



Notice of Meeting and Agenda

Edinburgh Integration Joint Board

10.00 am Tuesday, 10th December, 2019

Eltham Suite - Eric Liddell Centre

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 Any items under "Private Business" will not be published, although the decisions will be recorded in the minute.

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1. Welcome and Apologies

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

2. Declaration of Interests

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

3. Deputations

- 3.1** If any.

4. Minutes

- | | | |
|------------|---|---------|
| 4.1 | Minute of the Edinburgh Integration Joint Board of 22 October 2019 – submitted for approval as a correct record | 5 - 10 |
| 4.2 | Minute of the Audit and Assurance Committee of 27 August 2019 – submitted for noting | 11 – 16 |
| 4.3 | Minute of the Performance and Delivery Committee of 16 September 2019 – submitted for noting | 17 - 20 |
| 4.4 | Minute of the Strategic Planning Group of 23 September 2019 – submitted for noting | 21 - 26 |

5. Forward Planning

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| 5.1 | Rolling Actions Log – 10 December 2019 | 27 - 38 |
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6. Presentations

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| 6.1 | Chief Social Work Officer Annual Report - Presentation by the Chief Social Work Officer (report to the 22 October 2019 meeting of the Integration Joint Board attached for reference) | 39 - 94 |
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7. Items of Strategy

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| 7.1 | Royal Infirmary Edinburgh Front Door Redesign – Report by the Chief Officer, Edinburgh Health and Social Care Partnership | 95 - 116 |
| 7.2 | Edinburgh Alcohol and Drug Partnership - Seek Keep Treat Funding 2018/19 – Report by the Chief Officer, Edinburgh Health and Social Care Partnership | 117 - 124 |
| 7.3 | Learning Disability – Step Down – Royal Edinburgh Hospital – Report by the Chief Officer, Edinburgh Health and Social Care Partnership | 125 - 140 |
| 7.4 | Adult Sensory Support – Report by the Chief Officer, Edinburgh Health and Social Care Partnership | 141 - 154 |

8. Items of Performance

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| 8.1 | Winter Plan 2019/20 – Report by the Chief Officer, Edinburgh Health and Social Care Partnership | 155 - 254 |
| 8.2 | Update on Progress: Older People Joint Inspection Improvement Plan – Report by the Chief Officer, Edinburgh Health and Social Care Partnership | 255 - 318 |

8.3	Finance Update – Report by the Chief Officer, Edinburgh Health and Social Care Partnership	319 - 328
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9. Items of Governance

9.1	Equality Outcomes and Mainstreaming Report 2019 - 2023 – Report by the Chief Officer, Edinburgh Health and Social Care Partnership	329 - 352
9.2	Appointments to the Edinburgh Integration Joint Board – Report by the Chief Officer, Edinburgh Health and Social Care Partnership	353 - 356
9.3	Update on Implementation of Committee Structures – Report by the Chief Officer, Edinburgh Health and Social Care Partnership	357 - 364

10. Proposals

10.1	None.	
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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, 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 22 October 2019

McDonald Suite - Hanover Scotland Housing Association, 95 McDonald Road, Edinburgh

Present:

Board Members:

Angus McCann (Chair), Councillor Ricky Henderson (Vice-Chair), Councillor Robert Aldridge, Mike Ash, Colin Beck, Carl Bickler, Andrew Coull, Councillor Phil Doggart, Cristine Farquhar, Helen Fitzgerald, Councillor George Gordon, Jacqui Macrae, Councillor Melanie Main, Peter Murray, Moira Pringle, Judith Proctor, Ella Simpson and Richard Williams.

Officers: Tom Cowan, Tony Duncan, Jamie Macrae, Martin Scott and Fiona Wilson.

Apologies: Kirsten Hey and Jackie Irvine.

1. Minutes

Decision

- 1) To approve the minute of the meeting of the Edinburgh Integration Joint Board of 20 August 2019 as a correct record.
- 2) To approve the minute of the meeting of the Edinburgh Integration Joint Board of 3 September 2019 as a correct record.
- 3) To note the minute of the meeting of the Strategic Planning Group of 11 June 2019.
- 4) To note the minute of the meeting of the Additional Strategic Planning Group of 11 July 2019.

2. Rolling Actions Log

The Rolling Actions Log for October 2019 was presented.

Decision

- 1) To agree to close the following actions:
 - Action 6 – Draft Edinburgh IJB Strategic Plan 2019-2022
 - Action 11 – Carers Strategy
 - Action 12 – Short Break Services Statement (Unpaid Carers)
 - Action 17 – Update on the 2019 Health and Social Care Grants Programme
 - Action 20 – IJB Risk Register
 - Action 22 – Psychological Therapies Additional Investment
 - Action 24 (3) and (4) – NHS Lothian Board Escalation
- 2) To note that Action 23 was noted as being on the agenda for October 2019, but the report was no longer on the agenda and would come at a future date.
- 3) Action 24 (3) – To agree to circulate details of where responsibilities sit for the various mental health interactions.
- 4) Action 14 – To note that the date of proposed workshop would be provided.
- 5) Actions 8 and 15 – To agree to receive a single report that covers both audits (Audit Scotland and MSG).
- 6) To note that the Integrated Care Forum meetings were ongoing and notes from these meetings would be distributed to members of the Joint Board.
- 7) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log – 22 October 2019, submitted.)

3. South East Outer GP Provision Initial Agreement

An Initial Agreement for Edinburgh South East (Outer Area) GP capacity provision was provided. As the proposal sought capital funding from NHS Lothian, the Initial Agreement had been prepared in line with the guidance contained in the Scottish Capital Investment Manual.

Decision

- 1) To note that the four GP practices immediately affected by housing developments in the area (Ferniehill, Southern, Gracemount and Liberton medical practices) did not have sufficient physical capacity to ensure that all the new population from the extensive local planned housing developments would be able to access General Medical Services (GMS).

- 2) To note that the options under consideration in the Initial Agreement would enable the practice lists in the area to expand from 14,000 to 21,000 if sufficient GMS premises capacity were provided.
- 3) To note that NHS Lothian had invited the Edinburgh Health & Social Care Partnership (EHSCP) to submit an Initial Agreement for this proposal following the conclusion of the 2018-19 Capital Prioritisation Process.
- 4) To note the Initial Agreement was supported by the EHSCP Senior Management Team on 26 September 2019 and that Strategic Planning Group members had been able to comment prior to the Joint Board meeting.
- 5) To agree to the submission of the Initial Agreement to the NHS Lothian Capital Investment Group in accordance with the capital prioritisation process.

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

Declaration of interest

Councillor Phil Doggart and Peter Murray declared non-financial interests in this item as registered patients at GP practices mentioned in the report.

4. Financial Framework 2020-2023

An initial financial outlook based on where the partners were in their respective financial planning cycles was presented. The numbers presented were indicative but provided an insight into the scale of the financial gap over the next 3 years.

Decision

- 1) To support the approach to the financial framework set out in this paper, including the role of the Strategic Planning Group
- 2) To note that the financial outlook for 2020-2023 was unbalanced.
- 3) To support the proposed approach to developing a savings and recovery programme for agreement by the Joint Board.
- 4) To support the development of a financial strategy for the Joint Board.
- 5) To agree that details relating to the financial planning assumption on hospital drugs growth would be provided as part of the presentation on prescribing at the next Development Session.
- 6) To agree that a response would be sent to the Council's Head of Finance highlighting the Joint Board's concerns about the impact of any uplift provided by the Scottish Government to support health and social care not being passed on in full to the Joint Board.

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

5. Home First

The Edinburgh Integration Joint Board's performance in the area of delayed discharges had 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 had reduced from 7,616 to 5,893 over the same period, an improvement of 22.6 %. The next major step for Edinburgh was the expansion of the Home First model, whereby they would build confidence of clinical teams in the proposition that more people could 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.

Decision

- 1) To approve the accelerated roll-out of the Home First model in Edinburgh;
- 2) To approve a planned reduction in the set-aside bed base.
- 3) To require a report on progress no later than April 2020.
- 4) To agree that timescales would be added to the Direction.

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

6. Finance Update

An update was provided on the in-year financial position, including progress towards a balanced financial plan for 2019/20.

Decision

- 1) To note that a version of this report was considered at the first meeting of the Performance and Delivery Committee.
- 2) To note the financial position for delegated services for the first 5 months of the year.
- 3) To agree the use of slippage to offset the in-year position.
- 4) To note the potential to achieve a balanced financial position for the Joint Board for the year.
- 5) To agree to remit the Chief Officer and Chief Finance Officer to continue working with colleagues in the Council and NHS Lothian.
- 6) To agree that details of the financial dynamics of the set aside budget would be reported to the Performance and Delivery Committee.
- 7) To note that a programme was underway to look at transitions of school leavers to adult services and that this would take account of the Scottish Government's bill on statutory sector care planning.

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

7. John's Campaign

In September 2018, a paper was presented to the Edinburgh Integration Joint Board recommending the implementation of John's Campaign across all hospital and residential care homes managed by the Edinburgh Health and Social Care Partnership. An update was provided on progress with implementing and embedding John's Campaign.

Decision

- 1) To acknowledge the progress made to date with implementing and embedding John's Campaign in hospitals and residential care homes across the Edinburgh Health and Social Care Partnership.
- 2) To agree that the Communications Service and the Joint Board would take a more active role in promoting John's Campaign.

(References – Edinburgh Integration Joint Board, 28 September 2018 (item 11); report by the IJB Chief Officer, submitted.)

Declaration of interest

Christine Farquhar declared a non-financial interest in this item as a carer.

8. Chief Social Work Officer's Report 2018/19

The Chief Social Work Officer's Annual Report for 2018/19 was presented. Details were provided of the key issues facing social work and social care in Edinburgh, including data on statutory services, areas of decision making and the main developments and challenges.

Decision

- 1) To note the Chief Social Work Officer's Annual Report for 2018/19.
- 2) To note the report would be submitted to the Clinical and Care Governance Committee.
- 3) To agree that the Chief Social Work Officer would provide a presentation at a future meeting.

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

9. Directions linked to the Strategic Plan

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

Decision

- 1) To approve the initial directions.
- 2) To agree that any future reports which had been discussed at IJB Committees would include details of the discussion and decisions.

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

10. Public Bodies Climate Change Duties

The Joint Board was required, under the obligations placed on public bodies by the Climate Change (Scotland) Act and associated regulations, to complete a Public Bodies Climate Change Duties Report to cover the financial year 2018-19. This was submitted to the Joint Board for approval.

Decision

- 1) To note the requirements of the Climate Change (Scotland) Act.
- 2) To approve the draft Edinburgh Integration Joint Board Public Bodies Climate Change Duties Report: 2018-19.

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

11. Care at Home

The Joint Board resolved that the public be excluded from the meeting during consideration of the item of business on the grounds that it involved the disclosure of exempt information as defined under Standing Order 5.9.

The Joint Board considered a report providing information about the care at home contract awarded in 2016.

Decision

To agree to proceed as described in the report by the Chief Officer, Edinburgh Integration Joint Board.

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



Minutes

IJB Audit and Assurance Committee

10.00am, Tuesday 27 August 2019

Room 1, Leith Community Treatment Centre, Edinburgh

Present:

Councillor Phil Doggart (Chair), Andrew Coull, Martin Hill and Peter Murray.

Officers: Laura Calder (Internal Audit), Nicola MacKenzie (Scott-Moncrieff), Jamie Macrae (Committee Services, CEC), Sally McGregor (PA to the Chief Finance Officer), Moira Pringle (Chief Finance Officer), Nick Smith (CEC – Head of Legal & Risk) and Cathy Wilson (CEC – ESHCP).

Apologies: Councillor George Gordon

1. Minutes

Decision

To agree that the minute of the Audit and Risk Committee of 31 May 2019 would be circulated to the members of the foregoing Audit and Risk Committee prior to approval.

2. Outstanding Actions

Decision

- 1) To agree to close Action 3 – Edinburgh Integration Joint Board Unaudited Annual Accounts for 2018/19 – and 4 – IJB Risk Register.

- 2) To agree that an update would be provided on Action 1 – Any Other Business – CRO – following discussion at the workshop in early September, and discussion with the Good Governance Institute.
 - 3) To otherwise note the outstanding actions.
- (Reference – Outstanding Actions, submitted.)

3. Work Programme

Decision

- 1) To note that a new Work Programme for this committee was in development and would be submitted to the next meeting.
 - 2) To agree that Audit Terms of Reference would be submitted to the next meeting.
 - 3) To otherwise note the Work Programme and upcoming reports.
- (Reference – Audit and Risk Committee Work Programme, submitted.)

4. Training and Development of Members

There was a discussion about training and development for members of the committee.

Decision

- 1) To note the verbal update.
- 2) To agree that a development session for all members would be arranged before the next meeting of committee.

5. Terms of Reference

The draft Terms of Reference for the Audit and Assurance Committee were submitted. These had been reviewed slightly since they were submitted to the Joint Board, including removal of some parts that were specific to England.

There was some discussion about the procedure for scrutiny of audit reports. It was noted that Internal Audit would report to each meeting with an update, and that the Council's Governance, Risk and Best Value Committee would refer any audits that impacted on Edinburgh Health and Social Care Partnership services.

Decision

To agree that the Terms of Reference would be discussed at the development session and feedback included in the report back to the Joint Board.

(Reference – Terms of Reference, submitted.)

6. Internal Audit Update for the period 7 May 2019 to 15 August 2019

Details were provided of progress of Internal Audit (IA) assurance activity on behalf of the Edinburgh Integration Joint Board (EIJB) performed by the EIJB's partners (the City of Edinburgh Council (the Council) and NHS Lothian (NHSL)) IA teams.

The report also presented extracts from the 2019/20 IA plans for both the Council and NHSL to enable the Committee to identify audits that would be of interest to the EIJB and request their referral to the Committee following scrutiny by the relevant partner governance forums (the Council's Governance, Risk, and Best Value (GRBV) Committee and the NHS Lothian (NHSL) Audit and Risk Committee).

Some concerns were raised about the procedure for raising concerns as part of the Committee's scrutiny and it was noted that audit should not be used as a proxy for effective risk management.

Decision

- 1) To note the annual Internal Audit plans for the Council and NHS Lothian.
- 2) To note progress with delivery of the EIJB 2019/20 IA plan.
- 3) To note progress with implementation of agreed management actions to support closure of EIJB IA findings raised.
- 4) To note progress with ongoing discussions with NHSL in relation to Committee engagement Principles and the IA assurance approach.
- 5) To agree that reporting arrangements would be discussed and reviewed at the committee's development session.
- 6) To note the committee's concern that audit was being used as a proxy for effective risk management.
- 7) To defer any decision relating to the ongoing referral of audit findings to the next meeting, to allow a review of reporting arrangements to take place.

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

7. Internal Audit Annual Opinion 2018/19

Internal Audit's annual opinion for the Edinburgh Integration Joint Board was submitted, for the year ended 31 March 2019.

The opinion concluded that significant enhancements were required to the Joint Board's control environment and governance and risk management frameworks and therefore reported a 'red' rated opinion. This assessment remained unchanged from the 2017/18 Internal Audit annual opinion reported to the Audit and Risk Committee in July 2018, though it noted some improvement.

The committee welcomed the work of the Internal Audit team but expected to see improvement in the Joint Board's performance.

Decision

- 1) To note the final 'significant enhancements' red rated Internal Audit opinion for the year ended 31 March 2019.
- 2) To agree that the development session would review the completed IJB audits that formed the basis of the 2018/19 IA annual opinion.

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

8. Financial Systems Access Controls

The Council's Governance, Risk and Best Value Committee had referred the Financial Systems Access Controls Audit to the Audit and Assurance Committee for review and scrutiny, as the control weaknesses identified could potentially extend to the Health and Social Care Partnership.

Decision

To note the update.

(Reference – report by the Chief Executive, submitted.)

9. Internal Audit - Quality, Governance and Regulation

The Council's Governance, Risk and Best Value Committee had referred the Quality, Governance and Regulation Audit to the Audit and Assurance Committee for review and scrutiny, as it related to regulated social work services to adults, children and young people. It was noted that the Chief Social Work Officer would be reporting the Joint Board soon.

Decision

To note the update.

(Reference – report by the Chief Executive, submitted.)

10. IJB Records Management Plan

A verbal update was provided on the IJB Records Management Plan, which had been submitted to the Keeper of Records in December and a response had now been received but there had not been time to analyse this fully. The Keeper of Records had noted that a named person would have to be identified as an owner of the plan, and the Joint Board would need to decide whether to have a Business Classification Scheme. Officers expected meet with the Keeper of Records within the next few weeks.

Decision

To note the verbal update and to agree to receive a briefing note following the meeting with the Keeper of Records.

11. IJB Risk Register

A verbal update on the IJB Risk Register was provided. The Risk Register was to be submitted to the next meeting of the Joint Board. There was a management workshop scheduled prior to this to review the Risk Registers for both the Joint Board and the Edinburgh Health and Social Care Partnership. There had been lots of work with NHS and Council risk teams, but it was noted that the IJB Risk Register was a high-level document. Officers had been developing controls and mitigating actions – these would not be included on the Risk Register, but could be included as hyperlinks.

Decision

To note the verbal update.

12. Date of next meeting

Friday 8 November 2019.

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Minutes

IJB Performance and Delivery Committee

10.00am, Monday 16 September 2019

Green Group Room, City Chambers, Edinburgh

Present:

Councillor Main (Chair), Colin Beck, Councillor Doggart and Helen FitzGerald.

Officers: Philip Brown, Tony Duncan, Jamie Macrae and Moira Pringle.

Apologies: Mike Ash and Richard Williams.

1. Terms of Reference

The Terms of Reference for the Committee were discussed. There were some issues with the draft Terms agreed by the Joint Board, which would need to be reviewed before being submitted for final approval.

The Committee discussed whether the Terms of Reference should include the Directions Tracker.

Decision

- 1) To note the verbal update.
- 2) To agree that the Directions Tracker and Terms of Reference should remain separate.
- 3) To agree to discuss the Terms of Reference in more detail at the next meeting.

2. Decisions of the Edinburgh Integration Joint Board – 20 August 2019

The decisions of the Edinburgh Integration Joint Board of 20 August 2019 were submitted.

The Committee discussed Directions linked to the Strategic Plan. These had not yet been agreed, but the draft set was due to be considered at the Strategic Planning Group, followed by the Joint Board in October. The Directions Tracker would be submitted to the Performance and Delivery Committee for scrutiny.

Decision

To note the update and agree that the Directions Tracker would be included on the agenda for future meetings.

(Reference – Decisions of the Edinburgh Integration Joint Board – 20 August 2019, submitted.)

3. Decisions of the Edinburgh Integration Joint Board – 3 September 2019

The decisions of the Edinburgh Integration Joint Board of 3 September 2019 were submitted.

Decision

To note the update.

(Reference – Decisions of the Edinburgh Integration Joint Board – 3 September 2019, submitted.)

4. Work Programme

A Committee Work Programme was submitted. The expectation was that the Work Programme would evolve, and items could be added as and when required (with consideration given to whether the items of business fell within the committee's remit).

Decision

- 1) To agree to add the following items to the Work Programme:
 - Carers Strategy (next meeting)
 - A progress report on the Grants Programme (by June 2020), including an update on welfare funding and a recommendation that the Joint Board receive an update.
 - An update on funding for drug and alcohol/mental health services, including governance details.

- 2) To otherwise note the Work Programme.
(Reference – Work Programme, submitted.)

5. Training and Development of Members

There was a discussion about training and development for members of the committee. Members discussed what the role of the committee was in relation to risk, the expectation being that the committee would highlight risks to the Joint Board, which would then instruct the Audit and Assurance Committee to scrutinise.

Decision

To note the verbal update.

6. Schedule of Dates

A schedule of meeting dates was submitted.

Decision

To note the proposed dates and agree that diary invites would be circulated as soon as possible.

(Reference – Schedule of Dates, submitted.)

7. Programme of Visits

Members were asked to consider a programme of visits for the committee. The intention was that members would visit groups/places and this would be in relation to an item of business on the agenda/work programme. Members agreed that this would be helpful for individual members, rather than the full committee. Committee would agree which members would attend.

Decision

To note the verbal update.

8. Finance Update

An update was provided on the in-year financial position, including progress towards a balanced financial plan for 2019/20.

Decision

- 1) To note the report and how it aligned to future reporting requirements.
- 2) To note the financial position for delegated services for the first 5 months of the year.
- 3) To note the forecast financial position for the year and the option which would be presented to the IJB to achieve a balanced plan for 2019/20.

- 4) To agree that a glossary of terms (e.g. “hosted services”) would be included with future committee papers.
- 5) To agree that Council and NHS finance teams would be invited to future meetings.
- 6) To agree that the next meeting would consider the impact of savings (e.g. the closure of Gylemuir, transport efficiencies).

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

9. Performance Report

The Joint Board’s Performance Report for August 2019 was submitted and discussed alongside a tabled report on the style of graphs. Members stated that they wished to see a trend analysis and a scorecard system.

Decision

To note the update and to agree that the item would be considered at the next meeting (earlier on the agenda).

(Reference – report by the Chief Finance Officer, submitted; report by Philip Brown, tabled.)

10. Psychological Therapies Additional Investment

An update was provided on additional investment to enable recruitment to Psychological Therapies. A report had been drafted but was not yet complete.

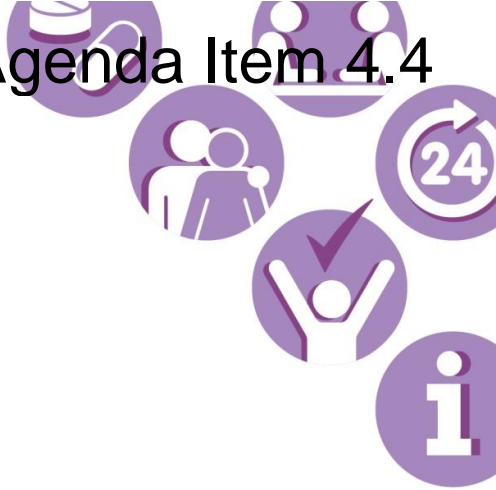
Decision

To note the verbal update and to agree that the report would be circulated when completed.

11. Date of next meeting

Decision

To note that the date of the next meeting was 20 November 2019.



Minutes

Edinburgh Integration Joint Board Strategic Planning Group

10.00am Monday 23 September 2019

Eltham Suite - Eric Liddell Centre, Edinburgh

Present: Councillor Ricky Henderson (Chair), Councillor Robert Aldridge, Mike Ash, Christine Farquhar, Nigel Henderson, Peter McCormick, Rene Rigby and Ella Simpson,

In attendance: Tony Duncan, Alana Nabulsi, Moira Pringle, Martin Scott and Julie Tickle.

Apologies: Angus McCann (Vice-Chair), Philip Brown, Belinda Hacking, Stephanie-Anne Harris and Michele Mulvaney.

1. Minutes

Decision

- 1) To approve the minute of the Edinburgh Integration Joint Board Strategic Planning Group of 11 June 2019 as a correct record.
- 2) To approve the minute of the Edinburgh Integration Joint Board Strategic Planning Group of 11 July 2019 as a correct record.

2. Rolling Actions Log

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

- Action 1 – Directions
- Action 2 – Enhancing Carer Representation on Integration Joint Boards
- Action 3 – Grants Programme – Monitoring and Evaluation Framework
- Action 4 – Review of Previous Edinburgh IJB Directions

Decision

- 1) To agree to close Action 1 and Action 4 and replace with a new single action on directions.
- 2) To agree to change the action owner of Action 2 from the Chief Finance Officer to the Strategy Planning & Quality Manager, Older People.
- 3) To relocate the red text from Action 3 'to be progressed when new carers rep is appointed' to Action 2.
- 4) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted.)

3. Decisions of the Edinburgh Integration Joint Board 20 August 2019

Details of the actions from the Edinburgh Integration Joint Board meeting held on 20 August 2019 were provided.

Decision

- 1) To agree that actions relevant to the Strategic Planning Group would be highlighted.
- 2) To note the decisions of the Edinburgh Integration Joint Board 20 August 2019.

4. Decisions of the Edinburgh Integration Joint Board 3 September 2019

Details of the actions from the Edinburgh Integration Joint Board meeting held on 3 September 2019 were provided.

Decision

To note the decisions of the Edinburgh Integration Joint Board 3 September 2019.

5. New Terms of Reference

The Strategic Planning Group is a statutory Committee established by the Integration Joint Board (IJB). The Group considered New Terms of Reference, which were intended to replace those for the existing formal committee

structure of the EIJB with a new fit for purpose infrastructure. During discussion, the Group discussed the importance of the terms of reference and the wider role and function of the Strategic Planning Group.

Decision

- 1) To agree that the outcomes of the Governance Review would be shared with the Group.
- 2) To agree that Nigel Henderson would fill the vacant social care non-commercial provider position.
- 3) To note that Section 5, Specific Duties, would be populated.
- 4) To agree that the director of planning of NHS Lothian would be added list of representatives on Section 4 of the report.
- 5) To agree that the reference to operational plan in 2.1.d of the report would be incorporated in to section 2.1.e and that the Head of Strategic Planning and Mike Ash would discuss a form of wording and this would be approved by the chair.
- 6) To note that any changes are subject to Joint Board approval.

(Reference – New Terms of Reference, submitted.)

6. Annual Cycle of Business

A verbal update was provided on the Annual Cycle of Business. The Interim Head of Strategic Planning noted that there was not much on the Annual Cycle of Business. The Group were asked to note that the annual cycle of business and annual plan would be the same document and populated when matters arise.

The following points were raised and discussed:

- Terms of Reference of EIJB committees still had to be lined up against each other. Chairs would come together to ensure nothing had been missed.
- Align reporting with commissioning cycles

Decision

- 1) To note the verbal update.
- 2) To note that a report would be brought to the next Strategic Planning Group meeting.

7. Draft Directions linked to the EIJB Strategic Plan

The Edinburgh Integration Joint Board (EIJB) approved both a new Directions Policy and a new Strategic Plan 2019-22 at the meeting held on 20 August 2019. An initial set of draft Directions linked to the new Strategic Plan was shared with the EIJB at

the meeting in August. The EIJB agreed that the Strategic Planning Group should consider this set of Directions, before being submitted to the Joint Board for approval.

The following issues were raised and discussed:

- Triggers would lead to the formulation of new directions
- Directions were not a financial management tool

Decision

- 1) To note the intention to submit a final version of the draft directions, with a covering note, for EIJB approval in October 2019.
- 2) To note the comments from this Group arising from its consideration of the draft directions linked to the EIJB Strategic Plan would be incorporated into the directions provided at the EIJB meeting of October 2019.

8. Transformation Programme Update

The Interim Head of Strategic Planning provided a verbal update on Transformation Programme. A comprehensive communication had been sent out about jobs trying to be filled. There had been a high number of applicants and the Interim Head of Strategic Planning was hopeful the team would be in place by early 2020.

Decision

To note the verbal update.

9. Programme of Strategic Planning Group Meetings

The programme of Strategic Planning Group Meetings was submitted, with dates for future meetings up to November 2020.

Decision

To note the programme of Strategic Planning Group Meetings.

10. Plan of Plans

The Strategic Planning Projection sheet was shared with the group. The plan included details of strategic objectives and project completion targets.

Decision

To note the update.

11. Any Other Business

A brief discussion was had around the exit of the United Kingdom from the European Union and the potential scenarios.

Decision

To note the Scottish Government had teams working on this and the Council had a Brexit Working Group.

12. Date of Next Meeting

Decision

To note that the date and location of the next Strategic Planning Group Meeting was Friday 22 November 2019, 10am to 12pm, Board room, EVOC.

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Rolling Actions Log

December 2019



No	Subject	Date	Action	Action Owner	Expected completion date	Comments
Page 27	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	A report on Seek, Keep and Treat funding was considered and approved by the EIJB in June 2019. A further report on Seek, Keep and Treat investment proposals for unallocated money from 2018/19 is on the agenda for the December EIJB

No	Subject	Date	Action	Action Owner	Expected completion date	Comments	
Page 28						meeting. The December report also includes examples of the approaches taken elsewhere in Scotland. A workshop on EADP governance and relationship with EIJB is scheduled to take place on 11 December 2019. As a result of this workshop a briefing note will be produced for the February board.	
	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	Recommended for closure Report went to Audit and Assurance Committee on 8 November 2019.
	3	IJB Risk Register	15-06-18	That the Chief Officer would circulate a briefing note to members on finance structures across the	Chief Officer, Edinburgh Health and	February 2020	This briefing will be produced following agreement of terms of

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
			City of Edinburgh Council and NHS Lothian, and the interface between the respective groups.	Social Care Partnership	December 2019 August 2019 November 2019	reference for the sub committees. Final TORs coming back to EIJB in February 2020.
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	February 2020 December 2019	A steering group is working to develop a new hospital at home service which takes account of the findings from the completed hospital at home study. 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	Recommended for closure Reported to the October 2019 meeting.

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
6	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	January 2020 December 2019	Recommend for closure This progress report is being referred to the Performance and Delivery Committee in January 2020. It is proposed that this action is closed on the rolling actions log and monitored through the Performance and Delivery Committee. This paper is being referred to the Performance and Delivery Committee This item is expected for the December meeting of the IJB.
7	Impact of Audit Scotland Report Health and Social	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	Chief Officer, Edinburgh Health and	February 2020	This will be submitted to the Audit and Assurance Committee on 14 February 2020.

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
	Care Integration on Edinburgh Integration Joint Board		Board and request a further report on this to come to the Audit and Risk Committee in six months.	Social Care Partnership	November 2019 August 2019	Note: October 2019 IJB agreed to receive a single report, covering this action and Action 12 (Audit Scotland and MSG).
8	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	
9	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	Recommended for closure Picked up at the Development Session on 19 November 2019. It is proposed that this forms part of the development session on budgeting in November.

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
10	Update on the Edinburgh Integration Joint Board Grants Review	29-03-19	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.	Chief Officer, Edinburgh Health and Social Care Partnership	May 2019	1) CLOSED – reported to the IJB on 24 May 2019.
			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.		December 2019	2) This item is on the agenda for the December Board.
11	Primary Care Transformation Programme	24-05-19	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	February 2020 December 2019 October 2019	David White arranging a workshop on Primary Care. IJB members asked (22 October 2019 meeting) that the date be provided when available. A development session is being organised for February to pick up the

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
						primary care transformation.
12	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	February 2020 March 2020	Note: October 2019 IJB agreed to receive a single report, covering this action and Action 7 (Audit Scotland and MSG).
13	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	Item on the agenda for December Board
14	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	
15	Committee Terms of Reference and Good	21-06-19	To agree that each committee would comment on the Terms of Reference at the end of the first cycle and this would be reported back to the Joint Board within two cycles.	Chief Officer, Edinburgh Health and Social Care Partnership	December 2019 October 2019	Item on the agenda for December Board

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
	Governance Handbook					
16	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	February 2020 December 2019 October 2019	A situation report on the performance and evaluation framework for the Carers' Strategy was presented to the P&D committee on 20 November 2019 and the SPG on 22 November 2019. Direction was given to provide more time to complete the framework. Carers Strategy Performance Framework on the agenda for December Board
17	Performance Report	20-08-19	1) To agree that a progress report on delayed discharges would be reported to the Joint Board at the October 2019 meeting.	Chief Officer, Edinburgh Health and	October 2019	Recommended for closure

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
			2) To remit the Performance and Delivery Committee to look at delayed discharges, progress and investment at its first meeting.	Social Care Partnership		Reviewed by the Performance and Delivery Committee on 20 November 2019.
18	NHS Lothian Board Escalation	20-08-19	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	February 2020 September 2019 August 2019	3) CLOSED – circulated on 25 September 2019 4) CLOSED – circulated on 26 August 2019
19	Rolling Actions Log	22-10-19	Re. NHS Lothian Board Escalation Action (3) – To agree to circulate details of where responsibilities sit for the various mental health interactions.	Chief Officer, Edinburgh Health and Social Care Partnership	December 2019 November 2019	A report was considered at the P&D committee on 20 November 2019. A briefing note will be circulated out of committee in

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
						December.
20	Financial Framework 2020-2023	22-10-19	<p>1) To agree that details relating to the financial planning assumption on hospital drugs growth would be provided as part of the presentation on prescribing at the next Development Session.</p> <p>2) To agree that a response would be sent to the Council's Head of Finance highlighting the Joint Board's concerns about the impact of any uplift provided by the Scottish Government to support health and social care not being passed on in full to the Joint Board.</p>	Chief Officer, Edinburgh Health and Social Care Partnership	December 2019	<p>1) NHS Lothian is in the process of updating its financial planning assumptions. Consequently the specific issue about drugs growth will be covered along with other planning assumptions at the budget workshop on 10 December 2019.</p> <p>2) Recommended for closure Letter sent on 25 October 2019.</p>
21	Home First	22-10-19	<p>1) To require a report on progress no later than April 2020.</p>	Chief Officer, Edinburgh	February 2020	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
			2) To agree that timescales would be added to the Direction.	Health and Social Care Partnership		2) Timescales added to the direction
22	Finance Update	22-10-19	To agree that details of the financial dynamics of the set aside budget would be reported to the Performance and Delivery Committee	Chief Officer, Edinburgh Health and Social Care Partnership	January 2020	On the agenda for the January 2020 Performance and Delivery Committee.
23	Chief Social Work Officer's Report 2018/19	22-10-19	To agree that the Chief Social Work Officer would provide a presentation at a future meeting.	Chief Social Work Officer	December 2019	Presentation scheduled for December meeting

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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

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Chief Social Work Officer

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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.

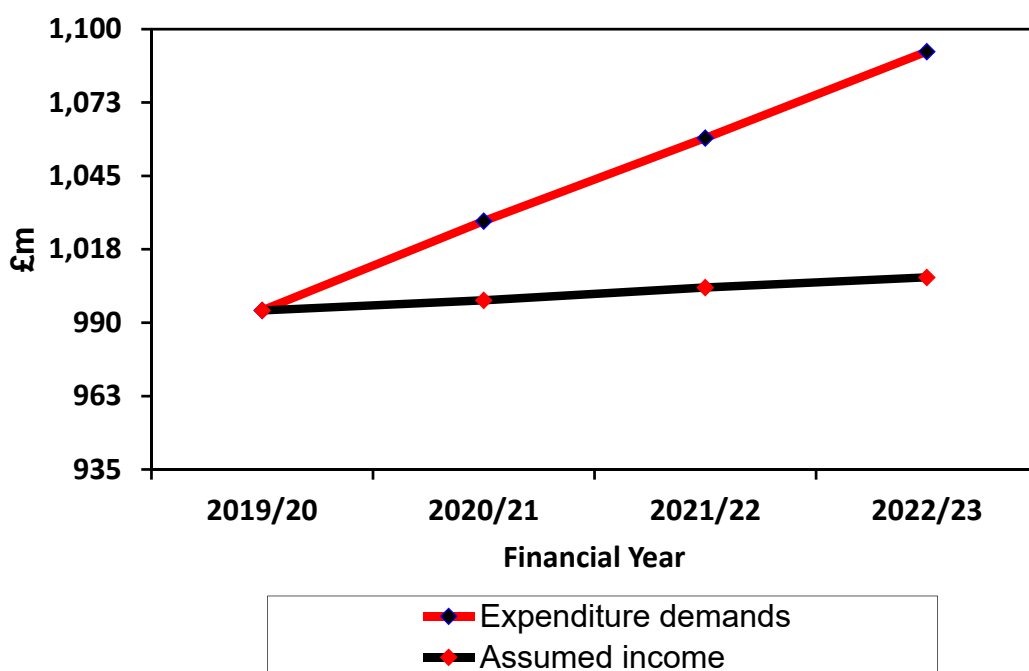
The Quality Assurance Subcommittee is carrying out an audit of cases where Child Protection Case Conference was convened but the child’s name was not placed on the Child Protection Register, as well as a follow up on selected cases six months post-registration to further scrutinise this hypothesis.

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

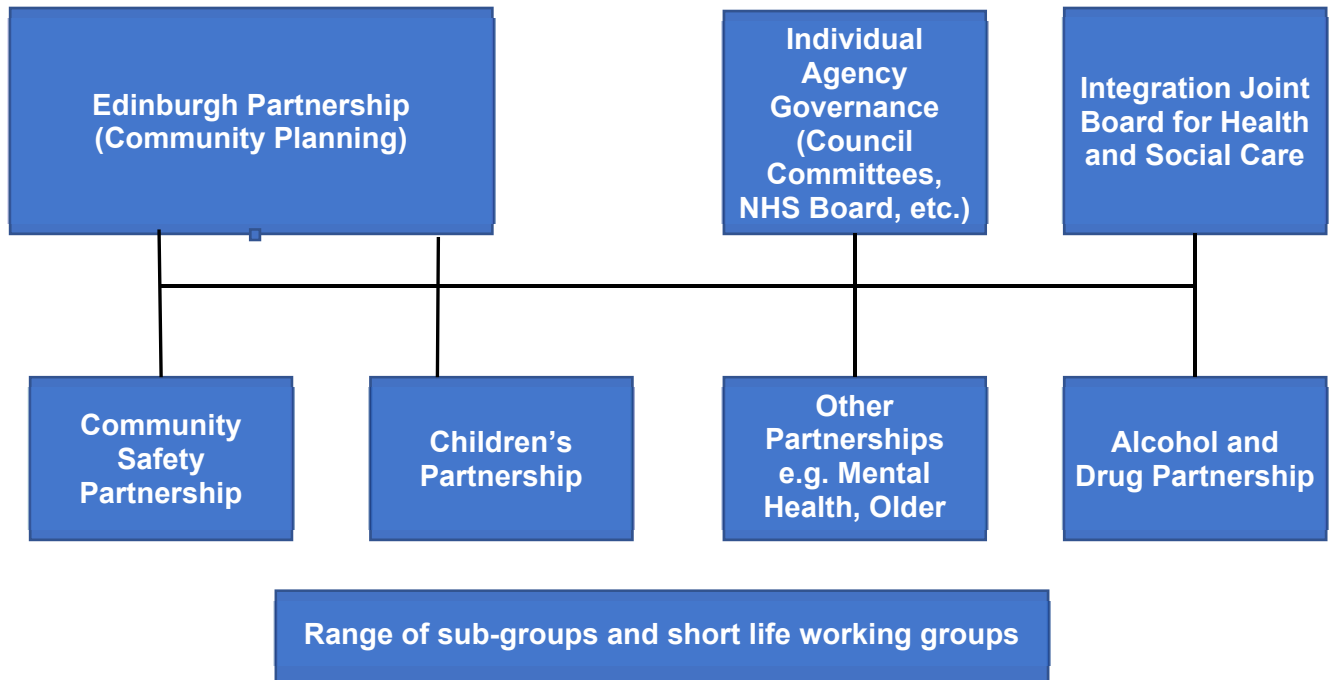
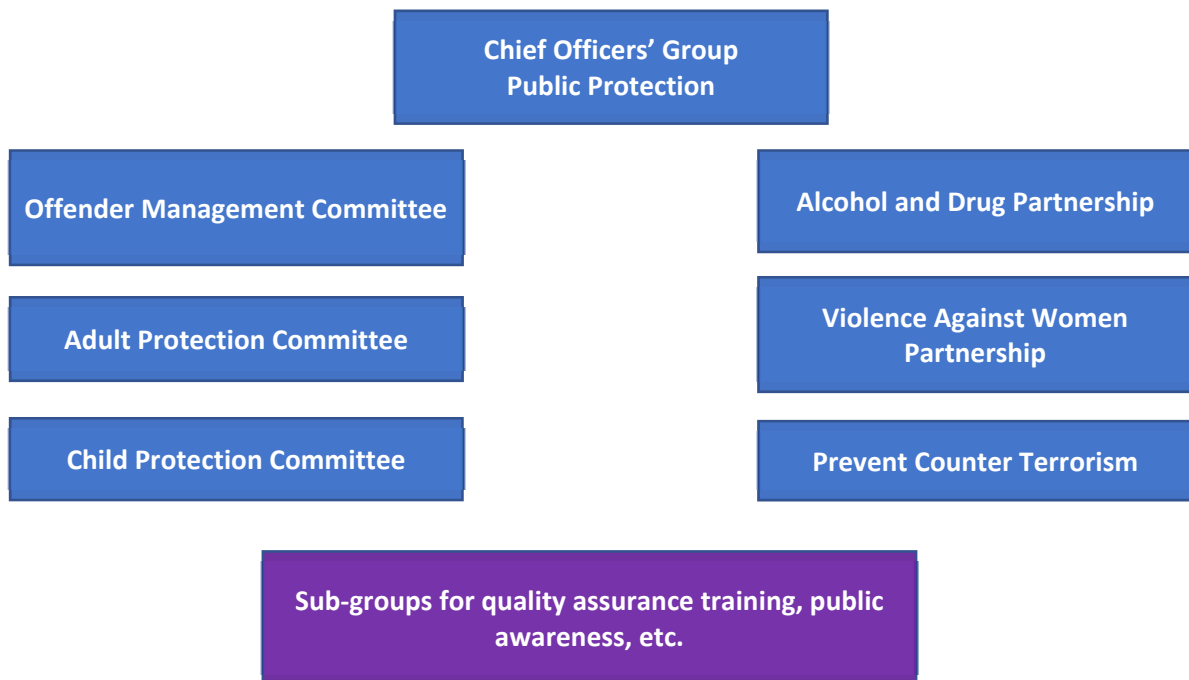


Diagram 2 – Public protection groups



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

Royal Infirmary Edinburgh Front Door Redesign

Edinburgh Integration Joint Board

10 December 2019

Executive Summary

1. This report is concerned with the 'front door' of the Royal Infirmary of Edinburgh (RIE). The front door comprises the entry points to acute hospital unscheduled care and includes the Emergency Department, Minor Injuries, Ambulatory Emergency Care and Surgical Receiving. Front Door services have been under continual and growing pressure for a number of years, and this is projected to increase in line with the changing population in Edinburgh and across Lothian over the next 14 years.
2. The case is made for further investment in the service to cope with this changing demand. This will include a significant capital investment, yet to be determined, to address the overcrowding as well as increased staffing in the longer term.
3. A draft of this report was considered by the Strategic Planning Group (SPG) on 22 November 2019.

Recommendations

4. The Edinburgh Integration Joint Board (EIJB) is asked to:
 - I. Agree to support, in principle, an application for capital investment in the RIE Front Door Services.
 - II. To agree that a programme of work is conducted in conjunction with the RIE and other Lothian Health and Social Care Partnerships (HSCP) to examine and develop, as appropriate, viable and cost-effective community-based alternatives to acute hospital care to reduce demand on the RIE Front Door.

Strategic Planning Group (SPG)

5. This report was considered by the SPG on 22 November 2019. Considerable time was set aside to discuss this Report in detail and the debate centred on the

evidence provided, the capital plan and potential future costs relating to workforce. The SPG satisfied itself that agreement in principle to the capital expansion was appropriate and noted that further work would be presented to the EIJB in due course. The SPG reserved its position on future revenue costs until the workforce plan was reviewed. Minor amendments were directed to be made and on that basis the recommendations were accepted for submission to the EIJB.

Background

6. Integration legislation required NHS Boards to delegate responsibility for planning unscheduled care, including accident and emergency services, to IJBs. In practice, this is undertaken in close collaboration with NHS Lothian, Acute Services and with neighbouring IJBs, which have a shared interest in Lothian Acute Hospitals.
7. The Integrated Care Forum is a Lothian-wide forum which takes responsibility for ensuring a coordinated approach to planning. Additionally, following the Scottish Government's decision to place NHS Lothian at Level 3 of the NHS Board Performance Escalation Framework, a cross Lothian forum has been established to address the performance issues relating to unscheduled care.
8. This proposal concerns the provision of safe and effective emergency medical services at the front door of the REI. The RIE Front Door comprises all entry points to acute hospital unscheduled care and includes the Emergency Department (ED), Minor Injuries, Ambulatory Emergency Care and Surgical Receiving Services. Front Door services have been under continual and growing pressure for a number of years. These pressures will increase, reflecting projections of a growing and ageing population in Edinburgh and across Lothian over the next 15 years.
9. The Scottish Government 2020 Vision for care to be provided "to the highest possible standards of quality and safety with the person at the centre of all decisions, whatever the setting, is reflected in NHS Lothian's vision for services.
10. Crowding is a key barrier to providing safe and effective care within the RIE ED. Within the publication Crowding in EDs, the Royal College of Emergency Medicine cites published evidence, which demonstrates that ED crowding is linked to increased mortality.
11. Crowding also affects the ED's ability to achieve and maintain sustainable performance against the Emergency Access Standard. Without change, there is unlikely to be significant improvement in performance against the standard.

12. The RIE ED, which opened in 2003, was originally designed during the 1990s to manage 80,000 patient attendances per annum. In 2008, 79,925 patients attended the ED. Attendances have continued to increase since 2008 and in 2018 119,783 patients were reviewed and assessed, with the department accepting anywhere between 330 to 400 presentations per day.
13. NHS Lothian has put in place interim measures to manage increasing demand, including a modular build to accommodate the minor injuries unit and a test of change to provide additional capacity for ambulatory emergency care and observation of patients requiring a stay greater than 4 and less than 12 hours. However, there is recognition that sustainable solutions are required to manage demand in coming years.
14. A redesign and extension of the current clinical space is required to enable the delivery of safe and effective services at the RIE Front Door. This will require capital investment. NHS Lothian applies a clear process for prioritisation and development of capital projects which is in line with Scottish Capital Investment Manual (SCIM) guidance. The guidance covers issues around investment appraisal, financial affordability and procurement, as well as project management and governance arrangements.
15. A core group, comprising clinical and management staff working across front door services, was established in autumn 2018 to develop the strategic case for change, and begin to develop proposals for the development of the RIE Front Door. In late 2018, it was recognised that there was a need to include a wider group of stakeholders in discussions. A Programme Board was subsequently established in March 2019 to determine the preferred scope of the redesign, along with a number of sub groups to develop the clinical model. Lothian's HSCPs have been invited to join both the Programme Board and its sub-groups.
16. Edinburgh HSCP will conduct further work in conjunction with the RIE and other Lothian HSCPs to examine and develop, as appropriate, viable and cost-effective community-based alternatives to acute hospital care to reduce demand on the RIE Front Door.

Key risks

17. Failure to address the current pressures at the RIE Front Door will result in an inability to consistently meet public and service user expectations in terms of the 4 hour emergency access standard, and in care being delivered from sub-optimal facilities.

Financial implications

18. In relation to capital costs, the redesign will require substantial investment. While exact costs cannot be provided at this stage, they will be appraised as part of the capital governance process.
19. No revenue increases would be anticipated in the next 2-3 years in respect of this proposal. NHSL would provide a workforce plan looking ahead for the next 5-10 years outlining the resource implications of workforce increases directly linked to population-driven activity growth. Thereafter, it would be for EIJB, given its statutory responsibility for strategic planning and commissioning of these services, to decide whether it wished to fund this increase or invest in alternative options put forward from elsewhere. These would need to deliver at scale and the SPG was briefed that growth was not limited to patients who “didn’t need to be there”, but across all triage categories.

Implications for Directions

20. There are no implications for Directions at this stage. Formal Directions will follow at the end of the capital planning process once approved by the EIJB.

Equalities implications

21. There should be no specific equalities implications as a result of these proposals, as they concern specifically the improvement of existing services at the RIE Front Door and not a material change to those services. A full Inequalities Impact Assessment will be carried out as part of the next stage of the capital governance process.

Sustainability implications

22. The proposal to redesign RIE Front Door Services supports a more sustainable service for the future.

Involving people

23. The RIE Front Door Redesign Programme Board and Clinical Model Sub-Groups have engaged a range of staff working across the RIE Front Door plus HSCP colleagues, to ensure engagement in these proposals.

24. Complaints and compliments regarding the RIE ED during 2018 have been reviewed in the development of these proposals, and satisfaction surveys have also been carried out during tests of change.
25. Staff, patients and members of the public will be further involved in the next stage of the capital governance process, as we begin to redesign the RIE Front Door.

Impact on plans of other parties

26. Plans to date have, and will continue to be, developed in collaboration with both Acute and HSCP colleagues.

Background reading/references

27. None

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Appendices

Appendix 1

RIE Front Door Redesign

RIE Front Door Redesign

November 2019



Crowding

↓ Patient experience

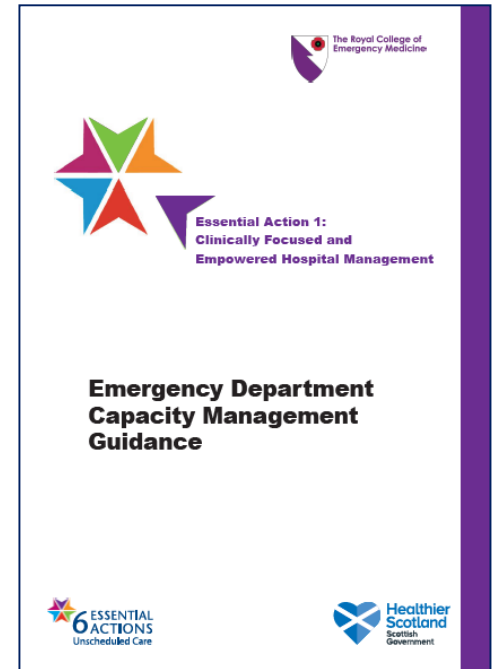
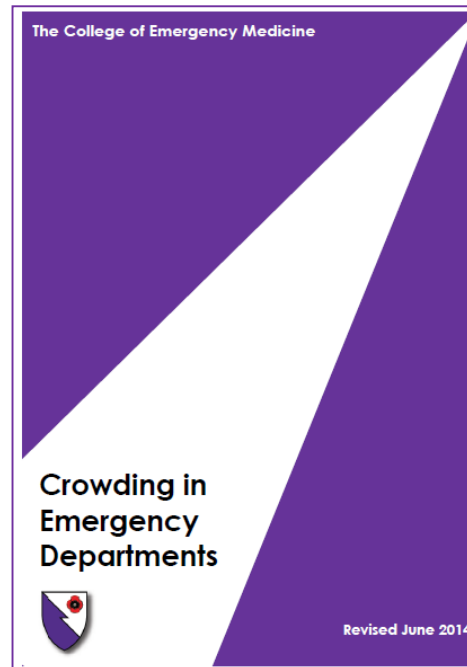
↓ Safety

↓ Quality

↑ Mortality

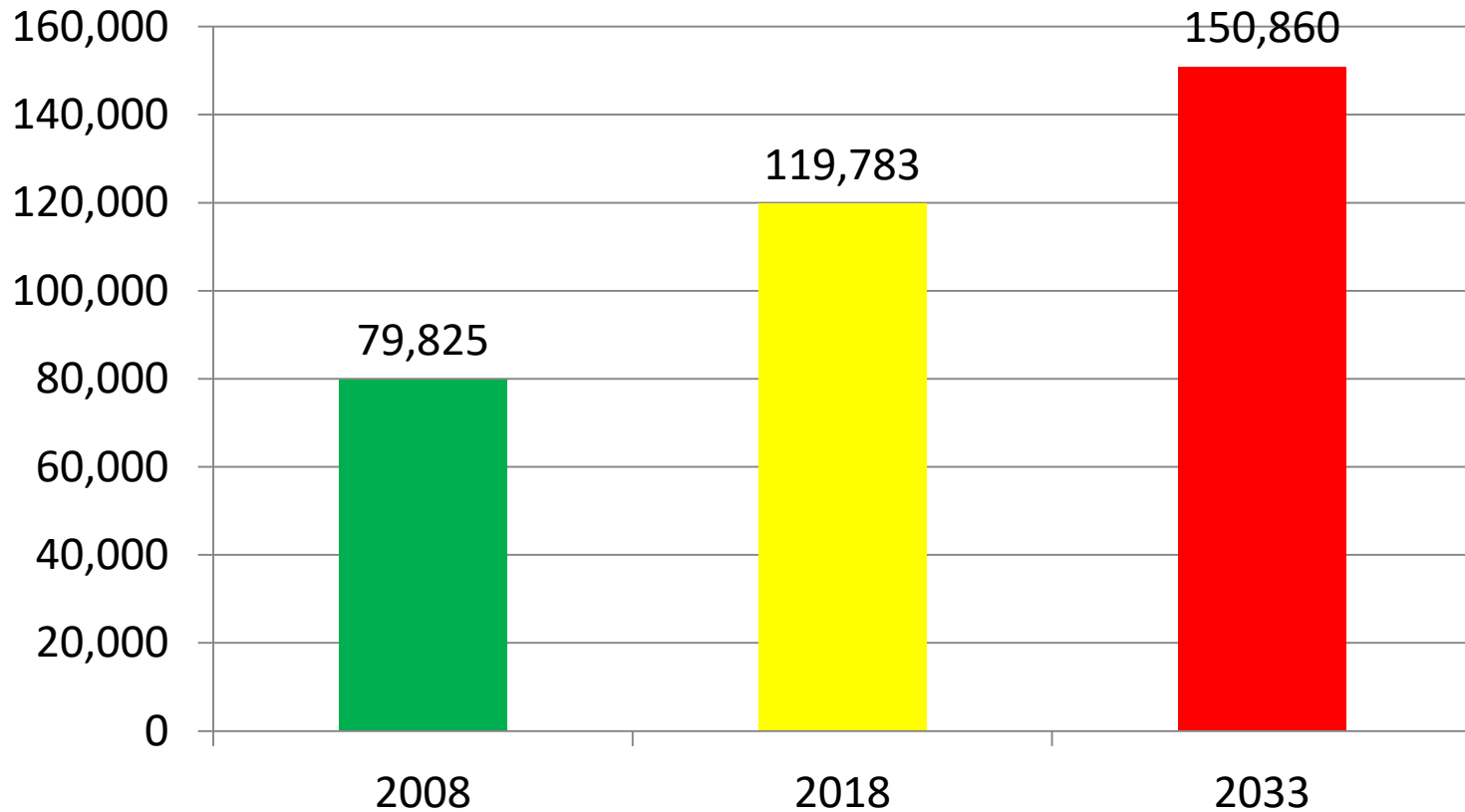
↓ Staff morale

↓ Performance



Why so crowded?

Attendances



Programme Board

**RIE Front Door Redesign
Programme Board**

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**ED
Footprint**

**Minor
Injuries**

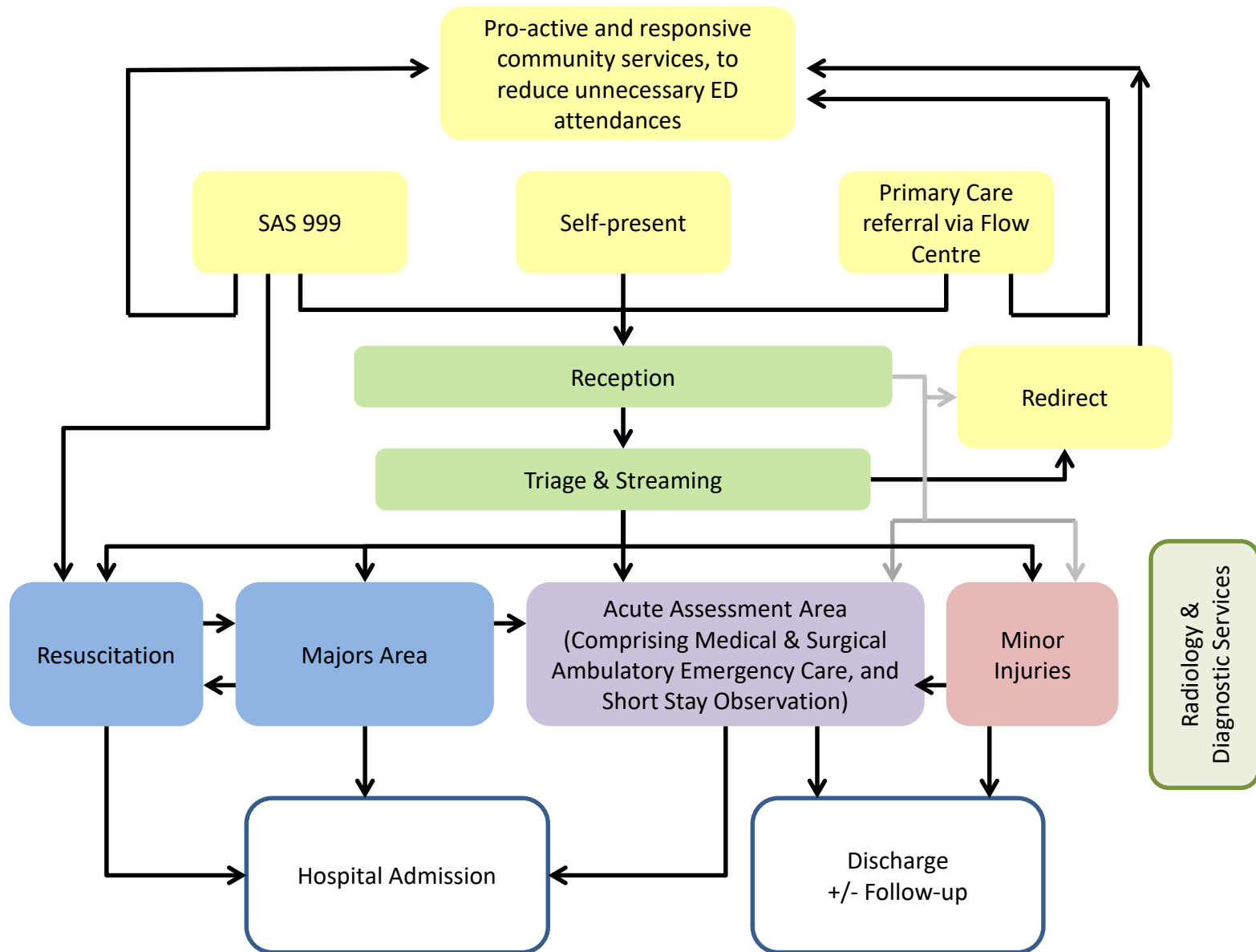
**AEC and
SSOU**

**Surgical
Specialties**

Frailty

Clinical Model Overview

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Current Patient Care Spaces

	Substantive	Additional	Total
ED HD/IC	33	0	33
Resuscitation	4	0	4
Isolation Room	1	0	1
Anaesthetic Room	1	0	1
Minor Injuries	0	8	8
Ambulatory Emergency Care	3	14	17
Short Stay Observation	0		
Surgical Receiving	12	0	12
Total	54	22	76

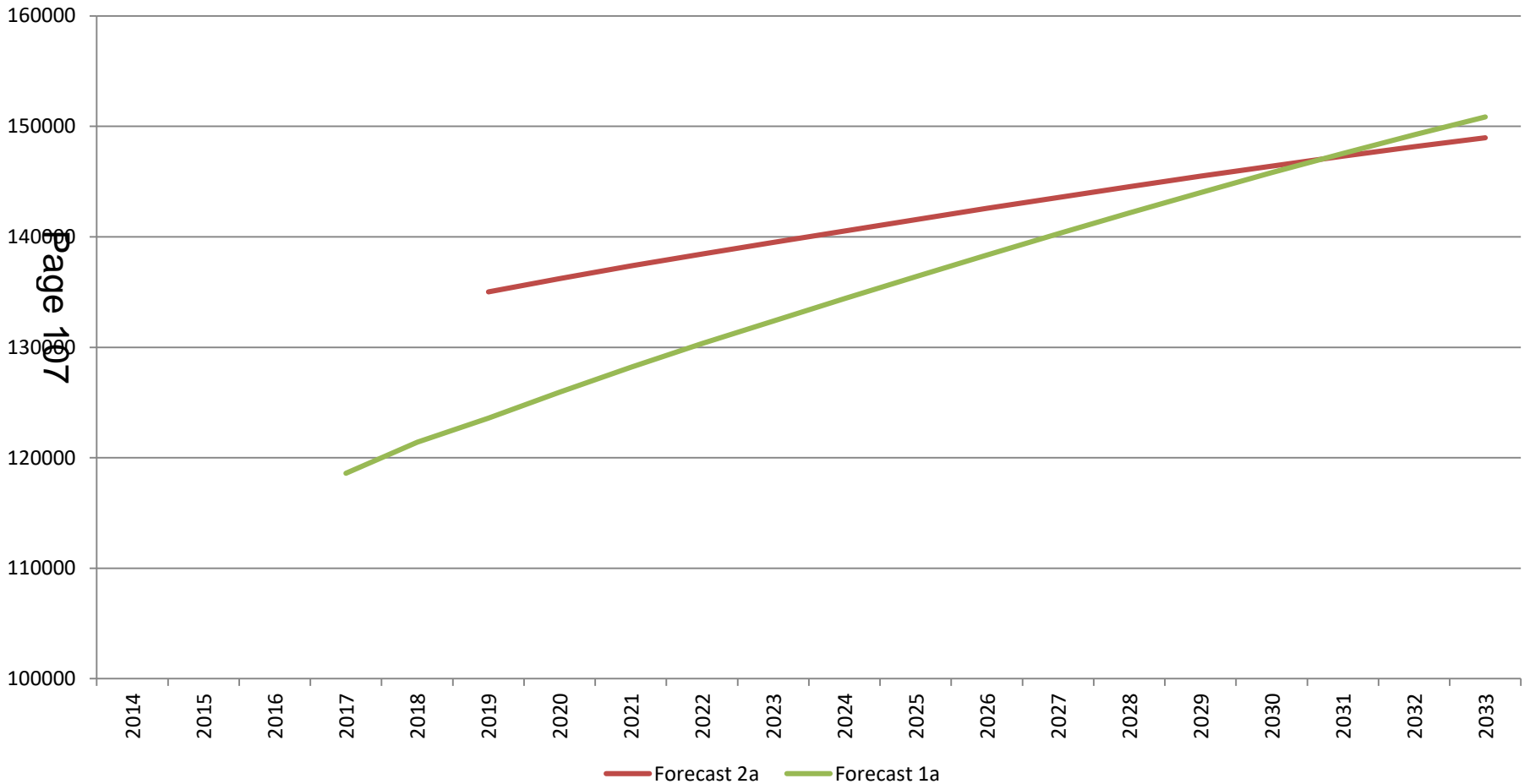
2033 Requirement

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	Requirement for Patient Care Spaces			
Function	Cubicles	Treatment Rooms	Chairs	Total
Minor Injuries	7	3	0	10
AEC & SSOU	10	3	4	17
Resus	8	0	0	8
Decontamination	0	2	0	2
Isolation	0	1	0	1
Majors	35	0	17	52
Surgical Receiving	12	2	4	18
Total	72	11	25	108

Activity (Adjusted)

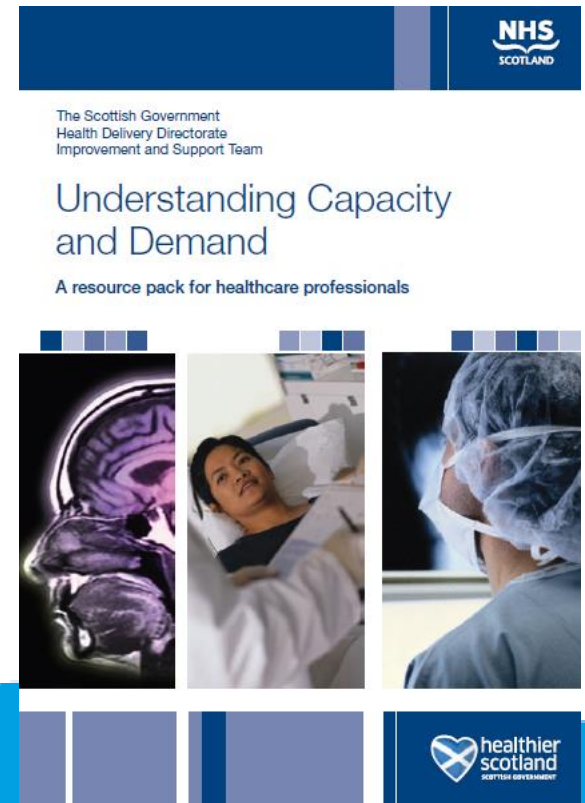
RIE predicted attendances (adjusted for 2019 increase)



6. Theoretical Capacity

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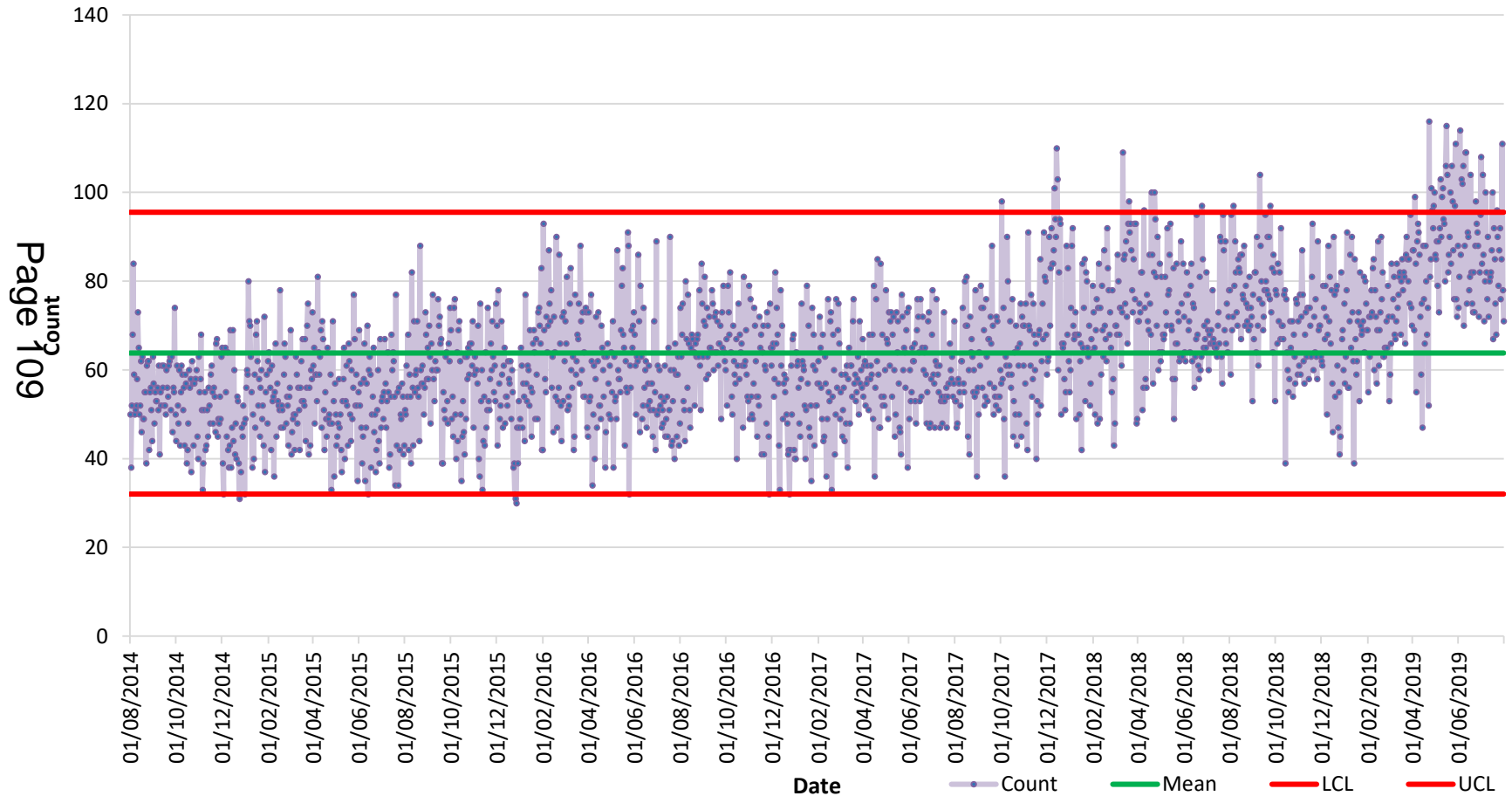
An accepted method for setting fixed capacity, using the 80% rule to take into account variation in demand



$$TC = \text{min demand} + 0.8(\text{max} - \text{min demand})$$

Assuming occupancy = demand

RIE ED Occupancy 1 Aug 14 to 31 Jul 19 at 18:00



Theoretical capacity (2)

Current requirement = 79 patient care spaces

2033 requirement = 100 patient care spaces

Page 10

Assumptions:

- 26% increase in attendance spread evenly across 24 hours
- Use of 95% centile values to exclude special cause variation

☹ Depends of accuracy of forecast attendance

☹ Assumes current occupancy is acceptable

Validation: Site Visits

- St Thomas' Hospital, London
- Wexham Park Hospital, Slough

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Similar attendance figures

- Recent reconfiguration
- Variation in attendance profile

Royal Infirmary of Edinburgh	St Thomas' Hospital, London	Wexham Park, Slough
120,000 Projected: 142,000	150,000	124,000 Projected: Up to 150,000
Approx 400 per day	Designed for 420-450 per day	Up to 400 per day
13+	Adults plus Paediatric Unit	Adults plus Paediatric Unit
Hyperacute Stroke Major Trauma PCI	PCI No Biers Blocks on site	PCI
<p>Page 112</p> <p>Proposed: 108 spaces</p> <p>Minor Injuries: 10 AEC & SSOU: 17 Resus: 8 Decontamination: 1 Isolation: 2 Majors: 52 Surgical Receiving: 18</p>	<p>77 patient care spaces</p> <p>Streaming desk with 3 cubicles Urgent Care: 10 cubicles plus plaster room with 2 spaces Majors: 25 cubicles, including 3 rooms for mental health Resus: 8 cubicles AEC: 7 bays plus observed waiting area CDU (12 hr stay): 24 beds</p>	<p>124 patient care spaces</p> <p>2 x streaming rooms Minors: 8 cubicles plus Plaster and Eye Room 10 x RAT spaces 30 Majors cubicles (8 not open) Resus: 8 cubicles AEC 20 cubicles plus ten chairs (10 cubicles not yet open) Multi-specialty acute assessment 33 beds and 6 chairs</p>

Validation: ED Discovery

- To review a snapshot of attendances on a typical day (Monday April 8th 2019).

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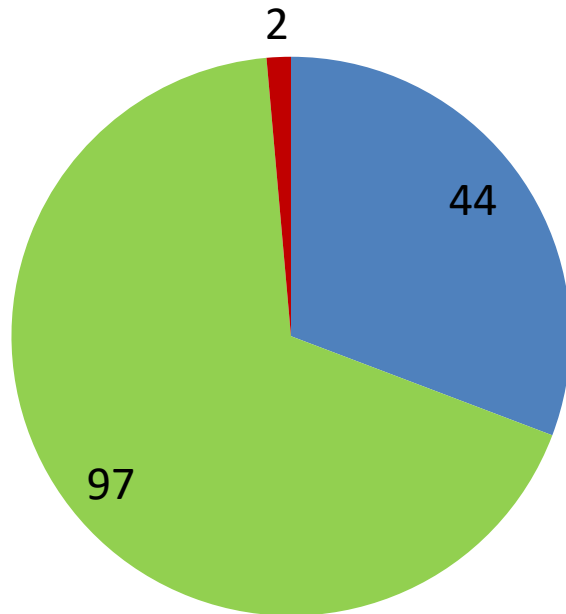
To explore alternative solutions, with a view to making the most efficient and effective use of resource, including:

- *Current community services*
- *Potential developments outside the hospital*
- *Scheduling*

ED Discovery: Initial Conclusions

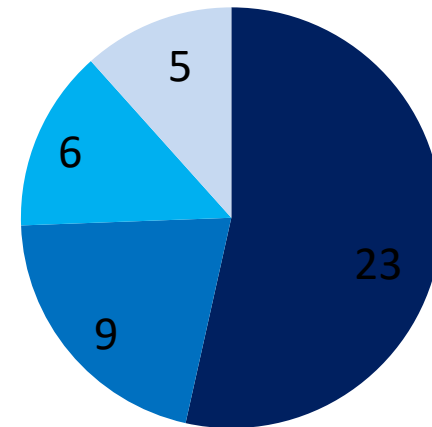
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Triage Categories 4-9



- Could be seen elsewhere
- ED/MIU
- Not enough information

Alternatives



- GP
- Community Service
- Self Care
- Other

Validation: ED Size-It App

Takes you through a list of variables that define patient care spaces

Assumptions:

NHS Major Trauma Centre with Observation ward

150,000 ED Visits per annum

Apply existing data to variables

106-112 patient care spaces

Patient Volume and Acuties
Quantify Future Annual ED Visits

150,000 ED Visits

Enter % Acuity Distribution
Should Calculate to 100% 0 %

Highest Acuity: Resuscitation 0%
ESI 1 or Billing Level V: Immediate, life saving intervention required without delay

Emergent 0%
ESI 2 or Billing Level IV: High risk of deterioration, or signs of a time-critical problem

Urgent 0%
ESI 3 or Billing Level III: Stable, with multiple types of resources needed to investigate or treat

Less Urgent 0%

← Back Continue →

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Timescales: Next Steps

- Initial Agreement to F&R: November 2019
 - RIE HMG and Acute SMT: October 2019
 - IJBs: October 2019
 - LCIG: October 2019
 - F&R: November 2019
- Business Case: March 2020

Report

Edinburgh Alcohol and Drug Partnership

- Seek Keep Treat Funding 2018/19

Edinburgh Integration Joint Board

10 December 2019

Executive Summary

1. In August 2018, £1.41m recurring funding was allocated by the Scottish Government to Edinburgh Alcohol and Drug Partnership (EADP) and Edinburgh Integration Joint Board (EIJB) starting in financial year 2018/19. The purpose of the funds is to expand and innovate services which will reduce alcohol and drug related harm in line with the new [Alcohol and Drug Strategy for Scotland](#). The Government funding is provided to NHS Boards for distribution to Integration Authorities and Alcohol and Drug Partnerships. Investment decisions are delegated to IJBs and ADPs.
2. The EADP Executive, Core Group and Collaborative co-produced a spending plan in response to a local needs assessment and government guidance. In June 2019, the EIJB approved a spending plan for 2019/20 and rolling forward. The 18/19 monies remain unallocated and this will be supplemented by slippage on the 19/20 investments.
3. This report sought the approval of the Strategic Planning Group in submitting recommendations to allocate the 2018/19 funding to the EIJB. The recommendations involved a number of one off spends aimed at supporting services to meet the requirements of the new government strategy and in response to local need.

Recommendations

4. The Integration Joint Board is asked to:
 - I. Agree the one-off priorities identified through the extensive co-production exercise approved by the EADP Core Group and Executive.
 - II. Agree the financial plan to allocate the 2018/2019 funding as laid out in the Financial Implications section of this report and recognise that the spending of the funds will cross over into financial year 2020/2021 due to the delays

incurred. A spending plan will then be submitted to the Scottish Government to release the funds.

Strategic Planning Group (SPG)

5. This report was considered by the SPG on 22 November 2019. The SPG was familiar with the EADP Seek Keep Treat position and discussed the measures that were proposed to spend the 2018/19 funding in detail. There was wider debate on EADP and officers informed the SPG of an EADP workshop that is scheduled for 11 December 2019, the outcomes of which will be reported to the EIJB in due course. Minor amendments were directed to be made and on that basis the recommendations were accepted for submission to the EIJB.

Background

6. It was announced in the [Programme for Government](#) in September 2017 that the new Scottish Government drugs policy will be “guided by a principle of ensuring the best health outcomes for people who are, or have been, drug users, with the aim to seek, keep and treat those who need our help”. This policy has been based on a succession of national debates calling for a focus on the needs of those at the greatest and most immediate risk of the greatest harms, especially drug and alcohol related deaths.
7. New Scottish Government funding, £20m nationally, was earmarked for drug and alcohol services with a requirement that it be spent to develop innovative approaches and achieve the priorities emerging as part of the national strategy. In anticipation of this funding being released, the EADP began a process to prepare strategic and spending plans.
8. A report was approved by the EIJB in June 2019 which set out spending plans from 2019/20 onwards; 2018/19 funds at this point were unallocated.
9. This report sets out a one off spending plan to enhance the planned new interventions from 2019/20 by investing the 18/19 funding allocation in a way that will complement the service developments required.

Key risks

10. The risks of not allocating the investment to the plan include:
 - **Service delivery risks:** the challenge of reaching people who misuse substances is significant. Every opportunity for investment in the workforce (including peer support) and initiatives to streamline and enhance service delivery should be pursued.

- **Governance:** the Scottish Government requires regular updates on Seek, Keep, Treat spending plans and we will be asked to demonstrate that the allocation of the funds is in line with Scottish Government direction.
- **Continuing unmet need:** the need for the services is acute and pressing. Essential interventions must be funded and delivered. Drug and alcohol use is a key public health threat with worsening indicators. There are significant reputational risks.

Financial implications

11. **2018/19:** In 2018/19 Edinburgh Alcohol and Drug Partnership (EADP) received funding of £1,411,000 to implement the Seek Keep and Treat initiative; of this available funding the sum of £337,000 was spent, leaving a balance of £1,074,000.
12. A recurring spending plan for this sum has been approved by the IJB (Table 1), which shows the anticipated full year costs across various themes, whilst identifying potential in-year slippage ^(note 1) due to delays in commissioning and recruitment.
13. **2019/20 One off spend:** The available balance of £1,074,000 from 2018/19 and the anticipated slippage from the recurring 2019/20 commitments of £461,250 ¹has allowed a themed spending plan identifying one-off commitment to be developed from the available sum of £1,535,250 in 2019/20. This plan is shown in Table 2.

Table1: Seek, Keep & Treat (recurring)		
Themes	IJB Approved Spending Plan (FY Costs) £	Anticipated slippage £
Reaching high risk individuals	176,000	132,000
Medical	120,000	30,000
Enhanced pathway in specialist services	86,000	43,000
ARBD (additional)	63,000	
Enhanced care for co-morbidities in hubs	104,000	52,000
Primary care	105,000	52,500
Advocacy	40,000	
Intelligence and evaluation	32,000	
Pharmacy staff	12,000	6,000
Dispensing of THN and Antabuse	40,000	
Community development focusing on social isolation in PWUD&A	80,000	40,000
Pre-pare (extending treatment postpartum and to partners)	43,000	10,750
Pharmacy costs (dispensing)	320,000	

¹ Slippage is based on current estimates and may change once further information becomes available.

Vol sec capacity for outreach and engagement	190,000	95,000
Total	1,411,000	461,250

Table 2: Seek, Keep & Treat (non-recurring)	
	£
18/19 "Allocation"	1,411,000
Less: in year spend	(337,000)
Balance for investment	1,074,000
Anticipated Slippage from SK&T 2019/20 (See table 1)	461,250
Total available	1,535,250
Themes	
Increase alcohol counselling session in North East Edinburgh	4,500
Self-Compassion Course rolled out across city	5,940
Peer support assertive outreach in each locality	190,000
Carer and family support 1:1 and groupwork programme	65,000
Fast track to OST for high risk people/groups	175,300
Additional EADP Officer	52,593
Fitting out of the new Recovery Café	150,000
Implement training within EADP services based on findings from training requirement audit. (Training)	100,000
Financial inclusion officer and small incentive funds	65,000
Addictions service in HMP Edinburgh for remand prisoners	194,000
Through care nurse to work in HMP Edinburgh and the community	42,000
Recovery Support Service	490,917
Total	1,535,250

Implications for Directions

- NHS Lothian and the City of Edinburgh Council will be required to recruit the necessary staff and procure associated resources to ensure the effective implementation of this plan. A Draft Direction is at Appendix 1.

Equalities implications

- Information on the differential effect of proposals on groups with protected characteristics was requested. An Integrated Impact Assessment is in progress.

Sustainability implications

- Reducing Scotland's dependency on alcohol and drugs will have a significant impact economically, socially and in terms of public safety and life expectancy.

Involving people

17. The consultation process included well-attended events with service users and representatives of a wider and diverse range of services. The views expressed by carers in previous consultation events were considered and influenced the decision making (particularly the value that they place on outreach rather than clinic-based services).

Impact on plans of other parties

18. Other proposals were made which highlighted needs, but which will be best met through other budgets and partnerships. These included wet houses providing supported accommodation for dependant drinkers which permit controlled drinking while reducing the harm associated with it, and improvements in care for people with Alcohol Related Brain Death (ARBD) which is funded through other routes. The EADP will explore how these might be funded by (or jointly with) other ADPs.

Background reading/references

SDF Older drug users report : <http://www.sdf.org.uk/wp-content/uploads/2017/06/Working-group-report-OPDPs-in-2017-PDF.pdf>

Lucy Cockayne's Stepped care report: <https://www.edinburghadp.co.uk/wp-content/uploads/2016/10/Stepped-Care-Report-LC-24-08-16.pdf>

National clinical guidelines for drugs treatment:
<http://www.nta.nhs.uk/guidelines.aspx>

Edinburgh Health Needs assessment for injecting drug users :
www.nhslothian.scot.nhs.uk/Services/A-Z/HarmReductionTeam/Documents/HarmReductionEdinburghHealthNeedsAssessPeopleWhoInjectDrugs.pdf

Report author

Judith Proctor

Chief Officer, Edinburgh Health and Social Care Partnership

Contact: Colin Beck, Strategy Planning and Quality Manager Mental Health and Substance Misuse

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Appendices

Appendix 1	Draft Direction
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DIRECTION FROM THE EDINBURGH INTEGRATION JOINT BOARD

Reference number	EIJB-10/12/2019-1		
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	Yes – this varies direction EIJB-22/10/19-6 agreed by the EIJB on 22 October 2019.		
Approval date	10/12/2019		
Services / functions covered	Alcohol and Drugs Services		
Full text of direction	Implement the Seek, Keep and Treat components of the national strategy 'Rights, Respect and Recovery' to improve health by preventing and reducing alcohol and drug use, harm and related deaths, through the delivery of services outlined in the investment plans. A local delivery and performance plan will measure engagement and outcomes for people and will be informed by the national framework to be issued shortly for rights respect and recovery.		
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 Add in hyperlink of EIJB report when available online		
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
		Plus £1.074m previously unallocated from 2018/19.	

DS99-123

		Further work required to determine allocation across partners	
	2021/22	£1.1m	£0.3m
Performance measures	In line with Scottish Government national outcomes and targets		
Date direction will be reviewed	April 2020		

Report

Learning Disability – Step Down – Royal Edinburgh Hospital Edinburgh Integration Joint Board

10 December 2019

Executive summary

1. The Royal Edinburgh Acute Services (REAS) provides assessment and treatment for adults with a learning disability. For a significant period of time the number of beds being used have been over capacity. The major factor in this over capacity has been the inability of community resources to respond to allow people to leave hospital.
2. As part of the EIJB Strategic Plan 2019-2022, the intent is to plan and develop community placements for people currently 'living' in hospital. This is well advanced and likely to become available over the next two years. In the interim period, and to develop 'flow' in the hospital, the creation of a 'step-down' resource is proposed. This will focus on short term patients for whose caring supports have broken down. This will require REAS to close three beds that are currently overcapacity.
3. Disability services in Edinburgh's Health and Social Care Partnership (EHSCP) would provide this resource. Funding of 0.3M of funding would be required to deliver this. This funding would be set against the current expenditure of 0.5M and deliver a reduction of 0.2M.

Recommendations

4. The Integration Joint Board is asked to:
 - i. Discuss and approve the recommended option outlined in paragraph 11.
 - ii. Agree the recommendation for a two-year service provision focussed on sustaining flow through the Royal Edinburgh Hospital.

Strategic Planning Group (SPG)

5. This report was considered by the SPG on 22 November 2019. The SPG recognised that the proposal supported the intent of the strategic plan. The

debate centred on the implementation plan, stakeholder engagement and support and identified risk. Minor amendments were directed to be made and the recommendations accepted for submission to the EIJB.

Background

6. In August 2019 the Strategic Plan 2019-2022 for Edinburgh's Health and Social Care Partnership (EHSCP) was agreed by the Edinburgh Integration Joint Board (EIJB). This strategy sets out key actions in relation to citizens of Edinburgh and in relation to this report, how we support adults with a learning disability.
7. One of our key objectives stated in our plan is;
 - 'We need to stop people 'living' in hospital and commission housing that can support people in the community.'
8. There are currently 29 people from Edinburgh with a learning disability using hospital beds, mainly in the Royal Edinburgh Hospital (REH). Many of whom have been hospitalised for a long period of time and have no medical reason to be there. For Edinburgh this means that there is over capacity of three beds, which carries additional expenditure for EIJB as these beds are beyond the available capacity.
9. There are potentially two options available; one is to continue the current over capacity at annual cost of 0.5M and accept continued delayed patients. The second is to consider a step-down resource for three people currently delayed in hospital, this option would require 0.3M to enable it to be operational. It is envisioned to be a time limited option running until 2021.

Main report

10. As stated in the Strategic Plan 2019-2022 there is an intention to plan and develop community placements for people 'living' in hospital. This is well advanced and likely to become available over the next two years.
11. There is also a smaller group of people who have entered the REH for assessment and treatment and due to external factors; loss of tenancy, care provider has ceased, families no longer able to provide care; these people have got stuck in a hospital bed. In effect these people have stopped the 'flow' of people entering and leaving the REH.
12. It is acknowledged that having a transitional step is not ideal for the person. However the period that people are 'stuck' in a hospital setting can be over 12 months, this is balanced against a resource that is based in the community and allows a greater degree of personal liberty.

Options to create Flow in the REH

13. This report proposes the option of a step down which could support these individuals who are 'stuck' within hospital to move on and have a focussed team working to get them into long-term accommodation with an appropriate provider. The step-down option will enable the reduction of 3 REH beds, and as people move into long term accommodation, further reduction in-patient beds.
14. As these people are ready for 'discharge' there are no transitional costs required. They will leave hospital as soon as the 'step down' is operational, in future this model will create faster flow for people who are ready to leave, but there are issues in the community stopping that process being delivered.
15. Once these initial three people have moved to permanent tenancies, the step down will continue to work with REH to ensure that flow is maintained, by offering further individuals this support.
16. It is intended that EHSCP disability services provide the management and development of the resource. Additional staff would be required to provide the care and support in the step-down resource.
17. A robust 3 bed property is available in the South West Locality, which EHSCP Disability Services holds as a special let. As tenants of the property EHSCP will be sub-let to those occupying the property.
18. A clearly defined entry and exit strategy will be developed to ensure a continual planning approach. The manager of the step-down option would co-ordinate all stakeholders to ensure these outcomes;
 - Transition individuals back into the community at a slower pace, co-ordinating longer-term transitions from an environment similar to what individuals will be moving on to.
 - Develop clear and robust support plans based on real home life situations as opposed to from a hospital environment.
 - Work in partnership with Community Learning Disability Team (CLDT), Housing Colleagues and 3rd sector providers to adopt positive and collaborative relationships in supporting the individual and enabling the sourcing and sustainability of good quality housing and support.
 - A continuous working partnership between in-patient services, associated professions and service delivery partners will be in place. This will ensure that people who move from hospital, have an active involvement that monitors and supports their community placement.

19. It is proposed that the step down be reviewed in 2021, to establish if after the community development programme has been delivered, this resource is still required.

Key risks

20. One option is to continue the current over capacity and accept continued delayed patients. This will restrict access to vital healthcare services as REH will not be accessible for any new in-patients requiring assessment and treatment.
21. There is a potential risk that in establishing the step-down resource that the REH recommits the decommissioned beds and there is a return to the overcapacity status.
22. If there is no change in the volume of beds being used there will be reputational risk to the EHSCP.

Financial implications

23. To address capacity issues, an additional 4 learning disabilities beds have been opened on the REH site, and the associated costs are being charged to the relevant integration authority. The option proposed for a step-down resource will allow 3 of these additional beds to close, reducing costs in NHS Lothian by £0.5m (equivalent to the direct cost of the beds). Staff impacted will be redeployed into appropriate vacancies elsewhere on the REH site. Council costs will increase by £0.3m, reflecting the cost of care and support staff in the stepdown resource. Thus, the overall expenditure will reduce by £0.2m.
24. The expenditure to support this option would be 0.3M, this would be for care and support staff in the step down resource.

Implications for Directions

25. As this seeks approval from the Strategic Planning Group there will be a direction required for submission to the EIJB to close three beds in response to this proposal. The draft direction is attached at appendix 2.

Equalities implications

26. Consideration is being given to equalities throughout the development of this proposal. An Integrated Impact Assessment (IIA) will be carried out.

Sustainability implications

27. Sustainability is being considered and will be covered within the IIA.

Involving people

28. Stakeholders:

- CLDT will provide a multi-disciplinary approach on an individual basis.
- Housing, to provide planning and sourcing of suitable accommodation.
- Locality Teams.
- Social Worker input is required to determine an appropriate budget for the future support package.
- 3rd Sector Provider Organisations would be required with potential provider organisations from an early point.
- Care Inspectorate; the resource will be registered with the Care Inspectorate under Housing Support and Care at Home registration

Impact on plans of other parties

29. This supports the delivery the EIJB Strategic Plan 2019-2022.

Impact on plans of other parties

30. None.

Background reading/references

EIJB Strategic Plan 2019-2022

Report Author

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Appendices

Appendix 1	Business Case – Step Down
Appendix 2	Draft Direction

EDINBURGH HEALTH AND SOCIAL CARE PARTNERSHIP**BUSINESS CASE – LEARNING DISABILITY -STEP DOWN****Executive Summary**

In August 2019 the Strategic Plan 2019-2022 for Edinburgh's Health and Social Care Partnership was agreed by the Integration Joint Board. This plan sets out key actions in relation to citizens of Edinburgh and in relation to this business case, how we support adults with a learning disability.

One of our key objectives stated in our plan is that;

'We need to stop people 'living' in hospital and commission housing that can support people in the community.'

There are currently 29 people from Edinburgh with a learning disability using hospital beds, mainly in the REH. Many of whom have been hospitalised for a long period of time and have no medical reason to be there. For Edinburgh this means that there is over capacity of four beds, which carries additional expenditure for the IJB as these beds are beyond the available capacity.

There is a strong focus from the Scottish Government on learning disability and mental health bed use in The Royal Edinburgh Hospital (REH), additionally there has been recent concerns from Royal Edinburgh and Associated Services (REAS) that the Partnerships are not resolving the in-patient over capacity issue swiftly enough, causing over expenditure and poor health care provision.

There are two options available; one is to continue the current over capacity at annual cost of 0.5M and accept continued delayed patients. The second is to consider a step-down resource for three people currently delayed in hospital, this option would require 0.3M to enable it to be operational. It is envisioned to be a time limited option running until March 2021.

2. Strategic case

Through the EHSCP strategic plan there has been planning to develop community placements for people 'living' in hospital. This is well advanced and likely to become available over the next two years.

There are additionally people who require short periods of assessment and treatment. Frequently these people get delayed in hospital, reasons include:

- Income benefits being affected and tenancies being lost a number of weeks after admittance to hospital.

- Accommodation is no longer suitable.
- Provision of care and support has deteriorated or broken down.
- Families are no longer willing to provide informal care within the family home.
- Timescale for engagement of provider organisations can be lengthy due to their inability to recruit and plan timeously.

This group of people are the main contributors to the overcapacity in REH.

The option of a step down could support these individuals who are 'stuck' within hospital to move on and have a focussed team working to get them into long-term accommodation with an appropriate provider. The step-down option will enable the reduction of 3 REH beds, and as people move into long term accommodation, further reduction in-patient beds.

A robust 3 bed property has been sourced within the South West Locality, which EHSCP Disability Services holds as a special let. As tenants of the property EHSCP will sub-let to those occupying the property.

It is estimated that a transitional step-down period for an individual would be 6 months, however it is recognised that for some this period may be sooner and for others a little longer.

A clearly defined entry and exit strategy will be developed to ensure a continual planning approach. The manager of the step-down option would co-ordinate all stakeholders to ensure these outcomes;

- Reintroduce individuals back into the community at a slower pace, co-ordinating longer-term transitions from an environment similar to what individuals will be moving on to.
- Develop clear and robust support plans based on real home life situations as opposed to from a hospital environment.
- Work in partnership with Community Learning Disability Team (CLDT), Housing Colleagues and 3rd sector providers to adopt positive and collaborative relationships in supporting the individual and enabling the sourcing and sustainability of good quality housing and support.

Stakeholders:

- *CLDT*
Provide a multi-disciplinary approach on an individual basis.
- *EHSCP Housing Support and Accommodation Group*
Resource allocation and planning role in terms of available housing vacancies.
- *Housing*
Planning and sourcing of suitable accommodation.
- *Locality Teams*

Social Worker input is required to determine an appropriate budget for the future support package.

- *3rd Sector Provider Organisations*

Discussions would be required with potential provider organisations from an early point.

- *Care Inspectorate*

The resource will be registered with the Care Inspectorate under Housing Support and Care at Home registration.

2.1 Current overall position in REH

These wards for learning disabilities have been over capacity;

William Fraser Centre

- 1) Over last 2yr period estimate that about 50% of the time WFC has been over capacity
- 2) At no time since 2016 has WFC gone below 12 beds

Islay Ward

- 1) Since reconfiguration was complete Oct 16 have been over capacity [+3 patients] due to repatriating from Northgate and discharges not going to plan

Glen Lomond Ward

- 1) Since Nov 2017 over capacity [+1 patient]

This means that for learning disability bed numbers have been over capacity for over three years. There have been regular challenges by the Mental Welfare Commission to patients being detained unlawfully, of which a handful have been taken forward to tribunal and been awarded financial compensation from the local authority.

3. Economic case

The costs for the current arrangement are 0.5M (excluding professional staff) being spent on providing these 3 beds, these are unfunded, this is based on a nursing cost per bed of 180K. A 'do nothing' approach will mean that people are detained in beds with no health reason to be there. This will restrict access to vital healthcare services as REH will not be accessible for any new in-patients requiring assessment and treatment. This leaves people, families and provider organisations vulnerable and at high risk of placement breakdown.

The option proposed is for a step-down resource which is initially aimed at people who are above the budgeted bed numbers for Learning Disability and will allow 3 of the additional beds that have been commissioned to cease. The costs to progress with this option would be 330K as detailed below.

The proposed option gives the IJB a reduction in spend of 0.2M

Proposed delivery

The step-down resource would be delivered by EHSCP Disability Services comprising of:

- 1 Care and Support Manager
- 1 Registered Manager
- 2 Senior Care and Support Workers
- 10 Care and Support Workers

The Care and Support Manager and Registered Manager are already in post and will manage the resource alongside existing commitments. The remaining team will solely work within the step-down resource and will need to be recruited into post. It is expected that some skilled and experienced staff from within disability services will be interested in joining this team which ensures not everyone in the team is new in post and potentially enables a quicker set up.

The staffing model will ensure 1:1 support during day time hours and for 1 member of staff on a waken night shift. It is expected that this level of support will be flexible dependent on the individual needs and can be reduced or increased as required.

During periods of non, or part occupancy, staff attached to the resource will work within the hospital with anyone identified as ready for discharge and appropriate for the step-down resource to ensure a continuing flow.

Indicative cost

Staffing

The management and development of the resource will be met within existing management structures and budgets within Disability Services. These additional staff would be required to provide the care and support required.

Role	GR	FTE	Post cost	Total Cost
Care and Support worker	4	10	£33,623	£336,230.00
			Total	£336,230.00

Non-staffing costs

During occupancy the rental costs, council tax, utilities and general living costs will be met by the person. These costs will be required to be met by EHSCP during periods of non-occupancy over a period of a year this is not expected to be no more than 2K.

4. Assessment of options

	Option One Do Nothing: existing arrangements	Option Two Step down resource
Advantages (Strengths & Opportunities)	<ul style="list-style-type: none"> No advantages, strengths or opportunities. 	<ul style="list-style-type: none"> Up to 6 people will be discharged from the REH in one year. Higher chance of successful transition to long term housing and support. Greater chance of sustainable long-term housing and support. Minimised likelihood of placement breakdown and/or re-admittance to REH. Initial reduction in spend of 210K
Disadvantages (Weaknesses & Threats)	<ul style="list-style-type: none"> People remain hospitalised for no medical reason. People’s right to live in the community is not fulfilled. REH over capacity. Greater costs to the EHSCP. Increased concerns from REAS. Reputational damage to the EHSCP. Restricted access to health care services for people who require assessment and treatment. Increased community costs people not being able to get appropriate hospital care. 	<ul style="list-style-type: none"> Need to agree 0.3M to resource Risk that REH reopen beds that have been decommissioned

5. Financial commitment

The overall investment required for the resource out with existing disability budgets would be 0.3M This is a reduction in spend of an initial 0.2M against current expenditure of 0.5M of inpatient support.

As all the patients will leave hospital at some point they will likely receive a package of support funded from the purchasing budget.

6 Project management

Name	Project Team role	Description
E. Pemberton	Project Manager	Entry and exit planning. Lead with key stakeholders.
A. Chambers	Registered Manager	Oversee management of team and work in collaboration with the project manager. Ensure regulation of the resource.
Existing Staff	Team Leader x2	Lead the team of Support Workers on a daily basis, ensuring the development and implementation of appropriate support plans with a focus on reintroducing people back into the community.
Not recruited	Care and Support Workers x10	Support individuals in line with support plans, reintroducing them back into the community and a home setting.

If the business case is approved recruitment will be a priority as it can take some time to conclude.

Constraints:

The main constraint will be recruitment and the engagement of provider organisations, however as identified in risk management these are assessed relatively low.

7. Conclusion and Recommendations

Option one, a status quo approach will continue to absorb costs for the IJB of 0.5M and maintain three people within a hospital setting.

Option two, is to develop a step-down resource to move people from hospital to a community setting, the costs for this are 0.3M.

Option two has outcomes that would be desirable for the IJB,

- three people moved from REH into the community
- a reduction of 0.2M as a consequence of this proposal.

There is an increased likelihood of a sustained community placement in the longer term, which offers better opportunities and outcomes for individuals and greater affordability for the IJB.

DRAFT

DIRECTION FROM THE EDINBURGH INTEGRATION JOINT BOARD

Reference number	EIJB-10/12/2019-2		
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	No		
Approval date	10/12/19		
Services / functions covered	Disability services		
Full text of direction	In response to the development of a 'step-down' resource for adults with a learning disability; that NHSL decommission three beds within the Royal Edinburgh Hospital.		
Direction to	The City of Edinburgh Council		
Link to relevant EIJB report / reports	Not applicable		
Budget / finances allocated to carry out the detail	State the financial resources allocated to enable NHS Lothian or the Council or both to implement the direction. Provide sufficient detail especially if the direction relates to multiple functions or services	<i>NHS Lothian</i>	<i>City of Edinburgh Council</i>
	2019/2020		£0.075M
	2020/2021		£0.3M
	2021/2022		£0.3M

Performance measures	<p>The outcomes of this direction will be measured by</p> <ol style="list-style-type: none"> 1. Three people successfully move from hospital to a community step down resource 2. That three people move from the step down resource into their own tenancies 3. That community teams continue to provide support to these people to ensure a successful community placement 4. That the step down resource can offer the same outcomes to more people as people transition to a community placement.
Date direction will be reviewed	December 2020

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Report

Adult Sensory Support

Edinburgh Integration Joint Board

10 December 2019

Executive Summary

1. Services for people with sensory impairments have been delivered by the Royal National Institute of Blind People (RNIB) and Deaf Action for the last ten years through a number of City of Edinburgh Council contracts.
2. The current adult sensory support contract will expire on 30 September 2020. Following extensive engagement with service users, carers and professionals, this report presents a range of options for the delivery of a suite of services to meet the needs of people with sensory impairment from October 2020.
3. The contract value is c£500k per annum. A projected saving of 10-15% can be achieved if the proposals detailed are approved.

Recommendations

4. The Integration Joint Board is asked to:
 - i. Approve the recommendations of the Strategic Planning Group of 22 November described at paragraph 16.
 - ii. Agree that the Council be directed to commission services for a 3-year contract period with 1+1-year optional extensions to take account of proposals for a pan-Lothian sensory impairment service.

Background

5. The Scottish Government/COSLA See Hear Strategy (2014) states that people with sensory impairments should receive a seamless assessment and support service, expect equal access, be treated as an individual and that all relevant services should promote people's maximum possible independence. This sets our context for working with people with sight loss, and all deaf* people (hard of hearing people, deafened people, deafblind people and Deaf British Sign language [BSL] users) in Edinburgh.

6. The EIJB Strategic Plan 2019/22 notes that in 2015, the British Sign Language (Scotland) Act required public bodies to produce local plans based on the national model. The City of Edinburgh Council/Edinburgh Health and Social Care Partnership BSL Plan 2018-24 was published in October 2018. A key action within the plan is a review of contracted specialist services for BSL users and continued provision of appropriate services.
7. The Strategic Plan also records that people with sensory impairments represent a diverse and significant group within Edinburgh, with around 4,000 people on the sight loss register¹, an estimated 400-600 Deaf British Sign Language users² and an estimated 25,000 to 85,000 people with acquired hearing loss³ living in the city.

Main report

8. Third sector providers have been contracted to provide specialist health and social care services to deaf* people and people with sight loss by the City of Edinburgh Council for the last ten years.
9. The current contract is delivered jointly by RNIB Scotland and Deaf Action, who formed a partnership vehicle, Lothian Sensory Partnership (LSP) to deliver services. The contract value is c£500k per annum. This contract will expire on 30 September 2020.
10. The current contract specification ensures the delivery of the following services: -

	For people with sight loss – RNIB	For deaf* people – Deaf Action
Specialist social work	✓	✓
Rehabilitation and mobility	✓	x
Eye Clinic Support Service (additional funding from NHS Lothian)	✓	x
Statutory Certificate of Visual Impairment (CVI) registration service for Severely Sight Impaired / Sight Impaired people (formerly called “blind/partially sighted”)	✓	x

¹ RNIB Edinburgh and Lothians, 2019

² 2011 Census, Deaf Scotland statistics

³ 2011 Census, <https://www.actiononhearingloss.org.uk/about-us/our-research-and-evidence/facts-and-figures/>

Equipment service	Small allowance only, linked to rehab.	✓
BSL interpretation duty service	✘	✓

11. Monitoring reports are delivered annually through the Lothian Sensory Partnership annual report. The latest report for 2018/19 shows that most services are performing to target or delivering above target, and demand is expected to continue at the same level over the next three years.

Context for future service delivery

12. Although the EHSC Partnership's long-term ambition had been to commission two organisations working in partnership to deliver all sensory support services, with one office base and a shared manager, the market landscape and differing cultures and needs of both groups make this unrealistic. It is likely that the services for people with sensory impairments described in this paper will be delivered by a mix of providers.

Engagement around future service delivery

13. The new service delivery arrangements have been shaped by wide stakeholder engagement with over 90 service users and carers, and a group of around 30 professionals working in the sensory field.

14. Focus groups, a public/third sector short-life group and an online consultation survey with people with sight or hearing loss were organised between January and September 2019. Particular efforts were made to ensure that people with sensory impairments could give their views in the survey, including a BSL video embedded into the Council's consultation hub. Further details can be found at Appendix 1.

15. Key findings of engagement exercises:

- Participants were satisfied with current services: Over half the participants had used one or more of the contracted sensory services, and 74% were very satisfied or satisfied with these, with only 8% being dissatisfied.
- People wanted more modern and integrated equipment to be provided but also to self-purchase: Most comments were about equipment, with a third of respondents saying they would like information and advice on equipment they could purchase, and a similar proportion requesting more up to date integrated equipment than currently available to be provided free of charge.

- Professionals wanted improved partnership working and communication: closer working between services such as NHS Lothian Audiology, improved communication, information sharing and IT, and for services to be better publicised.
- Although the lots described below are broadly similar to those currently delivered, the detail of each service will be altered in the new service specifications to take account of service demand and service user/carer/professional feedback.

16. Recommendations for future service delivery:

Visual Impairment: social work	
Client group	People with sight loss
Service area	social work
Comments	<p>RNIB will deliver a specialist service up until the end of the current contract.</p> <p>The scale of this work is approximately 172 reviews or assessments and 336 pieces of duty work per annum</p> <p>Case file auditing and in-depth meetings between a Hub Manager and the social work staff at the provider has illustrated that little specialist input is required for people with sight loss.</p>
Recommendation	<p>for the Council to re-examine and thereafter re-arrange activities across all locality teams. To monitor outcomes for visually impaired people within the locality social work structure to ensure needs are being met.</p> <p>The approach is agreed in principle by the Head of Operations for the Partnership following discussions with a Locality and a Hub Manager, who consider that these cases can be absorbed into the normal work of the locality teams and no resource implication is foreseen.</p>
Risks	Not being able to secure staff time for training. Training to be provided at no additional cost through See Hear programme.

Visual impairment: rehabilitation and mobility service plus equipment allocation	
Client group	People with sight loss
Service area	Rehabilitation and mobility service plus equipment allocation
Comments	The scale of this work is a target of 275 clients per annum, which in the last year was exceeded by 74 to a total of 349 clients

Recommendation	<p>Establish interest in the provider market through a procurement PIN (Prior Information Notice), which would subsist for 30 days, followed by detailed assessment of interest thereafter.</p> <p>City of Edinburgh Council requires to work in partnership with West Lothian Council, Midlothian Council and East Lothian Council and so further consideration is required in respect of any joint tender methodology.</p>
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Visual impairment: Eye Clinic Support Service (ECSS) and Certificate of Visual Impairment (CVI) registration	
Client Group	People with sight loss
Service area	Eye Clinic Support Service and CVI Registration
Comments	The scale of this work is over 1,000 people receiving support from across Lothian, with 70% of these residing within the City of Edinburgh Council boundary, and 225 Edinburgh domiciled individuals registered as Sight Impaired/Severely Sight Impaired in 2018/19.
Market comments	One established provider has indicated they would bid for this lot, others exist in marketplace
Recommendation	Tender as small integrated lot, utilising additional funding contribution from NHS Lothian as indicated in paragraph 10

Deaf specialist social work plus BSL interpretation duty service	
Client Group	Deaf* people
Service area	Social work assessment and care management for chiefly BSL users (delivered directly by social work staff with BSL skills without interpreter) BSL interpretation duty service – provides regular opportunity for clients to seek interpretation of English documents, have phone calls made etc.
Comments	The scale of this work in 2018/19 was 42 social work assessments or reviews with 314 pieces of duty work, and 134 clients seen at BSL interpreting duty.
Risks	Fracturing of service for BSL users in particular if equipment service lot awarded to another provider. To mitigate this, the service specification can require that the service is delivered in BSL as well as English.
Benefits	Offers the opportunity for a new provider to bring a fresh approach to the equipment service. Allows competition to reach every aspect of the service.
Recommendation	Tender as a lot

Deaf equipment service	
Client Group	Deaf* people
Service area	Deaf equipment service (all four types of deafness)
Comments	The scale of this work in 2018/19 was 231 installations of equipment
Risks	Fracturing of service for BSL users in particular. To mitigate this, the service specification can require that the service is delivered in BSL as well as English.
Benefits	Offers the opportunity for a new provider to bring a fresh approach to the equipment service. Allows competition to reach every aspect of the service.
Recommendation	Tender as a lot

Lothian-wide Procurement

17. Discussions are at an early stage around the development and procurement of a pan-Lothian sensory service. It is therefore proposed that the contract period for service provision in Edinburgh from October 2020 would be set for a period of three

years, to provide for the commencement of a pan-Lothian contract in October 2023. This contract(s) should, however, have an option to extend for a further two years, which would come into effect should the pan-Lothian service prove unfeasible or undesirable.

18. The advantages of a pan-Lothian sensory service would be consistency over the Lothian area, enhanced scrutiny of providers and potentially greater opportunities for innovation.
19. The disadvantages of a pan-Lothian service would be the time required to secure agreements from four IJBs, one authority (likely City of Edinburgh Council on behalf of the EHSCP) would need to lead the development of the framework leading to an uneven distribution of workload.

Further development of equipment services for sensory impairment

20. There are opportunities for developing the equipment service for deaf* people, and the equipment allocation for people with sight loss to link more closely to the Smart House and ATEC24 service in Edinburgh, and reflect the direction towards provision of more information about connected devices which service users can self-purchase, in addition to the standard service which currently exists of supplying user-friendly simple equipment. One-third of service users in the online survey wished information and support about equipment they can buy themselves. We have agreed to set up sensory equipment working group to include current and future service providers as appropriate to inform and shape future work in this area. This will potentially include developing a core equipment list for the equipment service contract and scoping out/purchasing appropriate additional showroom equipment for self-purchase.

Key risks

21. Individual users of the social work service at RNIB may feel disadvantaged by this change in provision. The outcomes for visually impaired people receiving their assessment and care management through a locality team will be monitored to ensure a high-quality service.
22. Pan-Lothian arrangements may not be feasible or desirable following joint options appraisal with Lothian IJBs. If the contracts to run from October 2020 are fit for purpose these could be extended for two further years to bring in line with the standard contract period.

Financial implications

23. The current contract ends on 30 September 2020. Contract value £494k.

24. A projected saving of circa 10-15% can be achieved if the above proposals are approved, with no diminution of service anticipated.
25. This saving has been realised by the cessation of commissioned social work for people with sight loss, and integration of this provision into the workload of the locality social work teams. No resource implications, save staff training which can be funded from the See Hear budget, are foreseen.
26. Small allocations of additional resource are required to meet needs identified in the engagement process, e.g. to purchase a range of demonstration equipment for self-purchase.

Implications for Directions

27. Draft direction attached as Appendix 2.

Equalities implications

28. Consideration is being given to equalities throughout the development of this proposal, and a full IIA will be carried out in due course.

Sustainability implications

29. Sustainability is being considered and will be covered within the IIA.

Involving people

30. Over 90 service users and around 30 professionals working in the sensory field have been involved in shaping these plans, as described at paragraph 15.

Impact on plans of other parties

31. Commissioning a larger number of lower value lots means that the Lothian Sensory Partnership vehicle for delivery need not be utilised, which has greater impacts on the smaller partner in the LSP.
32. West Lothian, Midlothian and East Lothian Health and Social Care Partnerships will be affected by decisions made in Edinburgh, as they also commission similar services from the same providers. Decisions taken in Edinburgh will affect these Partnerships both in the short term from October 2020 and longer term. Planning and commissioning leads from all four Lothian HSCPs meet regularly together at the Lothian Sensory Impairment Group.

Background reading/references

[City of Edinburgh Council/Edinburgh Health and Social Care Partnership BSL Plan 2018-24](#)

[See Hear Strategy 2014](#)

Lothian Sensory Partnership annual report 2018/19 available on request

Engagement focus group and survey results available on request

Report author

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Appendices

Appendix 1 Engagement Report

Appendix 2 Draft EIJB Direction

Adult Sensory Support Contract

Engagement Report: January to September 2019

1. Engagement was carried out with both service users and professionals working in the sensory field. Five **focus groups for service users and carers** were held with a total of 27 citizens (ten hard of hearing people, four Deaf BSL users, one person with a cochlear implant, six with vision impairment, two deafblind people and four carers). An additional five people with a vision impairment were also involved in a citizen's forum for the Physical Disability Commissioning Plan Results from these groups were used to shape a service user questionnaire.
2. A short-life **public and third sector sensory impairment needs assessment group** was set up, with three workshops in February, May and September 2019. Thirty professionals representing a wide range of organisations were involved, with an average of 20 professionals from adult and children's services participating in each workshop, including current providers RNIB and Deaf Action. The group aimed to first shape the adult service user questionnaire, then capture the views of providers on the shape of the new adult sensory support contract, also to shape questions for a similar needs assessment exercise on the development of children's services and ultimately to gather information to shape the overall implementation of the See Hear strategy in Edinburgh.
3. The **online adult needs assessment** had unique features to ensure that people with sensory impairments could fully participate and record their views.
 - The questionnaire was sited on the Council's Consultation Hub on the www.edinburgh.gov.uk website which is designed to comply with the AA level of the Web Content Accessibility Guidelines 2.1 issued by the World Wide Web Consortium WC3. These guidelines are designed to meet the needs of visually impaired people using websites.
 - A BSL video was made and embedded on to the Consultation Hub, which we understand to be a Scottish first, which outlined to BSL users how they could access an interpreter to record their views.
 - Deafblind Scotland enabled their members to answer the questions through guide communicators, who recorded answers manually.

4. The online consultation ran for the standard six weeks and yielded 62 responses, with a variety of people with all forms of sensory impairment and their carers. The largest group of respondents was in the 45-54 age group, probably reflecting that fewer older people are online.
5. The key findings of engagement exercises were as follows: -
 - **Service users were satisfied with current services:** Over half the participants had used one or more of the contracted sensory services, and 74% were very satisfied or satisfied with these, with only 8% being dissatisfied.
 - **People wanted more modern and integrated equipment to be provided to them free of charge, but also wanted a service which would assist them to purchase more integrated and high-tech solutions if they wished:** Most comments were about equipment, with a third of respondents saying they would like information on equipment they could purchase, and a similar proportion requesting more up to date integrated equipment than currently available to be provided free of charge.
 - **Professionals wanted improved partnership working and communication:** closer working between services such as NHS Lothian Audiology, improved communication, information sharing and IT, and for services to be better publicised

Susan Shippey
Planning and Commissioning Officer
September 2019

DIRECTION FROM THE EDINBURGH INTEGRATION JOINT BOARD

Reference number	EIJB-10/12/2019-3		
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	No		
Approval date	10/12/2019		
Services / functions covered	Adult sensory support services		
Full text of direction	Commission and redistribute a revised suite of services for meeting the needs of adults with a sensory impairment on a three-year basis (from October 2020) with an option for 1+1 year extensions to take account of proposals for a pan-Lothian sensory impairment service		
Direction to	The City of Edinburgh Council		
Link to relevant EIJB report / reports	Provide hyperlink to EIJB report when published online		
Budget / finances allocated to carry out the detail		<i>NHS Lothian</i>	<i>City of Edinburgh Council</i>
	2019/20	£0.0m	£0.0m
	2020/21	£0.0m	£0.235m
	2021/22	£0.0m	£0.471m
Performance measures	Each commissioned service will have its own KPIs developed as part of the commissioning process. Outcomes for people using the service to be delivered within the locality teams (social work assessment and care management with people with a vision impairment) will be monitored.		

Date direction will be reviewed

April 2021

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Report

Winter Plan 2019/20

Edinburgh Integration Joint Board

10 December 2019

Executive Summary

Winter Planning for 2019/20

1. The Winter Planning process for 2019/20 is well underway. The Partnership submitted requests for funding in June 2019. The Partnership's 7 funded proposals and financial allocation of £351,867 was confirmed on 12 September 2019 and is further detailed in paragraph 17. An additional allocation of £183,794 was confirmed on 18 November 2019.
2. NHS Lothian's Winter Plan 2019/20 was submitted to Scottish Government on 31 October 2019. The plan is pan-Lothian, whole-system and inclusive of all Partnerships. The plan was co-produced with all partners across the Health & Social Care system and, in Edinburgh, with the Third Sector.

Recommendations

3. The Integration Joint Board is asked to:
 - i. Note progress with winter planning for 2019/20
 - ii. Accept this report as a source of moderate assurance the Partnership is developing a robust winter strategy in response to learning and evaluation from winter 2017/18 and 2018/19 as well as supporting new initiatives and pump-priming the expansion of the Home First model.

Background

4. Planning for winter is an important part of the Partnership's service delivery, given the additional pressures placed on A&E and local systems from seasonal influenza and norovirus, as well as potentially severe weather and public holidays.
5. Scottish Government DL (2017)19 guidance on Preparing for Winter 2017/18, which was released in August 2017, set out the critical areas, outcomes and

indicators of success that should be included as part of local planning. These were aligned to the Unscheduled Care 6 Essential Actions and included:

- business continuity plans tested with partners
 - escalation plans tested with partners
 - safe and effective admission/discharge in the lead-up to and over the festive period and into January
 - strategies for additional surge capacity across health and social care service
 - whole system activity plans for winter: post-festive surge/respiratory pathway
 - effective analysis to plan for and monitor winter capacity, activity, pressures and performance
 - workforce capacity plans and rotas for winter/festive period agreed by October
 - discharges at weekends and bank holidays
 - the risk of people being delayed on their pathway is minimised
 - communication plans
 - preparing effectively for Norovirus
 - delivering seasonal flu vaccination to public and staff.
6. Malcolm Wright, Chief Executive NHS Scotland and Director General Health & Social Care, wrote to the Chief Executives of NHS Boards and Chief Officers of Health & Social Care Partnerships on 4 September 2019 regarding preparation for winter 2019/20. The letter confirmed the final amount that has been allocated for 2019/20 and instructs Health Boards and IJBs to specifically target delivery of services with a key focus on:
- Reducing attendances wherever possible by managing care closer to home, preferably at home
 - Managing/avoiding admission wherever possible
 - Reducing length of stay
 - Focus on flow through acute care

- Workforce
7. The letter also requested that Winter Plans be submitted by the end of October 2019. In order to inform the winter plan and local winter operations, a supplementary checklist of winter preparedness: self assessment was completed for the Partnership.
 8. A Regional Winter Learning Event was held on 4 October 2019. The key take home message from the event was that Boards and Partnerships should make stringent efforts to maximise uptake of flu vaccinations as the early position was indicative of higher levels of influenza this winter. The other key message was that delays are too high and that these needed to be significantly reduced pre-Winter.
 9. The Partnership's Winter Planning Group, which includes multi-agency and acute representation, leads on the planning, monitoring and evaluation of the Winter Plans. Monthly meetings are scheduled for Winter 2019/20.

Main report

Winter Bids 2019/20

10. The 2019/20 winter planning process has again evolved from the processes used in previous winters, with greater emphasis upon building on the successes of previous years, realising the impact of any funded winter scheme and clear metrics being considered alongside the rationale for funding.
11. On 12 June 2019, the Partnership was invited to submit bids for winter funding.
12. A communication was sent out at that time to a range of key internal stakeholders in the Partnership, including operational managers, locality managers, members of the Partnership's Winter Planning Group, the Unpaid Carer Lead, Strategic Planning Managers and the Chief Nurse, who were asked to liaise with staff and partners to generate proposals. EVOC was invited to contact Third Sector organisations through their network to generate proposals.
13. The deadline for winter submissions was 29 July 2019. The Partnership submitted 14 bids.
14. A Winter Planning Short Life Working Group (SLWG) was convened to undertake prioritisation of submitted bids. 15 teams comprising of two people were established to score 6-7 winter bids per team, against the following criteria:
 - Supports joint working between Acute and HSCPs
 - Supports a Home First approach

- Facilitates 7 day working and discharging
- Site and community flow/resilience
- Admission avoidance
- Supports a non bed-based model

15. Table one gives a breakdown of the Partnership submissions in rank order:

Proposal Title	Rank Number (out of 99)
Home First Navigators Flow Centre	1
Open House (EVOG)	3
Winter Support Team/Home First	8
Care Home Walking Aid Safety Project	15
Adults with Incapacity (AWI)/Guardianship	15
Carer Counselling & Groupwork	19
Festive Practice	26
CRT+	26
Advanced Nurse Practitioner for Residential Care Homes	42
Enhanced Community In-reach	46
Social Work to Support Home First Model	46
Falls Assistant Practitioner	80
Improved Discharge Support – Diabetes	92
Increased District Nursing Capacity – supporting earlier discharge and admission avoidance	95

16. The SLWG then met on 12 September 2019 to discuss the outcome of the scoring and to finalise the list of winter bids to fit the financial envelope for 2019/20.
17. A total of 7 bids were successfully funded from winter monies. Two of these bids were amalgamated into one – the Winter Support Team and Home First Navigators for Flow Centre. Following the meeting, the Partnership funding was identified for 2 of the unsuccessful bids. Four bids were unsupported and, therefore, unfunded.
18. The Partnership submitted bids totalling £530,753, of which £351,867 (66%) was initially secured.
19. The list of funded winter bids was taken to the Lothian Unscheduled Care Committee meeting for their approval on 4 October 2019. Recruitment commenced immediately.

20. As of 14/11/2019, recruitment to the initial tranche of winter funded posts is ongoing: social work is nearly fully staffed with 4 out of the 6 posts filled and the festive practice is staffed with the exception of locum GPs. 16 frontline staff have been identified for the Winter Support Team, which will be led by a North and a South Home Care Coordinator, who will both be seconded. 50% of the AWI resource has been secured and work is ongoing to secure the remaining hours. CRT have been unable to recruit and will seek to deploy existing physiotherapy staff to join the team.
21. An additional allocation for the Partnership was confirmed on 18 November 2019 and is allocated to two bids. An additional 2 social worker posts have been funded to support Home First: this proposal was initially awarded 75% of the funding requested (equating to 6 social workers), but now has the full 100% allocated (8 social workers). A new bid, for 500 hours of additional Care at Home capacity through external providers, is fully funded.
22. A more detailed breakdown of all bids is shown below. This also details which bids support the ambition to improve Health & Social Care service resilience over Public Holidays and 7 day working.

Title	Amount Requested	Amount Awarded	% Awarded	Start Date	7 Day Working	Covering Public Holidays
Funded by Unscheduled Care Committee Winter Funding						
Festive Practice	£25,830.00	£25,830.00	100%	26/12/2019	N/A	Yes (except 25/12)
CRT+	£23,227.00	£23,227.00	100%	01/12/2019	Yes	Yes
Winter Support Team	£180,858.00	£180,858.00	100%	01/12/2019	Yes	Yes
Social Work to Support Home First Model	£101,866.00	£101,866.00	100%	01/12/2019	No	Yes (except 25/12 and 01/01)
AWI	£35,000.00	£17,500.00	50%	01/12/2019	No	No
Home First Navigators Flow Centre	£25,466.00	£0.00	0%	01/12/2019	Yes	Yes
Open House	£28,038.00	£28,038.00	100%	15/12/2019	Yes	Yes
Care at Home	£158,342.00	£158,342.00	100%	09/12/2019	Yes	Yes
	£578,627.00	£535,661.00				
Funded by EHSCP						
Walking Aid Safety Assessments in Edinburgh Care Homes	£22,789.00	£22,789.00				
Carers Counselling	£1,500.00	£1,500.00				
	£24,289.00	£24,289.00				
Unsupported/unfunded						
Community in-reach	£15,025.00	£0.00				
Falls Assistant Practitioner	£10,554.00	£0.00				
District Nurse Continence Care	£48,480.00	£0.00				
Diabetes	£12,120.00	£0.00				
	£86,179.00	£0.00				

Winter Weather Resilience Arrangements

23. The Partnership's 2017/18 winter resilience was robustly tested by the short, but eventful, visitation of the 'Beast from the East', which created severe snow and ice conditions between 28 February and 4 March 2018. The main impacts were transport, communications and staff and service user's welfare. This created a unique opportunity to introspectively look at incident readiness and response and, as a result of that, resilience arrangements have significantly changed.

24. In May 2018, the EIJB approved the Partnership's Overarching Resilience Arrangements, which includes winter resilience. Since then the Partnership's Severe Weather Contingency Plan has been developed, most recently updated in November 2019, the aim of which is to facilitate an effective response to severe weather incidents with the purpose of mitigating the impact of disruption in the delivery of services
25. The plan will better enable services to continue to deliver the Partnership's essential activities required within a 7 day period to pre-determined levels (following disruption to normal business caused by severe weather) and to respond according to the needs of the incident. A copy of the plan is attached at Appendix 2.

Flu Vaccinations

26. Ensuring high uptake of flu vaccination among staff and patients is one of the key underpinning and most effective elements of winter planning. Prevention of flu in the community decreases the number of admissions and presentations, and prevention among staff decreases both nosocomial transmission and staff sickness.
27. In Winter 2018/19, 51% of staff were vaccinated against flu and the ambition is to improve upon this uptake this year, further closing the gap between the national target of 60% and our performance.
28. Peer vaccinations and staff vaccination clinics have been ongoing since the end of October. District Nurses have been visiting care homes to vaccinate staff in their place of work. A programme for vaccinations for housebound people is also underway.
29. Whilst the Partnership was given basic data about the number of staff who were vaccinated in the organisation during Winter 2018/19, more detailed information was not available at that time. The staff flu vaccination consent form for Winter 2019/20 has therefore been amended to capture more detailed information about locality and team/service in order for a more detailed analysis to take place this year.

Communication

30. The Partnership is now in its third year of working with the NHS Lothian Communications Team to complement their Lothian-wide winter communications campaign.

31. Communications will be target to key audiences, such as:
- High risk/frontline staff about getting the flu vaccine
 - Care home staff about the importance of anticipatory care plans
 - Social Care Direct staff to allow them to signpost callers to the right service
 - Homecare staff on keeping themselves and clients safe and healthy over winter
 - Those with long term condition
 - Those most at risk of falling
 - Unpaid carers
32. The Partnership's Communications Team is working with key stakeholders to understand the target audiences and the best way to communicate key messages to them.

Plans to improve Delayed Discharge

33. There is a concerted focus on improving the position around delayed discharge. The September Census shows improvement around number of delays but, more importantly, the occupied days. Edinburgh has been set a target of 113 delays by 13th December as part of the NHS Lothian recovery plan. There are a number of actions directed towards providing more capacity within community services to reduce the number of people waiting in hospital. We are working with an external care at home provider to support an additional 500 hours across the city within the next 4 weeks. It is anticipated that this will enable the unblocking of Reablement to allow this team to support higher numbers of discharges from hospital. Conversations are also underway around purchasing additional care home beds for those people who are eligible for Local Authority funding as currently there is limited capacity in the system.
34. Discharge to Assess has rolled out across the North East and North West Localities. The target for this new service is 20-25 discharges a week. Discharge to Assess is Therapy Lead rehabilitation pathway focused on supporting the assessment of the individual in their own home as an alternative to hospital. It is anticipated this additional pathway will allow greater opportunities for discharge and prevent people becoming delayed. In addition to this, there has been additional support looking at the current care at home delays. This support is to provide homecare expertise aimed at optimising the package of care request, which should allow a speedier turnaround from initial referral to discharge taking place.

35. We now have an established Home First Navigator post at the front door assessment areas of the Western General Hospital. Through early identification of people known to services in Edinburgh, as well as those who would benefit from being connected to local teams, the Home First Navigators are facilitating early discharge and ongoing assessment in the community.

Key risks

36. Key risks include:

- Recruitment remains the main risk. There are challenges of recruiting additional staff for only a 12 week period, although it has been agreed that the Winter Support Team and, as of 14/11/2019, Home First Social Work will be permanent. Some other Partnerships are deciding to recruit to permanent contracts. There are a limited number of applicants for some posts, and there is the possibility of destabilising the system by recruiting from the existing pool of staff.
- There is a risk that community infrastructure cannot meet demand, resulting in continued reliance on bed-based models, with associated risk to site flow, Emergency Department (ED) crowding and staffing.
- Failure to achieve the delayed discharge target of 113 and sustain this improvement through winter, which will impact on system wide flow.
- The availability of Locum GPs to staff the Festive Practice.
- High levels of sickness absence.

Financial implications

37. NHS Lothian was initially allocated a total of £698,087, a reduction of 49.9% compared to 2018/19.
38. A total of £351,867 was awarded to 6 winter bids for the Partnership in 2019/20, with an additional 2 bids funded from other sources to a total of £24,289.
39. Since then, an additional £727,801 has been allocated to NHS Lothian. From this, the Partnership has secured £183,794, bringing the total amount of funding to £535,661.

Implications for Directions

40. There are no implications for directions arising from the detail contained within this report that relate specifically to winter. There are implications for Home First.

Equalities implications

41. An integrated impact assessment was undertaken in December 2017 to consider both positive and negative outcomes for people with protected characteristics and other groups. The general findings were very positive. Areas for improvement were unpaid carers and hard to reach groups. It was noted that there has been an impact on staffing due to the Council and NHS staff having different contracts and the ability to pay enhanced rates to incentivise staff to work weekends or public holidays based on different terms and conditions.

Sustainability implications

42. There may be sustainability implications to maintain improved flow and community capacity with regards to AWI when this returns to normal levels post-Winter.

Involving people

43. Winter plans were developed in close consultation with key internal and external stakeholders through the Partnership's Winter Planning Group and the planners and operational managers who generated the proposals.
44. A communication plan is being developed for the Partnership to ensure that staff in health and social care, partner organisations, the public and visitors to the city are aware of the services available over the festive period and how to access these.
45. The key target groups are people using the largest proportion of health care resources, primarily vulnerable older people, people who receive a care at home, people with long-term health conditions, and unpaid carers.

Impact on plans of other parties

46. Winter plans are being developed in very close consultation with relevant parties through the Partnership's Winter Planning Group. This includes the Delayed Discharge Lead and the staff who are leading on the development of Home First. This group has membership from acute sites and includes leads for flu, resilience and communications, as well as third sector.

Background reading/references

47. Scottish Government DL(2017)19 guidance.

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Appendices

Appendix 1	Completed Self-Assessment Checklist
Appendix 2	EHSCP Severe Weather Resilience Plan

Preparing for Winter 2019/20: Supplementary Checklist of Winter Preparedness: Self-Assessment

Priorities

1. Resilience
2. Unscheduled / Elective Care
3. Out of Hours
4. Norovirus
5. Seasonal Flu
6. Respiratory Pathway
7. Integration of Key Partners / Services

These checklists supplement the Preparing for Winter 2019/20 Guidance and support the strategic priorities for improvement identified by local systems from their review of last winter's pressures and performance.

The checklists also include other areas of relevance but are not exhaustive. Local systems should carefully consider where additional resources might be required to meet locally identified risks that might impact on service delivery.

NHS Special Boards should support local health and social care systems to develop their winter plans as appropriate.

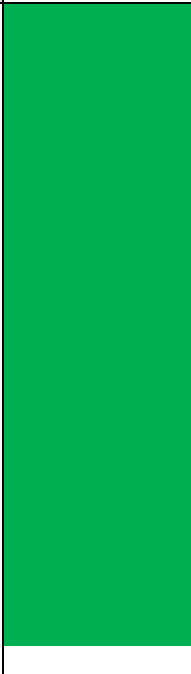
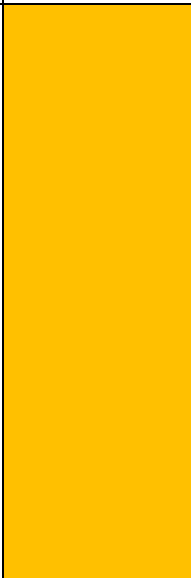
Winter Preparedness: Self-Assessment Guidance



- Local governance groups can use these checklists to self-assess the quality of overall winter preparations and to identify where further action may be required. This should link to the guidance available for continual provision of service available on the associated web links highlighted on the accompanying paper.
- There is no requirement for these checklists to be submitted to the Scottish Government.
- The following RAG status definitions are offered as a guide to help you evaluate the status of your overall winter preparedness.

RAG Status	Definition	Action Required
■ Green	Systems / Processes fully in place & tested where appropriate.	Routine Monitoring
■ Amber	Systems / Processes are in development and will be fully in place by the end of October.	Active Monitoring & Review
■ Red	Systems/Processes are not in place and there is no development plan.	Urgent Action Required



1	Resilience Preparedness <i>(Assessment of overall winter preparations and further actions required)</i>		RAG	Further Action/Comments
Page 167 	<p>The NHS Board and Health and Social Care Partnerships (HSCPs) have robust business continuity management arrangements and plans in place to manage and mitigate all key disruptive risks including the impact of severe weather. These arrangements have built on the lessons learned from previous periods of severe weather, and are regularly tested to ensure they remain relevant and fit for purpose.</p> <p>Resilience officers are fully involved in all aspects of winter planning to ensure that business continuity management principles are embedded in winter plans.</p> <p><i>The Preparing For Emergencies: Guidance For Health Boards in Scotland (2013) sets out the expectations in relation to BCM and the training and exercising of incident plans – see Sections 4 and 5, and Appendix 2 of Preparing for Emergencies for details. The NHSScotland Standards for Organisational Resilience (2018) sets out the minimum standard of</i></p> <hr/> <p><i>preparedness expected of Health Boards – see Standard 18.</i></p>	<input type="checkbox"/> 		<p>The Edinburgh Health and Social Care Partnership (EHSCP) Resilience Lead and Co-ordinator reviews its Severe Weather Plan yearly with the assistance of Resilience Specialists.</p> <p>It is again reviewed after each severe weather incident (e.g. floods, high winds, etc) debrief to ensure that any lessons learned is incorporated into the plan.</p> <p>A Severe Weather Group was also set up in 2019 with members from Council, NHS Lothian and EHSCP to further strengthen resilience response and share resources during weather related incidents.</p>
2 	<p>Business continuity (BC) plans take account of the critical activities of the NHS Board and HSCPs; the analysis of the effects of disruption and the actual risks of disruption; and plans are based on risk-assessed worst case scenarios.</p> <p>Risk assessments take into account staff absences including the impact of seasonal flu as outlined in section 5 and a business impact analysis so that essential staffing requirements are available to maintain key services. The critical activities and how they are being addressed are included on the corporate risk register and are regularly monitored by the risk owner.</p> <p>The partnership has negotiated arrangements in place for mutual aid with local partners, which cover all potential requirements in respect of various risk scenarios.</p>	<input type="checkbox"/> 		<p>EHSCP Tactical Plan considers every essential service within the Partnership and covers various risk-assessed scenarios.</p> <p>Partial - Annual update exercise of Business Continuity plans for EHSCP's NHS Services are nearly complete and Council Services are currently carrying out Business Impact Assessments as part of a systems migration to BusinessContinuity2 that make available all Council EHSCP Business Continuity Plans available online. This work is being actively monitored through the Council's</p>

			<p>Internal Audit programme and has specific risk findings set against the completion of this work in 2020.</p> <p>Severe Weather Group - members from Council, NHS Lothian and EHSCP to further strengthen resilience response and share resources during weather related incidents.</p>
<p>3</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 168</p>	<p>The NHS Board and HSCPs have appropriate policies in place that cover:</p> <ul style="list-style-type: none"> • what staff should do in the event of severe weather hindering access to work, and • how the appropriate travel advice will be communicated to staff and patients • how to access local resources (including voluntary groups) that can support the transport of staff to and from their places of work during periods of severe weather. Policies should be communicated to all staff on a regular basis. 	<input type="checkbox"/>	<p>CEC and NHS have adverse weather policies. This is included in the Severe Weather plan</p>



	<i>Resilience officers and HR departments will need to develop a staff travel advice and communications protocol to ensure that travel advice and messages to the public are consistent with those issued by Local /Regional Resilience Partnerships to avoid confusion. This should be communicated to all staff.</i>			
4	The NHS Board's and HSCPs websites will be used to advise on travel to appointments during severe weather and prospective cancellation of clinics.	<input type="checkbox"/>		Communication plans and contacts are in place to alert staff, patients and service users of any disruption.
5	The NHS Board, HSCPs and relevant local authorities have created a capacity plan to manage any potential increase in demand for mortuary services over the winter period; this process has involved funeral directors.	<input type="checkbox"/>		This is included the Council's Severe Weather plan.
6	The effectiveness of winter plans will be tested with key stakeholders by 30 October. The final version of the winter plan has been approved by NHS Board and HSCPs.	<input type="checkbox"/>		Not yet tested. The winter plan is not yet finalised – it was submitted to Scottish Government at the end of October, but they have asked for some changes to be made to it
7	The NHS Board and HSCPs have considered the additional impacts that a 'no deal' EU withdrawal on 31 st October might have on service delivery across the winter period.	<input type="checkbox"/>		EHSCP has considered the impacts of service delivery across the winter period. This is listed in a Brexit Risk Register that is regularly updated and shared with both NHS Lothian and Council partners.

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2	Unscheduled / Elective Care Preparedness <i>(Assessment of overall winter preparations and further actions required)</i>		RAG	Further Action/Comments
1	Clinically Focussed and Empowered Management			

1.1	<p>Clear site management and communication process are in place across NHS Boards and HSCPs with operational overview of all emergency and elective activity.</p> <p><i>To manage and monitor outcomes monthly unscheduled care meetings of the hospital quadrumvirate should invite IJB Partnership representatives and SAS colleagues (clinical and non-clinical) to work towards shared improvement metrics and priority actions. A member of the national improvement team should attend these meetings to support collaborative working.</i></p> <p><i>Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.</i></p>	<input type="checkbox"/>		<p>Clear operational lines of escalation are in place within EHSCP</p>
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1.2	<p>Effective communication protocols are in place between clinical departments and senior managers to ensure that potential system pressures are identified as they emerge and as soon as they occur departmental and whole system escalation procedures are invoked.</p>	<input type="checkbox"/>		<p>As per Winter 2017/18, daily teleconferences will be scheduled if there are significant pressures across the system.</p>
1.3	<p>A Target Operating Model and Escalation policies are in place and communicated to all staff. Consider the likely impact of emergency admissions on elective work and vice versa, including respiratory, circulatory, orthopaedics, cancer patients, ICU/PICU.</p> <p><i>This should be based on detailed modelling, pre-emptive scheduling of electives throughout the autumn, and early spring, and clear strategies regarding which lists may be subject to short-notice cancellation with a minimum impact.</i></p> <p><i>Pressures are often due to an inability to discharge patients timeously. Systems should be in place for the early identification of patients who no longer require acute care and discharged without further delay</i></p>	<input type="checkbox"/>		<p>N/A – Acute to complete</p>
1.4	<p>Escalation procedures are linked to a sustainable resourcing plan, which encompasses the full use of step-down community facilities, such as community hospitals and care homes. HSCPs should consider any requirement to purchase additional capacity over the winter period.</p> <p><i>All escalation plans should have clearly identified points of contact and should be comprehensively tested and adjusted to ensure their effectiveness.</i></p>	<input type="checkbox"/>		<p>Care Home admissions are managed centrally matched to available capacity and information about capacity in private care homes is also utilised to match service users to places dependant on price and funding available. Should exceptional pressures develop these will be escalated to EMT</p> <p>Sheena Muir is in regular contact with the AAH Discharge Hub throughout the day especially over winter and has knowledge /early sight of any specific issues which could impact on flow and assist the team in finding solutions. There are no plans to increase the capacity in Liberton over winter. Any escalations will be via Tom Cowan to the EMT / Chief Officer.</p>
2	<p>Undertake detailed analysis and planning to effectively manage schedule elective and unscheduled activity (both short and medium-term) based on forecast emergency and elective demand, to optimise whole systems business continuity. This has specifically taken into account the surge in unscheduled activity in the first week of January.</p>			

2.2	<p>Pre-planning has optimised the use of capacity for the delivery of emergency and elective treatment, including identification of winter surge beds for emergency admissions and recovery plans to minimise the impact of winter peaks in demand on the delivery of routine elective work</p> <p><i>Weekly projections for scheduled and unscheduled demand and the capacity required to meet this demand are in place.</i></p> <p><i>Plans for scheduled services include a specific 'buffering range' for scheduled queue size, such that the scheduled queue size for any speciality/sub-speciality can fluctuate to take account of any increases in unscheduled demand without resulting in scheduled waiting times deteriorating. This requires scheduled queue size for specific specialities to be comparatively low at the beginning of the winter period.</i></p>	<input type="checkbox"/>		N/A – Acute to complete
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	<p><i>This will be best achieved through the use of structured analysis and tools to understand and manage all aspects of variation that impact on services, by developing metrics and escalation plans around flexing or cancelling electives, and by covering longer term contingencies around frontloading activity for autumn and spring. Where electives are cancelled consideration should be given on whether the Scottish Government Access Support team should be informed in order to seek support and facilitate a solution.</i></p> <p><i>Ensure that IP/DC capacity in December/January is planned to take account of conversions from OPD during Autumn to minimise the risk of adverse impact on waiting times for patients waiting for elective Inpatient/Day-case procedures, especially for patients who are identified as requiring urgent treatment.</i></p>			
3	<p>Agree staff rotas in October for the fortnight in which the two festive holiday periods occur to match planned capacity and demand and projected peaks in demand. These rotas should ensure continual access to senior decision makers and support services required to avoid attendance, admission and effective timely discharge</p>			
3.1	<p>System wide planning should ensure appropriate cover is in place for Consultants (Medical and Surgical), multi-professional support teams, including Infection, Prevention and Control Teams (IPCT), Social Workers, home care and third sector support. This should be planned to effectively manage predicted activity across the wider system and discharge over the festive holiday periods, by no later than the end of October.</p> <p><i>This should take into account predicted peaks in demand, including impact of significant events (e.g.). Hogmanay Street parties on services, and match the available staff resource accordingly. Any plans to reduce the number of hospitals accepting emergency admissions for particular specialties over the festive period, due to low demand and elective activity, need to be clearly communicated to partner organisations.</i></p>	<input type="checkbox"/>		EHSCP will map annual leave arrangements for all teams to ensure that there is adequate cover in place
3.2	<p>Extra capacity should be scheduled for the 'return to work' days after the four day festive break and this should be factored into annual leave management arrangements across Primary, Secondary and Social Care services.</p>	<input type="checkbox"/>		EHSCP will map annual leave arrangements for all teams to ensure that there is adequate cover in place
3.3	<p>Additional festive services are planned in collaboration with partner organisations e.g. Police Scotland, SAS, Voluntary Sector etc.</p>	<input type="checkbox"/>		EHSCP now has a tactical resilience plan and an Incident Management Team. The resilience plan includes collaborative links with Police Scotland for example during severe weather.
	<p>St Andrew's House, Regent Road, Edinburgh EH1 3DG</p>			Festive service planning in place for unpaid carers with VOCAL



	<i>NHS Boards and HSC Partnerships are aware of externally provided festive services such as minor injuries bus in city centre, paramedic outreach services and mitigate for any change in service provision from partner organisations</i>			
3.4	<p>Out of Hours services, GP, Dental and Pharmacy provision over festive period will be communicated to clinicians and managers including on call to ensure alternatives to attendance are considered.</p> <p><i>Dental and pharmacy provision should be communicated to all Health and Social Care practitioners across the winter period to support alternatives to attendance at hospital.</i></p>	<input type="checkbox"/>		<p>This is communicated via NHS Lothian Primary Care Contracts Office (PCCO) at Waverley Gate.</p> <p>PCCO communicate the Community Pharmacy hours of service to relevant parties, including updating NHS Inform</p>
4	Optimise patient flow by proactively managing Discharge Process utilising 6EA – Daily Dynamic Discharge to shift the discharge curve to the left and ensure same rates of discharge over the weekend and public holiday as weekday.			
4.1	<p>Discharge planning in collaboration with HSCPs, Transport services, carer and MDT will commence prior to, or at the point of admission, using, where available, protocols and pathways for common conditions to avoid delays during the discharge process.</p> <p><i>Patients, their families and carers should be involved in discharge planning with a multi-disciplinary team as early as possible to allow them to prepare and put in place the necessary arrangements to support discharge.</i></p> <p><i>Utilise Criteria Led Discharge wherever possible.</i></p> <p><i>Supporting all discharges to be achieved within 72 hours of patient being ready.</i></p> <p><i>Where transport service is limited or there is higher demand, alternative arrangements are considered as part of the escalation process – this should include third sector partners (e.g. British Red Cross) Utilise the discharge lounge as a central pick-up point to improve turnaround time and minimise wait delays at ward level.</i></p>	<input type="checkbox"/>		<p>Proactive MATT meetings daily to support hospital flow with dial into acute sites.</p> <p>Home First Flow Navigators in the WGH site to support early pull.</p> <p>Discharge to Assess on North of City to create an alternative pathway to admission on WGH site.</p> <p>Home First Flow Navigators to support people at home based at the flow centre</p> <p>Home First Prevention Care to support people up to 72 hours in crisis as an alternative to admission.</p>

<p>4.2</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 176</p>	<p>To support same rates of discharge at weekend and public holiday as weekdays regular daily ward rounds and bed meetings will be conducted to ensure a proactive approach to discharge. Discharges should be made early in the day, over all 7 days, and should involve key members of the multidisciplinary team, including social work. Criteria Led Discharge should be used wherever appropriate.</p>	<input type="checkbox"/> <div style="background-color: green; width: 50px; height: 100%;"></div> <p>The MDTs will be focussed on 7 day discharges and that all discharges take place as early in the day as possible. As long as the discharge takes place in day time hours then the bed can be utilised on the same day. Many of the patients being discharged require SAS transport so morning discharges cannot always be guaranteed. Discharges can take place over the weekend if planned in advance to allow for discharge medications to be prepared (no on site pharmacy staff or medical staff at Liberton at the weekend) but this is dependent on ongoing care arrangements being in place if required.</p>
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	<p>Ward rounds should follow the 'golden hour' format – sick and unwell patients first, patients going home and then early assessment and review. Test scheduling and the availability of results, discharge medication, transport requirements and availability of medical and nursing staff to undertake discharge should all be considered during this process to optimise discharge pre-noon on the estimated date of discharge. Criteria Led Discharge should be used wherever appropriate.</p>			
4.3	<p>Discharge lounges should be fully utilised to optimise capacity. This is especially important prior to noon.</p> <p><i>Processes should be in place to support morning discharge at all times (e.g.) breakfast club, medication, pull policy to DL, default end point of discharge. Utilisation should be monitored for uptake and discharge compliance.</i></p> <p><i>Extended opening hours during festive period over public Holiday and weekend</i></p>	<input type="checkbox"/>		N/A – Acute to complete
4.4	<p>Key partners such as: pharmacy, transport and support services, including social care services, will have determined capacity and demand for services and be able to provide adequate capacity to support the discharge process over winter period. These services should be aware of any initiatives that impact on increased provision being required and communication processes are in place to support this. e.g. surge in pre-Christmas discharge</p> <p><i>There should be a monitoring and communication process in place to avoid delays, remove bottlenecks and smooth patient discharge processes</i></p>	<input type="checkbox"/>		<p>The NHS Lothian Community Pharmacy Core Group review demand and adjust Community Pharmacy opening hours accordingly. Pharmacists and Technicians are deployed across GP Practices to support pharmacotherapy services, medicines reconciliation at discharge and acute prescription requests.</p>
5	<p>Agree anticipated levels of homecare packages that are likely to be required over the winter (especially festive) period and utilise intermediate care options such as Rapid Response Teams, enhanced supported discharge or reablement and rehabilitation (at home and in care homes) to facilitate discharge and minimise any delays in complex pathways.</p>			
5.1	<p>Close partnership working between stakeholders, including the third and independent sector to ensure that adequate care packages are in place in the community to meet all discharge levels.</p> <p><i>This will be particularly important over the festive holiday periods.</i></p> <p><i>Partnerships will monitor and manage predicted demand supported by enhanced discharge planning and anticipated new demand from unscheduled admissions.</i></p> <p><i>Partnerships should develop local agreements on the direct purchase of homecare supported by ward staff.</i></p> <p><i>Assessment capacity should be available to support a discharge to assess model across 7 days.</i></p>	<input type="checkbox"/>		<p>EHSCP will work with third and independent organisations to ensure that they can maintain workloads over the festive period to ensure whole system flow along with pulling patients from Reablement to create capacity post Christmas when the demand will surge.</p>



<p>5.2</p>	<p>Intermediate care options, such as enhanced supported discharge, reablement and rehabilitation will be utilised over the festive and winter surge period, wherever possible.</p> <p><i>Partnerships and Rapid Response teams should have the ability to directly purchase appropriate homecare packages, following the period of Intermediate care.</i></p> <p><i>All delayed discharges will be reviewed for alternative care arrangements and discharge to assess where possible</i></p>	<input type="checkbox"/>	<p>Therapy capacity in the Locality Hubs will be increased in order to support Discharge to Assess. This extra capacity will support 5 patients per day to be discharged in the North of the City with a 24hr response time from Occupational and Physiotherapy Team.</p> <p>Home First Prevention Care has been funded to support people at home as an alternative to hospital for up to 72 hours. This service will be community facing.</p> <p>Reablement will run over the festive period and will prepare for surge actions for the post Festive Surge.</p> <p>Patients will be considered for all pathways, discharge to assess, reablement, hospital at home as alternative to a lengthy admission and to prevent a delayed discharge</p> <p>We will work with our independent providers to move as many cases onto to create capacity in the reablement team so that we can respond to the winter surge.</p>
<p>5.3</p>	<p>Patients identified as being at high risk of admission from, both the SPARRA register and local intelligence, and who have a care manager allocated to them, will be identifiable on contact with OOH and acute services to help prevent admissions and facilitate appropriate early discharge.</p> <p><i>Key Information Summaries (KIS) will include Anticipatory Care Planning that is utilised to manage care at all stages of the pathways.</i></p> <p>St Andrew's House, Regent Road, Edinburgh EH1 3DG</p>	<input type="checkbox"/>	<p>People with multimorbidity known to IMPACT nursing team have this noted in their KIS special notes. High risk individuals with COPD are identified via Frequent Attender database and those known to the Community Respiratory Team have this noted in their KIS special notes – prompt for CRT as first point of</p>


			<p>contact in event of exacerbation. Long Term Conditions (LTC) programme leading on project to improve ACP pathway for care home residents. This has resulted in increased quantity and quality of KIS and improved access rates leading to a 56% reduction of avoidable hospital admissions since April 2018. 30 care homes and associated GP practices are supported in this workstream and 10 tests of change are underway to spread this good practice with health and social care teams.</p>
<p>5.4 Page 180</p>	<p>All plans for Anticipatory Care Planning will be implemented, in advance of the winter period, to ensure continuity of care and avoid unnecessary emergency admissions / attendances.</p> <p><i>KIS and ACPs should be utilised at all stages of the patient journey from GP / NHS 24, SAS, ED contact. If attendances or admissions occur Anticipatory Care Plans and key information summaries should be used as part of discharge process to inform home circumstances, alternative health care practitioners and assess if fit for discharge.</i></p>	<input type="checkbox"/>	<p>There are 47,425 KISs in place for high risk individuals in Edinburgh, an increase of 25% compared to 2017. 257 care home staff, 25 GP practices and 184 health and social care staff have been trained to improve ACP. LTC Programme currently supporting Home Care teams, District Nurses, OPRA, Pulmonary Rehab, Genetics team, Fairmile ward (Royal Edinburgh Hospital), Medicine of Elderly team, Carer Support Team and third sector agency VOCAL to improve ACP pathways. This includes adopting a 'Think Ahead' approach, identifying high risk individuals that would benefit from an ACP/KIS, resulting in increased quality, quantity and access to ACPs via KIS. KEY magnets and wallet cards are issued to people who are at risk of hospital admission to prompt emergency services that they have a KIS. Emergency cards are issued to patients and carers by the carer support team to alert that a KIS is in place.</p>

6.0	Ensure that communications between key partners, staff, patients and the public are effective and that key messages are consistent.			
6.1	<p>Effective communication protocols are in place between key partners, particularly across emergency and elective provision, local authority housing, equipment and adaptation services, Mental Health Services, and the independent sector.</p> <p><i>Collaboration between partners, including NHS 24, Locality Partnerships, Scottish Ambulance Service, SNBTS through to A&E departments, OOH services, hospital wards and critical care, is vital in ensuring that winter plans are developed as part of a whole systems approach.</i></p>	<input type="checkbox"/>		EHSCP Communications Plan is being developed and will include this.



	<i>Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.</i>			
Page 182	<p>6.2 Communications with the public, patients and staff will make use of all available mediums, including social media, and that key messages will be accurate and consistent.</p> <p><i>SG Health Performance & Delivery Directorate is working with partners and policy colleagues to ensure that key winter messages, around direction to the appropriate service are effectively communicated to the public.</i></p> <p><i>The public facing website http://www.readyscotland.org/ will continue to provide a one stop shop for information and advice on how to prepare for and mitigate against the consequences from a range of risks and emergencies. This information can also be accessed via a smartphone app accessible through Google play or iTunes.</i></p> <p><i>The Met Office National Severe Weather Warning System provides information on the localised impact of severe weather events.</i></p> <p><i>Promote use of NHS Inform, NHS self-help app and local KWTTT campaigns</i></p>	<input type="checkbox"/>		<p>This will be included within EHSCP's communications plan.</p> <p>NHS Lothian will lead on external communications for messaging to avoid hospital admissions and reduce impact on acute sites.</p> <p>Partnership communications will focus primarily on the workforce, which supports the most vulnerable service users, to promote targeted preventative messages (e.g. care at home workers, care homes, long term conditions etc)</p> <p>Both partner organisations will be heavily involved in resilience communications</p>

3	Out of Hours Preparedness <i>(Assessment of overall winter preparations and further actions required)</i>		RAG	Further Action/Comments
1	<p>The OOH plan covers the full winter period and pays particular attention to the festive period.</p> <p><i>This should include an agreed escalation process.</i></p> <p><i>Have you considered local processes with NHS 24 on providing pre-prioritised calls during OOH periods?</i></p>	<input type="checkbox"/>		N/A – this is for OOH/LUCS to comment on
2	<p>The plan clearly demonstrates how the Board will manage both predicted and unpredicted demand from NHS 24 and includes measures to ensure that pressures during weekends, public holidays are operating effectively. The plan demonstrates that resource planning and demand management are prioritised over the festive period.</p>	<input type="checkbox"/>		N/A – this is for OOH/LUCS to comment on

3	There is evidence of attempts at enabling and effecting innovation around how the partnership will predict and manage pressures on public holidays/Saturday mornings and over the festive period. The plan sets out options, mitigations and solutions considered and employed.	<input type="checkbox"/>	 Extra GP sessions, including Practice Nurse and Mental Health Nurse, will be available 9am – 5pm in a city centre site for three days over the festive period to ease pressures on OOH services, District Nursing Services, and A&E
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4	<p>There is reference to direct referrals between services.</p> <p><i>For example, are direct contact arrangements in place, for example between Primary Care Emergency Centres (PCECs)/Accident & Emergency (A&E) Departments/Minor Injuries Units (MIUs) and other relevant services? Are efforts being made to encourage greater use of special notes, where appropriate?</i></p>	<input type="checkbox"/>		<p>No Primary Care Emergency Centres in EHSCP</p> <p>There is however direct contact arrangements are in place between winter GP service with OOH services and minor injuries</p>
5	<p>The plan encourages good record management practices relevant to maintaining good management information including presentations, dispositions and referrals; as well as good patient records.</p>	<input type="checkbox"/>		<p>Processes are in place to enable safe information governance and referral</p>
6	<p>There is reference to provision of pharmacy services, including details of the professional line, where pharmacists can contact the out of hours centres directly with patient/prescription queries and vice versa</p>	<input type="checkbox"/>		<p>Pharmacists have established professional to professional lines in place and LUCS has access to the Community Pharmacy Palliative Care Network of pharmacies providing an emergency call out service. NHS24 algorithms updated to include details of the community pharmacy first service, treating UTI and impetigo infections.</p>
7	<p>In conjunction with HSCPs, ensure that clear arrangements are in place to enable access to mental health crisis teams/services, particularly during the festive period.</p>	<input type="checkbox"/>		<p>Intensive Homecare Treatment Team is the main out of hours response service and operate throughout the year. There is also the Mental Health Assessment Service based at REH that is a walk-in service for people in distress and is operational throughout the year. The crisis centre is a Third sector commissioned service that is operational 52 weeks of the year and provides people with advice and support, it also has the capacity for people to stay over in the building. This service is accessed by people in distress, services can refer but it is a not clinical area and people need to be self-determined to make use of the service</p>

8	<p>In conjunction with HSCPs, ensure that there is reference to provision of dental services, to ensure that services are in place either via general dental practices or out of hours centres</p> <p><i>This should include an agreed escalation process for emergency dental cases; i.e. trauma, uncontrolled bleeding and increasing swelling.</i></p>	<input type="checkbox"/>		PCCO lead on this for HSCPs
9	<p>The plan displays a confidence that staff will be available to work the planned rotas.</p> <p><i>While it is unlikely that all shifts will be filled at the moment, the plan should reflect a confidence that shifts will be filled nearer the time. If partnerships believe that there may be a problem for example, in relation to a particular profession, this should be highlighted.</i></p>	<input type="checkbox"/>		Currently in the process of booking festive shifts. Work underway with LUCS to determine medical staffing
10	<p>There is evidence of what the Board is doing to communicate to the public how their out of hours services will work over the winter period and how that complements the national communications being led by NHS 24.</p> <p><i>This should include reference to a public communications strategy covering surgery hours, access arrangements, location and hours of PCECs, MIUs, pharmacy opening, etc.</i></p>	<input type="checkbox"/>		N/A – NHSL to complete
11	<p>There is evidence of joint working between the HSCP, the Board and the SAS in how this plan will be delivered through joint mechanisms, particularly in relation to discharge planning, along with examples of innovation involving the use of ambulance services.</p>	<input type="checkbox"/>		EHSCP has not been involved with SAS
12	<p>There is evidence of joint working between the Board and NHS 24 in preparing this plan.</p>	<input type="checkbox"/>		N/A – NHSL to complete



	<i>This should confirm agreement about the call demand analysis being used.</i>			
13	<p>There is evidence of joint working between the acute sector and primary care Out-of-Hours planners in preparing this plan.</p> <p><i>This should cover possible impact on A&E Departments, MIUs and any other acute receiving units (and vice versa), including covering the contact arrangements.</i></p>	<input type="checkbox"/>		N/A to EHSCP. For OOH services to complete
14	<p>There is evidence of joint planning across all aspects of the partnership and the Board in preparing this plan.</p> <p><i>This should be include referral systems, social work on-call availability, support for primary care health services in the community and support to social services to support patients / clients in their own homes etc.</i></p>	<input type="checkbox"/>		The EHSCP Winter Planning Group includes representatives from teams and professions across the Partnership, and includes multi-agency and acute representation. The Group leads on the planning, monitoring and evaluation of the Winter Plans. Members of the group and other key stakeholders have all contributed to preparing the plan and populating this checklist.
15	<p>There is evidence that Business Continuity Plans are in place across the partnership and Board with clear links to the pandemic plan including provision for an escalation plan.</p> <p><i>The should reference plans to deal with a higher level of demand than is predicted and confirm that the trigger points for moving to the escalation arrangements have been agreed with NHS 24.</i></p>	<input type="checkbox"/>		Business Continuity Plans are available for the majority of services however they are currently through a modernisation review. Links to pandemic is not specific, however overarching strategic Pandemic Flu plans exist for the both the Council and NHS Lothian to which the EHSCP will align itself against until the Scottish Governance releases a Health and Social Care Partnership Guidance Documents (date to be confirmed, EHSCP has provided its comments through consultation exercise in September 2019)

4	<p align="center">Prepare for & Implement Norovirus Outbreak Control Measures</p> <p align="center"><i>(Assessment of overall winter preparations and further actions required)</i></p>		R A G	Further Action/Comments
1	<p>NHS Boards must ensure that staff have access to and are adhering to the national guidelines on Preparing for and Managing Norovirus in Care Settings</p> <p><i>This includes Norovirus guidance and resources for specific healthcare and non-healthcare settings.</i></p>	<input type="checkbox"/>		N/A – NHSL to complete



2	<p>IPCTs will be supported in the execution of a Norovirus Preparedness Plan before the season starts.</p> <p><i>Boards should ensure that their Health Protection Teams (HPTs) support the advance planning which nursing and care homes are undertaking to help keep people out of hospital this winter and provide advice and guidance to ensure that norovirus patients are well looked after in these settings.</i></p>	<input type="checkbox"/>	N/A – NHSL to complete
3	<p>HPS Norovirus Control Measures (or locally amended control measures) are easily accessible to all staff, e.g. available on ward computer desk tops, or in A4 folders on the wards and that frontline staff are aware of their responsibilities with regards prevention of infection.</p>	<input type="checkbox"/>	N/A – NHSL to complete
4	<p>NHS Board communications regarding bed pressures and norovirus ward closures are optimal and everyone will be kept up to date in real time.</p> <p><i>Boards should consider how their communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of a norovirus outbreak.</i></p>	<input type="checkbox"/>	N/A – NHSL to complete
5	<p>Debriefs will be provided following individual outbreaks or end of season outbreaks to ensure system modifications to reduce the risk of future outbreaks.</p> <p><i>Multiple ward outbreaks at one point in time at a single hospital will also merit an evaluation.</i></p>	<input type="checkbox"/>	N/A – NHSL to complete
6	<p>IPCTs will ensure that the partnership and NHS Board are kept up to date regarding the national norovirus situation via the HPS Norovirus Activity Tracker.</p>	<input type="checkbox"/>	N/A – NHSL to complete



7	<p>Before the norovirus season has begun, staff in emergency medical receiving areas will confirm with the IPCTs the appropriateness of procedures to prevent outbreaks when individual patients have norovirus symptoms, e.g. patient placement, patient admission and environmental decontamination post discharge.</p>	<input type="checkbox"/>		N/A – NHSL to complete
8	<p>NHS Boards must ensure arrangements are in place to provide adequate cover across the whole of the festive holiday period. <i>While there is no national requirement to have 7 day IPCT cover, outwith the festive holiday period, Boards should consider their local IPC arrangements.</i></p>	<input type="checkbox"/>		N/A – NHSL to complete
9	<p>The NHS Board is prepared for rapidly changing norovirus situations, e.g. the closure of multiple bays / wardsover a couple of days. <i>As part of their surge capacity plan, Boards should consider how wards will maintain capacity in the event that wards are closed due to norovirus.</i></p>	<input type="checkbox"/>		N/A – NHSL to complete
10	<p>There will be effective liaison between the IPCTs and the HPTs to optimise resources and response to the rapidly changing norovirus situation. <i>This could include the notification of 'tweets', where appropriate, to help spread key message information. HPT/IPCT and hospital management colleagues should ensure that they are all aware of their internal processes and that they are still current.</i></p>	<input type="checkbox"/>		N/A – NHSL to complete
11	<p>The partnership is aware of norovirus publicity materials and is prepared to deploy information internally and locally as appropriate, to spread key messages around norovirus and support the 'Stay at Home Campaign' message. <i>This could include HPT supporting schools to have awareness raising prior to norovirus season and the notification of 'tweets', where appropriate, to help spread key message information.</i></p>	<input type="checkbox"/>		EHSCP is prepared to deploy information appropriately. Materials have not yet been received (they may have gone directly to GP sites)



5	Seasonal Flu, Staff Protection & Outbreak Resourcing <i>(Assessment of overall winter preparations and further actions required)</i>		RA G	Further Action/Comments
1	<p>Staff, particularly those working in areas with high risk patients such as paediatric, oncology, maternity, care of the elderly, haematology, ICUs, etc., have been vaccinated to prevent the potential spread of infection to patients and other staff, as recommended in the CMOs seasonal flu vaccination letter published on 26 Aug 2019 https://www.sehd.scot.nhs.uk/cmo/CMO(2019)11.pdf</p> <p><i>This will be evidenced through end of season vaccine uptake submitted to HPS by each NHS board. Local trajectories have been agreed and put in place to support and track progress.</i></p>	<input type="checkbox"/>		N/A – Acute to complete
2	<p>All of our staff have easy and convenient access to the seasonal flu vaccine. In line with recommendations in CMO Letter clinics are available at the place of work and include clinics during early, late and night shifts, at convenient locations. Drop-in clinics are also available for staff unable to make their designated appointment and peer vaccination is facilitated to bring vaccine as close to the place of work for staff as possible.</p> <p><i>It is the responsibility of health care staff to get vaccinated to protect themselves from seasonal flu and in turn protect their vulnerable patients, but NHS Boards have responsibility for ensuring vaccine is easily and conveniently available; that sufficient vaccine is available for staff vaccination programmes; that staff fully understand the role flu vaccination plays in preventing transmission of the flu virus and that senior management and clinical leaders with NHS Boards fully support vaccine delivery and uptake.</i></p>	<input type="checkbox"/>		Peer vaccination programmes and staff clinics now underway. District nurses are going into care homes to enable care home staff to have vaccinations in their place of work.



3	<p>The winter plan takes into account the predicted surge of flu activity that can happen between October and March and we have adequate resources in place to deal with potential flu outbreaks across this period.</p> <p><i>If there are reported flu outbreaks during the season, where evidence shows that vaccination uptake rates are not particularly high, NHS Boards may undertake targeted immunisation. In addition, the centralised contingency stock of influenza vaccine, purchased by the Scottish Government can be utilised if required. Antiviral prescribing for seasonal influenza may also be undertaken when influenza rates circulating in the community reach a trigger level (advice on this is generated by a CMO letter to health professionals)</i></p>	<input type="checkbox"/>		Regular updates from NHS Lothian Public Health and Infection Prevention and Control Teams regarding outbreaks and availability of flu vaccines to enable us to target activity.
4	<p>HPS weekly updates, showing the current epidemiological picture on influenza infections across Scotland, will be routinely monitored over the winter period to help us detect early warning of imminent surges in activity.</p> <p><i>Health Protection Scotland and the Health Protection Team within the Scottish Government monitor influenza rates during the season and take action where necessary, The Health Protection Team brief Ministers of outbreak/peaks in influenza activity where necessary. HPS produce a weekly influenza bulletin and a distillate of this is included in the HPS Winter Pressures Bulletin.</i></p>	<input type="checkbox"/>		Regular updates from NHS Lothian Public Health and Infection Prevention and Control Teams regarding outbreaks and availability of flu vaccines.
5	<p>Adequate resources are in place to manage potential outbreaks of seasonal flu that might coincide with norovirus, severe weather and festive holiday periods.</p> <p><i>NHS board contingency plans have a specific entry on plans to mitigate the potential impact of potential outbreaks of seasonal influenza to include infection control, staff vaccination and antiviral treatment and prophylaxis. Contingency planning to also address patient management, bed management, staff redeployment and use of reserve bank staff and include plans for deferral of elective admissions and plans for alternative use of existing estate or opening of reserve capacity to offset the pressures.</i></p>	<input type="checkbox"/>		<p>Contingency plans include the formation of an incident management team which will include staff from the communications teams.</p> <p>Contingency plans include the prioritisation of services and deployment of staff and supplementary staff.</p>



6	<p>Ensure that sufficient numbers of staff from high risk areas where aerosol generating procedures are likely to be undertaken such as Emergency Department, Assessment Units, ID units, Intensive Care Units and respiratory wards (as a minimum) are FFP3 fit-tested and trained in the use of PPE for the safe management of suspected flu cases and that this training is up-to-date..</p> <p>Colleagues are reminded of the legal responsibility to control substances hazardous to health in the workplace, and to prevent and adequately control employees' exposure to those substances under all the Regulations listed in the HSE's <u>Respiratory protective equipment at work</u> of HSG53 (Fourth edition, published 2013). https://www.hse.gov.uk/pUbns/priced/hsg53.pdf</p>			N/A – Acute to complete
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6	Respiratory Pathway <i>(Assessment of overall winter preparations and further actions required)</i>		RA G	Further Action/Comments
1	There is an effective, co-ordinated respiratory service provided by the NHS board.			
1.1	Clinicians (GP's, Out of Hours services, A/E departments and hospital units) are familiar with their local pathway for patients with different levels of severity of exacerbation in their area.	<input type="checkbox"/>		Multi-disciplinary Community Respiratory Hub is well established in Edinburgh. Annually GPs, Out of Hours, SAS receive winter reminder of service available supplemented by mouse mats and dashboard stickers to prompt clinicians to access this highly effective community service. Fortnightly Multi-disciplinary team meetings held in two hospital sites to discuss patients at risk and strengthen links between hospital units and community services. Between April 2018–March 2019, 574 people who were at immediate high risk of hospital admission were assessed by the Community Respiratory Team within the hub. 91% (520) of these people were able to be safely cared for at home, avoiding hospital admission.
1.2	Plans are in place to extend and enhance home support respiratory services over a 7 day period where appropriate. St Andrew's House, Regent Road, Edinburgh EH1 3DG	<input type="checkbox"/>		Multi-disciplinary Community Respiratory Hub operates 7 day week, 8am-6pm weekdays and 9am-4pm weekends with acute response to COPD



				<p>exacerbations. 90min response pathway in place for COPD exacerbations referred from Scottish Ambulance Service. Prof to Prof support line set up with Respiratory Consultant for Community Respiratory Hub to escalate decision making if necessary and/or fast track to hot clinic during winter period.</p> <p>The community Respiratory Hub will increase staffing capacity to support a larger group of patients to include those with acute respiratory illness over the winter period, including at the weekend. Enhanced staffing is also planned for over the festive weekend periods to support respiratory care in the community.</p>
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1.3	<p>Anticipatory Care/ Palliative care plans for such patients are available to all staff at all times.</p> <p><i>Consider use of an effective pre admission assessment/checklist i.e. appropriate medication prescribed, correct inhaler technique, appropriate O2 prescription, referred to the right hospital/right department, referred directly to acute respiratory assessment service where in place..</i></p> <p><i>Consider use of self-management tools including anticipatory care plans/asthma care plans and that patients have advice information on action to take/who to contact in the event of an exacerbation.</i></p> <p><i>Patients should have their regular and emergency medication to hand, their care needs are supported and additional care needs identified (should they have an exacerbation).</i></p>	<input type="checkbox"/>	<p>Individuals at high risk of admission identified via COPD frequent attender database. High risk patients reviewed at consultant led multi-disciplinary team meeting (two hospital sites) using care bundle checklist. ACP/KIS generated for high risk patients shared across the health system via TRAK alert and ACP created using KIS. Special notes of KIS created to alert all staff across the health system to contact Community Respiratory Team for COPD exacerbation. Patients issued with self management ACP and 'Think COPD Think CRT' fridge magnet to prompt them to contact CRT in the event of exacerbation.</p>
1.4	<p>Simple messages around keeping warm etc. are well displayed at points of contact, and are covered as part of any clinical review. This is an important part of 'preparing for winter for HCPs and patients.</p> <p><i>Simple measures are important in winter for patients with chronic disease/COPD. For example, keeping warm during cold weather and avoiding where possible family and friends with current illness can reduce the risk of exacerbation and hospitalisation.</i></p>	<input type="checkbox"/>	<p>Key messages are sent to all patients with COPD known to CRT including fridge magnet of CRT contact details as first point of contact should the patient feel unwell with their COPD.</p> <p>Simple advice given by all HCP's to keep warm and hydrated over the winter period</p>
2 There is effective discharge planning in place for people with chronic respiratory disease including COPD			
2.1	<p>Discharge planning includes medication review, ensuring correct usage/dosage (including O2), checking received appropriate immunisation, good inhaler technique, advice on support available from community pharmacy, general advice on keeping well e.g. keeping warm, eating well, smoking cessation.</p> <p><i>Local arrangements should be made to ensure that the actions described are done in the case of all admissions, either in hospital, before discharge, or in Primary Care soon after discharge, by a clinician with sufficient knowledge and skills to perform the review and make necessary clinical decisions (specifically including teaching or correcting inhaler technique).</i></p>	<input type="checkbox"/>	<p>Community respiratory Hub will support the discharge plan by ensuring a holistic assessment and management plan is put in place, This may include medication review, ensuring correct usage/dosage (including O2), checking received appropriate immunisation, good inhaler technique, advice on support available from community pharmacy, general advice on keeping well e.g. keeping warm, eating well, smoking cessation.</p> <p>High risk individuals identified proactively using Frequent attender database. Care bundle checklist in place to prompt for support required for stop smoking, pharmacy review (including inhaler technique), psychology support. Dedicated third sector COPD co-ordinator in post to support house bound patients and provide support on wider issues such as housing, financial support, keeping warm,</p>
St Andrew's House, Regent Road, Edinburgh EH1 3DG			

				disability information.
2.2	All necessary medications and how to use them will be supplied on hospital discharge and patients will have their planned review arranged with the appropriate primary, secondary or intermediate care team.	<input type="checkbox"/>		Dedicated pharmacist within community respiratory hub. Medication review will be carried out at initial assessment by the Community Respiratory Hub. Access to specialist pharmacy review available if required



3	People with chronic respiratory disease including COPD are managed with anticipatory and palliative care approaches and have access to specialist palliative care if clinically indicated.	
3.1	<p>Anticipatory Care Plan's (ACPs) will be completed for people with significant COPD and Palliative Care plans for those with end stage disease.</p> <p><i>Spread the use of ACPs and share with Out of Hours services.</i></p> <p><i>Consider use of SPARRA/Risk Prediction Models to identify those are risk of emergency admission over winter period.</i></p> <p><i>SPARRA Online: Monthly release of SPARRA data, https://www.bo.scot.nhs.uk/. This release estimates an individual's risk of emergency admission.</i></p> <p><i>Consider proactive case/care management approach targeting people with heart failure, COPD and frail older people.</i></p>	<input type="checkbox"/>  <p>Individuals with COPD at high risk of admission are proactively identified via COPD frequent attender database which is refreshed every 6-8 weeks. 56% of Edinburgh COPD patients (439) have an active KIS with prompt to contact Community Respiratory Team in event of exacerbation. KIS accessible by primary & secondary care, LUCS and SAS out of hours. TRAK alert as prompt for prompt to acute services COPD KIS in place.</p> <p>COPD patients issued with ACP self management plan and 'Think COPD Think CRT' fridge magnet to prompt contacting CRT in event of exacerbation as alternative to emergency services. 691 of patients actively managing their condition using LiteTouch telehealth – with dedicated CRT support line should their condition deteriorate.</p>
4	There is an effective and co-ordinated domiciliary oxygen therapy service provided by the NHS board	
4.196	<p>Staff are aware of the procedures for obtaining/organising home oxygen services.</p> <p>Staff have reviewed and are satisfied that they have adequate local access to oxygen concentrators and that they know how to deploy these where required. If following review, it is deemed that additional equipment is needed to be held locally for immediate access, please contact Health Facilities Scotland for assistance (0131 275 6860)</p> <p>Appropriate emergency plans/contacts are in place to enable patients to receive timely referral to home oxygen service over winter/festive period.</p> <p>Contingency arrangements exist, particularly in remote and rural areas, and arrangements are in place to enable clinical staff in these communities to access short term oxygen for hypoxaemic patients in cases where hospital admission or long term oxygen therapy is not clinically indicated.</p> <p><i>Take steps to remind primary care of the correct pathway for accessing oxygen, and its clinical indications.</i></p> <p>St. Andrew's House, Regent Road, Edinburgh EH1 3DG</p>	<input type="checkbox"/>  <p>Patients with COPD should aim to have oxygen saturations on air of 88% or above at rest if doesn't have LTOT at home.</p> <p>If a patient is acutely unwell with lower oxygen saturations they should be referred to hospital for treatment which may include acute oxygen therapy</p> <p>If a patient is stable and oxygen saturations on air are 88% or below then they should be referred for an LTOT assessment at the respiratory outpatient clinic. There is no evidence for only ambulatory oxygen for patients with COPD.</p> <p>Once a patient receives LTOT they will be given the appropriate system for their requirements.</p> <p>Please remember O2 Sats fall when mobilising even wearing LTOT. Monitor how long takes to recover back to patients norm</p>

		<p>If any issues with equipment contact Dolby Vivisol on the number on machine</p> <p>If questions re flow rate or use contact RNS service depending where LTOT was initially prescribed at RIE or WGH</p> <p>Completed by Denise Brown RNS RIE on behalf of Elspeth Christie</p>
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5	People with an exacerbation of chronic respiratory disease/COPD have access to oxygen therapy and supportive ventilation where clinically indicated.		
5.1	Emergency care contact points have access to pulse oximetry. <i>Take steps to ensure that all points of first contact with such patients can assess for hypoxaemia, and are aware of those patients in their area who are at risk of CO2 retention. Such patients should be known to Ambulance services, Out of Hours Emergency centres and A/E departments, either through electronic notifications such as eKIS, or by patient help cards, message in a bottle etc.</i>	<input type="checkbox"/>	Currently 691 CRT patients on Lite Touch/ Self Referral have a pulse oximeter at home. There is capacity for this to increase and pulse oximeters are available.

7	Key Roles / Services		RA G	Further Action/Comments
	Heads of Service			
	Nursing / Medical Consultants			
Page 198	Consultants in Dental Public Health			
	AHP Leads			
	Infection Control Managers			
	Managers Responsible for Capacity & Flow			
	Pharmacy Leads			
	Mental Health Leads			
	Business Continuity / Emergency Planning Managers			
	OOH Service Managers			
	GP's			
	NHS 24			
	SAS			
	Territorial NHS Boards			
	Independent Sector			
	Local Authorities			



	Integration Joint Boards			
	Strategic Co-ordination Group			
	Third Sector			
	SG Health & Social Care Directorate			





Edinburgh Health and Social Care Partnership

Severe Weather Contingency Arrangements

Plan Owner	Judith Proctor Chief Officer, Edinburgh Health and Social Care Partnership
Version Number	V10.0
Date Created	13 July 2011
Date Last Modified	31 October 2019
Document Prepared By	Cathy Wilson, Operations Manager /Resilience Coordinator & Russell McLauchlan, Resilience Specialist

1. Summary

This document is the Edinburgh Health and Social Care Partnership (the Partnership) Severe Weather Plan to be used by service managers and their respective teams in the event of severe weather disruption.

This plan should be read in conjunction with Council and service areas Business Continuity Plans – it is a supplement to those planning arrangements; it is not intended to repeat information from those plans here.

The aim of this plan is to facilitate an effective response to severe weather incidents with the purpose of mitigating the impact of disruption on the delivery of Councils services and on the city.

The main objective of these arrangements is to better enable services to continue to deliver Partnership essential activities required within a 7 day period to pre-determined levels (following disruption to normal business caused by severe weather) and to respond according to the needs of the incident.

The Partnership is committed to ensuring that access to services is maintained at all times in the event of severe weather and that service disruption is minimised. It is recognised that while a level of disruption can be expected, this plan will help managers to manage business disruption to ensure that services remain available safely wherever possible.

The Council maintains a separate generic Council Business Continuity Plan.

The Council also maintains a Council Emergency Plan, which details the response to serious emergencies or major incidents affecting the Edinburgh area. The Council's business continuity process is integrated and consistent with the Council's policy of responding to emergencies while maintaining critical services.

Plans that may be relevant to a severe weather incident re:

Council Business Continuity Plan (this includes the Service Area's Business Continuity Plan)
Council Emergency Plan

Severe weather also has an impact on third party contracts. Close communication should be maintained with those suppliers and information pooled.

During severe weather, the message is very much "Business as Usual". It is the Council's assumption that most services should be able to operate. We recognise staff work hard to plan and operate in difficult weather conditions; however the experience of severe weather in 2009, 2010 & 2018 has shown us all that severe weather can still disrupt the best plans.

General advice in terms of planning includes ensuring contact details and communication methods from units and services to service users and their carers are up to date. This document details the process of how severe weather business

interruption should be reported and how service reductions, closures and part closures should be reported and managed.

Practical arrangements need to be planned and put into effect during severe weather e.g. maintaining stocks of salt/grit at some units, ensuring orders are placed timeously well in advance of the winter.

Authorisation to reduce services and close establishments during severe weather is taken by Senior Managers in liaison with Heads of Service; operational service areas may need to establish their own incident management team to co-ordinate with the Partnership's wider incident management team (Partnership Incident Management Team) emergency response.

We hope that this document is useful and provides guidance to managers and staff on how to manage service reductions and establishment closures and / or partial loss to business due to severe weather.

Judith Proctor
Chief Officer, Edinburgh Health and Social Care Partnership

2. General Information on Severe Weather

2.1 Definition of Severe Weather

Definition of Severe Weather

There is currently no agreed definition for Severe weather. The current criteria, thresholds and likely impacts used by the Met Office for the issue of warnings for snow, blizzards and widespread ice under the National Severe Weather Warnings Service (NSWWS) are:

Heavy snow

Met Office criteria: snow falling at a rate of 2 cm/hour or more expected for at least 2 hours

Possible effects: increased journey times, minor accidents

Very heavy snow

Met Office criteria: snow falling at a rate of 2 cm/hour or more expected for at least two hours, accumulating to 15 cm or more

Possible effects: local routes impassable, local loss of power and telecommunication lines

Blizzard

Met Office criteria: moderate or heavy snow accompanied by winds of 30 m.p.h. or more, with visibility reduced to 200m or less; or drifting snow giving rise to similar conditions

Possible effects: major routes impassable, local loss of power and telecommunication lines

Severe blizzard

Met Office criteria: heavy snow accompanied by winds of 30 m.p.h. or more, reducing visibility to near zero

Possible effects: transport infrastructure paralysed, regional loss of power and communication lines

Widespread icy roads, glazed frost, freezing rain

Met Office criteria: when rain falls on to surfaces with temperatures at or below zero, or condensation occurs on surfaces at or below zero, or already wet surfaces fall to or below zero. The ice is usually clear and difficult to distinguish from a wet surface and usually forms in sheets. Warnings are issued when any depth of ice is expected over a widespread area.

Possible effects: damage to power and telecommunication lines, driving difficulties, difficulty walking

Advice to the public is available at the following link to the Met Office website at:

<http://www.metoffice.gov.uk/weather/uk/advice/>.

The Highways Agency has adopted a definition of winter as 1 October to 30 April and has identified three risk periods, namely high, moderate and low. The high risk period is defined as between December and February, inclusive.

2.2 Thaw and Freeze Advice

Extreme Weather Conditions – Thaw and Freeze

Risks:

The responsible manager must undertake and update the necessary risk assessment on a regular basis, i.e.:

- **Falling obstacles/ unsafe structures:** snow, gutters, slates, glass roofs, fragile structures, trees and branches.
- **Safe Access and Egress:** clear entrance paths, fire exits and path ways clear from both snow and ice and tripping hazards.
- **Flooding:** Burst Pipes, blocked drains. Where possible open access hatches to loft/attic spaces to allow heat to pipes over night/weekends.
- **Heating Failure:** ensure sufficient fuel supplies as delivery time may be effected including any temporary heating arrangements.

Emergency Contacts:

Property Care Help Desk: 0131 529 5999 report all Property related matters in the first instance. Out of Hours contact 0131 200 2000.

For non-emergency ~ due to the high volume of Emergency Calls being dealt with by the Help Desk please refrain from reporting non-emergency issues as long as possible to ensure limited resources as used effectively. E-mail: corporateproperty.helpdesk@edinburgh.gov.uk

2.3 Circulation of Severe Weather Information – Severe Weather Warnings

During periods of severe weather, forecasts are received regularly by the Service Area from the Met Office, National Severe Weather Warning Service (NSWWS).

The NSWWS will send weather warnings to warn of severe or hazardous weather which has the potential to cause danger to life or widespread disruption of communications to transport.

We can generally expect to hear from NSWWS during periods of the following types of severe weather:

Severe gales
Heavy rain
Heavy snow and icy roads
Thunderstorms and lightening
Heat and sun
Dense fog

Information from NSWWS will allow you to start to plan for severe weather in practical terms.

2.4 Useful Weather Links

When a severe weather forecast is received the first thing to do is check the local and national weather forecasts. Details of websites where you can obtain this information are provided below.

www.bbc.co.uk/weather

www.stv.tv/weather

www.metoffice.gov.uk

2.5 Communications Services

The Council's Communications Services team is represented on the Partnership Incident Management Team, which during periods of severe winter weather may meet on a daily basis.

Communications have the following in place to help ensure business continuity:

- email, social media contact, web editing and news management systems that can be managed remotely from any internet-enabled PC
- a wireless laptop to allow remote working from any location
- Smart phones for senior managers and media officers
- a 24-hour on-call rota for media officers, managed via the Customer Hub, and an escalation procedure for call-outs in response to major incidents
- a 'battle box' containing various resources located in the media team area at Waverley Court.
- Repairs Direct change their automatic phone message to confirm emergency repairs only

During a prolonged period of business disruption, the Partnership Incident Manager in collaboration with the Council's Communication Officer (Health and Social Care liaison) and NHS Lothian's Communications Team will communicate with and update external partner organisations through various appropriate methods, depending on the situation.

The Partnership recognises that staff may receive the same information twice from different sources (Council and/or NHS Lothian). As such, the Partnership will make every effort to align/coordinate communications with its business partners to ensure consistency and avoid confusion.

The Council's Twitter feed will also continue to be one of the channels available to Communications for the prompt sharing of information. Staff should be encouraged to check these communication channels on a regular basis throughout incidents of severe winter weather.

Helplines may also be rolled out during an incident.

Communications Contact Details:

- On call Media Officer (contact out with office hours) 0131 200 2000.
- General media line (8.00 am to 6.00 pm Monday to Thursday and to 5.00 pm Fridays) 0131 529 4040.

3. Practical Use of these Arrangements

3.1 Service Area Roles, Responsibilities and Authorities

The role of the Service Area in a period of severe weather is to maintain its critical in house and contacted services, to continue to respond to requests for service and to focus on the needs of the most vulnerable citizens of Edinburgh.

3.2 Role of the Service Area Resilience Co-ordinator

The Service Area Resilience Co-ordinator liaises with the Council Incident Management team, the Partnership's Council Resilience Business Partner, Heads of Service, Senior Managers and other Category 1 responders as required, e.g. Police, Fire and Rescue, Health Board.

3.3 Role of the Partnership and Service Areas Incident Management Teams

The Partnership Incident Management Team (PIMT) will be established in the case of severe weather. A Senior Manager from the Partnership Executive Team will be appointed to the position of the Incident Manager and will chair the meeting(s). This role can be interchanged dependant on the duration of the incident. All Operational Teams will be expected to form their own individual incident managements to feedback and escalate any issues to the PIMT. Together, these teams will deal with the Partnership's winter resilience business response.

The Partnership's incident management team's role is to:

- evaluate the extent of the situation and the potential consequence to business continuity
- provide the Partnership Chief Officer and stakeholders with reports of the scale of impact on normal services the incident has had
- consider the frequency, location and membership of PIMT meetings
- maintain a decision log based on the response to the incident
- authorise the recovery procedure in order to maintain strategy prioritised activities
- liaise with users and stakeholders who may be involved with the incident
- order or obtain new or replacement equipment to deliver essential services if required
- maintain a log of costs incurred to maintain the services
- establish the return to normal working

3.4 Plan Invocation, Incident Management, Reporting and Useful Templates

The Edinburgh Health and Social Care Partnership weather plan will be invoked when severe weather is:

- confirmed and
- imminent or occurring

Arrangements may be invoked in full or part, depending on the severity and length of the severe weather.

Within Edinburgh Health and Social Care Partnership, the plan will be invoked following authorisation from the Edinburgh Health and Social Care Partnership Resilience Group.

The responsibilities and authorities of the Incident Team include the following:

What? (Tasks)	Who? (Responsibility)
Confirming the nature and extent of the situation	Council Incident Management Team NHS Lothian Incident Management Team Partnership Incident Management Team
Addressing Risk Assessments / Phone Calls to units / providers	Senior Managers for service areas
Monitoring Service Area essential activities and any issues	Partnership Incident Management Team
Considering the frequency, location and membership of the Health and Social Care Emergency Continuity team meetings	Council Incident Management Team NHS Lothian Incident Management Team
Ensuring a consistent approach across the Council and Service Area	Partnership Incident Management Team
Delegating tasks	Council Incident Management Team NHS Lothian Incident Management Team Partnership Incident Management Team
Managing pre-determined recovery objectives	Partnership Incident Management Team
Providing situation reports to the Council Incident Management Team	Resilience Partnership Co-ordinator
Overseeing the incident response	Council Incident Management Team NHS Lothian Incident Management Team Partnership Incident Management Team

What? (Tasks)	Who? (Responsibility)
Offering strategic and operational direction to all unit / service managers involved in response	Partnership Incident Management Team
Liaison with Communications in terms of update	Partnership Incident Management Team
Passing on instruction to stand down, as advised by the Council or NHS Lothian Incident Management team	Resilience Co-ordinator
Holding post incident Service Area debriefs	Resilience Co-ordinator

Partnership Incident Management Team meetings will either in at Waverley Court (room 1.10) or at Astley Ainsley Hospital - Senior Managers can obtain access codes to the control room by calling 0131 200 2000.

Latest Weather Update

Latest information from the Met Office for the forthcoming days.

Update from Council Severe Weather Specialists Meeting

Council update of discussion and actions required from this meeting.

Invocation of these Arrangements

Consider whether these arrangements require to be invoked, consider daily representation of the Incident Management team.

Essential Activities

Wherever possible the Service Area will ensure that essential activities are maintained. Please refer to section 3 for the Service Area's Essential Activities.

Communications for Council website and staff

Discussion with Communications representative on information to be put on Council web site.

Met Office AMBER/RED weather alerts

When severe weather warnings are received from the Met Office, a RED weather alert will be sent to service managers warning that bad weather is on its way and that continuity arrangements may need to be invoked.

Useful Documents

The following pages contain use templates, checklists and action cards to be used during a weather-related incident.

Sample Agenda Template

Agenda

Incident	
Venue/Time	

1. Confirm the chair and identify who will log issues and agreed actions for the meeting.
2. Create a common understanding of the emergency and the impact on the Partnership
3. Agree and prioritise the matters for urgent decisions.
4. Agree tasks and who will lead on them.
5. Establish communication and information links with other command levels.
6. Consider the media strategy and messages to staff and other stakeholders.
7. Identify and prioritise the strategic/tactical risks.
8. Consider longer term operational issues.
9. Agree frequency of meetings if future meetings necessary
10. Agree authorisation of expenditure
11. Any Other Business.
12. Date and Time of Next Meeting

Key Objectives:

- Coordinate the response (to mitigate impacts and prevent escalation)
- Support the emergency and health services
- Ensure staff welfare
- Warn, inform and reassure (staff and the public)
- Coordinate the return to normality

Member Log Sheet

Date	Time	Decision/Action Taken	Owner	Update



Internal Situation Report (SitRep)

SITREP INFORMATION			
Site/Team/Group			
SitRep Number:			
Date:		Time:	
Completed by:		Phone Number:	
Is this a NIL Return			
EMERGING ISSUES			
Staffing			
Level of absence (Number of staff absent)	N/A		
Impact to Service:	None <input type="checkbox"/> Negligible <input type="checkbox"/> Medium <input type="checkbox"/> Significant <input type="checkbox"/>		
Supply Chain – Have any of these been disrupted?			
Pharmaceuticals		Waste Disposal	
Food		Other:	
Linen			
Safety			
Utility Issues			
Site Accessibility			
Health & Safety Risks			
Security			
Communications			
Other			
Forward Look: Anticipated challenges, forecasted resumption of normal activity, etc			
Other Comments:			
Next Anticipated Report:			
Date		Time	

Response Checklist

This page can be used as a checklist during the response phase of an incident:

Task List for <u>First 24 Hours</u> Following an Incident		Completed
1	Start log of actions undertaken	
2	Ensure liaison with emergency services	
3	Notify / alert main Service Area contacts and provide regular updates as appropriate.	
4	Alert Service Area Incident Management Team	
5	Identify admin support and other required resources	
6	Identify and quantify any damage to buildings, including staff, premises, equipment, data, records, etc.	
8	Provide information and / or notify as appropriate: <ul style="list-style-type: none"> • establishment staff • suppliers • service users carers • other key internal and external contacts - especially transport 	
Task List for First 24 – 48 Hours Following an Incident		Completed
9	Consider relocation options if required, working with the Council IMT and other Service Areas	
10	Notify and relocate staff to alternate site(s)	
11	Provide regular updates to: <ul style="list-style-type: none"> • staff • suppliers • service users and carers • other key internal and external contacts 	
Additional Tasks (Optional)		
12	Daily report from Social Care Direct (SCD) / Emergency Social Care (ESC) 0131 200 2324 (SCD) 0800 731 6969 (ESC)	

Checklist by Scenario

Checklist Managing the Loss of ICT (e.g. email, telephony, etc.)

Having been alerted, you need to consider what actions need to be taken. Use this card as a checklist, but keep an accurate record of messages received or given on your personal log sheet.

1	On being alerted, confirm current situation with the caller and take note of CGI Helpdesk reference number (Council system) or NHS Lothian IT Helpdesk reference number.
2	Incident Manager/Loggist: <ul style="list-style-type: none"> • Commence preparation of Incident Log • Identify activities immediately affected by the disruption • Review key functions at regular intervals as listed in the department/service BIA, to ensure all essential services are continuing • Where there is disruption to service delivery/functions, inform the appropriate Senior Manager
3	Incident Manager: <ul style="list-style-type: none"> • Assess key risks and the likely duration of the incident • Assess damage to actual Partnership assets and inform Resilience Business Partners (Council or NHS Lothian) (dependent on fault) • Identify what mitigating actions are currently in place • Work with respective ICT CFOs (Council or NHS Lothian) • Agree alternative work arrangements/arrange for non-essential staff to support the prioritised activities or agree with management/HR what action to take (e.g. take annual leave, paper based activities) • Inform all staff – initiate call cascades • Liaise with Communications Team to alert key stakeholders and other interested parties
4	Resources <ul style="list-style-type: none"> • Incident Manager to liaise with Chief Officer regarding extra resources required (e.g. staff/equipment) • Incident Manager to assess damage to Partnership assets and inform Chief Officer
5	Health and Safety / Risks <ul style="list-style-type: none"> • Ensure the health and safety of all staff is always upheld • Implement action plan to address arising health and safety risks
6	Recovering considerations and actions <ul style="list-style-type: none"> • Consider restoration timescales for suspended activities • Post Incident Debrief • Prepare post incident report and document lessons learnt and policy review • Communication with interested parties on 'return to normal'
7	At the end of the incident <ul style="list-style-type: none"> • Document all the discussions and actions and file according to records retention policy

Checklist Managing the Loss of Staff

Having been alerted, you need to consider what actions need to be taken. Use this card as a checklist, but keep an accurate record of messages received or given on your personal log sheet.

1	On being alerted, confirm current situation with the caller.
2	Incident Manager/Loggist <ul style="list-style-type: none"> • Commence preparation of Incident Log • Identify activities immediately affected by the disruption • Ascertain current staffing levels and identify staff available • Assess current risks and actions being taken to mitigate these
3	Line Managers <ul style="list-style-type: none"> • Ascertain current staffing levels and identify staff available • Assess current risks and actions being taken to mitigate these
4	Incident Manager <ul style="list-style-type: none"> • Identify each service area's time sensitive activities at that moment • Get authorisation from Chief Officer/Senior Manager for staff to work at home or at an alternative location • Receive clarification from Chief Officer/Senior Manager/HR on: <ul style="list-style-type: none"> ○ Part-time staff to work additional hours/accrue time in lieu as required ○ use of annual leave if/as required use of overtime if/as required ○ use of interim staff • In all above, liaise with the finance department and Chief Finance Officer
5	Health and Safety <ul style="list-style-type: none"> • Incident Manager to assess the potential duration of the incident and arrange for alternate staff to take over at an agreed time if incident is prolonged
6	Recovering considerations and actions <ul style="list-style-type: none"> • Consider interim staff use until situation stabilises • Consider overtime until all non-essential/suspended activities have been fully restored
7	At the end of the incident <ul style="list-style-type: none"> • Deliver hot debrief for the staff involved • Prepare post incident report • Consider if situation is short or long term, if long term, consider contract reviews, and recruitment

Checklist Managing the Loss of Premise

1	On being alerted, confirm current situation with the caller.
2	<p>Incident Manager/Loggist:</p> <ul style="list-style-type: none"> • Commence preparation of Incident Log • Identify activities immediately affected by the disruption • Review key functions at regular intervals as listed in the service BIA, to ensure all essential services are continuing • Where there is disruption to service delivery/ functions, inform the appropriate Senior Manager/Head of Service
3	<p>Incident Manager</p> <ul style="list-style-type: none"> • Assess key risks and the likely duration of the incident • Assess damage to actual Partnership assets and inform Chief Officer • Identify what mitigating actions are currently in place • Inform the Chief Officer or Deputy on call • Inform Council and/or NHS Lothian resilience teams. • Agree alternative work arrangements/arrange for non-prioritised staff to support the prioritised activities or take annual leave • Inform all staff – initiate call cascades • Liaise with Communications Team to alert key stakeholders and other interested parties
4	<p>Resources</p> <ul style="list-style-type: none"> • Incident Manager to liaise with Chief Officer/Chief Finance Officer regarding extra resources required; i.e. staff/equipment • Incident Manager to assess damage to actual Partnership assets and inform Chief Offer/Chief Finance Officer
5	<p>Health & Safety / Risks</p> <ul style="list-style-type: none"> • Ensure the health and safety of all staff is always upheld • Implement action plan to address issues arising
6	<p>Recovering considerations and actions</p> <ul style="list-style-type: none"> • Consider restoration timescales for suspended activities • Post Incident Debrief • Prepare post incident report and document lessons learnt and policy review • Communication with interested parties on ‘return to normal’
7	<p>At the end of the incident</p> <ul style="list-style-type: none"> • Document all the discussions and actions and file according to Records Retention Policy

Checklist Managing the Loss of Key Supplier

1	On being alerted, confirm current situation with the caller.
2	Incident Manager/Loggist: <ul style="list-style-type: none"> • Commence preparation of Incident Log • Identify activities immediately affected by the disruption • Review key functions at regular intervals as listed in the department/ service BIA, to ensure all essential services are continuing • Where there is disruption to service delivery/functions, inform the appropriate Senior Manager
3	Incident Manager: <ul style="list-style-type: none"> • Assess key risks and the likely duration of the incident • Assess damage to actual Partnership assets and inform Resilience Business Partners (Council or NHS Lothian) (dependent on fault) • Identify what mitigating actions are currently in place (check contract's business continuity plan) • Agree alternative supplier arrangements/ arrange for non-essential staff to support the prioritised activities or agree with management what action to take • Inform all staff – initiate call cascades • Liaise with Communications Team to alert key stakeholders and other interested parties
4	Resources <ul style="list-style-type: none"> • Incident Manager to liaise with Chief Officer regarding extra resources required (e.g. staff/equipment) • Incident Manager to assess damage to actual Partnership assets and inform Chief Officer
5	Health and Safety / Risks <ul style="list-style-type: none"> • Ensure the health and safety of all staff is always upheld • Implement action plan to address arising health and safety risks
6	Recovering considerations and actions <ul style="list-style-type: none"> • Consider restoration timescales for suspended activities • Post Incident Debrief • Prepare post incident report and document lessons learnt and policy review • Communication with interested parties on 'return to normal'
7	At the end of the incident <ul style="list-style-type: none"> • Document all the discussions and actions and file according to records retention policy

Action Cards

ACTION CARD 1 INCIDENT MANAGER

NOMINATED PERSONS	ROLES
	To receive calls from Partnership Senior Management Team regarding any incident
	To conduct a further risk assessment if required
	To escalate the incident as appropriate
	Undertake the role of Resilience Response Lead
	To act as a spokesperson for the service at strategic meetings (on request by the Chief Officer)

1	On being alerted to an incident, confirm details of current situation with the notifying manager.
2	Obtain further information <ul style="list-style-type: none"> • Ascertain steps being taken to mitigate impact • Liaise with notifying manager on how best to resolve the situation • Put in place plans to receive updates until incident resolves • Close the log once management of the incident has been completed
3	Declare Business Continuity/Emergency Incident if necessary <ul style="list-style-type: none"> • Business Continuity/Emergency Incident declared • Business Continuity/Emergency Incident (Standby)
4	Undertake role of Incident Manager <ul style="list-style-type: none"> • Commence Incident Log to record all information relating to this incident
5	Alerting others – request activation of call out cascade
6	Request activation of Incident Management Team <ul style="list-style-type: none"> • Utilise Tactical Resilience Plan for generic response • Prepare first agenda for the Incident Management Team
7	Chair initial meeting of Incident Response Team <ul style="list-style-type: none"> • Appoint Loggist/Business Support • Ensure an accurate decisions and Actions Log is kept of meetings
8	Inform key stakeholders as appropriate
9	Health and Safety <ul style="list-style-type: none"> • Assess the potential duration of the incident and the requirement for another deputy to take over responsibilities at an agreed time
10	At the end of the incident <ul style="list-style-type: none"> • Stand Down instructions • Liaise with appropriate stakeholders

	<ul style="list-style-type: none">• Inform staff / take advice from Communication Team.• Hot debrief Hand the log book to the Resilience Lead once the incident has closed and you are no longer the manager if this is a prolonged incident• Recovery Process
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ACTION CARD 2

INCIDENT MANAGEMENT TEAM

Having been alerted, you now need to consider what actions need to be taken. Use this action card as a checklist, but keep an accurate record of messages received or given on your personal log sheet.

1	<p>On being alerted to an incident, confirm details of current situation with incident manager</p> <ul style="list-style-type: none"> • Obtain services Operational Resilience Plans • Commence Incident Log and update throughout incident
2	<p>Communicate the details of your incident to your service/ department staff</p> <ul style="list-style-type: none"> • Inform staff to obtain staff Action Card • Provide regular information to staff and ensure staff provide regular update to you
3	<p>Impact assess the incident on the essential functions of your service or department</p> <ul style="list-style-type: none"> • Collate information with staff with regards to your department • Identify steps being taken to mitigate the effects
4	<p>Prioritise essential functions within your department</p> <ul style="list-style-type: none"> • Review key functions at regular intervals as listed in the department/ service BIA, to ensure all essential services are still running • Where there is a disruption to service/functions being delivered, inform Service Resilience Officers
5	<p>Communication</p> <ul style="list-style-type: none"> • Communicate with Service Resilience Officers as requested to keep them updated of how the incident develops • Inform Incident Manager of any resource requirements, e.g. staff or equipment
6	<p>Health and Safety</p> <ul style="list-style-type: none"> • Assess the potential duration of the incident and the requirement for another person to take over the responsibilities at an agreed time
7	<p>At the end of the incident</p> <ul style="list-style-type: none"> • Hand the log book to the Resilience Lead once the incident has closed and you are no longer the manager if this is a prolonged incident • Liaise with the Resilience Lead re: attending a debriefing of incident • Consider Hot debrief for your staff

ACTION CARD 3

STAFF

Having been alerted, you now need to consider what actions need to be taken. Use this action card as a checklist, but keep an accurate record of messages received or given on your personal log sheet.

1	<p>On being alerted to an incident, confirm details of current situation with incident manager</p> <ul style="list-style-type: none"> • Obtain service Operation Resilience Plan if required to do so by your line manager
2	<p>Impact assess the incident on essential functions you perform</p> <ul style="list-style-type: none"> • Collate information as requested by or with your manager relating to your service or department • Identify any disruption that is likely to your key functions • Identify steps that are being taken to mitigate the effects
3	<p>Prioritise essential functions within your department</p> <ul style="list-style-type: none"> • Review and prioritise key functions to be carried out at regular intervals with agreement of your manager as listed in the service/locality Business Impact Assessment, to ensure all essential services continue. • Where there is a disruption to service delivery/functions, inform the service lead and Resilience Officer/Co-ordinator as directed
4	<p>Communication</p> <ul style="list-style-type: none"> • Communicate with your manager regularly or as requested and keep them updated on how the incident is affecting your key function
5	<p>Resources</p> <ul style="list-style-type: none"> • Inform your manager of any additional resource requirements, e.g. staff or equipment
6	<p>Record Keeping</p> <ul style="list-style-type: none"> • If requested to do so, obtain a log book from the Resilience Plan and complete as necessary • Hand the log to your service Resilience Officer/ Incident Manager once the incident has closed or you are no longer working
7	<p>Health and Safety</p> <ul style="list-style-type: none"> • Assess the potential duration of the incident and the requirement for another person to take over the responsibilities at an agreed time
8	<p>At the end of the incident</p> <ul style="list-style-type: none"> • Liaise with the service Resilience Officer re attending a debriefing of incident

ACTION CARD 4
BUSINESS SUPPORT/LOGGIST

NOMINATED PERSONS	ROLES
	To maintain an accurate combined log of messages received by incident managers
	To maintain an accurate combined log of decisions and actions taken by incident managers

1	Agree roles and immediate action with Incident Manager
2	Ensure that all managers are keeping accurate individual logs
3	Compile a combined log of messages sent and received
4	Compile a combined log of decision and actions agree by the Incident Management Team
5	Ensure all complete logs are signed and date and that pages are numbered
6	Health and Safety <ul style="list-style-type: none"> • In agreement with the Incident Team Manager, assess the duration of the incident and the requirement of another loggist to take over responsibilities at an agreed time, a new loggist should sign and date a new log sheet
7	At the end of the incident <ul style="list-style-type: none"> • Hand the log book to the Resilience Lead/Incident Manager once the incident has closed or you are no longer acting as a loggist • Liaise with the Resilience Lead/Incident Manager re attending a debrief of the incident

3.5 Service Area Out of Hours, Weekend and Holiday Cover Arrangements

During a severe weather incident, out-of-hours senior management arrangements for the Partnership will be regularly updated and shared through internal communication channels. If staff are unable to contact their line manager, they should be aware to contact the helpdesk on 0131 200 2000 to get in touch with a resilience co-ordinator or Senior Duty Manager for assistance.

4. Service Area Response

4.1 Service Area Essential Activities to be Maintained

The Council have identified Essential Activities (ie those activities that must be maintained during an incident).

These Essential Activities are currently being reviewed and the current list is available from Resilience.

If you require further information about Business Continuity processes and /or Essential Activities please contact Resilience.

It may also be necessary to close day services and reduce some support arrangements.

4.2 Priority Locations

Priority locations for road clearance and gritting are care homes for older people – in house and contracted.

4.3 Vulnerable People

Edinburgh Health and Social Care Partnership services will share information from Council and NHS systems to help identify vulnerable people in a specific area affected by weather related incident.

4.4 Access to Emergency Food Supplies

Emergency supplies will be provided to those assessed as requiring them. Social Care Direct will make the assessment.

Calls should be directed to Social Care Direct (0131 200 2324).

The criteria are set out below would apply in a period of severe weather when the weather is expected to last more than five days and normal movement in the city is expected to be significantly restricted.

To be classified as vulnerable and in need of assistance, one or more of the following criteria would need to be met:

- Aged 80+ and / or with a significant medical condition / disability
- Social Isolation i.e. Living alone or with only other adults also 80+ and / or with a significant medical condition / disability
- No support / assistance available from family member / neighbour i.e. there is no-one who is available to support the vulnerable individual's requirements

(including internet shopping) during the incident or are unable to as they are housebound (lone carers).

- Support currently provided by Council / other support services are not or are unable to provide support or assistance normally provided.

For a vulnerable individual to qualify for essential food supplies they must also meet the following criteria:

- Not currently in receipt of a home care service
- Insufficient food in house for next two days to meet dietary / essential needs

Partnership Locality Managers and the Resilience Co-ordinator have access to Council purchase cards that can be used in an emergency. Example of supplies are below. Transport arrangements will either be through the Council's Transport Operations, taxi or via the Red Cross.

A standard supply box will include:

- UHT Long Life milk or dried milk powder
- Tins of corned beef / ham / tuna / salmon etc.
- Tins baked beans
- Tins macaroni cheese / mince / meatballs / spaghetti bolognese etc.
- Tinned vegetables
- Tinned fruit
- Multi-pack assorted cup-a-soups
- Teabags
- Packet plain biscuits e.g. digestive / rich tea etc.
- Packets instant potato
- Small pots rice pudding / custard
- Oatcakes
- Jam
- Porridge oats / multi pack mini breakfast cereals
- Two toilet rolls

In order to purchase emergency supplies, please contact either: Mike-Massaro Mallinson, Deborah Mackle, Nikki Conway, Angela Lyndsay or Cathy Wilson. Tom Cowan, Head of Operations is the payment authoriser.

4.5 Contractual Arrangements / Key Suppliers

The Partnership will maintain open and frequent communications with its contracted suppliers via email on a regular basis via the Contracts Manager.

4.6 Personal Protective Equipment

This will be provided to workers exposed to severe weather when their work location is primarily outside (subject to further review and decision) – please speak with your line manager for further information.

4.7 Unit Preparedness

Senior Managers will maintain daily contact with their units during a period of severe weather – via email or mobile phone.

SitRep form has been created for unit managers to use to report on the impact the severe weather is having on their services. Please see Useful Documents in 20.4. The form should be sent to cathy.wilson@edinburgh.gov.uk. The data will then be reported to the Service Area Incident Management Team.

If unit closures are required, these will be agreed at the Partnership's Incident Management Team meeting, or, if decision required earlier by a Head of Service.

4.8 Access to 4WD vehicles

The resourcing and coordination of 4 wheel drive vehicles and the equipment for other vehicles (e.g. winter weather snow tyres) will be agreed between Resilience Coordinators / Business Partners based on an assessment of the needs of all Service Areas. The procedures and protocols for this are given in a separate document which is reviewed annually, available on the shared drive: [4x4 Arrangements](#).

EHSCP may have leased additional 4x4s for the winter period. Allocation will be based on need.

4.9 Flexible Working Options, Redeployment of Staff, Skills Database

Home care and Intermediate Care services may be able to draw on staffing resources from day care / disability services if they are not operating in a period of severe weather.

4.10 Key Processes and Procedures

The Service Area's business processes are built into the Customer Hub processes and the core SWIFT system.

4.11 Awareness Training

At the start of September every year unit managers and service managers will review their service preparations for the following winter.

4.12 Generators

Each care home has a bespoke contract with Aggreko for generator hire.

4.13 Scottish Water

Latest updates from Scottish Water re water supplies available at:

<http://www.scottishwater.co.uk>

4.14 Temporary Heating (out of hours)

In the first instance, please contact 0131 200 2000 to place a request for portable heaters from the Council Housing Team. If they are unavailable, a small stock of convector heaters is stored with the Community Equipment Store. These are accessed via the Edinburgh Health and Social Care Partnership Resilience Co-Ordinator.

4.15 Temporary Heating (business hours)

If there is a need for heaters within business hours, please contact your property care officer.

5. Maintenance, Monitoring and Review

This plan will be reviewed and updated every year by the Service Area Resilience Co-ordinator. Any lessons learned from the previous winter will be incorporated.

Appendix A

Questions & Answers for Work Arrangements during Severe Weather for Council Staff.

Please also see the HR Policy on Severe Winter Weather on the ORB

Q1. Am I entitled to special leave if I am not able to get to work because of bad weather?

No. You must use annual leave, flexi leave (if you are in the Flexitime Scheme) or unpaid leave. This is the case no matter what has prevented you from being able to attend work because of bad weather, e.g. no public transport, inability to walk due to excess snow.

Q2. Am I entitled to special leave if I have had to take days off work to look after my children as a result of school closures?

If the school closure was unforeseen, you will be able to apply for up to one day's paid leave for breakdown of normal care arrangements in order to deal with this emergency and make alternative childcare arrangements. You will not be able to apply if you have already used this entitlement in the last 12 months. No other paid special leave is available. It is your responsibility to cover any further time-off needs by using annual, flexi or unpaid leave.

Q3. What will staff get paid if they were not able to get to work?

If they have used annual or flexi leave or have agreed a temporary adjustment to their working pattern, staff will receive their pay as normal. If it has been agreed that they will use unpaid leave, their pay will be reduced accordingly.

Q4. What pay will staff receive if their place of work was closed completely by the authority?

As the authority has closed the place of work staff will be paid as normal.

Q5. Can I work from home if I cannot get to work?

You must ask your line manager who will decide if the nature of your work allows for working from home, either for part of or all of a day.

Q6. I am losing flexitime because it is taking me longer to get to work because of the bad weather and I have been leaving earlier. Should I not receive a standard day's credit since I have made an effort to attend work?

For employees on the Flexitime scheme, actual attendance hours are recorded. Core time can be relaxed, e.g. to allow someone to leave early because they are worried about transport home, but additional credits will not be given. This will allow staff to attend work for short periods of time, if that is all that can be achieved. Therefore, you should always clock in and out when you arrive and leave even if it is within core time.

Q7. I have a lot of flexi built up. Can I use more than one and a half days flexi leave during the severe weather?

The scheme does not allow for more than one and a half days of flexi leave. However, as an exception this will be allowed subject to management discretion and the arrangements below. Managers have already been given discretion during the severe weather period to allow debit balances of over the scheme limit of 10 hours providing the employee can reduce the debit balance to 10 hours or under over the next two flexi periods.

Q8. How do I record the absence for any of my staff who have not been able to come to work because of bad weather?

You should wait until you have discussed the options with the employee. Having agreed what leave will be used, the employee should apply for annual, flexi or unpaid leave via myHR. If the employee does not have access to myHR, the manager can record the leave via myPeople. Leave can be requested/recorded after the event.

Q9. What do I enter on myPeople for staff who cannot come to work because their child's school is closed?

If the school closure was unforeseen and it has been agreed the employee is eligible for one day's paid leave, you should select the option 'Breakdown of normal childcare arrangements'. Otherwise, annual, flexi or unpaid leave should be entered as shown above.

Q10. A member of staff could not make it into their base office but managed to attend another office closer to their home. How should I record this. Also, I have allowed a member of staff to work from home. How should this be recorded?

There is no need to record either of these officially on My People as the employee is still working and should be paid as normal. You may wish to keep informal records within school as to what work is being undertaken at home or the hours that staff are actually working.

Q11. If I already had flexi or annual leave approved before the bad weather, can I cancel this given that my building has been closed and there is no alternative building to go to?

No. Any leave approved before the decision to close the building should still stand, since you were not scheduled to work.

Appendix B



EMPLOYMENT POLICIES AND PROCEDURES

ADVERSE WEATHER AND MAJOR TRANSPORT DISRUPTION

Policy and Procedure

Reviewed and Updated February 2018

Unique ID: ADW&MTDP
Category/Level/Type:
Status: Final

Author: HR Policy Group
Version: 5.0
Authorised by: R. Kelly

Date of Authorisation: November 2011
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1. INTRODUCTION

NHS Lothian recognises that adverse weather and travelling conditions may delay or prevent staff from attending work. This policy formalises the actions which should be taken should such conditions arise.

The provision of the organisation's services is dependent on staff to deliver them.

Accordingly, all staff employed by NHS Lothian should make every effort, within the boundaries of safety, to attend work on time. Failure to attend should occur only in exceptional circumstances, eg severe snowfall, snowdrifts or flooding **etc** making routes impassable. It remains the responsibility of the individual to assess the risks before making the decision to set out on the journey to work.

In the case of protracted adverse weather conditions, Emergency Planning procedures and advice will be consistent with this policy.

2. RESPONSIBILITIES OF MANAGERS AND STAFF

Staff will be encouraged, where possible, to share private transport to overcome travel difficulties. Managers should facilitate local discussion regarding the sharing of telephone contact numbers to allow staff to "buddy up" on difficult journeys.

Similarly staff should be encouraged to use different routes or modes of transport to enable them to report for duty, eg bus services may still be accessible where rail services have been withdrawn.

Staff living reasonably near their place of employment should attempt to make the journey on foot but would be expected to take account of prevailing weather conditions and not expose themselves to unnecessary risks. Whether or not it is possible for them to do so will be a matter for local judgement, eg:

- * distance involved (up to 3 miles may be reasonable, depending on environmental/personal circumstances)
- * weather conditions
- * time of day
- * fitness of staff member

If they have any problems in getting to work, staff must contact their line manager as soon as possible, in line with local arrangements and as far in advance as possible of normal starting time, to allow cover to be arranged if necessary.

Once staff have arrived at work, where their duties involve travel (eg community nursing), managers should undertake a suitable risk assessment and prioritisation of workload.

3. INABILITY TO ATTEND WORK

Staff who are unable to attend their workplace, or who are late in reporting for duty, due to

severe weather conditions, may still receive payment for the time lost, depending on individual circumstances.

Payment will normally be made where staff demonstrate that real efforts have been made to get to work, **or** that any effort would have been dangerous. Each circumstance would be considered on its own merits, before deciding whether payment should be made or withheld. Managers should acknowledge the efforts of other staff travelling from the same area. The position should be reviewed on a daily basis, as weather conditions may vary from day to day.

If, after due consideration, payment is to be withheld, staff should be notified as soon as possible in writing. Alternatively, staff will have the option to cover such a period by annual leave.

Absence will be monitored and recorded in line with normal practice.

4. LEAVING WORK EARLY

During times of severe weather conditions it may be deemed appropriate in certain circumstances to allow staff to travel home at a time earlier than their normal finishing time, without deduction of payment for the time lost. This will only be allowed in exceptional circumstances, within the exigencies of the service, and only after the latest update on the situation has been obtained by the manager.

Depending on the circumstances, consideration may be given to providing overnight accommodation on hospital premises for staff who cannot get home, or who for service continuity reasons have agreed to stay on site pending the arrival of staff on day shift. Local arrangements should be made for such contingencies.

Line managers should consider making internet sites available to staff to check latest weather conditions.

5. CLOSURE OF SCHOOLS AND NURSERIES

If weather conditions become so severe that schools, nurseries and/or day centres are closed without prior warning, staff required to take time off to look after dependants should be given Carer Leave on the first day of absence. Discretion will be used on the second and/or following days. Managers should be aware of the appropriate use of Carer Leave. (Please see separate policy.)

6. WORKING AT AN ALTERNATIVE LOCATION WITHIN OWN BOARD AREA

In certain circumstances, where every effort has been made to attend the normal place of work, it may be appropriate for staff to carry out their duties at an alternative site within their own Board area. Agreement should be reached in advance between managers and members of staff as to which alternative sites in their own Board area might be appropriate for this, depending on where the member of staff lives. When phoning in, the member of staff should check with the manager or appropriate deputy on duty whether they are required to report to an alternative site, (subject always to an assessment of risk in travel). It may be that working from home would be a practical alternative in some circumstances, and the manager and staff member should agree the arrangements for this.

In order to secure the appropriate deployment of skills, the member of staff should present their NHS Identity Badge to the person in charge of the site/clinical area. The manager

should then undertake a normal risk assessment and provide local orientation to the area of work.

7. WORKING AT AN ALTERNATIVE LOCATION WITHIN ANOTHER BOARD AREA

It is recognised that for some members of staff, depending on their home address, the nearest NHS establishment might be within another Board area from the one in which they are employed. If having made every effort to attend their own place of work or an alternative location within their own Board area, it may be appropriate for the member of staff to offer their services at alternative NHS establishment within another Board area. In these circumstances, the employee should contact their own line manager to agree this course of action, and who in turn will then contact the relevant duty manager at their nearest appropriate NHS establishment to determine whether or not the member of staff should present themselves to work at this location to provide assistance.

It is important that staff do not just turn up at these establishments without first making contact with their line manager to determine if assistance is required or indeed appropriate.

In these circumstances the following checks should be carried out where an NHS Identity Badge is available:

- Within standard/normal working hours, contact should be made with the Board's own HR Department using the appropriate contact number below, who in turn will make contact with the employing NHS Board and check currency of employment and with the appropriate registration body if necessary;

NHS Borders – 01896 826162

NHS Fife - 01592 648136

NHS Forth Valley - 01786 431194

NHS Lothian - Medical Staff - 0131 465 7737 or General Staff - 01506 523418

- Outwith standard/normal working hours, it will not be possible to check the authenticity of a member of staff's Identity Badge and therefore the contact details should be kept so that the appropriate checks can be made and the individual recalled if necessary. However, in the event of severely low staffing, and after a thorough risk assessment, the member of staff may be allocated tasks that can be supervised and have either minimal or no patient contact in a clinical area where patients have lower dependency/less complex needs.

If the member of staff does not have an NHS Identity Badge the following would apply:

- Copy any other photographic identification that they have brought with them;
- Within standard/normal working hours, contact should be made with the Board's own HR Department who in turn will make contact with the employing NHS Board and check currency of employment and with the appropriate registration body if necessary. Following a risk assessment, the member of staff may be allocated tasks that can be supervised and have either minimal or no patient contact in a clinical area where patients have lower dependency/less complex needs.

- Outwith standard/normal working hours, it will not be possible to check the authenticity of a member of staff's identification and therefore the contact details should be kept so that the appropriate checks can be made and the individual recalled if necessary. In these circumstances it would not be appropriate to do any risk assessments and the individual should not be allowed to commence work of any kind until the necessary checks have taken place.

All hours worked by a member of staff working at an alternative location must be recorded and either sent to the individual's line manager if employed within the same Board or forwarded to the HR Department for individuals employed in another Board along with copies of the identification and contact details and they will be forwarded to the individual's line manager in their own Board.

8. MEDIA ADVICE

During periods of severe weather, media coverage may advise that the police have asked the public to refrain from travelling unnecessarily. It is understood that such advice may refer to genuinely dangerous routes and/or to what are considered to be frivolous journeys, for example, shopping trips to town.

The NHS is an essential service, and accordingly managers should ensure their staff know that in principle they may be expected to attend work in such situations, but as highlighted above, staff should always assess the risks involved in travelling to work before setting off on their journey.

If in any doubt, staff should contact their manager to discuss the situation.

9. MAJOR PUBLIC TRANSPORT DISRUPTION

The above principles would also be appropriate in the short term where there are major disruptions to public transport systems.

10. FAIR FOR ALL

It is imperative that this policy is applied in a fair and equitable manner so that it does not discriminate between staff.

If managers have any queries regarding this policy they should contact the appropriate HR Manager.

11. MONITORING AND REVIEW

This policy will be monitored to ensure its continued effectiveness and will be reviewed after a period of two years by the Lothian Partnership Forum.

Appendix C - Decisions Log

Name:	Job Title:	Date:	Page ____ of ____
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Date / Time	Decision	Taken by:	Decision Action	Assigned to:	Issue Closed Y / N?

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Appendix D

Initial Assessment for Response

Question	Logged Response
What is the nature of the incident (type, location, severity)?	
Are there any casualties or fatalities?	
Are there any staff casualties or fatalities?	
Is the incident currently affecting service / Service Area / council business operations? If so, which areas?	
What is the estimated duration of the incident?	
Have the emergency services been called?	
Has access to the whole site been denied? If so, for how long (estimate if not known)?	
Which work areas have been destroyed, damaged or made unusable?	
Which work areas are inaccessible but intact?	
Which systems and other resources are unavailable (include computer systems, telecoms and other assets)?	
Have any utilities (gas, electricity or water) been affected?	
Can the incident be controlled by the Service Area or is Council Incident Management involvement required?	
Have Insurance Services been informed?	

Name:

Job Title:

Date:

Page ___ of ___

Appendix E

Initial Assessment for Recovery

Question / Issue	Logged Response	Date
Are any key staff unavailable for work?		
Which work premises cannot be used? When will these premises be useable?		
Which systems and other resources are unavailable? Require a report from ICT Solutions about the impact on BT service provision. When will normal service be resumed?		
Are any external communications links affected? When will they be reinstated?		
List any key equipment loss and impact on services. How long before it can be replaced?		
Has any critical work-in-progress been affected? When will it be resumed and how are essential activities affected?		
Have any critical assets been lost? How and when will these be replaced?		
What is the expected impact on essential service delivery?		
List the Service Area's / Council priorities during the recovery phase.		
What are the recovery objectives, what recovery teams are required and which staff are identified to participate / lead these teams?		
If relocation sites have been required what are the on-going issues and objectives?		

Name:

Job Title:

Date:

Page ___ of ___

Appendix F

Recovery Checklist

The transition from Recovery to Return-to-Normal will depend on the Service Area, nature of the incident, its severity and the time taken to manage the consequences. Issues to consider may include:

Issue	Yes / No	Comment
Call diverts and voicemail messages removed		
Networks secure and working normally		
ICT accessible and working normally		
Security and access to buildings as normal		
Staff in normal or temporary places of work		
Backlog of work cleared and / or scheduled and allocated		
Work flow normal		
Learning points agreed internally		
Debrief scheduled		
All involved parties agree that the incident has been dealt with and closed		

Name:

Job Title:

Date:

Page ___ of ___

Appendix G

Incident Closure Form

Incident Closure Report Form	
Incident Report Reference:	Date and Time:
1	Provide a brief summary of the incident, including date, time, duration and key actions:
2	What were the impacts? On staff: On service delivery: On clients / customers: On the provision of insurance:
4	Record any outstanding actions arising from the incident.
5	Has a debrief been scheduled? What were the main issues? What were the learning points?
6	List any supporting documentation that you have submitted with this form (e.g.: incident logs, status reports, debrief reports, etc.)
7	Please record any additional comments:
8	Does the Service Area Business Continuity Plan need to be reviewed (please detail suggestions)?

Name:

Job Title:

Date and Time:

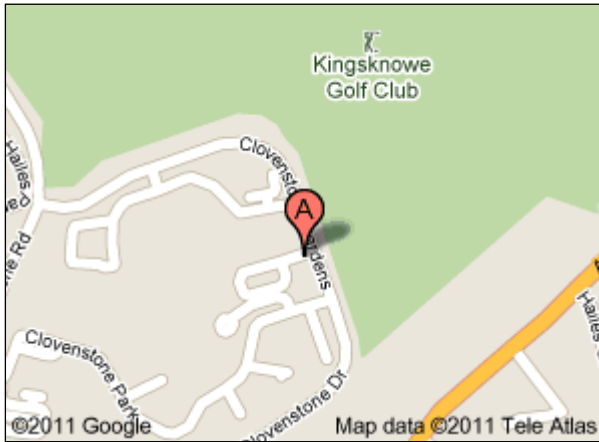
Page __

Appendix H

Residential Care Homes and Respite Units: Severe Weather – Access Road Mapping of Social Care Units (with contact numbers and gritting requirements)

Clovenstone

Centre manager:	Pam Colston
Centre address:	27 Clovenstone Gardens, EH14 3EX
Telephone:	0131 442 2312

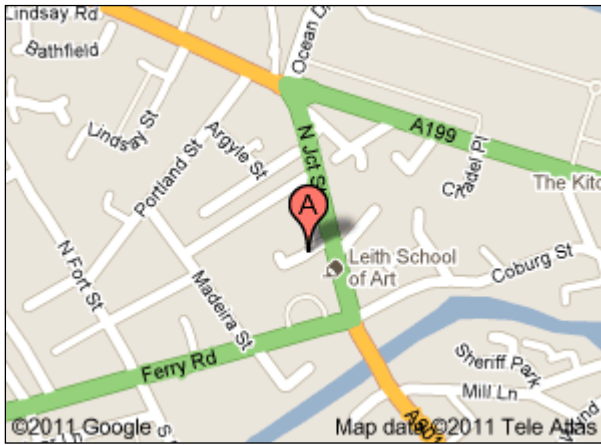


Requirements – Access Roads: Clovenstone Gardens and Clovenstone Road to be cleared and gritted; also clear and grit access into Clovenstone House.

Within Grounds: Clear car park and vehicle loading areas where these exist.

Ferrylee

Centre manager:	Karen Wright
Centre address:	33 North Junction Street, EH6 6HR
Telephone:	0131 554 7179



Requirements – Access Roads: North Junction Street and driveway into Ferrylee to be cleared and gritted.

Within Grounds: Clear car park and vehicle loading areas where these exist.

Ford's Road

Centre manager:	Shona McGregor
Centre address:	8 Ford's Road, EH11 3HP
Telephone:	0131 443 3731



Gorgie Road
(A71)

Requirements – Access Roads: Ford's Road to be cleared and gritted.

Within Grounds: Clear car park and vehicle loading areas where these exist.

Jewel House

Centre manager:	Gwen Lawrence
Centre address:	15 Bingham Crescent, EH15 3JZ
Telephone:	0131 669 0886



Requirements – Access Roads: Mountcastle Drive South to be cleared and gritted; also clear and grit access into Jewel House Care Home.

Within Grounds: Clear car park and vehicle loading areas where these exist.

Marionville Court

Centre manager:	Donna Robertson
Centre address:	3 Lochend Road South, EH7 6BP
Telephone:	0131 652 8160

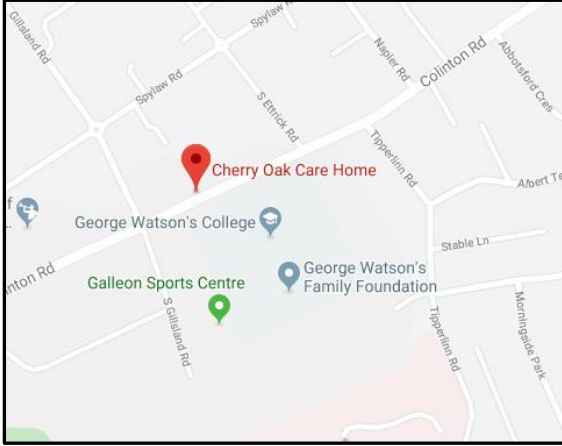


Requirements – Access Roads: Lochend Road South and Marionville Road to be cleared and gritted; also clear and grit access into Marionville Court Care Home.

Within Grounds: Clear car park and vehicle loading areas where these exist.

Cherry Oak

Centre manager:	Jackie Reid
Centre address:	26 Colinton Rd, Edinburgh EH10 5EQ
Telephone:	0131 447 9944



Requirements – Access Roads: Colinton Road to be cleared and gritted; also clear and grit access into Cherry Oak Care Home.

Within Grounds: Clear car park and vehicle loading areas where these exist.

Drumbrae

Centre manager:	Karen Wright
Centre address:	24 Ardshiel Avenue, EH4 7HP
Telephone:	0131 339 4667

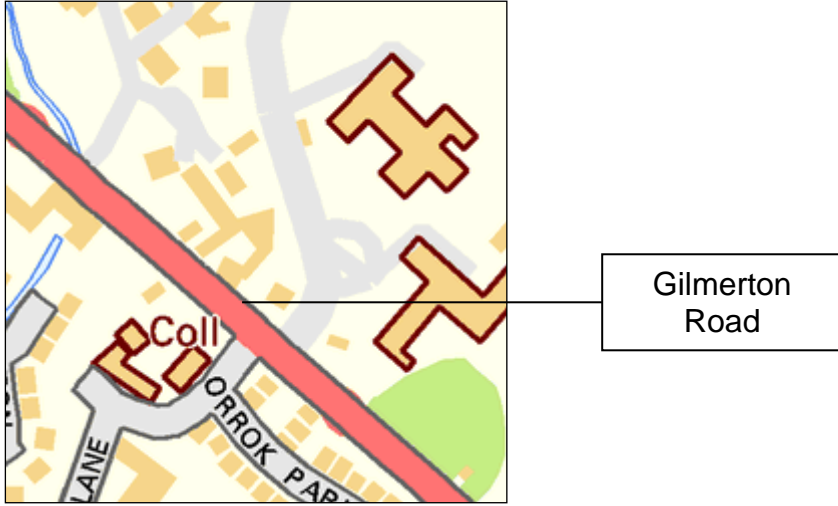


Requirements – Access Roads: Ardshiel Avenue to be cleared and gritted; also clear and grit access into 24 Ardsheil Avenue.

Within Grounds: Clear car park and vehicle loading areas where these exist.

Inchview

Centre manager:	Jane Brown
Centre address:	233 Gilmerton Road, EH16 5UD
Telephone:	0131 658 5000

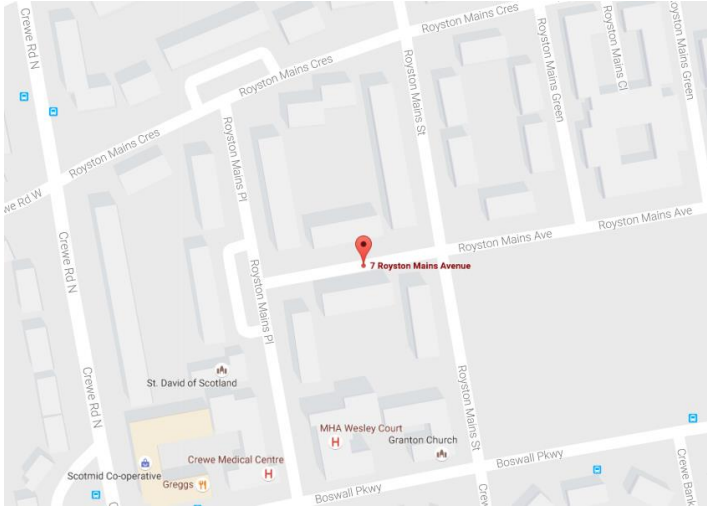


Requirements – Access Roads: Gilmerton Road to be cleared and gritted; also clear and grit access into 233 Gilmerton Road.

Within Grounds: Clear car park and vehicle loading areas where these exist.

Royston Care Home

Centre manager:	Carol Culburt
Centre address:	7 Royston Mains Avenue, EH5 1LE
Telephone:	0131 552 2505



Requirements – Access Roads: Royston Mains Avenue to be cleared and gritted; also clear and grit access into 7 Royston Mains Road.

Within Grounds: Clear car park and vehicle loading areas where these exist.

Castle Crag

Centre manager:	Robert Smith
Centre address:	157 Duddingston Road West, Edinburgh, EH16 4UY
Telephone:	0131 200 4160



Requirements – Access from main road.

Within Grounds: Clear car park and vehicle loading areas where these exist.

Craighall Centre

Centre manager:	Linda Dodgson
Centre address:	210 Ferry Road, Edinburgh, EH4 2RB
Telephone:	0131 551 2194



Requirements – Access from main road.

Within Grounds: Clear car park and vehicle loading areas where these exist.

Firhill Respite Unit

Centre manager:	Emma Pemberton
Centre address:	257B Colinton Road, Edinburgh, EH14 1DW
Telephone:	0131 441 5117



Requirements – Access from main road.

Within Grounds: Clear car park and vehicle loading areas where these exist.

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Report

Update on progress: Older People Joint Inspection Improvement Plan Edinburgh Integration Joint Board

10 December 2019

Executive Summary

1. This paper outlines developments and work completed on the Older Peoples Joint Improvement Plan since this was discussed at the Edinburgh Integration Joint Board in May 2019. The previous action plan was reviewed, and a new improvement plan developed reflecting the framework of the Three Conversations approach which reflects the revision of the Edinburgh Health and Social Care Partnership draft strategic plan 2019/2022.
2. A monitoring tool using RAG status was produced and has been reviewed by the Executive Management Team. This monitoring action plan is tracking Year 1 Targets which are due to be completed by December 2019.

Recommendations

3. The Integration Joint Board is asked to:
 - i. note the newly developed monitoring action plan
 - ii. note the status of each recommendation and associated actions against the year 1 target deadline; and
 - iii. remit ongoing review of the action plan to performance and delivery committee.

Background

4. The Care Inspectorate (CI) and Healthcare Improvement Scotland (HIS) carried out a joint inspection of older people's services in health and social care across Edinburgh. The report was published in May 2017. The purpose of this inspection was to find out how well the partnership achieved good personal outcomes for older people and their unpaid carers. An Improvement Plan was developed from the findings and the seventeen recommendations made in the report.

Main report

5. In June 2018 the CI and HIS returned to undertake a progress review. The progress review was published in December 2018 and was critical of the partnership's progress.
6. The direction of strategic planning and operational delivery in the partnership was under review and following the progress report it was agreed that the development and the implementation of a revised Improvement Plan was required. It was important to ensure the Improvement Plan and any associated actions was embedded in the transformation and change programme and linked to budget savings proposals as considered by the Executive Management Team and the Edinburgh IJB.

Key risks

7. The Older People's Joint Inspection progress review was conducted in June 2018 and published in December 2018. The focus of their activity was to assess the progress made by the partnership in meeting the seventeen recommendations. One recommendation was assessed as having made good progress, two recommendations were assessed as having made reasonable progress, twelve recommendations were assessed as having made limited progress and two recommendations (Recommendation 9 and 13) were assessed as having made poor progress.
8. The inspection team commented on the delay in the partnership in responding to the findings of the original inspection in 2017. They described our response as a reactive and short term one rather than a wider strategic, whole systems approach. They assessed that the delay and the approach has impacted on the pace of change which they found to be slow.
9. The new Improvement Plan was developed to reflect the decision to implement the Three Conversations approach and to review of our Strategic Plan (currently out for consultation). The recommendations have been reviewed through the lens of three conversations and each recommendation mapped across four domains:- Conversation 1 – Listen and Connect; Conversation 2 – Work with People in Crisis; Conversation 3 – Build a Good Life; and Infrastructure and Enablers.
10. The revised strategic plan and the subsequent Transformation and Change Programme has begun to map across work done over the past few years using the Three Conversations approach and all work streams are aligned accordingly.
11. The Improvement Plan addresses each recommendation by including a statement of aims and by including targets based on year 1, year 3 and year 5.

We have said how we will achieve this and we have identified how we will know that we have achieved what we set out to do. We will gather evidence to support our assertions as we go forward. Each recommendation has a named Executive Lead and they have named a lead officer who will have an overview of all the activity that supports completion of the recommendation and report into the Improvement Plan leadership group.

12. The Improvement Plan has been considered by the Edinburgh IJB, the NHS Lothian Healthcare Governance group and the CEC Corporate Policy and Strategy Committee.
13. The Monitoring Action Plan is a simple way of tracking progress against the recommendations and the agreed year end targets. This is progress for Year 1. Each individual action has been reviewed and a RAG status allocated based on:

Red	Concerns identified or not yet started because change programme in development
Amber	Will be completed by March 2020
Green	Will be completed by December 2019
Blue	Completed

14. We have not yet collected evident to support our assertions but we have asked lead officers to ensure they are in a position to provide this should that be required.
15. A further workshop was held with the EMT and the Care Inspectorate and included representatives from the Health Improvement Scotland and the Scottish Government Joint Integration Team (the JIT). EMT has reviewed the Monitoring Action Plan.
16. The implementation of budget savings programme and the transformational change programme are major work streams which impact directly on delivery of our Improvement Plan. All three are intrinsically linked.
17. To mitigate this risk we have mapped across all work streams to ensure any and all transformational and change work undertaken delivers within the parameters of the Improvement Plan.
18. The recommendations date back to 2016 and reflect the progress, or rather lack of it, of our strategic thinking and plan at the time. A number of recommendations

fold into our development work that supports the implementation of Three Conversations. The transformation and change programme, which covers all the services within the Partnership, will determine our focus and priority over the next few years and will clearly influence the delivery of Older People Joint Improvement Plan.

Financial implications

19. The work of the Improvement Plan is embedded in the transformation and change programme alongside the budget savings. Work is being undertaken to map activity across all workstreams within the transformation programme.

Implications for Directions

20. There are currently no implications for Directions from this work. As the transformation and change programme develops and the recommendations from the Older People Joint Inspection are folded into the change programme there maybe be implications for Directions in the future.

Equalities implications

21. The progress review report and the Improvement Plan highlight areas of unmet need and underdeveloped services across Edinburgh which are likely to impact on the health and wellbeing of services user and their unpaid carers. Impact will be addressed with the aim to mitigate through the transformation programme and strategic plan.

Sustainability implications

22. There are no sustainability implications arising immediately from this report. However our targets and actions embedded in the Improvement Plan will be subject to sustainability review.

Involving people

23. The development and the implementation of the Older People Joint Inspection Improvement Plan and the subsequent work streams has involved a range of stakeholders. Each work stream has, or will include, involvement from citizens and the public as well as partners from the voluntary and independent. Each work stream has, or will include, a range of internal stakeholders such as colleagues from housing and quality assurance as well a lead officers from within the partnership or form our two employing authorities.

Impact on plans of other parties

24. None.

Background reading/references

Report author

Judith Proctor

Chief Officer, Edinburgh Health and Social Care Partnership

Contact: Marian Gray, Lead Officer - Care Homes

E-mail: Marian.Gray@edinburgh.gov.uk | Tel: 07885 977783

Appendices

Appendix 1	Monitoring Action Plan – Older People Joint Inspection Improvement Plan
Appendix 2	Edinburgh H&SC Partnership Framework for Improvement plan

Monitoring action plan - Older People Joint Inspection Improvement Plan

KEY	Blue	Green	Amber	Red
	Completed	On track to complete by agreed date	On track to be complete within 3 months of agreed date	Work not started or might have started but issues/barriers identified

	Recommendation	Executive Lead	Year 1 Target / actions by December 2019	Progress	Indicator
Page 260	<p>The partnership should improve its approach to engagement and consultation with stakeholders in relation to:</p> <p>Its vision</p> <p>Service redesign</p> <p>Key stages of its transformational programme</p> <p>Its objectives in respect of market facilitation</p>	Judith	A Transformation and change programme agreed and resourced by IJB by Feb 2019	Paper to IJB in Feb 2019, approved and resources secured	Blue
			The transformation plan and delivery structure will set out clear engagement with key stakeholders at every stage	Paper to IJB established this and further work completed by revision of the strategic plan and the Interim Transformation Programme. Workshops held to explore priorities	Amber
			There will be clear stakeholder involvement in the review of the partnership’s vision and values	Strategic Plan consultation with stakeholders, feedback influenced content and report to IJB	Blue
			Development of a partnership communication plan and a range of platforms to improve communication with key stakeholders	Development of EHSCP web page and communication plan on going. Website launches in December 2019. Strategic Plan engagement sessions held with a wide variety of stakeholders. Work being done on engagement with people who use services	Amber

			Staff involvement in the key stages of service redesign will be set out and evidenced	Programme for transformational change underway and programme/project staff in recruitment. Specific topic workshops held with key stakeholders and business cases in development. Programme boards have been scoped and leadership identified. Boards will commence in Jan/Feb with additional programme management capacity support. iMatters survey completed and action plans in development. Employees Partnership Forum continues and Employee Partnership embedded in partnership governance. Making it Happen meetings established and innovation site feedback influences service redesign	Green
Page 261	The partnership should further develop and implement approaches to early intervention and prevention services to support older people to remain in their own homes and help avoid hospital admissions	Tom	Our conversation 1 programme board will be established and will have prioritised and agreed its key priorities to early intervention and prevention	Programme boards being established as set out above. Three Conversations is implemented (7 innovation sites). Early intervention and prevention transformational workshops held and agreed as priority to support change and 3Cs. Feedback form innovation sites will influence programme board 1	Amber
			Explore and begin to develop sustainable expenditure	As above. Previous grants process has been reviewed and new grants process focused on ensuring sustainable community activity, community investment activity and partnership working with Third Sector	Amber
			Develop our current Be Able service	Be Able review underway alongside review of partnership day centres and Steady Steps programme. Focus to re-align support based on	Amber

				person's need and support to maintain level of ability	
3	The Partnership should develop exit strategies and plans from existing 'interim' care arrangements to help support the delivery of community based services that help older people and their carers to receive quality support within their own homes or a setting of their choice	Jacqui	Interim care at current establishments will be closed at Liberton Hospital and Gylemuir House Care Home. An intermediate care facility for 40 people will open at the Jardine Clinic in late 2019	GMH closed on 28 th June 2019, all residents supported and transferred to appropriate long term care facility. Move to Jardine Clinic deferred to March 2020. Model on intermediate care agreed and resources secured. Delay due to building issues rather than service or practice issues	Amber
			We will have reviewed our interim care arrangements and will have a clear plan in place, in terms of our interim care services. This is intrinsically linked with our bed based resources and we will manage this under Recommendation 4.	Agreed "interim care" is a model we no longer want to pursue. Focus will be on intermediate care, Home First and Discharge to Asses	Blue
			Our interim care services will be supported by the appropriate home based pathways so that people only stay in interim care beds when there is no alternative and when they are waiting on a place at an identified care home becoming available. This is intrinsically linked with our bed based resources and we will manage this under Recommendation 4.	As above	Blue
4	The Partnership should engage with stakeholders to further develop intermediate care services, including bed based provision, to help prevent	Tony	Further engage with stakeholders to firm up plans for future intermediate care facilities, including whether this involves new buildings or different utilisation of current facilities such as HBCCC	Multi agency, multi professional workshops held regarding HBCCC, review of partnership bed capacity underway, discussions about care home based intermediate care in North Edinburgh underway to compliment Jardine Clinic in South Edinburgh	Amber

Page 263	hospital admission and to support timely discharge			
		Analysis of current community intermediate care provision and understanding of how this could be improved to facilitate more intermediate care within people's own homes	Discharge to Assess under the banner of Home First in development and likely to start in November 2019 – recruitment underway.	Blue
		Agree the exit strategy for Liberton hospital which includes opening the Jardine clinic and transfer people from Liberton hospital	Agreed and action plan in place. Delay in moving date is a building issue rather than a service issue. Bed capacity already reduced to 40 and team in place to move as quickly as building works allows	Blue
		Agree closure plan for Gylemuir House and transfer residents and staff	Gylemuir House closed on 28 th June 2019	Blue
		We will have reviewed our interim care arrangements and will have a clear plan in place, in terms of our interim care services.	EHSC Partnership no longer exploring interim care as a service, focus is on intermediate care and Home First	Blue - N/A

			Our interim care services will be supported by the appropriate home based pathways so that people only stay in interim care beds when there is no alternative and when they are waiting on a place at an identified care home becoming available.	EHSC Partnership no longer exploring interim care as a service, focus is on intermediate care and Home First	Blue – N/A
5	<p>The partnership should work in collaboration with carers and carers organisations to improve how carers' needs are identified, assessed and met.</p> <p>This should be done as part of updating the carers strategy</p>	Tony	By the end of January 2019, finalise the draft Edinburgh Joint Carers Strategy following consultation with adult and young carers and prepare the final version for ratification by the end of March 2019. This will include the statutory Short Breaks Services Statement (Unpaid Carers)	Draft joint carers strategy presented in March 2019 and ratified by EIJB in August 2019. The Short Breaks Service Statement (unpaid carers) was agreed in March and is published and available on the web	Blue
			Consider new ways of working with paid and unpaid carers and adopt the learning from successful pilots in North West Edinburgh and Longstone.	Learning from pilots is under review and hopes to be concluded in November 2019. Plan to adopt the learning form pilots, as well as learning from 3Cs, will be developed following the review	Green
			Develop an implementation plan to support the rollout of the Carers Strategy in Edinburgh for EIJB ratification in August 2019.	Implementation plan developed and ratified by the IJB in August 2019	Blue
			In partnership with third, independent and voluntary sectors, and in consultation with carer representatives, the needs of carers will be considered across each of the 3 conversation approach within the transformation programme.	Stakeholder sessions undertaken as part of the consultation for the strategic plan which included carers and care support organisations	Blue

6	The Partnership should ensure that people with dementia receive a timely diagnosis and that diagnostic support for them and their carers is available.	Tony	Implement revised ISD data set for Scottish Government Local Delivery Plan (LDP) target on diagnosis and post-diagnostic support - <i>“To deliver expected rates of dementia diagnosis and all people newly diagnosed with dementia will have a minimum of a year’s worth of post – diagnostic support coordinated by a Link Worker, including the building of a person-centred support plan.”</i>	Implemented revised ISD and people newly diagnosed with dementia will be offered a minimum of one year’s post-diagnostic support, coordinated by a named link worker	Blue
			Through 2019 scoped and developed project plan for quality improvement work to streamline post-diagnostic support (PDS) referral pathways, including referral transitions and addressing any service provision gaps.	In progress but slight delay to expected start because of staff capacity and availability. Post Diagnostic Support (PDS) Reference Group to take forward	Amber
			Through 2019 support post-diagnostic support training as a test of change development.	Completed tests of change at Liberton Day Hospital and selected care homes in North East Edinburgh. As above, included in PDS Reference Group workplan	Blue
			Implement revised service specification for the current Alzheimer Scotland PDS Service contract.	Completed and subject to ongoing development through regular contract monitoring.	Blue

Page 266			Develop and progress implementation plan for PDS developments, in partnership, which includes implementing published Quality Improvement Framework for PDS, PDS training model for staff, national Homebased Memory Rehabilitation pilot site. This will take account of links to Carers' Act, technology enabled care and wider dementia pathways work.	The work from this has been folded in to the project plan and the planned work of the PDS Reference Group. Work has been reviewed and revised and is now focused on improvement	Blue
			To support GP Practices in North East Edinburgh National Innovation Test Site to test relocation of post-diagnostic support to primary care and scope opportunities for further development, ensuring it links with wider post-diagnostic support provision and developments. This includes the testing of both PDS group work and post-diagnostic support in care homes.	As above – folded into PDS Reference Group	Blue
			Improve the pathway for referral to diagnosis by working with locality Memory Assessment and Treatment services to find ways to streamline assessment and triage processes.	Steering group in place to progress improvement work. Work identified and test of change in South West locality planned Spring 2020 to streamline diagnosis and improve access to support following diagnosis	Amber
7	The Partnership should streamline and improve the falls pathway to ensure that older people's needs are better met	Tom	Develop a process to proactively identify individuals at risk of falls and fractures at an early stage to ensure they are able access the right support at the right time	Enhancing Be Able to increase capacity Training has been carried out with staff across the partnership on level 1 assessments to proactively identify people at risk of falls or fractures. This is in line with NICE guidelines.	Blue

Page 267				Work is ongoing to improve the referral process within ATEC24	
		Implemented “Prevention of Management of Falls in the Community: A framework for action for Scotland 2014/16”		<p>Long Term Conditions team lead on this and other developments with dedicated Community Falls Co-ordinator. The four stages of the framework have been implemented across the partnership. Training has been carried out across the partnership to meet Stage 1 and Stage 2 requirements and there are Assistant Practitioners in each hub who carry out level 2 multifactorial assessments.</p> <p>Stage 3-there is an established Fallen Uninjured Person pathway and a Scottish Ambulance Service(SAS) Pathway. GPs , NHS 24, ATEC24 and SAS have been involved in the embedding of the pathways and their review.</p> <p>Stage 4 specialist assessments are carried out in one of the three day hospitals in the city or by specialist AHP’s embedded in local teams</p>	Blue
		Test the Care Inspectorates best practice tool ‘Managing Falls and Fractures in Care Homes for Older People’		<p>A test of change has been carried out to trial the impact of embedding the care inspectorate best practice tool ‘Managing falls and Fractures in Care Homes for Older People’ . The aim was to reduce falls related A+E admissions by 20% in a six month period. Four care homes were in the initial phase, Jewel House, Laverock House, Ashley Court and Fords Road. Evaluation data showed an average 62% reduction in falls related A+E attendances.</p> <p>A further 2 phases are currently being carried out in 8 care homes</p>	Blue

Page 268			Review existing falls pathways	The existing Lothian Falls and Bone Health Pathway was reviewed in January 2018	Blue
			Provide targeted support to care homes	Long Term Conditions team links with care homes as above. The care homes targeted have been spread across the four localities and were identified as those that had the highest rates of A+E attendances for falls. A Care Home Falls Panel has developed organically from this process and brings together professionals from across the city who work in Care Homes to share their experiences and professional knowledge.	Blue
			Engage with health promotion to develop public awareness campaign	Some involvement with health promotion around physical activity and increasing falls awareness but there has been no specific campaign.	Red Action needs to be allocated
			Have completed a programme of training to locality hub and clusters	An ongoing programme of training is carried out with practitioners across the Partnership. The focus is on the early identification of people who might be at risk of falling and onward referral for further more detailed assessments as required. Information on where to signpost individuals to following a falls has been widely circulated.	Blue
8	The Partnership should develop joint approaches to ensure robust quality assurance processes are embedded in practice.	Jacqui / lan	Review the current quality assurance and improvement resource for the partnership including the understanding of partner's roles and contributions to EHSCP quality agenda to ensure there is a joint approach across all services.	Review undertaken and new model identified that is a joint approach to improvement in the Partnership	Blue

Page 269					
			Agree the partnerships approach to quality assurance and improvement and review governance arrangements to ensure there is a clear reporting line for the escalation of care and service delivery concerns.	Clinical and Care Governance Committee established by the EIJB following the Good Governance Institute report and action plan. Scorecard performance reporting framework developed.	Blue
			Build capacity and capability around quality improvement across the partnership through the development of a Quality Assurance Hub	Review of all staff with a role of improvement, either directly or indirectly, and those trained or qualified in this field to better understand the resources we have and make decisions about how to best deploy them	Amber
			Develop a clear joint reporting framework to gather information across services to provide assurance that the care we deliver meets an expected standard and as a tool to benchmark against good practice.	Review data gathering. Currently use a balance scorecard (version 9) and need to agree if data gives us the information we need to improve and develop practice and services	Green
			Developed a framework for managing risk with a clear escalation route from service level to corporate level	Re-establish steering group. This is a complex and multi-faceted issue and work has begun on EIJB risk register and EHSCP risk register	Amber

			Adopt a single IT platform for managing risk	Agreed risk register should be on Datix but only as a holding register rather than how EHSCP manages risk. On-going discussions with partner agencies about how to achieve the use of a single platform. Recent decision to implement the current NHS Lothian H&S Assurance Framework across EHSCP so partnership managers are following one framework. Chief Officer to take a paper to CLT to raise issues and seek solutions/support	Red
9	The Partnership should work with the local community and other stakeholders to develop and implement a cross market facilitation strategy. This should include risk assessment and contingency plans	Alana	Have established principles for market facilitation through the Strategic Plan.	Principles developed in line with Strategic Plan and specific plan will be developed and implemented by June 2020 focused on building a collaborative relationship and sustainable community support across all different sectors with the external market.	Amber
			Develop and agree a plan to address each market segment based on a combination of priority, risk and opportunity.	As above	Amber
			Have clear processes for engaging with key providers and other stakeholders to plan for the future.	Specific plan will include communication and engagement strategy to develop a sustainable longer term framework for cross market facilitation	Amber
10	The Partnership should produce a revised and updated joint strategic commissioning plan with detail on:	Tony	Review the strategy for older people as part of the development and production of the new EIJB Strategic Plan taking full account of the Inspection report and work conducted within the Older People's Reference Group	Previous reference group now disbanded, new working groups will be formed through the establishment of the Three Conversations Programme Board or as a need for business as usual improvement activity. New EIJB Strategic Plan agreed and approved in August 2019	Blue

Page 271	<ul style="list-style-type: none"> • how priorities are to be resourced • how joint organisational development planning to support this is to be taken forward • how consultation, engagement and involvement are to be maintained • fully costed action plans including plans for investment and disinvestment based on identified future needs • expected measurable outcomes 				
			Develop action plans which include anticipated cost implications, active monitoring cost implications and develop costed business cases at key decision making points.	Transformation Programme being established which will drive transformational change. Programme/project staff are being recruited and business cases developed following stakeholder workshops. Savings and recovery programme established	Amber
			Develop engagement and communications plan.	Inclusive engagement plan for all services, people and staff under development. Interim plan in place to ensure communication and engagement progresses	Amber
11	The Partnership should develop and implement detailed financial recovery plans to ensure that a sustainable financial position is achieved for the Integrated Joint Board	Moira	An IJB financial plan for 2019/20 developed reflecting the budgets delegated by NHS Lothian and CEC and agreed by IJB	Papers presented to EIJB in October 2019. Workshops held with EIJB and others to explore issues and options and recovery plan agreed.	Green
			An approved savings and recovery programme for 2019/20 which is reviewed regularly and progress updates given to the IJB	Savings and recovery plan in place and monitored monthly through Savings Governance Board through to the EIJB Performance and Delivery Committee	Blue

			A 3 year financial framework developed in line with the strategic plan	Two sessions held with EIJB and final report will be presented to EIJB in January 2020	Amber
			Started work with the IJB to consider its risk appetite and, in particular how it views the balance of financial and service risks	In development through GGI work which has begun to explore EIJB risk appetite. Workshop planned for early 2020 with EIJB	Amber
12	<p>The Partnership should ensure that:</p> <p>there are clear pathways to accessing services</p> <p>eligibility criteria are developed and applied consistently</p> <p>pathways and criteria are clearly communicated to all stakeholders, and</p> <p>waiting lists are managed effectively to enable the timely allocation of services (refer to recommendation 13)</p> <p><u>Recommendation now under the umbrella of Three Conversations</u></p>	Tom	Develop a new protocol and processes to improve the quality and efficiency of screening and allocation	Implementation of Three Conversations ensures screening and allocation process will change or will be withdrawn. In the meantime current business as usual pathways remain in place and during 3Cs development learning will allow changes to current processes and pathways in preparation of full 3Cs implementation. Interim changes will be made to keep flow. New recording tools have been developed through 3Cs and a new procedure will be developed as 3Cs becomes more widely established	Amber - will remain amber until 3Cs fully implemented
			Improve the standard for responding to referrals and initial conversations	As above. 7 innovation sites now running across a variety of teams bringing a wealth of information about how we respond quickly, appropriately and in a person centred, strength based way. Grip and control of processes to ensure consistency and rigour during our transformation	Amber - will remain amber until 3Cs fully implemented
			Improve the waiting time for assessments	As above. Discharge to Assess under the banner of Home First and linked with Good Conversations (skills enhancement) will improve hospital assessments	Amber - will remain amber until 3Cs fully implemented

			<p>Review ICT and business processes to support new ways of working</p>	<p>As above. Learning from 3Cs will influence ICT requirements going forward as front line practice changes and develops. Engaged with support services to ensure service needs fully understood and they are part of Making It Happen.</p>	<p>Amber - will remain amber until 3Cs fully implemented</p>
			<p>Identify mechanisms to clear the backlog of assessments and reduce waiting lists. Develop, agree and implement the Edinburgh Offer</p>	<p>As above. Two 3C innovation sites focused on waiting lists which will help us develop new operational delivery methods that are responsive and flexible. Edinburgh Pact (Edinburgh Offer renamed) is still in development and will be influenced by the outcomes from the 3Cs innovation sites</p>	<p>Amber - will remain amber until 3Cs fully implemented</p>
<p>13 Page 273</p>	<p>The partnership should ensure that: people who use services have a comprehensive, up-to-date assessment and review of their needs which reflects their views and the views of the professionals involved people who use services have a comprehensive care plan, which includes anticipatory planning where relevant</p>	<p>Tom</p>	<p>Review and streamline the assessment process and documentation</p>	<p>As above in Recommendation 12</p>	<p>Amber - will remain amber until 3Cs fully implemented</p>
			<p>Review the process of engagement with stakeholders</p>	<p>As result of the new Strategic Plan and the development of a wider engagement and communication plan will ensure robust engagement with stakeholders</p>	<p>Amber</p>

Page 274	<p>relevant records should contain a chronology allocation of work following referral,</p> <p>assessment, care planning and review are all completed within agreed timescales</p> <p><u>Recommendation now under the umbrella of Three Conversations</u></p>		<p>Ensure chronologies are determined by the complexity of individual care plans</p>	<p>Training will be developed following the ASAP audit which is underway and chronologies will be addressed within new 3Cs recording and ASAP work</p>	Amber
	<p>The Partnership should ensure that risk assessments and management plans are recorded appropriately and are informed by relevant agencies. This will help ensure that older people are protected from harm and their health and wellbeing maintained.</p>	Tom	<p>Streamline the process for tracking and monitoring IRDs</p>	<p>New terms of reference have been issued for EIRD Group. This group monitors and tracks IRDs as well as provides quality assurance and feedback for the work undertaken.</p>	Blue
			<p>Continue the development of a programme of ASP training at level 1,2,3 and 4</p>	<p>All courses have been reviewed. Level 1 is now elearning, level 2 &3 revised and level 4 had new topics added. All course now routinely evaluated with a focus on the participants level of confidence following completion</p>	Blue
		<p>Progress with health participation in IRDs</p>	<p>Agreed principle of rota for Health colleagues</p>	Green	

Page 275			Ensure health participation in all IRDs (conversations and recording) standard by end 2019	Test of change undertaken in NW that agreed a rota for Health colleagues who can interrogate health care systems for information for the purposes of IRD. Will be rolled out to NE by December 2019. Senior Social Workers will have one point of contact on any particular day and will record discussion/information etc on EIRD	Green
			Ensure all APCC plans are SMART	APCC Plan monitored by Senior Practitioners who chair all APCCs and audit of ASAP and APCC underway. The will ensure consistency across all localities	Green
			Recognise the 'Duty to Inquire' stage as a formal assessment	Work on going through 3Cs that will address recording	Amber
			Move the Complex Risk Assessment to a more person centred asset based Safety Assessment	Work on going through 3Cs that will address recording	Amber
			Ensure all staff who take lead in adult protection investigations are offered appropriate level of support	3Cs includes robust reflective practice individually, in 1-1 and collectively as groups of staff	Amber
15	The Partnership should ensure that self-directed support is used to promote greater choice and control for older people. Staff and multi-agency training should be undertaken to	Tom	Introduction of clear guidance for staff, articulating the intent and core principles of self-directed support, as well as revised step by step processes.	In development and will be influenced by 3Cs. Edinburgh Pact still in development. Focus on choice and control for the person	Amber

Page 276	support increased confidence in staff in all settings so that they can discuss the options of self-directed support with people using care services		Re-introduction of Resource Allocation System (RAS) to enable assessors to discuss the indicative budget with citizens to support the co-production of support plans to meet identified outcomes.	Resource Allocation System (RAS) being reviewed	Amber
			Staff and multi-agency training workshops developed, including the introduction of Three Conversations approach through several innovation sites and the roll out of Good Conversations skills based training to all staff who will be involved in assessing.	On-going, see recommendation 12, 13 and 14	Amber
			Improvement targets set to increase use of Options 1 and 2, and performance measures established.	On-going, see recommendation 12, 13 and 14	Amber
			Continued roll out of access to SDS for carers.	Carers Strategy approved and implemented and rights of carers recognised within support plans	Amber
16	The Partnership should develop and implement a joint comprehensive workforce development strategy, involving the third and independent sectors. This will help to support sustainable recruitment and retention of staff, build sufficient	Tony / Jacqui	Develop a baseline workforce development plan using a six step methodology	Baseline plan completed in 2018 and signed off by EIJB in December 2018	Blue
			Develop an integrated framework for education and training	Workforce Steering Group had been established but found it difficult to progress because of membership capacity. Plan to develop a new Core Workforce Group which will report to EMT	Red

Page 277	capacity and ensure a suitable skills mix that delivers high quality services for older people and their carers		through the soon to be established Programme Board. National Guidance due in November 2019 with a likely recommendation of the Partnership must have 3 year integrated plan by March 2021	
		Engage with national apprenticeship scheme for caring roles	In place but not advanced due to capacity of Workforce Steering Group	Red
		Improve engagement with all stakeholder (staff, partnership and 3 rd , independent and voluntary sector organisations) in the development of workforce model	As above - integrated framework	Red
		Work in partnership with the newly established Quality Assurance Hub (recommendation 8)	See recommendation 8	Amber
Page 277	The Partnership should work with community groups to support a sustainable volunteer recruitment, retention and training model	Review existing city wide volunteering structures and networks	This folds into recommendation 2 and 3Cs and will be address in Programme Board Conversation 1 and links with the overarching community investment programme supporting prevention and early interventio	Red
		Build a robust relationship with our 3 rd Sector partners that supports community capacity building	As above	Red
		Agree the approach to produce a revised community group set up to align with Edinburgh volunteering strategy and maximise volunteer participation and retention	As above	Red

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**Edinburgh Health and Social Care
Partnership
Progress Review of Older People's
Services**

**Framework for Improvement Based on
the
Three Conversations Approach**

**Agreed by the Executive Management
Team: May 2019**

Introduction and Background

Joint Inspection

The Care Inspectorate and Healthcare Improvement Scotland (the Joint Inspectors) carried out an inspection of Older People's Services in Edinburgh in 2016 and reported their findings in a report published in 2017. The original report noted a number of areas of weakness across the partnership and set out 17 recommendations for improvement (fig 1 below).

It is normal practice, within joint inspections, that where a grade of 'weak' is applied, that the joint inspectors return within a year to assess progress. The progress review visit took place in June and July 2018 and the report published in December 2018. The review visit is not a further inspection and grades are not given, however levels of progress against the initial recommendations are provided.

The Partnership

This inspection was carried out on the wider partnership in Edinburgh – the Integration Joint Board (IJB) and the Health and Social Care Partnership (HSCP), and their partner organisations NHS Lothian (NHSL) and City of Edinburgh Council (CEC). Given the complex interrelationship between partners it's important that we address the remaining challenges set out in the report as a partnership and in a collaborative and collegiate way. However, given the number of recommendations, the issues they span and the requirement to make improvement at pace, it makes sense to have a single action plan, owned by all, but driven through the HSCP as the organisation responsible for operational delivery of Older People's Services in Edinburgh.

Actions, Improvement and Key Updates Since Review Visit

The review visit took place at a time of significant change in the IJB and HSCP. A new Chief Officer took up post in May 2018 and a new Head of Operations took up post formally in July that same year. Much focus and activity had taken place since the initial inspection and action plans developed however since then there has been an opportunity to review and refresh the HSCP's approach to addressing improvement and its wider strategic and transformational change.

A significant focus has been placed on addressing some of our key challenges in performance. These are clearly identified in both the initial report and in this follow up report – Delayed Discharges, people waiting for an assessment of care and people waiting for care. We can demonstrate that by February 2019 improvements had been made in a number of areas including:

- We have set clear trajectories of improvement for Delayed Discharges over the winter and into 2019. These are monitored closely and we have reported consistent improvement in meeting these targets each month since they were agreed;
- Linked to that, we have reduced the number of delays in NHS Lothian acute beds by 25% since September;
- We have reduced the number of people waiting in hospital for an assessment for social care 40 to 16 during the same time period;
- There have been more significant improvements in relation to people waiting for a Package of Care on NHSL acute sites – WGH has 48% fewer Delayed Discharges and RIE 16% fewer;
- We would also report that waits for care in care homes remain under pressure.

The additional investment of funding toward community care capacity has begun to be applied and providers are reporting positively. We anticipate the additional capacity this will purchase to come on stream in January (the time lag relating to recruitment, PVG checks, mandatory training of new staff etc). This will create further capacity and will enable both a targeting of delays, as well as supporting older people in the community remain at home.

Other areas of leadership for change and transformation have been identified and we can highlight:

- Significant activity around strategic planning and the development of our Outline Strategic Commissioning Plans (including the Older People's OSCP) – and in relation to engagement and participation with this being recognised as good practice in the recent Audit Scotland Report – 750 people;
- Carers' Strategy – we have undertaken a test of change in relation to carers' assessments and access to self directed support and a new carers' strategy is in development. A lot of engagement with carers, carers' groups and other stakeholders has taken place and the strategy will come to the IJB in February;
- The HSCP's first Workforce Plan has been developed following the '6 step' methodology and the baseline document will come to the IJB in December. A cross system workforce planning group is in place to oversee this work and the next steps of its development;
- The Chief Officer commissioned an independent review of the IJB's Governance and the report and recommendations will come to the IJB in December. If agreed, the actions taken to implement the recommendations will support a strengthened strategic leadership and direction and support a new transformation programme in support of the longer term vision and longer term sustainability of the HSCP.

Transformation and Change – Three Conversations Model

A proposal setting out a recasting of our strategic transformation model and vision will come to the IJB in February 2019. This is not the place to go into detail however the proposal sets out a reshaping of our model in Edinburgh aligned to the '3 conversations' model – summarised in Fig 2 below. The implementation of this programme, if successful, would support delivery of improvement against the inspection report and the follow up, and, beyond that, the longer term sustainability of good quality health and care services in Edinburgh which shift the balance of care, support independence and self direction, and which promote health and wellbeing.

The Approach to our Improvement Plan

Given our shift toward a new strategic transformation programme it makes sense that we align our inspection improvement work to that. In this way it will be embedded in our change programme and central to it. It is clear in the review follow up report itself that the joint inspectors believed we were too detailed in the initial response to the recommendations – the revised approach embeds this within longer term strategic change.

Fig 3 below sets out how we've mapped the recommendations against our three conversation approach. There are areas of overlap and our programme management approach will support us in ensuring both good governance of implementation and reducing duplication in delivery.

It should also be noted that we can demonstrate that we've closed off a number of recommendations since the visit in June.

Fig 1 Joint Inspection Recommendations

Noted below are an overview of all recommendations identified:

Recommendation 1	The partnership should improve its approach to engagement and consultation with stakeholders in relation to: <ul style="list-style-type: none"> - Its vision - Service redesign - Key stages of its transformational programme - Its objectives in respect of market facilitation
Recommendation 2	The partnership should further develop and implement approaches to early intervention and prevention services to support older people to remain in their own homes and help avoid hospital admissions
Recommendation: 3	The Partnership should develop exit strategies and plans from existing 'interim' care arrangements to help support the delivery of community based services that help older people and their carers to receive quality support within their own homes or a setting of their choice
Recommendation: 4	The Partnership should engage with stakeholders to further develop intermediate care services, including bed based provision, to help prevent hospital admission and to support timely discharge
Recommendation: 5	The partnership should work in collaboration with carers and carers organisations to improve how carers' needs are identified, assessed and met. This should be done as part of updating the carers strategy
Recommendation: 6	The Partnership should ensure that people with dementia receive a timely diagnosis and that diagnostic support for them and their carers is available.
Recommendation: 7	The Partnership should streamline and improve the falls pathway to ensure that older people's needs are better met
Recommendation: 8	The Partnership should develop joint approaches to ensure robust quality assurance processes are embedded in practice.
Recommendation: 9	The Partnership should work with the local community and other stakeholders to develop and implement a cross market facilitation strategy. This should include risk assessment and contingency plans
Recommendation: 10	The Partnership should produce a revised and updated joint strategic commissioning plan with detail on: <ul style="list-style-type: none"> • how priorities are to be resourced • how joint organisational development planning to support this is to be taken forward • how consultation, engagement and involvement are to be maintained • fully costed action plans including plans for investment and disinvestment based on identified future needs • expected measurable outcomes
Recommendation: 11	The Partnership should develop and implement detailed financial recovery plans to ensure that a sustainable financial position is achieved for the Integrated Joint Board
Recommendation: 12	The Partnership should ensure that: <ol style="list-style-type: none"> 1. there are clear pathways to accessing services 2. eligibility criteria are developed and applied consistently 3. pathways and criteria are clearly communicated to all stakeholders, and 4. waiting lists are managed effectively to enable the timely allocation of services (refer to recommendation 13)
Recommendation: 13	The partnership should ensure that: <ul style="list-style-type: none"> • people who use services have a comprehensive, up-to-date assessment and review of their needs which reflects their views

	<p>and the views of the professionals involved</p> <ul style="list-style-type: none"> • people who use services have a comprehensive care plan, which includes anticipatory planning where relevant • relevant records should contain a chronology <p>allocation of work following referral, assessment, care planning and review are all completed within agreed timescales</p>
Recommendation: 14	The Partnership should ensure that risk assessments and management plans are recorded appropriately and are informed by relevant agencies. This will help ensure that older people are protected from harm and their health and wellbeing maintained.
Recommendation: 15	The Partnership should ensure that self-directed support is used to promote greater choice and control for older people. Staff and multi-agency training should be undertaken to support increased confidence in staff in all settings so that they can discuss the options of self-directed support with people using care services
Recommendation: 16	The Partnership should develop and implement a joint comprehensive workforce development strategy, involving the third and independent sectors. This will help to support sustainable recruitment and retention of staff, build sufficient capacity and ensure a suitable skills mix that delivers high quality services for older people and their carers
Recommendation: 17	The Partnership should work with community groups to support a sustainable volunteer recruitment, retention and training model

Fig 2

1 Conversation 1 : Listen & Connect

Listen hard. Understand what really matters. Connect to resources and supports that help someone get on with their chosen life, independently.



2 Conversation 2 : Work intensively with people in crisis

What needs to change urgently to help someone regain control of their life? Put these into an emergency plan and, with colleagues, stick like glue to help make the most important things happen.



3 Conversation 3 : Build a good life

For some people, support in building a good life will be required.

What does 'a good life' look like? What resources, connections and support will enable the person to live that chosen life? How do these need to be organized?



**Conversation 1 – Listen and Connect
(Access, Wellbeing and Prevention)**

- Recommendation 1
 - Recommendation 2
 - Recommendation 5
 - Recommendation 6
 - Recommendation 7
 - Recommendation 8
 - Recommendation 9
 - Recommendation 10
 - Recommendation 11
 - Recommendation 12
 - Recommendation 13
- Recommendation 14
 - Recommendation 15

**Conversation 2 – Work Intensively with People in Crisis
(Crisis intervention, Short Term and Acute Services)**

- Recommendation 1
- Recommendation 4
- Recommendation 5
- Recommendation 6
- Recommendation 7
- Recommendation 8
- Recommendation 10
- Recommendation 11
- Recommendation 13
- Recommendation 15

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

- Recommendation 1
 - Recommendation 3
 - Recommendation 5
 - Recommendation 6
 - Recommendation 7
 - Recommendation 8
 - Recommendation 10
 - Recommendation 11
- Recommendation 13
 - Recommendation 15

Infrastructure and Enablers Programme

- Recommendation 1
 - Recommendation 5
 - Recommendation 6
 - Recommendation 7
 - Recommendation 8
 - Recommendation 9
 - Recommendation 10
 - Recommendation 11
 - Recommendation 13
- Recommendation 15
 - Recommendation 16
 - Recommendation 17

Recommendation: 1

The partnership should improve its approach to engagement and consultation with stakeholders in relation to:

- Its vision
- Service redesign
- Key stages of its transformational programme
- Its objectives in respect of market facilitation

Executive Lead:

Judith Proctor - Chief Officer

Last Update:

Jan 2019

Update Frequency:

3 monthly

Target Stage:

1 Year 3 Years 5 Years

Aim Statement

We are committed to ensuring there is an appropriate level of engagement with staff and key stakeholders including 3rd, independent and voluntary sectors in the design and implementation of our transformation and change programmes

Aligned to Quality Indicators:

- 9 - Leadership and Direction the supports partnership
- 9.1 - Vision, values and culture across the partnership
- 9.2 - Leadership of strategy and development
- 9.4 - Leadership of change and improvement

Targets

1 year: By December 2019

- A Transformation and change programme agreed and resourced by IJB by Feb 2019
- The transformation plan and delivery structure will set out clear engagement with key stakeholders at every stage
- There will be clear stakeholder involvement in the review of the partnership's vision and values
- Development of a partnership communication plan and a range of platforms to improve communication with key stakeholders
- Staff involvement in the key stages of service redesign will be set out and evidenced

3 years: By December 2021

- The transformation programme will evidence stakeholder led change and delivery
- Staff will be involved in decision making around service redesign and transformation and this will be evidenced through annual staff surveys and evidence of participation

5 years: By December 2023

- There is clear and visible leadership and participation by our staff and partners embedded across all service redesign, transformation and change programmes
- Plans and developments are co-produced and there is clear evidence of community / communities of interest participation in decisions that affect them

How will we do it?

- Clear programme board membership and participation plan for the three conversations approach.
- Where appropriate, fund in kind, 3rd, independent and voluntary sector engagement in transformation and change programmes
- Develop a stakeholder satisfaction survey to assess progress

- Establish stakeholder focus groups
- Develop a partnership website and social media platforms to improve communication with staff and key stakeholders
-

How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?

(Measures: process, outcome and balancing)

- Key stakeholder membership at programme board meetings
- Stakeholders fully engaged in all transformation and change programmes and market facilitation strategies
- Evidence of a shift in investment towards community organisations and 3rd and independent sectors
- Fully established EHSCP website with regularly updated information to keep staff and key stakeholders up to date on partnership business and developments
- Good level of attendance from all staff groups across the partnership at staff engagement sessions
- Positive stakeholder satisfaction survey results
- Evidence of 3rd, independent and voluntary sector attendance and input at programme board meetings
- Agreed timetable for stakeholder focus / engagement sessions
- Positive staff and stakeholder feedback through staff survey

What evidence do we have to support this?

- Evidence of engagement and participation clear in terms of reference of all our groups and through notes and minutes
- Stakeholder surveys at regular points of our work to gauge experience of role and its impact
- Number of community engagement opportunities evidenced will increase over the course of the programme
- Evidence of partnership approach to commissioning and service design

Recommendation: 2

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

Executive Lead:

Tom Cowan – Head of Operations

Last Update:

Jan 2019

Update Frequency:

3 monthly

Target Stage:

1 Year 3 Years 5 Years

Aim Statement

We are committed to building and reinforcing community capacity and support in order to avoid and reduce formal care and support. We are committed to the principles of a 'home first' model and our early intervention strategy and our prevention strategy will reflect that. We intend to invest in community capacity building and work collaboratively across all sectors. We are committed to the implementation of three conversations which will facilitate the transfer of resources to support early intervention and prevention services.

Aligned to Quality Indicators:

2 – Getting help and the right time

5 – Delivery of key processes

6 – Policy development and plans to support improvement in service

Targets

1 year: By December 2019

- Our conversation 1 programme board will be established and will have prioritised and agreed its key priorities to early intervention and prevention
- Explore and begin to develop sustainable expenditure
- Develop our current Be Able service

3 years: By December 2021

- We will have established a co-ordinated community capacity approach by developing a network of low level community connections to compliment the support available to support older people to remain in their own homes

5 years: By December 2023

- Early intervention and prevention will be the main focus in our approach to support older people to live independently in their own homes with improved outcomes.

How will we do it?

- Establish conversation 1 programme board
- Identify key priorities and manage these with robust programme / project management support
- Use Ministerial Steering Group (MSG) measures to monitor activity and measure improvement

How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?

(Measures: process, outcome and balancing)

- Reduction in the number of delayed discharges in acute hospitals
- Reduction in the number of >75 admissions and readmissions
- Reduction in the number of unscheduled hospital bed days

- Reduction in A&E attendances
- Reduction in the % of last 6 months spent in an acute setting
- Balance of care; % of population in community of institutional care
- Reduction in waiting lists for assessments and reviews
- Improved outcomes for service users
-

What evidence do we have to support this?

- Measurements against MSG improvement objectives.

Recommendation: 3

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

Executive Lead:

Pat Wynne – Chief Nurse

Last Update:

Jan 2019

Update Frequency:

3 monthly

Target Stage:

1 Year 3 Years 5 Years

Aim Statement

Deliver community based services to assist older people and carers to receive quality support at home or in a setting of their choice. Where it is identified that a person's needs can no longer be met at home and can only be met in a care home, we will ensure that there is a high quality, person centred interim and intermediate services, which can care for their needs while they are waiting for a permanent place in a care home of their choice. We have committed to the closure of our current interim facilities at Liberton Hospital and Gylemuir House Care Home as they no longer suitable.

Aligned to Quality Indicators:

- 2 – Getting help at the right time
- 6 – Policy development and plans to support improvement in service

Targets**1 year: By December 2019**

- Interim care at current establishments will be closed at Liberton Hospital and Gylemuir House Care Home. An intermediate care facility for 40 people will open at the Jardine Clinic in late 2019
- We will have reviewed our interim care arrangements and will have a clear plan in place, in terms of our interim care services. This is intrinsically linked with our bed based resources and we will manage this under Recommendation 4.
- Our interim care services will be supported by the appropriate home based pathways so that people only stay in interim care beds when there is no alternative and when they are waiting on a place at an identified care home becoming available. This is intrinsically linked with our bed based resources and we will manage this under Recommendation 4.

3 years: By December 2021

- **No further action specific to this recommendation as linked to and will be managed under Recommendation 4**
-

5 years: By December 2023

Not applicable

How will we do it?

- Capture improved interim care directions within Strategic Plan.
- Continue to work with all stakeholders to continually improve our interim care model.
- Continue to be clear on our interim care model and ensure that people have clear plans for moving on prior to admission.
- Identify how improvements in the care at home position can support more people to be cared for intensively at home as an alternative interim solution and while they are being assessed.

How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?

(Measures: process, outcome and balancing)

- People in our interim care facilities will not exceed maximum length of stay and will be assessed timeously with the appropriate level package of care, back to their own home.

What evidence do we have to support this?

Recommendation: 4

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

Executive Lead:

Tony Duncan – Head of Strategy

Last Update:

Jan 2019

Update Frequency:

3 monthly

Target Stage:

1 Year 3 Years 5 Years

Aim Statement

We will have clear pathways from home to hospital and then back to home which will provide the optimum level of care and rehabilitation for people so that they are supported to remain as independent as possible for as long as possible. This will be designed alongside the Three Conversations approach and it will support its implementation

Aligned to Quality Indicators:

2 – Getting help and the right time

5 – Delivery of key processes

6 – Policy development and plans to support improvement in service

Targets**1 year: By December 2019**

- Further engage with stakeholders to firm up plans for future intermediate care facilities, including whether this involves new buildings or different utilisation of current facilities such as HBCCC
- Analysis of current community intermediate care provision and understanding of how this could be improved to facilitate more intermediate care within people's own homes
- Agree the exit strategy for Liberton hospital which includes opening the Jardine clinic and transfer people from Liberton hospital
- Agree closure plan for Gylemuir House and transfer residents and staff
- We will have reviewed our interim care arrangements and will have a clear plan in place, in terms of our interim care services.
- Our interim care services will be supported by the appropriate home based pathways so that people only stay in interim care beds when there is no alternative and when they are waiting on a place at an identified care home becoming available.

3 years: By December 2021

Still to be agreed but will be informed by the planned Hospital at Home review, the bed based review and care at home review

5 years: By December 2023

We will have well established intermediate care in the community and within bed based resources that is a short term assessment and rehabilitation and reablement service

How will we do it?

- Conduct further engagement activities around bed based intermediate care proposals, particularly around how rehabilitation, HBCCC and internal care home facilities are utilised, to support the 'home first' approach
- Identify how community based intermediate care could impact on the bed numbers needed for bed based HBCCC, internal care home, rehabilitation and intermediate care

- Further analysis of pathways to understand optimum rehabilitation journey for people and the services required
- Gain feedback from the pilot of Discharge to Assess to understand if this could support the intermediate care model

How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?

(Measures: process, outcome and balancing)

- Fewer delayed discharges in RIE, WGH, Liberton hospital/the Jardine Clinic
- Service user feedback
- Increase number of frail elderly returning home rather than institutional care
- Increase number of frail elderly returning home with less intense Package of Care, therefore Decreasing additional demand for care at home services
- Reduce the number of people delayed in hospital when fit to go home (Delayed Discharge)
- Reduce length of stay and bed days lost to delays;
- Reduce unplanned admissions and re-admissions into acute hospitals;
- Reduce number of people waiting for an assessment and the length of time people wait for an assessment
- Sustainable intermediate care and support

What evidence do we have to support this?

- Through the Older People Partnership Working Group Redesign of Intermediate Care Models underway including internal care homes, HBCCC, Respite, Interim and intermediate care underway, and rehabilitation pathways, with intended outcomes:
 - Improve the experience for people receiving care and services
 - Improve frail elderly discharge pathway
 - Enable appropriate care capacity to meet needs with timely reviews
 - Development of a highly engaged, motivated, and supported workforce, able to utilise the full extent of their professional training and skills

The redesign and model review will be informed by work underway:

- A review of the orthopaedic rehabilitation pathways (27.03.19)
- A review of improving access and pathways, including Acute Care at Home Review (04.04.19)
- A review of respite provision and HBCCC (25.04.19)
- A review of community rehabilitation and intermediate care services is planned to
- Application of a Test of Change for Discharge to Assess, and planned roll out
- Engagement with key stakeholders and wider workforce in the redesign work, to understand the level of medical and rehabilitation needs presented within the pathway, and clearly seeking and challenging views about the environment in which care can be provided

Recommendation: 5

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

Executive Lead:

Tony Duncan - Head of Strategy

Last Update: Jan 2019	Update Frequency: 3 monthly	Target Stage: 1 Year 3 Years 5 Years
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Aim Statement

We will collaborate with carers and partners on all aspects of the implementation of the carers act and update the Edinburgh Joint Carers Strategy to include the contribution from key stakeholders.

Aligned to Quality Indicators:

5.4 – Involvement of individuals and carers in directing their own support

6.4 – Involving individuals who use services, carers and other stakeholders

Targets**1 year: By December 2019**

- By the end of January 2019, finalise the draft Edinburgh Joint Carers Strategy following consultation with adult and young carers and prepare the final version for ratification by the end of March 2019. This will include the statutory Short Breaks Services Statement (Unpaid Carers)
- Consider new ways of working with paid and unpaid colleagues and adopt the learning from successful pilots in North West Edinburgh and Longstone.
- Develop an implementation plan to support the rollout of the Carers Strategy in Edinburgh.
 - In partnership with third, independent and voluntary sectors, and in consultation with carer representatives, the needs of carers will be considered across each of the 3 conversation models.

3 years: By December 2021

- Review the carers strategy in consultation with key stakeholders.
- Paid and unpaid carers will be prevalent across all EHSCP delivered services.
- Collaborative work with carers and carers organisations will be embedded as continuous improvement business as usual

5 years: By December 2023

- The views of paid and unpaid carers will be prevalent across all EHSCP delivered services.

How will we do it?

- Consider paid and unpaid carer views in the development of the final revised Carer's Strategy for EHSCP, including the Short Breaks Services Statement for EHSCP
- Develop a clear implementation programme for the roll out of the carers strategy
- Ensure carer representation for each of the work streams identified as part of the implementation programme
- Invite carer representatives to join each of the 3 conversation programme boards

How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?

(Measures: process, outcome and balancing)

- Positive carer representative feedback.
- Performance data shows improvement against measurable indicators associated with the high level priorities and activities identified in the strategy, and recorded from April 2019.
- Number of Adult Carer Support Plans and Young Carer Statements Completed.
- Review of services and clear robust contract management.

What evidence do we have to support this?

- Redesigned paperwork to meet the new duties of the Carers (Scotland) Act 2016 – Adult Carer Support Plans, Eligibility Criteria.
- New business processes and supporting documentation produced and tested – SWIFT/AIS. This will allow performance to be measured and reported against key indicators from April 2019 onwards.
- Carers census survey results.
- Consultation data and report to inform Strategy Development and implementation.
- Regular progress reports including minutes from various groups / committees.
- Feedback from carers/case studies from pilots.
- Draft carers Strategy and Short Breaks Services Statement to 29th March 2019 IJB with high level implementation plan for ratification

Recommendation: 6

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

Executive Lead:

Tony Duncan – Head of Strategy

Last Update:

Jan 2019

Update Frequency:

3 monthly

Target Stage:

1 Year 3 Years 5 Years

Aim Statement

We are committed to delivering timely diagnosis and quality post-diagnostic support for people who have a dementia diagnosis and those who give support. We aim to deliver this within the EHSCP priority areas and in line with national policy, standards and local plans. This will link to other dementia related developments as outlined in the draft Strategic Plan's Older People' Commissioning Plan and draft IJB Directions.

Aligned to Quality Indicators:

2.2 – Prevention, early identification and intervention at the right time

5.1 – Access to support

5.2 – Assessing need, planning for individuals and delivering care and support

Targets

1 year: By December 2019

- 296
- Implement revised ISD data set for Scottish Government Local Delivery Plan (LDP) target on diagnosis and post-diagnostic support - *“To deliver expected rates of dementia diagnosis and all people newly diagnosed with dementia will have a minimum of a year’s worth of post – diagnostic support coordinated by a Link Worker, including the building of a person-centred support plan.”*
 - Through 2019 scoped and developed project plan for quality improvement work to streamline post-diagnostic support (PDS) referral pathways, including referral transitions and addressing any service provision gaps.
 - Through 2019 support post-diagnostic support training as a test of change development.
 - Implement revised service specification for the current Alzheimer Scotland PDS Service contract.
 - Develop and progress implementation plan for PDS developments, in partnership, which includes implementing published Quality Improvement Framework for PDS, PDS training model for staff, national Homebased Memory Rehabilitation pilot site. This will take account of links to Carers’ Act, technology enabled care and wider dementia pathways work.
 - To support GP Practices in North East Edinburgh National Innovation Test Site to test relocation of post-diagnostic support to primary care and scope opportunities for further development, ensuring it links with wider post-diagnostic support provision and developments. This includes the testing of both PDS group work and post-diagnostic support in care homes.
 - Improve the pathway for referral to diagnosis by working with locality MATs to find ways to streamline assessment and triage processes.

3 years: By December 2021

- Review current post-diagnostic support contract in place (1 April 2018 to 31 March 2021) by December 2020.
- From 2019 to 2021, support GP Practices in North East Edinburgh National Innovation Test Site to test relocation of post-diagnostic support to primary care.
- To share learning and continue to develop PDS delivery model as required in line with local and national influences.
- A clear pathway for referral to diagnosis of patients with symptoms of dementia.

5 years: By December 2023

- Continue to support dementia post-diagnostic support service developments, including service delivery, implementation of national Quality Improvement Framework, training, and data, taking account of local and national influences and Scottish Government Local Delivery Plan (LDP) target reporting requirements.

How will we do it?

- Multi-agency Edinburgh Dementia Post Diagnostic Support Reference Group in place. Terms of reference recently reviewed to take forward priority areas.
- Links to National Dementia Post Diagnostic Support Leads Group will help influence and shape Edinburgh developments taking account of developments, innovation and challenges experienced across Scotland.
- Dementia and Memory Support Steering Group in place for National PDS Innovation Test Site in Primary Care to take forward work.
- Continue to develop engagement opportunities with people living with a dementia diagnosis and their carers to ensure their views inform developments.
- Work with locality MATs to improve the pathway for referral to diagnosis by reviewing current pathways and streamlining the process for triage and assessment.

How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?**(Measures: process, outcome and balancing)**

- Increased numbers of people receiving timely post-diagnostic support through quantitative data from national reporting to ISD on Local Delivery Plan (LDP) target.
- PDS Contract – monthly and quarterly reporting.
- Report on the National Innovation Test Site in North East Edinburgh GP Cluster External evaluation, (through funding by Scottish Government contract for all national test sites evaluation) in which will further inform developments. Evaluation to begin in 2019.
- Engagement feedback from people living with dementia and their families on experiences of support, gaps and suggested areas for improvement.
- Test for change paper will be completed for improving the referral to diagnosis and onward signposting pathways.

What evidence do we have to support this?

- Review of contracted Alzheimer Scotland Dementia Post-Diagnostic Support Service completed April 2017. This included evidence gathered through 2 focus groups with people living with dementia and their carers, and a review of semi-structured questionnaires routinely sent to service users and their carers at 12 months post-diagnostic support.
- Monthly LDP Target reporting and ISD published performance report.
- Commitments 1 and 2 within Scotland's National Dementia Strategy 2017-2020 which specifically relate to further post-diagnostic support developments and testing relocation of PDS to Primary Care.
- A clear and timely pathway for referring patients for diagnostic tests and onward signposting for post diagnostic support

Recommendation: 7

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

Executive Lead:

Tom Cowan - Head of Operations

Last Update:

Jan 2019

Update Frequency:

3 monthly

Target Stage:

1 Year 3 Years 5 Years

Aim Statement

We will broaden our approach to managing falls and focus on prevention and early intervention as part of our falls pathways

Aligned to Quality Indicators:

- 2.2 – Prevention, early identification and intervention at the right time
- 2.3 – Access to information about support options including self directed support
- 5.3 – Shared approach to protecting individuals who are at risk of harm, assessing risk and managing and mitigating risks
- 6.2 – Partnership development of a range of a range of early intervention and support services

Targets

1 year: By December 2019 we will:

- have developed a process to proactively identify individuals at risk of falls and fractures at an early stage to ensure they are able access the right support at the right time.
- have successfully implemented "Prevention of Management of Falls in the Community: A framework for action for Scotland 2014/16"
- have tested the Care Inspectorates best practice tool 'Managing Falls and Fractures in Care Homes for Older People'
- review existing falls pathways
- provide targeted support to care homes
- engage with health promotion to develop public awareness campaign
- have completed a programme of training to locality hub and clusters

3 years: By December 2021

We will continue the work to improve our falls pathways and continue to test ways to reduce the number of falls in the community and our care homes through early intervention and prevention and it will be embedded in continuous improvement business as usual

5 years: By December 2023

We will continue to deliver a programme of improvement around access to falls services and falls prevention with good engagement with SAS, acute services, and 3rd, independent and voluntary sector organisations.

How will we do it?

Continue to deliver a range of initiatives with a focus on early prevention and intervention through a clearly developed programme of work.

How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?

(Measures: process, outcome and balancing)

Reduction in the number of falls resulting in injury and requiring hospital admission
Reduction in admission rates to A&E for people over the age of 65.
Reduction in the number of falls within care homes
Clear referral and care pathways

What evidence do we have to support this?

Recommendation: 8

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

Executive Lead:

Ian McKay – Clinical Director / Pat Wynne – Chief Nurse

Last Update:

Jan 2019

Update Frequency:

3 monthly

Target Stage:

1 Year 3 Years 5 Years

Aim Statement

We are committed to delivering high quality, safe care and support to all service users in the EHSCP by following the key principles of the Health and Social Care Standards: 'My support, my life.'

Aligned to Quality Indicators:

6.3 – Quality Assurance, self evaluation and improvement

9.4 – Leadership of change and improvement

Targets

1 year: By December 2019 we will have completed the workstreams to:

- Review the current quality assurance and improvement resource for the partnership including the understanding of partner's roles and contributions to EHSCP quality agenda to ensure there is a joint approach across all services.
- Agree the partnerships approach to quality assurance and improvement and review governance arrangements to ensure there is a clear reporting line for the escalation of care and service delivery concerns.
- Build capacity and capability around quality improvement across the partnership through the development of a Quality Assurance Hub
- Develop a clear joint reporting framework to gather information across services to provide assurance that the care we deliver meets an expected standard and as a tool to benchmark against good practice.
- Developed a framework for managing risk with a clear escalation route from service level to corporate level
- Adopt a single IT platform for managing risk

3 years: By December 2021 we will:

- have a fully developed and implemented Quality Framework for the partnership
- have an agreed set of quality standards linked to national standards that we will use to measure the quality of the services we deliver
- have a fully developed programme to introduce a single IT platform for reporting adverse events across all services and a joint policy for the review and investigation of adverse events and significant occurrences
- be able to demonstrate that quality is recognised as a cross cutting enable across the 3 conversations model for transformation and change

5 years: By December 2023 we will:

- be able to evidence that we deliver all our services to the highest possible standard by measuring against local and national standards.
- have a fully embedded culture of quality improvement across all our staff groups and our staff will be equipped with the knowledge and skills to allow them to influence improvement.

How will we do it?

1 year

- Review the current quality assurance and improvement resource in the partnership with a view to managing the resource centrally as part of the EHSCP Quality Hub. This

will increase the skill mix across the partnership and allow the resource to be managed more effectively to support the delivery of the agreed quality and assurance workstreams.

- Consider the requirements of the QA support available through safer and stronger communities to ensure the level of quality assurance support available to the partnership is sufficient enough to deliver the level of assurance required to ensure the services we deliver are of the highest standard
- Identify the key drivers required to support the development of a EHSCP Quality Hub
- Consider quality and assurance as part of the wider EHSCP governance review
- Review the current 'quality dashboard' model to establish if it provides the level of scrutiny required
- Develop a EHSCP corporate level risk register with a clear process for managing risk across the partnership
- Support locality and hosted service teams to develop local risk registers and provide training to aid appropriate identification of risk and appropriate escalation
- Implement DATIX as single system for risk management

3 years

- Involve key stakeholders in the development of a quality framework with measurable standards linked to the Health and Social Care Standards: My support, my life
- Prepare a business case highlighting the benefits and cost implications to move to a single IT platform for incident management

5 years

- The quality hub will be the main driver in the delivery of a fully embedded culture of improvement and assurance in EHSCP. The Quality Hub will continually review and measure against agreed standards and support staff across all professions to continually improve the standard of care we deliver across our services.

How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?

(Measures: process, outcome and balancing)

Partnership
Year 1
Year 2
Year 3
Year 4
Year 5

Centralised quality resource

Coaching network

EHSCP Quality Website

Clear arrangement with Safer and Stronger Communities Directorate for QA support

Quality and assurance part of the EHSCP governance framework for EHSCP

Reporting framework used across all services with a clear reporting line

Fully developed local and corporate risk registers

Single IT platform for risk management and service user feedback

Year 3

Agreed EHSCP Quality Framework

Measurable standards

Plan to introduce a single reporting system for incident management

Quality input into the 3 programme boards for transformation and change

Year 5

Fully developed and functioning quality hub with a range of skill mix across all professions.

Measurable standards consistently applied to measure the quality of services we provide

A comprehensive programme of improvement initiatives

What evidence do we have to support this?

Recommendation: 9

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

Executive Lead:

Tony Duncan – Head of Strategy

Last Update:

Jan 2019

Update Frequency:

3 monthly

Target Stage:

1 Year 3 Years 5 Years

Aim Statement

Building on the work conducted with local community and stakeholders to date; work in partnership to develop a cohesive approach to market facilitation which includes risk assessment and contingency plans for key market segments.

Aligned to Quality Indicators:

6.1 – Operational and strategic planning arrangements

6.5 – Commissioning arrangements

Targets**1 year: By December 2019**

- Have established principles for market facilitation.
- Develop and agree a plan to address each market segment based on a combination of priority, risk and opportunity.
- Have clear processes for engaging with key providers and other stakeholders to plan for the future.

3 years: By December 2021

- Co-produce with relevant stakeholders, the Edinburgh market shaping strategy, which includes risk assessment and contingency plans.
- Continue to improve engagement and relationships with all stakeholders
- New approach to the grants programme agreed with the 3rd sector

5 years: By December 2023

- Evidence that the impact of the well established relationships with stakeholders has improved the outcomes for the users of our services.

How will we do it?

- Identify and agree key market segments.
- Identify the best approach to engaging with each segment (building on networks that already exist).
- Work together to agree principles for working together.
- Work together to identify upcoming challenges in key market segments and work together to address these.
- Establish a regular forum for engagement with the 3rd sector

How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?**(Measures: process, outcome and balancing)**

- There will be clearly identified mechanisms for engaging with market segments.

- Market facilitation principles will be produced and agreed.
- Marked improvement in engagement across all provider groupings.

What evidence do we have to support this?

Recommendation: 10

The Partnership should produce a revised and updated joint strategic commissioning plan with detail on:

- how priorities are to be resourced
- how joint organisational development planning to support this is to be taken forward
- how consultation, engagement and involvement are to be maintained
- fully costed action plans including plans for investment and disinvestment based on identified future needs
- expected measurable outcomes

Executive Lead:

Tony Duncan – Head of Strategy

Last Update:
Jan 2019

Update Frequency:
3 monthly

Target Stage:
1 Year 3 Years 5 Years

Aim Statement

The EIJB draft Strategic Plan for 2019-2022 will contain a full range of steps to be taken to improve older people’s care in accordance with the inspection report.

Targets

1 year: By December 2019

- Review the strategy for older people as part of the development and production of the new EIJB Strategic Plan taking full account of the Inspection report
- Develop action plans which include anticipated cost implications, active monitoring cost implications and develop costed business cases at key decision making points.
- Develop engagement and communications plan.

3 years: By December 2021

- Review Older People care within the EIJB Strategic Plan against action plans and the Inspection report.
- Review progress on action plans and business cases.

5 years: By December 2023

How will we do it?

- Engage and consult on the draft EIJB Strategic Plan between February and May 2019.
- Gain Board approval on the EIJB draft Strategic Plan at the EIJB on 29 March 2019 prior to commencement of a 3-month consultation phase.
- Publish the Strategic Plan – expected in summer 2019.
- Develop action plans which take forward the direction of travel set out in the Strategic Plan. These will include anticipated cost implications, active monitoring of costs and will escalate costed business cases at key decision making points.
- Develop an engagement strategy alongside the strategic plan.

How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?

(Measures: process, outcome and balancing)

- EIJB Strategic Plan 2019-2022 will be published and ongoing monitoring of the actions and implementation plans.
- Analysis of the performance management framework
- Engagement plan actions have been achieved.
- Action plans have been achieved.

What evidence do we have to support this?

Recommendation: 11

The Partnership should develop and implement detailed financial recovery plans to ensure that a sustainable financial position is achieved for the Integrated Joint Board

Executive Lead:

Moira Pringle - Chief Finance Officer

Last Update:

Jan 2019

Update Frequency:

3 monthly

Target Stage:

1 Year 3 Years 5 Years

Aim Statement

We will produce a comprehensive 3 year financial plan setting out the quantum of the financial challenge facing the IJB and reflecting the aims and ambitions set out in the strategic plan.

Aligned to Quality Indicators:

8.1 – Management of resources

Targets

1 year: By December 2019 we will have:

- An IJB financial plan for 2019/20 developed reflecting the budgets delegated by NHS Lothian and CEC and agreed by IJB
- An approved savings and recovery programme for 2019/20 which is reviewed regularly and progress updates given to the IJB
- A 3 year financial framework developed in line with the strategic plan
- Started work with the IJB to consider its risk appetite, in particular how it views the balance of financial and service risks

3 years: By December 2021:

- We will have processes in place to refresh and update the financial plan on a routine basis
- We will have developed a financial strategy aligned to the strategic plan
- The IJB will have agreed its risk appetite

5 years: By December 2023 we will have:

- A financial framework which allows us to plan and deliver high quality services improving overall outcomes for the citizens of Edinburgh
- A level of financial intelligence to model, predict, plan and evaluate the impact of service change including the transfer of resource from acute services to community services.

How will we do it?

- Through a series of workshops with the IJB, develop and deliver a savings programme for 2019/20
- Agree the budgets delegated by our partners In line with our budget protocol
- Produce a financial plan for agreement by the IJB
- Work closely with the heads of finance in NHS Lothian and CEC to ensure the appropriate level of financial support is available to support the development of our strategies.

How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?

(Measures: process, outcome and balancing)

- Agree a financial plan based on delegated budget
- Have a credible savings plan which is on target for delivery

What evidence do we have to support this?

The Partnership should ensure that:

1. there are clear pathways to accessing services
2. eligibility criteria are developed and applied consistently
3. pathways and criteria are clearly communicated to all stakeholders, and
4. waiting lists are managed effectively to enable the timely allocation of services (refer to recommendation 13)

Executive Lead:

Tom Cowan – Head of Operations

Last Update:

Jan 2019

Update Frequency:

3 monthly

Target Stage:

1 Year 3 Years 5 Years

Aim Statement

We aim to provide clarity and consistency to our pathways for accessing services. We aim understand how we engage with people. We aim to introduce Three Conversations

Aligned to Quality Indicators:

5 – Delivery of key processes

Targets

1 year: By December 2019

Under the umbrella of Three Conversations we will:

- Develop a new protocol and processes to improve the quality and efficiency of screening and allocation
- Improve the standard for responding to referrals and initial conversations
- Improve the waiting time for assessments
- Review ICT and business processes to support new ways of working
- Identify mechanisms to clear the backlog of assessments and reduce waiting lists
- Develop, agree and implement the Edinburgh Offer

3 years: By December 2021

Access to services will be integrated into the Three Conversations approach

5 years: By December 2023

There will be clear pathways for stakeholders to access our services in a timely manner and be signposted to services within agreed timescales.

How will we do it?

- Implement Three Conversations with the first principle of a providing and immediate response to someone contacting us
- Simplify review processes
- Introduce a performance framework to continually measure improvement
- Work closely with data and compliance team to review and cleanse the list of overdue reviews

How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?

(Measures: process, outcome and balancing)

- Our pathways will be clear and easy to navigate
- Reduction in front end waiting lists

- Eliminate waiting lists for assessments

What evidence do we have to support this?

Recommendation: 13

The partnership should ensure that:

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

Executive Lead:

Tom Cowan – Head of Operations

Last Update:

Jan 2019

Update Frequency:

3 monthly

Target Stage:

1 Year 3 Years 5 Years

Aim Statement

In line with our implementation of Three Conversations, we will provide a clear and comprehensive process and engagement strategy for the assessments and review of people's needs that is proportionate to need and complexity.

Aligned to Quality Indicators:

- 1 – Key performance outcomes
- 5 – Delivery of key processes

Targets

1 year: By December 2019 we will:

Under the umbrella of Three Conversations we will

- Review and streamline the assessment process and documentation
- Review the process of engagement with stakeholders
- Ensure chronologies are determined by the complexity of individual care plans

3 years: By December 2021

Assessments and care planning will be part of the Three Conversations approach

5 years: By December 2023

All people that use our services will have access to a level of resource and support proportionate to their needs, with a good standard of assessment, care planning and review.

How will we do it?

Review as part of recommendation 12

Use the principles of building on individual assessments

Develop a new protocol to streamline the process for assessment, review and care planning under the 3 conversations model.

**How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?
(Measures: process, outcome and balancing)**

Our pathways will be clear and easy to navigate

Reduction in front end waiting lists

Chronologies proportionate to the level of complexity

What evidence do we have to support this?

Recommendation: 14

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

Executive Lead:

Tom Cowan – Head of Operations

Last Update:

Jan 2019

Update Frequency:

3 monthly

Target Stage:

1 Year 3 Years 5 Years

Aim Statement

Our processes for managing risk are effective to ensure the safety of our service users

Aligned to Quality Indicators:

5.3 - Shared approach to protecting individuals who are at risk of harm, assessing risk and managing and mitigating risks

Targets

1 year: By December 2019 we will:

- streamline the process for tracking and monitoring IRDs
- continue the development of a programme of ASP training at level 1,2,3 and 4
- progress with health participation in IRDs
- ensure health participation in all IRDs (conversations and recording) standard by end 2019
- ensure all APCC plans are SMART
- recognise the 'Duty to Inquire' stage as a formal assessment
- move the Complex Risk Assessment to a more person centred asset based Safety Assessment
- ensure all staff who take lead in adult protection investigations are offered appropriate level of support

3 years: By December 2021

We will be confident that our systems and processes are robust enough to provide assurance that the users are services are safe and where risk is a concern, people are assessed appropriately.

5 years: By December 2023

Good quality and appropriate risk assessments and robust risk management plans, informed by relevant partners will be evidenced in continuous improvement business as usual to ensure older people are protected from harm

How will we do it?

The Senior Manager for Regulation and Compliance (Safer and Stronger Communities) will lead on a programme of improvement work to address the identified priorities

**How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?
(Measures: process, outcome and balancing)**

What evidence do we have to support this?

Recommendation: 15

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

Executive Lead:

Tom Cowan – Head of Operations

Last Update:

Jan 2019

Update Frequency:

3 monthly

Target Stage:

1 Year 3 Years 5 Years

Aim Statement

We are committed to enabling citizens of Edinburgh to live their own chosen life independently with the right resources and support. We aim to implement Three Conversations which will promote greater choice for people and will ensure staff in all settings are confident about discussing self-directed support.

Aligned to Quality Indicators:

2 – Getting help at the right time

7.3 – Training, development and support

Targets

1 year: By December 2019

- Introduction of clear guidance for staff, articulating the intent and core principles of self-directed support, as well as revised step by step processes.
- Re-introduction of Resource Allocation System (RAS) to enable assessors to discuss the indicative budget with citizens to support the co-production of support plans to meet identified outcomes.
- Staff and multi-agency training workshops developed, including the introduction of Three Conversations approach through several innovation sites and the roll out of Good Conversations skills based training to all staff who will be involved in assessing.
- Improvement targets set to increase use of Options 1 and 2, and performance measures established.
- Continued roll out of access to SDS for carers.

3 years: By December 2021

- A catalogue of “stories of difference” to support workers to be more creative in their approach to support planning
- Demonstrated qualitative improvements in practice which will be supported by the roll out of the 3 conversation model, to be introduced in 2019
- Demonstrate senior management support through creative solutions decision making

5 years: By December 2023

- Have a fully embedded culture which meets our Aim Statement.

How will we do it?

- Working with Partners for Change to introduce the 3 Conversation Approach.
- Introducing workers handbook providing clear guidance for SDS practice, which will increase worker confidence.
- Roll out training workshops to support SDS quality practice.

How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?

(Measures: process, outcome and balancing)

- Increased proportion of people in receipt of support services using Options 1 and 2.
- Implementation of RAS and working with individuals to use their budgets creatively.
- Variety of “stories of difference”..
- Staff satisfaction surveys.

What evidence do we have to support this?

- Tools introduced with 3 Conversation Model will measure and evidence success, as demonstrated in other authorities with whom they have worked.

Recommendation: 16

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

Executive Lead:

Pat Wynne – Chief Nurse

Last Update:

Jan 2019

Update Frequency:

3 monthly

Target Stage:

1 Year 3 Years 5 Years

Aim Statement

Develop a flexible and sustainable workforce across EHSCP by improving staff development opportunities and by investing in staff health and well being

Aligned to Quality Indicators:

6.4 – Involving individuals who use services, carers and other stakeholders

7 – Management and support of staff

9.3 – Leadership of people across the partnership

Targets**1 year: By December 2019**

- Develop a baseline workforce development plan using a six step methodology
- Develop an integrated framework for education and training
- Engage with national apprenticeship scheme for caring roles
- Improve engagement with all stakeholder (staff, partnership and 3rd, independent and voluntary sector organisations) in the development of workforce model
- Work in partnership with the newly established Quality Assurance Hub (recommendation 8)

3 years: By December 2021

- We will continue to use the workforce development pan to further strengthen our workforce
- We will have a well established partnership employee health and wellbeing strategy

5 years: By December 2023

- We will have a fully developed workforce to deliver a high standard of care across all services in EHSCP

How will we do it?

Workforce plan to be overseen by EHSCP workforce development group
 Recruit 17 modern apprentices to work in caring roles across EHSCP
 Promote the health and wellbeing of staff to help stabilise the current workforce
 Succession planning
 Transform role – identify skill mix across all professions
 Review processes for recruitment

Proactively manage sickness absence across all services
Move to a single framework (imatters) to measure staff satisfaction

How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?
(Measures: process, outcome and balancing)

Reduction in absence rates
Measure against a standard that all posts will be filled within 10 weeks
Reduction in vacancy rate to <5% across all sectors
Staff surveys will indicate staff are more confident and competent
Our workforce remains with us and more people want to work in the Partnership

What evidence do we have to support this?

Recommendation: 17

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

Executive Lead:

Tom Cowan – Head of Operations

Last Update:

Jan 2019

Update Frequency:

3 monthly

Target Stage:

1 Year 3 Years 5 Years

Aim Statement

Support organisations to develop volunteering networks and thereby building community capacity that supports early intervention and links with Recommendation 2. Our aim is to support community capacity and sustainable communities that support people through the implementation of Three Conversations

Aligned to Quality Indicators:

8 – Partnership working

Targets

1 year: By December 2019

- Review existing city wide volunteering structures and networks
- Build a robust relationship with our 3rd Sector partners that supports community capacity building
- Agree the approach to produce a revised community group set up to align with Edinburgh volunteering strategy and maximise volunteer participation and retention

3 years: By December 2021

- Implement the EHSCP elements to the Edinburgh Volunteer Strategy

5 years: By December 2023

- Well established volunteer network across all services in EHSCP that supports our strategic aims

How will we do it?

- Engage through the delivery group set up by volunteer Edinburgh
- Start work on reviewing the existing structures

How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?

(Measures: process, outcome and balancing)

- Increase in the number of volunteers, their satisfaction and retention.

What evidence do we have to support this?

Report

Finance Update

Edinburgh Integration Joint Board

10 December 2019

Executive Summary

1. The purpose of this report is to provide the Edinburgh Integration Joint Board (EIJB) with an update on the financial position.

Recommendations

2. The Integration Joint Board is asked to:
 - i. note that a version of this report was scrutinised by the Performance and Delivery Committee (P&D) on 20th November 2019;
 - ii. note the financial position for delegated services for the first 7 months of the year;
 - iii. note that moderate assurance can be given that the Integration Joint Board can achieve in year financial balance;
 - iv. agree that, if overall financial balance is achieved, a direction is issued to the Council to address the health and social care budget gap; and
 - v. support the Chief Officer and Chief Finance Officer's ongoing discussions on the 2020/21 budget.

Background

3. The October meeting of the Integration Joint Board (IJB) considered the update on the 19/20 financial position and agreed to use a combination of IJB reserves and monies related to centrally funded initiatives to balance the plan.
4. This report provides an update following the publication of the City of Edinburgh Council (the Council) and NHS Lothian financial results to September 2019 and provides moderate assurance of financial breakeven.

5. There are 3 elements to achieving a balanced financial position for 2019/20, which are discussed individually below:
 - (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**.

Operational breakeven

6. 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. The majority these services are delivered through the Partnership with the balance being managed by NHS Lothian under the strategic direction of the IJB.
7. Table 1 below summarises the operational position for delegated services (incorporating the impact of the savings and recovery programme). Further detail is included in appendices 1 (NHS Lothian) and 2 (the Council):

	Year to date			Year end forecast
	Budget £k	Actual £k	Variance £k	£k
NHS services				
Core	174,061	174,252	(191)	797
Hosted	48,221	47,770	451	731
Set aside	52,580	53,439	(859)	(948)
Sub total NHS services	274,862	275,461	(599)	581
CEC services	132,648	131,736	912	1,563
Total	407,510	407,197	313	2,144

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

8. The Council has just completed its period 7 monitoring report which focuses on the projected outturn for the year. As highlighted in the previous finance report, the Council’s finance team were undertaking further detailed work to forecast the year end position based on review of the period 6 position. This included additional modelling on the cost of free personal care for the under 65s. Also referred to as “Frank’s Law” this was implemented on 1st April 2019 with funding of £3.023m made available by the Scottish Government. Current projections show that full year costs of at least £3m for new personal care provision for under 65s has been added to the system between April 2019 and September 2019, fully utilising the funding available. This is a change from the position reported to the IJB in October which assumed slippage of c£1m would be available.

9. The team also did some further work on the purchasing budget, including a review of the £8m provided in the financial plan for demography. This was set on a prudent basis, taking account previous patterns of expenditure and anticipated growth. Reviewing these assumptions against costs incurred to date the belief is that the full amount included in the financial plan for demography is not required in year. After building in a further increase (£3m) in purchasing between now and the end of the financial year, £1.8m of the demography provision remains unallocated, largely accounting for the year end forecast for Council services of £1.6m. A breakdown of the offsetting variances is available in appendix 2, the format of which has been revised from previous reports to lay out the information in a more informative way.
10. NHS Lothian has now published the financial results to the end of October and finalised their quarter 2 review. This shows a slight improvement (£0.6m) from the quarter 1 forecast. However the underlying theme of pressures in set aside services offset by projected underspends in core and hosted services remains. By the end of the year, set aside services are projected to be over budget by £0.9m. 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). Further scrutiny of the set aside position will be undertaken by P&D at its meeting in January 2020. This will include discussion on: the factors impacting the financial position; offsetting mitigations and actions being taken; progress with savings and recovery plans; and will touch on the implications for next year's financial plan.

Savings and recovery programme

11. The IJB agreed a programme to deliver in year savings of £11.9m, 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.
12. 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 are 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	13,495
Projected variance	1,554

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

13. 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. A paper on the impact of the closure was considered by the P&D committee on 20th November 2019. Further, any slippage in individual projects is more than offset by other mitigations.

Closing the budgetary gap

14. At the IJB's meeting in October, members agreed the use of slippage to close the in year financial gap. Following this, and as discussed above, the Council's finance team reviewed the financial impact of Frank's law. This exercise identified that the costs had been higher than previously calculated and, as a result, slippage on the associated funding is no longer available to support the overall financial position. However this is more than offset by the unallocated demography funding (also referenced above). Taking these factors into account and the agreements made by the IJB in October leaves a small projected surplus of £0.6m. The overall position is summarised in table 3 and will clearly be closely monitored in the remaining months.

	£k
Operational position	2,144
Adjust for CEC budget gap	(9,691)
Balance to be funded	(7,547)
<i>IJB agreed actions</i>	
Partnership wide savings	3,076
Contribution from reserves	2,360
Slippage	2,684
Potential surplus	573

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

15. Previous reports to the IJB highlighted that, whilst the IJB was in overall financial balance, the Council retained a budget gap of £9.7m (as per table 3 above). Given that moderate assurance of in year balance has been received it is recommended that the IJB now agree to direct sufficient resource back to the Council to allow the delegated services they run to break even. As per appendix 2 this currently equates to £8.1m and it is proposed that a direction is issued later in the financial year in line with the final outturn.

20/21 budget setting

16. At the meeting in October 2019 the IJB received an update on the financial framework for 2020-2023, including a projected savings target of £35m for 2020/21. This gap is based on the current financial planning assumptions of our partners and, as instructed by the IJB, the Chief Officer has written to the Council's Head of Finance to express the IJB's concern about the potential impact of the Council's proposed settlement on the services the IJB is responsible for, and the sustainability of recent performance improvement were this to be the final position. No response has been received at the time of writing.

17. The upcoming general election has impacted on the planned timetable for budget setting with both the UK and Scottish budgets being postponed. This clearly impacts on the timetables for both our partners and, consequently, the IJB itself. Despite the uncertainty around the timescales, the Chief Officer and Chief Finance Officer continue to work with colleagues in the Council and NHS Lothian as their respective financial plans are developed.

Key risks

18. 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) demand drives costs associated with external purchasing; and
 - (c) delivery of the savings and recovery programme in line with projections.

Financial implications

19. Outlined elsewhere in this report.

Implications for directions

20. There are no immediate implications for directions arising from this report. If the recommendation in this report is agreed, a direction will be issued to the Council to address the budget shortfall when the year end outturn is known.

Equalities implications

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

Sustainability implications

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

Involving people

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

Impact on plans of other parties

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

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Appendices

Appendix 1	Financial position to September 2019 and year end forecast for NHS delegated services
Appendix 2	Financial position to September 2019 and year end forecast for council delegated services
Appendix 3	Edinburgh IJB savings and recovery programme 2019/20 projected delivery
Appendix 4	Glossary of terms

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

	Annual budget £k	To October 2019			Forecast Variance £k
		Budget £k	Actual £k	Variance £k	
Core services					
Community Equipment	2,323	1,355	1,661	(306)	(525)
Community Hospitals	12,527	7,280	7,247	33	89
District Nursing	11,803	6,764	6,395	369	478
Geriatric Medicine	4,135	2,056	2,027	30	(0)
GMS	81,699	46,538	46,232	306	(110)
Mental Health	10,728	6,111	5,606	505	874
PC Management	43,807	27,318	27,457	(139)	(290)
PC Services	11,050	5,506	5,897	(390)	(104)
Pharmacy	1,684	903	903	0	0
Prescribing	79,342	45,134	45,833	(699)	128
Resource Transfer	23,737	16,318	16,315	3	3
Substance Misuse	2,999	1,728	1,793	(66)	(71)
Therapy Services	10,456	5,889	5,787	102	140
Other	2,076	1,161	1,098	63	185
Sub total core	298,364	174,061	174,252	(191)	797
Hosted services					
GMS	7,833	2,452	2,520	(68)	7
Hospices & Palliative Care	2,503	1,458	1,470	(11)	(0)
Learning Disabilities	7,947	4,292	4,583	(292)	(298)
LUCS	6,707	4,276	4,276	(0)	(0)
Mental Health	27,408	15,596	15,669	(73)	(229)
Oral Health Services	9,762	5,835	5,624	210	207
Psychology Services	4,288	2,535	2,599	(64)	(132)
Rehabilitation Medicine	3,529	1,975	1,786	189	426
Sexual Health	3,648	2,015	2,060	(46)	(108)
Substance Misuse	2,671	1,391	1,408	(17)	18
Therapy Services	7,375	4,158	3,985	173	293
UNPAC	3,743	1,427	1,163	264	681
Other	2,447	812	627	186	(135)
Sub total hosted	89,861	48,221	47,770	451	731
Set aside services					
Acute Management	2,697	1,450	1,538	(88)	(159)
Cardiology	4,758	2,761	2,776	(15)	(106)
ED & Minor Injuries	8,777	4,822	4,957	(135)	(457)
Gastroenterology	3,357	2,001	1,943	58	(109)
General Medicine	26,362	15,260	15,712	(451)	(537)
Geriatric Medicine	14,309	8,348	8,257	91	157
Junior Medical	14,659	8,574	8,772	(199)	(360)
Respiratory Medicine	5,683	3,296	3,467	(172)	(250)
Therapy Services	7,215	4,075	4,103	(28)	(119)
Other	6,466	1,993	1,913	80	991
Sub total set aside	94,283	52,580	53,439	(859)	(948)
Total	482,508	274,862	275,461	(599)	581

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

	Annual budget £k	To October 2019			Forecast Variance £k
		Budget £k	Actual £k	Variance £k	
Internal services					
Assessment & care management	13,093	7,638	7,573	65	111
Care at home	24,530	14,309	14,422	(113)	(194)
Care and support	7,807	4,554	4,653	(98)	(169)
Day services	10,717	6,251	5,886	366	627
Direct payments	8,282	4,831	5,179	(348)	(597)
Equipment services	3,069	1,790	2,097	(306)	(525)
Management/strategy	7,678	4,479	4,450	28	48
Other services	2,836	1,654	1,708	(54)	(92)
Residential services	27,149	15,837	16,063	(226)	(388)
Therapy services	3,560	2,076	2,060	17	29
Pension costs	439	256	256	0	0
Unallocated demography	1,825	1,065	0	1,065	1,825
Sub total internal services	110,984	64,741	64,346	394	676
External services					
Assessment & care management	519	303	303	0	0
Care at home	29,869	17,424	17,357	67	115
Care and support	54,714	31,917	31,702	215	368
Day services	12,612	7,357	7,374	(18)	(30)
Direct payments/individual service funds	33,575	19,586	19,612	(27)	(45)
Other services	9,600	5,600	5,603	(3)	(5)
Residential services	68,014	39,675	39,542	133	228
Sub total external services	208,903	121,860	121,493	368	630
Income	(40,765)	(23,780)	(23,930)	150	257
Funding	(51,725)	(30,173)	(30,173)	0	0
Total delegated budget	227,397	132,648	131,736	912	1,563
Budget gap	(9,691)	(5,653)	0	(5,653)	(9,691)
Net ledger position	217,706	126,995	131,736	(4,741)	(8,128)

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	0	(500)
Reduction in agency staffing expenditure	700	700	250	(450)
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	0	(250)
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	0	(350)
Mental health and disabilities efficiencies	1,393	736	736	0
Community/hospital interface	500	375	100	(275)
Other				
Scheduling efficiencies in home care	250	125	0	(125)
Uplifts to rates	550	550	550	0
Efficiencies in hosted and set aside	1,473	1,890	3,343	1,453
Increases to charges	500	500	500	0
Prescribing	2,123	2,123	2,123	0
Mitigating offsets			1,325	1,325
Total	14,889	11,941	13,495	1,554

GLOSSARY OF TERMS

TERM	EXPLANATION
ASSESSMENT AND CARE MANAGEMENT	Predominantly social work, mental health and substance misuse teams
CARE AT HOME	Services provided to over 65s in their homes.
CARE AND SUPPORT DAY SERVICES	Services provided to under 65s in their homes.
DIRECT PAYMENTS	Option 1 of self directed support where the client has chosen to be responsible for organising their care.
EQUIPMENT SERVICES	Provision of equipment to clients, including community alarms and adaptations. Budget includes costs incurred on behalf of CEC Housing Services, NHS, East Lothian and Midlothian partners that are subsequently recovered.
FREE PERSONAL/ NURSING CARE HOSTED SERVICES	Personal and nursing care payments to providers for clients that are fully self funding.
INDIVIDUAL SERVICE FUNDS MANAGEMENT / STRATEGY	Services which are operationally managed on a pan Lothian basis either through one of the 4 Health and Social Care Partnerships or Royal Edinburgh and Associated Services (REAS). Option 2 of self directed support where the client has chosen for a 3rd party (not the Council) to organise their care. Predominantly the costs of executive management team, locality management team, strategy team, contracts team and other service wide budgets.
OTHER SERVICES	Mainly grants and block contract payments to organisations that provide more than one type of service. The internal element includes sheltered housing and supported accommodation.
RESIDENTIAL SERVICES	Services provided to clients in care homes.
SET ASIDE SERVICES	Acute hospital based services managed on a pan Lothian basis by NHS Lothian
THERAPY SERVICES	Mainly occupational therapy teams.
UNALLOCATED DEMOGRAPHY UNPAC	Demography budget that has been identified as currently not required in year. Services provided for Lothian residents out with Lothian.

Report

Equality Outcomes and Mainstreaming Report 2019 - 2023 Edinburgh Integration Joint Board

10 December 2019

Executive Summary

1. To meet obligations placed on public bodies by the Equality Act 2010 and associated regulations, the Edinburgh Integration Joint Board (EIJB) must publish a set of Equality Outcomes at least every four years.
2. The EIJB's first set of Equality Outcomes were published in April 2016 however the EIJB recommended at its meeting on 2 March 2018 that the next set of Equality Outcomes should be developed as part of the process of developing the Strategic Plan for 2019-2022.
3. The attached draft "Equality Outcomes and Mainstreaming Report" sets out the new Equality Outcomes for 2019-2023.

Recommendations

4. The Integration Joint Board is asked to:
 - i. Approve the Equality Outcomes contained in para 14.
 - ii. Approve the "Equality Outcomes and Mainstreaming Report" attached as Appendix 1.

Strategic Planning Group (SPG)

5. This report was considered by the SPG on 22 November 2019. It was noted that this is a mandatory requirement set by the Scottish Government. Minor amendments were directed to be made and the recommendations accepted for submission to the EIJB.

The Public Sector Equality Duty

6. The Public Sector Equality Duty, laid out in the Equality Act 2010, requires public bodies (including Integration Joint Boards) in the exercise of their function to have due regard to the need to:
 - i. Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act
 - ii. Advance equality of opportunity between people who share a relevant protected characteristic and those who do not, and
 - iii. Foster good relations between people who share a protected characteristic and those who do not.

In addition, the Equality Act 2010 (specific Duties) (Scotland) Regulations 2012, requires IJBs to:

- report and publish progress on mainstreaming equality
 - publish equality outcomes and report progress
 - assess and review policies and practices in relation to the equality duties listed above (impact assessments) and make publicly available
7. In April 2018, the Fairer Scotland Duty, under Part 1 of the Equality Act 2010, came into force across Scotland. The new duty places a legal responsibility on public bodies to pay due regard to how they can reduce inequalities of outcomes caused by socio-economic disadvantage when making strategic decisions. Public bodies are required to publish a written assessment showing how they have fulfilled this duty.
 8. The Integrated Impact Assessment (IIA) process, already adopted by the Health and Social Care Partnership, is a mechanism which helps ensure that the duty to assess and review policies and practices is met and includes the need to consider the impact of any new proposals on those who are socio-economically disadvantaged alongside those with protected characteristics.
 9. The table below sets out the Specific Duties of the Act and relevant timescales in relation to the EIJB.

Duty	Equality Act reference	Summary of requirements	Frequency	Last published
Equality Outcomes	Section 4(1)&(2) The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012	Publish a set of Equality Outcomes having involved protected characteristic groups/ individuals and used available evidence	At least every 4 years	EIJB's first set of Equality Outcomes were published in April 2016. The new Equality Outcomes are noted in para 10 of this report
Report on mainstreaming the equality duty	Section 3 The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012	Publish a report on the progress made to make the general equality duty integral to the exercise of functions	At least every 2 years	First reported April 2016. Latest report 2 March 2018. Equality Duty and Equality Outcomes Progress Report . Next report due March 2020
Progress against Equality Outcomes	Section 4(4)&(5) The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012	Publish a report on the progress made to achieve the Equality Outcomes	At least every 2 years	Latest report 2 March 2018. Equality Duty and Equality Outcomes Progress Report . Next report due March 2020
Equality Impact Assessments	The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 Section 5 The Equality Act Part 1, Section 1 Public sector duty regarding socio-economic inequalities	Conduct IIAs for new/revised policies and publish these When making decisions of a strategic nature, have due regard to reduce the inequalities of outcome which result from socio-economic disadvantage	Ongoing	Ongoing, published on Transform website
Gather and use employee information	The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 Section 6	Not required as the IJB does not have employees	N/A	N/A
Gender pay gap information	The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 Section 7	No publication is necessary, the IJB did not have 150 or more employees at any point	N/A	N/A
Statement on equal pay policy and occupational segregation	The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 Section 8	No publication is necessary, the IJB did not have 150 or more employees at any point	N/A	N/A

Main report

10. The EIJB's first Equality Outcomes and Mainstreaming Report was published in April 2016 and its first Progress Report was published on 2 March 2018. At this time, the EIJB recommended that the next set of Equality Outcomes should be developed as part of the process of developing the Strategic Plan for 2019-2022
11. The Equality Act states that, in preparing its equality outcomes, a listed authority must take reasonable steps to involve people with protected characteristics and consider relevant evidence.
12. The development of the Strategic Plan and Equality Outcomes utilised extensive public engagement. Early work was carried out through reference groups which considered older people, mental health, learning disabilities, physical disabilities and primary care. Each reference group included people with protected characteristics and service users. Also included in the groups were EIJB board members, officers, carers and service providers.
13. A survey, which included questions in relation to the Equality Outcomes, was circulated widely and made available on-line through the Consultation Hub. Structured consultation, including Equality Outcomes discussion, also took place through an extensive series of engagement events (27 events to which 444 people attended) with:
 - staff groups
 - third sector organisations
 - groups of people with different particular needs
 - the general population of Edinburgh.
14. Existing knowledge and data was also used including the findings of the [Joint Strategic Needs Assessments](#) including the "Needs Profile of the LGBT Community" and the "Health and Care of People from Minority Ethnic Communities April 2018" .
15. These discussions, feedback and knowledge were used to help develop the following Equality Outcomes:
 - **Outcome 1:** People know what support and services are available and know how to access them

- **Outcome 2:** People are treated with respect and provided with the best advice and support
 - **Outcome 3:** Individuals are supported to lead an independent life
 - **Outcome 4:** Services are available fairly across the city
 - **Outcome 5:** Health Inequalities are reduced.
16. The Equality Outcomes, together with the proposed actions to achieve these Outcomes, are included in the Equality Outcomes and Mainstreaming Report attached as Appendix 1.
 17. During consultation, it was frequently highlighted that strategies, communications and plans which have the general public as an audience, should be written in plain English and not “Council speak” which can be jargon based and difficult to understand. The Equality Outcomes and Mainstreaming Report has endeavoured to do this.
 18. The report contains some basic information about equality duties under the Act and introduces the new Equality Outcomes and key actions which will help achieve the outcomes. Some feedback from the consultation highlighted that the existing Equality Outcomes were comprehensive and new ones were not required, however it was felt that the wide-ranging feedback should be recognised. As such the new outcomes are broad and encompass aspects of the previous outcomes. The issues which were important to people have been considered and used to develop the Equality Outcomes for 2019-23. Specific Actions which will help achieve these outcomes are also identified.
 19. The actions identified are not the only activities which will be progressed by the EIJB which will help increase equality but are those that will help address the equality issues raised. A full list of proposed actions to be implemented through the EIJB are available in [EIJB’s Strategic Plan 2019-2022](#).
 20. Following approval of the Equality Outcomes and Mainstreaming Report, it is intended that the document will be published on-line on the EIJB’s “Transform” web-site.
 21. The EIJB is a formal member of the Edinburgh Partnership Board and plans to work with partners to agree future shared Equality Outcomes. It is recognised that by working together towards shared outcomes, more can be achieved.

Key risks

22. If the report is not agreed and published there is a risk of failure to meet statutory duties under the Equality Act 2010, including statutory reporting requirements.

Financial implications

23. The implementation of the actions contained within the Equality Duty and Equality Outcomes Report will be met from the existing EIJB's delegated budgets.

Implications for Directions

24. There are no formal directions associated with this report.

Equalities implications

25. The attached report outlines how the EIJB contributes to the delivery of the Public Sector Equality duties and complies with the requirements of the Equality Act 2010.

Sustainability implications

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

Involving people

27. There has been considerable involvement of people in the preparation of the document and this is outlined in paragraphs 11, 12 & 13 above and detailed in the attached report.
28. The report was considered and approved at the Strategic Planning Group on 22 November 2019.

Impact on plans of other parties

29. The actions listed in Appendix 1 align closely with those contained within the Strategic Plan.

Background reading/references

[EIJB's Strategic Plan 2019-2022.](#)

[Edinburgh Integration Joint Board Equality and Mainstreaming report](#)

[Mainstreaming the Equality Duty and Equality Outcomes Progress Report](#)

Report author

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Appendices

Appendix 1

Equality Outcomes and Mainstreaming Report

Edinburgh Integration Joint Board

Equality Outcomes and Mainstreaming Report 2019 - 23



Working together for a caring,
healthier, safer Edinburgh



Introduction

The Edinburgh Integration Joint Board (EIJB) is responsible for the planning and oversight of health and social care services across Edinburgh. The Equality Act 2010 says that the EIJB must write a report which explains what it will do as part of its day to day working to make sure people are treated fairly and that it must publish equality outcomes.

The Equality Act and Fairer Scotland Duty

[The Equality Act 2010](#) is a law which aims to make sure all people are treated fairly. It says that authorities, including the EIJB, must help eliminate unlawful discrimination. This means that it must take actions to prevent people with protected characteristics from being treated unfairly. There are nine protected characteristics:

- age
- disability
- sex
- gender reassignment
- pregnancy and maternity
- sexual orientation
- marriage and civil partnership
- religion
- belief or lack of religion/belief
- race.

The Act recognises that we must advance equality of opportunity. This means that some people with protected characteristics may require extra support to access a service and to achieve the same outcomes as others would do. We should provide this extra support where reasonable.

The EIJB should also foster good relations between people from different protected characteristic groups. This will help us all understand the needs of different people and increase compassion.

The Fairer Scotland Duty, which is part of the Equality Act, also says that people who are affected by poverty and poor social circumstances should be given the same considerations when making strategic decisions as those people who have protected characteristics. Often, they too are more

likely to suffer from poor health and well-being than those who are better off.

Background

People with protected characteristics and people affected by poverty and poor social circumstances are likely to find it more difficult to access health and social care services and get the help they need. Often, they have poorer health and do not live as long as others. In general, those with protected characteristics and those in poverty will need more support to access the same level of care and support than those without. People who have more than one protected characteristic may find it extra hard to get the support they need. For example, there can be a lack of understanding and acceptance of same-sex relationships and transgender identities of people with learning disabilities. They are often not encouraged to get the support and recognitions they want or need.

Mainstreaming Equality

Mainstreaming equality means considering equality in the day-to-day working of the EIJB and this is promoted through staff training, impact assessments and the decision making process, as described below.

Staff training, awareness and understanding

The EIJB will work with staff to raise awareness of all aspects of equality and diversity. The EIJB will help ensure that staff are aware of physical, cultural and communication barriers which may prevent people from accessing services and will work to ensure that staff have the knowledge and skills to be able to provide the additional support needed.

Integrated Impact Assessments

An Integrated Impact Assessment (IIA) is a process which helps staff consider the effect which a change to an existing service or a new proposal might have on different groups of people with different protected characteristics. If any possible negative effects are identified during the IIA process, then staff will consider what steps can be taken to try and reduce these negative effects. An IIA will be carried out on new proposals and proposed service changes before any decisions to bring about the changes are made.

Board Structure and staff

The Scottish Government outlines who the members of the Edinburgh Integration Joint Board should be. Membership of the EIJB includes residents with experience of using health and care services alongside local councillors, NHS Board members, staff from the Health and Social Care Partnership and a representative from voluntary organisations. The members of the EIJB are listed in Appendix 1.

The board meets regularly. It alternates between formal meetings where decisions are made (those are web-cast and open to everyone) and informal development sessions where the board have more in-depth

discussions on specific issues and topics. Deputations can be made to the formal meetings by an office bearer or spokesperson of any organisation or group. All EIJB papers are on the [Council web-site](#). The EIJB has 4 sub-groups and these are given in Appendix 2.

The EIJB does not directly employ staff. Staff are employed by either City of Edinburgh Council or NHS Lothian. The EIJB will continue to work alongside its partners to ensure a diverse workforce which reflects the residents of Edinburgh and promotes fairness. As the EIJB does not employ staff, it is not required to produce or publish staff equality information.

Our Values

The wellbeing of people living in the city of Edinburgh is at the heart of what The EIJB does. The EIJB will continue to be inclusive, transparent and compassionate. The EIJB will place an emphasis on:

- quality
- dignity and respect
- putting people first through empowerment
- honesty and transparency
- working together.

Partnership Working

Edinburgh is a diverse city with many different communities and individuals that have varying levels and types of needs. In many cases, reducing inequality can be better achieved through the provision of a range of services and agencies. The Edinburgh Partnership (EP), the community planning partnership for Edinburgh, brings together partners such as the NHS, the City of Edinburgh Council, Fire and Rescue Service and the Police. The EP's vision is:

'Edinburgh is a thriving, connected, inspired and fair city, where all forms of poverty and inequality are reduced.'

The EIJB is a formal member of the Edinburgh Partnership Board and plans to work with its partners to agree future equality outcomes. The current Equality Outcomes for City of Edinburgh Council and NHS Lothian are listed in Appendix 3.

Equality Outcomes

Every 4 years, the EIJB must publish a set of Equality Outcomes and a Mainstreaming Report. This paper sets these out for 2019-23. The first Mainstreaming report and EIJB Outcomes were developed in 2016 and can

be found here [Edinburgh Integration Joint Board Equality and Mainstreaming report](#)

More about what it has already done to improve equality, can be found here [Mainstreaming the Equality Duty and Equality Outcomes Progress Report](#).

How the Equality Outcomes were developed

The Equality Outcomes have been developed alongside the development of the [EIJB's Strategic Plan 2019-2022](#). This involved extensive public involvement over a significant period of time. Early work was carried out through reference groups which considered:

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

Each reference group included people with protected characteristics and service users. Also included in the groups were EIJB board members, officers, carers, service users and service providers. The discussions and developments from these were used to help develop the Equality Outcomes as well as the Strategic Plan.

A draft of the Strategic Plan was then circulated to seek comments over a three month consultation period. Consultation included a series of engagement events (27 events to which around 444 people attended) with:

- staff groups
- voluntary organisations
- groups of people with different particular needs
- the general population of Edinburgh.

An online survey through the Consultation Hub, which included specific questions relating to equality, together with an easy read version the plan was also promoted. This received 104 returns.

Existing knowledge and data was also used including the findings of the [Joint Strategic Needs Assessments](#) including the 'Needs Profile of the LGBT Community and the Health and Care of People from Minority Ethnic Communities April 2018'.

What You Said

Throughout the consultation many people told us that the existing outcomes were comprehensive and we did not need new ones. We did however want to recognise and reflect the wide-ranging feedback which we received and a representation of this is included in the table below. The new outcomes are broad and encompass aspects of the previous Outcomes. We have considered the issues which were important to people and used this to develop our Equality Outcomes for 2019-23 and identified specific actions which will help achieve these Outcomes.

These actions are not the only things which the EIJB will do to improve the lives for people with protected characteristics or affected by poverty but will help address the issues raised. A full list of proposed actions is available at <https://democracy.edinburgh.gov.uk/documents/s4851/Combined%20Strategic%20Plan.pdf>

EIJB Equality Outcomes 2019-22

Equality Outcome 1: People know what support and services are available and know how to access them

Equality Outcome 2: People are treated with respect and provided with the best advice and support

Equality Outcome 3: People are supported to lead an independent life

Equality Outcome 4: Services are available fairly across the city

Equality Outcome 5: Health Inequalities are reduced

What you said	What we will do	Equality Outcome
<p>Plain English should be used and not “Council speak” which is often not easy to understand.</p> <p>We do not all absorb information in the same way. One size does not fit all.</p> <p>Not everyone has access to on-line engagement and communications and it should not be relied on.</p> <p>We should be able to access groups and advocacy to help us find out information.</p> <p>Consider ensuring that all digital information (i.e. on-line) is accessible to all.</p> <p>Ethnic minority services are very difficult to source. We don’t have specific ethnic services anymore. Huge area of un-met need.</p> <p>Self-directed support can work well however it is complex and difficult to</p>	<p>The annual EIJB communications and engagement action plan will use a wide range of channels to reach multiple audiences.</p> <p>We will work with our partners in the community to make people with protected characteristics more aware of what is available to them locally and how to access services.</p> <p>Inclusive communication will be used throughout the development of the Edinburgh Offer. Materials will be tailored to engage with specific audiences including those with specific communication needs.</p> <p>The Community Investment strategy will recognise the need for additional ethnic minority services, in particular translation services.</p> <p>The new directory/self-help site, will be developed with individuals to make any technology as accessible as possible for citizens.</p> <p>When new policies or service changes are introduced, care will be taken to ensure that changes are communicated to those that may be affected, in a manner which</p>	<p>People know what support and services are available and know how to access them.</p> <hr/> <p>Duty</p> <p>Advance equality of opportunity among those who share a protected characteristic and those who do not.</p>

<p>navigate. More accessible information should be available about how the system works.</p> <p>Why can't you keep it simple, we do not want to keep filling in lots of forms.</p>	<p>they can understand.</p> <p>Implementation of the health and social care, mental health and wellbeing actions of the British Sign Language Plan will continue.</p> <p>People will have access to good quality independent advocacy, if they feel it is required.</p> <p>We will build the capacity for more peer led self-help groups.</p> <p>We will prepare and make available, easily understood, good quality information and advice regarding Self Directed Support.</p> <p>We will redesign the "front door access" to improve accessibility to services and reduce the need for multiple assessments and form filling.</p> <p>We will work to ensure unpaid carers are made aware of the support that is available through active promotion of the service.</p>	
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What you said	What we will do	Equality Outcome
<p>A workforce which reflects the diversity of the people it serves is likely to improve institutional awareness of</p>	<p>Staff training and awareness raising of all aspects of equality and rights including intersectionality, socio-economic, cultural and physical barriers will be further</p>	<p>People are treated with respect and provided with the best advice and support.</p>

<p>barriers, lead to improvement in services for people with diverse characteristics and instil confidence in users with diverse characteristics.</p> <p>A firmer focus on people with multiple intersecting characteristics is needed.</p> <p>Providers of older people's services, need to make specific efforts to ensure that older LGBTQI people are recognised.</p> <p>I feel pressure is placed on patients in hospital and their representatives to make choices about their long-term future within unacceptable timescales.</p> <p>It is important to make sure that we are safe in the community and that if we come out of hospital we will not face discrimination.</p> <p>We should educate people to raise awareness and acceptance</p> <p>Improved training in equality issues to raise cultural awareness and sensitivity</p>	<p>prioritised.</p> <p>We will carry out staff training across the public, third and independent sectors aimed at equipping staff with the skills to work and communicate more effectively with people with sensory impairment.</p> <p>Specialist training will be encouraged, for example in Stroke Education.</p> <p>An increased number of training courses and suicide prevention initiatives targeting specific high-risk groups, will be provided</p> <p>Collaboration with University of Edinburgh to develop care home training and research centre of excellence.</p> <p>The Workforce Strategy will consider how best it can achieve a workforce which reflects the diversity of the population of Edinburgh.</p> <p>Develop and train staff in the 3 Conversation approach which will focus on what matters to the individual. It recognises the value of a person-centred way of working and recognises that everyone is different and requires different types and levels of support.</p>	<p>Duty</p> <p>Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010.</p> <p>Foster good relations between people who share a relevant protected characteristic and those who do not.</p>
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<p>should be compulsory for front line staff</p> <p>It is important that all people are treated with respect and given the same opportunities as everyone else</p> <p>Everyone is different and this needs to take into account people’s individual need when setting up their support.</p>	<p>Support further development of the Dementia Friendly Edinburgh programme.</p> <p>Revise the Edinburgh Autism Plan.</p> <p>We will develop and implement a model to ensure that people return “home first” from hospital, wherever possible, before decisions on longer term care and support are made.</p> <p>We will evaluate Good Conversation Training and take forward lessons learnt.</p>	
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What you said	What we will do	Equality Outcome
<p>It should be easier to access Personal Assistants and supporters, who are essential to independence and quality of life, including support to communicate if required, while out and about.</p> <p>Disabled people should be supported to be part of life in Edinburgh, not just disability things.</p> <p>We would like equality of access to services via different channels to support those who can self-help and drive their own care and wellbeing</p>	<p>We will roll out the plan for Self Directed Support including trialling and feedback mechanism.</p> <p>We will redesign our approach to providing support for individuals with learning disabilities. This will include the redesign of policies, staffing models and support service models.</p> <p>We will develop and roll out an overarching Technology Enable Care strategy and plan to maximise the benefits and usage of technology to support individuals and their families.</p> <p>We will develop ‘new types’ of befriending</p>	<p>Individuals are supported to lead an independent life.*</p> <hr/> <p>Duty</p> <p>Advance equality of opportunity between those who share a relevant protected characteristic and those who do not.</p>

<p>either individually or by support from friends and family and third sector.</p> <p>Changing Places toilets should become mainstream. The lack of accessible toilets with a hoist etc is limiting our access to the community.</p> <p>We need more accessible, affordable houses for young disabled people.</p> <p>The Council should fund job opportunities and support for people with learning disabilities to get jobs.</p>	<p>leading to provision of city-wide service to work with befriending organisations to coordinate activity in service delivery.</p> <p>We will work with public and community services to use tools e.g. Lifecurve that identify those who would most benefit from a self-enablement approach.</p> <p>We will support developments for timely dementia diagnosis and quality post-diagnostic support for people who have a dementia diagnosis, and those who give support.</p> <p>We will continue to work with 21st Century homes to provide accessible properties that can meet people’s support needs and maximise the use of assistive technology to enhance people’s independence.</p> <p>We will provide training and employment opportunities for young people who have disabilities through the Project SEARCH programme.</p> <p>We will work with partners to make changing place toilets more available.</p>	
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What you said	What we will do	Equality Outcome
End of Life Care service	We will work with providers in Edinburgh to	There is equity of

<p>needs to be available across the city.</p> <p>Why do some areas of Edinburgh have care package requirements met much quicker than others? Weeks compared to months.</p> <p>There appears to be a discrepancy between budgets for support for different client groups.</p> <p>There should be no post code lottery across the city.</p>	<p>provide hospice care to those nearing the end of their lives and to provide community based palliative care support across the city.</p> <p>We will develop the model of one hub across four localities with clear and consistent priorities.</p> <p>Reviews will be carried out on various services which will include ensuring that services are delivered fairly across the city. Reviews include: capacity and function of internal care at home service; care at home contract; alternative delivery models and capacity review of local authority and private care homes; review of assisted travel.</p> <p>Map availability and pathways to community based respite places and aim to simplify, improve and make more equitable.</p>	<p>services both geographically across the city and between client groups.</p> <p>Duty</p> <p>Advance equality of opportunity between those who share a relevant protected characteristic and those who do not.</p>
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What you said	What will we do	Equality Outcomes
<p>How can we close/narrow the inequality gap?</p> <p>Need to appreciate social factors – poverty as a barrier to taking</p>	<p>Increase opportunities for vulnerable people, of supporting, sustaining and achieving paid employment, volunteering and education.</p> <p>Inclusive Edinburgh homeless service will provide an integrated response to homeless</p>	<p>Health inequalities are reduced.</p> <p>Duty</p> <p>Advance equality of opportunity between people who share a</p>

<p>responsibility for own health. I think wealthier people with more resources are much more likely to be able to manage their own health.</p> <p>How are you how going to influence housing/place and employability?</p> <p>Target resources at communities and citizens who are already adversely impacted by inequality in their day to day lives; people in poverty, single parents, minority ethnic communities, communities with high crime rates, levels of drugs and alcohol deaths etc.</p>	<p>people with complex needs including a housing first option and open its new Centre in 2020.</p> <p>Continue with and review independent advocacy support for mitigating against Universal Credit.</p> <p>Improve the pathway for students with caring responsibilities, across colleges and universities to access care and support statutory services.</p> <p>Review health screening programmes that people have access to but are not engaging with.</p> <p>The link worker network, which supports GPs in areas of economic deprivation, will be augmented with a strengthened welfare rights capacity through third sector partners.</p> <p>Edinburgh Access GP Practice will work with housing colleagues to support and promote the Housing First model.</p> <p>The Inclusion Health group will seek to improve care and support for the most vulnerable population groups in the city.</p> <p>Through the Future focussed housing Project, continue joint work to identify need</p>	<p>relevant protective characteristic and those who do not.</p> <p>Reduce inequalities of outcome caused by socio-economic disadvantage.</p>
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	<p>for and ensure provision of affordable, warm, adaptable, accessible and connected homes to meet needs within the city (short, medium and long term). Investment in existing homes to improve health through improving housing quality. Implementation and mainstreaming of Housing First approach.</p>	
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*Independent living means all people having the same freedom, choice, dignity and control as other citizens at home, at work, and in the community. It does not mean living by yourself, or fending for yourself. It means having rights to practical assistance and support to participate in society and live an ordinary life. This is the definition of independent living adopted in the strategic approach to independent living, by the Scottish Government, COSLA, the NHS and the Disabled People’s Independent Living Movement. Without care and support and the opportunity to direct their support, many people would not be able to participate in society and live an ordinary life.

Appendix 1

Membership of EIJB

Voting Members

Angus McCann (Chair), NHS Lothian board member of the EIJB

Councillor Ricky Henderson (Vice-Chair), Council elected member

Councillor Robert Aldridge, Council elected member

Michael Ash, NHS Lothian board member of the EIJB

Councillor Phil Doggart, Council elected member

Councillor George Gordon, Council elected member

Martin Hill, NHS Lothian board member of the EIJB

Councillor Melanie Main, Council elected member

Peter Murray NHS Lothian board member of the EIJB

Richard Williams. NHS Lothian board member of the EIJB

Non-Voting Members

Colin Beck

Carl Bickler

Andrew Coull

Lynne Douglas

Christine Farquhar

Helen FitzGerald

Kirsten Hey

Jackie Irvine

Jacqui Macrae

Ian McKay

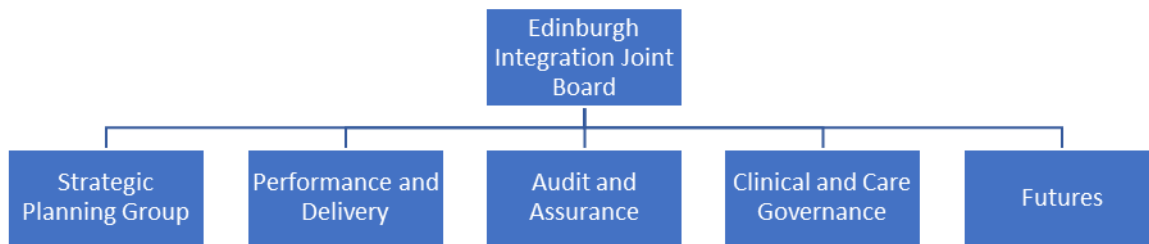
Moira Pringle

Judith Proctor

Ella Simpson.

Appendix 2

Edinburgh Integration Joint Board Governance Structure



Appendix 3

Equality Outcomes: NHS Lothian

- Better Access
- More Compassion
- More Participation
- Justice

Equality Outcomes: The City of Edinburgh Council

Outcome 1 – Improved accessibility of council services, housing and buildings

Outcome 2 – Improved community safety, justice and cohesion services

Outcome 3 – Improved education and employability services

Outcome 5 – Improved social security and household income maximisation services

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Report

Appointments to the Edinburgh Integration Joint Board

Edinburgh Integration Joint Board

10 December 2019

Executive Summary

1. This report advises the Edinburgh Integration Joint Board (EIJB) of the resignation of a non voting member to the Board and the appointment of a Board member.

Recommendations

2. The Integration Joint Board is asked to:
 - i. Note the resignation of Lynne Douglas as a non voting member of the Edinburgh Integration Joint Board
 - ii. Agree to appoint Eddie Balfour as the Allied Health Professional (AHP) lead for the Edinburgh Integration Joint Board for an interim period until the substantive AHP lead has been appointed
 - iii. Note that Eddie Balfour will be the non voting member on the Futures Committee

Background

3. The Joint Board is responsible, in line with section 3 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (the Order), for appointing non-voting members to the Board. The City of Edinburgh Council and NHS Lothian are responsible, under the same Order, for appointing their own members to the Joint Board.
4. In line with section 7 of the Order, the term of office of a member of the Joint Board is not to exceed three years, but members can be reappointed for a further term of office.

Main report

Appointments to the Joint Board

5. Lynne Douglas resigned from her position as a non voting member of the EIJB on 31 October 2019.
6. NHS Lothian has appointed Eddie Balfour as a non voting member of the EIJB to ensure the views of AHP profession is represented.
7. The new EIJB committee structure is now operational and it was agreed at the EIJB on 21 June 2019 that the AHP lead would be a non voting member of the Futures committee.

Key risks

8. Failure to appoint Joint Board members would result in the Joint Board failing to meet the requirements of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

Financial implications

9. There are no financial implications arising from this report.

Implications for Directions

10. There are no implications for directions

Equalities implications

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

Sustainability implications

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

Involving people

13. Full consultation with the relevant members has taken place.

Impact on plans of other parties

14. There are no implications on other parties.

Background reading/references

15. [City of Edinburgh Council Webcast, 7 February 2019](#)
16. [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)
17. [Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Order 2014](#)
18. [Integration Scheme](#)

Report author

Judith Proctor

Chief Officer, Edinburgh Health and Social Care Partnership

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Report

Update on Implementation of Committee Structures

Edinburgh Integration Joint Board

10 December 2019

Executive Summary

1. This report updates the Edinburgh Integration Joint Board (EIJB) on the implementation of the committee structure that was agreed at the EIJB on 14 December 2018.

Recommendations

2. The Integration Joint Board is asked to:
 - i. Note progress with agreeing the terms of reference for each of the committees;
 - ii. Agree the meeting schedule for all committees; and
 - iii. Note that all committees are now in place and work is ongoing to develop the flow between each of the committees to ensure there is no gaps.

Background

3. The Good Governance Institute (GGI) carried out an independent review of the governance of the Edinburgh Integration Joint Board and identified several recommendations which GGI will work with the EIJB to implement. A key recommendation was to implement a strengthened committee structure.
4. A further report was submitted the EIJB on 21 June 2019 with terms of reference for the following committees:
 - a. Audit and Assurance
 - b. Clinical and Care Governance
 - c. Futures
 - d. Performance and Delivery

e. Strategic Planning Group

5. The EIJB at this meeting also agreed the new draft terms of reference for the committees with each committee providing comments on the terms of reference at the end of the first cycle and a report would come back to the EIJB within two cycles.

Main report

6. All committees have now met and appendix 1 provides the meeting schedule for each of the committees. While every endeavour to work to this schedule will be made, it should be noted that there may be occasions where committee dates need to be changed. This will only be done in exceptional circumstances.

Audit and Assurance Committee

7. The Audit and Assurance Committee discussed and finalised their terms of reference on the 8 November subject to minor amendments being made. The Audit and Assurance also agreed that the terms of reference would be a standing item for the year.

Clinical and Care Governance Committee

8. The Clinical and Care Governance Committee had a workshop on the 3 October 2019, to discuss the terms of reference and how it will operate. Minor changes were made to the terms of reference and these have been circulated to the Committee for final agreement.

Futures Committee

9. The Futures Committee met on the 21 October and terms of reference were discussed and felt some minor changes are needed and a further discussion is scheduled to take place at the next Futures Committee on 9 December. The intention is the terms of reference will be finalised at this meeting.

Performance and Delivery Committee

10. The Performance and Delivery committee met on the 16 September 19 and it was agreed that the terms of reference would be an agenda item at the next meeting on the 20 November 2019.
11. However, because the terms of reference are high level and span several areas and the potential cross over with other committees, it was felt a more detailed discussion is needed. This discussion is ongoing in terms of finalising the terms of reference for the Committee.

Strategic Planning Group

12. The Strategic Planning Group discussed and finalised the terms of reference on the 22 November subject to minor amendments.
13. As some committees are still refining their terms of reference and it is important that all are considered together due to the interdependency between all the committees, a further report will come back to the EIJB on 4 February 2020 with finalised terms of reference for each Committee for agreement by the EIJB. This also ensures changes do not cause gaps in responsibility between committees.
14. GGI are continuing to work with the EIJB to develop its handbook and governance. There have been several sessions over the year focussed on shaping for the EIJB's role and purpose, its aims and objectives and in developing its maturity as a board. Further development sessions are planned for the 28 January 20 and 3 March 20. The focus of these sessions will work with the EIJB to develop further its governance role and address some of the key recommendations identified in the governance review. The EIJB handbook which is a critical component of the governance review will be completed by the end of March 2020.

Key risks

15. By not agreeing the terms of reference, there is a risk that Committees are unclear on their accountabilities in terms of decision making and the governance structure is not robust and as effective as it could be.
16. The impact is that the EIJB is unable to make timely decisions and provide strong governance across the range of functions delegated to it.
17. This risk is addressed and mitigated by the implementation of the governance review and development implementation of a robust committee structure supporting the EIJB.

Financial implications

18. The implementation and supporting of the new committee structure will be undertaken within existing resources, however there is a recognition that the addition of five committee brings an increased workload and this is being considered.

Implications for Directions

19. There are no immediate implications for directions.

Equalities implications

20. The implementation of the committee structure will support the EIJB in meeting its obligations in relation to equalities.

Sustainability implications

21. The governance structure now in place will support the EIJB in ensuring due consideration of sustainability issues is undertaken in decision making and strategy development.

Involving people

22. There has been involvement with key parties as part of the development of the terms of reference for committee structures.

Impact on plans of other parties

23. There are no impacts on plans of other parties.

Background reading/references

Report author

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Appendix 1 – Meeting Schedule

** These dates may be subject to change***

Audit and Assurance

Committee Date
10.00am - 27 August 2019
10.00am - 8 November 2019
10.00am - 14 February 2020
10.00am - 5 June 2020
10.00am - 21 August 2020
10.00am - 6 November 2020

Clinical and Care Governance

Committee Date
10.00am - 14 November 2019
10.00am – 17 February 2020
10.00am - 23 April 2020
10.00am - 6 August 2020
10.00am - 12 November 2020

Futures Committee

Committee Date
10.00am - 21 October 2019
10.00am - 9 December 2019
10.00am - 26 February 2020
10.00am - 27 May 2020
10.00am - 31 August 2020
10.00am - 2 December 2020

Performance and Delivery Committee

Committee Date
10.00am - 20 November 2019
10.00am - 8 January 2020
10.00am - 1 April 2020
10.00am - 18 May 2020
10.00am - 19 August 2020
10.00am - 28 September 2020
10:00am - 16 November 2020

Strategic Planning Group

Committee Date
14.00pm - 22 November 2019
14.00pm - 14 January 2020
14.00pm - 10 March 2020
14.00pm - 12 May 2020
14.00pm - 15 September 2020
14:00pm - 10 November 2020

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