



Notice of Meeting and Agenda

Edinburgh Integration Joint Board

10.00 am Tuesday, 22nd October, 2019

McDonald Suite - Hanover Scotland Housing Association, 95 McDonald Road,
Edinburgh, EH7 4NS

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

The law allows the Integration Joint Board to consider some issues in private. Any items under "Private Business" will not be published, although the decisions will be recorded in the minute.

Contacts

Email: jamie.macrae@edinburgh.gov.uk / martin.scott@edinburgh.gov.uk

Tel: 0131 553 8242 / 0131 529 4264

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

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|------------|--|---------|
| 4.1 | Minute of the Edinburgh Integration Joint Board of 20 August 2019 - submitted for approval as a correct record | 5 - 12 |
| 4.2 | Minute of the Edinburgh Integration Joint Board of 3 September 2019 - submitted for approval as a correct record | 13 - 14 |
| 4.3 | Minute of the Strategic Planning Group held on 11 June 2019 – submitted for noting | 15 - 20 |
| 4.4 | Minute of the Additional Strategic Planning Group of 11 July 2019 – submitted for noting | 21 - 24 |

5. Forward Planning

5.1	Rolling Actions Log	25 - 34
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6. Items of Strategy

6.1	South East Outer GP Provision Initial Agreement – Report by Chief Officer, EIJB	35 - 86
6.2	Financial Framework 2020-2023 – Report by Chief Officer, EIJB	87 - 96
6.3	Home First – Report by Chief Officer, EIJB	97 - 106

7. Items of Performance

7.1	Finance Update – Report by Chief Officer, EIJB	107 - 118
7.2	John’s Campaign – Report by Chief Officer, EIJB	119 - 122
7.3	Chief Social Work Officer’s Report 2018/19 – Report by Chief Social Work Officer	123 - 178

8. Items of Governance

8.1	Directions linked to the Strategic Plan – Report by Chief Officer, EIJB	179 - 194
8.2	Public Bodies Climate Change Duties – Report by Chief Officer, EIJB	195 - 236

9. Proposals

9.1	None.	
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10. Resolution to consider in private

- 10.1** The following items of business are likely to be considered in private as they fall under the provisions set out under Standing Order 5.9 of the Edinburgh Integration Joint Board.

11. Private Business

- 11.1** Care at Home – Report by Chief Officer, EIJB 237 - 252

Board Members

Voting

Angus McCann (Chair), Councillor Ricky Henderson (Vice-Chair), Councillor Robert Aldridge, Michael Ash, Councillor Phil Doggart, Councillor George Gordon, Martin Hill, Councillor Melanie Main, Peter Murray and Richard Williams.

Non-Voting

Colin Beck, Carl Bickler, Andrew Coull, Lynne Douglas, Christine Farquhar, Helen FitzGerald, Kirsten Hey, Jackie Irvine, Jacqui Macrae, Ian McKay, Moira Pringle, Judith Proctor and Ella Simpson.



Minutes

Edinburgh Integration Joint Board

10:00 am, Tuesday 20 August 2019

Robertson Suite – Eric Liddell Centre, Edinburgh

Present:

Board Members:

Councillor Ricky Henderson (in the Chair), Councillor Robert Aldridge, Colin Beck, Carl Bickler, Councillor Phil Daggart, Christine Farquhar, Helen Fitzgerald, Kirsten Hey, Jacqui Macrae, Martin Hill, Jackie Irvine, Councillor Melanie Main, Ian McKay, Peter Murray, Moira Pringle, Judith Proctor and Richard Williams

Officers: Philip Brown, Tom Cowan, Kirsty Dewar, Tony Duncan, Jamie Macrae, Martin Scott, Julie Tickle and Cathy Wilson

Apologies: Angus McCann (Chair), Mike Ash, Andrew Coull and Ella Simpson.

1. Minutes

Decision

To approve the minute of the meeting of the Edinburgh Integration Joint Board of 21 June 2019 as a correct record.

2. Rolling Actions Log

The Rolling Actions Log for August 2019 was presented.

Decision

- 1) To agree to close the following actions:
 - (a) Action 1 – Locality Improvement Plans
 - (b) Action 3 - City of Edinburgh Council Motion by Councillor Miller – Attracting and Retaining Carers
 - (c) Action 5 (2) - 2018/19 Financial Plan
 - (d) Action 6 – The inclusive Homelessness Service at Panmure St Ann’s
 - (e) Action 8 - Publication of Annual Performance Report
 - (f) Action 18 – 2019/20 Financial Plan
 - (g) Action 20 – Finance Update
 - (h) Action 25 – Finance Update
- 2) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log – 20 August 2019, submitted.)

3. Strategic Plan 2019-2022

On Friday 29 March 2019, the Edinburgh Integration Joint Board (EIJB) approved the draft Strategic Plan 2019-2022. A 3-month consultation period then took place from 16 April to 12 July 2019. The final Strategic Plan 2019-2022 was submitted for EIJB approval.

Decision

- 1) To approve the final version of the Strategic Plan 2019-2022.
- 2) To approve the Strategic Plan 2019-2022 synopsis.
- 3) To note the briefing note on the consultation period analysis.
- 4) To note the briefing note on the mapping exercise from the supporting Outline Strategic Commissioning Plans.

(References – Edinburgh Integration Joint Board, 24 May 2019 (item 3); report by the IJB Chief Officer, submitted.)

Declaration of Interest

Christine Farquhar declared a non-financial interest in this item as a former trustee of VOCAL and Upward Mobility and as a carer.

4. Edinburgh's Joint Carers Strategy

The draft Edinburgh Joint Carers' Strategy 2019-2022 was presented to the Edinburgh Integration Joint Board (EIJB) on 29 March 2019 at which the six priority areas were approved. A revised strategy was presented to the EIJB for approval.

Decision

- 1) To approve the revised Edinburgh Joint Carers' Strategy 2019-2022.
- 2) To approve the associated implementation plans.
- 3) To note the timelines for implementation.
- 4) To agree the extension of the grant funded carer organisations.
- 5) To agree the commissioning principles.
- 6) To note the existing commitments.
- 7) To note the consolidated funding available to support the carers strategy and implementation plans.
- 8) To note that Scottish Government statutory guidance for the Carers Scotland Act (2016), identified the 'responsible local authority' in relation to an Adult Carer Support Plan as the local authority for the area in which the cared-for person resided.
- 9) To agree to develop a performance and evaluation framework around the Carers Strategy, which would be reported back to the Joint Board in two cycles.
- 10) To agree that there would be annual progress reports on the Carers Strategy.

(References – Edinburgh Integration Joint Board, 29 March 2019 (item 4); report by the IJB Chief Officer, submitted.)

Declaration of Interest

Christine Farquhar declared a non-financial interest in this item as a former trustee of VOCAL and Upward Mobility and as a carer.

5. Psychological Therapies Additional Investment

Details were provided of proposals to recruit additional temporary staff for a period of 18 months, in order to clear the queue of patients waiting longer than 18 weeks for Psychological Therapy. To maintain compliance with the waiting times standard there was also a requirement for additional permanent staffing. Through developing Thrive centres across the city it was anticipated that the requirement for additional permanent psychological therapy staff may reduce; however, the impact of these plans would need to be evaluated.

Decision

- 1) To agree that the investment in additional temporary and permanent staffing which would be funded by:
 - i. Non-recurring slippage on 2018/19 Action 15 plans, currently held in the IJB reserve (this was compatible with the requirements of the funding).
 - ii. A non-recurring contribution from NHS Lothian identified through their financial planning process.
 - iii. Uncommitted recurring Action 15 funding.
- 2) To agree that a briefing note would be circulated to members providing more detail on how the investment would be used, staff numbers, grades, and how they would be deployed.

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

6. Performance Report

An overview was provided of the activity and performance of the Edinburgh Health and Social Care Partnership and certain set aside functions of the Joint Board. The report provided an overview of performance covering key local indicators and national measures to the end of June 2019.

Decision

- 1) To note the performance of the Joint Board from the period January 2018 until June 2019.
- 2) To agree that a progress report on delayed discharges would be reported to the Joint Board at the October 2019 meeting.
- 3) To remit the Performance and Delivery Committee to look at delayed discharges, progress and investment at its first meeting.

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

7. Edinburgh IJB Annual Performance Report 2018/19

The Annual Performance Report for 2018-2019 presented. In order to comply with legislative requirements, the Joint Board was required to publish the Annual Report online by 31 July 2019.

The Annual Report described progress in the Partnership's national health and wellbeing outcomes.

Decision

To approve the Annual Performance Report.

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

8. IJB Risk Register

The current version of the Joint Board's risk register was presented for consideration and to update the board on the processes which were being established to manage, mitigate and escalate risks.

Decision

- 1) To note the continued development of the Joint Board's risk register and associated action plan.
- 2) To note the introduction of risk assurance level reporting.
- 3) To note that the latest version of the risk register had been scrutinised by the Audit and Risk Committee on 31 May 2019.

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

9. Reserves Policy

Details were provided on the Reserves Policy of the Integration Joint Board, and the purposes for which reserves may be held.

Decision

To approve the Reserves Policy

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

10. NHS Lothian Board Escalation

Details were provided of the Scottish Government's decision to move NHS Lothian to level 3 of the NHS Scotland escalation process. Areas of particular focus for improvement and recovery were also highlighted.

Decision

- 1) To note the content of the NHS Lothian Board paper.
- 2) To agree that a collaborative, whole system approach to addressing sustainable, longer term change is necessary.
- 3) To direct the Chief Officer of the Joint Board to support the developing improvement plans, ensuring alignment to work already underway within the Joint Board.
- 4) To agree to report back in six months on progress being made, or earlier if significant matters arise.
- 5) To agree that the recovery plan and any financial changes would be reported to the Board within six months, as soon as it was available.
- 6) To agree that a briefing note would be circulated providing more detail on responsibilities for mental health interactions.
- 7) To agree that the notes of Integrated Care Forum meetings would be distributed to members of the Joint Board.

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

11. New EIJB Directions Policy

A new policy setting out the process for formulating, approving, issuing, monitoring and reviewing directions was developed in line with the provisions set out in the Public Bodies (Joint Working) (Scotland) Act 2014 and Scottish Government good practice guidance.

The policy sought to enhance governance, transparency and accountability between the Joint Board and its partner organisations, NHS Lothian and City of Edinburgh Council by clarifying responsibilities and relationships. The policy had been developed to ensure compliance with the emerging statutory guidance on directions

Decision

- 1) To approve the new Directions Policy.
- 2) To agree that the Strategic Planning Group would consider the set of Directions, before being submitted to the Joint Board for approval.

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

12. Appointments to Edinburgh Integration Joint Board and Committees

Approval was sought to appoint a non-voting member to the Joint Board, to note the appointment of a voting member by the City of Edinburgh Council, Details were provided of the appointment of two members to the Joint Board and members to the EIJB committees.

Decision

- 1) To note that the City of Edinburgh had appointed Councillor Phil Daggart as a voting member of the EIJB, replacing Councillor Susan Webber.
- 2) To approve the appointment of Jacqui Macrae as a non-voting member of the EIJB, in her capacity as Interim Chief Nurse, replacing Pat Wynne.
- 3) To approve the appointment of the following members to the Chair/Vice-Chair positions on the following committees:
 - iv. Councillor Ricky Henderson as Chair and Angus McCann as Vice-Chair of the Strategic Planning Group, as a Council elected member and an NHS Lothian board member of the Joint Board.
 - v. Peter Murray as Chair of the Futures Committee in his capacity as an NHS Lothian board member of the Joint Board.
 - vi. Richard Williams as Chair of the Clinical and Care Governance Committee in his capacity as an NHS Lothian board member of the Joint Board.
 - vii. Councillor Melanie Main as Chair of the Performance and Delivery Committee, as a Council elected member of the Joint Board.
 - viii. Councillor Phil Daggart as Chair of the Audit and Assurance Committee as a Council elected member of the Joint Board.
- 4) To approve the appointment of members to the Joint Board's committees, as set out in Appendix 1 of the report.

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

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Minutes

Edinburgh Integration Joint Board

10:00 am, Tuesday 3 September 2019

Robertson Suite – Eric Liddell Centre, Edinburgh

Present:

Board Members:

Martin Hill (in the Chair), Councillor Robert Aldridge, Mike Ash, Colin Beck, Carl Bickler, Councillor Phil Daggart, Christine Farquhar, Councillor George Gordon, Ian McKay, Peter Murray, Moira Pringle, Judith Proctor and Ella Simpson.

Officers: Tony Duncan, Jamie Macrae and Martin Scott.

Apologies: Angus McCann (Chair), Councillor Ricky Henderson (Vice-Chair) and Andrew Coull.

1. Edinburgh Integration Joint Board Accounts 2018/19

The 2018/19 annual accounts for the Edinburgh Integration Joint Board (IJB) were presented for approval.

Decision

- 1) To note the final 'significant enhancements' red rated Internal Audit opinion for the year ended 31st March 2019.
- 2) To approve and adopt the annual accounts for 2018/19.
- 3) To delegate authority to the Chief Finance Officer to resolve and amend any minor textual issues in the annual report up to the date of sign off with Audit Scotland.
- 4) To authorise the designated signatories (Vice Chair, Chief Officer and Chief Finance Officer) to sign the annual report & accounts on behalf of the Board.

- 5) To authorise the Chief Finance Officer to sign the representation letter to the auditors, on behalf of the Board.

(References – Edinburgh Integration Joint Board, 21 June 2019 (item 9); report by the IJB Chief Officer, submitted.)

Minutes

Edinburgh Integration Joint Board Strategic Planning Group

10.00am Tuesday 11 June 2019

EVOC, 525 Ferry Road, Edinburgh

Present: Carolyn Hirst (Chair), Ricky Henderson (Vice-Chair), Christine Farquhar, Stephanie-Anne Harris, Cllr George Gordon, Dermot Gorman, Belinda Hacking, Nigel Henderson, Angus McCann, Peter McCormick and Ella Simpson.

In attendance: Katie McWilliam, Tony Duncan, Linda Irvine-Fitzpatrick, Michele Mulvaney, Jay Sturgeon, Julie Tickle and David White.

Apologies: Colin Beck, Mark Grierson, Moira Pringle and Rene Rigby.

1. Minute

Decision

To approve the minute of the Edinburgh Integration Joint Board Strategic Planning Group of 26 April 2019 as a correct record.

2. Rolling Actions Log

Updates were provided on the following outstanding actions on the rolling actions log:

- Action 2 - Enhancing Carer Representation on IJBs – Christine Farquhar would arrange for copies of the report to be circulated to members of this Group.

Discussions were ongoing with the Scottish Government on how carer representation could be made more sustainable.

- Action 3 – Grants Programme Monitoring and Evaluation Framework – The Innovation Working Group had met during the last week in June. Its aims and objectives were to look at the three conversations model.

Decision

- 1) To note that the Interim Head of Strategic Planning intended to liaise with the Chief Finance Officer on the recruitment of carer representatives on the IJB.
- 2) To agree to close the following actions:
 - Action 4 – Ministerial Strategic Group
 - Action 5 – Carers' Strategy
 - Action 7 – Edinburgh IJB Draft Strategic Plan 2019-22 Update
- 3) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted.)

3. Update on Strategic Plan and Consultation

The Interim Head of Strategic Planning provided an update on progress with the Strategic Plan. Consultations and engagements were continuing and the engagement plan had been enhanced to include additional events.

EVOC had sponsored a “think space” event which had been very well attended. An event had also been held at Tynecastle specifically aimed at Partnership staff which had generated a lot of good feedback. In excess of 90 online responses had been received to date.

The following points were raised and discussed:

- How would engagement continue beyond the consultation period? It was important to find ways of engaging with service users, third sector and independent sector going forward
- How would the different IJB sub-committees fit together and the role of the SPG within that structure to ensure all parties are kept advised of different strands of progress
- Important to link in with the Edinburgh Partnership communications strategy and create synergies and an integrated approach
- A mapping paper was being developed to demonstrate how all pathways of care would link to each other in terms of future directions eg. tracking care between people moving from acute services into community care and communicating this back to partners
- Important to understand the flow of information

- In terms of the community planning agenda, Audit Scotland would be reviewing the Empowerment Act and reporting on this in Autumn 2019
- Important to strike a balance between performance metrics which were required to be reported on and those the IJB wish reported on

Decision

- 1) To take discussion offline regarding a possible additional meeting of this Group or briefing on the final iteration of the Strategic Plan in early July prior to the IJB meeting scheduled for 16 August 2019.
- 2) To otherwise note the update.

Declaration of Interests

Christine Farquhar declared a non-financial interest in the above item as former Chair of Upward Mobility, a Trustee of VOCAL a carer and guardian of a person with learning disabilities in receipt of direct payments.

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 the Chief Executive of an independent care provider.

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

4. Annual Performance Report 2018-2019 Progress Update

The Annual Performance Report for 2018-2019 was currently under development. In order to comply with legislative requirements, it was intended to publish the Annual Report online by 31 July 2019.

The Annual Report described the progress in the Partnership's national health and wellbeing outcomes. Performance in relation to the national outcomes would be set out as they related to the six strategic priorities of the IJB's Strategic Plan.

Decision

- 1) To note the proposed content and format of the 2018-19 Annual Performance Report.
- 2) To note the Edinburgh Health and Social Care Partnership's intention to publish a draft version of the Annual Performance Report by 31 July 2019 to comply with legislative requirements.
- 3) To note that the draft Annual Performance Report would be submitted to the IJB in August 2019 for formal approval.

- 4) To circulate the draft report to members of this Group for comment as soon as practicable in advance of the publication date of 31 July 2019.

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

5. Draft EIJB Directions Policy

A briefing note had been sent to IJB members on 21 June setting out a clear definition of what a direction was to ensure compliance with the Scottish Government's draft guidelines on directions. During consultation it had been established that there was a great degree of variation across Scotland as to how Integration Joint Boards issued directions. The Scottish Government planned to issue its finalised guidance in late summer/early autumn 2019.

The Group agreed that the function of directions was as an instrument to enact IJB decisions and to let partners know what they needed to deliver and what finance was available. Directions needed to be tied in much more closely with the IJB's programme of service change and transformation and should be ongoing and continuously evaluated. A tracker and summary of processes was set out in Appendix 1 of the report.

The following issues were raised and discussed:

- Scottish Government guidance was indicating that it was a matter for the IJB to determine the level of detail when setting directions
- Directions were most effective when they were focused around enacting change or in response to availability of new finance
- enough detail needed to be given to partners to allow them to deliver their responsibilities, together with an indication of finance and resource allocation, performance, review dates and status
- monitoring major change and transformation should be the responsibility of the Strategic Planning Group on a six-monthly basis with more general directions being monitored by the Performance Sub-Group
- the delivery mechanism for directions needed to be made clear with partners
- directions were an end point of the process of decision making and prior to that there should be co-production, consultation, etc
- directions needed a clear link with finance, performance and reporting back
- close monitoring and project management was critical and services needed to be delivered on time
- set aside was not being adequately used across all IJBs
- as part of performance monitoring the IJB would be asking partners to acknowledge accepting the direction within the timeframe requested

Decision

- 1) To note the work being undertaken in respect of IJB Directions, including the recent review of existing directions by the Strategic Planning Group on 26 April 2019, the development of a new policy and the requirement to formulate new directions linked to the Strategic Plan 2019-22 once finalised.
- 2) To note the comments from this Group detailed above arising from its consideration of the draft directions policy set out at Appendix 1 of the report.
- 3) To note the intention to submit a final version of the policy on directions to the EIJB in August 2019 for approval.
- 4) To agree it would be useful to hold a development session for IJB members around responsibilities in terms of set aside or hosted areas and what this would mean in practice.

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

6. Calendar of Meetings

Decision

- 1) To agree the proposed schedule of meetings for the Strategic Planning Group as follows:
 - Tuesday 10 September 2019 – 2pm to 4pm
 - Tuesday 12 November 2019 – 2pm to 4pm
 - Tuesday 14 January 2020 – 2pm to 4pm
 - Tuesday 10 March 2020 – 2pm to 4pm
 - Tuesday 12 May 2020 – 2pm to 4pm
 - Tuesday 15 September 2020 – 2pm to 4pm
 - Tuesday 10 November 2020 – 2pm to 4pm
- 2) To agree to explore use of alternative locations to hold future meetings of the Strategic Planning Group.

(Reference – report by the Chief Officer, submitted)

7. Valedictory Remarks

The Group recorded thanks to Carolyn Hirst for her work and commitment during her tenure in the roles of EIJB Vice-Chair and Chair of the Strategic Planning Group and wished her well for the future. The Group also noted that Peter Murray would be the NHS Lothian representative replacing Carolyn on the EIJB.

8. Date of Next Meeting

Tuesday 10 September 2019, 2pm to 4pm, at a venue to be confirmed.

Minutes

Edinburgh Integration Joint Board Strategic Planning Group (Additional Meeting)

10.00am Tuesday 11 July 2019

City Chambers, High Street, Edinburgh

Present: Councillor Ricky Henderson (Chair), Christine Farquhar, Councillor George Gordon, Dermot Gorman, Stephani-Ann Harris, Nigel Henderson, Fanchea Kelly, Peter McCormick, Stef Milenkovic (substituting for Ella Simpson) and Rene Rigby.

In attendance: Colin Beck, Tony Duncan, Michele Mulvaney, Moira Pringle, Jay Sturgeon, and Cathy Wilson.

Apologies: Belinda Hacking.

1. Edinburgh Integration Joint Board 2019-2022 Draft Strategic Plan

The Interim Head of Strategic Planning provided an update on progress with the Edinburgh Integration Joint Board 2019-2022 Draft Strategic Plan.

The Edinburgh Integration Joint Board (EIJB) Strategic Plan set out how health and social care services would evolve in Edinburgh over the next series of planning cycles in outline and the next planning cycle in detail.

The following points were raised and discussed:

- A short synopsis of the document would be published capturing the key points

- More information was required on inequalities. Inequalities were not the sole responsibility of the EIJB, for example homelessness sat outside the EIJB. How would the EIJB work with partners. The EIJB needed to be an active partner in addressing inequalities
- How would the EIJB show people that the plan was moving in the right direction regarding section 9 - The Way Forward. Performance measurement had not been worked out as the project had not started
- Communication and engagement had improved. How the EIJB would engage with the community was a big challenge
- Prevention should include housing and community
- Job descriptions for the recruitment of additional project managers was complete and would be put out for recruitment.
- Important to recognise the right to work. VOCAL had funding to help parent carers stay in work but advice given to parent carers could vary from different sources
- As projects developed, outputs would be brought forward as business cases and these would be taken to the Strategic Planning Group.

Decision

To note the update.

Declaration of Interests

Christine Farquhar declared a non-financial interest in the above item as former Chair of Upward Mobility, a Trustee of VOCAL a carer and guardian of a person with learning disabilities in receipt of direct payments.

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

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

Stef Milenkovic declared a non-financial interest in the above item as an employee of EVOC, third sector provider.

3. Annual Performance Report 2018-2019 Progress Update

The Annual Performance Report for 2018-2019 was currently under development. In order to comply with legislative requirements, it was intended to publish the Annual Report online by 31 July 2019.

Decision

To note the proposed content and format of the 2018-19 Annual Performance Report.

4. Valedictory Remarks

The Chair gave thanks to Fanchea Kelly for serving on the Strategic Planning Group. The Group also noted that Hazel Young, Managing Director of Dunedin Canmore, would replace Fanchea Kelly as a member of the Strategic Planning Group.

5. Date of Next Meeting

Tuesday 10 September 2019, 2pm to 4pm, at a venue to be confirmed.

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Rolling Actions Log

October 2019



No	Subject	Date	Action	Action Owner	Expected completion date	Comments
25	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	December 2019 July 2019	
2	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	November 2019 August 2019	Report to be submitted to the Audit and Assurance Committee in November 2019.

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
3	IJB Risk Register	15-06-18	That the Chief Officer would circulate a briefing note to members on finance structures across the City of Edinburgh Council and NHS Lothian, and the interface between the respective groups.	Chief Officer, Edinburgh Health and Social Care Partnership	December 2019 August 2019 November 2019	This work is part of the development of the terms of reference for the sub committees. It was agreed at the last EIJB that the TOR's will be discussed at the first meetings of the committees – the last meeting will be the Clinical and Care Governance meeting in November 19.
4	Evaluation of 2017/18 Winter Plan and Winter Plan 2018/19	28-09-18	1) That a business case for the expansion of the Hospital at Home service would be presented to the Joint Board by the end of March 2020.	Chief Officer, Edinburgh Health and Social Care Partnership	December 2019	June 2019 There is currently no funding available for H@H expansion from June 2019. As part of the budget savings proposals H@H has been set a savings target of £500K. Dr Anita Logandra has

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
			2) That officers would circulate details of the flu vaccination programme to enable members to promote to citizens, colleagues and partner organisation.			started her H@H study - it will take 3 months. 2) Closed – circulated on 8 October 2018
5	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 campaign across all older people's residential services within the Edinburgh. 4) To support the launch of John's campaign in Edinburgh. 5) To agree that the benefits of John's Campaign should be formally measured. 	Chief Officer, Edinburgh Health and Social Care Partnership	October 2019 September 2019	On the agenda for the October meeting.

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
6	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	August 2019	Recommended for closure – considered at the 20 August 2019 meeting.
7	Transitions for Young People with a disability from children's services to adult services Edinburgh Health and Social Care Partnership	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	This item is expected for the December meeting of the IJB.
8	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	November 2019 August 2019	This will be submitted to the Audit and Assurance Committee in November 2019.

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
9	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	
10	Minute of Strategic Planning Group of 30 November 2018	29-03-19	To note that the Chief Officer would provide a presentation on prescribing to a future meeting of the Joint Board.	Chief Officer, Edinburgh Health and Social Care Partnership	November 2019 August 2019	It is proposed that this forms part of the development session on budgeting in November.
11	Carers Strategy	29-03-19	To ask the Chief Officer to report to a future meeting of the Joint Board setting out clear timelines for delivering the implementation plan for the Strategy.	Chief Officer, Edinburgh Health and Social Care Partnership	August 2019	Recommended for closure – considered at the 20 August 2019 meeting.
12	Short Break Services Statement (Unpaid Carers)	29-03-19	To agree that the Chief Officer would provide a further update to the next meeting of the Joint Board on 24 May 2019; the report to include clarification on where responsibility for support for carers lay where caring was undertaken which cut across more than one local authority area.	Chief Officer, Edinburgh Health and Social Care Partnership	August 2019	Recommended for closure – this action was included within the Carer's Strategy report to the August 2019 meeting (paragraph 17

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
						and recommendation 3(g)).
13	Update on the Edinburgh Integration Joint Board Grants Review	29-03-19	<ol style="list-style-type: none"> 1) To agree to receive a report to a future meeting of the Joint Board on those projects which had been successful in securing grant funding. 2) To agree that a report be brought back to a future meeting of the Joint Board on work being carried out to address how inequalities were being tackled across all services in the Partnership together assurance that the Board were meeting their legal obligations under the Equality Act 2010. 	Chief Officer, Edinburgh Health and Social Care Partnership	<p>May 2019</p> <p>December 2019</p>	1) CLOSED – reported to the IJB on 24 May 2019.
14	Primary Care Transformation Programme	24-05-19	<ol style="list-style-type: none"> 1) To agree that a workshop would be arranged on the Primary Care Transformation Programme. 2) To agree that the next report to the Joint Board would include more details on how the Programme was being delivered and its impact on stakeholders 	Chief Officer, Edinburgh Health and Social Care Partnership	October 2019	David White arranging a workshop on Primary Care.

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
15	Ministerial Strategic Group Update	24-05-19	To agree to the self-assessment and actions set out and to ask the Chief Officer to develop the action plan with partners for implementation and report on this before the end of March 2020	Chief Officer, Edinburgh Health and Social Care Partnership	April 2020 March 2020	EIJB's are in February and April so I have moved this to April 2020
Page 31	Older People Joint Inspection Improvement Plan	24-05-19	To agree that the Improvement Programme would be brought back to the Joint Board following approval by NHS Lothian and the City of Edinburgh Council.	Chief Officer, Edinburgh Health and Social Care Partnership	December 2019 October 2019	
	Update on the 2019 Health and Social Care Grants Programme	24-05-19	To agree that a briefing note outlining the scoping and criteria for the allocation of the innovation fund, and the membership of the sub-group of the Grants Review Steering Group, would be circulated to members.	Chief Officer, Edinburgh Health and Social Care Partnership	October 2019 June 2019	Recommended for closure – circulated on 5 June 2019
18	Evaluation of 2018/19 Winter Plan	21-06-19	To agree that a briefing note on the Day of Care Audit would be circulated.	Chief Officer, Edinburgh Health and Social Care Partnership	November 2019 October 2019	
19	Committee Terms of Reference and	21-06-19	To agree that each committee would comment on the Terms of Reference at the end of the first	Chief Officer, Edinburgh Health and	December 2019	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
	Good Governance Handbook		cycle and this would be reported back to the Joint Board within two cycles.	Social Care Partnership	October 2019	
20	IJB Risk Register	21-06-19	To continue consideration of the report to the meeting of the Joint Board in August 2019.	Chief Officer, Edinburgh Health and Social Care Partnership	August 2019	Recommended for closure – considered at the 20 August 2019 meeting
21	Edinburgh's Joint Carers Strategy	20-08-19	To agree to develop a performance and evaluation framework around the Carers Strategy, which would be reported back to the Joint Board in two cycles.	Chief Officer, Edinburgh Health and Social Care Partnership	December 2019 October 2019	
22	Psychological Therapies Additional Investment	20-08-19	To agree that a briefing note would be circulated to members providing more detail on how the investment would be used, staff numbers, grades, and how they would be deployed.	Chief Officer, Edinburgh Health and Social Care Partnership		Recommended for closure – circulated on 25 September 2019
23	Performance Report	20-08-19	<ol style="list-style-type: none"> 1) To agree that a progress report on delayed discharges would be reported to the Joint Board at the October 2019 meeting. 2) To remit the Performance and Delivery Committee to look at delayed discharges, 	Chief Officer, Edinburgh Health and Social Care Partnership	October 2019	On the agenda for the October meeting of the IJB

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
			progress and investment at its first meeting.			
24	NHS Lothian Board Escalation	20-08-19	<ol style="list-style-type: none"> 1) To agree to report back in six months on progress being made, or earlier if significant matters arise. 2) To agree that the recovery plan and any financial changes would be reported to the Board within six months, as soon as it was available. 3) To agree that a briefing note would be circulated providing more detail on responsibilities for mental health interactions. 4) To agree that the notes of Integrated Care Forum meetings would be distributed to members of the Joint Board. 	Chief Officer, Edinburgh Health and Social Care Partnership	<p>February 2020</p> <p>September 2019</p> <p>August 2019</p>	<p>Recommended for closure – circulated on 25 September 2019</p> <p>Recommended for closure – circulated on 26 August 2019</p>

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Report

South East Outer GP Provision Initial Agreement

Edinburgh Integration Joint Board

22 October 2019

Executive Summary

1. The purpose of this report is to present the Initial Agreement for Edinburgh South East (Outer Area) GP capacity provision.
2. Since the proposal seeks capital funding from NHS Lothian, the Initial Agreement has been prepared in line with the guidance contained in the Scottish Capital Investment Manual.

Recommendations

3. The Edinburgh Integration Joint Board is asked to:
 - i. Note that the four GP practices immediately affected by housing developments in the area (Ferniehill, Southern, Gracemount and Liberton medical practices) do not have sufficient physical capacity to ensure that all the new population from the extensive local planned housing developments will be able to access General Medical Services (GMS).
 - ii. Note that the options under consideration in the Initial Agreement will enable the practice lists in the area to expand from 14,000 to 21,000 if sufficient GMS premises capacity is provided.
 - iii. Note that NHS Lothian invited Edinburgh Health & Social Care Partnership (EHSCP) to submit an Initial Agreement for this proposal following the conclusion of the 2018-19 Capital Prioritisation Process.
 - iv. Note the Initial Agreement was supported by EHSCP Senior Management Team on 26th September 2019. Strategic Planning Group members have been able to comment prior to the EIJB meeting.
 - v. Agree to the submission of the Initial Agreement to the NHS Lothian Capital Investment Group in accordance with the capital prioritisation process.

Background

4. The population of Edinburgh has increased by some 65,000 people over the last 10 years and will continue to grow at a rate c5,000 per annum until at least 2026. This trend is expected to continue further in the next Local Development Plan known as City Plan 2030; the South East area will potentially be subject to further green belt release in that plan though this will not be confirmed for some time.
5. The Housing Land Audit and Completions Programme (HLA) 2019 indicates that housing developments are reaching completion at an earlier date than previously estimated in the 2016 Delivery Programme and that the number of houses being developed is increasing at some locations. In the Gilmerton area, c200 houses are programmed for completion annually.
6. The South East Locality serves a population of c126k in two GP clusters. The Initial Agreement (IA) relates to the outer area of the South Cluster and the implications of the extensive housing developments in the area which directly impact on Ferniehill, Southern, Gracemount and Liberton Medical Practices. There is further effect on another three medical practices whose catchment areas overlap the above practices.
7. Ferniehill and Southern Medical Practices are located in practice owned premises which are functionally unsuitable for the sustainable delivery of primary care. Although it may be possible to improve and marginally expand the premises, the benefits are likely to be modest and cost prohibitive. Liberton Medical Group is also in practice owned premises and has recently benefitted from an extension with three consulting rooms.
8. Gracemount Medical Practice is located in NHS Leased purpose built premises and has agreed to expansion within its current footprint. It may be possible to further increase the internal clinical space.
9. Between 33% and 54% of the patient population of the above practices are within the most deprived quintile, and some of the practices have restricted lists.
10. As an interim measure to address the growth impact from the development sites, both Ferniehill and Southern practices have agreed to increase their list sizes by 500 each through 'LEGUP' investment and, at Ferniehill, a small capital scheme to create an additional consulting room. Braefoot Medical Practice, which is directly managed, has altered its practice boundary to include some of the Gilmerton development sites.
11. Additionally, the introduction of the new GMS Contract (Scotland) 2018 required the provision of alternative delivery of certain services to enable implementation of the contract. Changes such as Mental Health Hubs and Community Treatment and

Care Services (CTACs) will impact on the accommodation requirements to support the current and future population of the area.

12. EHSCP has identified the provision of GP Services in the South East Outer area as its joint top priority in the most recent round of capital investment prioritisation which was approved in NHS Lothian's Property and Asset Management Plan.
13. Edinburgh Integration Joint Board (EIJB) has already approved the report "Population Growth and Primary Care Premises Assessment 2016 – 2026" which states that additional capacity in General Practice is necessary in order to meet the rising demands from a population that is increasing both in numbers and in age. The Strategic Assessment (SA) for South East Outer identified the need for change since existing practices are unable to provide GMS to the current population, let alone the significant additional population to be generated by the new housing.
14. The need for development in the South East area was first raised in the Edinburgh Health and Social Care Partnership Population and Premises report 2014. This reported on the Housing and Land Audit 2014 which showed significant housing development in the South East area and has regularly been highlighted as an area of concern.
15. Whilst these measures are welcomed and provide some relief in the short term, the rate of population growth requires the major scheme proposed in the Initial Agreement to address longer term needs and offer sustainable delivery of primary care.
16. The project scope is limited to the provision of sufficient high quality clinical accommodation with adequate ancillary space to provide General Medical Services (GMS) to a population of 21,000 in order to meet the growth in the South East Outer area. Housing developments are expected to generate a minimum of an additional 6,000 people in the Gilmerton area.
17. The schedule of accommodation, which equates to 1743sqm, also includes provision of space for Community Treatment and Care Services (CTAC) or a Mental Health Hub and some clinical space for Locality community services. An assessment of the long list of options suggests that the only two options that are practical to take forward are to develop a new building to accommodate a new practice and / or re-provide two existing practices, or to refurbish existing available public or private sector properties to accommodate both a new practice and existing practices.
18. Developing a new building will provide a sustainable facility with sufficient and appropriate space which will improve the functional suitability of the healthcare estate. The challenge will be finding an appropriate site in a location to meet the requirements of all practices with suitable public transport routes.

19. A commercial site search in the area has not identified any suitable sites in the practice catchment areas. However, there may be opportunities in the wider area which will be explored through business case development, including the Liberton Hospital site. Additionally, other options will be assessed through the CEC Service Design process to review assets in Gilmerton.
20. Refurbishing and changing available premises, as yet to be identified, will be restricted by the current footprint of the buildings and is unlikely to result in a significant increase in patient capacity.
21. Developments and accommodation requirements within the South East Locality are such that resilience is severely restricted should there be an urgent need for temporary or permanent accommodation. The provision of CTAC space will allow potential resilience capacity to be developed which will provide stability for services within this area.
22. At this stage both options remain under active consideration. A final choice between the two options cannot be made without obtaining more detailed information on the site opportunities and constraints, design solutions, delivery timescales and the capital and revenue costs. Only when this information becomes available will it be possible to conduct a robust option appraisal.
23. As a result the Initial Agreement recommends that both options are carried forward for further investigation in a future business case which will require NHS Lothian to commit some enabling funding for this purpose.

Key risks

24. The constraints of inadequate GP premises are an identified list in EHSCP's section of NHS Lothian's Risk Register.
25. The earlier completion date and increase in housing units on nearby sites adds significant pressure to existing practices which are already unable to manage the increasing population within their current premises.
26. Additional local population unable to register with a GP resulting in increased assignments and greater presentations through emergency provision.

Financial implications

27. The project will require a capital investment of between c£7million - £10.1million (including VAT) at 2019 prices from NHS Lothian, depending on the option that is selected for delivery. Note that NHS Lothian's delegated limit is £10million; should final costs exceed this, the proposal will require submission to the Scottish Government.
28. Provisions have been made in capital costs to provide accommodation for EHSCP staff in line with the new GP contract; however no revenue associated costs have been identified and included at this time. Additional EHSCP staffing will be funded by the Primary Care Improvement fund.
29. Funding has been identified for the additional revenue costs from the existing NHSL depreciation budget. There remains a funding gap in relation to facilities costs of £113k per annum. Further work is required as part of the Standard Business Case to identify a funding source.
30. Practice related revenue costs have not been included in revenue costs as these will be funded via GMS income. However, it is acknowledged that there will be an increase in these revenue costs due to the creation of a new practice. Further work will be done at SBC stage to look to assess these costs.

Implications for Directions

31. The Integration Joint Board is due to consider an initial set of directions, which includes the following:

Work with EHSCP to produce business cases to support priorities for capital investment beyond the current year taking account of the anticipated population expansion in each locality.

Equalities implications

32. The project will allow local people to be registered and cared for in accommodation which is functionally suitable and accessible for people with impaired mobility and other disabilities.

Sustainability implications

33. Provision of a new surgery most likely situated in a property leased or owned by NHS Lothian, will support the sustainability of general practice in the area.

Involving people

34. Whilst there has been initial engagement through the Neighbourhood Partnership, meaningful engagement with the general public, patients and service users is envisaged at the stage when there are a range of potential options offering realistic solutions. The location and accessibility of any design solution will be key to addressing local need and developing this engagement. The EHSCP Patient Involvement Worker will support engagement with patients.

Impact on plans of other parties

35. The proposal includes accommodation for some accommodation for community teams from the South East Locality which will ease pressure on existing premises.

Report author

Judith Proctor

Chief Officer, Edinburgh Health and Social Care Partnership

Contact: David White, Strategic Planning and Quality Manager - Primary Care

E-mail: David.White@nhslothian.scot.nhs.uk | Tel: 0131 469 3935

Appendices

Appendix 1 South East Outer GP Provision Initial Agreement



South East Outer GP Provision

NHS Lothian Initial Agreement

Project Owner: Fiona Cowan

Project Sponsor: David White

Date: 03/10/19

Version: 3.3



Version History

Version	Date	Author(s)	Comments
1	09/05/2019	Maggie Gray	First Draft
1.1	21/05/2019	Laura Smith	Update template
1.2	20/06/2019	Maggie Gray Fiona Cowan	Update template
1.3	04/07/2019	Maggie Gray Fiona Cowan	Update template
1.4	26/07/2019	Fiona Cowan	Strategic and Economic Case update
1.5	06/08/2019	Laura Smith	IA update for review, addition of Appendices
1.6	16/08/2019	Fiona Cowan	IA update for review
2	29/08/2019	Fiona Cowan	IA update for review by Project Group
2.1	03/09/2019	Fiona Cowan	IA update for review
2.2	06/09/2019	Fiona Cowan	IA update for review
2.3	13/09/2019	Laura Smith	Updated Economic and Financial Case
3	19/09/2019	Maggie Gray	Final review
3.1	26/09/2019	Laura Smith	Updated for EIJB submission
3.2	30/09/2019	Fiona Cowan	Final review for EIJB submission
3.3	03/10/2019	Maggie Gray	Updated appendices for EIJB submission



Contents

1 Executive Summary	5
1.1 Purpose	5
1.2 Background and Strategic Context.....	5
1.3 Need for Change.....	6
1.4 Investment Objectives.....	7
1.5 The Preferred Option(s)	7
1.6 Readiness to proceed	7
1.7 Conclusion.....	7
2 The Strategic Case	9
2.1 Existing Arrangements.....	9
2.2 Drivers for Change.....	11
2.3 Investment Objectives.....	14
2.4 Benefits.....	15
2.6 Constraints and Dependencies	16
3 Economic Case	17
3.1 Do nothing/baseline	17
3.2 Engagement with Stakeholders.....	17
3.3 Long-listed Options	18
3.4 Initial Assessment of Options	20
3.5 Short-listed Options and Preferred Way Forward.....	22
3.6 Non financial benefits assessment.....	22
3.7 Indicative Costs	23
3.8 Overall assessment and preferred way forward	24
3.9 Design Quality Objectives	25
4 The Commercial Case	26
4.1 Procurement Strategy	26
4.2 Timetable.....	26
5 The Financial Case	27
5.1 Capital Affordability	27
5.2 Revenue Affordability	28
5.3 Overall Affordability.....	29
6 The Management Case	30
6.1 Readiness to proceed.....	30
6.2 Governance support for the proposal.....	30
6.3 Project Management.....	31



7 Conclusion.....	31
Appendix 1: Strategic Assessment	33
Appendix 3: Benefits Register	36
Appendix 4: Risk Register.....	39
Appendix 5: Long Listed Options	40
Appendix 6: Schedule of Accommodation.....	44
Appendix 7: Development sites with projected populations.....	42



1 Executive Summary

1.1 Purpose

- 1.1.1 The purpose of the Initial Agreement is to seek approval for the proposal to address GP capacity planning in the South East Outer area of the South East Locality. The extensive housing developments under construction in the area will generate at least an additional 6,000 people who will require provision of General Medical Services (GMS) which existing practices will be unable to provide from their current premises.
- 1.1.2 The proposal is to develop sufficient accommodation to deliver the additional capacity required together with re-provision of premises for the two existing practices most impacted by these new developments.
- 1.1.3 At this stage, as there are no definitive sites to consider, it has been difficult to assess all the options fully and further work will be required through development of the outline business case to explore site opportunities.

1.2 Background and Strategic Context

- 1.2.1 The South East Locality serves a population of c126k and has two GP clusters. The Initial Agreement (IA) relates to the outer area of the South Cluster within the locality and the implications of the extensive housing developments in the area which directly impact on Ferniehill, Southern, Gracemount and Liberton Medical Practices. There is further effect on another three medical practices whose catchment areas overlap those of the above practices.
- 1.2.2 Ferniehill and Southern Medical Practices are located in practice owned premises which are functionally unsuitable for sustainable delivery of primary care and although it may be possible to extend the premises, the benefits are likely to be modest and cost prohibitive. Liberton Medical Group is also in practice owned premises and has recently benefitted from an extension of three clinical rooms.
- 1.2.3 Gracemount Medical Practice is located in NHS Leased purpose built premises and has agreed to expansion within its current footprint. It may also be possible to further increase the internal physical space if required.
- 1.2.4 Between 33% and 54% of the patient population of the above practices are within the most deprived quintile.
- 1.2.5 The extent of the planned new housing is such that the existing arrangements are insufficient to address the capacity required to ensure that all the new population will be able to access General Medical Services (GMS).
- 1.2.6 Additionally, the introduction of the new GMS Contract (Scotland) 2018 required the provision of alternative delivery of certain services to enable implementation of the contract. The changes such as Mental Health Hubs and Community Treatment and



Care Services (CTACs) will impact on the accommodation requirements to support the current and future population of the area.

1.3 Need for Change

- 1.3.1 The population of Edinburgh has increased by some 65,000 people over the last 10 years and will continue to grow at a rate of c5,000 per annum till at least 2026. This trend is expected to continue further in the next Local Development Plan. Much of the additional population has been absorbed by existing primary care provision.
- 1.3.2 The South East Outer Area comprises a significant area of green belt release where extensive housing is programmed and already underway with a considerable number of houses already occupied.
- 1.3.3 The Integration Joint Board previously approved the Edinburgh Health and Social Care Partnership (EHSCP) Population Growth and Primary Care Premises Assessment 2016 – 2026 and the subsequent high prioritisation of this area need through the NHS Lothian Capital Prioritisation Programme. The Strategic Assessment (SA) identified the need for change since existing practices are unable to provide GMS to the current population let alone the significant additional population to be generated by the new housing.
- 1.3.4 Two practices are accommodated in functionally unsuitable premises which are practice owned and therefore a risk for long term provision given their restrained functionality and potential uncertainty over tenure.
- 1.3.5 The need to address the population growth and the re-provision of existing practices offers an opportunity for co-location in a joint development which will also account for the accommodation required to support delivery of the new contract, such as Community Care and Treatment Services or a Mental Health Hub.
- 1.3.6 South East Locality has limited resilience where premises are required in the event of an emergency due to existing pressure on accommodation. Space within a CTAC would provide an option should such a situation arise.



1.4 Investment Objectives

1.4.1 The investment objectives the project seeks to achieve are

- To improve service capacity
- To improve service access and provide sufficient accommodation
- To improve service performance and configuration
- To enable delivery of the Primary Care Improvement Plan
- To improve functional suitability for the healthcare estate

1.5 The Preferred Option(s)

1.5.2 At this stage given that there are no sites to compare it is difficult to differentiate between Options 4 and 7 as possible solutions.

1.6 Readiness to proceed

1.6.1 The project will be delivered in accordance with NHS Scotland construction procurement policy and it is anticipated that HubCo will be the likeliest option.

1.6.2 The total indicative costs for the preferred option at this stage range from £7.1m to £10.2m including VAT. It is anticipated that the procurement of the project will be led by NHS Lothian supported by Edinburgh Health and Social Care Partnership where required.

1.6.3 A benefits register has been included in Appendix 3 with a high level risk register to be completed and included when submitted to the Lothian Capital Investment Group (LCIG).

1.6.4 Detail of the proposed timeframe for development of the business case is included in the Commercial Case and any interdependencies with other projects are included in the Strategic Case.

1.6.5 NHS Lothian and Edinburgh Health and Social Care Partnership are ready to proceed with this proposal. Section 6.3 details the project management arrangements. Section 6.2 outlines the governance support and reporting structure for the proposal.

1.6.6 Engagement with stakeholders is outlined in the Economic Case. Members of the Project Management Group have been involved in its developments to date and will continue to support it.

1.7 Conclusion

1.7.1 The need for development in the South East area was first raised in the Edinburgh Health and Social Care Partnership Population and Premises report 2014. This reported on the Housing and Land Audit 2014 which showed significant planned housing development in the South East area, and has long been an area of concern.

1.7.2 The strategic assessment for this proposal (included in Appendix 1) scored 17.25 out of a possible maximum score of 25. However this was re-scored by NHS LCIG Moderation Group to 18.55 matching that to similar proposals throughout NHS Lothian.



1.7.2 The proposal has been prioritised by the relevant governance groups and the Prioritisation Projects Update from LCIG in May 2019 identified it as one of the number one priorities for NHS Lothian and Edinburgh Health and Social Care Partnership.



2 The Strategic Case

2.1 Existing Arrangements

2.1.1 The South East Locality serves a population of circa 126,000 and has two GP Clusters. The Initial Agreement (IA) relates to the outer area of the South Cluster within the locality and the implications of the extensive housing developments in the area, much of it on green belt land which directly impacts on the following practices:

- Ferniehill
- Southern
- Gracemount
- Liberton

The practice catchment areas are attached as **Appendix 2a**

2.1.2 Additionally there is an impact on three other practices whose catchment areas partially overlap or about those of the above practices:

- Inchpark
 - Braefoot
 - Dr Ferguson & Partners
- } Based in Conan Doyle Medical Centre

The practice catchment areas are attached as **Appendix 2b**

2.1.3 **Ferniehill Surgery** (list size 6,500)

Independent contractor located in practice owned premises which are functionally unsuitable for sustainable delivery of primary care. The premises comprise a converted and extended c1930s building in a residential area with limited opportunity for further conversion and increased capacity; although a further extension may be possible, the investment required would outweigh the potential benefits and would not address the other constraints of the present accommodation. A small scheme has been delivered in 2019, together with a Legup grant, to create additional consulting space and enable some modest growth of 500 patients to mitigate the early impacts from the housing developments.

The practice is in closest proximity to the areas of intensive housing developments at Gilmerton described in detail later in the IA, most of which fall within its catchment area. The practice list is managing registrations at c25 per week and 46% of the practice population is in the most deprived quintile.

2.1.4 **Southern Medical Group** (list size 7,306)

Independent contractor located in practice owned premises which are functionally unsuitable for sustainable delivery of primary care. The premises comprise a detached house which has had a couple of extensions. Whilst it may be possible to further extend the building into the back garden, the costs associated with this option make it prohibitive and it would not address patient flow within the building. The practice has



agreed to increase its list size by 500 supported by a Legup grant. The practice is within a mile and a half of the most extensive development sites at Gilmerton, located on the main road. 37% of the practice population is in the most deprived quintile.

2.1.5 Gracemount Medical Practice (list size 7,700)

Independent contractor located in NHS leased purpose built premises, Gracemount Medical Centre, which also accommodates community services teams. The practice has agreed to further expansion of c1,000 which would be possible within its current footprint. There is also the opportunity to review services located in the centre and further increase internal physical space if required. 54% of the practice population is in the most deprived quintile. The practice is located within half a mile of the development sites at Broomhills and Burdiehouse, and is restricting its list.

2.1.6 Liberton Medical Group (list size 7,128)

Independent contractor located in practice owned purpose built accommodation. The practice benefitted in 2016 from an extension of three clinical rooms, funded by a capital grant from NHS Lothian, to address population growth pressures from a new housing development of 300 houses directly across the road from the practice. The practice is within a mile of the Broomhills and Burdiehouse developments, as well as adjacent to the development referenced above. The practice has recently received a Legup grant to support the increased growth. A third of the patients are in the most deprived quintile, with the majority of patients in the age range 25-64

2.1.7 Whilst the other three practices referenced in 2.1.2 are not in immediate proximity to the housing developments, their practice list sizes are pressurised by the knock-on effect of the population from the new housing and, in some cases, overlap of catchment areas. Inchpark is currently restricted to registering 10 patients per week.

2.1.8 Braefoot Surgery (formerly Southside) was moved from practice owned premises in 2017 to NHS Lothian leased premises in Conan Doyle Medical Centre, co-locating with the Dr Ferguson and Partners practice in this purpose built building. Braefoot Surgery has capacity to grow, and the practice boundary is being extended further south to include the housing development sites which will support the practices most under pressure from the new housing.

2.1.9 The extent of the planned new housing is such that the existing arrangements are insufficient to address the capacity required to ensure that all the new population will be able to access General Medical Services (GMS).

2.1.10 Additionally, the introduction of the new GMS Contract (Scotland) April 2018 requires boards to provide alternative delivery of certain services to enable implementation of the contract. These changes, such as Mental Health Hubs and Community Treatment and Care Services (CTACs), will impact on the accommodation requirements to support the current and future population of the area.



2.2 Drivers for Change

- 2.2.1 The population of Edinburgh has increased by some 65,000 people over the last ten years and will continue to grow at a rate of c 5,000 per annum till at least 2026. This trend is expected to continue with the subsequent implementation of City Plan 2030 which will ultimately supersede the current development plan. Most of the growth has been absorbed into existing primary care provision.
- 2.2.2 City of Edinburgh (CEC) Local Development Plan 2016-2026 details the planned housing developments across the city. The South East Outer Area comprises a significant area of green belt release within the plan where extensive housing is programmed and already underway, with a considerable number of houses already occupied.
- 2.2.3 Although the house building programming extends over several years, the Housing Land Audit (HLA) 2019 details the expected completions rate of circa 200 houses per annum in the Gilmerton area. If developers are confident of house sales, that rate can be increased.

The known planned developments are illustrated in **Table 1** below:

Table 1: Planned Developments

The table below, covering the period 2019 – 2026 and the longer term, is a snapshot of the City of Edinburgh Council Housing Land Audit (HLA) 2019 (provisional), showing housing sites that are under construction, sites with planning consent, sites in the Local Development Plan and constrained sites which have not yet been programmed.

Area	Number of housing units	Population*
Anticipated increase in population which cannot be accommodated within existing GMS facilities and which therefore requires additional provision		
Gilmerton	1047	2199
Lasswade Road	636	1336
Moredunvale	200	420
Edmonstone	806	1693
	2689	5648
Increase in population anticipated to be absorbed between Gracemount Medical Practice and Liberton Medical Group		
Broomhills	549	1153
Burdiehouse	210	441
Liberton	298	626
	1057	2220

* Population projections have been calculated by multiplying the planned number of units to be built by the average household size for Edinburgh, source National Records Scotland (NRS). The average household size of 2.1 has been used in these calculations, although it is expected to decrease over time. Given the predominance



of family housing to be built within all developments, it is likely that the population figure could be significantly higher and the numbers illustrated are the **minimum**.

The planned development sites, HLA 2019, with indicative **minimum** population numbers and housing completion dates are illustrated on the map at **Appendix 7**

- 2.2.4 In addition to the above, there are a number of other sites which will be developed for housing in due course, including the Liberton Hospital site (quantity of houses unknown) and Ellen's Glen site (240 dwelling places), when their current use comes to an end.
- 2.2.5 City Plan 2030 may release more sites within the South East boundaries enabling further expansion of housing developments however details of the content of the plan will not be available until Autumn 2022.
- 2.2.5 The Integration Joint Board previously approved the EHSCP Population Growth and Primary Care Premises Assessment 2016-2026, and the subsequent high prioritisation of this area need through the NHS Lothian Capital Prioritisation Programme which invited the submission of the Initial Agreement.
- 2.2.6 The Strategic Assessment (SA) identified the need for change that existing practices, due to a mixture of limitations of workforce and physical capacity, are unable to provide GMS to the current population let alone the significant additional population generated by the new housing.
- 2.2.7 The Ferniehill and Southern practices are in accommodation which is functionally unsuitable for sustainable delivery of primary care. These premises are practice owned and are a risk for long term provision given their constrained functionality and potential uncertainty over tenure.
- 2.2.8 Primary care workforce provision nationally has been challenging of late, and the ability of practices to recruit is often impacted by their premises ownership and condition. Whilst much of this is addressed through the terms of the new GMS Contract 2018, difficulties remain for practices with premises implications.
- 2.2.9 The need to address the population growth and the re-provision of existing practices offers an opportunity for co-location in a joint development which will also account for the accommodation required to support delivery of the new contract, such as Community Treatment and Care Services (CTACs) or a Mental Health Hub.
- 2.2.10 CTACs, which form part of the Primary Care Improvement Plan, are being developed within Edinburgh according to the needs of the locality. Whilst these are primarily comprised of clinical space, it is likely that administrative accommodation will be required as investment progresses and there is a significant increase in staffing within localities.
- 2.2.10 Developments and accommodation requirements within the South East Locality are such that all conceivable administrative and clinical space has been utilised, leaving no resilience should there be an urgent need for temporary or permanent



accommodation. The provision of CTAC space will allow resilience capacity to be developed providing stability for services within this area

Table 2 below summarises the need for change, the impact it is having on present service delivery and why this needs action is required now:

Table 2: Summary of the Need for Change

Cause of the need for change	Effect is it having, or likely to have, on the organisation	Why action now
Current service demand exceeds available capacity	Existing practices are unable to provide GMS to current population and future population	Service is under strain as evidenced by restricted lists and inability of practices to increase capacity to address this
Some practices are operating from premises which prevent them responding to changing service needs	Existing premises restrict the ability of practices to increase capacity and meet the needs for service provision	Practices are unable to respond to demand and increase capacity due to the limitations of their premises
Known future service demand will increase significantly with planned house building on green belt and windfall sites	Existing service arrangements unable to cope with future projected levels of population growth and address current high levels of deprivation	City of Edinburgh Council Local Development Plan details the housing developments programmed for the area with 4,000 additional population expected over the next 5 years and a further c3,000 thereafter
Implementation of the new GMS Contract Scotland	Transformation of primary care services to meet the requirements of the new GMS contract with the development of Community Treatment and Care Services (CTACs) and Mental Health Hubs for existing and new population	New GMS contract came into effect on 1 st April 2018, with time limited implementation for delivery of the Primary Care Improvement Plan to deliver the contract requirements
Accommodation with high levels of unsatisfactory physical condition	Practices are operating from premises which are neither functionally suitable nor sustainable	Building condition, performance and associated risks will continue to deteriorate if action isn't taken now
Long term tenure of GP	GPs could sell premises creating instability for	Opportunity to create long term sustainable premises for service



owned premises	provision of GMS	delivery
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2.3 Investment Objectives

2.3.1 The assessments of the existing situation and the drivers for change have been used to identify what has to be achieved to deliver the changes required. These are defined as the investment objectives and are summarised in the table below:

Table 3: Investment Objectives

	Effect of the need for change on the organisation	What has to be achieved to deliver the necessary change? (Investment Objectives)
1	Existing practices are unable to provide GMS to current population and future population	Improve service capacity to enable everyone to access GMS
2	Existing GP premises restrict the ability of the practices to increase capacity and meet the demands of service provision	Improve service access and provide sufficient clinical accommodation to meet service needs
3	Existing service arrangements unable to cope with future projected levels of population growth and address current high levels of need in an area of significant deprivation	Improve service performance and configuration to respond to increased demands of known significant population growth and existing deprivation needs, and ensure easy accessibility
4	Transformation of primary care services to meet the requirements of the new GMS contract	Enable delivery of the Primary Care Improvement Plan as required for implementation of the new GMS contract
5	Practices are operating from premises which are neither functionally suitable nor sustainable	Improve functional suitability of the healthcare estate and address long term future needs and tenure



2.4 Benefits

2.4.1 A Strategic Assessment (SA) was completed identifying the need for change, benefits of addressing these needs and their link to the Scottish Government (SG) five Strategic Investment Priorities below:

- Safe
- Person-Centred
- Effective Quality of Care
- Health of Population
- Value and Sustainability

2.4.2 The above investment objectives and the Strategic Assessment, Appendix 1 have informed the development of a draft Benefits Register, Appendix 3. As per the draft Scottish Capital Investment Manual guidance on `Benefits Realisation`, this initial register is intended to record all the main benefits of the proposal. A full Benefits Realisation Plan will be developed at OBC stage.

2.4.3 A summary of the key benefits to be gained from the proposal are described below:

- Ensure everyone is able to register with a GP by increasing capacity
- Increase in the services and clinical accommodation provided within the community
- Ensure that people who use health and social care services have positive experiences and their dignity respected
- Reduce the rate of attendance at A&E
- Provide safe and easy access to GP services; premises are DDA compliant
- Improve the functional suitability of the healthcare estate
- Improve sustainability and efficient use of resources

2.5 Strategic Risks

2.5.1 The table below highlights key strategic risks that may undermine the realisation of benefits and the achievement of the investment objectives. These are described thematically and potential safeguards and actions in place to prevent these:

Table 4: Strategic Risks

Theme	Risk	Safeguard
Business	Failure to acquire suitable site or premises for development	Site search in progress Work with partners to identify opportunities
	Premises costs are unacceptable to the practices	Provide high level indicative costs to practices prior to business case submission



	Proposed development not well received by patients and public	Clear communication and engagement plan
Scope	Scope of the project exceeds deliverability	Clarity on scope and reduction of scope
Funding	Capital or revenue funding to deliver the project is unaffordable	Optimise resource usage Value engineering Cost certainty for business case
Workforce	Insufficient workforce to meet the required capacity provision	Joint working by EHSCP and practices to facilitate required recruitment
External	Earlier impact and timing than projected of population growth	Monitor growth and work with practices to address interim measures

A register of strategic risks will be included in the submission to the Lothian Capital Investment Group. A full risk register will be developed for the project at the business case stage.

2.6 Constraints and Dependencies

2.6.1 The key constraints to be considered are:

- Availability of either capital or revenue funding may limit the ability to deliver the preferred solution

2.6.2 The key dependencies to be considered are:

- Availability of suitable sites or alternative premises to deliver a timely solution
- Agreement with practices to terms of re-provision;
- Agreement with practices to capacity increase to address growth.



3 Economic Case

3.1 Do nothing/baseline

3.1.1 It is not feasible to continue with the existing arrangements ('Do Nothing') as it does not address any of the strategic drivers for change and has the potential to cause existing practice instability. A 'Do Minimum' option is therefore included as the baseline (as required by Scottish Capital Investment Manual guidelines) against which other options are assessed, however this will only address the strategic drivers in part and will result in capacity constraints which fail to provide for the population growth. The table below defines the 'Do Minimum' option including the requirements to implement this option.

Table 5: Do Minimum

Strategic Scope of Option 2 - Do Minimum	
Service provision	Continue with existing
Service arrangements	Existing GP practices with support for some capacity increase if possible
Service provider and workforce arrangements	Existing GMS provision – will require additional workforce to address any increase
Supporting assets	Limited physical alteration to premises to increase capacity if feasible
Public & service user expectations	Public and service users will expect full access to GMS, and require the ability to register with a GP in the local area

3.2 Engagement with Stakeholders

3.2.1 The table below summarises the stakeholders impacted by this proposal and the details of the engagement that has taken place with them to date and notes their support for this proposal.

Table 6: Engagement with Stakeholders

Stakeholder Group	Engagement that has taken place	Confirmed support for the proposal
General public	Initial engagement has been through the Liberton Gilmerton Neighbourhood Partnership	Presentation to Neighbourhood Partnership. Further engagement will be developed as project progresses
Key stakeholders and partners : Fernhiell Surgery Southern Medical Group Gracemount Medical Practice Liberton Medical Group	Discussions have taken place with each of the practices to ascertain their intentions.	Support confirmed



- 3.2.1 Whilst there has been initial engagement through the Neighbourhood Partnership, meaningful engagement with the general public, patients and service users can only occur once there are a range of potential options offering realistic solutions. The location and accessibility of any design solution will be key to addressing local need and developing this engagement. The EHSCP Patient Involvement Worker will support engagement with patients.
- 3.2.3 Staff who are affected are primarily those of the practices identified above and those practices will engage with their own staff as the project progresses.

3.3 Long-listed Options

- 3.3.1 The strategic scope of each option – that is the service provision, arrangements, provider and workforce – is the same for each option, namely GMS provision delivered by the independent contractor model.
- 3.3.2 It should be noted that the key outcome that this project seeks to achieve is to ensure that sufficient capacity is provided to accommodate the planned growth. Consideration has been given to the development of a new GP practice, meaning a new partnership or managed service to deliver the additional GMS required. This will be dependent on whether additional capacity to address the local growth can be accommodated by existing practices if they are in new premises, or not.
- 3.3.3 The need to provide additional capacity must also recognise the business models of existing practices who may not wish to increase their practice population by the quantity generated by the housing developments. In short whilst it may be relatively straightforward to address the physical capacity to meet demand, how the GMS is delivered by existing practices will dictate whether new practice provision is also required within the same physical footprint.
- 3.3.4 The eight options identified are detailed in [Appendix 5](#), and are outlined below:

Option 2: Do Minimum

Minor refurbishment in existing practices to increase capacity to accommodate some of the increased population due to the housing expansion

Option 3: New build for a new practice

Identify a new site within the catchment area of Ferniehill and Southern Medical Practice to create a new practice with the capacity to accommodate only the increased population from the housing expansion

Option 4: New build for a new practice and re-provision

As option 3 but with the opportunity to provide accommodation for a new practice and Ferniehill and Southern Medical practices which will also accommodate increased GMS demand from the housing expansion.



Option 5: New build re-provision only

Identify a new site within the catchment area to re-provide premises for the existing practices but without providing any additional capacity for demand from the housing expansion.

Option 6 Refurbish available property for a new practice

Source and upgrade available premises to accommodate a new practice to provide capacity for the increased population

Option 7: Refurbish available property for a new practice and re-provision

Source and upgrade available premises to accommodate the current practices in combination with space for a further practice to provide capacity for the additional demand.

Option 8: Refurbish available property re-provision only

Source and upgrade available property to provide more functionally suitable premises for the delivery of primary care services.

3.3.5 The following options were not taken forward for assessment as detailed below:

Option 1: Do nothing - has not been given further consideration due to the significant population growth from the housing developments as it does not address the requirement to enable everyone to access a GP



3.4 Initial Assessment of Options

3.4.1 Each of the long- listed options have been assessed for their advantages and disadvantages, and the extent to which they meet the investment objectives (as outlined in the Strategic Case) to identify the preferred solution(s).

Table 7: Assessment of options against investment objectives

	Option 2: Do Minimum	Option 3: New build for a new practice only	Option 4: New build for a new practice and re-provide existing practices	Option 5 : New build for re-provision only
Advantages (Strengths & Opportunities)	Invest in existing practices and premises to increase capacity	Potentially addresses capacity and access needs Complements existing practice provision Functionally suitable premises	Addresses capacity and access needs Functionally suitable premises Long term provision /sustainability of existing practices	Functionally suitable premises Sustainable, long term needs of existing practices
Disadvantages (Weaknesses & Threats)	Will not address all strategic drivers; part solution only with limited impact Capacity constrained	Challenges /time implications of setting up new practice/management support onerous Significant revenue implications until practice stable High risk of failure Does not address re-provision of existing practices Site availability	Challenges /time implications of setting up new practice/management support onerous Significant revenue implications until practice stable High risk of failure Site availability	Practices willingness to re-locate Insufficient capacity to address population growth Site availability
Does it meet the Investment Objectives (Fully, Partially, No, n/a):				
Investment Objective 1	No	Fully	Fully	No
Investment Objective 2	No	Partially	Fully	No
Investment Objective 3	No	Fully	Fully	No
Investment Objective 4	Partly	Partially	Fully	No
Investment Objective 5	Partly	No	Fully	Fully
Are the indicative costs likely to be affordable? (Yes, maybe/ unknown, no)				
Affordability	Yes	Unknown	Unknown	Unknown



	Option 2: Do Minimum	Option 3: New build for a new practice only	Option 4: New build for a new practice and re-provide existing practices	Option 5 : New build for re-provision only
Preferred/Possible/Rejected	Possible	Rejected	Possible	Rejected

	Option 6 Refurbish available property for a new practice	Option 7 Refurbish available property for a new practice and re-provision of existing practices	Option 8 Refurbish available property, re-provision of existing practices only
Advantages (Strengths & Opportunities)	<p>Potentially addresses capacity and access needs</p> <p>Complements existing practice provision</p> <p>Functionally suitable premises</p>	<p>Addresses capacity and access needs</p> <p>Functionally suitable premises</p> <p>Long term provision /sustainability of existing practices</p>	<p>Functionally suitable premises</p> <p>Sustainable, long term needs of existing practices</p>
Disadvantages (Weaknesses & Threats)	<p>Practices willingness to re-locate</p> <p>Does not address re-provision of existing practices</p> <p>Property availability and tenure</p>	<p>Practices willingness to re-locate</p> <p>Property availability and tenure</p>	<p>Practices willingness to re-locate</p> <p>Insufficient capacity to address population growth</p> <p>Property availability and tenure</p>
Does it meet the Investment Objectives (Fully, Partially, No, n/a):			
Investment Objective 1	No	Fully	No
Investment Objective 2	No	Fully	No
Investment Objective 3	No	Fully	No
Investment Objective 4	No	Fully	No
Investment Objective 5	Fully	Fully	Fully
Are the indicative costs likely to be affordable? (Yes, maybe/ unknown, no)			
Affordability	Unknown	Unknown	Unknown



	Option 6 Refurbish available property for a new practice	Option 7 Refurbish available property for a new practice and re-provision of existing practices	Option 8 Refurbish available property, re-provision of existing practices only
Preferred/Possible/Rejected	Rejected	Possible	Rejected

Those options that have been rejected above have been done so on their inability to deliver the identified benefits and investment criteria.

3.5 Short-listed Options and Preferred Way Forward

The table below identifies the short-listed options for this project

Table 8: Short Listed Options

Option	Description
Option 2	Do Minimum
Option 4	New build for new practice and re-provision of existing practices
Option 7	Refurbish available property for new practice/re-provision of existing practices

3.6 Non financial benefits assessment

3.6.1 Each of the identified benefits was weighted and the shortlisted options were scored against its ability to deliver the required benefits. The results of the benefits assessment are summarised below:

Table 9: Results of Non-Financial Benefits Assessment



#	Benefit	Weight (%)	Option 2 Do minimum	Option 4 New build for new practice and re-provision of existing practice	Option 7 Refurbishment of available property for new practice and re-provision of existing practice
1	Everyone can register with a GP	20%	1	10	10
2	Increase in services and clinical accommodation provided in the community	10%	0	10	10
3	Ensure that people who use health and social care services have positive experiences and their dignity respected	15%	5	10	10
4	Reduce the rate of attendance at A&E	15%	5	8	8
5	Provides safe and easy access to DDA compliant GP services,	15%	6	8	7
6	Improve the functional suitability of the healthcare estate	20%	4	10	10
7	Improve sustainability and efficient use of resources	5%	0	10	8
Total Weighted Benefits Points			340	940	915

3.7 Indicative Costs

3.7.1 The table below details the indicative whole life costs associated with each of the shortlisted options. For further detail around the determination of the costs see Section 5 – Financial Case.

3.7.2 The additional assumptions associated with the calculation of the NPV of costs are:

- A discount rate of 1.5% has been used for the first 30 years, reducing to 1.286% for years 31 to 75 in line with Government guidelines.
- A useful life of 50 years has been determined for the projects.
- Phasing of the costs reflects the useful life and the programme of works as identified in [Section 4.2 – Timetable](#).

Table 10: Indicative Costs of Shortlisted Options

Cost (£m)	Option 2 Do Minimum	Option 4 New build for new practice and re-provision of existing practice	Option 7 Refurbishment of available alternative property for new practice and re-provision of existing practice



Capital cost	0	10,129	7,112
Whole life capital costs	0	8,441	5,927
Whole life operating costs	0	5,249	9,402
Estimated Net Present Value (NPV) of Costs	0	13,690	15,329

3.8 Overall assessment and preferred way forward

3.8.1 The table below shows the weighted benefit points for each shortlisted option, the NPV of costs and the calculated cost per benefit point. This calculated cost per benefit point has been used to rank the options and identified the preferred way forward.

Table 11: Economic Assessment Summary

Option Appraisal	Option 2 Do minimum	Option 4 New build for new practice and re-provision of existing practice	Option 7 Refurbishment of available property for new practice and re-provision of existing practice
Weighted benefits points	340	940	915
NPV of Costs (£k)	0	13,690	15,329
Cost per benefits point (£k)	0	14.56	16.75
Rank	3	1	2

3.8.2 Option 2 has been ranked lowest due to its inability to meet the demands of growth in capacity, therefore to 'Do minimum' is not a viable option.

3.8.3 At this stage, given there are no sites to compare, it is difficult to truly differentiate between Options 4 and 7 as possible solutions and to recommend a preferred option.

3.8.4 Until a site or sites are identified, in broad terms the expectations are that Options 4 and 7 are equal in what they will offer, that is the physical accommodation will satisfy the capacity required. The differentiation will come when available sites and their opportunities are able to be compared, and a full non financial benefits appraisal can be carried out.

3.8.5 A commercial site search in the area has not identified any suitable sites available in either of the catchment areas of the two practices for re-provision. However, there may be opportunities in the wider area worth following up at business case stage once more detailed information is available. These include the potential of the current Liberton Hospital site and further work with CEC colleagues through the Council's Service Design process which will review assets in the Gilmerton area.



3.8.6 Compulsory purchase is an option which either NHS Lothian or CEC have recourse to, however, this will require robust presentation as to why any particular site would be subject to this route.

3.8.7 Given the above constraints, it is recommended that both Options 4 and 7 are carried forward to Outline Business Case stage where the implementation of the solution(s) shall be further developed and tested for value for money.

3.9 Design Quality Objectives

3.9.1 The project will use the Achieving Excellent Design Evaluation Toolkit (AEDET) to assess design quality throughout the procurement and design process and as part of the Post Project Evaluation.

3.9.2 An initial AEDET (Achieving Excellence Design Evaluation Toolkit) workshop will be undertaken as part of the OBC/SBC process.



4 The Commercial Case

4.1 Procurement Strategy

4.1.1 The total indicative costs for the two preferred options at this stage range from £7.1m (Option 7) to £10.1m (Option 4) including VAT. NHSL’s delegated limit is £10m therefore if Option 4 is taken forward to Outline Business Case it is expected that it will require Scottish Government approval.

It is anticipated that the procurement of the project will be led by NHS Lothian supported by the Edinburgh HSCP.

4.1.2. The project will be delivered in accordance with NHS Scotland construction procurement policy and it is anticipated that HubCo will be the likeliest option.

4.2 Timetable

4.2.1 A detailed Project Plan will be produced for the business case. In view of the decision to keep three options open for further investigation in the Business Case it is not possible to provide a project timetable at this stage. The time scales relating to the availability of suitable alternative premises are unclear at the present time and only when there is certainty that sites will become available can a credible programme be developed.

Table 12: Project Timetable

Key Milestone	Date
Initial Agreement approved	November 2019
Pre OBC Option Appraisal	May 2020
Outline Business Case approved	May 2021
Purchase of land completed (if required)	May 2022
Full Business Case approved	May 2022
Construction starts	July 2022
Construction complete and handover begins	December 2023
Service commences	January 2024



5 The Financial Case

5.1 Capital Affordability

5.1.1 The estimated capital cost associated with each of the short listed options is detailed in the table below. Construction costs were provided by independent quantity surveyors.

Table 13: Capital Costs

Capital Cost (£m)	Option 2 Do minimum	Option 4 New build for new practice and re-provision of existing practice	Option 7 Refurbishment of available property for new practice and re-provision of existing practice
Construction	0	6,786	4,663
Professional Fees	0	20	30
Equipment	0	157	157
IT & Telephony	0	131	131
Inflation	0	0	0
Optimism Bias	0	1,348	946
Total Cost (excl VAT)	0	8,441	5,927
VAT	0	1,688	1,185
Project Team Costs	0	0	0
Total Capital Cost	0	10,129	7,112

The assumptions made in the calculation of the capital costs are:

- New build and refurbishment construction costs are estimated on the basis of recent primary care projects however included as HubCo costs.
- A sqm rate of £3/900 has been used for a new build with a sqm rate of £2,680 used for refurbishment.
- Total sqm is based on the Schedule of Accommodation [Appendix 6](#)
- Professional fees have been estimated on the basis of prior primary care project submissions.
- Equipment costs are estimated at £90 per sqm on the basis of previous primary care projects.
- IT & Telephony are estimated at £75 per sqm on the basis of previous primary care projects.
- Optimism bias has been included at 19% of total costs including commissioning costs
- There has not been an allowance for inflation as yet, due to the uncertainty of the project timeline, draft project timeline has been detailed in [Section 6.2](#)



- No cost in relation to site purchase has been included at this time.
- VAT has been included at 20% on all costs. No VAT recovery has been assumed. VAT recovery will be further assessed in the SBC/OBC

5.2 Revenue Affordability

Incremental Revenue Cost/year (£k)	Option 2: Do minimum - ongoing maintenance only	Option 4: New Build for new practice and re-provision of existing practices	Option 7: Refurbish available property for new/re-provision of existing practices
HSCP Staffing	-	-	-
Facilities	-	113	113
Depreciation	-	203	142
Total Annual Incremental Revenue Cost	-	316	255

5.2.1 The estimated recurring incremental revenue costs associated with each of the short listed options are detailed in the table below. These represent the additional revenue costs when compared to the 'Do Nothing' option.

Table 14: Incremental Revenue Costs

The assumptions made in the calculation of the revenue costs are:

- Depreciation is based on a useful life of 50 years and assumed to be funded from the existing NHS Lothian Depreciation funding allocation.
- It is expected that there will be additional HSCP staff due to the Schedule of Accommodation providing an allowance for this staff group. At this stage this staffing complement has not yet been specified. Any increase in this staffing group will be funded from the Primary Care Improvement Fund.
- No one off revenue costs (e.g. the cost of decant) have been identified for the project at this stage.
- Practice related costs have not been included in revenue costs as these will be funded via GMS income. It is noted that there will be an increase in these revenue costs which will have to be agreed with the practices involved.

5.2.2 Revenue funding will be available from various sources: The PCIF will be utilised for any additional HSCP staff identified relating to the new GP contract. Depreciation costs will be defined and sources will be agreed as part of the business case. Indicative revenue funding for the preferred options are shown in the table below.



Incremental Revenue Cost/ Funding	Option 2: Do minimum - ongoing maintenance only	Option 4: New Build for new practice and re- provision of existing practices	Option 7: Refurbish available property for new/re- provision of existing practices
Total Annual Incremental Cost	-	316	255
Funding – Existing NHSL depreciation budget	-	203	142
Total Annual Incremental Revenue Cost	-	113	113

Table 15: Summary of Revenue Funding

5.2.3 The funding gap above represents the increased facilities costs, further work will be required in order to identify a funding source.

5.2.4 Given that there are no sites identified at this stage, nor is there certainty about the future organisation of General Medical Services, e.g. the provision of a new practice or expanding the lists of existing practices, further work will be taken forward to fully capture all revenue costs in SBC/OBC stage.

5.3 Overall Affordability

5.3.1 The capital costs estimated above are predicted to be funded through traditional capital funding. This project has been prioritised by NHS Lothian and the costs noted above are included in the NHS Lothian Property and Asset Five Year Investment Plan.

5.3.2 Funding has been identified for the additional revenue costs from the existing NHSL depreciation budget. Any additional HSCP staff costs and anticipated to be cost neutral as this will be funded by the Primary Care Improvement fund. There remains a funding gap in relation to the facilities costs of £113k per annum.

5.3.3 At this time, due to the lack of sites for each of the preferred options it is expected that costs identified will be subject to change however these will be detailed through the SBC or OBC/FBC process.



6 The Management Case

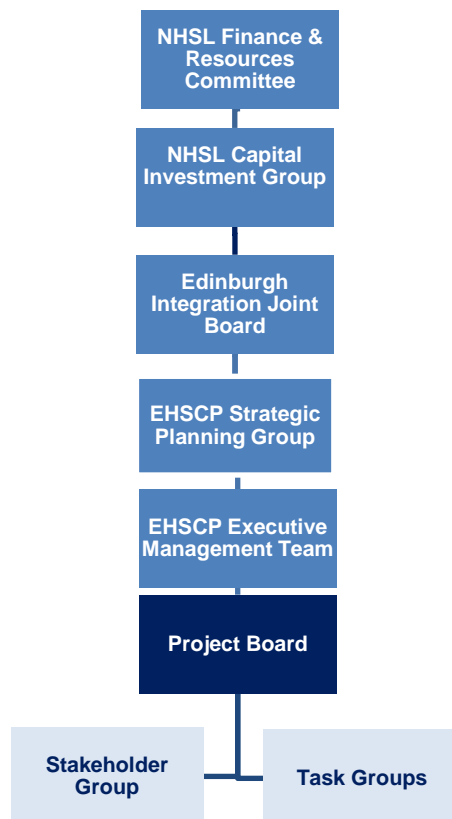
6.1 Readiness to proceed

- 6.1.1 A benefits register is included in [Appendix 3](#). A high level risk register will be included in [Appendix 4](#) for LCIG.
- 6.1.2 Detail of the proposed timeframe for development of the business case is included in the Commercial Case and any interdependencies with other projects are included in the Strategic Case.
- 6.1.3 NHS Lothian and Edinburgh Health and Social Care Partnership are ready to proceed with this proposal Section 6.3 details the project management arrangements. Section 6.2 outlines the governance support and reporting structure for the proposal.

6.2 Governance support for the proposal

- 6.2.1 Engagement with stakeholders is outlined in the Economic Case Members of the Project Management Group have been involved in its developments to date and are willing to continue to support it.

The diagram below shows the organisational governance and reporting structure that will be in place to take forward the proposed solution.





6.3 Project Management

6.3.1 The table below notes the project board that will be responsible for taking the project forward including details of the capabilities and previous experience.

6.3.2 Legal advice for the project (if required) will be obtained from the Central Legal Office.

Table 16: Project Management Structure

Role	Individual	Capability and Experience
Project Sponsor	David White, Strategy Planning & Quality Manager, Primary Care and Public Health	Previous experience as Project Sponsor in primary care capital projects
Project Owner	Fiona Cowan	Previous experience of NHS capital projects
Project Manager	Campbell Kerr	Senior Project Manager in NHSL Capital Planning with extensive experience and responsibility for primary care projects
Capital Finance Support	Laura Smith	Experience supporting capital investment projects including similar primary care provisions.
EHSCP Chief Finance Officer	Moira Pringle	Previous experience at Senior Manager level in similar projects, formerly Head of Capital Finance NHSL
SE Locality Lead	Judith Mann	Locality Development Manager with experience of primary and community care provision
Practice Rep – Ferniehill	To be confirmed	Dependent on appointee
Practice Rep – Southern	To be confirmed	Dependent on appointee
Clinical Lead	Carl Bickler	Experience as GP and Clinical Lead for South East Locality
Communications Rep	To be appointed	Dependent on appointee

7 Conclusion

7.1.1 The need for development in the South East area was first raised in the Edinburgh Health and Social Care Partnership Population and Premises report 2014. This



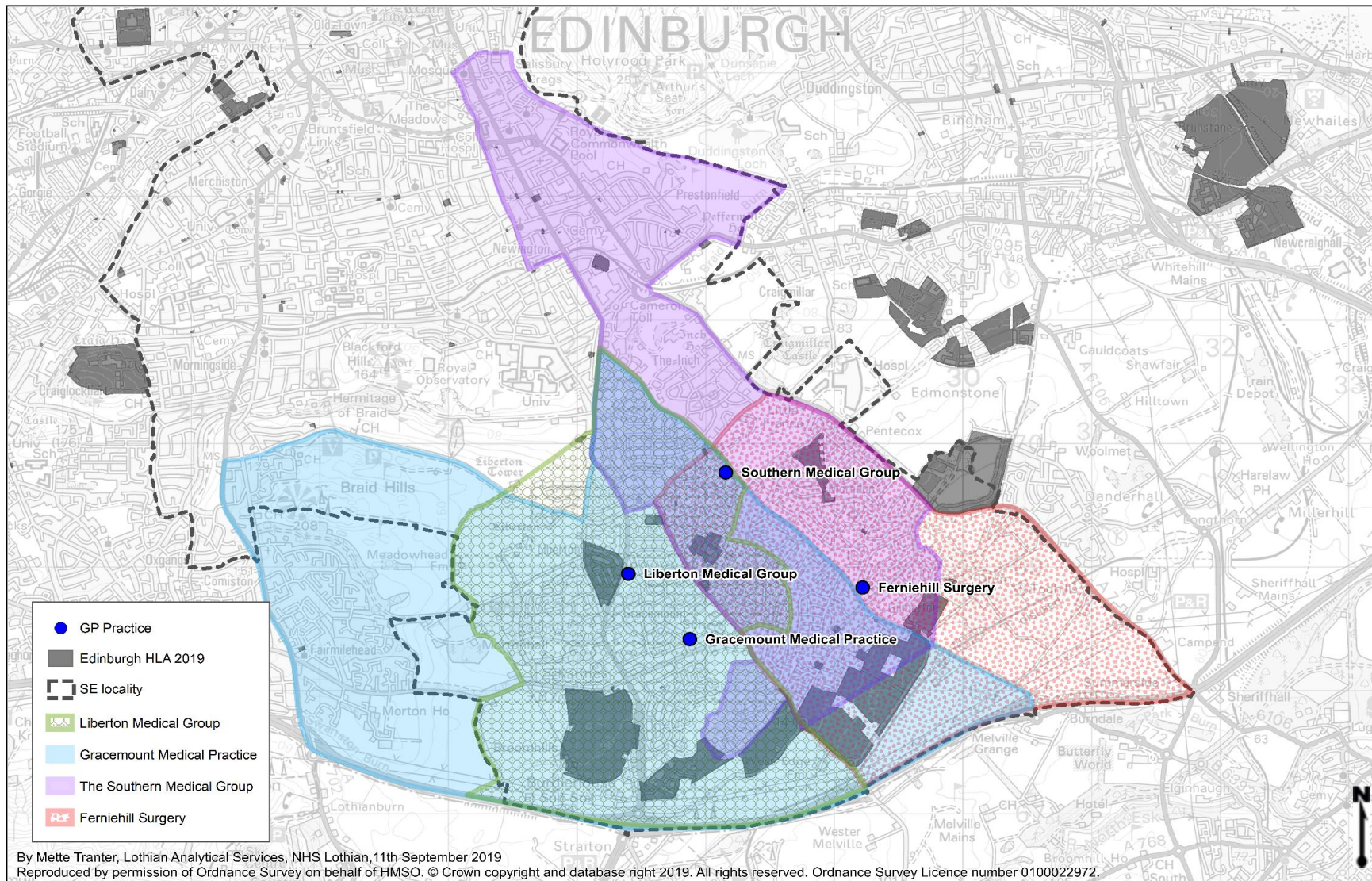
reported on the Housing and Land Audit 2014 which showed significant planned housing development in the South East area, and has long been an area of concern.

- 7.1.2 The strategic assessment for this proposal (included in Appendix 1) scored 17.25 out of a possible maximum score of 28. However this was re-scored by NHS LCIG Moderation Group to 18.55 matching that to similar proposals throughout NHS Lothian.
- 7.1.3 The proposal has been prioritised by the relevant governance groups and the Prioritisation Projects Update from LCIG in May 2019 identified it as one of the number one priorities for NHS Lothian and Edinburgh Health and Social Care Partnership.

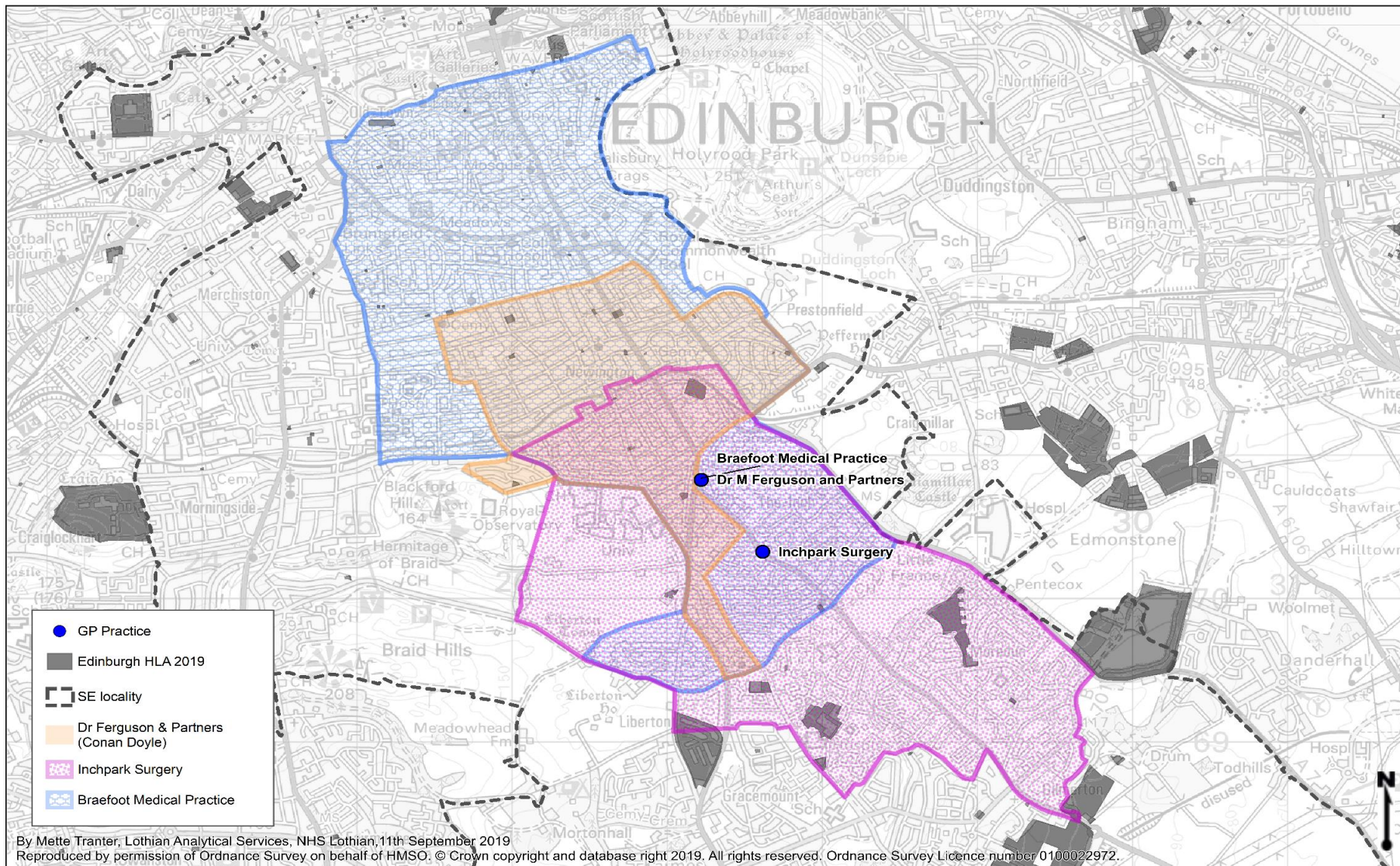
Appendix 1: Strategic Assessment

PROJECT: GP Capacity in South East Outer Area		What are the Current Arrangements: GP services in SE outer area provided by Ferniehill, Southern, Inchoark, Gracemount, and Liberton, practices. A considerable number of housing developments are programmed in the South East wedge up to and beyond 2026, requiring additional GP provision for the planned population growth. Current practices are all restricted and several are in accommodation which is not fit for purpose with little or no ability to increase capacity.	
What is the need for change?	What benefits will be gained from addressing these needs?	How do these benefits link to NHSScotland's Strategic Investment Priorities?	What solution is being considered
<p>Existing practices, due to a mixture of limitations of workforce and physical capacity, are unable to provide GMS to the current population hence list restrictions</p> <p>Current difficulties nationally with primary care workforce provision undermine practices' stability and potential to increase lists</p> <p>Some existing premises restrict the ability of practices to increase capacity, and provide sufficient access to primary care.</p> <p>Some practices are operating from premises with non compliant facilities and which are unfit for delivery of sustainable primary care services against existing standards</p> <p>City of Edinburgh Council Local Development Plan confirms programming in the area of at least 2,400 houses/equating to a minimum of c5,000 people, with building underway or about to commence</p>	<p>Ensure everyone has access to a GP by increasing capacity and reducing restricted lists</p> <p>Shift the balance of care by increasing the proportion of patients receiving care in community settings</p> <p>Reduce emergency admissions to hospital and rate of attendance at A/E</p> <p>Ensure that people who use health and social care services have positive experiences and their dignity respected.</p> <p>Support the attainment of HEAT targets e.g early cancer detection, antenatal access, early years vaccinations</p> <p>Improve the functional suitability of the healthcare estate by providing compliant premises</p> <p>Optimise financial and resource usage through an efficient estate and a stable health and social care system</p>	<p>Identify Links</p> <p>Identify Links</p> <p>Prioritisation Score</p> <p>Person Centred 5</p> <p>Safe 2</p> <p>Effective Quality of Care 4</p> <p>Health of Population 4</p> <p>Value & Sustainability 3</p> <p>TOTAL SCORE 18</p>	<p>Service Scope / Size</p> <p>Provision of sustainable GMS services in outer area of EHSCP South East Locality</p> <p>Service Arrangement</p> <p>Increase capacity through intensifying use of current buildings, re-provision of accommodation and /or develop new practice</p> <p>Service Providers</p> <p>EHSCP, GP contractors, NHS Lothian, City of Edinburgh Council, Third sector</p> <p>Impact on Assets</p> <p>Potential re-provision/reconfigurations of some current premises/provision of new premises</p> <p>Value & Procurement</p> <p>New build will use the Hub Framework, other procurement to be confirmed in Initial Agreement</p>

Map showing Liberton, Gracemount, Southern & Ferniehill GP Practice boundaries



Map showing Dr Ferguson & Ptnrs, Braefoot, & Inchpark GP Practice boundaries



Appendix 3: Benefits Register



1. Benefits Register						2. Prioritisation	3. Realisation					
Ref No.	Benefit	Assessment	As measured by	Baseline Value	Target Value	Relative Importance	Who Benefits?	Who is responsible?	Investment Objective	Dependencies	Support Needed	Date of Realisation
1	Everyone can register with a GP	Quantitatively	Capacity increase, restricted lists, patient assignments	No of patients resident assigned	No restricted lists, patients assigned	5 - Vital	Patients, GP Practices	GP/EHS CP/NHSL	Improve Service Capacity to enable everyone to access GMS. Enable delivery of the Primary Care Improvement Plan as required for implementation of the new GMS contract			12 months post project
2	Increase in services and clinical accommodation provided in the community	Quantitatively	Proportion of services offered in the community	Current service provision	Increase in community services and clinical accommodation	3 - Moderately important	Population, EHSCP, NHSL	EHSCP	Improve service access and provide sufficient clinical accommodation to meet service needs. Improve service performance and configuration to respond to increased demands of known significant population growth and existing deprivation needs, and ensure easy accessibility			24 months post project
3	Ensure that people who use health and social care services have positive experiences and their dignity respected	Qualitatively	Patient experience of GP practice, patient experience of Health and Social Care services	Results of HACE Patient Survey 2019/20	Improvement on previous results in post completion survey	4 - Important	Patients	EHSCP/ Practices	Improve service performance and configuration to respond to increased demands of known significant population growth and existing deprivation needs, and ensure easy accessibility			12 months post project



4	Reduce the rate of attendance at A&E	Quantitatively	RIE A&E activity reports	Current measurements by practice	Reduction in attendance rates	4 - Important	Patients	EHSCP/ Secondary Care/ Practices	Improve service performance and configuration to respond to increased demands of known significant population growth and existing deprivation needs, and ensure easy accessibility	Provision of corresponding services in secondary care/3rd sector		36 months post project
5	Provides safe and easy access to GP services. Premises are DDA compliant	Qualitatively	Patient experience of travel options questionnaire	Results of questionnaire to patients pre-move	Results of post completion questionnaire and full DDA compliance achieved	4 - Important	Patients	ESCP	Improve service access and provide sufficient clinical accommodation to meet service needs. Improve functional suitability of the healthcare estate and address long term future needs and tenure.			24 months post project
6	Improve the functional suitability of the healthcare estate	Quantitatively	Proportion of the estate categorised as either A or B for the functional suitability facet	B/C	A	5 - Vital	Patients/EHSCP/NHSL	EHSCP	Improve functional suitability of the healthcare estate and address long term future needs and tenure.			12 months post project (NB supporting figures may not be available until later date)
7	Improve sustainability and efficient use of resources	Quantitatively	Annual Statutory Appraisal	B/C	A	3 - Moderately important	Population/EHSCP/NHSL	EHSCP	Improve functional suitability of the healthcare estate and address long term future needs and tenure.			24 months post project

Appendix 4: Risk Register

For development for LCIG

Appendix 5: Long Listed Options

Strategic Scope of Option	Service Provision	Service Arrangements	Service Provider and Workforce Arrangements	Supporting Assets	Public and service user expectations
Option 1: Do Nothing	As current arrangements	As current arrangements	As current arrangements	As current arrangements	As current arrangements
Option 2: Do Minimum	Continue with existing	Existing practices with support for some capacity increase if possible	Existing GMS provision – will require additional workforce to address any increase	Minor refurbishment in existing practices to accommodate the increase of some of the population due to housing expansion	Will expect full access to GMS and require the ability to register with a GP in the area
Option 3: New build for a new practice only	Increases GMS service provision	New practice with high risk of failure and significant revenue implications until practice stable. Existing practices continue with current arrangements	Will address recruitment difficulties impacted by premises conditions. Will require additional workforce to address the increase	Identify a new site within the catchment area of South East to create a new practice with capacity to accommodate only the increased population New premises will be designed to be functionally appropriate and fully compliant	Will be designed with sufficient space to partially accommodate increased population requirements
Option 4: New build for a new practice and re-provide existing practices	Existing arrangements with additional capacity in all practices	Addresses capacity and access needs. New practice with high risk of failure and significant revenue implications until practice stable. Time implications of setting up new practice / management may be challenging and onerous	Existing GMS provision – will require additional workforce to address any increase. Will address recruitment difficulties impacted by premise conditions	Identify a new site within the catchment area of South East to create a new practice with capacity to accommodate increased population and GMS demand as well as the re-provision of the existing Ferniehill and Southern Medical practices Purpose build premises designed with sufficient and appropriate space to accommodate increasing population and provide opportunities to respond to changing needs	Will provide full access to GMS and opportunity to register with GMS in the local area



Strategic Scope of Option	Service Provision	Service Arrangements	Service Provider and Workforce Arrangements	Supporting Assets	Public and service user expectations
Option 5: New build to re-provide existing serviced only	Existing arrangements	Existing practice with support for some capacity increase if possible	Existing GMS provision. Will address recruitment difficulties impacted by premise conditions	Identify a new site within the catchment area of South East to re-provide premises for the existing premises only. Purpose built premises designed with sufficient and appropriate space to accommodate only existing population.	Insufficient capacity for population growth
Option 6: Refurbish available property for a new practice only	Provision of reconfiguring accommodation to expand current provision	Opportunity to re-evaluate existing practice to expand services	Will require additional workforce to address the increase Will address recruitment difficulties impacted by premise conditions in refurbished premises but no effect on others	Source and upgrade an available premises to accommodate a new practice to have capacity for the increased population only Compliance and suitability will be improved	Will provide limited access to GMS and opportunities to register with GMS locally
Option 7: Refurbish available property for a new practice and re-provision of existing practices	Existing arrangements with additional capacity in all practices. Long term provision and sustainability of existing practices	Addresses capacity and access needs New practice with high risk of failure and significant revenue implications until practice stable Time implications of setting up new practice / management support may be challenging and onerous	Existing GMS provision – will require additional workforce to address any increase Will address recruitment difficulties impacted by premises conditions	Source and upgrade existing premises to accommodate the current practices in combination with space for a further practice to provide capacity for the additional demand. Compliance and suitability will be improved	Will provide full access to GMS and opportunity to register with a GP in the local area



Strategic Scope of Option	Service Provision	Service Arrangements	Service Provider and Workforce Arrangements	Supporting Assets	Public and service user expectations
<p>Option 8: Refurbish available property, re-provision of existing practices only</p>	<p>Existing arrangements</p>	<p>Existing practice with support for some capacity increase if possible</p>	<p>Existing GMS provision Will address recruitment difficulties impacted by premises conditions.</p>	<p>Source and upgrade available property to provide more functionally suitable premises for the delivery of primary care services for existing practices only Compliance and suitability will be improved</p>	<p>Will expect full access to GMS and require the ability to register with a GP in the area.</p>



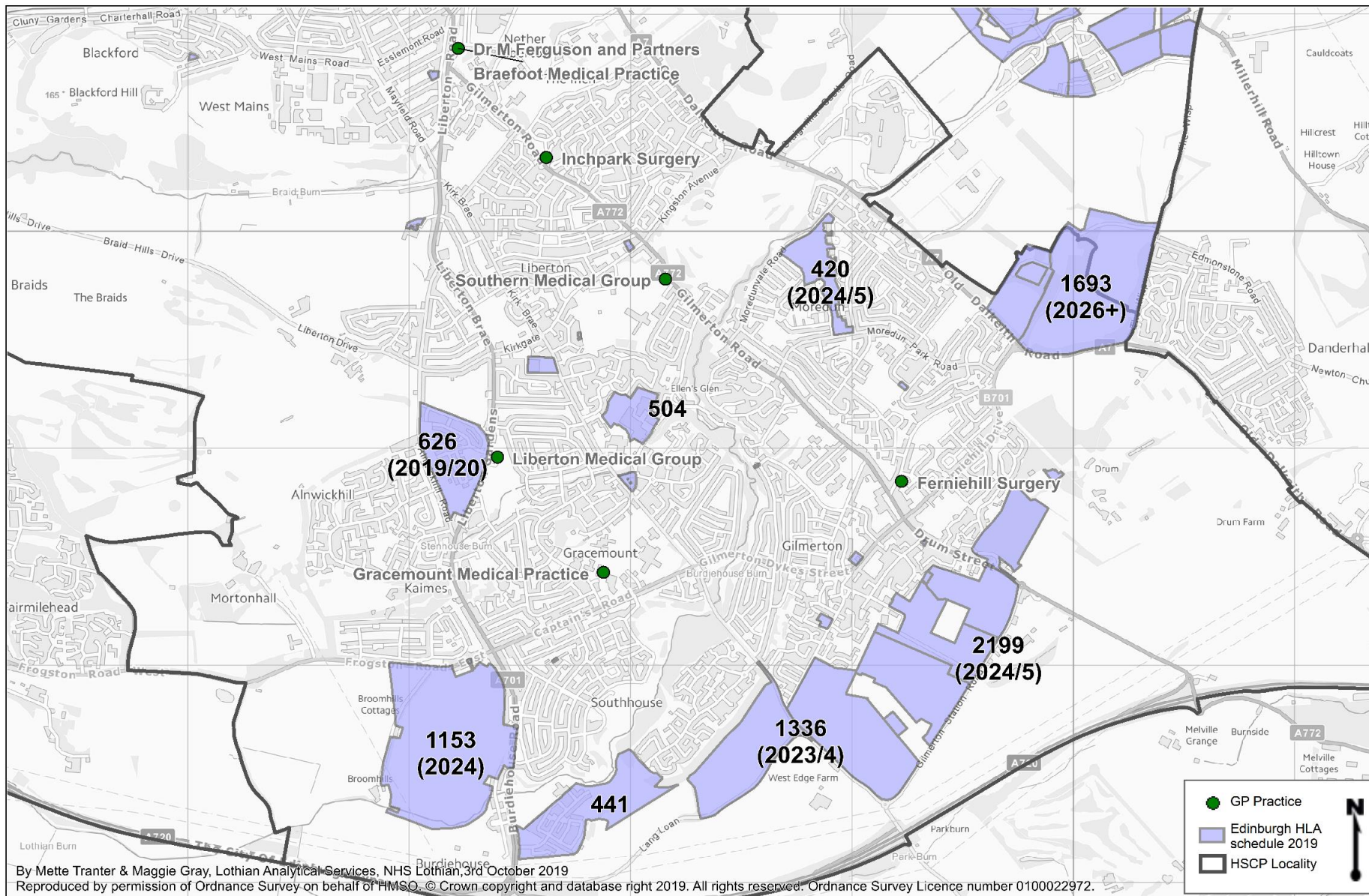
Appendix 6: Schedule of Accommodation

Edinburgh SE Outer
Schedule of Accommodation
30-Aug-19

Room	New Practice (6,000)			Ferniehill (7,000)			Southern (8,000)			Joint (21,000)		
	Qty	Area m ²	Total Area m ²	Qty	Area m ²	Total Area m ²	Qty	Area m ²	Total Area m ²	Qty	Area m ²	Total Area m ²
GP Clinical Area												
Consulting Room	5	15	75	6	15	90	7	15	105	19	15	285
Consulting Room (GP training)	1	18	18	1	18	18	1	18	18	3	18	54
Practice Nurse Consulting Room	2	15	30	2	15	30	3	15	45	6	15	90
Nurse Prep / Utility Room	1	10	10	1	10	10	1	10	10	1	15	15
HSCP Clinical Area												
Multi Purpose Room	1	30	30	1	40	40	1	40	40	1	45	45
Community Consulting Room		15	0		15	0		15	0		15	0
Community Treatment Room		18	0		18	0		18	0		18	0
Interview Room		12	0		12	0		12	0		12	0
Reception / Waiting Area												
Reception	1	14	14	1	14	14	1	14	14	1	18	18
Reception Office	1	11	11	1	17	17	1	22	22	1	55	55
Waiting Area	1	55	55	1	60	60	1	80	80	1	120	120
Administration Area												
Admin/Secretaries/Data Input	2	28	55	1	28	28	1	33	33	1	94	94
Practice Manager Office	2	12	24	1	12	12	1	12	12	3	12	36
HSCP Office	1		0			0	1		0			0
Meeting Room	1	25	25	1	30	30	1	30	30	2	30	60
General Storage	1	15	15	1	20	20	1	20	20	1	35	35
HSCP Area												
Consulting Room			0			0			0	4	15	60
Other			0			0			0	1	100	100
Other												
Patient WCs	1	11	11	1	11	11	1	16	16	2	11	22
Staff WCs	1	11	11	1	11	11	1	16	16	2	11	22
Staff Room	1	30	30	1	35	35	1	40	40	1	50	50
Staff Changing	2	10	20	2	10	20	2	10	20	2	20	40
Disposal (General & Clinical Waste)	0	10	0	0	10	0	0	10	0	0	10	0
DSR	2	10	20	2	10	20	2	10	20	3	10	30
Communications Room	1	15	15	1	15	15	1	15	15	1	15	15
Plant Room	1	25	25	1	30	30	1	30	30	1	45	45
Multi Service Store	1	10	10	1	15	15	1	15	15	1	20	20
			504			525			601			1,311
Circulation @ 33%			166			173			198			432
			670			698			799			1,743



Development sites - population projections/housing completion dates



Report

Financial Framework 2020-2023

Edinburgh Integration Joint Board

22 October 2019

Executive Summary

1. The purpose of this report is to present the board with the medium term 3 year financial framework for the Integration Joint Board (IJB).

Recommendations

2. The Integration Joint Board is asked to:
 - a) Support the approach to the financial framework set out in this paper, including the role of the Strategic Planning Group;
 - b) Note that the financial outlook for 2020-2023 is unbalanced;
 - c) Support the proposed approach to developing a savings and recovery programme for agreement by the Board; and
 - d) Support development of a financial strategy for the IJB.

Background

3. As discussed elsewhere on the agenda, we are projecting a position of break even for 2019/20. However welcome, it is important to note that this financial position is underpinned by use of non recurring resources and, although the current savings programme steps up in 2020/21, it does not bridge the projected gap. Our partner organisations are also dealing with significant financial constraints and, although at different stages of their planning processes, it is clear that both will require sizeable savings programmes to balance their budgets.
4. This paper presents the board with an initial financial outlook based on where the partners are in their respective financial planning cycles. The numbers presented are iterative but do provide an insight into the scale of the financial gap over the next 3 years.

- Accordingly, this IJB financial framework will form the basis of a medium term financial strategy, aligned to the strategic plan, which will be presented to the board in January 2020.

Main report

National Context

- Integration Authorities (IAs) were created in order to transform health and care across Scotland in response to the challenges faced across the system. This transformation needs to happen against a backdrop of sustained real terms reductions in funding coupled with demand for health and social care services which is projected to increase significantly and at a faster rate than the wider economy.
- The Scottish Government's (SG) Medium Term Financial Framework for Health and Social Care (2018) classifies the growth in spending on services in response to increasing demand into three parts:
 - Price increases:** general price increases across health and social care services;
 - Demographic change:** the effect of the growing population living longer and with multiple and complex conditions; and
 - Non demographic growth:** is a consequence of demand led growth, resulting from increasing public expectation and advances in care and developments of new medicines.
- In developing this framework, the Scottish Government has assessed future demand forecasts and assumed an annual growth rate of 3.5% for health services in Scotland and 4% for social care services. Demographic growth within social care is assumed to be higher because of the ageing population. This is abated by the "fixed cost adjustment" which reflects the fact that not all growth will result in increased fixed costs. A breakdown of this is shown below in table 1:

Area	Health Services %	Social Care Services %	Total Growth %
Price effects	2.2%	2.2%	4.4%
Demographic factors	1.0%	1.5%	2.5%
Non-demographic growth	2.2%	2.2%	4.4%
Less: savings	-1.3%	-1.3%	-2.6%
Less: fixed cost adjustment	-0.6%	-0.6%	-1.2%
Total annual growth	3.5%	4.0%	7.5%

Table 1: Scottish Government growth forecasts 2018

9. The Scottish Government have made integration one of its key priorities and have made a pledge that over half of front line NHS spending will be incurred in community health services by the end of parliament in 2021.
10. There are a number of new Scottish Government investments which will support the shift in the balance of care. These include; the primary care improvement fund, action 15, and seek keep and treat. The IJB has approved plans for implementation of each of these programmes which seek to strengthen primary and community services.

Edinburgh

11. The IJB continues to operate in an extremely difficult financial environment; once again beginning the current financial year (2019/20) with an unbalanced financial plan. This financial framework is intended to support our annual financial plans as well as ensuring our strategic aims can be delivered in the most efficient way possible. The framework will create the outline for a fully formed financial strategy for the IJB.
12. As articulated in our strategic plan, our vision remains to deliver together a “caring, healthier and safer Edinburgh.” Practically over the next 3 years this will involve the adoption of the Three Conversations model, redesigning services and shifting the balance of care from a hospital setting to a community one, implementing a home first approach, and introducing the Edinburgh Pact.
13. One of the key levers available to the IJB to support transformation is that NHS and Local Authority budgets are no longer separate. The IJB can move resources between the partners in order to deliver new models of care and ensure the health and care system for Edinburgh is high quality, sustainable and effective. It is proposed that this premise is the basis of the financial framework – that the IJB will direct the totality of its resources in a manner which best serves the people of Edinburgh to be cared for in a homely setting.

Financial Framework

14. In developing the financial framework the three main areas driving demand growth must be addressed. The overarching approach of the financial framework to each of these challenges is shown below in table 2:

Demand Driver	Response
Price Effects	<ul style="list-style-type: none"> • Collaborating with providers • Driving best value • Integrated teams • Reduce reliance on institutional based care
Demographic Change	<ul style="list-style-type: none"> • “Bending the curve” • Reducing demand • Investing in prevention
Non Demographic Change	<ul style="list-style-type: none"> • Edinburgh pact • Realistic care, realistic medicine • Engaging communities

Table 2: Financial framework approach

15. The IJB is limited in the influence it can exert over the Scottish Government and its partner organisations (NHS Lothian and the City of Edinburgh Council) around budgetary uplifts. However under the integration act all delegated funding can be redirected as the IJB sees fit. This is the key principle of the financial framework and in redirecting its finite resources the IJB can enable transformation and reform. Building on this guiding principle and in support of the broad aims of the strategic plan it is proposed that the IJB set out to achieve a number of commitments over the next 3 years:
- To reduce hospital based expenditure by 5%. This relates to the aim in the strategic plan of introducing a home first approach;
 - To reduce spend on purchased services within social care by 30%. This relates to the aim in the strategic plan of rolling out the Three Conversations model across the city, focusing on prevention and early intervention; and
 - To reduce spend on purchased services within social care by an additional 15% through technology enabled care, tying in with the ambition of delivering care supported by technology.

16. These are clearly ambitious targets and further work is required to test the hypothesis and to refine as required. It is proposed that this is undertaken via the Strategic Planning Group.
17. As previously reported, along with our partners, we face an extremely challenging financial position in the short, medium and long term. In order to ensure the health and care needs of the people of Edinburgh are met we will need to work with routinely decreasing resources (in real terms) and apply these in the way which best address the needs of the city. To support this, our 3 horizon approach to savings and recovery (shown below in figure 1) is a key component of the financial framework.
18. The first horizon, grip and control, reflects the ongoing sound financial management and ongoing efficiencies we expect from those managing budgets on our behalf. The commitments of the financial framework are reflected in the second and third horizons (redesign and transformation). It is in these areas that the financial framework and subsequent financial strategy will primarily focus primarily on; i.e. how redesign and transformational will help the IJB meet its strategic aims and achieve financial balance.

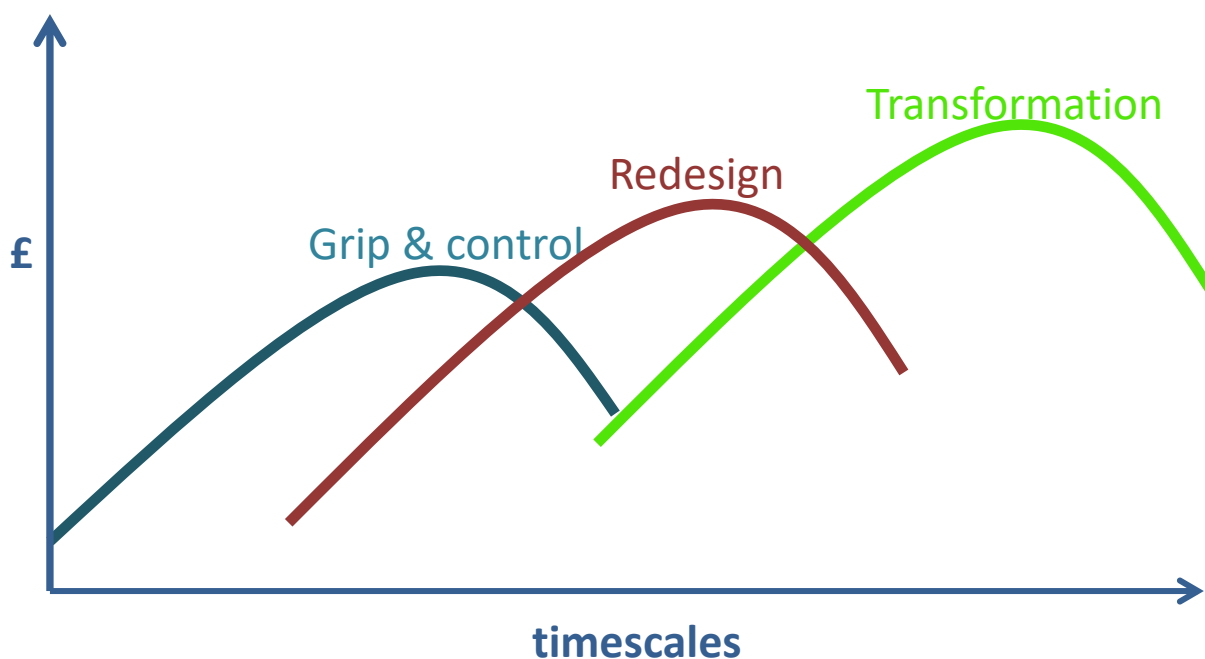


Figure 1: IJB savings and recovery strategy

Financial Strategy

19. Our financial strategy will build upon the commitments of the financial framework. It will link more closely with the strategic plan of the IJB, focusing on how resources are consumed by specific services now and how the board would like to direct resources in the future. For example reducing spend on hospital learning disabilities to a minimum in support of the strategic aim of ensuring people with a learning disability can live full and fulfilling lives in the community.

20. It is recommended that this work is progressed through the Strategic Planning Group (SPG), recognising the strong links between our strategic plan and financial strategy. Initial thinking is that a draft financial strategy for 2020-23 will be considered by the SPG in early 2020 before being presented to the Board.

Financial Outlook 2020-2023

21. Based on the current planning assumptions by both partner organisations a 3 year financial outlook for the IJB has been developed. The outlook remains subject to material changes as both partner organisations undertake detailed financial planning for 2020 and beyond but does provide the IJB with the scale of the financial challenge it faces. The Scottish Government budget announcement in December 2019 may also materially alter the figures presented in the outlook.
22. The financial planning assumptions involved in producing the 3 year outlook for the IJB are as follows:

Income:

- NHS uplift assumed at 1.65% in 2020/21 and 1% thereafter
- CEC uplift in funding assumed at 2.5%

Expenditure:

- NHS pay inflation 4% for 2020/21; 2% thereafter
- CEC pay inflation 3% each year; £0.5m each year for increments
- NHS hospital drugs growth 9% each year
- NHS GP prescribing growth 4% each year
- Purchasing inflation in line with pay inflation
- NHS other non pay inflation 1% each year

Recovery (savings):

- Full year impact of the 2019/20 savings programme
- GP prescribing efficiencies of 2.5% each year
- Home first; £2.5m across 3 years
- Three conversations; 10% of purchasing budget each year
- Technology enabled care; 5% of purchasing budget each year

23. Even with the commitments of the financial framework around redesign and transformation of IJB services the outlook remains extremely challenging as can be seen in tables 3-5 below:

	20/21	21/22	22/23
	£m	£m	£m
NHS delegated base budget	445	453	456
Additional contributions	7	4	4
Total NHS income	453	456	460
CEC delegated base budget	217	222	228
Additional contributions	5	6	6
Total CEC income	222	228	234
Total income	675	684	694

Table 3: Anticipated income 2020-2023

	20/21	21/22	22/23
	£m	£m	£m
Base expenditure	680	687	698
Price effects	18	15	15
Demographic change	11	12	12
Non demographic growth	1	2	2
Total expenditure	710	715	727

Table 4: Projected expenditure 2020-2023

	20/21	21/22	22/23
	£m	£m	£m
Total income	675	684	694
Total expenditure	710	715	727
Gap before savings plans	(35)	(31)	(33)
Total savings plans	24	19	17
Total gap	(11)	(12)	(15)

	20/21	21/22	22/23
% gap	(1.7%)	(1.8%)	(2.2%)

Table 5: Projected financial outlook 2020-2023

24. The Council's Head of Finance has written to the Chief Finance Officer to provide an update on the budget framework assumptions and these have been reflected in this financial outlook. Of particular note is the planning assumption that any uplift provided by the Scottish Government to support health and social care will not be passed on in full to the IJB. This is despite the recognition of the scale of the demographic challenge facing health and social care services. As in previous

years the Council is aiming to set its budget in February 2020. See paragraph 27 for further detail on the timetable leading up to this.

25. NHS Lothian's Finance and Resources Committee considered the first draft of the financial plan for 20/20 onwards on 25th September. This will be refined over the coming months with an indicative budget for the IJB expected shortly. The final plan is timetabled to be agreed by the end of March 2020.
26. As outlined in the financial outlook for the next 3 years, even with the commitments outlined in the financial framework, there is still a significant financial gap for the medium term for Edinburgh IJB. This will require us to continue to work productively with our partners and external stakeholders such as the Scottish Government to resolve the gap through transformation and redesign.
27. The Partnership's management team has started a series of workshops to develop a proposed savings and recovery programme for 2020 and beyond. This in turn will be presented to the board at development sessions scheduled between November 2019 and January 2020 with the final proposed programme being presented to the Board in February 2020. In parallel the Chief Officer and Chief Finance Officer, supported by colleagues from the Council and NHS Lothian finance teams, will continue to refine the planning assumptions.
28. It is clear that due to the level of financial challenge faced by the IJB, this financial framework needs to be expanded into a financial strategy for the medium term. This strategy will be closely linked to the strategic plan and will help inform the annual delivery plan and directions in future years.

Financial implications

29. Outlined elsewhere in this report.

Implications for directions

30. There is no direct additional impact of the reports contents.

Equalities implications

31. As above.

Sustainability implications

32. As above.

Involving people

33. As above.

Impact on plans of other parties

34. As above.

Report author

Judith Proctor
Chief Officer, Edinburgh Health and Social Care Partnership

Contact: Moira Pringle, Chief Finance Officer

Email: moira.pringle@nhslothian.scot.nhs.uk | Tel: 0131 469 3867

Appendices

None

Report

Home First

Edinburgh Integration Joint Board

22 October 2019

Executive Summary

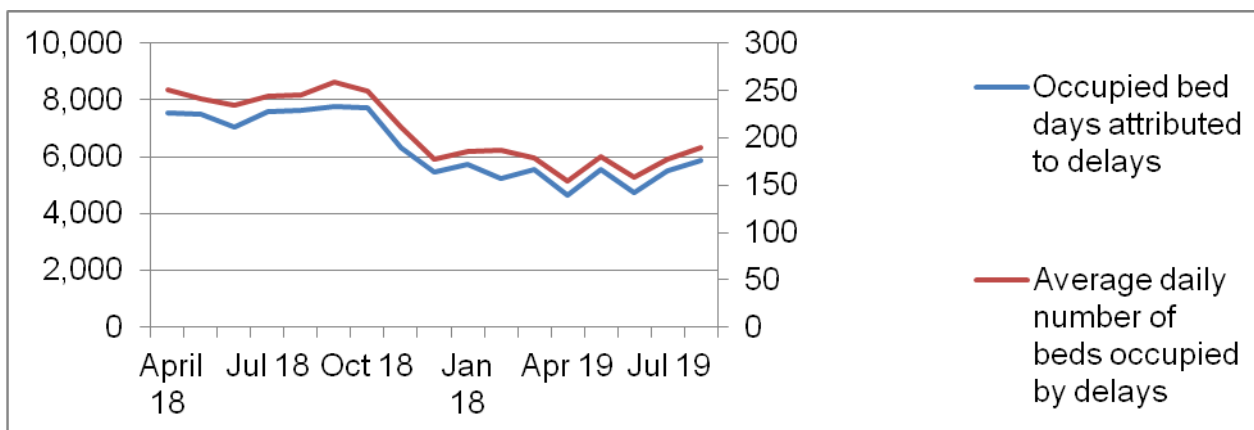
1. Being delayed in discharge from hospital is bad for patients, bad for staff, and bad for the financial health of the health and social care system. Edinburgh IJB's performance in the area of delayed discharges has improved significantly over the last 12 months, with the gross number reducing from 265 as at August 2018 to 188 at August 2019, an improvement of 29.1%. The number of bed-days lost has reduced from 7,616 to 5,893 over the same period, an improvement of 22.6 %.
2. While this improvement is very positive, there is still much to do, and the Scottish Government has set Scotland's Health and Social Care system an indicative target of no more than 1,200 delayed discharges by the turn of the calendar year. Edinburgh's proportionate share of this figure would be 113.
3. The next major step for Edinburgh is the expansion of our Home First model, whereby we would build confidence of clinical teams in the proposition that more people can be cared for in their own homes or in homely settings, by stepping up the care they already receive, and that admission to hospital should only be when there are no other options.

Recommendations

4. The Board is recommended to:
 - a. Approve the accelerated roll-out of the Home First model in Edinburgh;
 - b. Approve a planned reduction in the set-aside bed base as set out in paragraph 27, and issue the direction attached as appendix 1;
 - c. Require a report on progress no later than April 2020.

Background

5. The strategic direction of the IJB is to redesign care to ensure people have the opportunity to be treated at home or in a homely setting rather than in an acute hospital bed, and that the latter should only occur when all other options have been ruled out. By adopting a “Home First” approach within acute hospital services at the Royal Edinburgh Hospital, the Royal Infirmary of Edinburgh, and the Western General Hospital this strategic direction can become an operational reality. People who are ready for discharge and do not require an acute hospital bed may still require short term health and social care services. Where it is safe and appropriate to do so, this can be provided in their own home or another community setting in an approach known as ‘Home First’.
6. Most commonly this refers to a hospital discharge process focused on recovery which ensures assessment for longer-term care and support needs is undertaken in the most appropriate setting and at the right time for the person. This can also be called: ‘discharge to assess’, ‘safely home’, or ‘step down’; however it is important that people are not moved from an acute bed to one in an intermediate care unit when they could have gone home directly.
7. Edinburgh has started to introduce this model, concentrating in the first instance on the Western General Hospital site. A new role of Home First Navigator has been developed. With a background in, and knowledge of, community services, the postholder supports clinicians to explore opportunities for discharge. Although early days, anecdotal feedback is that the ward based team value this knowledge and that the team has already been supported to think differently about what is possible as an alternative to an extended hospital stay. What is clear from this early stage is that there is considerable mileage in this work, both in terms of improvements for individual patients, but also for the system as a whole.
8. At the same time, we have seen a sustained improvement in both delayed discharge numbers and the associated occupied bed days between April 2018 and August 2019. The following graph demonstrates a reduction of nearly 2,000 occupied bed days between April 2018 and August 2019.



9. Taking these two elements – improved delayed discharge performance and the potential of Home First there is the opportunity to begin to re-shape the bed base across the whole of the IJB's activities.
10. This dovetails well with NHS Lothian's requirements to re-profile its inpatient bed stock in two areas. IJB members will be aware that NHS Lothian's Hospitals Plan sees it establish a Major Trauma Centre at the Royal Infirmary of Edinburgh from 2020 and redevelop the Edinburgh Cancer Centre at the Western General Hospital. Delivering this will require a reduction of 52 medicine of the elderly beds across the 2 sites.

Main report

Home first in Edinburgh

11. As a health and social care system, we need to be supportive of people who want to maintain as much independence as possible in their own homes; this means not opening a discussion in hospital about care home admission or large packages of care which can reduce the confidence of people, their carers and their families. People should be discouraged from making life changing decisions about future care whilst they can still regain confidence and function. Information about their treatment, being involved in decision making and being able to plan for discharge helps people feel motivated towards achieving their recovery goals. All health and social care staff can play their role and support a realistic optimism when talking to people about recovery and rehabilitation at home. This ties in with 'conversation 2' of the 'Three Conversation' approach in Edinburgh. Our health and social care system should not be designed to pull frail, elderly or vulnerable people into hospital wards when they would prefer to be at home (or in a homely environment) and it is safe and appropriate for them to be supported there.
12. As described above, in Edinburgh, we are in the early stages of introducing Home First. Our staff teams have been working closely with other Partnerships in Scotland, in particular Dundee, where an approach aligned to the Home First model has been successfully implemented. Dundee focused on reducing admissions and length of stay by setting people on an early pathway at the point of admission. Their unscheduled care board invested heavily in community services, enabling assessment to take place in the person's home or a homely setting i.e. out with hospital. Demand on acute beds was reduced and access improved for those who needed it. As a result of this change in approach there has been a reduction in the number of people going into care homes directly from hospital. This in turn has had a positive impact on the confidence of hospital staff that positive, person centred alternatives to hospital admission exist and are successful.

13. We have started to implement this approach in Edinburgh by appointing our first Home First Navigator who works at the Western General Hospital. Although early days, he has already collected data which demonstrates the potential to further reduce occupied bed days and improve the number and timing of discharges from the medical assessment unit at the same time as improving the experience for people.
14. This is further supported by evidence from the monthly day of care audits taking place at the Western General Hospital. These show that over 50% of people in an acute bed on the day of the audit, do not meet the criteria to be in an acute hospital bed – these are people who could be at home or in another more homely setting. However, pathways out of hospital are limited, exacerbating delays. It is these people who would benefit from the expansion of Home First and it is proposed that the following areas be prioritised for investment to enable different pathways of care:
 - **Discharge to Assess** - 16 therapists to deliver 80-100 discharges per week city wide to support assessment at home; and
 - **Home First Navigators** - 3 posts that have community knowledge to support decision making to be risk enabled. These posts will work across seven days from the front door of the Western General Hospital as an alternative to further admission into the main arc.

NHS Lothian bed reconfiguration

15. As described above NHS Lothian is reconfiguring its bed-base to deliver on its own strategic plans. This requires a reduction of 52 beds over the next 6 to 8 months across 2 acute sites (26 in the Royal Victoria Building on the Western General site and 26 at the Royal Infirmary of Edinburgh). The first phase of this is well underway with the closure of ward 71 to create capacity for haematology and oncology to move into the Royal Victoria Building for winter 2019/20. We will balance this by expanding Home First and creating an alternative to hospital bed based assessment.
16. The budget associated with these beds forms part of the IJB's set aside, and this paper recommends that the IJB reinvests this money in community services to support the new model. Further detail on this is included in the finance section below. Through the organisational change process, skilled staff working within these clinical areas will be retained in current vacancies in either acute services or the Partnership.
17. There is a tension in the system around the pace and timing that the Partnership can deliver new models of care in line with the timescale of reducing beds. The resultant concern is that attendances and admissions will remain high resulting in higher occupancy rates with a consequent risk for patient care. In this context we recognise the need to work at pace and are actively recruiting therapists to deliver

discharge to assess and additional home first navigators to support skill mix with community knowledge. Winter bids have also been submitted that are community facing to prevent attendances to the acute hospitals. These bids enhance the Partnership influence at the flow centre and a home first prevention team to provide short term care in crisis to keep people at home. It is anticipated that this will be successful as it gives an option of support as an alternative to admission. It also allows immediate enhanced guidance for GPs who often feel that they are not able to access specialist advice within the time frame of a visit.

18. It is also recognised that an expansion of home first may not in itself be sufficient to offset the bed reductions in a sustained way. Alternative pathways to admission, such as further step down beds to enable assessment in a homely setting are being explored. These models have been successful elsewhere nationally across Scotland.

Key risks

19. There continues to be risks around the delayed discharge position, both reputationally, financially and most importantly the impact on individuals who are delayed in hospital.
20. The Partnership wants to influence the decisions around an individual which can result in them becoming delayed in hospital at an earlier stage to ensure that community models are being considered as a primary solution rather than after admission.
21. The main risk to the reduction in delayed discharge numbers is the culture and behaviour shift that needs to occur across the whole system to deliver Home First as the default option.
22. Timescales are tight with the planned reduction in beds.

Financial implications

Ward 71 - Western General Hospital

23. The directly releasable budget from the closure of ward 71 is £1.3m. This resource becomes available as nursing staff move into vacancies across the Western General Hospital and non pay spend ceases as the beds close. As part of the medicine of the elderly directorate, the ward 71 budget is delegated in full and forms part of the Edinburgh IJB set aside budget.
24. Of the £1.3m ward budget; £1.2m (90%) is the approximate Edinburgh share based on historic average use of the beds. The remaining £0.1m will be split between East Lothian and Midlothian IJBs.

25. As described in this paper, we plan to use the resource freed up from the closure of ward 71 to roll out home first across the city with an initial focus on north Edinburgh. Primarily this involves recruitment to a discharge to assess team for the north localities and home first navigators working at the front door of the Western General Hospital. Table 1 below shows the current commitments against the Edinburgh share of the released ward 71 budget:

	£m
Available funding	1.2
Commitments:	
North Edinburgh D2A team	0.4
Home First navigators	0.1
Home First manager	0.1
Total Commitments	0.6
Balance of funding available	0.6

Table 1: Commitments against W71 resource

26. In terms of indirect resources freed up from the closure of the ward, Partnership staff are working with Hospital colleagues to redirect resources in line with the Home First approach.
27. The plan shown would mean that £0.6m of resource is redirected in the first instance from the IJB share of the set aside budget to core partnership services (discharge to assess and home first navigator posts). It is recommended that the remaining £0.6m of uncommitted resource is retained within IJB reserves to mitigate the financial risks.
28. There are a number of risks with financial implications associated with the bed closures:
- NHS Lothian has recruited additional allied health professionals (AHPs) to reduce the length of stay within the medicine of the elderly wards;
 - Existing AHP resources within medicine of the elderly are underpinned by non recurring Scottish Government funding which is due to cease in 2020; and
 - NHS Lothian may reopen beds if deemed operationally necessary, these would be unfunded and, potentially form part of costs charged against our set aside budget.

Ward 120 - Royal Infirmary of Edinburgh

29. The directly releasable budget from the closure of ward 120 is £1.5m. As above, this becomes available as nursing staff move into vacancies across the Royal Infirmary of Edinburgh and non pay spend stops as the beds close. Ward 120 was commissioned by the IJB as a result of the planned closure of beds in Liberton Hospital. As such it is delegated in full and forms part of the Edinburgh IJB set aside budget.

30. Of the £1.5m ward budget; £1.3m is the approximate Edinburgh share. This is because the acute division invested additional monies from non delegated services to bolster nursing levels in line with other wards on the Royal Infirmary site.
31. Work is ongoing around ward 120 and the redirection of IJB resources in response to the bed closures. At present the only commitment is to introduce discharge to assess in the south of the city at a cost of £0.4m. As plans are finalised an update will be brought to the IJB for consideration.

Implications for Directions

32. The direction attached as appendix to this report reflects the transfer of funding from set aside services to support investment in the home first model.

Equalities implications

33. As above.

Sustainability implications

34. As above.

Involving people

35. With regard to the involving people core group meetings have been set up on both acute sites to involve discussion around future planning around the reduction of beds.

Impact on plans of other parties

36. There is a risk associated to the acute sites if the Partnership cannot deliver these new pathways at a pace as it will impact on whole system flow. Currently the volume is high associated with hospital attendances.
37. There is risk associated to the Partnership if the resource is not transferred as it will limit Edinburgh's ability to deliver the Home First model.
38. There is a considerable risk to the delivery of NHS Lothian's Hospitals Plan if there is delay to the establishment of the Major Trauma Centre at RIE and the refurbishment of the Edinburgh Cancer Centre. These would have regional and national implications.

Report author

Judith Proctor
Chief Officer, Edinburgh Integration Joint Board

Contact: Fiona Wilson, Delayed Discharge Lead, Edinburgh Health and Social Care Partnership

Appendices

Appendix 1	Draft direction
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DIRECTION FROM THE EDINBURGH INTEGRATION JOINT BOARD

Reference number	TBC		
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	No		
Approval date	TBC		
Services / functions covered	Home First		
Full text of direction	NHS Lothian has a requirement to re-provide Haematology services at the Western General Hospital and as a result it will reduce Medicine of the Elderly beds by 26 beds in ward 71 in the Royal Victoria Building. The resultant reduction in beds and funding release from this set aside service will resource and expand the Edinburgh Health and Social Care Partnership's Home First team. The balance of funding released to be held in the IJB's reserve.		
Direction to	NHS Lothian		
Link to relevant EIJB report / reports			
Budget / finances allocated to carry out the detail		<i>NHS Lothian</i>	<i>City of Edinburgh Council</i>
	2019/20	£0.9m	£0.0m
	2020/21	£0.6m	£0.0m
	2021/22	£0.6m	£0.0m
Performance measures	Ward 71 closed.		

	Acute bed numbers sustained. Hospital at home team recruited. 80-100 discharges per week city wide to support assessment at home.
Date direction will be reviewed	April 2020

Report

Finance Update

Integration Joint Board

22 October 2019

Executive Summary

1. The purpose of this report is to provide the committee with an update on the in year financial position, including progress towards a balanced financial plan for 2019/20.

Recommendations

2. The Integration Joint Board is asked to:
 - a) Note that a version of this report was considered at the first meeting of the Performance and Delivery Committee;
 - b) Note the financial position for delegated services for the first 5 months of the year;
 - c) Agree the use of slippage to offset the in year position, as detailed in paragraph 18;
 - d) Note the potential to achieve a balanced financial position for the IJB for the year; and
 - e) Remit the Chief Officer and Chief Finance Officer to continue working with colleagues in the Council and NHS Lothian.

Background

3. The May meeting of the Board considered the financial plan for the year and approved a savings and recovery programme. It noted that the plan was not yet balanced and discussed the ongoing efforts to bridge the gap, including a proposal to use a combination of IJB reserves and monies related to centrally funded initiatives.
4. A briefing was circulated to members in August and this was followed by a development session in September which further updated members on the options to support a break even position as well as with progress with the savings and recovery programme.

5. This report builds on that work and demonstrates how a breakeven position could be achieved for 2019/20.

Main report

6. There are 3 elements to achieving a balanced financial position for 2019/20:
 - (a) **Operational breakeven** – i.e. reporting a balanced position on the budget excluding savings;
 - (b) Delivery of agreed **savings and recovery programme**; and
 - (c) Closing the outstanding **budgetary gap**.
7. These are discussed individually below.

Operational breakeven

8. As members are aware the IJB “directs” budgets back to our partner organisations, the City of Edinburgh Council (the Council) and NHS Lothian, who in turn provide the associated services. Many of which are delivered through the Partnership. Both these partner organisations have different approaches to financial reporting and this in turn impacts on the ability to produce aligned consolidated information for the IJB and work continues to address this.
9. The Council has just completed its period 5 monitoring report which focuses on the projected outturn for the year. As part of the production of this information, the Council’s finance team reviewed the allocation of the £8m demography provision built into the IJB’s financial plan. The quantification of pressures related to demography is not an exact science and, following discussion with the Chief Finance Officer, the funding has been applied against pressures where either volume increases are evident (for example the purchasing budget and transport) or costs relating to acuity are increasing (care homes). After these adjustments to budgets have been actioned, £2m of the original provision remains – this will offset the increased costs of school leavers transitioning to mainstream services which have not yet been reflected in the finance ledger. The team has also undertaken an exercise to determine the costs associated with the introduction of free personal care for the under 65s and this is estimated at £2.0m with a full year impact of £2.6m. Further detailed work will be undertaken to forecast the year end position based on review of the period 6 position.
10. NHS Lothian has been producing monthly financial reports since the beginning of the financial year and has just finalised the quarter 1 review which provided the first opportunity to quantify the year end position. In parallel, the actual results to the end of August were reported to the NHS Lothian Finance and Resources Committee on 25 September 2019. Whilst the overall year end forecast is a small overspend (£0.06m), pressures in set aside services are offset by projected underspends in hosted services. This is an improvement on the position reported to the end of August, with prescribing a particular outlier. This reflects an increase in chemist volumes in July and a consequent deterioration in the financial position.

The quarter 1 review took place before this information was available and the position will be carefully monitored in the coming months.

11. Also of note is the set aside position, which is forecast to be £1.1m overspent by the end of the year. Key drivers include nursing (driven by high levels of sickness, vacancies, difficulty in recruiting and patient acuity), medical supplies (across a number of specialities with particular pressures in home oxygen costs and sleep service supplies) and medical staffing (emergency department and gastroenterology rotas and general junior medical rotas). Work continues with colleagues in acute services to understand both the factors impacting the financial position and the offsetting mitigations.
12. Table 1 below summarises the operational position for delegated services, and also reflects the savings and recovery programme. Further detail is included in appendix 1:

	Year to date			Year end forecast
	Budget £k	Actual £k	Variance £k	£k
NHS services				
Core	121,496	121,729	(233)	80
Hosted	32,812	32,804	9	967
Set aside	36,643	37,456	(812)	(1,092)
Sub total NHS services	190,952	191,988	(1,036)	(44)
CEC services	94,823	94,823	0	(13)
Total	285,775	286,812	(1,036)	(57)

Table 1: operational financial performance to August 2019 and year end forecast

Savings and recovery programme

13. The board agreed a programme to delivery savings of £11.9m in year, recognising that this was both achievable and challenging. Delivery is overseen by the savings governance board, chaired by the Chief Officer. This group meets monthly with all project leads submitting progress reports, allowing the Chief Officer to have an overview of the programme. The meeting itself focuses on the schemes which have been identified as needing support to progress, allowing us to concentrate on the actions required to deliver the agreed intent of the board.

14. Each of the individual schemes has been reviewed to assess forecast delivery and this is summarised in table 2 below, with details on a project by project basis in appendix 3. A number of factors were considered when making this assessment, including the monthly status reports to the Savings Governance Board, the cost profile as evidenced through the financial ledger and the overall financial projections for the year.

	£k
In year target	11,941
Projected delivery	12,916
Projected variance	975

Table 2: projected in year delivery of savings and recovery programme

15. As can be seen from the appendix, the programme overall is delivering above target, largely due to the increased level of financial benefit associated with the closure of Gylemuir. Conversely only 2 schemes are currently projected not to deliver any savings in year – namely transport and scheduling in internal home care services.
16. The transport policy has been reviewed and the revised policy is now being implemented, ensuring there is sufficient operational grip and control. Staff transport options and packages of care which include a transport element are being reviewed as part of this work. Despite this there appears to be little evidence of reduced costs in this area and we are working closely with the project lead for transport and colleagues from finance to understand the extent to which new pressures are offsetting the impact of these efforts. The business case for scheduling software for homecare staff is being finalised in consultation with CGI and will be presented to the Savings Governance Board in October. A conservative estimate of deliverable in year savings has been made for these 2 projects.

Closing the budgetary gap

17. We started the year with a budget gap (i.e. difference between expected income from partners and the estimated cost of delegated services) of £21.5m. This figure assumed the release of the £2.5m of funding provided in the Council's priorities fund. This opening gap will be mitigated by the savings and delivery programme discussed above and a £2.4m non recurring contribution from reserves agreed at the June meeting, leaving an outstanding gap of £7.15m for the IJB to address by the end of the financial year.
18. This has now been further updated as additional information is available. Consequently the gap has reduced by £3.2m to £3.9m, through a combination of the NHS Lothian financial position following the quarter 1 review and the increased delivery via the savings and recovery programme.
19. At the August development session, the board was presented with an option to close this budgetary gap. This involved using slippage on funding set aside for specific initiatives: for example community support; the implementation of the carers act and free personal care for the under 65s. Applying this funding in this way and on a one off basis in no way deflects from the Board's strategic intent but recognises that planning in these areas has taken longer than originally

anticipated. It should also be noted that everyone in Edinburgh who is entitled to free personal care is currently in receipt of this, and that the costs will increase in future years, in line with Government estimates and expectations.

20. Taking these measures into account leaves a small residual gap of £0.3m which will be identified between now and the year end. The overall position is summarised in table 3:

	Previously reported	Current position	Change
	£k	£k	£k
Indicative savings target	23,951	21,739	2,212
CEC provision	(2,500)	(2,500)	0
Savings target	21,451	19,239	2,212
Savings and recovery programme	(11,941)	(12,916)	975
Contribution from IJB reserves	(2,360)	(2,360)	0
Projected balance to be delivered	7,150	3,962	3,188
Potential additional actions to achieve balance			
Slippage		(3,684)	3,684
Balance to be identified		(278)	278
Remaining balance	7,150	0	7,150

Table 3: balancing the IJB's financial plan for 2019/20

21. This in year position relies heavily on the use of one off measures and, whilst the agreed savings programme will "step up" in 2020/21, this will not fully bridge the gap. The Chief Officer, supported by the management team and other key stakeholders, has initiated work on the financial plan (including savings and recovery) for 2020/21 onwards.

Impact on our partners

22. Whilst these projections show that the IJB overall can reach a break even position, the impact on our partners has yet to be determined. Although one of the key tenets of integration is that money should "lose its identity", as integration matures it becomes increasingly difficult to differentiate between "council money" and "NHS money". This distinction, however, is important for our partners in the Council and NHS Lothian as both organisations have their own financial targets to meet. This point is particularly germane when deciding how any partnership wide savings (eg Gylemuir) and IJB reserves are directed back to the partners. As things stand, NHS Lothian is reporting a break even position although the Council has a material (£9.7m) deficit in its budget due to health and social care. This is entirely a factor of how income, costs and savings are reflected in the 2 financial ledgers and can be represented by the budget savings which are not directly attributable to either partner, as summarised in table 4 below:

	£k
Partnership wide savings	3,426
Contribution from IJB reserves	2,360
Slippage	3,684
Balance to achieve break even	278
Net of: NHSL overspend	(44)
	9,704

Table 4: unattributed budget savings

23. To support delivery of a balance position for the Council, the IJB would have to direct the entirety of these funds back to the Council. This position assumes no change in the underlying forecasts, the risks to which are outlined below. It is therefore recommended that this is a decision which has to be taken in the context of any changes in the respective Council and NHS Lothian forecasts and the proposed IJB budget settlements for 2020/21. This will continue to be progressed by the Chief Officer, supported by the Chief Finance Officer, and reported back to the board later in the year.

Key risks

24. Like any year end projection, the IJB's relies on a number of assumptions and estimates each of which introduces a degree of risk. Of particular note are:
- (a) any financial impact of NHS Lothian's recovery programme;
 - (b) GP prescribing costs which increased in August;
 - (c) demand drives costs associated with external purchasing; and
 - (d) delivery of the savings and recovery programme in line with projections.

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.

Report author

Judith Proctor
Chief Officer, Edinburgh Health and Social Care Partnership

Contact: Moira Pringle, Chief Finance Officer

Email: moira.pringle@nhslothian.scot.nhs.uk | Tel: 0131 469 3867

Appendices

Appendix 1	Financial position to August 2019 and year end forecast for NHS delegated services
Appendix 2	Financial position to August 2019 and year end forecast for Council delegated services
Appendix 3	Edinburgh IJB savings and recovery programme 2019/20 projected delivery

**FINANCIAL POSITION TO AUGUST 2019 AND YEAR END FORECAST FOR NHS
DELEGATED SERVICES**

	Annual budget £k	To August 2019			Forecast Variance £k
		Budget £k	Actual £k	Variance £k	
Core services					
Community Equipment	2,323	968	1,187	(219)	(525)
Community Hospitals	12,490	5,184	5,159	25	(81)
District Nursing	11,818	4,836	4,536	299	403
GMS	79,889	30,823	30,605	218	(110)
Mental Health	11,725	4,762	4,013	750	1,116
PC Management	41,780	18,830	18,969	(139)	(140)
PC Services	11,039	3,945	4,293	(348)	(370)
Prescribing	79,342	32,581	33,454	(873)	228
Resource Transfer	23,819	10,753	10,751	2	3
Substance Misuse	2,922	1,217	1,261	(44)	(11)
Therapy Services	10,519	4,673	4,589	84	82
Other	7,846	2,923	2,911	12	(515)
Sub total core	295,510	121,496	121,729	(233)	80
Hosted services					
GMS	3,466	1,161	1,194	(33)	7
Hospices & Palliative Care	2,367	985	993	(8)	(0)
Learning Disabilities	7,808	2,943	3,268	(325)	(315)
LUCS	6,774	3,090	3,090	0	(0)
Mental Health	26,209	10,388	10,806	(418)	(610)
Oral Health Services	9,683	4,103	3,929	174	207
Psychology Services	4,301	1,797	1,847	(50)	(64)
Rehabilitation Medicine	3,514	1,369	1,238	131	372
Sexual Health	3,570	1,440	1,447	(7)	(108)
Substance Misuse	2,616	1,023	1,035	(13)	18
Therapy Services	7,279	2,911	2,795	116	276
UNPAC	3,743	1,049	830	219	624
Other	2,506	555	332	223	560
Sub total hosted	83,836	32,812	32,804	9	967
Set aside services					
Acute Management	2,844	1,033	1,092	(59)	(159)
Cardiology	4,726	1,951	1,951	0	(106)
ED & Minor Injuries	8,701	3,421	3,475	(55)	(449)
Gastroenterology	3,189	1,329	1,324	6	(166)
General Medicine	26,377	11,002	11,267	(265)	(537)
Geriatric Medicine	14,240	5,950	5,826	124	157
Junior Medical	14,151	5,916	6,156	(239)	(298)
Respiratory Medicine	5,538	2,288	2,403	(115)	(250)
Therapy Services	7,240	2,861	2,900	(39)	(119)
Other	6,791	891	1,062	(170)	835
Sub total set aside	93,798	36,643	37,456	(812)	(1,092)
Non cash limited				0	
Total	473,145	190,552	191,988	(1,036)	(44)

**FINANCIAL POSITION TO AUGUST 2019 AND YEAR END FORECAST FOR COUNCIL
DELEGATED SERVICES**

	Annual budget £k	To August 2019			Forecast Variance £k
		Budget £k	Actual £k	Variance £k	
Employee costs					
Council paid employees	87,690	36,538	36,314	224	537
Non pay costs					
Premises	746	311	308	3	7
Transport	3,583	1,493	1,533	(40)	(95)
Supplies & services	8,452	3,522	3,465	57	136
Third party payments	221,964	92,485	92,543	(58)	(138)
Transfer payments	253	105	105	0	0
Council priorities fund	0	0	0	0	0
Sub total	234,998	97,916	97,953	(37)	(90)
Gross expenditure	322,688	134,453	134,267	186	447
Income	(95,112)	(39,630)	(39,438)	(192)	(460)
Total	227,576	94,823	94,829	(5)	(13)
Budget gap	(9,691)	(4,038)	0	(4,038)	(9,691)
Net ledger position	217,885	90,785	94,829	(4,043)	(9,704)

EDINBURGH IJB SAVINGS AND RECOVERY PROGRAMME 2019/20 PROJECTED DELIVERY

	Recurring £k	In year target £k	Year end forecast £k	Variance £k
Grip and control				
Transport efficiencies	500	500	500	0
Reduction in agency staffing expenditure	700	700	700	0
Budget control and efficiencies in ATEC 24	500	250	250	0
S2c GP practices	500	500	500	0
3 conversations/Edinburgh pact/redesign				
Homecare	1,000	500	500	0
Overnight homecare	500	250	250	0
Overnight support	500	250	250	0
Expansion of BeAble model of day care	200	92	92	0
Closure of Gylemuir House care home	3,000	2,250	2,976	726
Delivery design	700	350	350	0
Mental health and disabilities efficiencies	1,393	736	736	0
Community/hospital interface	500	375	100	(275)
Other				
Scheduling efficiencies in internal home care	250	125	0	(125)
Uplifts to rates	550	550	550	0
Efficiencies in hosted and set aside services	1,473	1,890	2,469	579
Increases to charges	500	500	500	0
Prescribing	2,123	2,123	2,123	0
Mitigating offsets			70	70
Total	14,889	11,941	12,916	975

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Report

John's Campaign

Edinburgh Integration Joint Board

22 October 2019

Executive Summary

1. In September 2018, a paper was presented to the Edinburgh Integration Joint Board (EIJB) recommending the implementation of John's Campaign across all hospital and residential care homes managed by the Edinburgh Health and Social Care Partnership (the Partnership).
2. The purpose of this report is to provide an update to the Edinburgh Integration Joint Board on progress with implementing and embedding John's Campaign.

Recommendations

3. The Integration Joint Board is asked to:
 - i. Acknowledge the progress made to date with implementing and embedding John's Campaign in hospitals and residential care homes across the Partnership

Background

4. John's Campaign was founded in November 2014 by Nicci Gerrard and Julia Jones. Behind its simple statement of purpose lies the belief that carers should be integral to the care provided to their loved ones and that collaboration between the patients and all connected with them is crucial to their health and their well-being. The Scottish Government supports John's Campaign as part of a suite of measures to promote person centred care.
5. John's Campaign has the support of Age UK, the Alzheimer's Society, British Geriatric Society, Prof Alastair Burns (National Clinical Director for Dementia), The Butterfly Scheme, Carers Trust, Carers UK, Dementia UK, Dementia Together NI, Faculty of Psychology for Older People, Gold Standards Framework, National Audit of Dementia, Parkinson's UK, Patient Opinion, Point of Care Foundation and Royal College of Nursing amongst others.

6. John's Campaign promotes the ethos that carers are equal partners, and should be actively involved in planning and providing care as appropriate. A key message is that carers should not be restricted, or barriers put in place to prevent or reduce their input. Carers should not just be allowed, but actively welcomed into our care environments, including staying overnight.
7. Over the past year a range of activities have taken place across the Partnership to promote John's Campaign, which is now embedded in our community hospitals and 65 local authority and independent care homes.
8. The Hospital Based Complex Clinical Care (HBCCC) Innovation and Quality team designed a poster which is now displayed in wards to promote the principles of John's Campaign.
9. A working group of ward staff designed an information leaflet to inform and support relatives, carers and staff. This has been piloted across all sites and is now being re-designed with support from the Graphics Team prior to roll out across our hospitals.
10. Care home staff have also undertaken work to implement posters and information leaflets and these are now available.
11. Carers are welcomed at all times including overnight. The carer's room at Findlay House has been beautifully refurbished with overnight accommodation to enable carers to have a break and some quiet time. A dementia cafe which enables carer's and patients to spend time socialising away from the ward area has also opened at Ferryfield House. Plans are underway for similar works at Findlay House and Ellen's Glen.
12. During National Carers' Week (10-16 June 2019) an event was held to celebrate the progress and success achieved through promoting John's Campaign. The event was attended by 67 people including Senior Managers, Senior Charge Nurses, Care Home Managers, members of the Edinburgh Carer Support Team, Project Managers, Occupational Therapists, Police Scotland, Community Mental Health Staff, Care Inspectorate, and staff from Community Hospitals.
13. A round table discussion posing the question '**How can we support our staff to support carers?**' identified 64 recommendations and ideas. Key themes included the importance of good communication and listening, education for staff in how best to support carer's, and the importance of creating the right environment and culture.

14. As a follow up to the celebration event, the HBCCC Innovation and Quality Team are planning a 'Working in Partnership with Carers' development and education day for staff to further embed the principles of John's Campaign.
15. Work has begun to more formally evaluate the impact of John's Campaign through capturing stories from carers and patients and audit of incidents such as falls and violence and aggression.
16. In addition to John's Campaign, on 4 June 2019, the Partnership signed up to the Herbert Protocol with Police Scotland. The Herbert Protocol provides a comprehensive list of information about a person with dementia, such as previous address and school attended. This will help police find the person should they go missing.

Key risks

17. There is a risk that some carers feel pressured to be more actively involved in care than they planned, or viewed that carers are covering for staffing gaps. This is mitigated through inclusive care planning.

Financial implications

18. Costs for promotion met within agreed delegation by the Chief Officer and Executive Team.

Involving people

19. John's campaign is based on a cultural change, both from service providers and users. The success of John's Campaign involves discussion and engagement with patients, carers, and staff.

Impact on plans of other parties

20. John's campaign reinforces the Partnership's work with carer engagement.

Background reading/references

21. Further information about John's Campaign is available on the following website: <http://johnscampaign.org.uk>
22. Further information about The Herbert Protocol is available at <https://www.scotland.police.uk/your-community/edinburgh/>

Report author

Judith Proctor

Chief Officer, Edinburgh Health and Social Care Partnership

Contact: Jacqueline Macrae, Interim Chief Nurse

E-mail: Jacqui.Macrae@nhslothian.scot.nhs.uk | Tel: 07814764734

Appendices

None

Report

Chief Social Work Officer's Report 2018/19

Edinburgh Integration Joint Board

22 October 2019

Executive Summary

1. The CSWO is required to produce an annual report. The format changed some years ago, when local authorities were asked to use a template devised by the Chief Social Work Adviser to the Scottish Government to ensure consistency across Scotland in annual report submissions.

Recommendations

2. The Integration Joint Board is asked to:
 - i. Note the content of this report
 - ii. Note the report will be submitted to the Clinical and Care Governance Committee.

Background

3. This is the first annual report written by the Chief Social Work Officer, Jackie Irvine, since coming into post in July 2018.

Main report

4. The CSWO annual report provides a broad outline of some of the key issues facing social work and social care in Edinburgh. It includes data on statutory services, areas of decision making and sets out the main developments and challenges.
5. The report includes an update on finance, service quality, delivery of statutory functions, workforce planning and development.
6. Included in the report is a range of performance data and some of the key social work indicators are set out. This information complements, rather than replicates

the detailed performance and budget information on all social work and social care services.

7. Appendix two of the CSWO report acts as the required annual report to elected members on the operation of the statutory social work complaints process.

Key risks

8. The Chief Social Worker's Annual Report highlights strategic and operational matters which have affected social work services provided by the Edinburgh Health and Social Care partnership at the direction of the Integrated Joint Board (IJB).
9. Therefore, this report provides an overview and review of existing services and strategies. Any risks attached to either strategic or operational quality, delivery or performance will be known to the Edinburgh Health and Care Partnership and the IJB.

Financial implications

10. There are no financial implications that come directly from the Chief Social Worker's Annual Report.

Implications for Directions

11. There are no implications for IJB Directions that come directly from the Chief Social Worker's Annual Report.

Equalities implications

12. There are no equalities implications that come directly from the Chief Social Worker's Annual Report.

Sustainability implications

13. There are no sustainability implications that come directly from the Chief Social Worker's Annual Report.

Involving people

14. All social work services have the expectation to engage the participation of those citizens who require the support and assistance of those services. The

Edinburgh Health and Social Care Partnership has existing mechanisms in place to address stakeholder and community impact.

Impact on plans of other parties

15. The Chief Social Worker's Annual Report reports and reflects upon existing plans and will have no impact on these.

Report author

Jackie Irvine

Chief Social Work Officer

Contact: Jackie.irvine@edinburgh.gov.uk | Tel: 0131 553 8520

Appendices

Appendix 1

Chief Social Worker's Annual Report 2018/19

**THE CITY OF EDINBURGH COUNCIL
CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2018/19**

Introduction and Acknowledgement

It is my pleasure to provide my first Chief Social Work Officer's report in respect of the City of Edinburgh Council since coming into post in July 2018. I would like to acknowledge all the colleagues who have supported the production of this report and the associated relevant material for inclusion.

The requirement for each Council to have a Chief Social Work Officer (CSWO) was initially set out in the Social Work (Scotland) Act 1968 and further supported by Section 45 of the Local Government etc (Scotland) Act 1994. The role of the CSWO is to provide professional governance, leadership, and accountability for the delivery of social work services, not only those provided directly by the Council or from within the integrated Health and Social Care Partnership (HSCP), but also those commissioned or purchased from the voluntary and private sector. Social work services are delivered within a framework of statutory duties and powers and are required to meet national standards and provide best value.

The purpose of this report is to provide Council with information on the statutory work undertaken on the Council's behalf during the period 1 April 2018 to 31 March 2019 as well as outline the associated challenges within the context of the current climate within public services. This report will be posted on the Council website and will be shared with the Chief Social Work Advisor to the Scottish Government.

Jackie Irvine
Chief Social Work Officer
September 2019

1. Introduction – key challenges and strategic direction

The City of Edinburgh has one of the fastest growing populations of any city in the United Kingdom. In 2016, Edinburgh's population increased to over half a million for the first time in its history and is estimated to reach 546,444 by 2026.

With this increase in the population, comes an understandable increase in the need for service provision. This is particularly true for the adult and older population, whereby people are being supported to live longer, often with more complex needs.

This results therefore is an increasing demand for essential services, at a time when public sector funding is shrinking within the climate of austerity and the need for Councils to meet ever increasing funding gaps.

Despite these challenges, the City of Edinburgh Council have been able to demonstrate improvement within the majority of social work service areas. There were major strengths identified and validated from the recent joint inspection of services for children and young people, led by the Care Inspectorate. There is more detail of their findings later in this report (see Communities and Families/page 6).

The City of Edinburgh Council continues to receive positive feedback in respect of the delivery of Community Justice services and this feedback from stakeholders is further supported by a series of 'People's Stories' from citizen's who are included in community justice services in relation to the support they receive; with many examples of how this support has assisted them to improve their circumstance, both for themselves and also their families. This is despite the financial challenges being faced by a reduction in our Section 27 budget and the likely increase in more community-based disposals with the growing move away from short term sentences.

In respect of the integrated Health and Social Care Partnership (HSCP), following the most recent inspection of the HSCP, the service had a follow up inspection in 2018 to evaluate evidence of improvement as they related to the 17 findings within the original inspection report. The HSCP, faces significant challenges due to the scale of demand. They are therefore undertaking a major transformation programme as reflected in their most recent Strategic Plan 2019-2022. This is largely based on the development of key strategic developments; the Edinburgh (HSCP) Offer, a move to the Three Conversations model, further enhancement of a Home First approach to assessment and support, as well as a broader transformation programme.

The challenges related to both increasing demand and tightening finances, highlights the need to move to more innovative ways of providing services and support across the range of social work services in Edinburgh. It also requires a more integrated approach across all Council departments and there is greater recognition of the reciprocal responsibilities and contribution that can be collectively achieved by working together.

2. Partnership Working - Governance and Accountability Arrangements

Edinburgh has in place a range of governance arrangements to provide scrutiny and assurance to all areas of social work (Appendix 1).

For all areas of Public Protection, the Chief Officers Group provides oversight and governance to the range of committees and partnerships addressing public protection issues.

The Chief Officers group is chaired by the Council's Chief Executive and has representation from all the key partners as well as the chairs of the public protection groups; Child Protection Committee, Adult Protection Committee, Offender Management Group, Violence Against Women Group and the chair of the Multi-Agency Public Protection Arrangements (MAPPA) Strategic Oversight Group. Two Elected Members have been appointed to the group to improve oversight and awareness of the public protection challenges and issues within Edinburgh.

Adult social work services are now provided as part of the integrated Health and Social Care Partnership which is governed through the Integrated Joint Board (IJB). The IJB in Edinburgh has just re-organised its reporting structure, and now has five sub-committees also providing governance. The CSWO in Edinburgh sits as a non-voting member and professional advisor to the IJB and (on) the Clinical and Care Governance Committee.

Although the IJB in Edinburgh is separate from its parent bodies of NHS Lothian and the City of Edinburgh Council, the IJB still reports certain features of its business to both the NHS Lothian Healthcare Governance committee and to a number of the Committees within the Council. This provides good visibility across the Council of the progress being made by the HSCP in delivering on its key objectives.

Children's social work services are not integrated in Edinburgh, with no formalised inclusion into the IJB. **Children's social work services sits within the Communities and Families Directorate alongside Education services.** The governance and reporting arrangements for Children's Services is through the Children's Services Partnership, through the Community Planning Partnership. Edinburgh Children's Partnership is a governance arrangement linking; Council, NHS, Police and third sector agencies.

The Children's Partnership has three clear plans in place that support service delivery and improvement for children:

- Edinburgh Children's Partnership Children's Services Plan
- Edinburgh Child Protection Improvement Plan
- Edinburgh's Corporate Parenting Plan

Complementing this, each Locality has a Locality Improvement Plan, which is collaboratively created and led by partner agencies responding to local need and linked to the overall Children's Service Plan and the Health and Social Care priorities. This allows local variance in need to be reflected within each locality plan.

3. Social Services Delivery Landscape

Edinburgh Health and Social Care Partnership

The IJB was set up as a Public Body under the Public Bodies (Joint Working) (Scotland) Act of 2016. Membership comprises of voting members, five NHS

Lothian non-Executive Directors and five City of Edinburgh Council Elected Members. Non-voting members include the IJB's Chief Officer, Chief Finance Officer, Medical Nursing and AHP advisors. The Chief Social Work Officer is a non-voting professional advisor to the IJB and supports it by providing high quality professional social work advice. The role is set out in the underpinning legislation and accompanying guidance and ensures the legislative parameters supporting the social work role and function, and the statutory requirements relating to the regulation of services, is adhered to as the IJB fulfils its role and functions. Other non-voting members include people with experience of being a carer, with experience of accessing IJB services, trade unions representing the staff voice as well as the third sector representatives.

A wide range of services are delegated by both NHS Lothian and City of Edinburgh Council to the IJB. For the purposes of this report and in relation to Social Work services they relate to: Adult Social Work – in terms of social workers and social care staff, budgets for delivering social care for all adults – those with mental health issues, adults with a learning disability, older adults, people who are carers and those with physical or sensory impairment. The IJB is responsible for the delegated Adult Social Work budget relating to these services and those that are commissioned from third and independent providers to deliver the IJB's objectives as set out in its Strategic Plan. The approximate IJB Social Work budget is in the region of £250 million delegated by City of Edinburgh Council.

NHS delegated services include Community Mental Health and Learning Disability, Community Nursing and Allied Health Professionals, a range of community-hospital based services, Primary Care services and responsibility for the strategic planning of a range of acute based services which include Medicine for the Elderly, Psychiatry delivered in hospitals and Accident and Emergency Services.

The overall purpose of integrating these services and giving the IJB responsibility for the planning of them is to ensure that services are experienced as being seamless from the perspective of the individual, delivered as far as possible in the community or community setting and which are delivered maximising the use of public money through removing the organisational barriers between social work and health which, in previous years was seen to drive less than optimal outcomes for people.

This has been a period of significant change in the Edinburgh IJB. There has been a change in its leadership with a new Chief Officer taking up their role in May 2018, a new Head of Operations in June 2018 and a new interim Head of Strategic Planning joining in January 2019. The year has seen work undertaken on revising the IJB's Strategic Plan which will be published in August 2019 and in developing a new strategic transformation programme which will drive further improvement in performance as well as supporting the IJB and Health and Social Care Partnership in becoming sustainable, innovative and responsive.

Of note, in June 2018 the Joint Inspectorate undertook a progress review visit in respect of the 2016 Joint Inspection of Older People's Services. There were 17

recommendations in the original report and of these, the progress review determined that:

- 1 recommendation - good progress
- 2 recommendations - reasonable progress
- 12 recommendations - limited progress
- 2 recommendations - poor progress

IJB officers have revised the action plan relating to this and aligned it to the strategic transformation work to ensure that a more strategic approach to addressing actions can be taken.

Significant challenge for the IJB and partnership includes:

- Very challenging financial settlement; operating without a fully agreed budget beyond the start of the financial year;
- Significant savings programme to deliver;
- Historical poor performance in a number of key areas;
- Changing patterns of demand in the city – growth in the population alongside increasing in the prevalence of frailty and complex care needs that sits alongside this;
- Workforce scarcity due to the buoyant economy, high cost of living and the comparative attraction of similar jobs in other parts of Lothian;
- General volatility in the care market;
- Longstanding issues of health inequalities relating to comparative deprivation in the city.

The IJB has now set out a strategic transformation programme through its Strategic Plan which aims to rebalance its services, review and change its model and approach to delivery and develop its capability and capacity to meet the changing needs and expectations of our population. The plan, which covers 2019-2022 sets out the strategic priorities for the Board across:

- Prevention and early intervention
- Transformation of Home-Based care
- Re-design of bed-based models of care
- Developing the Edinburgh Health and Social Care Offer
- Embedding a Home First Approach
- Shifting the Operational model toward the Three Conversation Approach
- Social services Delivery Landscape – shifting practice to a Three Conversations model and approach

The IJB acknowledged that while it strives to deliver effective and efficient services to the people of Edinburgh, the current health and social care systems are highly bureaucratic, and process driven. The IJB recognised that this no longer works well for anyone and that it needs to radically shift how it works to improve the experience of both those who need and those who deliver its services. The Three Conversations® is a strength-based relationship approach which focusses on what really matters to people in their families and in their communities. It recognises that

people are the experts in their own lives and circumstances and is intended to replace the current 'assessment for services' culture and associated systems.

Communities and Families

July 2019 saw the publication of a Joint Inspection of the Children's Services provided by the Community Planning Partnership. The Inspection graded Edinburgh's services, for work on care and protection, successful transitions for care experienced young people into adulthood as well as the strength of its leadership.

The inspection team found that leadership of the Partnership was good (4). Partnership leaders were noted as being both realistic and pragmatic, whilst creating a common purpose for staff. Leadership had contributed to a Partnership that was strongly collaborative and had been successful in fostering a learning culture. The inspection team found that more could be achieved by furthering the impact of the Partnership's Corporate Parenting ambitions, as well as making more systemic use of feedback for self-evaluation purposes.

The Partnership's outcomes were found to be adequate (3). The inspection team noted that the Partnership had demonstrated improvements and had undertaken a great deal of work to reduce the number of young people going missing from residential placements. Staff were identified as working well to improve outcomes for children and young people. However, as a Partnership there was a need to make better use of evidence and trends analysis of improving outcomes for children, and young people. In addition to this, the Partnership needed to better understand through evidence gathering the impact of services on the lives of citizens it was supporting.

The Partnership's impact on children and young people was rated as very good (5), with strong indications being noted that children's care and protection was improving due to Partnership services. The inspection team identified strengths in areas such as the robust Inter-Agency Referral Discussion (IRD) process as well as feedback from children and young people regarding their positive relationships with staff. The inspection team identified that more could be done to close the attainment gap for looked after children as well as to increase both the offer of and the uptake of advocacy services.

The Partnership's impact on parents was graded as good (4), with staff having supportive and trusting relationships with parents. 90% of surveyed parents reported that they got on well with staff, and that expectations upon them were clear. Specialist services in the Partnership were supporting more confident, competent, and resilient parents. Again, limited access to advocacy for parents was found by the inspection team, who also found that not everyone was receiving effective support when they needed it.

Overall the report represents an extremely robust and intensive review process. One where the inspection team found the Partnership's self-evaluation to be an accurate depiction and analysis of its own strengths and areas for development. The inspection report notes positive practice in the Partnership, as well as some examples of sector leading developments. Highlighting the continued improvements

in child protection which has been sustained over the past two inspections of services.

The report also highlights clear areas for development, with the Partnership's use of and application of quality assurance and performance data contributing to the Partnership's grading of adequate.

Strengths

The number of children in Edinburgh who need to be Looked After, including those accommodated away from home, has reduced to its lowest in ten years. This is attributed to several positive developments including the implementation of restorative, strengths based and relationship-based practice across services, the impact of specialist services including Family Group Decision Making, Kinship Support Team and Multi-Systemic Therapy, and the increasing confidence and competence of staff in the Getting it Right for Every Child approach.

A robust inter-agency approach to child protection has resulted in effective risk assessment and appropriate planning to address risk. This has helped to reduce the number of children on the Child Protection Register to its lowest ever level.

Close working arrangements with Police Scotland and other agencies to assess and address risk when young people are going missing and may be exposing themselves to risk have seen a marked impact in this area of work. A proactive and collaborative model of practice in which a multi-agency group has daily oversight of risks and concerns has been developed. This is helping to improve relationships with staff and young people and this in turn has reduced the number of missing person incidents from children's residential units and the number of offences reported which involve young people in residential units. It has also helped to reduce the need for secure accommodation particularly among teenage girls.

Reduced usage of secure accommodation has allowed Edinburgh to sell part of its residential estate to NHS Lothian to create an Equally Safe Multi-Agency Centre which will support and improve services to child and adult victims of sexual abuse and other assaults.

Areas to Develop

The recent Inspection of services and the resulting improvement plan has provided clear priority areas for development (see above for details). Alongside this school attendance, attainment and follow-up positive destinations for children and young people who are Looked After are below current targets and this is one of the main priorities for improvement.

Community Justice

Edinburgh's Community Safety Partnership, on behalf of the Edinburgh Community Planning Partnership, is responsible for the development and implementation of Edinburgh's Community Justice Outcomes Improvement Plan. An annual report for 2017/18 was submitted to Community Justice Scotland in September 2018 and work is underway on a Community Justice Outcome Improvement plan for 2019–22. This

plan will reflect the work articulated in the 4-locality improvement plans and will complement the new Community Safety strategy which is being developed for 2020-23.

Significant developments in 2018-19 include:

The Peer Mentoring Service established in 2017 in conjunction with SACRO for people currently involved in the criminal justice system has become embedded into mainstream services. The mentors are supporting people who use the service to make decisions about their lives and access the services they need. They help people currently involved in the community justice system to explore issues or obstacles, set goals and achieve the things they want to do, whilst at the same time building confidence, skills and talent. Volunteers are employed to complement the work done by paid staff, acting as positive role models for people with an offending history, encouraging them to address their offending behaviour and reengage with their local community.

The Edinburgh Alcohol Problem Solving Court has been in place since February 2016 and uses community payback legislation, with frequent court reviews. The community justice social work service provides the court with speedy assessments with a focus on alcohol and ensures streamlined access to substance misuse services through close partnership working with Change Grow Live (CGL). Following an evaluation in 2018 which took into consideration the views of people who use the service, staff (including CGL), managers and the named Sheriff, the court assessment was reviewed, and a community detoxification is being developed which aims to offer another intervention for individuals whose offending is directly related to their alcohol use.

EnCompass is an education, training and employability service for people in Edinburgh living with complex needs, delivered through Access to Industry's in-house community college. Although established in 2017, it became embedded into mainstream services in 2018/19. It helps people furthest removed from the labour market to build their skills, gain access to opportunities and, where appropriate, move into employment.

Work continued throughout 2018/19 to develop a Restorative Justice service to those who are subject to statutory supervision, having been convicted of a hate crime and the victim of that offence (or a representative). The Community Justice (Scotland) Act 2016 and the creation of Community Justice Scotland are drivers for this project, in that there is an expectation that as a statutory agency consideration of and seeking input from victims of crime and communities affected by crime when delivering services. Restorative Justice is a medium which includes victims, offenders, and communities in repairing the harm caused by crime. Police Scotland are a key partner in this process and have agreed to provide information to and consent from victims of hate crime, to engage in joint training and to co-facilitate Restorative Justice where appropriate.

Services for women in the criminal justice system have been developed within the Drug Treatment and Testing Order (DTTO) service, Unpaid Work and Bail

Supervision. These compliment the work of the Willow service for women in the criminal justice system. DTTO provides services for women in a separate location with its own dedicated treatment team who work closely with a range of services. The team are skilled in supporting women through pregnancy and have worked, where possible, with people to become drug free and to have their babies and children remain in their care. When this has not been possible the team have continued to support the individuals to help them work towards a positive future.

An Unpaid Work women's group has been set up for women who have been given an unpaid work requirement as a condition of a CPO. This group encourages women to develop skills while carrying out meaningful and interesting activity.

The Court, Bail and Diversion team have set up an enhanced supervised bail service for women as a direct alternative to remand in custody. This service has allowed women to remain in the community by providing an intensive outreach service in partnership with specialist women's services such as Willow and Shine. The workers are accredited to undertake homelessness assessments which has made it easier for women without an address to access accommodation.

Groupwork services are leading on a range of developments relating to complex trauma and men's mental health. These include developing a new Men's Groupwork Service that specifically responds to the mental health impacts of trauma in adulthood, a range of trauma specific leadership and staff training, as well as undertaking a prevalence study in men to identify trauma experiences and specific mental health reactions. This is an area that will be further developed throughout 2019/20 and beyond.

The establishment of Safer and Stronger Communities has created opportunities for community justice to work more closely with other service areas, particularly Family and Household Support and Homelessness and housing support services. An example of this is the provision of training and support in working with women with multiple and complex needs, provided by Willow staff who have experience and expertise in this area, to four accommodation providers. This increases the likelihood of women being able to retain their accommodation by building the capacity of staff to manage their complex presentation, developing a shared language and understanding across agencies working with individuals.

Public Protection - Domestic Abuse

Edinburgh's Domestic Abuse Strategy and Improvement Plan was agreed by the Edinburgh Partnership in June 2017 and can be found [here](#).

The plan outlines the vision to develop a coordinated community response to domestic abuse in Edinburgh, which has been the driver for a city-wide review of all statutory agencies, commissioned services and grant provision, and an evaluation of service pathways for victims, children and perpetrators.

Work streams are progressing well and include:

- Development of a draft domestic abuse housing policy and associated training and improvements in service pathways for people who are homeless due to domestic abuse.
- A locality based, multi-agency response to domestic abuse in Edinburgh which intervenes early, engages safely with all family members, coordinates services and improves outcomes.
- Development of various levels of domestic abuse training, and a pool of trainers, to ensure the workforce are competent in responding to families affected by domestic abuse, including perpetrators, as well as adult and child victims
- Increased use of the Domestic Abuse and Violence Against Women Knowledge Hub; an online space for professionals in Edinburgh to connect to each other and share information, training opportunities, learning and resources.
- Review and improvements in the Multi-agency Risk Assessment Conference process for high risk victims of domestic abuse.

Public Protection

Adult Protection Committee

The Adult Protection Committee has approved the introduction of new recording tools in Adult Protection work designed by Edinburgh's Adult Protection Senior Practitioners. An updated Duty to Inquire Assessment was introduced in February 2019 with the aim to make open Duty to Inquires easier for practitioners to track, ensure that referrers are acknowledged when they have reported concerns and more clearly identify those cases that are progressing to Interagency Referral Discussions (IRD).

Adult Protection Safety Assessment and Planning Forms have replaced the Complex Risk Assessment from April 2019 onwards. These forms have been designed to allow for clear articulation of the type of harm, imminence of harm, likelihood of harm and the severity of impact of harm. Feedback from practitioners has been positive. These new tools also promote the use of chronologies, as recommended in the Care Inspectorate Older People's Services inspection in Edinburgh.

The Committee are planning a development day in September 2019 to identify the key priorities and themes for 2019/2020 and agree an improvement plan for the Adult Protection Committee which will be used to drive, and measure identified actions.

The Committee identified that Adult Protection audit work was necessary in order to measure the quality of practice within Adult Protection and also that a meaningful way of gathering and evaluating adults' experiences of the adult protection process. Quality Assurance Officers facilitate audits across practice teams in Health and Social Care and Community Justice that will be carried out by frontline managers within teams.

The People's Stories Model – a qualitative interview capturing a person's experience of using social work services - will also be rolled out across Health and Social Care

with a specific focus on Adult Protection to gather direct feedback from adults who have experienced the adult protection process.

It has now been agreed that health practitioners within the Health and Social Care Partnership will contribute to and undertake IRDs in the North West Locality initially from August 2019. It is expected that this will then be rolled out across the rest of the localities. This aims to enable practitioners to be better placed to assess the level of risk to an adult by having access to all key and relevant information to the situation and to mirror the tripartite discussions that take place in child protection Interagency Referral Discussions.

Child Protection Committee

The Edinburgh Child Protection Committee improvement plan for 2018/19 focused on five key themes: multi-agency chronologies, neglect, multi-agency practice evaluations, young people who abscond and are at risk of exploitation, and domestic abuse. A simplified format and regular reporting have assisted us in progressing and measuring identified actions.

These priorities reflect the range of issues which the Committee identified on a multi-agency basis as requiring focus. Within the context of this plan, Edinburgh is beginning to test a pan-Lothian approach to multi-agency chronologies, as well as continuing the roll out of Safe and Together training to address domestic abuse across the workforce. In addition, the embedding of innovative approaches to addressing the safety and wellbeing needs of young people who go missing from residential care has been a key focus.

The committee at its development day in May 2019, agreed to retain the priorities around chronologies, neglect and domestic abuse within its' improvement plan for the coming year. This is in recognition of the long-term work required to consolidate improvements.

Funding

The Committee has funded a range of work this year, to help embed best practice as well as ensure a robust understanding of the impact of services and that the infrastructure is in place to promote collaborative learning. Funding has been provided for five certified trainers to deliver Safe and Together training to the local workforce, providing opportunity to significantly expand the reach of this model to all of those who work with children and families.

In addition, the Committee has commissioned external evaluations of a pilot project regarding return interview processes for young people who go missing from residential care, and of selected inter-agency training courses. These evaluations will help the understanding of how effective services and training are in making an impact on outcomes for young people and will inform future priority setting; early indications from these evaluations are that the approach has been very successful.

Funding has also been committed to a six-month public protection business support post, ensuring that crucial administrative capacity is available for key public

protection activity such as the coordination of Initial and Significant Case Reviews, across all public protection areas.

Child Protection Registration

The numbers of children subject to child protection registration have been on a steadily reducing trajectory throughout 2017/18.

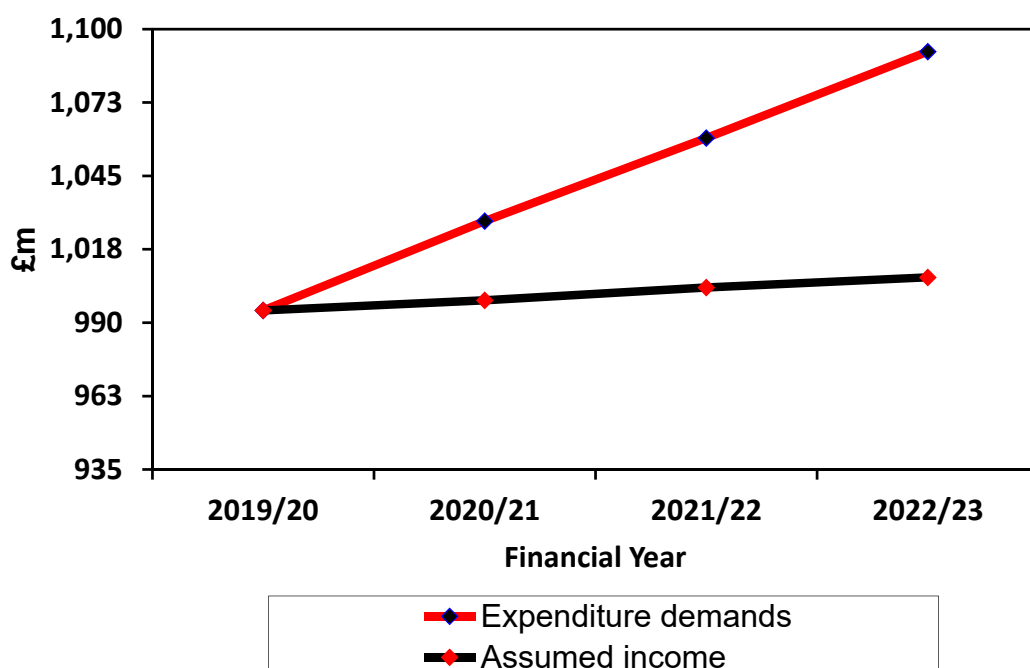
The Quality Assurance Subcommittee is carrying out an audit of cases where Child Protection Case Conference was convened but the child’s name was not placed on the Child Protection Register, as well as a follow up on selected cases six months post-registration to further scrutinise this hypothesis.

In recognition of the importance of child centered planning within a relevant timescale, the Committee has also begun tracking those children subject to Child Protection Registration for over 18 months, rather than 24 months, from 1 April 2019.

4. Resources

As in previous years, the Council continues to face significant financial challenges resulting from a combination of increases in service demand, inflationary pressures, legislative reform and heightened citizen expectations. These factors are set against a backdrop of reducing core Government grant income once account is taken of monies provided for the delivery of new, or expanded, commitments.

The chart below shows the gap between projected expenditure demands and available funding. This gap would, other things being equal, increase if levels of Government funding were lower than anticipated or required demographic provision higher than currently provided for.



Based on these assumptions, it is anticipated that in order to maintain expenditure in line with income, the Council will need to identify and deliver, recurring annual savings between 2020/21 and 2022/23. More immediately, the approved budget for 2019/20 is predicated on the delivery of some £39m of savings, as well as management of all service pressures and delivery of a balanced budget (by the IJB). A progress update considered by the Finance and Resources Committee on 23 May 2019 highlighted a need for urgent actions to reduce the risk of significant in-year pressures. It is likely that identification of these mitigating actions will need to go beyond incremental efficiencies and consider more fundamental prioritisation of existing services if financial sustainability is to be maintained, whilst maintaining a focus of prevention and the impacts of poverty.

Council-wide Change Strategy

The Council has delivered nearly £300m of recurring savings since 2012/13, equivalent to around 30% of its net budget. This has allowed the combined financial challenges of increasing demographic-led service demand, inflationary pressures and legislative reform to be addressed whilst steadily improving performance across many areas. There is, however, now a need to place much greater focus on service transformation and prioritisation, designed using insight from active engagement with communities and elected members.

Demographic investment

In recent years, budget planning in the Council has provided significant protection to social work services, as well as for other priorities, such as schools. The Council's long-term financial plan continues to provide additional funding to meet growing needs for care services from the increasing number of older people in the population, particularly those over the age of 85, and increasing numbers of people with learning and physical disabilities due largely to greater longevity.

Funding is also provided for a growing number of children and young people, the level of which is adjusted, as appropriate, for preventative investment in early years activity and by actions intended to reduce the increase in the number of looked-after children. Despite this welcome commitment, the scale of savings required from public services and the growing complexity of need across all age groups leave services with diminished capacity to meet need to the level and quality communities may expect. This creates challenging tensions in balancing potentially-competing demands on public funds. This requires a shift in the relationship between citizens and the state, doing more things with people instead of to or for them and working in ways which strengthen individuals, families and communities, reducing the need for expensive and intrusive interventions into individuals' lives.

Criminal Justice Social Work is funded by the Scottish Government through a ring-fenced grant under Section 27 of the Social Work (Scotland) Act 1968. The funding is provided to allow the Council to discharge its statutory duties and to work towards preventing and reducing further offending in line with the Community Justice Outcome and Improvement plan.

The City of Edinburgh Council received £9,711,257 Section 27 funding for the year 2018/19. This figure was a reduction of £70,000 on the grant allocation for the

previous year. These financial pressures increased in 2018/19 and will continue into 2019 - 2021 due to the unfunded pay award for public service staff. In Edinburgh, this equates to approximately £225,000 per annum. As a result, service redesign will be required. This may well impact on the ability to manage the predicted increase in workload which is likely to result from the Presumption Against Short Term sentences of 12 months or less which, subject to the approval of the Scottish Parliament, is due to come into force in 2019.

Health and Social Care

2018/19 outturn

The provisional outturn for the Health and Social Care service reflects significant demand-led pressures, showing an overall overspend of £7.5m. This position reflects significant slippage on planned savings delivery and growth in demand for care at home services, direct payments and individual service funds and an increase in demand usage of transport. To mitigate the overspend, the Council has allocated an additional one-off contribution of £7.5m. This payment will allow Council services directed by the IJB to break even in 2018/19.

2019/20 budget

Despite this projected balanced position for 2018/19, the underlying financial pressures and challenges remain. This will be compounded by a financial settlement for 2019/20 where the increase in income is outstripped by the projected increases in cost. The board has been briefed on the implications for the 2019/20 financial plan and associated savings requirements through a combination of development sessions and a formal report to the IJB in March. The plan shared with the board in March remained unbalanced and the Chair, Vice Chair, Chief Officer and Chief Finance Officer were remitted to meet with senior representatives from the City of Edinburgh Council and NHS Lothian to progress the options to support financial balance. The financial plan presented to the board in March was based on indicative information agreed with partners.

The allocation from the City of Edinburgh Council is £216.969m, representing an increase of £16.244m (8.1%).

5. Service Quality and Performance – Delivery of Statutory Functions

Health and Social Care Performance in Edinburgh

Between March 2018 and April 2019 there has been a 48% reduction in the number of people **delayed in hospital** awaiting discharge (267 to 139) and a 66% reduction in the number of lost bed days for those patients (9,901 days to 3,381 days – note this is not the lost bed days in the month – but the length of delay per patient – this is also greatly improved from 37 to 24).

Delayed discharge

Between March 2018 and April 2019 there has been a 48% reduction in the number of people delayed in hospital awaiting discharge and a 66% reduction in the number of lost bed days for those patients.

This represents a fall of 6.5% from March 2018 to April 2019 and 27% from the peak in September 2017.

There has been a small reduction in the number of people **waiting for assessment** in the same period (March 2018 – April 2019), 1,544 to 1,444 however, from the peak of people waiting in September 2017, when the number of people waiting was 1,978, the fall is larger.

Waiting for assessment

	People
September 2017 (worst)	1,978
March 2018	1,544
April 2019	1,444

The number of people **waiting for a package of care** has seen a large fall. From March 2018 to now there has been a fall from 964 people to 371 people (62%). The number of unmet hours has fallen from 7,853 to 2,578 (67%). From the highest point of the waiting list in mid-April 2018 when there were 1,012 people waiting for 8,679 hours, the percentage falls are 63% and 70% respectively.

Waiting for package of care

	People	Hours
March 2018	964	7,853
April 2018 (worst)	1,012	8,679
April 2019	439	3,052
20 May 2019	371	2,578

There has been a sustained downward trend in the number of people waiting for a package of care and the number of hours for which they are waiting. In the last year, from the worst position in mid-April, there have been reductions of around two thirds when there were 1,012 people waiting for 8,679 hours (63% and 70% respectively).

Performance - Mental health and Guardianship

Mental Health Officers (MHOs) are social workers who have undertaken additional training in working with people with mental disorder, defined in the law as mental illness, learning disability and personality disorder.

All local authorities are required to provide sufficient numbers of MHOs, either through training or recruitment, to undertake statutory duties under the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000.

All MHOs receive their accreditation directly through the office of the Chief Social Work Officer (CSWO) and in fulfilling their responsibilities are acting on the authority of the CSWO. Mental Health Officers must be involved where any adult is receiving compulsory measures of care and treatment, whether in hospital or in the community, under either of these Acts.

The role of the MHO is to ensure that the legal rights of anyone subject to compulsory measures are fully understood, and acted on, by all involved in the adult's care and to ensure that there is reciprocity through the provision of services to the adult to ensure that any period of compulsory measures is for the shortest period possible and is providing the maximum benefit.

Table 1 – 3 below sets out the use of compulsory measures of care and treatment and the use of welfare guardianship

Table 1								
	2015/16		2016/17		2017/18		2018/19	
	No.	People	No.	People	No.	People	No.	People
Contacts	590	506	471	424	Na	Na	Na	Na
Assessments completed	1380	845	1380	835	1213	757	1131	706

Table 2 - This table shows the increase in the use of Emergency Detention Orders (EDOs) – there are 27 more EDOs in the period 2018-19 than in the preceding year which is an increase of 11.2%. This is concerning as the use of EDOs should be the exception with the correct gateway to hospital on a compulsory basis being the Short-Term Detention Order. However, it is noted that there is an increase in all types of detention covered within the table.

Table 2 - Mental Health Act Orders Commenced				
	Commenced Apr 15 - Mar 16	Commenced Apr 16 - Mar 17	Commenced Apr 17 – Mar 18	Commenced Apr 18 – Mar 19
Emergency detention in hospital (72 Hrs)	208	195	241	268
Short term detention in hospital (28 days)	411	484	472	478
Compulsory Treatment orders (indefinite with 6 monthly review in first year and then annual review)	125	107	151	147
Interim compulsory treatment orders (28 days)	61	47	72	65

Table 3 shows a small drop in the number of Compulsory Treatment Orders (CTOs) in operation on 31 March 2019 when compared with the same date in 2018. This is reflected in the total numbers of CTOs commenced in this period (147) which is 4 less than in the preceding year (151) representing a drop of 2.6% in the number of CTOs granted. However, the number of CTOs commenced in 2018-19 remains significantly higher than the number of orders commenced in 2015-16 (125) and 2016-17 (107).

Table 3 - Mental Health Act Orders in Operation on 31st March				
	As at 31 March 2016	As at 31 March 2017	As at 31 March 2018	As at 31 March 2019
Emergency detention in hospital	41	20	20	83
Short term detention in hospital	167	49	138	189
Compulsory treatment orders	306	343	416	403

Table 4 - This tables shows a small decrease of 5 (12%) in the number of these types of orders made by court during the reporting period when compared with the previous year. However, although the number of criminal justice orders started during this period declined by 12% the total number of criminal justice orders in operation at the end of the year increased from 94 criminal justice orders at the end of 2018 to 101 criminal justice orders at the end of 2019 representing an increase in of 7.4%. This suggests that fewer criminal justice orders have ended during this period than in previous years. It is also of note that there has been an increase of 5 Compulsion Orders with Restriction Orders which are the orders related to the highest perceived level of risk and requiring the greatest level of RMO and MHO supervision.

Table 4 - Mental Health Orders under the Criminal Procedures (Scotland) Act 1995				
	2015/16	2016/17	2017/18	2018/19
Total legal orders started	25	20	41	36
Total legal orders open at period end	71	80	94	101
Compulsion orders with Restriction order open at end of period	24	27	27	32

Table 5 shows a small decrease of 10 (1.1%) in the total number of guardianships in operation in 2019 compared with the previous year.

However, this decline is entirely accounted for by a decline in the number of orders containing financial powers only. The total number of orders incorporating welfare powers has increased from 767 orders in 2018 to 781 orders in 2019 which is an increase of 1.8%. The total number of local authority guardianships with welfare powers has increased more significantly from 177 in 2018 to 186 in 2019 which is an increase of some 5%.

Table 5 - Guardianships	2016	2017	2018	2019
Welfare Guardianship				
CSWO welfare guardianships	116	146	148	153
Private Welfare guardianships	167	203	205	214
Financial guardianship (private only)	92	100	97	73
Welfare and Financial guardianship				

CSWO welfare and financial guardianships (guardian for financial element must be non-Council)	32	39	29	33
Private welfare and financial guardianships	319	366	385	381
Total	726	854	864	854

Performance – Children in need, child protection and looked after children

In 2013 Children’s Services embarked on an exercise to shift the balance of care from high cost services such as residential care, secure care and purchased foster placements to supporting children within family-based settings either with parents, kinship carers or Council foster carers. This would keep children within family networks where appropriate and within the educational provision of the city.

Investment in early intervention services such as early years, family group conferencing, kinship care and Multi-Systemic Therapy has enabled a successful outcome with:

1. reductions in the number of Looked After Children (1408 in 2013 to 1256 in 2019);
2. reductions in secure care (internal capacity reduced from 12 beds to 6 beds);
3. maintaining the number in residential care (84 in 2013 to 88 in 2019);
4. reductions in purchased foster care (608 in 2013 to 520 in 2019);
5. an increase in the proportion of foster placements with Edinburgh Council carers (55% in 2013 to 68% in 2019);
6. an increase in the number of kinship carers for Looked After Children and an increase in those placed under a Kinship Care Order (467 in 2013 to 594 in 2019).

This has resulted in reduced costs overall whilst increasing early intervention and prevention. Savings from reductions in the costs of accommodating children have recently enabled family group decision making to be expanded further.

The performance set out above has enabled Children’s Services to deliver efficiencies whilst improving the outcomes for children. The additional investment in early intervention and prevention, possible through shifting the balance of care, and continuing focus on GIRFEC places the service in a strong position in the current financial climate.

Table 6 – Volume	
Item	Figures as at 31 March

	2017	2018	2019	Change from previous
Approximate number children allocated within Children and Families team	3400	3400	3,200	-6%
Monthly reports submitted to the Authority Reporter	200	188	175	-7%

Table 7 Child Protection				
	Figures for period April to March			Change from previous
	2016/17	2017/18	2018/19	
Child protection Inter-agency Referral Discussions (IRDs)	1343	1396	1,210	-13%
Child protection case conferences	1,268	940	787	-16%
Children on Child Protection Register	286	206	132	-36%

Table 8 - Child Protection Case Conferences				
Item	Figures for period April to March			Change from previous
	2016/17	2017/18	2018/19	
Initial	312	254	172	-32%
Pre-birth	73	71	57	-20%
Review	768	612	547	-11%
Transfer	21	3	11	+267%
Total	1174	940	787	-16%

Table 9 - Looked After Children	As at 31 March			
	2017	2018	2019	Change from previous
Total number of children and young people looked after	1372	1334	1256	-6%
At home with parents	347	338	356	+5%
In foster care	584	581	520	-10%
In residential	83	101	88	-13%
With kinship carers, friends / relatives	320	271	249	-8%
With prospective adopters	24	26	27	+4%
In secure accommodation	9	7	7	+0%
Other	5	10	9	-10%

Table 10 – Secure Accommodation				
Item	Figures for period April to March			Change from previous
	2016/17	2017/18	2018/19	
Total number of admissions	30	20	17	-15%
Admissions to out of Edinburgh provision	12	14	7	-50%
Average length of time in secure for young people discharged (in days)	135	155	152	-2%

Table 11 – Adoption and Permanence				
Item	Figures for period April to March			Change from previous
	2016/17	2017/18	2018/19	
Adopters approved	14	15	11	-27%
Children registered for adoption (Permanence Order with Authority to Adopt)	26	31	24	-23%
Children registered for permanence (Permanence Order)	51	28	47	+68%
Children placed for adoption	23	21	23	+10%
Children adopted	35	20	27	+35%
% of Permanence panels within timescale	25%	40%	33%	-18%

Table 12: Domestic Abuse - Child Welfare Concerns and Child Protection Registrations				
Item	Figures for period April to March			
	2016/17	2017/18	2018/19	
Total number of child welfare concern forms sent to Social Care Direct	11,505	10,711	10,754	
Number of child welfare concern forms with domestic abuse as a concern	3,322	3,655	3,387	
Item	Figures as at 31 March			
	2017	2018	2019	

Children on Child Protection Register	226	206	132
Percentage of children on the Register who had a domestic abuse concern identified	53%	44%	42%

Performance - Community Justice

Edinburgh has had a long-standing commitment to preventative work and to a service model that offers a continuity of service regardless of where the person is in the community justice pathway.

Examples include:

In 2018 the Scottish Government provided some additional resource to support the reinvigoration and extension of the Whole System Approach to young people in Edinburgh. Diversion from prosecution, court support, extending bail supervision and reintegration and transitions following a custodial sentence were identified as key areas for young people up to the age of 21. A part time senior practitioner has been appointed to take this work forward.

Supervised bail allows people who would otherwise have been held on remand, to be released to an assessed address where work is undertaken to explore and manage the underlying causes of offending. A new post was established to work to reduce the female remand population.

The Diversion from Prosecution scheme provides an alternative to prosecution by supporting the individual to engage with tailored interventions to address the difficulties that have caused their offending behaviour.

The Edinburgh and Midlothian Offender Recovery Service (EMORS), for short term prisoners, takes a recovery centered approach, working with individuals to help them move away from problematic alcohol and drug use and other issues that increase the likelihood of offending. The service provides continuity of care from point of arrest, throughout an individual's stay in prison, and during the transition period from prison to community. It also uses peer volunteers to show visible recovery in the throughcare model. The approach is based on coordinated working between health services, local authorities and the Scottish Prison Service. Prison gate pickups are offered by EMORS, in recognition of the critical nature of the transition period from prison to community, and the challenges faced by individuals. Partners work to provide throughcare support to improve outcomes for at least the first twelve weeks following release. There are also addiction recovery hubs in each of the city's four localities offering drop in and appointment services to assist people to address their substance misuse.

The examples above support Community Justice Scotland's agenda and given the innovative working already in place, the Council is keen to be involved in Community

Justice Scotland's scoping exercise and discussions on the future delivery of demonstration projects to test new approaches for community justice.

- 2,657 people were supported through open community orders by the Criminal Justice Social Work Service. This represents a 1.6% decrease from support given during 2017-18.
- Criminal Justice staff completed 2,529 social work reports to support decision making by the courts, representing a 2.6% increase from 2017-18.

Table 13 – Offenders in the community subject to statutory supervision			
	31 March 17	31 March 18	31 March 19
*Many offenders being managed in the community have their risk levels reduced to medium, reflecting successful risk management strategies.			
Assessed as very high risk or high risk (sexual violence)	17	7*	*10
Assessed as very high or high risk (violence)	46	37	*37
Probation orders	9	8	6
Community service orders	7	5	5
Community payback orders	1121	1069	940
Drug treatment and testing orders	121	145	168
Drug treatment and testing orders (II)	33	34	38
Bail supervision	16	23	24
Statutory supervision of released prisoners (e.g. life licence parole, extended sentence, supervised release orders)	128	127	121

Table 14 - Offenders in prison who will be subject to statutory supervision on release			
	31 March 2017	31 March 2018	31 March 2019

Offenders currently in prison who will be subject to statutory supervision on release assessed as very high or high risk (sexual violence)	66	69	81
Offenders currently in prison who will be subject to statutory supervision on release assessed as very high risk and high risk (violence)	113	110	146

Performance - Adult Protection

The monthly Adult Protection performance figures consistently show that the conversion rate of adult protection referrals into Interagency Referral Discussions is above the national average of 12.5%.

There has been no notable increase in the number of Adult Protection referrals received; however, the number of Adult Protection Case Conferences and Case Conference Reviews has significantly increased throughout 2018-2019.

From December 2017 – September 2018, there was an average of 17.8 Adult Protection Case Conferences and Case Conference Reviews within a month, whereas from October 2018 – May 2019 there has been an average of 38.75 Adult Protection Case Conference and Case Conference Reviews within a month. This is in line with the messages promoted during Adult Support and Protection training that when considering if an adult is at risk of harm, practitioners should be guided by the message '*if in doubt, rule it in not out*', and should consider holding an Adult Protection Case Conference in order to share the responsibility of assessing the level of risk and agreeing a protection plan.

Adult Protection Activity				
	2015/16	2016/17	2017/18	2018/19
Adult protection referrals	1134	1726	1870	2140
Inter-agency Referral Discussions (IRD)	329	425	358	402
IRD as a % of referrals	29%	21.5%	19.1%	18.7%
Adult protection initial case conference	79	99	80	116

Initial case conference as a % of IRD	24%	23.3%	22.3%	28.9%
Adult protection case conference reviews	110	93	113	239

Quality Assurance of Residential, Day and Domiciliary Care for Adults

In addition to the residential, day care and home care services managed directly by the Partnership, staff are responsible for the contract management of over 430 contracts. This includes over 121 providers of regulated care at home, care and support and registered day services.

A further 141 contracts are managed in this way for the delivery of unregulated services, which include advice, advocacy and information, lunch clubs and practical help for people who choose self-directed support.

The remit of both groups is to monitor the quality of service provision, to acknowledge good practice and to challenge providers when services do not meet consistently high standards. Action is taken in respect of services assessed as 'weak' or 'unsatisfactory', and complaints to the Care Inspectorate and/or Council that have been upheld are the subject of discussion with providers, to ensure they have been addressed and measures are in place to prevent recurrence. Based on the intelligence provided by these mechanisms, the Chief Social Work Officer can suspend admissions or referrals to services that do not meet minimum standards.

As of 30 April 2019, 42 Council run services registered with the Care Inspectorate in Edinburgh had themes graded as 'adequate' or lower. In comparison, 172 services had themes that were graded as 'good' or 'better'. For grades spread across all assessed themes, approximately 37.8% of all registered services in Edinburgh achieved grades of 5 and 6; only 1.4% of providers achieved 1 and 2s; and 60.7% were assessed with a mixed grade spread.

Services	Subtype	Grade Spread			Grand Total
		1&2	Mix	5&6	
Care at Home	Older People		38	16	54
	Alcohol & Drug Misuse		1		1
	Blood Borne Virus			1	1
	Learning Disabilities		6	3	9
	Mental Health			1	1
	Physical and Sensory Impairment		5	1	6

Support Service	Care at Home	3	62	39	104
	Other than Care at Home		18	20	38
Totals		3	130	81	214

Compliance Activity

The activity of the two Regulation Officers is detailed at Appendices 3 and 4. This includes the Breakdown of Care Inspectorate grades for contracted providers (information on Council services is set out at Appendix 4)

The Care Inspectorate introduced a new inspection methodology for Care Homes for Older People in July 2018. This new approach introduced amended quality themes and increased the number of themes inspected on from 4 to 5.

The new approach has had an impact on the grades awarded to the Council's care homes. A strategic Care Home Programme Plan of Continuous Improvement has been developed to address systemic issues identified from the inspections undertaken in 2018. All other services continued to be inspected against the previous 4 quality themes during 2018/19, with services being given a grade of 3 – adequate, if an improvement in the quality of service provided is identified.

Quality Assurance of Social Work Services

1. OVERVIEW

The Quality Assurance and Compliance (QA) service, as a vehicle of the Chief Social Work Officer, monitors standards within social work services and provides feedback to these areas regarding strengths and areas for development.

Projects are also undertaken on behalf of the Chief Social Work Officer, Public Protection Committees and the service(r) areas responsible for social work service delivery.

The remit of the QA service is to:

- support services to identify strengths;
- assist in identifying areas for improvement;
- support service areas to develop action plans to address improvements;
- oversee how action plans and recommendations are addressed.

Service areas make improvements based on reported findings. This culture of continuous improvement ensures that people who require support, care and protection from adult and children's social work services receive high quality provision when they need it.

In 2019 work has been undertaken to ensure that Quality Assurance activity is aligned to service (are) and Chief Social Work Officer prioritisation. This has seen

the launch of Service Level Agreements with each area of social work. Alongside this a new development of joint workshops between service areas and Quality Assurance staff creating action plans from audit findings, as well as a cycle of 3, 6- and 12-month reviews of actions. This has strengthened the work of the Quality Assurance team.

2. QUALITY ASSURANCE AND COMPLIANCE ACTIVITY – 2018/19

A review of the team's workplan provided a menu of quality assurance activities which are expected to be undertaken by the three social work areas. A number of these activities are fixed, and it is expected that they will be undertaken by all three areas. The remaining activities can be chosen on a service identified needs basis. The following table lists the individual activity, description of the activity and the QA service performance related to each activity:

Activity	Description	Performance
FIXED ACTIVITIES		
Single-Agency Practice Evaluations (116 annually across the 3 social work areas)	The practice evaluation programme is part of a quality assurance framework to monitor and improve the department's own performance. Practice evaluations offer the practitioner the opportunity to reflect and analyse their work, evaluating what worked well/did not work well, as well as considering outcomes for service users and their families. Managers' participation enables benchmarking of practice and improves the overall consistency of approach and practice. The QA service annually monitors the strengths and improvements reported for each service.	In 2018/19 Quality Assurance Officers worked with Community Justice Services and Health and Social Care to review and improve the efficacy of the Practice Evaluation process. All 3 social work areas have a target number of Practice Evaluations to be achieved in the year which are held fortnightly or monthly to achieve this target.

<p>People's Stories (36 annually across the 3 social work areas)</p>	<p>The aim of People's Stories is to embed a culture of qualitative engagement with the people who use social work services and to recognise the impact that a social work intervention can have on individuals. The model will also promote an ongoing culture of quality assurance and improvement in service provision, including social work practice. By gaining direct, qualitative feedback, the quality assurance of service provision can be triangulated using the experience and views of customers, staff, and management.</p>	<p>October 2018 – the QA service assisted Community Justice Services to engage with people who use their services.</p> <p>The QA service carried out a successful pilot of People's Stories in spring 2019. The model will be rolled out across the 3 social work areas in summer 2019.</p> <p>May 2019 – review and quality improvement of entry and exit questionnaires used by Community Justice Services with service users.</p>
<p>Supervision Survey (1 annual survey per social work area)</p>	<p>The purpose of the supervision survey is to elicit staff experience of supervision and gauge organisational compliance with the written supervision policy and procedure. Quality assurance of supervision aims to increase both organisational and external confidence that social work is being performed safely and to the requisite standard. A pilot survey of social work supervision within Communities and Families was undertaken in September 2017, leading to the establishment of an annual supervision survey.</p>	<p>In 2018, the supervision survey was undertaken with Communities and Families and extended to Community Justice and Quality, Governance and Regulation. In 2019, the supervision survey has been extended to staff employed within the Edinburgh Health and Social Care Partnership.</p>
<p>FREE CHOICE ACTIVITIES</p>		

<p>Multi-Agency Practice Evaluations (12 per year in 2 blocks of 6)</p>	<p>Multi-agency Practice Evaluation (MAPE) provides a qualitative model of joint self-evaluation which considers the broader needs of children/young people and their families across the spectrum of need and risk. In addition to practitioner level learning, the evaluations also provide an opportunity for organisational learning from the identified themes arising from the sessions.</p>	<p>In early 2018, the QA service used this model to lead an exercise in a reflective evaluation of cross-organisational working within the Edinburgh Children's Partnership. It is intended to embed this as regular activity in Communities and Families and MAPEs will take place twice-yearly. One improvement in the use of the model is the inclusion of feedback from young people and their families/carers.</p>
<p>Case File Audits (small and large-scale – as required)</p>	<p>Case file audits allow social work areas to evaluate their performance aligned to practice and enable areas to examine the effectiveness of processes and how well staff evidence the work they do through good quality recording-keeping. The QA service reviews all audit improvement plans at 3 and 6 months, with further reviews agreed, to ensure that areas for development/improvement are acted upon and that change is sustained.</p>	<p>November-April 2018 – Quality Assurance Officers led a city-wide examination of key processes across the four localities, including a case file audit of how referrals were managed in locality hubs and engagement with locality staff groups.</p> <p>March 2019 – case file audit of Child Protection e-IRDs where domestic abuse was a factor at case closure.</p> <p>April/May 2019 – case file audit of complaints handling across the three social work areas. (Appendix 2)</p>

<p>Service Reviews (as required)</p>	<p>Service reviews enable social work areas to assess their strengths and areas for improvement and to identify where there is a need for further growth and development. This engenders a high level of organisational self-awareness which embeds a learning culture and increases the efficacy of the social work area.</p> <p>The QA service undertakes individual service reviews. Although this has historically been carried out on both a commissioned and ad hoc basis, it is planned to have this function become a key component of the service's core business. Reviews will focus on service area compliance with policies, procedures, protocols; recognised good practice; quality of key processes, functions and outcomes.</p>	<p>Between August and November 2018, service reviews were held within Communities and Families – the four Locality Teams, Through Care and After Care Team, and the Young People's Service.</p>
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<p>Self-Evaluation (1 project annually per social work area – either single or multi-agency)</p>	<p>Self-awareness is the goal for all service areas to perpetuate the knowledge about their strengths, areas for improvement, and to have sufficient planning in place to promote improvement, together with an awareness and understanding of the impact of services on individuals. The QA service participates in work that will support and challenge service areas to develop and improve upon their own self-evaluation.</p> <p>This work can also include the co-ordination of multi-agency self-evaluations, given the role of agencies in, and recognition of, the importance of collaboration and co-production.</p>	<p>In May 2019, the QA service re-wrote the self-evaluation toolkit to encourage social work areas/teams to operate, manage and participate in self-evaluation projects.</p> <p>In April 2018, the QA service held a focus group with Communities and Families regarding assessments prepared for Initial Child Protection Case Conferences. A professional working group was set up and a shortened assessment developed. This assessment was piloted in December 2018 and was rolled out across the city early 2019.</p> <p>In March 2018, Communities and Families staff were consulted via questionnaire regarding what works and what needs to change.</p>
<p>Bespoke Projects</p>	<p>Bespoke audit or quality assurance work is undertaken on an agreed and negotiable basis and depends on priority and the capacity of the QA service.</p>	<p>February 2019 – development of a register which enables Community Justice Services to review and achieve outstanding actions and recommendations from local and national reports.</p>

Inspection Activity	The QA service is involved in co-ordinating inspection activity. Although an infrequent process, inspections can consume team time and capacity and, therefore, may occasionally displace other activity that has been agreed between the service and Directors, Heads of Service or Public Protection Committees.	January-March 2019 – the QA service assisted with the preparation for the inspection of Children’s services.
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6. Workforce

Workforce intelligence for Edinburgh is in the process of being refreshed. It is important that the makeup of the social workforce, including age, gender, length of experience, qualifications, etc, is all mapped and understood. This will allow for clearer analysis of where the workforce pressures are, where stronger succession planning is required and where the creation of single points of failure have inadvertently arisen.

Edinburgh’s Social Work Workforce Overview

Average age of a social worker in Edinburgh – 45.85

Median age - 46

Average length of service of social worker in Edinburgh – 11.72 years

Median length of service - 11 years

24% of social work workforce over 55, with average of 17.85 years of service

7.3% of social work workforce under 30, with average of 1.79 years of service

Ethnicity	Percentage of Workforce
No ethnicity data held	11.7%
Any other Asian background	0.38%
Any other black background	0.38%
Any other ethnic background	0.09%
Any other mixed background	0.87%
Any other white background	3.87%

African	1.35%
Chinese	0.09%
Indian	0.29%
Prefer not to state	0.5%
White European	1.74%
White Irish	4.25%
White British	10.2%
White Scottish	64.08%

Support for Learning and Development

Throughout 2018/19 support for learning and development for the social care workforce has been a key area of delivery. This has included the support of formal qualifications, inter-agency learning, child and adult protection, SVQ, practice learning, induction and essential learning for care staff and newly qualified social workers.

Public Protection: Digital Learning Developments

This year has seen the launch of the Public Protection e-learning module, a resource that all staff across the Council can access. This module aims to provide employees with basic awareness of child and adult protection processes, indicators of abuse in both children and adults, and what employees can and should do if they had a concern. The module is also being made available to partners, most notably the voluntary sector.

In May 2019, a new e-learning module was launched offering an introduction to 'Getting It Right for Every Child' (GIRFEC), which is the national approach in Scotland to improving outcomes and supporting the well-being of our children and young people. The module explores the GIRFEC approach, the different tools available within GIRFEC, children's plans and chronologies, the named person and information sharing. Fictional case studies are used throughout to illustrate how the approach supports children and young people in practice.

There has been a lot of research in the last few years exploring both the positive and negative impact that the online world can have on children and young people. In the last year the Learning and Development Team have launched a course for those working with children and young people, as well as their parents, on how to keep children safe online. A workshop has been developed based on materials from the Child Exploitation Online Protection Centre (CEOP) and sits alongside a knowledge hub, and some games and activities that employees can use with children and young people to explore online safety. One delegate fed back that the course was 'one of the most useful and well-run courses [he had] been on'. Another delegate stated that they had used the resources with the young people in

their class, and that the young people had decided that they wanted to make their own version of one of the games to teach others about online safety.

Child Protection:

In the last financial year 2018 to 2019, two learning and development practitioners have facilitated approximately 75 specific contact workforce child protection courses (formerly level 2) and 20 Intensive Contact Workforce child protection courses (formerly level 4). They have also continued to support social workers, deputy head teachers and Lifelong Learning staff to be able to deliver specific contact workforce training. They have arranged and facilitated approximately 10 courses focusing on communication with children (Talking Mats, Emotion Talks and Words and Pictures) and have also delivered probationer teacher specific courses, and training to support social workers around assessing contact with babies and attending Children's Hearings. In addition to this, they have continued to work in partnership on Interagency learning and development events.

In Edinburgh's Children's Services, there is a strong commitment to have frontline social workers undertake the Professional Certificate in Child Protection (Stirling University). Twelve social workers completed this course in 2018/19.

Further and Higher Education Child and Adult Protection:

In 2018/19 four employees participated in the Adult Services Support and Protection course and 13 employees undertook the Child Welfare and Protection Course. Both courses are facilitated by Stirling University.

Eight successful candidates have been identified to undertake the Adult Protection postgraduate module at Stirling University starting in January 2020 to build up a resource within the workforce of practitioners confident in Adult Protection practice. The expectation would be that once the candidates have completed this course then they will be added to the resource pool of ASP Level 2 facilitators.

The Adult Protection Senior Practitioners have been continuing to deliver a regular programme of Adult Support and Protection Level 3 and Level 4 training throughout 2019, including workshops on Risk and Recording, Thresholds and Interagency Referral Discussions and Adult Protection Case Conferences.

Adult Support and Protection:

Learning and Development Evaluation 2018-2019

The following provides a summary of the Level 3 and 4 Adult Support and Protection workshops and training sessions facilitated over 2018/19. The evaluation ratings highlight confidence levels pre and post course in key focus areas covered as part of the learning.

2018

Adult Support and Protection Level 3 Training – Council Officers

2-day course held in January, May, June, September

Adult Support and Protection Level 3 Training – Managers

2-day course held in February, April, May, October 2018

2019

In 2019 the Adult Support and Protection Level 3 Council Officers and the Managers training were merged into a one 2-day course held in January, May and June. This will also run in October.

Adult Support and Protection Level 4 Training

Thresholds & IRDs Workshop 2018 – 2019

One day course held in April and November 2018 and March 2019. Further course to be held in October 2019.

Recording Workshop 2018 – 2019

One day course held in October 2018 and April 2019. Further course to be held in September 2019.

Escalating Concerns Workshop 2018 – 2019

One day course held in June 2018 and January 2019

Assessing Capacity Workshop 2018

One day course held in September 2018.

Adult Protection Case Conference Workshop to be held in June and November 2019.

Scottish Vocational Qualification (SVQ) in Social Services and Health Care:

The Learning and Development Team continue to monitor and respond to the qualification needs of the wider Health and Social Care workforce, including senior managers. They have commissioned 150 SVQ Social Services and Healthcare opportunities for the current financial year and are working alongside the Quality Assurance and Compliance team, to ensure delivery of a joined-up approach to the qualification of the Homecare Workforce, under the umbrella of Project 1400. The team also work closely with Homecare Locality Managers to implement a programme of SVQ assessment for 100 frontline staff that will meet the learning requirements of employees but will also minimise any potential impact on service delivery.

Professional Development Award (PDA) Health and Social Care Supervision:

Learning and Development have commissioned up to 60 places on PDA Health and Social Care Supervision to support the leadership development of managers in Health and Social Care. As well as targeting frontline supervisory managers in the traditional settings such as Homecare and Care Homes; this year, working with a senior manager and the Social Work Governance Group to test out the effectiveness of the PDA for senior social workers. If successful, it is hoped this course may provide a relevant development opportunity for newly appointed senior social workers at the start of their leadership career.

Practice Learning:

The City of Edinburgh Council continues to host social work placements from the following universities: Edinburgh, Open University, Robert Gordon's, Stirling and lately Napier. In 2018/19 we have collectively arranged 23 placements and plan to support four student placements from the new integrated course with Occupational Therapy, Physiotherapy and Social Work, launched by Napier University in 2019.

Currently there are five employees undertaking the practice learning course with the Tayforth Partnership. Continual investment in our future Practice Educators is vital in ensuring that placements can be offered, and a learning culture can be created, and we successfully recruit the correct people for vacancies in social work.

16 employees have been supported to attend the Link Workers course over the last year. The next course is due to run in October.

Newly Qualified Social Worker programme:

The six-day programme for newly qualified social workers was facilitated by Learning and Development from October to December 2018 with 26 newly qualified social workers from a range of practice areas in attendance. One of the aspirations of the programme is to help build resilience in practice from an early stage in the social work career path. The learning is continuously updated to include current and relevant policy and practice content. This year, sessions on Self-Directed Support and outcomes-based practice were introduced to the programme.

Edinburgh Health and Social Care Partnership

Planning

In December 2018 the Workforce Planning Group submitted their inaugural baseline workforce plan to the Edinburgh Integrated Joint Board (EIJB).

The Workforce Development workstream is assessing succession planning, career pathways, talent management, leadership and management development. Looking at how we can maximise our skill mix and ensure a joined-up approach to training and development.

The staff engagement and experience workstream have been looking at positive work culture (linking in with recruitment and retention), also more specifically about how we build and enhance our corporate identity. The group is also looking at how the Partnership's health and wellbeing is critical to our workforce challenges going forward.

To ensure integration between workforce, service and financial planning will require a significant culture change within the organisation.

The IJB is now required by the Government to produce a full, 3-year workforce plan for the Partnership by the end of March 2020. Work has started on the data trawl and will link in with the Partnership's Strategic Plan.

The Partnership needs to consider a workforce strategy that acknowledges the wider connections to the likes of recruitment and retention strategies as well as learning and development initiatives. We acknowledge that there are gaps in some of the information that we hold for the primary care workforce and the voluntary workforce within the Partnership.

Social Care as a vocation has sometimes been viewed as demanding but low paid, which is challenging for recruitment and retention. The Partnership face a potential crisis in the provision of care and support services over the coming years, with a growing population of older people but with fewer people coming into a labour market that is increasingly competitive.

The age profile of our health care workforce means that many will be retiring over the next 10-15 years, particularly within Home Care. We need to attract a younger workforce and focus on succession planning and adapt new ways of service delivery.

The development of a new resourcing strategy will utilise current initiatives already underway to improve attraction, engagement and retention.

Development

This year saw the rolling out iMatter across the Partnership – to all colleagues whether employed by NHS Lothian or the City of Edinburgh Council.

iMatter is a survey tool designed with staff to help individuals, teams and the wider organisation understand and improve staff experience, the extent to which employees feel motivated, supported and cared for at work. It is important to measure staff experience and work to improve this, as it impacts on engagement, motivation and productivity levels.

Communities and Families

Over 1500+ members of staff have attended Restorative Practice learning events led by our Learning and Development (L&D) team in 2018-19. These have been generally well received and our staff understand and are engaged with restorative and strengths-based approaches.

A self-directed practice guide has been produced by the L&D officers seconded to this work in 2018-19 and this is currently being refined by the L&D team leader. A core task for the working group is to develop one-page guides and devise a way of making all this material easily accessible to staff on a multi-agency basis.

A working group chaired by the Senior Manager for Children's Practice Teams will take forward the next phase of the development of a Restorative Practice strengths-based approach. This will involve further evolution of the toolkit, the development of some specific tools for support and challenge including reflective supervision and the recording of outcomes with children and families, and ongoing multi-agency staff engagement events to highlight and develop good practice.

Staff benefit from a wide programme of multi-agency child protection training which is overseen by the Learning and Development sub group of our Child Protection Committee and is delivered through a partnership of Learning and Development officers and front-line managers.

Recruitment for children's practice team social workers takes place on a city-wide basis and distribution of staff to teams is calculated in way that is proportionate to the numbers and type of children and young people being worked with in each locality. This practice which has been in place for some years and has helped maintain sufficient numbers of permanent staff in post and eliminate the need to use agency staff.

Local Practitioner Forum

The Chief Social Work Officer sponsored Edinburgh Local Practitioner Forum (ELPF) continues to meet 2-3 times per year. The ELPF continues to offer opportunities for front line staff to reflect on their practice, discuss service developments across the city and how these will impact on their day to day work as well as hearing from outside speakers.

The ELPF maintains an online presence and encourages participation from voluntary sector workers, front line workers, senior managers and social work students. This year there has been a renewed interest in the ELPF, with increased attendance figures (over 50 professionals attended the meeting on 10 April 2019).

The number of subscribers to the ELPF's website (www.elpfonline.org.uk) currently sits at 96. This is used to maintain engagement with practitioners and professionals, and to supplement traditional email and face-to-face contact opportunities. The website includes the dates of upcoming meetings and copies of the agendas and presentations used.

The Black and Minority Ethnic (BME) Equality Workers forum regularly meet to discuss common issues that affect all minority ethnic employees and their communities. The forum aims to:

- facilitate support between members and network with one another
- work alongside managers and equality officers to promote policy and practices on equality issues
- assist in challenging racism and discrimination
- work towards ensuring there are no discriminatory practices in recruitment, training and practice
- share information and experience
- support the development of good practice on race equality and diversity matters.

The forum achieves this through offering support and advice to colleagues; participating and consulting on Council strategies; supporting the implementation of legislation, policies and good practices; and delivering training and information sessions.

Appendix 1 - Public Protection Strategic Partnerships and Monitoring Arrangements

Diagram 1 – Strategy and planning groups

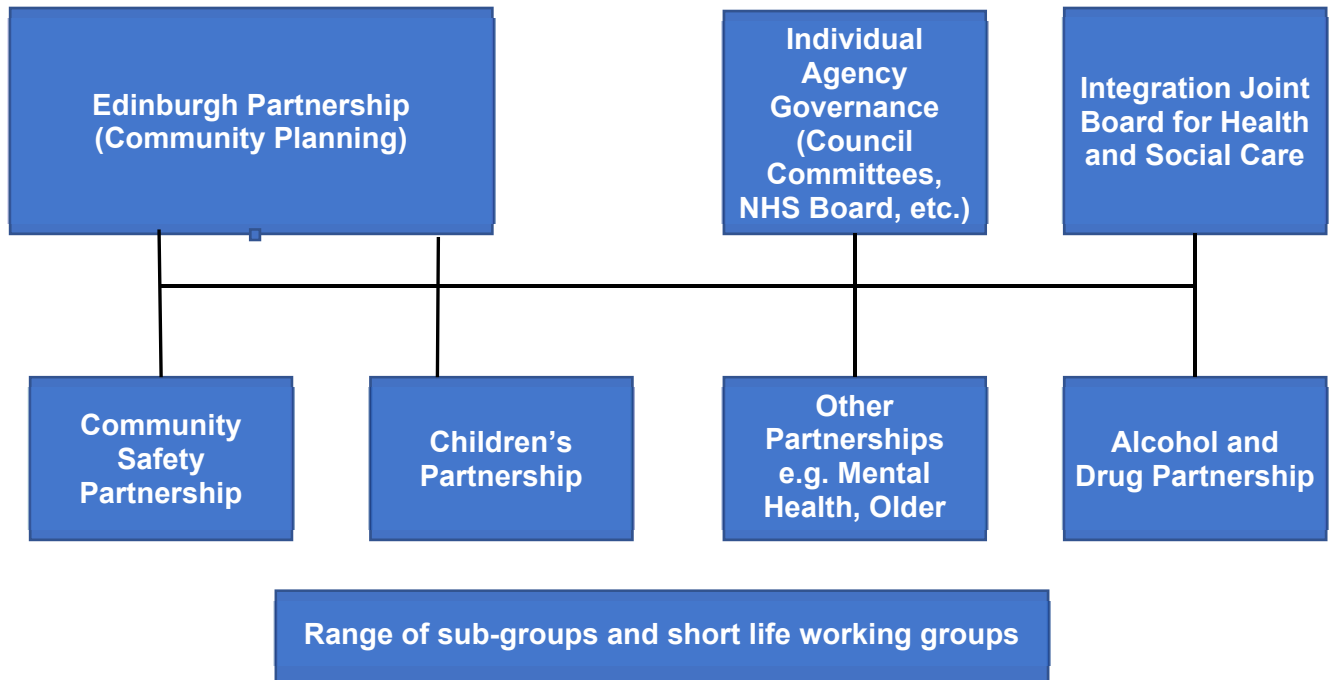
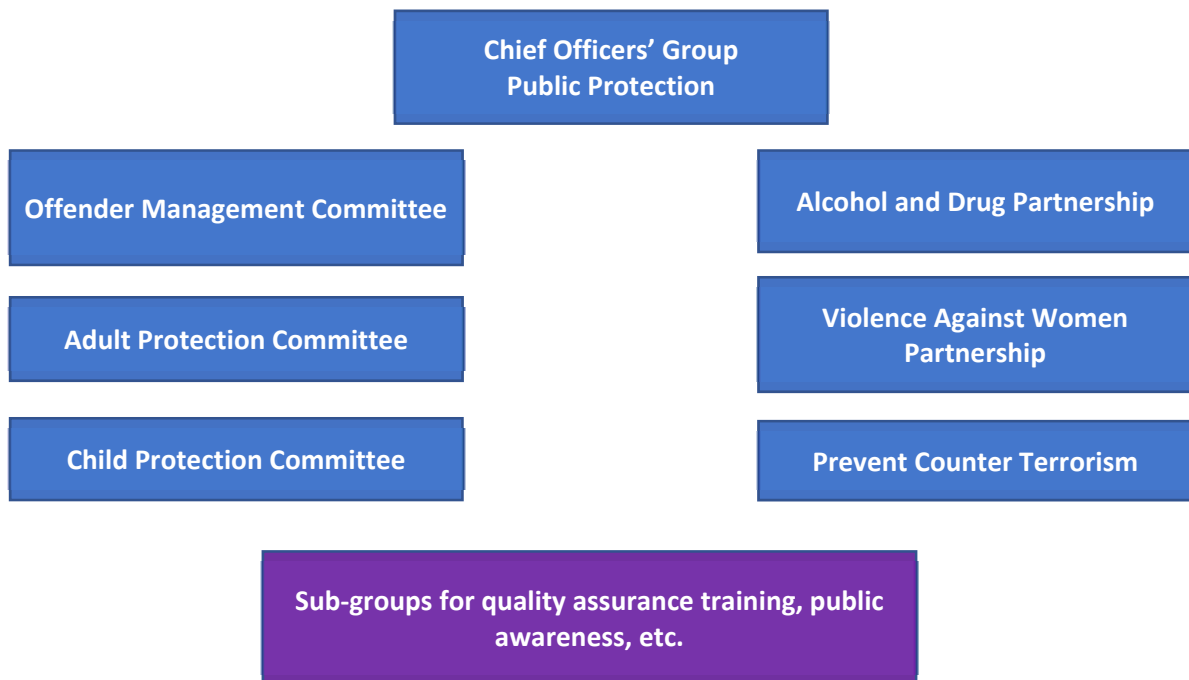


Diagram 2 – Public protection groups



Appendix 2 – Statutory Complaints Analysis

STATUTORY SOCIAL WORK COMPLAINTS PROCEDURE

We take complaints seriously

The Council are required to report annually on complaints received from anyone who receives, requests or is affected by a social work service.

SUMMARY:

The Council is committed to improving social work services for the people of Edinburgh and recognises that complaints are an important source of customer feedback. The following table sets out the number of social work complaints over the last three years dealt with as frontline resolutions (stage one); the number of complaints that required formal investigation (stage two); the number of complaints referred to a Complaints Review Committee; and the number of complaints referred to the Scottish Public Services Ombudsman (SPSO). Along with responding to complaints the Council also respond to enquiries made by the public, and by elected members (MPs, MSPs and Councillors) on behalf of their constituents.

	2016/17	2017/18	2018/19
<u>Stage One Frontline Resolutions</u>			
• Edinburgh Health and Social Care Partnership	69	74	111
• Communities and Families	26	42	35
• Community Justice	0	5	16
<u>Stage Two Investigations</u>			
• Edinburgh Health and Social Care Partnership	75	79	72
• Communities and Families	49	20	45
• Community Justice	6*	0	4
<u>Complaints Review Committees</u>			
• Edinburgh Health and Social Care Partnership	13	9	2
• Communities and Families	11	1	0
• Community Justice	1*	0	0
<u>Scottish Public Services Ombudsman</u>			
• Edinburgh Health and Social Care Partnership	2	0	0
• Communities and Families	1	0	2
• Community Justice	0	0	0

<u>Enquiries</u>			
• Edinburgh Health and Social Care Partnership	153	65	143
• Communities and Families	62	23	34
• Community Justice	2*	2	1

* These figures were previously reported within the overall Edinburgh Health and Social Care Partnership figures.

Data is also recorded by the respective service areas regarding positive comments made by the public.

	2016/17	2017/18	2018/19
<u>Positive Comments</u>			
• Edinburgh Health and Social Care Partnership	6	3	11
• Communities and Families	0	0	0
• Community Justice	0	0	0

EDINBURGH HEALTH AND SOCIAL CARE PARTNERSHIP

Summary Information:

During 2018/19, Edinburgh Health and Social Care Partnership completed 72 formal stage two complaint investigations. This represents a decrease of 9% on the previous year. In addition, 111 complaints were completed as frontline resolutions; 143 enquiries were resolved; and 11 positive comments were received by the service. The level of complaints received is set against a background of service provision volume in the following key areas:

Social Care Direct:

- Approximately 65,000 contacts were received by Social Care Direct. This reflects a 25% increase on last year when 52,000 contacts were received.

Practice Team, Sector Based Social Work Services:

- 5,910 assessments were carried out by practice teams (Sector Teams, Residential Review Team), which is a 91% increase from last year when 3,090 assessments were carried out. 5,946 reviews were carried out, representing a 53% increase on last year.

Home Care Service:

- 4,890 people received 97,141 hours home care service in March 2019, either from the Council's Home Care and Support Service or purchased by the Council from the independent sector. This represents a small increase on the provision in March 2018 when 4,797 people received 93,775 hours. It should be noted that there are also increasing numbers of people opting to arrange their support via a direct payment or individual service fund.

Residential Care Homes:

- 293 adults aged under 65 years were supported in permanent care home places (all service user groups) an increase of one since last year.
- 3,347 adults aged 65 and over were supported in long term care home placements, which is a 5% decrease on last year. Of these 3,347 adults aged 65 and over, 561 had a placement in a Council run care home at some point in the year which is a decrease on last year.

Direct Payments & Individual Service Funds:

- At the end of March 2019, over one quarter of adults were choosing to receive their support with a direct payment or individual service fund providing greater opportunity to specifically tailor their support to meet their needs.

Occupational Therapy:

- 1,440 assessments were carried out to identify support needs, including adaptations, equipment and services required. This represents a 9% decrease on last year.

Timescales for Stage Two Complaint Investigations:

In 2018/19, Edinburgh Health and Social Care Partnership formally responded to 72 Stage 2 complaints. 20 were responded to within 20 working days (28%), 42 were not responded to within timescales (58%) and 10 had an agreed extension (14%).

Outcomes:

Of the complaints formally investigated 21 (29%) were upheld; 31 (43%) were partially upheld; and 14 (19%) were not upheld. Four (6%) complaints were withdrawn, one did not have appropriate consent and one was not applicable.

Complaint Trends:

Of the 72 Stage 2 complaints, 52 were either upheld or partly upheld.

- 39 were reported in locality teams
 - North East (3)
 - North West (14)
 - South East (7)
 - South West (15)

The figures above show a variation in the number of complaints received in the locality teams although the types of complaints and themes were consistent across all areas.

- 1 was reported in the Community Alarm Team
- 12 were reported across miscellaneous services

The four top themes were around:

- Decision making (21%)
- Delays in Packages of Care or Assessments (17%)

- Communication (15%)
- Staff Behaviour (11%)

Service Improvements:

In April 2018, it was agreed that all stage 2 complaints with an outcome of upheld or partially upheld should have a completed improvement plan before the response can be signed off. This is to ensure that any identified actions are completed and learning from complaints is shared through the locality Quality Improvement Teams.

The SPSO are in the process of reviewing their model complaints handling process which will help inform the improvement priorities for the partnership. The focus of improvement over the coming 12 months will be around streamlining our processes for managing complaints, increase shared learning, increasing the number of complaints dealt with as a front-line resolution and increase the level of support and training available to teams investigating and responding to complaints.

COMMUNITIES AND FAMILIES

Summary Information:

During 2018/19, Communities and Families (Children's Services Social Work Complaints) completed 45 formal stage two complaint investigations. This represents a 125% increase on the previous year. In addition, 35 complaints were completed as frontline resolutions (8% decrease from the previous year), and 34 enquiries and elected member enquiries were responded to (48% increase from the previous year). The level of complaints received is set against a background of service provision volume in the following key areas:

Practice Teams:

- There were approximately 3,200 children and family cases being managed by practice teams as at 31 March 2019.
- approximately 1,210 child protection referrals which were subject to Interagency Referral Discussions (IRDs) took place.
- there were 787 Child Protection Case Conferences convened.
- approximately 175 reports per month were submitted to the Authority Reporter.

Accommodated Children and Young People:

- 1,256 children and young people 'looked after' by the Council (356 at home, 900 away from home)
- 520 children in foster care
- 88 children in residential care
- 17 children in secure accommodation
- 249 children placed with kinship carers
- 27 children with prospective adopters
- 9 children in 'other' settings (e.g. in community)

Young People's Service:

- 598 young people were discussed at multi-agency pre-referral screening (early intervention)

- 198 risk assessments were undertaken
- 38 risk management case conferences held for young people under the age of 18

Self-directed Support (SDS):

As at end of March 2019 there were 213 current Self-directed Support plans for children and young people. This includes the children and young people who receive Direct Payments. It is not possible to provide a percentage increase/decrease from 2017/18 due to a revision in the way data has been collected.

Timescales for Stage Two Complaint Investigations:

In 2018/19, Communities and Families formally responded to four complaints (9%) within 20 working days or within agreed extensions; 38 complaints (84%) were not completed within the targeted timescale. Three complaints (7%) were withdrawn.

Outcomes:

Of the stage 2 investigations completed, twenty-three (51%) were not upheld, fifteen (33%) were partially upheld, four (9%) were upheld, and three (7%) were withdrawn.

Complaint Trends:

There were 28 stage 2 investigations completed regarding social work practice teams in the year 2018/19. This is a 155% increase from 2017/18, although the previous year's total of 11 was unusually low compared to those from 2018/19 and those from 2016/17. There was a broad range of reasons for the complaints lodged regarding practice teams, the highest incidences being about professional practice (6), decisions made by practice teams (5) and alleged breaches of confidentiality (3). There is a level of consistency in the number of complaints regarding Family Based Care, and these have averaged at three complaints per year over the last three years. There has been a steady decrease in Child & Family Centre complaints, resulting in no new complaints in the last year. Centrally based Disability Services received three complaints in 2018/19, having received no complaints in the previous two years.

Service Improvements:

During 2018/19, Communities and Families identified several service improvements for managers to implement as a direct result of complaints. There were five service improvements noted. As with all other council departments, there is a relationship between complaints received and the continuous improvement of services, and this provides a mechanism for service users to contribute to the development of services.

Examples range from relatively minor procedural changes, for example:

- A residential unit formalised a service improvement regarding their procedure for checking the answering service on their landline and mobile phone.

To significant organisational changes, for example:

- All financial decisions taken by the Children Affected by Disabilities Team were previously made by a funding panel. To make the process and decision-making timelier and in accordance with need, the funding panel has been disbanded and funding decisions are made directly by either a Team Leader, Team Manager, or

Senior Manager, depending on the level of funding required. This new system provides greater flexibility in the support offered, in order to respond proportionately to the specific needs of every child and their family.

COMMUNITY JUSTICE SERVICES

Summary Information:

During 2018/19, Community Justice received four stage two complaints. This represents an increase from the previous year. Community Justice completed three stage two complaint investigations (the fourth complaint was withdrawn). 16 complaints were completed as frontline resolutions (220% increase from previous year); one enquiry was resolved; and no positive comments were received.

The level of complaints received is set against a background of the following service provision volume:

- 2,657 people were supported through open community orders by the Community Justice Social Work Service. This represents a 2% decrease from support given during 2017/18.
- Community Justice staff completed 2,529 social work reports to support decision making by the courts, representing a 3% increase from 2017/18.

Timescales for Stage Two Complaint Investigations:

In 2018/19 Community Justice Services responded to two complaints within 28 days (50%) and one within the agreed extension period (25%). One complaint was withdrawn (25%).

Outcomes

Of the complaints completed two (50%) were partially upheld and one not upheld (25%). One (25%) complaint was withdrawn.

Complaint Trends:

There were three complaint investigations completed by Community Justice Services in 2018/19. The reasons for the complaints related to a decision made by a practice team, staff/professional practice issues and decision made as a result of an assessment. One complaint investigation was by Community Intervention Team, one complaint investigation was by Resettlement Team and one complaint investigation was by the social work team at HMP Edinburgh.

Service Improvements:

No service improvements to report.

COMPLAINT REVIEW COMMITTEES:

Changes to legislation on 1 April 2017 saw the end of the Statutory Social Work Complaints procedure and the Complaints Review Committee. Social work complaints began to follow the Council's Corporate Complaints procedure: Frontline Resolution (stage one), Investigation (stage two) and Scottish Public Services Ombudsman.

However, complaints raised prior to 1 April 2017 could still progress to Complaints Review Committee (if requested within 28 days of receipt of the stage two response)

to be heard by three independent lay members, drawn from a wider panel. Three complaints (raised prior to 1 April 2017, where a Complaints Review Committee had been requested within the prescribed timescale) remained outstanding going into the 2018/19 reporting period.

Two Complaints Review Committees were completed during 2018/19 and one was withdrawn. Both complaints were partially upheld by the Complaints Review Committee. The recommendations of the Complaints Review Committee were presented for ratification at the Council's Health, Social Care and Housing Committee for two Edinburgh Health and Social Care Partnership cases. The Complaints Review Committee partially upheld both complaints.

The following is an example of work undertaken to address one of the partially upheld Complaint Review Committees.

- Staff have been reminded that any contact with clients will be recorded on the electronic AIS system. This will create an audit trail and minimise delays through the assessment and support planning process. This will also help ensure that there is clear recording of decisions made and help clarify any areas of confusion.

SCOTTISH PUBLIC SERVICES OMBUDSMAN

The Scottish Public Services Ombudsman investigated two complaints in 2018/19 relating to Communities and Families. Both complaints were upheld by the Scottish Public Services Ombudsman.

Appendix 3 – Registration of the Workforce with the Scottish Social Services Council (SSSC)

The table below outlines: dates set for compulsory registration in each part of the register; the number of Council staff employed in the social services workforce; and the number who have achieved registration.

Section of Register	Number in Workforce	Workers currently registered	Comments	Date of Compulsory Registration	Renewal Period
Social workers	813	843	The social work register part is qualification-based. Registered numbers include employees who have chosen to register but are not practicing social workers.	1 October 2005	3 years
Managers of residential child care	8	6	Two managers provide registered manager functions for two units	1 October 2009	5 years
Residential child care workers with supervisory responsibility	36	36		1 October 2009	5 years
Residential child care workers	197	320	Registered numbers include Locum Bureau workers.	1 October 2009	5 years
Managers of care homes for adults	13	12	1 manager is registered with the Nursing and Midwifery Council (NMC).	1 December 2009	5 years
Managers of adult day care services	8	6	Two managers provide registered manager functions for two-day care services	1 December 2009	5 years

Section of Register	Number in Workforce	Workers currently registered	Comments	Date of Compulsory Registration	Renewal Period
Managers of day care of children services	104	20	Discrepancy is because managers are Head Teachers who are registered with the General Teaching Council Scotland.	1 December 2010	5 years
Practitioners in day care of children	673	1019	Registered numbers include supply workers.	1 October 2011	5 years
Supervisors in a care home service for adults	57	64	Registered numbers include supply workers	1 April 2012	5 years
Support workers in day care of children services	125	193	Registered numbers include supply workers	1 July 2014	5 years
Practitioners in care homes for adults	166	166		30 March 2013	5 years
Support workers in care homes for adults	252	308	Registered numbers include supply workers	1 October 2015	5 years
Managers in a housing support service	7	6	One manager in the process of registering	1 February 2014	5 years
Supervisors in a housing support service	20	20		1 July 2017	5 years
Workers in a housing support service	96	96		1 October 2020	5 years
Managers in a care at home service	1	1		1 February 2014	5 years
Supervisors in a care at home service	2	2		1 July 2017	5 years

Section of Register	Number in Workforce	Workers currently registered	Comments	Date of Compulsory Registration	Renewal Period
Workers in a Care at Home Service	30	0			
Managers in a Combined Housing Support and Care at Home Service	15	10	Discrepancy in registered numbers is due to 3 managers registered with NMC; 1 manager on secondment and 1 manager in the process of registering	1 February 2014	5 years
Supervisors in a Combined Housing Support and Care at Home Service	114	114		1 July 2017	5 years
Workers in a Combined Housing Support and Care at Home Service	1009	489	Register opened in October 2017. Current registration programme in place to support workforce	1 October 2020	5 years

Appendix 4 – Levels of Inspection by the Care Inspectorate for Council Registered Care Services

The table below sets out the levels of inspection by the Care Inspectorate of the Council's registered care services during 2018/19.

Frequency of inspection varies to take account of type of service and performance of a service. Combined Services includes newly registered services, 1 of which have still to be inspected, explains why 14 out of 15 inspections have taken place.

Key to grades: 1 – Unsatisfactory; 2 – weak; 3 – adequate; 4 – good; 5 – very good; 6 – excellent

	Number of Services	Frequency of Inspection	Inspections Undertaken	Lowest Grade	Highest Grade	% with grades of good or above	% with increased grades	% with decreased grades
Communities and Families								
Adoption	1	Yearly	1	4	5	100%	100%	n/a
Care Home (children and young people)	8	Yearly	8	3	4	88%	75%	25%
Day care of children (early years services)	100	Every 2 years	43	3	6	86%	39%	28%
Fostering	1	Yearly	1	4	5	100%	No change	No change
Secure Accommodation	1	Yearly	1	5	5	100%	100%	n/a
Care at Home – Children and Young People	1	Yearly	1	5	5	100%	100%	n/a
Day Care of Children	1	Every 2 years	1	3	4	0%	n/a	100%

	Number of Services	Frequency of Inspection	Inspections Undertaken	Lowest Grade	Highest Grade	% with grades of good or above	% with increased grades	% with decreased grades
Adult Services								
Adult Placements	2	Yearly	2	5	5	100%	50%	n/a
Care Home Service - Older People	10	Yearly	10	2	5	40%	10%	40%
Combined Housing Support/Care Support	15	Yearly	13	3	5	92%	15%	15%
Offender Accommodation	1	Yearly	1	5	5	100%	No change	No change
Support Service – care at home	2	Yearly	2	3	5	50%	50%	50%
Support Service – other than care at home	6	Every 3 years	1	4	5	100%	n/a	100%
Housing Support	8	Yearly	1	4	4	100%	No change	No change
Care Home Service - Adults	2	Yearly	1	4	5	100%	100%	n/a

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Report

Directions linked to the Strategic Plan

Edinburgh Integration Joint Board

22 October 2019

Executive Summary

1. An initial set of directions has been developed to take forward the Edinburgh Integration Joint Board's (EIJB) Strategic Plan 2019-22. These directions have been developed in accordance with the new Directions Policy approved by the EIJB in August 2019 and meet the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and emerging Scottish Government good practice guidance.
2. The Strategic Planning Group (SPG) reviewed the new directions on 23 September 2019.

Recommendations

3. The Integration Joint Board is asked to:
 - i. Approve the initial directions provided at Appendix 1.

Background

4. The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) states that an Integration Joint Board must give a direction to a constituent authority to carry out each function delegated to the integration authority.
5. The Act further places a duty on Integration Authorities to develop a strategic plan for integrated functions and budgets under their control. Integration Authorities require a mechanism to action these strategic plans and this mechanism takes the form of binding directions from the Integration Authority to one, or both, of the Health Board and Local Authority.
6. As well as providing the mechanism for delivering the strategic plan, directions are used to convey the decisions of the EIJB, clarify responsibilities between partners, and improve accountability.

7. A stocktake of historic and extant directions was carried out earlier in the year and reported via the SPG. Progress on each direction was assessed and the conclusion reached that all directions should be revoked, except for one general direction. A briefing note on this stocktake post the SPG was submitted to the EIJB in June 2019.
8. A new Directions Policy was submitted and approved by the EIJB in August 2019.

Main report

9. An initial set of nine draft directions linked to the new Strategic Plan has been developed. The EIJB agreed at its August meeting that these draft directions should be considered by the SPG before returning to the EIJB in October 2019. The SPG provided comment on the proposed directions at its meeting on 23 September and this feedback has been incorporated into the directions provided at Appendix 1 to this report.
10. The majority of proposed directions relate to specific service areas such as disability services, general medical services and carers services. The exception is a general direction (Reference EIJB-22/10/2019-1) which is retained to address the need for directions to cover all functions delegated to the EIJB. The financial allocation for this general direction is covered by the Financial Schedule covering all EIJB functions.
11. With the implementation of the new Directions Policy, directions will evolve in response to a range of factors including service change and redesign, investment priorities, or a change in local services. The SPG noted the progress being made on directions and was clear about its role in relation to shaping new directions through the consideration of future business cases and transformation proposals.
12. It is noted that further work is required to refine performance measures in relation to directions. The Performance and Delivery Sub-Committee will play a key role in monitoring and reviewing directions as per the approved Directions policy. To assist with monitoring and review, a Directions Tracker has been developed and is attached at Appendix 2.

Key risks

13. Failure to comply with the legislative requirement in respect of directions would place the EIJB in breach of its statutory duties.
14. Failure to provide sufficiently detailed directions to partner organisations (NHS Lothian and The City of Edinburgh Council) may prevent the delivery of key areas of EIJB work.

Financial implications

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

Implications for Directions

16. This report proposes new directions which will deliver key Partnership priorities.

Equalities implications

17. There are no identified equalities implications arising from this report.

Sustainability implications

18. There are no identified sustainability implications arising from this report.

Involving people

19. These directions are based on existing strategic priorities of which partner organisations (NHS Lothian and The City of Edinburgh Council) are already aware. The SPG also provided feedback at its meeting held in September 2019.

Impact on plans of other parties

20. New directions, once approved, will clarify the delivery requirements for key strategic priorities with NHS Lothian and the City of Edinburgh Council.

Background reading/references

[New EIJB Directions Policy](#)
[EIJB Strategic Plan 2019-22](#)

Report author

Judith Proctor

Chief Officer, Edinburgh Health and Social Care Partnership

Contact: Julie Tickle, Planning and Commissioning Officer

E-mail: Julie.tickle@edinburgh.gov.uk Tel: 0131 529 3244

Appendices

Appendix 1	Proposed Directions linked to Strategic Plan
Appendix 2	Directions Tracker

DIRECTION FROM THE EDINBURGH INTEGRATION JOINT BOARD

Reference number	EIJB-22/10/2019-1
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	No
Approval date	22/10/2019
Services / functions covered	All
Full text of direction	For those services that are not covered by a specific direction, the City of Edinburgh Council and NHS Lothian will continue to provide services within current budgets, and in accordance with statutory and regulatory obligations, policies and procedures, endeavouring to meet national and local targets and the strategic objectives laid out in the Strategic Plan.
Direction to	NHS Lothian The City of Edinburgh Council
Link to relevant EIJB report / reports	EIJB Strategic Plan 2019-22, EIJB, 20 August 2019
Budget / finances allocated to carry out the detail	The Financial Schedule (Appendix 2) sets out financial allocations for all delegated services.
Performance measures	Relevant national and local targets, reported on through annual performance report
Date direction will be reviewed	April 2020

Reference number	EIJB-22/10/2019-2		
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	No		
Approval date	22/10/2019		
Services / functions covered	All		
Full text of direction	Set up and implement the outputs from the transformation programme as approved by the EUB on 8 February 2019 and set out in the Strategic Plan 2019-22		
Direction to	NHS Lothian The City of Edinburgh Council		
Link to relevant EIJB report / reports	EIJB Strategic Plan 2019-22, EIJB, 20 August 2019 Transformation and Service redesign, EIJB 8 February 2019		
Budget / finances allocated to carry out the detail		<i>NHS Lothian</i>	<i>City of Edinburgh Council</i>
	2019/20	£0m	£2.788m
	2020/21	£0m	£0m
	2021/22	£0m	£0m
Performance measures	Contained in the 'Transformation and Service redesign' report to the EIJB and to be further developed by the EHSCP		
Date direction will be reviewed	April 2020		

Reference number	EIJB-22/10/2019-3		
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	No		
Approval date	22/10/2019		
Services / functions covered	Disability services		
Full text of direction	Provide more support in the community by decommissioning Glenlomond wards in the Royal Edinburgh Campus and commissioning eight tenancies for adults with forensic support needs		
Direction to	NHS Lothian The City of Edinburgh Council		
Link to relevant EIJB report / reports	EIJB Strategic Plan 2019-22, EIJB, 20 August 2019 Royal Edinburgh Campus and St Stephen's Court, EIJB, 18 May 2018		
Budget / finances allocated to carry out the detail		<i>NHS Lothian</i>	City of Edinburgh Council
	2019/20	£0.7m	£0
	2020/21	£0	£1m
	2021/22	£0	£1m
Performance measures	6 people move from hospital to live in the community by April 2020		
Date direction will be reviewed	April 2020		

Reference number	EIJB-22/10/2019-4		
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing Direction	No		
Approval date	22/10/2019		
Services / functions covered	Disability services		
Full text of direction	Increase support options in the community by decommissioning wards in the Royal Edinburgh Campus and commissioning sixteen tenancies for adults with complex support needs, Specifically, commission 9 flats from Lifeways, plus other new accommodation options.		
Direction to	NHS Lothian The City of Edinburgh Council		
Link to relevant EIJB report / reports	EIJB Strategic Plan 2019-22, EIJB, 20 August 2019 Royal Edinburgh Campus and St Stephen's Court, EIJB, 18 May 2018		
Budget / finances allocated to carry out the detail		NHS Lothian	City of Edinburgh Council
	2019/20	£2.1m	£0
	2020/21	£0.4m	£1.7m
	2021/22	£0	£2.1m
Performance measures	16 people are living in the community by December 2020		
Date direction will be reviewed	April 2020		

Reference number	EIJB-22/10/2019-5		
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	No		
Approval date	22/10/2019		
Services / functions covered	Mental health services		
Full text of direction	Implement the Scottish Government's National Mental Health Strategy to improve the response to distress in A&E, police, primary care, custody and prison settings by employing 12 WTE staff.		
Direction to	NHS Lothian The City of Edinburgh Council		
Link to relevant EIJB report / reports	EIJB Strategic Plan 2019-22, EIJB, 20 August 2019 Action 15 funding, EIJB, 21 June 2019 Psychological Therapies Additional Investment, EIJB, 20 August 2019		
Budget / finances allocated to carry out the detail		NHS Lothian	City of Edinburgh Council
	2019/20	£2.1m	£0
	2020/21	£3.2m	£0
	2021/22	£3.3m	£0
Performance measures	Additional staffing as detailed in the report to the EIJB in June 2019. Establishment of the Thrive open access centres. Each development will have its own outcomes and KPIs		
Date direction will be reviewed	April 2020		

Reference number	EIJB-22/10/2019-6		
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	No		
Approval date	22/10/2019		
Services / functions covered	Alcohol and Drugs services		
Full text of direction	Implement the Seek, Keep and Treat' Plan for people with substance misuse problems		
Direction to	NHS Lothian The City of Edinburgh Council		
Link to relevant EIJB report / reports	EIJB Strategic Plan 2019-22, EIJB, 20 August 2019 Scottish Government - Seek, Keep and Treat Funding, EIJB, 21 June 2019		
Budget / finances allocated to carry out the detail		<i>NHS Lothian</i>	<i>City of Edinburgh Council</i>
	2019/20	£1.1m	£0.3m
	2020/21	£1.1m	£0.3m
	2021/22	£1.1m	£0.3m
Performance measures	In line with Scottish Government national outcomes and targets		
Date direction will be reviewed	April 2020		

Reference number	EIJB-22/10/2019-7		
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	No		
Approval date	22/10/2019		
Services / functions covered	Carers		
Full text of direction	Implement the Edinburgh Joint Carers Strategy 2019-22 and associated implementation plans		
Direction to	NHS Lothian The City of Edinburgh Council		
Link to relevant EIJB report / reports	EIJB Strategic Plan 2019-22, EIJB, 20 August 2019 Edinburgh's Joint Carers Strategy and Implementation Plans, EIJB, 20 August 2019		
Budget / finances allocated to carry out the detail		<i>NHS Lothian</i>	<i>City of Edinburgh Council</i>
	2019/20	£0.573m	£2.630m
	2020/21	£0.573m	£3.605m
	2021/22	£0.573m	£6.049m
Performance measures	Six priority areas will have services provided and commissioned to support improvement across the identified outcomes as per the timeline included with the EIJB report of 20 August 2019.		
Date direction will be reviewed	April 2020		

Reference number	EIJB-22/10/2019-8		
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	No		
Approval date	22/10/2019		
Services / functions covered	Primary care / general medical services		
Full text of direction	Expand the Primary Care Workforce in line with the 6 clinical areas set out in the National 2018 New GMS Contract		
Direction to	NHS Lothian		
Link to relevant EIJB report / reports	EIJB Strategic Plan 2019-22, EIJB, 20 August 2019 Edinburgh Primary Care Improvement Plan (PCIP), EIJB 15 June 2018 Primary Care Transformation Programme, EIJB 24 May 2019		
Budget / finances allocated to carry out the detail		<i>NHS Lothian</i>	<i>City of Edinburgh Council</i>
	2019/20	£5.3m	£0
	2020/21	£9.2m	£0
	2021/22	£12.9m	£0
Performance measures	Growth of staffing resource to target of c230wte spread across City practices by April 2022		
Date direction will be reviewed	April 2020		

Reference number	EIJB-22/10/2019-9
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	No
Approval date	22/10/2019
Services / functions covered	Primary care / general medical services
Full text of direction	Work with EHSCP to produce business cases to support priorities for capital investment beyond the current year taking account of the anticipated population expansion in each locality
Direction to	NHS Lothian
Link to relevant EIJB report / reports	EIJB Strategic Plan 2019-22, EIJB, 20 August 2019 Primary Care Population and Premises, EIJB, 22 September 2017
Budget / finances allocated to carry out the detail	Capital allocation as identified in each business case.
Performance measures	Delivery of Primary Care Infrastructure to meet identified need
Date direction will be reviewed	April 2020

IJB Directions Tracker

Reference	Services covered	Direction	Relevant report	Budget allocation			Performance measures	Issued to	Review date									
EIJB-22/10/2019-1	All	For those services that are not covered by a specific direction, the City of Edinburgh Council and NHS Lothian will continue to provide services within current budgets, and in accordance with statutory and regulatory obligations, policies and procedures, endeavouring to meet national and local targets and the strategic objectives laid out in the Strategic Plan.	EIJB Strategic Plan 2019-22, EIJB 20 August 2019	The Financial Schedule (Appendix 2) sets out financial allocations for all delegated services.			Relevant national and local targets, reported on through annual performance report	CEC & NHSL										
EIJB-22/10/2019-2	All	Set up and implement the outputs from the transformation programme as approved by the EIJB on 8 February 2019 and set out in the Strategic Plan 2019-22.	<ul style="list-style-type: none"> EIJB Strategic Plan 2019-22, EIJB 20 August 2019 Transformation and Service Redesign, EIJB 8 February 2019 	19/20	NHSL £0	CEC £2.788m	Contained in the report to the EIJB and to be further developed by the EHSCP	CEC & NHSL										
EIJB-22/10/2019-3	Disabilities	Provide more support in the community by decommissioning Glenlomond wards in the Royal Edinburgh Campus and commissioning eight tenancies for adults with forensic support needs	<ul style="list-style-type: none"> Royal Edinburgh Campus, EIJB 18 May 2018 EIJB Strategic Plan 2019-22, EIJB 20 August 2019 	19/20	NHSL £0.7m	CEC £0	6 people move from hospital to live in the community by April 2020	CEC & NHSL										
EIJB-22/10/2019-4	Disabilities	Increase support options in the community by decommissioning wards in the Royal Edinburgh Campus and commissioning sixteen tenancies for adults with complex support needs, Specifically, commission 9 flats from Lifeways, plus other new accommodation options.	<ul style="list-style-type: none"> Royal Edinburgh Campus IJB report 18 May 2018 EIJB Strategic Plan 2019-22, 20 August 2019 	19/20	NHSL £2.1m	CEC £0	16 people are living in the community by December 2020	CEC & NHSL										
EIJB-20/08/2019-5	Mental health	Implement the Scottish Government's National Mental Health Strategy to improve the response to distress in A&E, police, primary care, custody and prison settings by employing 12 WTE staff.	<ul style="list-style-type: none"> Action 15 funding, EIJB 21 June 2019 Psychological Therapies Additional Investment, EIJB 20 August 2019 	19/20	NHSL £2.1m	CEC £0	Additional staffing as detailed in the report to the EIJB in June 2019.	CEC & NHSL										
EIJB-22/10/2019-6	Alcohol & Drugs Services	Implement the 'Seek, Keep and Treat' Plan for people with substance misuse problems	Scottish Government - Seek, Keep and Treat Funding, EIJB 21 June 2019	19/20	NHSL £1.1m	CEC £0.3m	In line with Scottish Government national outcomes and targets	CEC & NHSL										
EIJB-22/10/2019-7	Carers	Implement the Edinburgh Joint Carers Strategy 2019-22 and associated implementation plans.	<ul style="list-style-type: none"> EIJB Strategic Plan 2019-22, EIJB 20 August 2019 Edinburgh's Joint Carers Strategy and implementation plans, EIJB 20 August 2019 	19/20	NHSL £0.573m	CEC £2.630m	6 priority areas will have services provided and commissioned to support improvement across the identified outcomes as per the timeline included with the EIJB report of 20 August 2019.	CEC & NHSL										

EIJB-22/10/2019-8	Primary care / general medical services	Expand the Primary Care Workforce in line with the 6 clinical areas set out in the National 2018 New GMS Contract	<ul style="list-style-type: none"> Edinburgh Primary Care Improvement Plan (PCIP), EIJB 15 June 2018 Primary Care Transformation Programme, EIJB 24 May 2019 	19/20 20/21 21/22	NHSL £5.3m £9.2m £12.9m	CEC £0 £0 £0	Growth of staffing resource to target of c230wte spread across City practices by April 2022	NHSL									
EIJB-22/10/2019-9	Primary care / general medical services	Work with EHSCP to produce business cases to support priorities for capital investment beyond the current year taking account of the anticipated population expansion in each locality	<ul style="list-style-type: none"> Primary Care Population and Premises, EIJB, 22 September 2017 	Capital allocation as identified in each business case			Delivery of Primary Care Infrastructure to meet identified need	NHSL									

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Report

Public Bodies Climate Change Duties

Edinburgh Integration Joint Board

22 October 2019

Executive Summary

1. In order to meet the obligations of the Climate Change (Scotland) Act and associated regulations, the Edinburgh Integration Joint Board must complete and submit to the Scottish Government a Public Bodies Climate Change Duties Report to cover the financial year 2018-19.
2. This report provides an overview of the requirements of the legislation and seeks approval for submission of the Public Bodies Climate Change Duties Report: 2018-19 on behalf of the Board.

Recommendations

3. The Integration Joint Board is asked to:
 - i. Note the requirements of the Climate Change (Scotland) Act outlined below; and
 - ii. Consider and approve the draft Edinburgh Integration Joint Board Public Bodies Climate Change Duties Report: 2018-19 attached as Appendix 1.

Background

4. The Scottish Parliament passed the Climate Change (Scotland) Act in 2009. Part 4 of the Act states that in exercising its functions, a public body must act:
 - in the way best calculated to contribute to the delivery of Scotland's climate change targets (mitigation)
 - in the way best calculated to help deliver any Scottish adaptation programme (adaptation); and
 - in a way that it considers most sustainable (act sustainably)

5. In 2015, secondary legislation came into force requiring public bodies to prepare annual reports on compliance with those climate change duties. Local authorities and NHS boards were required to complete their first annual report to cover period 2015-16, whilst Integration Joint Boards were required to complete their first report to cover the period 2016-17. There has been no feedback received from the Scottish Government on either of the two annual reports submitted by the EIJB.

Main report

6. Submission of the EIJB's third report covering the period 2018-19 is required on or before 30 November, through an online reporting platform. A copy of the proposed submission is attached as Appendix A. It covers the following seven areas:
 - Profile of the reporting body;
 - Governance, management and strategy;
 - Emissions, targets and projects;
 - Adaptation;
 - Procurement;
 - Validation; and
 - Wider influence.
7. Edinburgh IJB's draft Climate Change Duties report has been completed in line with guidance published by the Sustainable Scotland Network (SSN) which is available at <https://sustainablesotlandnetwork.org/>.
8. The guidance recognises the unique nature of Integration Joint boards, and that, in most cases, the corresponding local authority and NHS board currently provide much of the information required. The IJB reports are therefore not expected to contribute significant additional data or information.
9. The Edinburgh IJB has no direct responsibility for the delivery of services. It employs only 2 members of staff. Capital assets, such as fleet vehicles, buildings and ICT systems and equipment, have not been delegated to it. Responsibilities for complying with the climate change duties in these key areas therefore remain with the Council and NHS Lothian. However, the Board does have a responsibility to ensure compliance with the climate change duties in respect of strategic and financial planning and performance management. The

completion of the Public Bodies Climate Change Duties report provides an opportunity for the Board to:

- Consider its responsibilities in respect of the Climate Change (Scotland) Act; and
 - Identify any steps to be taken to ensure compliance with the public sector duties and promote continuous improvement.
10. An independent audit of sustainability was conducted on behalf of the Council by Edinburgh University and Edinburgh Centre for Carbon Innovation in 2018. As part of its response, the Council has set a new target for the City of Edinburgh to become carbon neutral by 2030. The attached public duties Climate Change Report notes that the EIJB's Strategic Plan 2019-22 commits to working with its partners to support the development of this new sustainability strategy for 2020-2030.

Key risks

11. There is a risk of non-compliance with the duties of the Act if the Public Bodies Climate Change Duties report is not submitted to the Scottish Government by 30 November 2019.

Financial implications

12. There are no additional direct financial implications arising from this report.

Implications for Directions

13. Whilst there are no formal directions associated with this report, the EIJB will continue to work with its partners to actively seek to ensure that the City of Edinburgh will meet its commitment to become carbon neutral by 2030.

Equalities implications

14. Consideration has been given to equality and it was determined that there will be no impact on equalities arising directly as a result of this report.

Sustainability implications

15. As detailed in the main body of the report.

Involving people

16. Discussions have taken place with climate change officers from the City of Edinburgh Council and NHS Lothian.

Impact on plans of other parties

17. There are no known impacts on plans of other parties

Background reading/references

[Climate Change \(Scotland\) Act 2009](#)

[Sustainable Scotland Network](#)

Report author

Judith Proctor
Chief Officer, Edinburgh Health and Social Care Partnership

Contact: Moira Pringle, Chief Finance Officer
E-mail: moira.pringle@nhslothian.scot.nhs.uk | Tel: 0787 242 0111

Appendices

Appendix 1	Printed copy of proposed online submission of the Edinburgh Integration Joint Board Public Bodies Climate Change Duties Report: 2018-19
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Public Sector Climate Change Duties 2019 Summary Report: Edinburgh City

TABLE OF CONTENTS

Required

PART 1: PROFILE OF REPORTING BODY

PART 2: GOVERNANCE, MANAGEMENT AND STRATEGY

PART 3: EMISSIONS, TARGETS AND PROJECTS

PART 4: ADAPTATION

PART 5: PROCUREMENT

PART 6: VALIDATION AND DECLARATION

Recommended Reporting: Reporting on Wider Influence

RECOMMENDED – WIDER INFLUENCE

OTHER NOTABLE REPORTABLE ACTIVITY

Public Sector Climate Change Duties 2019 Summary Report: Edinburgh City

PART 1: PROFILE OF REPORTING

BODY

1(a) Name of reporting body

Edinburgh City

1(b) Type of body

Integrated Joint Boards

1(c) Highest number of full-time equivalent staff in the body during the

2

1(d) Metrics used by the body

Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.

Metric	Unit	Value	Comments
Population size served	population	518500	June 2018, source: National Records of Scotland

1(e) Overall budget of the body

Specify approximate £/annum for the report year.

Budget	Budget Comments
726394000	Gross expenditure for year ended 31 March 2019

Public Sector Climate Change Duties 2019 Summary Report: Edinburgh City

1(f) Report year	
Specify the report year.	
Report Year	Report Year Comments
Financial (April to March)	

1(g) Context
Provide a summary of the body's nature and functions that are relevant to climate change reporting.

Public Sector Climate Change Duties 2019 Summary Report: Edinburgh City

The Edinburgh Integration Joint Board (EIJB) is a separate and distinct legal entity from City of Edinburgh Council and NHS Lothian. It is responsible for planning the future direction of and overseeing the operational delivery of integrated health and social care services for the citizens of Edinburgh. These services are largely delivered by the Edinburgh Health and Social Care Partnership although some are managed by NHS Lothian on behalf of the EIJB. These are referred to as "hosted" or "set aside" services.

The arrangements for EIJB's operation, remit and governance are set out in the integration scheme which has been approved by the City of Edinburgh Council, NHS Lothian and the Scottish Government.

Adult Social Care Services: •Assessment and Care Management-including Occupational Therapy services•Residential Care•Extra Care Housing and Sheltered Housing (Housing Support provided)•Intermediate Care•Supported Housing-Learning Disability•Rehabilitation-Mental Health•Day Services •Local Area Coordination•Care at home services •Reablement •Rapid Response•Telecare •Respite services•Quality assurance and Contracts•Sensory impairment services•Drugs and alcohol servicesCommunity Health Services•District Nursing•Services relating to an addiction or dependence on any substance. •Services provided by Allied Health Professionals (AHPs)•Community dental service•Primary medical services (GP)*•General dental services*•Ophthalmic services*•Pharmaceutical services*•Out-of-Hours primary medical services•Community geriatric medicine•Palliative care•Mental health services•Continence services•Kidney dialysis•Services to promote public health*Includes responsibility for those aged under 18Hospital Based Services•Accident and Emergency•General medicine •Geriatric medicine•Rehabilitation medicine •Respiratory medicine•Psychiatry of learning disability•Palliative care•Hospital services provided by GPs•Mental health services provided in a hospital with exception of forensic mental health services•Services relating to an addiction or dependence on any substance.

Staff continue to be employed by either CEC or NHS Lothian and assets including buildings and vehicles have not transferred to the IJB.

CEC and NHS Lothian will therefore continue to report on climate change issues as appropriate including reporting of emissions.

Discussions regarding this have taken place with the Climate Change Leads from CEC and NHS Lothian.

PART 2: GOVERNANCE, MANAGEMENT AND STRATEGY

2(a) How is climate change governed in the body?

Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body's activities in relation to climate change sit outside its own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify these activities and the governance arrangements.

Capital assets and staff remain with either CEC or NHS Lothian and as such much of the accountability and responsibility for climate change duties, including data reporting, remain with the CEC or NHS Lothian. The EIJB is responsible for the future direction of and overseeing the operational delivery of integrated health and social care services and as such has responsibility for consideration of climate change for new projects, planning and policies. This is considered through the regular reporting procedures by the EIJB at its monthly meetings of the EIJB.

2(b) How is climate change action managed and embedded by the body?

Public Sector Climate Change Duties 2019 Summary Report: Edinburgh City

Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff, departmental heads etc. If any such decision-making sits outside the body's own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify how this is managed and how responsibility is allocated outside the body (JPEG, PNG, PDF, DOC)

Climate Change is embedded within the EIJB through the use of Integrated Impact Assessments (IIAs). All new proposals are required to have an IIA carried out. These assessments require that consideration is given to: impact on the environment; impact on greenhouse gas emissions; future climate change; pollution: air/water/soil/noise: enhanced biodiversity; resource efficiency (energy, water, materials and minerals); waste generation; infection control; accidental injury; fire risk; promotion of sustainable forms of transport and improving the physical environment. The IIA also requests that actions to mitigate against any negative impacts and enhance any positive impacts are identified, where appropriate. The management of the IIAs is the same as for the development of the project/policy, ie, the person responsible for developing a new proposal is responsible for ensuring that the IIA is undertaken and the IIA must be signed off by a senior manager. The Committee Report Template now has a "Sustainability" section where reference to the results of the IIA with respect to Climate Change should be inserted to allow the EIJB to make fully informed decisions. The IIAs are made publicly available through publication on the EIJB's website. Staff training in relation to facilitation of the IIAs is provided and guidance notes and templates are available on-line.

Page 204

2(c) Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar

Provide a brief summary of objectives if they exist.

Objective	Doc Name
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Public Sector Climate Change Duties 2019 Summary Report: Edinburgh City

There are currently no specific climate change mitigation and adaptation objectives in the Strategic Plan 2019-22 however reference is made including:

"An independent audit of sustainability was conducted by Edinburgh University and Edinburgh Centre for Carbon Innovation in 2018. As part of its response to the audit findings, the Council has set a new target for the City of Edinburgh to become carbon neutral by 2030. The Council is working with partners to scope emission reduction trajectories and formulate a new sustainability strategy for the city, setting out a shared vision and route map for a sustainable Edinburgh. EIJB has statutory duties under the Climate Change (Scotland) Act and therefore has a contribution to make, both in terms of helping to shape the vision, and in helping to reduce the city's carbon footprint.

We will work with our partners to support the development of a new sustainability strategy for 2020-2030, with consultation and engagement activity due to begin this autumn."

Edinburgh Health and social Care Strategic Plan 2016-19

2(d) Does the body have a climate change plan or strategy?

If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.

No

2(e) Does the body have any plans or strategies covering the following areas that include climate change?

Provide the name of any such document and the timeframe covered.

Public Sector Climate Change Duties 2019 Summary Report: Edinburgh City

Topic area	Name of document	Link	Time
Adaptation	The EIJB does not currently have any plans which cover climate change		
Business travel			
Staff Travel			
Energy efficiency			
Fleet transport			
Information and communication technology			
Renewable energy			
Sustainable/renewable heat			
Waste management			
Water and sewerage			
Land Use			
Other (state topic area covered in comments)			

2(f) What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?

Provide a brief summary of the body's areas and activities of focus for the year ahead.

Public Sector Climate Change Duties 2019 Summary Report: Edinburgh City

Work with our partners to support the development of a new sustainability strategy for 2020-2030, with consultation and engagement activity due to begin this autumn

2(g) Has the body used the Climate Change Assessment Tool(a) or equivalent tool to self-assess its capability / performance?

Public Sector Climate Change Duties 2019 Summary Report: Edinburgh City

If yes, please provide details of the key findings and resultant action taken.

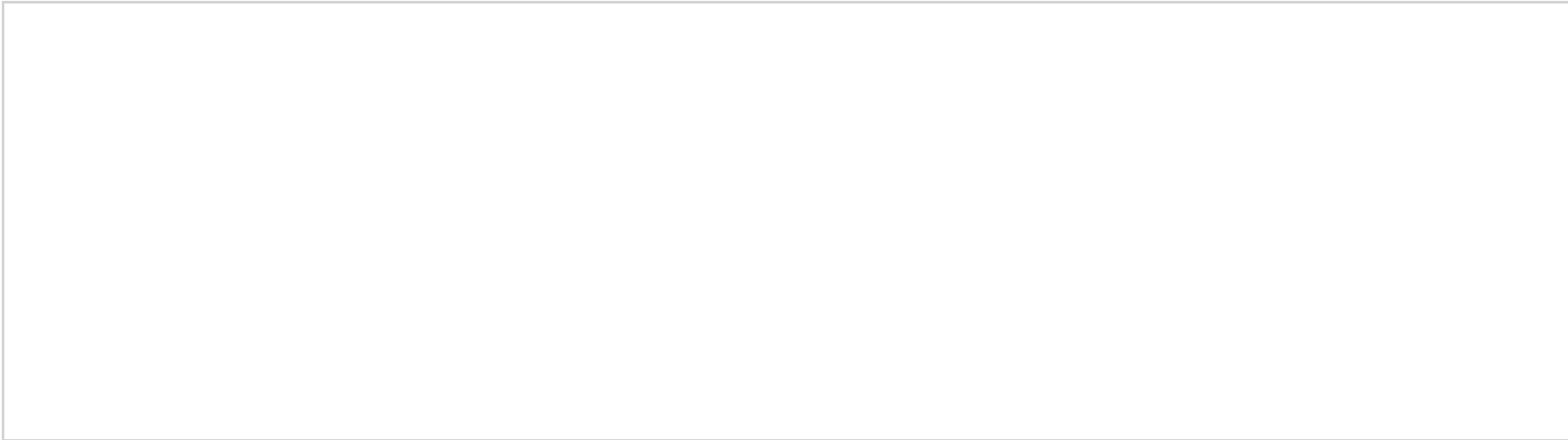


Public Sector Climate Change Duties 2019 Summary Report: Edinburgh City

No

2(h) Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management



PART 3: EMISSIONS, TARGETS AND PROJECTS

3a Emissions from start of the year which the body uses as a baseline (for its carbon footprint) to the end of the report year

Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon footprint /management reporting or, where applicable, its sustainability reporting. Include greenhouse gas emissions from the body's estate and operations (a) (measured and reported in accordance with Scopes 1 & 2 and, to the extent applicable, selected Scope 3 of the Greenhouse Gas Protocol (b)). If data is not available for any year from the start of the year which is used as a baseline to the end of the report year, provide an explanation in the comments column.

(a) No information is required on the effect of the body on emissions which are not from its estate and operations.

Reference Year	Year	Scope1	Scope2	Scope3	Total	Units	Comments
Baseline carbon footprint	2018/19				0	tCO2	Data will be reported by CEC

3b Breakdown of emission sources

Public Sector Climate Change Duties 2019 Summary Report: Edinburgh City

Complete the following table with the breakdown of emission sources from the body's most recent carbon footprint (greenhouse gas inventory); this should correspond to the last entry in the table in 3(a) above. Use the 'Comments' column to explain what is included within each category of emission source entered in the first column. If, for any such category of emission source, it is not possible to provide a simple emission factor(a) leave the field for the emission factor blank and provide the total emissions for that category of emission source in the 'Emissions' column.

Total	Comments – reason for difference between Q3a & 3b.	Emission source	Scope	Cons Units
0.0				umpton

3c Generation, consumption and export of renewable energy

Provide a summary of the body's annual renewable generation (if any), and whether it is used or exported by the body.

	Renewable Electricity	Renewable Heat
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Public Sector Climate Change Duties 2019 Summary Report: Edinburgh City

Technology	Total consumed by the organisation (kWh)	Total exported (kWh)	Total consumed by the organisation (kWh)	Total exported (kWh)	Comments
Other					

3d Targets

List all of the body's targets of relevance to its climate change duties. Where applicable, overall carbon targets and any separate land use, energy efficiency, waste, water, information and communication technology, transport, travel and heat targets should be included.

Name of Target	Type of Target	Target	Units	Boundary/scope of Target	Progress	Year used as	Baseline figure

3e Estimated total annual carbon savings from all projects implemented by the body in the report year

Total	Emissions Source	Total estimated annual	Comments
	0 Electricity		
	Natural gas		
	Other heating fuels		

Public Sector Climate Change Duties 2019 Summary Report: Edinburgh City

	Waste		
	Water and sewerage		
	Business Travel		
	Fleet transport		
	Other (specify in comments)		

3f Detail the top 10 carbon reduction projects to be carried out by the body in the report year

Provide details of the 10 projects which are estimated to achieve the highest carbon savings during report year.

Project name	Funding source	First full year of CO2e savings	Are these savings figures	Capital cost (£)	Operational cost (£/annum)	Project lifetime (year)	Primary fuel/emission source saved	Estimated carbon savings per year (tCO2e/annum)

3g Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the report year

If the emissions increased or decreased due to any such factor in the report year, provide an estimate of the amount and direction.

Public Sector Climate Change Duties 2019 Summary Report: Edinburgh City

Total	Emissions source	Total estimated annual emissions	Increase or decrease	Comments
	0 Estate changes			
	Service provision			
	Staff numbers			
	Other (specify in			

3h Anticipated annual carbon savings from all projects implemented by the body in the year ahead

Total	Source	Saving	Comments
	0 Electricity		
	Natural gas		
	Other heating fuels		
	Waste		
	Water and sewerage		
	Business Travel		
	Fleet transport		
	Other (specify in comments)		

3i Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the year ahead

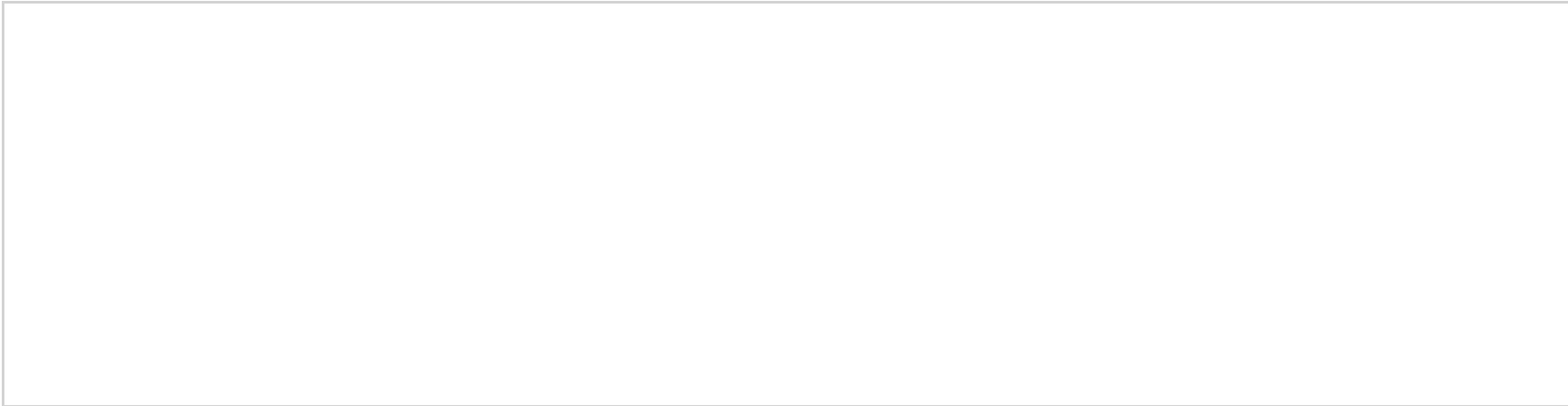
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Public Sector Climate Change Duties 2019 Summary Report: Edinburgh City

If the emissions are likely to increase or decrease due to any such factor in the year ahead, provide an estimate of the amount and direction.			
Total	Emissions source	Total estimated annual emissions (tCO2e)	Increase or decrease Comments
	0 Estate changes		
	Service provision		
	Staff numbers		
	Other (specify in		

3j Total carbon reduction project savings since the start of the year which the body uses as a baseline for its carbon footprint	
If the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").	
Total	Comments

3k Supporting information and best practice
Provide any other relevant supporting information and any examples of best practice by the body in relation to its emissions, targets



PART 4: ADAPTATION

4(a) Has the body assessed current and future climate-related risks?

If yes, provide a reference or link to any such risk assessment(s).

The EIJB has not specifically considered current and future climate-related risks.

4(b) What arrangements does the body have in place to manage climate-related risks?

Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.

Public Sector Climate Change Duties 2019 Summary Report: Edinburgh City

No work in this area has taken place through EIJB however policies documented in both the CEC and the NHS Lothian Climate Change Reports are relevant as appropriate.

4(c) What action has the body taken to adapt to climate change?
Include details of work to increase awareness of the need to adapt to climate change and build the

Staff training in relation to carrying out IIAs has been provided.

4(d) Where applicable, what progress has the body made in delivering the policies and proposals referenced N1, N2, N3, B1, B2, B3, S1, S2 and S3 in the Scottish Climate Change Adaptation Programme(a) ("the Programme")?

Public Sector Climate Change Duties 2019 Summary Report: Edinburgh City

<p>If the body is listed in the Programme as a body responsible for the delivery of one or more policies and proposals under the objectives N1, N2, N3, B1,B2, B3, S1, S2 and S3, provide details of the progress made by the body in delivering each policy or proposal in the report year. If it is not responsible for delivering any policy or proposal under a particular objective enter "N/A" in the 'Delivery progress made' column for that objective.</p> <p>(a) This refers to the programme for adaptation to climate change laid before the Scottish Parliament under section 53(2) of the Climate Change (Scotland) Act 2009 (asp 12) which currently has effect. The most recent one is entitled "Climate Ready Scotland: Scottish Climate Change Adaptation Programme" dated May 2014.</p>			
Objective	Objective reference	Theme	Policy / Proposal reference
Understand the effects of climate change and their impacts on the natural environment.	N1	Natural Environment	
Support a healthy and diverse natural environment with capacity to adapt.	N2	Natural Environment	
Sustain and enhance the benefits, goods and services that the natural environment provides.	N3	Natural Environment	

Public Sector Climate Change Duties 2019 Summary Report: Edinburgh City

Understand the effects of climate change and their impacts on buildings and infrastructure networks.	B1	Buildings and infrastructure networks	
Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks	
Increase the resilience of buildings and infrastructure networks to sustain and enhance the benefits and services provided.	B3	Buildings and infrastructure networks	
Understand the effects of climate change and their impacts on people, homes and communities.	S1	Society	
Increase the awareness of the impacts of climate change to enable people to adapt to future extreme weather events.	S2	Society	

Public Sector Climate Change Duties 2019 Summary Report: Edinburgh City

Support our health services and emergency responders to enable them to respond effectively to the increased pressures associated with a changing climate.	S3	Society	
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4(e) What arrangements does the body have in place to review current and future climate
 Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk

Public Sector Climate Change Duties 2019 Summary Report: Edinburgh City

No arrangements are currently in place

4(f) What arrangements does the body have in place to monitor and evaluate the impact of

Please provide details of monitoring and evaluation criteria and adaptation indicators used to

No arrangements are in place

4(g) What are the body's top 5 priorities for the year ahead in relation to climate change

Provide a summary of the areas and activities of focus for the year ahead.

Consideration has not yet been given to adaptations as yet.

4(h) Supporting information and best practice
Provide any other relevant supporting information and any examples of best practice by the body in

[Empty text box for providing supporting information and best practice examples]

PART 5: PROCUREMENT

5(a) How have procurement policies contributed to compliance with climate change duties?

Provide information relating to how the procurement policies of the body have contributed to its compliance with

The procurement of goods and services is not delegated to the IJB and continues to be carried out by CEC and NHS Lothian and will be documented in their respective reports.

5(b) How has procurement activity contributed to compliance with climate change duties?

Public Sector Climate Change Duties 2019 Summary Report: Edinburgh City

Provide information relating to how procurement activity by the body has contributed to its compliance with climate changes duties.

N/a

Page 229

5(c) Supporting information and best practice

Public Sector Climate Change Duties 2019 Summary Report: Edinburgh City

Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.

PART 6: VALIDATION AND DECLARATION

6(a) Internal validation process

Briefly describe the body's internal validation process, if any, of the data or information contained within this report.

This report will be submitted to the Edinburgh Integration Joint Board for approval.

6(b) Peer validation process

Briefly describe the body's peer validation process, if any, of the data or information contained within this

There has been no peer validation process.

6(c) External validation process

Briefly describe the body's external validation process, if any, of the data or information contained within this report.

There has been no external validation of the information in this report

Public Sector Climate Change Duties 2019 Summary Report: Edinburgh City

6(d) No validation process

If any information provided in this report has not been validated, identify the information in question and

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6e - Declaration

I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.

Name	Role in the body	Date

RECOMMENDED – WIDER INFLUENCE

Q1 Historic Emissions (Local Authorities only)

Please indicate emission amounts and unit of measurement (e.g. tCO2e) and years. Please provide information on the following components using data from the links provided below. Please use (1) as the default unless targets and actions relate to (2).

(1) UK local and regional CO2 emissions: **subset dataset** (emissions within the scope of influence of local authorities):

(2) UK local and regional CO2 emissions: **full dataset**:

Select the default target dataset

Table 1a - Subset

Sector	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018

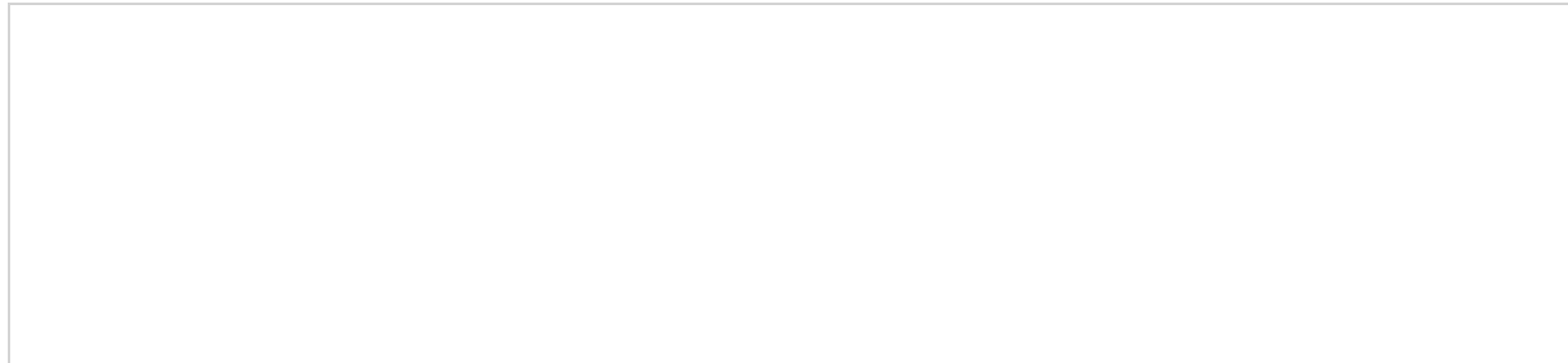
Table 1b - Full

Sector	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018

Sector	Description	Type of Target (units)	Baseline	Start year

Q2b) Does the Organisation have an overall mission statement, strategies, plans or policies outlining ambition to influence emissions beyond your corporate boundaries? If so, please detail this in the box below.

Public Sector Climate Change Duties 2019 Summary Report: Edinburgh City



Q3) Policies and Actions to Reduce Emissions								
Sector	Start year for policy / action implementation	Year that the policy / action will be fully implemented	Annual CO2 saving once fully implemented (tCO2)	Latest Year measured	Saving in latest year measured (tCO2)	Status	Metric / indicators for monitoring progress	Delivery Role

Please provide any detail on data sources or limitations relating to the information provided in Table 3

Public Sector Climate Change Duties 2019 Summary Report: Edinburgh City

Q4) Partnership Working, Communication and Capacity Building. Please detail your Climate Change Partnership, Communication or Capacity Building Initiatives below.				
Key Action Type	Description	Action	Organisation's project role	Lead Organisation (if not reporting organisation)

**Public Sector Climate Change Duties 2019 Summary Report:
Edinburgh City**

OTHER NOTABLE REPORTABLE ACTIVITY

Q5) Please detail key actions relating to Food and Drink, Biodiversity, Water,

Key Action Type	Key Action Description

Q6) Please use the text box below to detail further climate change related

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