strategic transformational change programme and 3 Conversations framework.				• Clear pathways around care homes.					
	• Implementation of our Primary Care Improvement Plan including the role of Link Workers								• Exploration of opportunities to work with SAS and GPs by looking at admission rates of those who have arrived by ambulance.				• Closer working relationships with acute colleagues around the management of people to get them home.					
	• Ensuring change programmes have a focus on shifting the balance of care.								• Continuation of the development of the falls service.				• Quality Improvement work with REAS and Acute Teams.					
	In addition: Stabilisation of primary care in general will support a positive step change in the number of emergency admissions and the subsequent demands on hospital services.								• Support to carers through the delivery and implementation of our Carers Strategy.				• Discharge to Assess in NW.					

	5. Percentage of last six months of life spent in a large hospital				6. Percentage of 75+ population spent in large hospital			
	Baseline year	Baseline percentage	Percentage point change	Expected 2019/20 %	Baseline year	Baseline percentage	Percentage point change	Expected 2019/20 %
	2017/18	13.1%	-1.10%	12.0%	2017/18	1.9%	-0.3%	1.6%
Objective								
How will it be achieved	<p>EHSCP is developing a strategic transformational change programme to support delivery of EUB aims as set out in its Strategic Plan. Within it a review of our Community Nursing model that builds capacity and supports service delivery:</p> <ul style="list-style-type: none"> • The Hospital at Home service will continue to support this agenda. • Our bed based review and consideration of a future model of service delivery will support our ambitions for the delivery of complex end of life care across several settings including home, Care Home and hospital based settings. • LIST is now linking in with the Lothian Palliative Care Managed Clinical Network as they are keen to understand more data around patient pathways which could lead to service improvements. 				<p>EHSCP is developing a strategic transformational change programme to support delivery of EUB aims as set out in its Strategic Plan. Our overall programme seeks to support a significant shift in the balance of care and for the development and delivery of models of care and support which can support people to be cared for effectively at home or in a homely setting:</p> <ul style="list-style-type: none"> • Support the development and implementation of IJB's Strategic Plan and the implementation of the IJB's agreed strategic change and transformation programme. • Support the development and implementation of the Mental Health Strategic Commissioning Plan. • Prevention of illness and addressing inequalities despite an increase in population, ageing and complexity of conditions. 			
Notes								



Report

Review of Progress within Integration of Health and Social Care – Ministerial Strategic Group Edinburgh Integration Joint Board

29 March 2019

Executive Summary

1. The “*Health and Social Care Integration – Update on Progress*” report from Audit Scotland published on 15 November explored the impact public bodies were having on integration of health and social care services.
2. The report highlighted good progress with integration, however did recognise some challenges that need to be resolved that include, financial planning, governance, strategic planning, and leadership capacity.
3. It was also recognised the pace and effectiveness of integration needed to be accelerated and the Cabinet Secretary for Health and Sport agreed that a review of progress by Integration Authorities would be taken forward by the Ministerial Strategic Group (MSG) for Health and Community Care. The outputs from the review would be shared with the Health and Sport Committee of the Scottish Parliament.
4. This report gives an overview of the proposals set out in the Ministerial Strategic Group (MSG) – Review of Progress with Integration of Health and Social Care report.

Recommendations

5. The Edinburgh Integration Joint Board (EIJB) is asked to:
 - i. Note the findings and proposals from the Ministerial Strategic Group review report attached as Appendix 1;
 - ii. Note the actions on other organisations as set out in the report and the letter from the NHS Director General and Chief Executive of CoSLA as set out in Appendix 2 and in doing so, direct the Chair, Vice Chair and Chief Officer to work with NHS Lothian, the City of Edinburgh Council, CoSLA

and Scottish Government as appropriate and to take part in the self-assessment exercise proposed in the review; and

- iii. Request that the Chief Officer report on actions being taken across all organisations in support of the recommendations in the MSG report in relation to the Edinburgh Integration Joint Board and request a further report on this to come to the EIJB in 3 months.

Background

6. Integration Authorities have been in place since 2016 and oversee approximately £9 billion of health and social care resources across Scotland.
7. When Scottish Government first consulted on plans for integration it focused on four key objectives:
 1. Health and social care services should be firmly integrated around the needs of individuals, their carers and other family members
 2. Health and social care services should be characterised by strong and consistent clinical and care professional leadership
 3. The providers of services should be held to account jointly and effectively improved delivery
 4. Services should be underpinned by flexible, sustainable, financial mechanisms that give priority to the needs of the people they service, rather than the organisations through which they are delivered.
8. The purpose of the review from the Ministerial Strategic Group (MSG) was to ensure the pace in delivering the four key objectives.
9. The review was taken forward by a leadership group, chaired by Paul Grey (the then Director General Health and Social Care and Chief Executive of NHS Scotland) and Sally Loudon (Chief Executive of CoSLA). The review began on 24 September 2018, with conclusions and recommendations agreed on 19 December 2018 and reported to the Ministerial Strategic Group on 23 January 19 and the full review report can be found at Appendix 1.
10. The report supported and recognised the recommendations identified by Audit Scotland should be delivered in full by the statutory health and social care partners.

11. The report has identified a range of proposals under the same key headings identified within the Audit Scotland report:
 1. Collaborative leadership and building relationships
 2. Integrated finances and financial planning
 3. Effective strategic planning for improvement
 4. Agreed governance and accountability arrangements
 5. Ability and willingness to share information
 6. Meaningful and sustained engagement
12. The proposals focus on the joint responsibility to improve outcomes for people using health and social care services and a reflection of the commitment to make integration work.
13. The MSG review also highlighted that it was fundamental that the workforce should be a key focus for partners to deliver integration.

Main report

14. The review report recognised that there is good practice developing across Integration Joint Boards, in how services are planned and delivered to ensure positive outcomes. It does recognise that there are challenges that must be resolved to drive forward change and reform to deliver integration.
15. Some of the key challenges include:
 - To deliver the level of transformation needed in health and social care, the right leadership and strategic capacity needs to be put in place. Leaders will require support to succeed in improving wider outcomes and work collaboratively across organisational boundaries.
 - Partner organisations are also working with annual settlements which is making it difficult to develop financial planning in the medium and long term.
 - Some delegated services which should be delegated haven't been which will continue to hinder the IJB's ability to change the system. Also compounding this issue is the "set -aside budgets".
 - Ensure that priorities are linked to available resources and demonstrate that new ways of working are sustainable in the longer term and show

through commissioning plans how they are shifting from current service to future service re-design.

- Having clear governance structures are vital to ensure clear responsibility and accountability for service performance and the quality of care.
 - Chairs need to be supported to facilitate well run boards which make effective decisions on a collective basis.
 - Ensuring there are effective approaches for community engagement and participation applied across Integration Authorities.
 - Recognise the important and value of the workforce to support the delivery of integration.
16. The review report highlights a range of challenges and proposals for resolution with timescales (Appendix 1).
 17. Malcolm Wright, the current interim Director General, Scottish Government Health and Social Care Directorate and Sally Loudon, Chief Executive, COSLA has written to all Integration Authority Chief Officers, NHS Board Chief Executives and Local Authority Chief Executives (attached as Appendix 2) advising that the MSG group for Health and Committee Care will now drive forward and support implementation of the review.
 18. The MSG group will also be developing a self-evaluation template to support shared learning and insight. It was important that Health Boards, Local Authorities and Integration Joint Boards evaluated their position in relation to the review report as well as the Audit Scotland report and take action to deliver progress.
 19. Chief Officers from East, Mid, West Lothian and Edinburgh will work with NHS Lothian and Edinburgh City Council and other relevant parties to scope and understand their response to the proposals.
 20. An update report will come back to Audit and Risk Committee in six months on the action taken with the recommendations from the Audit Scotland report and proposals from the Ministerial Strategic Group Review of progress with integration of health and social care.

Key risks

21. The key risks to fully achieving integration is that the recommendations noted above are not achieved.

Financial implications

22. There are no immediate financial implications arising from this report however there may be implications as possible actions are scoped.

Implications for Directions

23. There are no implications for directions arising from this report.

Equalities implications

24. There are no equalities implications arising from this report.

Sustainability implications

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

Involving people

26. Any action plan arising from the findings of this report will include engagement and consultation with key stakeholders.

Impact on plans of other parties

27. There will be no impact on plans of other parties.

Background reading/reference

Report author

Judith Proctor

Chief Officer, Edinburgh Health and Social Care Partnership

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Appendices

Appendix 1	Ministerial Strategic Group (MSG) – Review of Progress with Integration of Health and Social Care
Appendix 2	Letter from Malcolm Wright

Ministerial Strategic Group for Health and Community Care

Review of Progress with Integration of Health and Social Care

Final Report

February 2019

REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE

Introduction

Since 2016, work has been underway across Scotland to integrate health and social care services in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. By integrating the planning and provision of care, partners in the public, third and independent sectors are improving people's experience of care along with its quality and sustainability. Evidence is emerging of good progress in local systems. Audit Scotland's¹ report on integration that was published on 15 November 2018 highlights a series of challenges that nonetheless need to be addressed, in terms particularly of financial planning, governance and strategic planning arrangements and leadership capacity.

The pace and effectiveness of integration need to increase. At a health debate in the Scottish Parliament on 2 May 2018, the then Cabinet Secretary for Health and Sport undertook that a review of progress by Integration Authorities would be taken forward with the Ministerial Strategic Group for Health and Community Care, and that outputs arising from any further action stemming from such a review would be shared with the Health and Sport Committee of the Scottish Parliament.

Why has Scotland integrated health and social care?

We have integrated health and social care so that we can ensure people have access to the services and support they need, so that their care feels seamless to them, and so that they experience good outcomes and high standards of support. We are also looking to the future: integration requires services to be redesigned and improved, with a strong focus on prevention, quality and sustainability, so that we can continue to maintain our focus on reforming and improving people's experience of care. In undertaking this review we have built upon Audit Scotland's observation that integration can work within the current legislative framework, but that Integration Authorities are operating in an extremely challenging environment and there is much more to be done: our focus is on tackling the challenges rather than revisiting the statutory basis for integration.

As part of the review, it is important to acknowledge fully the key importance of staff working across the entirety of health and social care. People working in health and social care services are driving forward many improvements in the experience of care, every day and often in challenging and difficult circumstances. Without the insight, experience and dedication of the health and social care workforce we will simply not be able to deliver on our ambitions for integration. This review does not make recommendations about the health and social care workforce: that work is being undertaken through the National Workforce Plan for health and social care. We nonetheless felt it important to emphasise here the importance of our shared ambitions to develop and support the workforce for integration.

¹ [Health and social care integration: update on progress](#)

Reviewing progress with integration

As we have reviewed our progress to date, our approach has been to focus on the key questions that matter most to people who use services and the systems we have put in place in order to better support those priorities. We have asked ourselves where we are making progress and where the barriers are that may prevent professionals and staff across health and social care from using their considerable skills and resources to best effect. When the Scottish Government first consulted upon plans for integration², it focused on four key objectives, which remain central to our aims:

- Health and social care services should be firmly integrated around the needs of individuals, their carers and other family members
- Health and social care services should be characterised by strong and consistent clinical and care professional leadership
- The providers of services should be held to account jointly and effectively for improved delivery
- Services should be underpinned by flexible, sustainable financial mechanisms that give priority to the needs of the people they serve, rather than the organisations through which they are delivered

The legislation for integration, the Public Bodies (Joint Working) (Scotland) Act 2014, sets out principles and outcomes, which sit at the centre of our ambitions:

Principles of integration: services should³:

1. Be integrated from the point of view of service-users
2. Take account of the particular needs of different service-users
3. Take account of the particular needs of service-users in different parts of the area in which the service is being provided
4. Take account of the particular characteristics and circumstances of different service-users
5. Respect the rights of service-users
6. Take account of the dignity of service-users
7. Take account of the participation by service-users in the community in which service-users live
8. Protect and improve the safety of service-users
9. Improve the quality of the service
10. Be planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)
11. Best anticipate needs and prevents them arising, and
12. Makes the best use of the available facilities, people and other resources.

² [Integration of Adult Health and Social Care in Scotland: Consultation on Proposals \(May 2012\)](#)

³ http://www.legislation.gov.uk/asp/2014/9/pdfs/asp_20140009_en.pdf

National health and wellbeing outcomes⁴

1. People are able to look after and improve their own health and wellbeing and live in good health for longer
2. People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
3. People who use health and social care services have positive experiences of those services, and have their dignity respected
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
5. Health and social care services contribute to reducing health inequalities
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing
7. People using health and social care services are safe from harm
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
9. Resources are used effectively and efficiently in the provision of health and social care services

The purpose of this review is to help ensure we increase our pace in delivering all of these objectives.

Review process

At its meeting on 20 June 2018, the Ministerial Strategic Group agreed that the review would be taken forward via a small “leadership” group of senior officers chaired by Paul Gray (Director General Health and Social Care and Chief Executive of NHS Scotland) and Sally Loudon (Chief Executive of COSLA). A larger group of senior stakeholders has acted as a “reference” group to the leadership group.

Membership of the review leadership group is as follows:

- Paul Gray (co-chair) (Director General for Health and Social Care and Chief Executive of NHSScotland)
- Sally Loudon (co-chair) (Chief Executive of COSLA)
- Paul Hawkins (Chief Executive of NHS Fife, representing NHS Chief Executives)
- Andrew Kerr (Chief Executive of Edinburgh City Council, representing SOLACE)
- David Williams (Chief Officer of Glasgow City IJB and Chair of the Chief Officers’ network, representing IJB Chief Officers)
- Annie Gunner Logan (Chief Executive of CCPS, representing the third sector)
- Donald MacAskill (Chief Executive of Scottish Care, representing the independent sector)

⁴ http://www.legislation.gov.uk/ssi/2014/343/pdfs/ssi_20140343_en.pdf

The work of the review leadership group followed this timetable:

Meeting date	Topics for discussion
24/09/18	Finance: agreeing, delegating and using integrated budgets
23/10/18	Governance and commissioning arrangements, including clinical and care governance
27/11/18	Delivery and improving outcomes including consideration of the Audit Scotland report on integration (published 15/11/18)
19/12/18	Conclusions and agreement on recommendations, to be reported to the MSG on 23/01/19

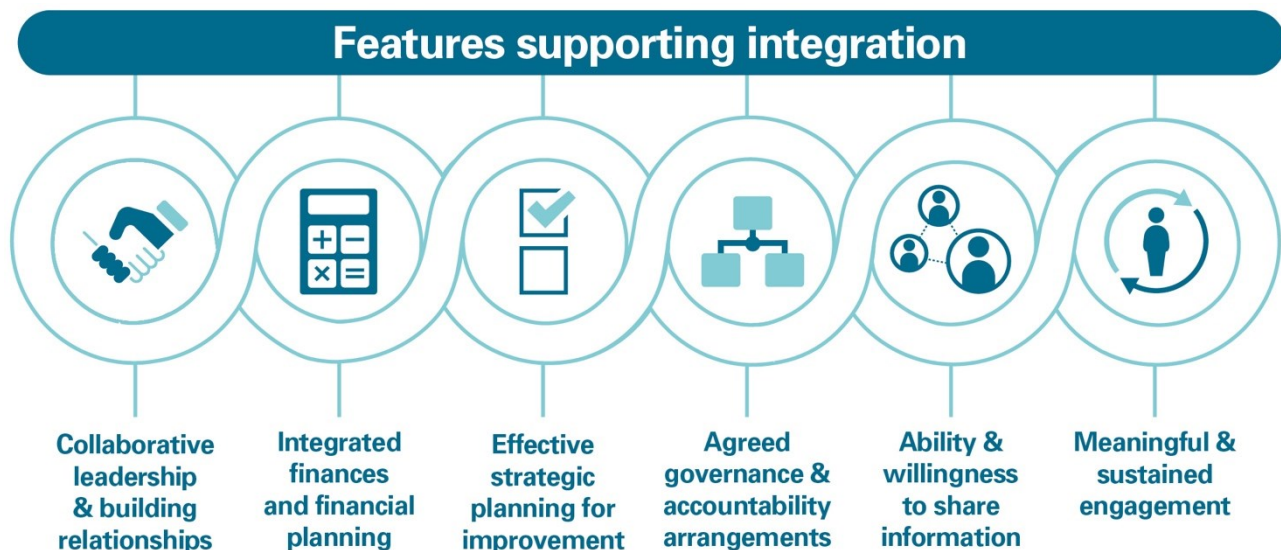
This report draws together the group's proposals for ensuring the success of integration. It builds upon the first output of our review, the joint statement issued on 26 September 2018, which is at Annex A of this report.

Integration Review Leadership Group
4 FEBRUARY 2019

Audit Scotland report

1. The group recognised that the Audit Scotland report on integration that was published in November 2018 provides important evidence for changes that are needed to deliver integration well. The group noted their agreement with Audit Scotland's recommendations. The group recommends that these recommendations should be acted upon in full by the statutory health and social care partners in Scotland. In addition, the group noted that workforce issues were not considered in any detail in the audit, but recommends that those should be a key focus for statutory and non-statutory partners taking forward integration.

2. Within a broad context of focussing on improving outcomes for people who use services and delivering sustainable, high quality services, the group noted specifically that exhibit 7 from the Audit Scotland report, reproduced below, provides a helpful framework within which to make progress. The group agreed to set out its proposals, in this report, under the headings identified in the exhibit, each of which was considered fully in turn.



3. As a group, we decided to set out "proposals" in this report rather than "recommendations" to underline that the commitments our proposals make are a shared endeavour, which we are each signed up to on a personal level as senior leaders and on behalf of our respective organisations. We have used "we" throughout the proposals set out in this document to further emphasise this.

4. In our review work, we recognised, as the Audit Scotland report does, that there is good practice developing, both in terms of how Integration Joint Boards (IJBs) are operating, and in how services are being planned and delivered to ensure better outcomes. However, this is not yet the case in all areas. We know there are challenges we must address and want to make use of good practice to drive forward change and reform to truly deliver integration for the people of Scotland.

Leadership Group Proposals

Our proposals focus on our joint and mutual responsibility to improve outcomes for people using health and social care services in Scotland. They are a reflection of our shared commitment to making integration work, set out in our joint statement from September 2018.

1. Collaborative leadership and building relationships

Shared and collaborative leadership must underpin and drive forward integration.

We propose that:

1. (i) All leadership development will be focused on shared and collaborative practice. An audit of existing national leadership programmes will be undertaken by the Scottish Government and COSLA to identify gaps and areas of synergy to support integration of health and social care. Further work will be delivered on cross-sectoral leadership development and support.

Timescale: 6 months

1. (ii) Relationships and collaborative working between partners must improve. Statutory partners in particular must seek to ensure an improved understanding of pressures, cultures and drivers in different parts of the system in order to promote opportunities for more open, collaborative and partnership working, as required by integration.

Timescale: 12 months

1. (iii) Relationships and partnership working with the third and independent sectors must improve. Each partnership will critically evaluate the effectiveness of their working arrangements and relationships with colleagues in the third and independent sectors, and take action to address any issues.

Timescale: 12 months

2. Integrated finances and financial planning

Money must be used to maximum benefit across health and social care. Our aim for integration has been to create a system of health and social care in Scotland in which the public pound is always used to best support the individual at the most appropriate point in the system, regardless of whether the support that is required is what we would traditionally have described as a “health” or “social care” service. Our proposals for integrated finances and financial planning focus on the practicalities of ensuring the arrangements for which we have legislated are used fully to achieve that aim, and to support the Scottish Government’s Medium Term Framework for Health and Social Care⁵.

We propose that:

2. (i) Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration. In each partnership area the Chief Executive of the Health Board and the Local Authority, and the Chief Officer of the IJB, while considering the service impact of decisions, should together request consolidated advice on the financial position as it applies to their shared interests under integration from, respectively, the NHS Director of Finance, the Local Authority S95 Officer and the IJB S95 Officer.

Timescale: By 1st April 2019 and thereafter each year by end March.

2. (ii) Delegated budgets for IJBs must be agreed timeously. The recently published financial framework for health and social care sets out an expectation of moving away from annual budget planning processes towards more medium term arrangements. To support this requirement for planning ahead by Integration Authorities, a requirement should be placed upon statutory partners that all delegated budgets should be agreed by the Health Board, Local Authority and IJB by the end of March each year.

Timescale: By end of March 2019 and thereafter each year by end March

2. (iii) Delegated hospital budgets and set aside requirements must be fully implemented. Each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published in June 2015. These arrangements must be in place in time for Integration Authorities to plan their use of their budgets in 2019/20. The Scottish Government Medium Term Financial Framework includes an assumption of efficiencies from reduced variation in hospital care coupled with 50% reinvestment in the community to sustain improvement. The set aside arrangements are key to delivering this commitment.

Timescale: 6 months

2. (iv) Each IJB must develop a transparent and prudent reserves policy. This policy will ensure that reserves are identified for a purpose and held against planned expenditure, with timescales identified for their use, or held as a general reserve as a

⁵ [Scottish Government Medium Term Health and Social Care Financial Framework](#)

contingency to cushion the impact of unexpected events or emergencies. Reserves must not be built up unnecessarily.

Timescale: 3 months

2. (v) Statutory partners must ensure appropriate support is provided to IJB S95 Officers. This will include Health Boards and Local Authorities providing staff and resources to provide such support. Measures must be in place to ensure conflicts of interest for IJB S95 Officers are avoided – their role is to provide high quality financial support to the IJB. To ensure a consistent approach across the country, the existing statutory guidance should be amended by removing the last line in paragraph 4.3 recommendation 2, leaving the requirement for such support as follows:

It is recommended that the Health Board and Local Authority Directors of Finance and the Integration Joint Board financial officer establish a process of regular in-year reporting and forecasting to provide the Chief Officer with management accounts for both arms of the operational budget and for the Integration Joint Board as a whole. It is also recommended that each partnership area moves to a model where both the strategic and operational finance functions are undertaken by the IJB S95 officer: and that these functions are sufficiently resourced to provide effective financial support to the Chief Officer and the IJB.

Timescale: 6 months

2. (vi) IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations. Local audits of the Health Board and Local Authority must take account of the expectation that money will be spent differently. We should be focused on outcomes, not which public body put in which pound to the pot. It is key that the resources held by IJBs lose their original identity and become a single budget on an ongoing basis. This does not take away from the need for the IJB to be accountable for these resources and their use.

Timescale: from 31st March 2019 onwards.

3. Effective strategic planning for improvement

Maximising the benefit of health and social care services, and improving people's experience of care, depends on good planning across all the services that people access, in communities and hospitals, effective scrutiny, and appropriate support for both activities.

We propose that:

3. (i) Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB. This will include Health Boards and Local Authorities providing staff and resources to provide such support. The dual role of the Chief Officer makes it both challenging and complex, with competing demands between statutory delivery partners and the business of the IJB. Chief Officers must be recognised as pivotal in providing the leadership needed to make a success of integration and should be recruited, valued and accorded due status by statutory partners in order that they are able to properly fulfil this "mission critical" role. Consideration must be made of the capacity and capability of Chief Officers and their senior teams to support the partnership's range of responsibilities.

Timescale: 12 months

3. (ii) Improved strategic inspection of health and social care is developed to better reflect integration. As part of this work, the Care Inspectorate and Healthcare Improvement Scotland will ensure that:

- As well as scrutinising strategic planning and commissioning processes, strategic inspections are fundamentally focused on what integrated arrangements are achieving in terms of outcomes for people.
- Joint strategic inspections examine the performance of the whole partnership – the Health Board, Local Authority and IJB, and the contribution of non-statutory partners – to integrated arrangements, individually and as a partnership.
- There is a more balanced focus across health and social care ensured in strategic inspections.

Timescale: 6 months

3. (iii) National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work. These bodies include Healthcare Improvement Scotland, the Care Inspectorate, the Improvement Service and NHS National Services Scotland. Improvement support will be more streamlined, better targeted and focused on assisting partnerships to implement our proposals. This will include consideration of the models for delivery of improvement support at a national and local level and a requirement to better meet the needs of integration partners.

Timescale: 3 - 6 months

3. (iv) Improved strategic planning and commissioning arrangements must be put in place. Partnerships should critically analyse and evaluate the effectiveness of their strategic planning and commissioning arrangements, including establishing capacity and

capability for this. Local Authorities and Health Boards will ensure support is provided for strategic planning and commissioning, including staffing and resourcing for the partnership, recognising this as a key responsibility of Integration Authorities.

Timescale: 12 months

3. (v) Improved capacity for strategic commissioning of delegated hospital services must be in place. As implementation of proposal 2 (iii) takes place, a necessary step in achieving full delegation of the delegated hospital budget and set aside arrangements will be the development of strategic commissioning for this purpose. This will focus on planning delegated hospital capacity requirements and will require close working with the acute sector and other partnership areas using the same hospitals. This should evolve from existing capacity and plans for those services.

Timescale: 12 months

4. Governance and accountability arrangements

Governance and accountability must be clear and commonly understood for integrated services.

We propose that:

4. (i) The understanding of accountabilities and responsibilities between statutory partners must improve. The responsibility for decisions about the planning and strategic commissioning of all health and social care functions that have been delegated to the IJB sits wholly with the IJB as a statutory public body. Such decisions do not require ratification by the Health Board or the Local Authority, both of which are represented on the IJB. Statutory partners should ensure duplication is avoided and arrangements previously in place for making decisions are reviewed to ensure there is clarity about the decision making responsibilities of the IJB and that decisions are made where responsibility resides. Existing committees and groups should be refocused to share information and support the IJB.

Timescale: 6 months

4. (ii) Accountability processes across statutory partners will be streamlined. Current arrangements for each statutory partner should be scoped and opportunities identified for better alignment, with a focus on better supporting integration and transparent public reporting. This will also ensure that different rules are not being applied to different parts of the system particularly in circumstances of shared accountability.

Timescale: 12 months

4. (iii) IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis. There are well-functioning IJBs that have adopted an open and inclusive approach to decision making and which have gone beyond statutory requirements in terms of memberships to include representatives of key partners in integration, including the independent and housing sectors. This will assist in improving the effectiveness and inclusivity of decision making and establish IJBs as discrete and distinctive statutory bodies acting decisively to improve outcomes for their populations.

Timescale: 12 months

4. (iv) Clear directions must be provided by IJBs to Health Boards and Local Authorities. Revised statutory guidance will be developed on the use of directions in relation to strategic commissioning, emphasising that directions are issued at the end of a process of decision making that has involved partners. Directions must be recognised as a key means of clarifying responsibilities and accountabilities between statutory partners, and for ensuring delivery in line with decisions.

Timescale: 6 months

4. (v) Effective, coherent and joined up clinical and care governance arrangements must be in place. Revised statutory guidance will be developed based on wide ranging consultations with local partnerships, identifying good practice and involving all sectors.

The key role of clinical and professional leadership in supporting the IJB to make decisions that are safe and in accordance with required standards and law must be understood, coordinated and utilised fully.

Timescale: 6 months

5. Ability and willingness to share information

Understanding where progress and problems are arising is key to implementing learning and delivering better care in different settings.

We propose that:

5. (i) IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data. Chief Officers will work together to consider, individually and as a group, whether their IJBs' annual reports can be further developed to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure that, as a minimum, all statutorily required information is reported upon.

Timescale: By publication of next round of annual reports in July 2019

5. (ii) Identifying and implementing good practice will be systematically undertaken by all partnerships. Chief Officers will develop IJBs' annual reports to enable partnerships to identify, share and use examples of good practice, and lessons learned from things that have not worked. Inspection findings and reports from strategic inspections and service inspections should also provide a clear means of identifying and sharing good practice, based on implementation of the framework outlined below at 5 (iii) and the national health and social care standards.

Timescale: 6 - 12 months

5. (iii) A framework for community based health and social care integrated services will be developed. The framework will be key in identifying and promoting best practice in local systems to clearly illustrate what good looks like in community settings, which is firmly focused on improving outcomes for people. This work will be led by Scottish Government and COSLA, involving Chief Officers and other key partnership staff to inform the framework.

Timescale: 6 months

6. Meaningful and sustained engagement

Integration is all about people: improving the experience of care for people using services, and the experience of people who provide care. Meaningful and sustained engagement has a central role to play in ensuring that the planning and delivery of services is centred on people.

We propose that:

6. (i) Effective approaches for community engagement and participation must be put in place for integration. This is critically important to our shared responsibility for ensuring services are fit for purpose, fit for the future, and support better outcomes for people using services, carers and local communities. Revised statutory guidance will be developed by the Scottish Government and COSLA on local community engagement and participation based on existing good practice, to apply across health and social care bodies. Meaningful engagement is central to achieving the scale of change and reform required, and is an ongoing process that is not undertaken only when service change is proposed.

Timescale: 6 months

6. (ii) Improved understanding of effective working relationships with carers, people using services and local communities is required. Each partnership should critically evaluate the effectiveness of their working arrangements and relationships with people using services, carers and local communities. A focus on continuously improving and learning from best practice will be adopted in order to maximise meaningful and sustained engagement.

Timescale: 12 months

6. (iii) We will support carers and representatives of people using services better to enable their full involvement in integration. Carers and representatives of people using health and social care services will be supported by partnerships to enable meaningful engagement with their constituencies. This will support their input to Integration Joint Boards, strategic planning groups and locality arrangements for integration. This would include, for example, receipt of IJB papers with enough time to engage other carers and people using services in responding to issues raised. It would also include paying reasonable expenses for attending meetings.

Timescale: 6 -12 months

In support of these proposals we will:

- Provide support with implementation;
- Prepare guidance and involve partners in the preparation of these;
- Assist with the identification and implementation of good practice;
- Monitor and evaluate progress in achieving proposals;
- Make the necessary links to other parts of the system, such as workforce planning;
- Continue to provide leadership to making progress with integration;
- Report regularly on progress with implementation to the Ministerial Group for Health and Community care.

In support of these proposals we expect:

- Every Health Board, Local Authority and IJB will evaluate their current position in relation to this report and the Audit Scotland report, and take action to make progress using the support on offer.
- Partnerships to initiate or continue the necessary “tough conversations” to make integration work and to be clear about the risks being taken, and ensure mitigation of these is in place.
- Partnerships to be innovative in progressing integration.

Annex A – Joint Statement



Scottish Government
Riaghaltas na h-Alba
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NHS Board Chairs
Local Authority Leaders
Integration Joint Board Chairs and Vice Chairs
NHS Board Chief Executives
Local Authority Chief Executives
Integration Joint Board Chief Officers
Chief Executive, SCVO
Chief Executive, Health and Social Care Alliance
Chief Executive, CCPS
Chief Executive, Scottish Care

26 September 2018

Dear colleagues

The Scottish Government, NHS Scotland and COSLA share responsibility for ensuring the successful integration of Scotland's health and social care services. We are therefore delighted to send to you today a joint statement, attached to this letter, setting out our shared commitment to integration as leaders in the public sector.

This statement is the first output from our review of integration, which is now underway via the Ministerial Strategic Group for Health and Community Care. It frames our joint ambitions for integration and sets the context for recommendations that will follow from the review.

We look forward to continuing to work with you all to deliver integration, and, through it, better care for people using health and social care services in Scotland.

JEANE FREEMAN
Cabinet Secretary for Health and Sport

COUNCILLOR ALISON EVISON
COSLA President

DELIVERING INTEGRATION

We need to step up the pace of integrating health and social care. Truly integrated services, focused on the needs of citizens – individuals, carers and families, and on the health and wellbeing of local communities – require our leadership and personal commitment. We need to act together and in our individual roles to accelerate progress.

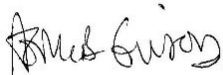
There are challenges that we must address. We will work together, and with our local populations as well as partners in the third and independent sectors, to understand public expectations and better meet needs for health and social care, which go hand-in-hand with improvements in life expectancy and the availability of new medicines and technologies. We are already making progress. We recognise that we are jointly responsible for tackling these challenges and that we need to adapt, compromise and support one another to deliver integration for the people of Scotland.

The Public Bodies (Joint Working) Act 2014 puts in place governance and financial arrangements, and a set of outcomes, for us to work within to achieve integration. We share a duty to empower Integration Authorities, to hold ourselves and one another to account in order to make integration work. We will learn from one another and adopt good practice. We will also work collaboratively and in partnership beyond the statutory sector to deliver improvements.

We commit to delivering together because that is the right way to deliver better services for our citizens.



CABINET SECRETARY FOR HEALTH AND SPORT



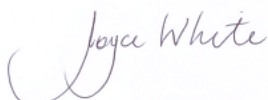
COSLA PRESIDENT



**DIRECTOR GENERAL, SCOTTISH GOVERNMENT HEALTH AND SOCIAL CARE
DIRECTORATES AND CHIEF EXECUTIVE, NHSSCOTLAND**



CHIEF EXECUTIVE, COSLA



CHAIR, SOLACE

26 SEPTEMBER 2018



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This publication is available at www.gov.scot

Any enquiries regarding this publication should be sent to us at
The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-78781-566-7 (web only)

Published by The Scottish Government, February 2019

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS530586 (02/19)

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Integration Authority Chief Officers
NHS Board Chief Executives
Local Authority Chief Executives
Integration Leadership Group members

6 March 2019

Dear colleagues

Following publication of the Ministerial Strategic Group for Health and Community Care's (MSG) report on the review of progress with integration on 4 February, we reconvened the Leadership Group on the 12 February. This group will now take on a new role of driving forward and supporting implementation of the review, and we will continue to jointly chair with the MSG receiving reports on progress. Our first priority has been to initiate the development of a delivery plan, which we shall share with you. We have also agreed to meet every 6 weeks to maintain momentum and ensure that this work is given on-going high priority.

Included in the review report is the expectation that Health Boards, Local Authorities and Integration Joint Boards should take this important opportunity to evaluate their current position in relation to the review report's findings and the Audit Scotland report on integration published in November 2018, and take action to make progress. To assist with this, and using examples of local work, we are working on a self-evaluation template, which we hope can be used by local partners to support shared insights, and which we will circulate in the next week. It is our intention that the information from local self-evaluations will support useful discussion in your localities, sharing of good practice between localities, and enable the Leadership Group, which we chair, to gain an insight into progress locally. We would greatly appreciate your assistance in ensuring completion of this self-evaluation tool and would emphasise the importance of partnership and joint ownership of the actions taken at a local level.



We look forward to working with you on successfully delivering integration throughout Scotland, which is firmly rooted in improving outcomes for people who use services and delivering sustainable, high quality and seamless services.

Yours sincerely



Malcolm Wright
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HEALTH AND SOCIAL CARE DIRECTORATES
AND CHIEF EXECUTIVE, NHSSCOTLAND**



Sally Loudon
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Report



Update on the Edinburgh Integration Joint Board Grants Review

Edinburgh Integration Joint Board

29 March 2019

Executive Summary

1. The purpose of this report is to update the board on progress with the implementation of the health and social care grant review following the decisions taken by the EIJB in December 2018.
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:
 - i. note the progress outlined in this report; and
 - ii. agree to defer a decision of the use of £100k set aside for the innovation fund in order to ensure alignment with the £200k transition fund established by the City of Edinburgh Council.

Background

4. Following the Edinburgh Integration Joint Board (EIJB) decision in November 2017 to review the grant programmes inherited from the council and NHS Lothian, a steering group was formed and a new programme co-produced with the voluntary sector and subsequently agreed by the EIJB in August 2018.
5. The steering group completed a robust and well thought out application and assessment process. Training and advice surgeries were held for applicants throughout and following the closing date, an independent chair was appointed to moderate the allocation programme - ensuring objective and impartial decisions.
6. In December 2018 the EIJB agreed the health and social care grant programme, based upon recommendations from the Grants Review Steering Group.

Recognising concerns raised by organisations who were unsuccessful with their grant application the IJB agreed the following motion:

The Edinburgh IJB:

- 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;*
 - i. *instruct the IJB Chief Officer to work with organisations previously funded, but who have been unsuccessful in their grant application, to ensure that service users facing a loss of service are offered appropriate alternative support;*
 - ii. *instruct the IJB Chief Officer to work with organisations as above to assist with identifying alternative funding sources or restructuring as appropriate;*
 - iii. *and that successful grant applicants be requested to prioritise working with service users affected by grant cessation;*
 - iv. *to use the final integrated impact assessment to inform the work above;*
 - v. *instruct the IJB Chief Officer to provide progress reports on the points above;*
 - c) *delegate responsibility to the Chief Officer to issue grants in line with these recommendations subject to further financial assurance checks;*
 - d) *does not delegate authority to the Chief Officer at this time to institute the process for the Innovation Fund and to issue grants in line with the recommendations of the Grants Review Steering Group; and*
 - e) *establish a collaborative forum to engage with 3rd sector to jointly develop a programme of community led support.*
7. This paper updates on the follow up work requested by the EIJB as well as reporting on overall progress with the implementation of the new programme.

Main report

General

8. Following the EIJB's meeting in December, all applicants were contacted formally advised of the outcome and decisions made by the IJB. Funding agreements have now been issued to the organisations who will be receiving grant funding and the first quarterly payments will be made in early April.

9. Two assessment feedback events were held in January 2019 to provide all candidates with feedback on the grant review and assessment processes. Over the 2 days, 76 organisations attended, just over half of all applicants. Following these events, individual applicant feedback was offered to projects who requested it. To date, 53 feedback requests have been received and we are initially prioritising the 35 unsuccessful applicants currently in receipt of grants.
10. The level of interest in the EIJB's funding decisions has been high and responding to this level of correspondence both within and out with the statutory sector has diverted resources from the work outlined below.

Work with unsuccessful organisations

11. In response to EIJB's request for service users and organisations be supported through this period of transition, officers, supported by EVOC, have instituted a range of responses. These are discussed in more detail in paragraphs 12 to 14 below.
12. As previously reported, EVOC immediately put in place a suite of tailored support for organisations to help identify other funding opportunities, address future sustainability and provide other relevant organisational information for projects impacted by the grants decisions. All unsuccessful applicants were given the opportunity to access this support, which is free of charge, and covers:

Consultancy support:

- HR/Employment law
- Change Management
- Succession Planning
- Strategic and Business Planning for the future

Training:

- Fundraising (including fundraising strategy and methods)
 - Winding up/dissolution of the organisation
13. Organisations have also been encouraged to discuss with EVOC any additional support which may be beneficial to either their organisation or service users and, if appropriate, additional support will be provided.
 14. All grant applicants were invited to the feedback sessions referenced in paragraph 9 above. For current grant holders who were not successful in the new process this was supplemented by the offer of 1-1 meetings. Senior officers from the Edinburgh Health and Social Care Partnership (the Partnership) have now met 25 of the 35 grant recipients impacted; 2 meetings are still to take place, 6 carers project no longer require a meeting due to alternative funding being sourced, 1 unsuccessful project has not responded to the offer of a meeting and a further project applied for a different service provision and therefore there is no impact to be reported from this service. Whilst challenging at times, the feedback

from these meetings has been generally positive and the information gathered has informed the final integrated impact assessment (IIA).

15. Specific findings and issues raised as part of this work include:

- A number of organisations will be able to **continue to provide services** (albeit for some this will in the short term only);
- Particular challenges will be faced by **older people's day services**. A number will continue to operate in the short term whilst they try to source alternative funding. Limited alternative services exist and many of those that do are already at capacity. Whilst this will to some extent be addressed via the ongoing review of day services, it is intended that the community led support initiative (see paragraphs 23 to 26 below) will explore the development of a "network" of these services;
- Services for **minority ethnic groups** will also be significantly impacted. As above, alternative services not always appropriate or available and service users are likely to encounter language and cultural barriers when engaging with mainstream services. It is proposed that officers continue to work with these organisations, including sourcing appropriate support to develop an improved methodology for articulating the demand for services in order to improve the likelihood of future applications being successful; and
- In advance of agreement of the strategy, services for **carers** have had their funding continued for 1 year as replacement services are co produced. This has been funded from slippage on the implementation of the strategy.

16. The specific impact on the viability of individual organisations and consequent service provision is detailed in the table below:

Impact	Number of organisations	Target group
Organisation to close immediately	3	Those vulnerable to poverty, older people
Organisation to close over next few months (resources to be used whilst seeking alternative funding)	5	Older people, those with mental health issues, those vulnerable to poverty
Grant funded service to end immediately	6	Older people, those with disabilities, those from minority ethnic communities
Service reduced but still operating	8	Those vulnerable to poverty, those from minority ethnic communities, older people, those with mental health problems
Service to continue	11	Carers, those with a disability, those with mental health issues, those affected by drug and alcohol.

17. Of the 3 organisations facing immediate closure, alternative services have been identified for the service users of 2 of the organisations. These will be provided by successful grant applicants. Organisations which are not closing immediately, have indicated that they wish to retain their service users whilst alternative funding is pursued. Further engagement with those providers will take place as appropriate.

Integrated impact assessment

18. An initial integrated impact assessment (IIA) was undertaken in respect of the grants review, which identified both equality and sustainability implications. A follow up draft IIA, based on the recommendations of the review was incorporated into the report presented to EIJB in December 2018. As the organisations receiving grants are independent of the EIJB, the Council and NHS Lothian it was not entirely possible to predict the impact of the grant decisions with any certainty

without detailed engagement with the organisations involved. Thus the individual meetings which have taken place have now been reflected in the final IIA which is attached as an appendix to this report. Key findings are articulated in paragraphs 15 to 17 above.

Advice and income maximisation service

19. Members will recall that £2.5m (over 3 years) was allocated for the continuing provision of welfare advice and income maximisation services across the city. Accordingly 3 independent welfare advice providers, CHAI, Granton Information Centre and Citizens Advice Edinburgh, have been asked to co-produce and co-ordinate a city wide model for income maximisation services using a more effective delivery model. This approach will allow all income maximisation services delivered in Edinburgh to meet national standards.
20. These providers were asked for a city wide proposal offering a service to the most vulnerable clients in the city and targeted to reach those most in need. The proposed services would be complementary to, and provide a strategic response to, income maximisation services in the city and will address the following key aspects,
 - a) embedded and direct access coverage in Craigmillar
 - b) further development of innovative provision for those with mental health issues;
 - c) an ability to deliver type 1-3 advice provision in all areas;
 - d) an ability to deliver these services in line with national standards;.
 - e) able to match the community link worker network across 20 GP practices with welfare advice support – with consideration given to suitable and accessible alternative local venues;
 - f) identify other areas of the city where welfare advice is not provided but demand is evident; and
 - g) provide further coverage of the ICT system currently available.
21. This is not an exhaustive list and the consortium of providers was encouraged to look to innovate where possible and appropriate.
22. A proposal has been received from the consortium which includes both enhancing embedded advice services and drop in welfare advice services across the city. The detail of this proposal is currently being negotiated with providers. As part of this process, officers have received assurances that provision of welfare advice services detailed in the original proposal can be ready for implementation from 1st April, however discussion around the feasibility of a shop front provision in Craigmillar will take longer to negotiate as appropriate

accommodation able to meet national standards for the provision of advice services will need to be identified. In the interim, a two day drop in service per week will be offered from the East Neighbourhood Office in Craigmillar in addition to enhanced services in GP practices in the area. The provision of a shop front service in Craigmillar may incur one off additional costs.

Community led support

23. 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".
24. Community led support is an important foundation in effectively delivering on the 3-conversation-based whole-systems transformation. If we are to constrain growth on the demand for statutory and formal services, we require to build an effective network of community capacity opportunities for people, as well as foster a greater resilience in individuals and communities so that they are able to be more participative and engaged in their own health and wellbeing.
25. To be truly effective this will require an entirely new paradigm of relationship between the formal statutory bodies and those who support citizens outwith these, for example 3rd and independent sector organisations, Faith-based groups, low-level community groups etc. It will require potentially different models of collaboration across the system – in contrast to the current purchaser-provider models via formal commissioning and grants processes.
26. Having had the agreement of the IJB to proceed with our change programme we will be setting up a collaborative – involving those identified above – to discuss how we realise the ambition to deliver on a more collaborative approach to community support.

Transition funding

27. In agreeing its budget for 2019/20 the City of Edinburgh Council made "*£200k available as transitional funding for organisations facing the greatest impacts following the loss of EIJG grant funding. The administration will bring forward a report to Corporate Policy and Strategy to identify how this can be best prioritised.*" It should be noted that this is a Council provision and is not, at this point, a fund over which the IJB has any control.
28. The programme agreed by the IJB in August 2018 included an "innovation fund" of £100k p.a. to support creative and original ideas which may have less of a track record. Reflecting the potential requirement to have some transition funding available the IJB did not agree to proceed with the innovation fund when it considered the recommendations of the grants review in December 2018.

29. Although it is not yet clear how the Council proposes to apply its transition funding, it would make sense to align this approach with that which the IJB takes in respect of the £100k innovation fund. For this reason it is recommended that any decisions in respect of the innovation fund are deferred until the Council's position is confirmed.

Key risks

30. Throughout this process 3 high risks had 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.
31. As the process has concluded it is only the first risk which still applies. This is addressed in the integrated impact assessment (IIA) is attached to this report as an appendix.

Financial implications

32. There are no direct financial implications arising from the report.

Implications for directions

33. There are no direct implications for directions arising from the report.

Equalities implications

34. 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 as an appendix.

Sustainability implications

35. As above.

Involving people

36. 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.

37. 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

38. 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

Grant review recommendations – report to the EIJB December 2018

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Appendices

Appendix 1

Edinburgh Integration Joint Board – Grants Review,
Integrated Impact Assessment – Follow up

Edinburgh Integration Joint Board – Grants Review

Integrated Impact Assessment – Follow up

An initial integrated impact assessment (IIA) formed the appendix to the IJB report, *“Recommendations from the Health and Social Care Grants Review Programme 2019”*. The IIA outlined the positive and negative impacts for people with protected characteristics which may arise as a result of the grant recommendations. However, without discussions with those organisations affected, the future of the services could not be determined and therefore actual impacts could not be accurately determined. This report provides further information regarding the potential impacts.

Since the meeting of 14 December 2018, organisations which are currently receive grants but were unsuccessful in this round of grant funding were offered meetings in order to:

- discuss the impacts of the decisions on their service users; and
- provide feedback on their application form.

As anticipated in the interim IIA, many of these grant recipients are able to continue to provide the service for which they had been previously grant funded, some on a full-service basis, some on a part-service basis and some will be able to continue to provide the service for a limited time period, depending on whether alternative funding is secured. From discussions, organisations have indicated the following likely outcomes for their services:

Service target group	Future of Service	Number of users impacted	Locality
Those vulnerable to poverty	Service reduced but still operating	Numbers of clients impacted is not yet established as project is restructuring	North west
Those vulnerable to poverty	Service reduced but still operating	Numbers of clients impacted is not yet established as project is restructuring	North west
Those vulnerable to poverty	Organisation to close immediately	An alternative advice service will be provided in the Craigmillar area. The service provided the following: Office visits – 2,782 1:1 interviews – 1,881 Tribunals/Medicals representation - 113 Client Gain - £3,173,590	North east
Those vulnerable to poverty	Service reduced but still operating	4 new community gardens were created each year	City-wide

Service target group	Future of Service	Number of users impacted	Locality
		<p>100 people involved in ground design</p> <p>239 involved in training/programmes</p> <p>16 volunteers and 29 people available on volunteer bank</p>	
Older people/ Those vulnerable to poverty	Service reduced but still operating	Numbers of clients impacted is not yet established as project is restructuring	North west
Those vulnerable to poverty	Service will continue on a limited service basis but all services associated with early intervention application will cease, there is also an indirect impact on community transport provision for NW and the community transport partnership	<p>Volunteering Opportunities - 50 people currently receive an individualised support programme including one-to-one support, development and appropriate training</p> <p>Lifelong learning provision - 19 places per week for lifelong learning provision including ICT, literacy and numeracy and ESOL</p> <p>Early Intervention provision: 29 places for training and awareness raising course per week</p> <p>40 places for healthy eating and fitness activities per week</p>	North west
Those vulnerable to poverty/older people	Organisation to close at end of April 2019.	Approximately 500 service users use a range of weekly activities which aim to tackle health inequalities including keep fit classes, for both able bodied and disabled, nutrition/low cost cooking classes, job placements and a Volunteer pool, over 50's groups, social events, parent/carers & toddler groups.	North west

Service target group	Future of Service	Number of users impacted	Locality
Minority ethnic community/ those vulnerable to poverty	Service to end on 31 March 2019. Application for this round of funding had developed from previous years but still included Knit & Natter and Community Chat Café. Knit and Natter is hoping to continue on self-run basis. Community Chat Café hoping to continue through partner funding and a volunteer lead	Service users not directly impacted as provision of direct services will continue however there will be a loss of community well-being and capacity and trust building.	North west
Minority Ethnic Community/older people	Service to end on 31 March 2019	24 ethnic minority women who have been diagnosed with dementia, or are showing signs of dementia, are provided with one-to-one support	City-wide

Service target group	Future of Service	Number of users impacted	Locality
Minority ethnic community & older women (South Asian women)	Service reduced but still operating One lunch club to stop at end of March 2019. One to continue depending on resources The future of the activities, befriending, outings and advice services is still to be established as restructuring is still to be finalised.	Currently, 30 (15 at each lunch club) South Asian ladies over 60 years old currently attend a lunch club on an ongoing, weekly basis. Approx. 400 South Asian older women participate in activities, befriending, outings and advice services over a year – the future of which has not yet been established	City-wide
Older people	Advice service to close 31 March 2019. Lunch club to continue for a few months and beyond depending on success of funding applications	30 over 50s, attend a lunch club on an ongoing weekly basis Advice: 1000 people per year	City-wide
Older People	Service to close end of April 2019 unless funding applications are successful	24 frail and elderly people receive day care services once a week on an ongoing basis	North west
Older people	Service to end on 31 March 2019.	150 older people, including those with recently diagnosed dementia, received short term programmes to improve health and wellbeing	City-wide

Service target group	Future of Service	Number of users impacted	Locality
Older people	Expected to close at Christmas 2019 unless funding applications are successful	40 elderly and frail people including those with dementia/Alzheimer's (and their carers) receive a weekly day care service on an ongoing basis	North east
Older people	Service to end from April 2019 onwards depending on alternative funding sources	30 elderly people receive a weekly day care service on an ongoing basis 40 elderly people attend a weekly lunch club on an ongoing basis 8 elderly people receive meals delivered weekly 150 people received welfare, support and advice in a year	City-wide
Older people	Service reduced but still operating	Numbers of clients impacted is not yet established as project is restructuring	North west
Older People	Organisation to close end of March 2019	An alternative, limited service through a different organisation is to be offered to all service users	North east
Older people	Service to end at Christmas 2019 unless funding applications are successful	40 frail and elderly people receive day care services once a week on an ongoing basis	South-west
Older people	Service to end on 31 March 2019	364 users per month use this Signposting and information service which directs older people and their carers to services which will improve uptake of preventative health and social activities. 51 volunteers help run the services	City-wide

Service target group	Future of Service	Number of users impacted	Locality
Older people	Service to end on 31 March 2019	An average of 73 clients per month received a case-management service to support earlier hospital discharge and prevention of avoidable admissions. Client group approx. 85 years old	City-wide
Older people	Will continue to produce an on-line only service and hopeful that funding can be secured to produce a paper format also	Direct impact is unknown - 25,000 copies of Get Up and Go magazine are distributed annually	City-wide
Carers (6 organisations)	Service will continue. Funding for one year through Carers Strategy.	Service to continue	5 city-wide 1 North West
Those with mental health problems/ Those vulnerable to poverty	Service to continue	Numbers of clients impacted is not yet established as project is restructuring	South west
Those with a disability	Service will continue to operate at current level of service as funding has been secured through alternative source	Service to continue	City-wide
Those with a disability	Service to end on 31 March 2019	Support, advice and representation is provided to 115 people with learning disabilities and their carers. The organisation has committed to seeing through current ongoing	City-wide

		clients until the outcome of their cases.	
Those with mental health problems	Service will continue to operate at current level of service as funding has been secured through alternative source	Post-natal service to continue	South east
Those with mental health problems	Continue to run a full service until April 2020 and hopefully beyond that depending on success of funding applications	Service to continue	City-wide
Those affected by drugs and alcohol	Service is hopeful of continuation through alternative funding	Service to continue	City-wide

The previous table can be summarised as follows

Impact	Number of organisations	Target group
Organisation to close immediately	3	Those vulnerable to poverty, older people
Organisation to close over next few months (resources to be used whilst seeking alternative funding)	5	Older people, those with mental health issues, those vulnerable to poverty
Grant funded service to end immediately	6	Older people, those with disabilities, those from minority ethnic communities
Service reduced but still operating	8	Those vulnerable to poverty, those from minority ethnic communities, older people, those with mental health problems
Service to continue	11	Carers, those with a disability, those with mental health issues, those affected by drug and alcohol.

The table demonstrates that only 3 services are closing immediately.

Older people day services

Eight of the grant recipients which were not successful in their applications provide dedicated older people's day care services, lunch clubs, activities, and advice for older people, and an additional 4 provide activities for older people alongside other community activities. Six of these services are facing closure in the next couple of months and a further 4 by the end of the calendar year with 2 hoping to continue beyond this, as noted in the table above. The majority of these organisations are however continuing to apply for other sources of funding and are aiming to maintain services. Some have secured the help of professional fund raisers/advisors, some have taken up the offer from EVOC for assistance/training on funding applications and some are continuing to apply themselves. All however recognise the challenges of this. As budgets are tightened across the board, trusts have less money to distribute and competition for those limited resources increases. Organisations also highlighted the particular difficulty in securing **core** funding which the majority of trusts will not cover. The lack of core funding also makes it difficult to provide a long-term business plan which potential funders often request.

Transport costs for the members to get to the venue form a significant proportion of the costs for running day services. Alternative ways of funding this have been investigated, including community benefit opportunities, community transport and neighbourhood grants, however no avenues explored to date have been successful. The loss of these day services/older people activities may also have a knock-on effect on the financial sustainability of the community transport providers who provide the transport services.

The impact of a loss of service for the individuals currently using the services is significant. Often this is their only outing of the week and an opportunity to get a nutritious meal. There is concern that social isolation amongst the service users will increase which can result in increase in depression and poorer health outcomes. In addition, these services can also provide a short break for carers, which will be lost if the services finish.

Not all the organisations which provide day care services for older people claim the full cost of the service through the grant. Additional funding is secured through fundraising by the organisations, additional funding applications and/or members' contributions. The value which the volunteers bring to the services is also considerable, both in equivalent monetary terms and the associated health benefits which volunteering brings to the volunteers themselves. In addition, the additional benefits gained by these organisations will also be lost e.g. one organisation had secured, a legal advice service from lawyers who would come into their drop-in sessions every 2 weeks to provide legal advice on various matters including immigration at no charge.

In addition, the decisions not to fund these older people services will have an impact on the development of the *Commissioning Plan for Older People's Day Opportunities which is ongoing*. A meeting with those carrying out the review is being arranged to discuss the implication of reduced funding on the current level of provision in the city.

Minority Ethnic Communities

As noted in the previous IIA, there will be a particular impact for minority ethnic older people. The Pakistan Society, NKS, Edinburgh Chinese Elderly Support and Sahelyia are all facing having to end their older people services. These organisations do not only provide a day care service, lunch club or support but some in addition provide an advice service. During meetings with the organisations they were keen to stress that mainstream advice and support from alternative providers is not always a realistic option due to both cultural and language barriers of their older service users.

Older People Information Services

In addition to the older people's services discussed above which provide day care services and services for those from ethnic minority communities, 3 further projects which provide older people's information, LOOPS Communities, LOOPS Hospital Discharge Project and Get Up and Go will no longer receive funding.

The impacts of the grant decisions on the LOOPS Communities and the LOOPS Hospital Discharge Support Project (HDSP) are immediate as both projects will no longer deliver services from the end of March 2019. No decision has yet been taken about whether the Get Up and Go magazine in print format will be able to continue (25,000 paper copies are currently distributed). However, the online service will continue through Your Edinburgh. The impact on service users is likely to be increased social isolation, reduced physical activity, poorer lifestyle. It is hoped that

the various resources which provide older people's service information can be pooled to allow the production of comprehensive information. Discussion are currently underway about how the range of information resources in the city such as Edinburgh Choices, Your Edinburgh, Red Book (EVOC), the GIS map system and the localities work may work together in the future.

Those with learning disabilities and their carers

The Action Group currently provides a specialist out-reach information and advice resource on welfare benefits and wellbeing for people with learning disabilities and other support needs (autism, asperger's) and their carers. It also provides a programme which increases the capacity of other key organisations to meet the needs of their client group through training and ongoing support. These services will close at the end of March 2019. The service currently advises approximately 115 services users per year and has committed to continuing its existing case load until all cases have been completed. The project is no longer taking on any further case work. As alternative services in the city are currently operating at capacity, the Action Group is struggling to redirect clients. Mainstream advice services are not always appropriate as the providers often do not have the specialist knowledge or support required to give to this clients group.

Carers Organisations

Six carers organisations which currently receive funding, were unsuccessful in their applications to the IJB Grant Programme for 2019-22.

The new Carers (Scotland) Act came into effect in 2018 and a new Carers Strategy is currently being developed to better reflect carer needs and meet the provisions of the Act. Consultation with carers and partner organisations is currently ongoing and this will inform the development of the Carers Strategy and redevelopment of services. As this work is ongoing, it was agreed that those carer organisations currently in receipt of grant funding should have their current level of grant funding (2018/19 level) extended for one year through the financial settlement from the Scottish Government to allow implementation of the Act and the new duties.

This additional funding will enable existing carers organisations to continue to operate at their current service level until March 2020 when the carers strategy will be ready for implementation.

North West Edinburgh

A considerable amount of engagement has taken place with the affected organisations in North West Edinburgh.

With regard to Pilton Community Health Project, a meeting and follow up workshop were held to discuss the sustainability of the project, the impact on service users and options to retain a manageable scale of operation and avoid complete closure. Two further meetings were held to discuss the project's proposed operation for 19/20, with a detailed discussion of their budget position.

Two meetings have been held with Almond Mains Initiative to discuss the impact of funding decisions on their service users, alternative funding and options for reprovision of service users.

Two meetings have also been held with Corstorphine Community Centre to discuss the impact of funding decisions on their service users and provide feedback.

Meetings with the remaining 4 north west organisations have also taken place.

Following meetings with north west projects, it has emerged that; one organisations has now been allocated funding to continue the service for one year through the Carers Strategy; 4 organisations will provide a reduced service but continue to operate; one service will close at the end of April (however is hoping to continue beyond this date depending on the success of funding applications); one funded area service will end however aspects of this service will continue through partner organisations; and one organisation will close at the end of April 2019.

Progress against Recommendations of IIA

Specific actions from IIA	Progress
Discussions should take place with the matt groups, who meet daily to discuss the discharge of patients, to encourage the use of on-line information and help steer patients to participate in appropriate community services on release from hospital.	The impact of the grant decisions on the 3 older people information services is not yet fully established. Consideration should be given to encouraging the various resources which provide older people's service information to work together to allow the production of comprehensive information. Discussions with the matt groups to take place once more information is available and the links with the emerging community led support programme explored.
Discussions should take place with those carrying out the older people day services review, as indicated above	Meeting is being arranged and the links with the emerging community led support programme explored.
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	Complete
Any gaps in service provision which may arise, should be considered as part of the development of the strategic commissioning plans.	This will be addressed via the delivery plans which are aligned to the strategic plan and associated change programme.
Unsuccessful applicants should be directed to web-sites containing information regarding alternative funding sources and advice.	Complete. A "Meet the Funders" event is arranged for NW services on 21 st March 2019
Information/training sessions will be developed and consultancy support provided for grant applicants.	Ongoing – 6 former grant recipients have taken up the offer of support



Report

Calendar of Meetings

Edinburgh Integration Joint Board

29 March 2019

Executive Summary

1. Standing Orders require the Edinburgh Integration Joint Board (EIJB) to agree its calendar of meetings. The current schedule runs from August 2018 to August 2019.
2. This report proposes dates for EIJB meetings until December 2020.

Recommendations

3. The Edinburgh Integration Joint Board is asked to:
 - a. agree the proposed schedule of meetings for the EIJB until December 2020;
 - b. agree the proposed schedule of meetings for the EIJB development sessions until December 2020;
 - c. Agree that EIJB and development sessions will be held out-with the Council Chambers; and
 - d. Agree to suspend the webcasting of EIJB meetings and undertake a review of this whilst also enabling EIJB to meet in a more diverse range of settings across the City.

Background

4. The current schedule of meetings from August 2018 to August 2019 was agreed by the EIJB on 18 May 2018.

5. It is proposed that the EIJB dates from August 2019 are as follows:
 - a. Tuesday 27 August from 14.00 – 17.00
 - b. Tuesday 29 October from 14.00 - 17.00
 - c. Tuesday 17 December from 14.00 - 17.00
 - d. Tuesday 25 February from 14.00 - 17.00
 - e. Tuesday 28 April from 14.00 - 17.00
 - f. Tuesday 23 June from 14.00 - 17.00
 - g. Tuesday 25 August from 14.00 - 17.00
 - h. Tuesday 27 October from 14.00 – 17.00
 - i. Tuesday 15 December from 14.00 – 17.00
6. It is proposed that the EIJB development sessions from August 2019 are as follows:
 - a. Tuesday 24 September from 14.00 – 17.00
 - b. Tuesday 26 November from 14.00 – 17.00
 - c. Tuesday 7 January from 14.00 – 17.00
 - d. Tuesday 21 January from 14.00 – 17.00
 - e. Tuesday 28 January from 14.00 – 17.00
 - f. Tuesday 24 March from 14.00 – 17.00
 - g. Tuesday 26 May from 14.00 – 17.00
 - h. Tuesday 29 September from 14.00 – 17.00
 - i. Tuesday 24 November from 14.00 – 17.00
7. As the annual accounts require to be signed off by the EIJB in September, it is recommended that this business item is heard at the beginning of the September development session.
8. It will be noted that the dates of the meetings see the EIJB moving from meeting on a Tuesday rather than a Friday. The rationale for the change of day supports

the EIJB and its officers in managing the communication messages which arise from the significant decisions the EIJB makes as a Public Body. It can be challenging to proactively manage communications with key stakeholders, staff and communities over the days of the weekend which follow EIJB meetings. Generally, few if any Council and Health Boards across Scotland hold formal meetings on a Friday. Given this is the case, a number of significant and influential policy organisations relating to Public Bodies do meet on a Friday to correspond to this. These include: CoSLA, SOLACE, Health and Social Care Scotland, EIJB Chairs and Vice Chairs meetings. At times over the year and because of the clash with EIJB meetings, the Edinburgh perspective hasn't been represented at these meetings. Having reviewed all Scottish Integration Boards, only two other Integration Boards meet on a Friday.

9. The current arrangement and location of the EIJB meetings and development sessions have been suggested as reinforcing an over-formality in the conduct of business and give a perception of the EIJB is a Council committee rather than a very different, autonomous body. Therefore, it is proposed that EIJB and development sessions are, where possible held out-with the Council Chambers and in a more diverse range of venues across the city. Potentially this enables better visibility of the Board to the people, communities and staff served by and working in the broader partnership. The use of the Council Chamber is charged to the EIJB and it would be possible to undertake this change at the same or a lower cost than the EIJB is charged currently.
10. The decision to pilot webcasting of the EIJB was agreed at the EIJB on 18 May and the decision was to "to agree that Joint Board meetings would be webcast live and archived on a pilot basis for a period of one-year subject to review".
11. It is also proposed that the pilot is suspended to allow the EIJB and development sessions to be held out-with the Council Chambers and the review to take place, noting that there is potential for mobile webcasting or audio recording of the EIJB to be implemented as a longer-term solution.
12. The point about current webcasting and location was also highlighted in the review of governance of the EIJB by GGI for consideration and review.
13. Where it is necessary, the Chair can call special EIJB meetings and these dates take account of the Council recess periods.

Key risks

14. Due to the amount of business being managed at the EIJB, there is a risk that the meeting frequency is insufficient. However, with the introduction of the subcommittees as suggested in the GGI paper that was agreed at EIJB on 14

December 18, this should ensure the right level of business is going to the EIJB for scrutiny.

Financial implications

15. There are no financial implications arising from this report.

Implications for Directions

16. There are no implications for directions arising from this report.

Equalities implications

17. There are no equalities implications arising from this report.

Sustainability implications

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

Involving people

19. All relevant parties have been consulted on the proposed dates for the EIJB and development sessions.

Impact on plans of other parties

20. There are no impacts on the plans of other parties arising from this report.

Background reading/references

21. [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)
22. [Edinburgh Integration Joint Board – Standing Orders](#)

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Appendices

None