

# Notice of Meeting and Agenda

## Edinburgh Integration Joint Board

**10.00am, Tuesday, 28th April, 2020**

Meeting to be held by Skype

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 Any items under “Private Business” will not be published, although the decisions will be recorded in the minute.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

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

## 2. Declaration of Interests

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

## 3. Deputations

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- 3.1 If any.

## 4. Minutes

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|-----|---|---------|
| 4.1 | Minute of the Edinburgh Integration Joint Board of 4 February 2020 – submitted for approval as a correct record | 7 - 12  |
| 4.2 | Minute of the Edinburgh Integration Joint Board of 14 April 2020 – submitted for approval as a correct record   | 13 - 14 |
| 4.3 | Minute of the Futures Committee of 21 October 2019 – submitted for noting                                       | 15 - 18 |
| 4.4 | Minute of the Audit and Assurance Committee of 8 November 2019 – submitted for noting                           | 19 - 24 |
| 4.5 | Minute of the Clinical and Care Governance Committee of 14 November 2019 – submitted for noting                 | 25 - 28 |
| 4.6 | Minute of the Performance and Delivery Committee of 20 November 2019 – submitted for noting                     | 29 - 36 |
| 4.7 | Minute of the Strategic Planning Group of 14 January 2020 – submitted for noting                                | 37 - 42 |

## 5. Forward Planning

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- 5.1 Rolling Actions Log 43 - 48

## 6. Items of Strategy

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- 6.1 2020/21 Financial Plan – Report by the Chief Officer, Edinburgh Integration Joint Board 49 - 114

## 7. Items of Performance

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- 7.1 None.

## 8. Items of Governance

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- 8.1 None.

## 9. Proposals

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- 9.1 None.

## 10. Resolution to consider in private

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

## 11. Private Business

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- 11.1 Provision of General Medical Services – Edinburgh South – Report by the Chief Officer, Edinburgh Integration Joint Board 115 - 156

## Board Members

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### 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**

Eddie Balfour, 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.

## **Webcasting of Integration Joint Board meetings**

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If you have any queries regarding this and, in particular, if you believe that use and/or storage of any particular information would cause, or be likely to cause, substantial damage or distress to any individual, please contact Committee Services ([committee.services@edinburgh.gov.uk](mailto:committee.services@edinburgh.gov.uk)).



## Minute

### Edinburgh Integration Joint Board

**10.00am, Tuesday 4 February 2020**

Eric Liddell Centre, 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, Christine Farquhar, Helen FitzGerald, Councillor George Gordon, Kirsten Hey, Jackie Irvine, Councillor Melanie Main, Ian McKay, Peter Murray, Moira Pringle, Judith Proctor, Ella Simpson and Richard Williams.

**Officers:** Tom Cowan, Tony Duncan, Rachel Gentleman, Pete Lock, Jake Montgomery and Neil Wilson.

**Apologies:** Martin Hill and Jacqui Macrae

## 1. Minutes

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### Decision

- 1) To approve the minute of the meeting of the Edinburgh Integration Joint Board of 10 December 2019 as a correct record.
- 2) To note the minute of the meeting of the Strategic Planning Group of 22 November 2019.

## 2. Rolling Actions Log

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The Rolling Actions Log for February 2020 was presented.

### Decision

- 1) To agree to close the following actions:
  - Action 1 – Edinburgh Alcohol and Drug Partnership Funding
  - Action 3 – Evaluation of 2017/18 Winter Plan and Winter Plan 2018/19

- Action 4 – Impact of Audit Scotland Report Health and Social Care Integration on Edinburgh Integration Joint Board
  - Action 5 – Communications Action Plan for the EIJB
  - Action 6 – Update on the Edinburgh Integration Joint Board Grants Review
  - Action 8 – Ministerial Strategic Group Update
  - Action 9 – Older People Joint Inspection Improvement Plan
  - Action 13 – NHS Lothian Board Escalation
  - Action 15 – Financial Framework 2020-2023
  - Action 17 – Finance Update
  - Action 18 – Chief Social Work Officer’s Report 2018/19
  - Action 21 – Equality Outcomes and Mainstreaming Report
- 2) To add an action on the Integrated Older Peoples’ Service to note that a report would be submitted to the Strategic Planning Group in March then to the Board thereafter.
  - 3) To agree to add action 17 – Finance Update to the Performance and Delivery Committee rolling actions log.
  - 4) To agree to add action 21 – Equality Outcomes and Mainstreaming Report to the Strategic Planning Group rolling actions log.
  - 5) To otherwise note the remaining outstanding actions.
- (Reference – Rolling Actions Log – 4 February 2020, submitted.)

### **3. NHS Lothian Recovery Programme Update**

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An update was provided on the progress made in relation to the NHS Lothian recovery programme following its being escalated to level 3 of the NHS Scotland escalation process. The update, which had also been presented to the NHS Lothian Board, set out the approach and the whole programme was attached to the report at appendix 1.

#### **Decision**

- 1) To note the update against progress as set out in the report by the Chief Officer.
- 2) To note the progress reported, particularly in relation to the aspects of the recovery that related to delegated functions and responsibilities.
- 3) To agree that further decisions in relation to potential EIJB actions, investments and strategic change in support of this system wide improvement would be discussed and approved through the EIJB’s business planning and direction setting process, to ensure alignment to the EIJB’s strategic plan and its financial planning processes.

(Reference – report by the Chief Officer, Edinburgh Integration Joint Board, submitted.)

#### **4. Memorandum of Understanding (Independent Scottish Hospices)**

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Approval was sought to adopt a Memorandum of Understanding (MoU) between Integration Joint Boards and Independent Scottish Hospices. The MoU would be the framework on which the delivery of hospice palliative and end of life care services were planned and negotiated. The MoU built on previous arrangements and would cover an initial period from April 2019 to March 2021.

##### **Decision**

- 1) To agree to adopt the Memorandum of Understanding in principle, subject to the agreement of other Lothian IJBs, as the framework on which the future delivery of hospice palliative and end of life care services in Edinburgh and the Lothians were planned and negotiated.
- 2) To note that currently, Service Level Agreements (SLAs) were in place with both hospices which were due for renewal from April 2021.

(Reference – report by the Chief Officer, Edinburgh Integration Joint Board, submitted.)

##### **Declarations of interest**

Councillor Ricky Henderson declared a non-financial interest in the above item as a close relative was using hospice services.

#### **5. Communications and Engagement Update**

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Following the approval of the communications action plan in February 2019, an update on the communications and engagement activities being undertaken to support the Integration Joint Board and the Health and Social Care Partnership was presented.

Key updates included the launch of the new website, new branding for the IJB and the recruitment of a Strategic Communications and Engagement Manager. The full communications update was attached at Appendix 1 to the report.

##### **Decision**

- 1) To approve the Communications Update attached at Appendix 1 to the report by the Chief Officer.
- 2) To note the status of the recruitment to a new Strategic Communications and Engagement post to support the EHSCP and EIJB.

(Reference – report by the Chief Officer, Edinburgh Integration Joint Board, submitted.)

## 6. Ministerial Strategic Group and Audit Scotland Integration Reviews – Edinburgh Update

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The Board considered a report providing an update on two national reviews of integration published in 2018/19. The Board had previously considered reports on its progress against the Audit Scotland review and self-assessment against the Ministerial Strategic Group (MSG) review in 2019 and agreed to consider future progress against both reports in a single plan.

The report set out progress against the MSG action plan and a single action plan referencing the Audit Scotland review, and also included a report on the national overview which was presented to the MSG in November 2019.

### Decision

- 1) To agree that the format for reporting progress against both the Audit Scotland and MSG reviews was appropriate and robust and that this single version would be used for future reporting and updates.
- 2) To direct the Chief Officer and Chief Finance Officer to continue to work with NHS Lothian and City of Edinburgh Council to ensure delivery against wider partnership actions.
- 3) To agree to receive a further update report in December 2020.
- 4) To note that a report on the community investment programme would be submitted to the Strategic Planning Group.
- 5) To include the Chairs and Vice-Chairs Network in the action “Increase opportunities for joint leadership development across health and social care system to help leaders to work more collaboratively together”.
- 6) To include the Standards Commission in action “Support Councillors and NHS Board Members who are also Integration Joint Board members to understand, manage and reduce potential conflicts with other roles”.
- 7) To note that the Integration Scheme would be reviewed in future.
- 8) To note that chairs of committees were encouraged to invite partners and representatives to meetings where appropriate.

(Reference – report by the Chief Officer, Edinburgh Integration Joint Board, submitted.)

## 7. Finance Update

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An update on the IJB’s in-year financial performance was presented.

The report set out the current end of year forecast and the work ongoing to address this. The Performance and Delivery Committee had also considered the financial update at its meeting on 31 January 2020 and had recommended that the Chair of the Board should write to the Chief Executive of the Council to request that additional funds were provided to address the budget overspend of £1.5m on Council provided functions, to ensure a balanced position at year end.



It was noted that the financial position had deteriorated and therefore the level of assurance that a breakeven position would be achieved had been reduced to 'limited'.

### **Decision**

- 1) To note the current year end forecast.
- 2) To note the work ongoing to address this.
- 3) To note the previous 'moderate' level of assurance for a break-even position had been reduced to 'limited'.
- 4) To agree that the Chair would write to the Chief Executive of the Council to request that the Council provided funds to ensure a balanced budget was achieved, and that the letter would be circulated to Board members.

(Reference – Performance and Delivery Committee, 31 January 2020 (item 8); report by the Chief Officer, Edinburgh Integration Joint Board, submitted.)

## **8. 2020/21 Finance Plan Update**

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The Board considered a report which provided an update on the financial plan for 2020/21 and outlined the process for finalising the plan.

It was noted that the plan had been prepared prior to the UK and Scottish Governments budget announcements and therefore remained subject to change. It was intended that the financial plan for 2020/21 incorporating the savings and recovery programme would be presented for consideration by the Board in March 2020.

### **Decision**

- 1) To note the position outlined in the report by the Chief Officer.
- 2) To note the request that clear directions were brought forward with budget proposals.

(Reference – report by the Chief Officer, Edinburgh Integration Joint Board, submitted.)

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## Minute

### Edinburgh Integration Joint Board

**3.00pm, Tuesday 14 April 2020**

Held remotely by video conference

**Present:**

**Board Members:**

Angus McCann (Chair), Councillor Ricky Henderson (Vice-Chair), Councillor Robert Aldridge, Mike Ash, Colin Beck, Andrew Coull, Councillor Phil Doggart, Helen FitzGerald, Councillor George Gordon, Kirsten Hey, Martin Hill, Jackie Irvine, Councillor Melanie Main, Peter Murray, Moira Pringle, Judith Proctor, Ella Simpson and Richard Williams.

**Officers:** Ann Duff, Rachel Gentleman, Lauren Howie, Gavin King and Angela Ritchie.

**Apologies:** Christine Farquhar and Ian McKay.

### 1. Delegated Powers - Covid-19

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The Board considered a report in relation to the Covid-19 emergency which sought approval to suspend meetings and delegate authority to the Chief Officer to take all urgent decisions.

The report advised that due to the outbreak, subsequent government advice and restrictions put in place and pressures on staff resource, alternative arrangements were required to be made for this period.

**Decision**

- 1) To note that the Board meeting to consider the budget would take place on 28 April 2020.
- 2) To agree that all other Board and committee meetings should be suspended until 30 June 2020, with a Board meeting to be scheduled in July 2020 to review the arrangements.

- 3) To delegate authority to the Chief Officer to take any urgent decision on behalf of the Board, in consultation with the Chair and the Vice-Chair, until the arrangements were reviewed by the Board in July 2020.
- 4) To agree that monthly conference calls would be held to provide members with updates and information on actions taken which were relevant to the IJB.
- 5) To agree that decisions which were considered politically sensitive should be reported to the Board.
- 6) To note that any directions which were currently sensitive could be published at a later date, or a restricted version could be made publicly available.
- 7) To note that the Chair and Chief Officer had weekly meetings and that the Chair would send a summary of any relevant updates to Board members following these.

(Reference – report by the Chief Officer, Edinburgh Integration Joint Board, submitted.)

## **2. Covid-19 Response**

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The Board resolved that the report be made publicly available, with the exception of the appendices, and 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 report provided information on the actions taken by the Edinburgh Health and Social Care Partnership in response to the ongoing Covid-19 crisis. A mobilisation plan had been prepared by NHS Lothian which set out actions to create capacity within hospitals and the community and manage with a predicted depletion in the workforce.

### **Decision**

- 1) To homologate the agreement of the Chair and Vice-Chair to the IJB's element of the NHS Mobilisation Plan.
- 2) To issue the direction attached at appendix 1 to the report by the Chief Officer.
- 3) To note that the Chief Officer, in consultation with the Chair and Vice-Chair, would oversee the operational implementation of the plan in line with authorities delegated through the NHS Lothian and Council arrangements.

(Reference – report by the Chief Officer, Edinburgh Integration Joint Board, submitted.)

### **Declarations of interest**

Ella Simpson declared a non-financial interest in relation to the above item as EVOG was a potential recipient of funds for the third sector.

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# Minutes

## Edinburgh Integration Joint Board Futures Committee

**10.00am Monday, 21 October 2019**

Room 2.09 – Waverley Court

**Present:** Peter Murray (Chair), Councillor Ricky Henderson and Councillor Melanie Main.

**In attendance:** Eddie Balfour, Tony Duncan, Sam Ho, Angus McCann and Jay Sturgeon.

### 1. Terms of Reference

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The draft Terms of Reference for the Futures Committee were submitted.

There was discussion about the content of the terms of reference and amendments were agreed. The amended version of terms of reference will go back to the EIJB for approval at a future meeting.

There was agreement that changes to all EIJB committee terms of reference should be collated and returned to the EIJB at the same time.

It was noted that there was a requirement for the Futures Committee to provide an annual statement to the Audit and Assurance committee on the previous year's workplan; discussions were ongoing to decide the contents of the annual report to the Audit and Assurance Committee.

The committee agreed the need for an Allied Health Professional (AHP) on the committee.

#### **Decision**

- 1) To remove point 4.5 from the terms of reference that states “The Chair of the Integration Joint Board and the Chief Officer shall not be members of the Committee, but they may be in attendance.”
- 2) To add the Chair of the EIJB to membership section.
- 3) To agree that a recommendation be made to ensure all changes to EIJB committee terms of reference will be collated and returned to EIJB at the same time.
- 4) To note that the Head of Strategic Planning would liaise with the Chief Finance Officer to understand the requirements of the annual report for the Audit and Assurance committee.
- 5) To seek a Allied Health Professional (AHP) to join the committee.
- 6) To include ‘Investment and Infrastructure’ under section 5, Specific Duties.  
(Reference – Terms of Reference, submitted.)

## 2. Annual Cycle of Business

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A paper was circulated on the Annual Cycle of Business. The Head of Strategic Planning noted that there was not much on the Annual Cycle of Business at this stage, but that it would evolve.

There was discussion about reaching out to academic institutions to engage with the committee on emerging concepts in health and social care across Scotland, the wider UK and internationally.

### **Decision**

- 1) To note the update.
- 2) To create a grouping for “outreach to academic research”.

## 3. Long Term Strategy Proposal and Transformation Programme Update

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The Head of Strategic Planning provided a presentation on a Long Term Strategy Proposal and an update on the status of the Transformation Programme.

There was concern raised with regards to capacity in the Partnership to support the Futures Committee in the short to medium term and, as a consequence, the ability of the Futures Committee to deliver against its Terms of Reference. The Head of Strategic Planning outlined proposed changes to the existing structure which would alleviate these concerns, but that it would take time to complete the formal process.

There was a discussion on the benefit the EIJB might gain from a briefing on the flow in relation to hospital waiting lists.

There was discussion on whether the Strategic Planning Group (SPG) might find it helpful to receive the minute of the Futures Committee.

**Decision**

- 1) To note the presentation.
- 2) To agree that the Head of Strategic Planning would bring initial thoughts on a Longer Term Strategy to the next committee.
- 3) To share the Futures Committee minutes with the SPG to note.

#### **4. Defining Relationship with EIJB Strategic Planning Group and Pan Lothian Strategic Planning Group**

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A brief discussion took place on the relationship with the SPG. The committee discussed the need to confirm planning horizons between the two committees.

**Decision**

- 1) To note the discussion.
- 2) Chairs of both committees to discuss the planning horizons and interface.

#### **5. Shaping Health Futures Report**

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A report on Shaping Health Futures was submitted. The Chair indicated that there were sections in the report that would be relevant and link in with the Futures Committee work. There was a view to collaborate with other health boards across the nation.

**Decision**

- 1) To note the report.
- 2) To agree to explore the areas within the contents page of the report, specifically the contents under “long term changes” section to assist in shaping the committee future work plans.

#### **6. AOB**

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It was suggested to have a shared network for reports and documents of interest to be accessed by all committee members. The committee noted that a new Partnership website was being created and would be live in the near future.

**Decision**

- 1) To consider a location on the new website for committee members to access relevant documentation.

## 7. Date of Next Meeting

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To note that the date and location of the next Futures Committee was Monday, 9 December 2019, 10am to 12pm, venue to be confirmed.





# Minutes

## IJB Audit and Assurance Committee

**10.00am, Friday 8 November 2019**

Waverley Court, Edinburgh

**Present:**

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

**Officers:** Laura Calder (Internal Audit), Helen Elder (Executive Support Assistant), Lesley Newdall (Chief Internal Auditor), Moira Pringle (Chief Finance Officer), and Cathy Wilson (Operations Manager).

**Apologies:** Nick Bennet and Nicola McKenzie (Scott Moncrieff)

### 1. Minutes

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**Decision**

To approve the minute of the meeting held on 27 August 2019 as a correct record.

### 2. Outstanding Actions

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**Decision**

- 1) To agree to close Action 2 – IJB Risk Register.
- 2) To otherwise note the outstanding actions.

(Reference – Outstanding Actions, submitted.)

### 3. Audit and Assurance Committee - Terms of Reference

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The Committee's draft Terms of Reference were presented.

The Committee considered each section and a number of changes were proposed. Discussion took place regarding the 'purpose and function' section and the importance of the development of a clear structure setting out how the Committee would gain assurance from the IJB and other committees.

Members also discussed the scope of internal audit exercises and the influence, if any, the Committee could assert with regard to requesting that specific areas were included. It was advised that the Chief Internal Auditor was required to be independent in determining the scope of audits but that the Committee could approve and oversee the audit programme.

#### Decision

- 1) To agree that the Committee Terms of Reference should be amended as follows:
  - 2.1c, amend to read "approve and oversee the annual audit programme..."
  - 3.1b, amend to read "... when required, having due cognisance of..."
  - 3.1b, amend to read "... invite any employee to provide information by requiring their attendance at a meeting of the Committee..."
  - 3.1c, amend to read "...to invite individuals and authorities from outside the Partnership... to attend if it considers this necessary..."
  - 4.13, remove 'including the Chair'
  - 4.8, remove the reference to 'Office of the Chief Officer'
  - 4.12, insert 'at least annually'
  - 5.1.5, remove 'and receive the minutes'
  - Replace references to 'Head of Internal Audit Opinion' with 'Chief Internal Auditor'
  - 5.1.3d, remove 'on a sample basis'
  - To remove the appendix.
- 2) To agree that the Terms of Reference should be included as a standing item on Committee agendas for one year.
- 3) To note that the suggested changes to the Terms of Reference required to be approved by the Board.

(Reference – Terms of Reference, submitted.)

### 4. Work Programme

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The work programme set out timeframes for upcoming reports relating to the Committee's areas of responsibility.

## **Decision**

- 1) To note the work programme.
- 2) To update the work programme to reflect that the annual accounts were not submitted in August 2019.

(Reference – Work Programme, submitted.)

## **5. Internal Audit Update for Period 16 August to 22 October 2019**

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

Appended to the report were two IA terms of reference which the Committee requested sight of at its previous meeting.

There was a total of 24 open IA findings, seven of which were overdue. The Chief Internal Auditor explained that the overdue findings included previously closed findings which were reopened to ensure they were effectively completed. The Committee requested that the Chief Officer attended future meetings to discuss the actions being taken to address IA findings.

The Committee also noted that it would be beneficial for risk owners to attend meetings in order that they could answer members' questions and provide further information.

## **Decision**

- 1) To note progress with delivery of the EIJB 2019/20 IA plan.
- 2) To note the content of the two EIJB terms of reference provided to the Committee for information.
- 3) To revisit the IA recommendation made in August 2019 to review the IA annual plans for the Council and NHSL to determine which audits were relevant for referral to the EIJB Audit and Assurance committee and would potentially inform the 2019/20 IA annual opinion.
- 4) To note progress with implementation of agreed management actions to support closure of EIJB IA findings raised.
- 5) To note progress with ongoing discussions with NHSL in relation to Committee engagement Principles and the IA assurance approach.
- 6) To refer the report to the City of Edinburgh Council Governance, Risk, and Best Value Committee for its information as a number of the open EIJB IA findings related to operational service delivery for the Health and Social Care Partnership by the Council.
- 7) To request that the Chief Officer attended future meetings to discuss required actions.

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

## 6. Risk Register

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The current IJB risk register and an update on the processes which were being established to manage, mitigate and escalate risks were presented.

The Committee discussed risks 1 and 3 and the similarities between these and requested that these were amended to more clearly reflect the nature and impact of the risks. Comments were also made in relation to the benefit of specific directions to ensure effective controls were in place to provide a high level of assurance to the Committee that the risks were being managed.

The Committee agreed that all risks should be reviewed prior to the next meeting to ensure effective controls were in place, particularly those rated 'high' or 'very high'.

It was also suggested that officers looked to other similar organisations for examples of best practice.

### Decision

- 1) To note the continued development of the IJB risk register and associated action plan.
- 2) To amend the risk owner of Risk 7 to the Chief Officer and the risk contributor to the Chair of the IJB.
- 3) To request that the wording of risks 1 and 3 were simplified and made clearer.
- 4) To request that additional columns were added to the summary page to show the current and target risk scores and the risk level.
- 5) To note that Martin Hill would provide an example of another organisation's register to share best practice.
- 6) To agree that the mitigating controls for all risks should be reviewed and submitted to the next meeting, focussing on those rated 'high' or 'very high' given the timescale.

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

## 7. IJB Records Management Plan

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The Committee considered a report setting out the Keeper of the Records of Scotland's interim report to the IJB's Record Management Plan (RMP) December 2018 submission.

The IJB was required to prepare, implement and keep under review a RMP. A draft was submitted in December 2018. In order to gain agreement, the Keeper

required the IJB to revise its original draft with a corresponding improvement plan for re-submission in 2020.

### **Decision**

- 1) To note the report.
- 2) To note the Keeper's interim report.
- 3) To approve the proposed IJB Business Classification Scheme, attached to the report at Appendix 2.
- 4) To approve the proposed Records Retention Rules for the IJB, attached to the report at Appendix 3.
- 5) To request that the Council amended its own relevant records management policies to incorporate 'IJB records'.
- 6) To request that both the Council and NHS Lothian agreed on regular reporting arrangements for progress updates on their respective RMPs' Improvement Model Plans.
- 7) To agree to formally reply to the National Records of Scotland Keeper with the IJB's intention to provide a revised RMP and improvement model plan by February 2020.
- 8) To continue to oversee and regularly monitor the RMP's ongoing development.

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

## **8. Business Resilience Arrangements and Planning – Update**

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Details were provided on the Health and Social Care Partnership's resilience and business continuity management arrangements.

The report included an update on the Partnership's key resilience activities in the last year, business resilience arrangements currently in place and information on some of the developments and initiatives that were planned for the next year.

### **Decision**

- 1) To note the progress made on the resilience and business continuity management arrangements.
- 2) To agree that the report should be submitted annually.

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

## **9. Review of Training Session**

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The Chair thanked the officers who presented at a recent training session and the Committee agreed that it was a helpful and worthwhile discussion.

## 10. Date of Next Meeting

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The next meeting of the Committee would be held on Friday 14 February 2020.

# Minutes

## IJB Clinical and Care Governance Committee

**2.00pm, Thursday 14 November 2019**

Room 1, Leith Community Treatment Centre, Edinburgh

**Present:**

Richard Williams (Chair), Councillor Robert Aldridge and Martin Hill.

**In attendance:** Tom Cowan, Judith Proctor, Jacqui Macrae, Iain McKay, Helen Fitzgerald, Helen Elder, Colin Beck.

**Apologies:** Jackie Irvine

### 1. Opening Remarks

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The Chair welcomed everyone to the first meeting of the Committee and introductions were made.

It was intended that the key focus of each meeting would be themed discussion on specific areas, with reports within the Committee's remit also being submitted for consideration. A workplan would be developed to set out the theme for each meeting, with the focus of the next meeting being mental health.

### 2. Whistleblowing Investigation Report - Trinity Lodge Care Home Progress Report

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The Committee considered a report on a recent investigation which had taken place as a result of a whistleblowing report.

The Head of Operations provided an overview of the report and highlighted the themes which demonstrated the complexity of adult services within the Health and Social Care Partnership.

The Committee agreed that progress should be monitored and reported back to the Committee and that similar issues arising in future were also reported to provide assurance that they were dealt with appropriately.

Members discussed the whistleblowing procedures and governance arrangements in place and requested a report to the next meeting to assure the Committee these were effective. It was noted that other groups such as NHS Lothian Healthcare Governance Group and the IJB Professional Advisory Group could consider reports relating to these issues and if it was felt necessary or relevant, they could be escalated for consideration by the Committee.

### **Decision**

- 1) To agree that a report should be submitted to the next meeting providing assurance that appropriate and effective whistleblowing policies were in place and were being implemented.
- 2) To request that updates on the action plan for Trinity Lodge and timescales for each action were included in the report.
- 3) To agree that reports on whistleblowing and other governance issues such as health and safety would be presented to future meetings of the Committee when considered appropriate by relevant groups.

(Reference – report by Head of Operations, Edinburgh Health and Social Care Partnership, submitted.)

## **3. Themed Integrated Assurance Session – Governance Framework NHS Lothian and City of Edinburgh Council**

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The Committee discussed a range of issues relating to the governance framework and arrangements between the IJB, NHS Lothian and the Council. Several discussion documents relating to governance had been circulated.

The Chief Officer provided an update and it was noted that work was ongoing, led by the Scottish Government, to revise the national framework and that the Edinburgh Health and Social Care Partnership was participating in the engagement and stakeholder conversations.

The importance of consistency of approach and clear lines of responsibility for each partner and committee was highlighted. It was hoped that the IJB would be able to take assurances from its committees that appropriate arrangements were in place and that a reliance for oversight could be placed on the Committee in future.



Discussion took place regarding the relationship between the IJB and its committees and the relevant governance groups within the Council and health board.

Members commented that there was not currently a citizen representative on the committee membership and the Chief Officer undertook to look at what other IJBs were doing to engage with citizens.

It was also noted that the Professional Advisory Group required to be refreshed to add value and take advantage of the range of experience and expertise its members could provide. Members agreed that this refresh should include a review of the membership, its responsibilities and structure and how it could support the IJB Committees' work.

Some concerns were raised that groups such as the Professional Advisory Group may be keen to undertake work or projects to report to the IJB on particular issues but did not have the resource available to do so. The Committee requested a report on options for providing resource to assist groups to carry out this work.

### **Decision**

- 1) To note the verbal update by the Chief Officer.
- 2) To note that the Chairs of the IJB and Committees would meet to discuss governance and reporting arrangements to ensure a consistent approach.
- 3) To note that the Chief Officer would look at other IJBs and how they engaged with communities and citizen representatives.
- 4) To agree to receive a report by the Head of Operations to the next meeting on the resource which could be made available to assist group members to carry out work on behalf of the group.

## **4. Minutes of Other Meetings**

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The minutes of the IJB Professional Advisory Group held on 23 July 2019 and the NHS Lothian Healthcare Governance Committee held on 10 September 2019 were submitted for noting.

### **Decision**

To note the minutes.

## **5. Date of Next Meeting**

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The next meeting was scheduled to be held on 23 April 2020, however the Chair advised that another meeting would be arranged before this date and members would be advised in due course.

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# Minute

## IJB Performance and Delivery Committee

**10.00am, Wednesday 20 November 2019**

Green Group Room, City Chambers, Edinburgh

### Present

#### Voting Members

Councillors Main (Chair) and Doggart; Mike Ash and Richard Williams.

#### Non-Voting Members

Colin Beck and Helen Fitzgerald.

#### In Attendance

Philip Brown (CEC Strategy & Communications), Jenny Boyd (NHS Principal Information Analyst), Tony Duncan (Head of Strategic Planning, EHSCP), Helen Elder (Executive Management Support, EHSCP), Christine Farquhar (IJB Board Member) and Moira Pringle (Chief Financial Planning Officer, EHSCP).

## 1. Decisions of the Edinburgh Integration Joint Board - 22 October 2019

The decisions of the Edinburgh Integration Joint Board held on 22 October 2019 were presented.

### Decision

#### 1) Item 7.1 - Finance Update

To agree that details of the financial dynamics of the set aside budget would be reported to the Performance and Delivery Committee.

## 2) **Item 8.1- Directions linked to the Strategic Plan**

To agree that future reports, which had been discussed at IJB Committees, would include details of the discussion and decisions.

3) To note that Psychological Therapies was on the agenda for discussion at this meeting.

4) To otherwise note the decisions.

(Reference – Decisions of the Edinburgh Integration Joint Board – 22 October 2019, submitted.)

## 2. **Minute**

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### **Decision**

To approve the minute of the Performance and Delivery Committee of 16 September 2019 as a correct record.

## 3. **Work Programme**

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The Committee's Work Programme was submitted.

### **Decision**

1) To add Mental Health to the Work Programme.

2) To add IJB Grants for Welfare Rights - Annual to the Work Programme.

3) To remove Conflicts of Interest from the Work Programme.

4) To otherwise note the Work Programme.

(Reference – Work Programme, submitted.)

## 4. **IJB Directions Tracker**

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The IJB Directions Tracker was submitted.

### **Decision**

1) To agree to continue to receive the note of the decisions of the IJB.

2) To otherwise note the IJB Directions Tracker.

(Reference – IJB Directions Tracker, submitted.)

## 5. **Gylemuir House - Closure**

---

An assurance report on the closure of Gylemuir House was presented as agreed by the EIJB as part of the 2019/20 budget.

The following issues were raised and discussed:

- That those involved in the project were to be commended for a successfully and sensitively completed project

- Recognition that the focus on communications and sensitive working with families and patients had been a significant factor in the overall success of the project
- Staff communications were very good and redeployment into alternative sites went well. Although redeployed staff had contributed to the under-staffing situation, the overall impact on the staffing and agency budget was negligible.
- It was noted that the earlier than predicted closure had led to greater financial savings, £426,000 being realised for the current year than planned. The budget savings had also included a £300,000 contingency.

### **Decision**

- 1) To inform the EIJB on 10 December 2019 that this Committee had received an assurance report on the closure of Gylemuir.
- 2) To report the successes of Gylemuir closure to the next EIJB on 10 December 2019.
- 3) To otherwise note the report.

(Reference – report by the Head of Operations, Edinburgh Health and Social Care Partnership, submitted.)

## **6. Performance Report**

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An overview of the activity and performance of the Edinburgh Health and Social Care Partnership (EHSCP) and certain set aside functions of the Edinburgh Integration Joint Board (EIJB) was presented which provided an overview of performance covering key local indicators and national measures from April 2018 to the end of October 2019.

The following issues were raised and discussed:

- Members felt it would be helpful if future reporting set out performance against each Direction using a traffic light system to identify where the focus and financial spend should take place. This score card approach would assist in capturing acute and social care data and would be a helpful tool for the Performance and Delivery Committee members.
- It was important to highlight clearly where the issues were so that in instances where performance progress had not been made, this could be brought back for “deep dive” scrutiny.
- Members agreed it would helpful for this Committee to continue to receive full data in tabulated and graphical form and data relating to Directions. This data could be limited to graphical form when presented to the full IJB.
- Performance and Delivery Committee discussions should focus on areas where there were concerns in data trends. It would be helpful if such data was added to the risk register and highlighted in advance of being presented to this Committee.

- Sickness absence rates for agency staff was discussed as being missing but presented for Health and Social Care Partnership staff.
- Drug treatment data required to be updated.
- It was noted that an additional measures review team had been in place until December 2018 and there had been a steady rise in the waiting lists since the work of this team had concluded and that this trend would need to be monitored.
- Concerns were expressed relating to the measure on the “average length of time a person waited for an assessment”.

### **Decision**

- 1) To include a traffic light system in future reports, giving thought to where thresholds for each indicator were historical, and to recognise that not all indicators had accurate baselines and that in these instances members’ attention would be drawn to this.
- 2) To agree that Directions data would be added to the Performance Report as required.
- 3) To include a glossary describing the data each graph showed in future reports.
- 4) To agree that detailed graphical and tabulated information would continue to feature in the reports presented to this Committee.
- 5) To consider drug treatment rates and mental health in-depth at a future meeting of the Performance and Delivery Committee and to request that an update be brought to the Committee setting out what measures were in place to address performance trends; any concerns expressed by Committee would be escalated to the IJB.
- 6) To review the number of agency staff being employed to allow the Committee to measure trends relating to agency staff.
- 7) To receive an update on the way in which the average length of time a person waited for an assessment was calculated.
- 8) To otherwise note the performance information.

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

## **7. Performance Report - report to EIJB of 20 August 2019**

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An overview was presented of the activity and performance of the Edinburgh Health and Social Care Partnership (EHSCP) and certain set aside functions of the Edinburgh Integration Joint Board (EIJB) of performance covering key local indicators and national measures to the end of June 2019.

### **Decision**

- 1) To note that there was a lack of data but that work was being carried out by the Local Intelligence Support Team to address the gaps.

- 2) To note with concern the greater than anticipated number of people that were presenting at accident and emergency and to agree to consider this matter in greater detail at the Performance and Delivery Committee in January 2020 when more data would be available to support consideration of this matter.
- 3) To receive performance data on the new minor injury unit and Accident and Emergency.
- 4) To otherwise note the performance of the EIJB for the period January 2018 until June 2019.

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

## 8. Finance Update

---

An update was provided on the in-year financial position. The purchasing budget was considered in detail.

### Decision

- 1) To note that the percentage deviance from budgets under many items was greater than 10% and further information would be provided in order that an agreed tolerance could be reached.
- 2) To agree that further detail relating to “other” expenditure would be provided.
- 3) To agree that further information on S2c GP practices would be provided to Committee members.

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

## 9. Action 15 – Progress Update

---

The Health and Social Care Partnerships were required to report progress with spending plans and planned workforce increases to the newly established Mental Health Directorate at the Scottish Government on a quarterly basis. An update on the implementation of Action 15 funding was presented.

### Decision

- 1) To note the requirement for the Health and Social Care Partnership to update on progress to the Scottish Government.
- 2) To acknowledge the progress made to date with the agreed developments.

(Reference – report by the Chief Strategy and Performance Officer, Edinburgh health and Social Care Partnership, submitted.)

## 10. Psychological Therapies Additional Investment

---

An update was provided on additional investment to enable recruitment to Psychological Therapies.

### Decision

- 1) To agree to consider this item again in two cycles, once the procurement exercise had concluded for the Thrive Welcome Team and the service had commenced delivery.
- 2) To agree that an update would be provided in the Directions tracker on the procurement at the next meeting of the Committee in January 2020.

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

## 11. EIJB Briefing Note – Mental Health Services Structures

---

Information was provided on the commissioning and operational delivery mechanisms for delegated and non-delegated services in respect of the provision and management of mental health services.

### Decision

- 1) To request an updated report on Mental Health Services Structures which contained further detail on the subject matter.
- 2) To continue consideration of this item to the next meeting of the Committee on 31 January 2020.

(EIJB Briefing Note, submitted)

## 12. Edinburgh's Joint Carers Strategy – Development of Performance and Evaluation Framework

---

The Edinburgh Integration Joint Board had ratified the Edinburgh Joint Carers' Strategy 2019-2022 at its meeting on 20 August 2019. The EIJB had directed that a performance and evaluation framework be designed to support the Carers Strategy with progress being reported back in December 2019.

An update was provided setting out the approach and timeline for developing the performance and evaluation framework. The framework would provide quantitative and qualitative information which was outcomes focussed and aligned with both national and local priorities.

### Decision

- 1) To note the report.
- 2) To agree that Directions and KPIs would be developed from the Carers strategy.
- 3) To bring back an update on the strategic KPIs in two cycles.



(References – EIJB 20 August 2019 (item 4); report by the Chief Officer, Edinburgh Health and Social Care Partnership, submitted)

### **13. Terms of Reference and Feedback**

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#### **Decision**

To continue consideration of this item to the next meeting of the Committee on 31 January 2020.

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

### **14. Date of Next Meeting**

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#### **Decision**

Friday 31 January 2020 in the Conservative Group Room, City Chambers, High Street, Edinburgh.

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# Minutes

## Edinburgh Integration Joint Board Strategic Planning Group

**2.00pm, Tuesday 14 January 2020**

EVOC – 525 Ferry Road, Edinburgh

**Present:** Councillor Ricky Henderson (Chair), Angus McCann (Vice-Chair), Councillor Robert Aldridge, Mike Ash, Colin Beck, Tony Duncan, Christine Farquhar, Dermot Gorman, Mark Grierson, Belinda Hacking, Stephanie-Anne Harris, Peter McCormick, Michele Mulvaney, Moira Pringle, Rene Rigby and Ella Simpson.

**In attendance:** Jessica Brown, Philip Brown, Helen Elder, Linda Irvine Fitzpatrick, Rachel Gentleman, Rachel King and Alana Nabulsi.

**Apologies:** David White and Hazel Young

### 1. Minutes

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#### Decision

To approve the minute of the Edinburgh Integration Joint Board Strategic Planning Group of 22 November 2019 as a correct record, subject to the addition of apologies from Rene Rigby and Peter McCormick and the correction of an error in section 4 to read 'to discuss implementation of the Strategic Plan'.

## 2. Decisions of the Integration Joint Board of 22 October 2019

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### Decision

To note the decisions made by the Integration Joint Board at its meeting on 22 October 2019.

(Reference – Decisions of the Integration Joint Board of 22 October 2019, submitted.)

## 3. Rolling Actions Log

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Updates were provided on the following actions:

- Action 1 – Enhancing Carer Representation on Integration Joint Boards – it was noted that work was ongoing to fill the carers' representative vacancy on the Board to progress the action
- Action 2 – Grants Programme – Monitoring and Evaluation Framework – a meeting had been arranged to discuss the evaluation of grants and this was intended to connect with the work being done on the prevention strategy.
- Action 3 – Directions – work was being undertaken on a directions tracker which would be submitted to the IJB and the SPG. This included reviewing the Ministerial Steering Group guidance and providing information on the financial impact and risks relating to directions, and reviewing existing directions to ensure they were fit for purpose.

Following the decision of the IJB on 22 October 2019 in relation to the report on 'Edinburgh Alcohol and Drug Partnership - Seek Keep Treat Funding 2018/19', it was agreed that a report on key performance indicators for adult sensory support would be considered at the next meeting.

### Decision

- 1) To note the outstanding actions.
- 2) To add a report on key performance indicators for adult sensory support to the workplan for the next meeting.
- 3) To amend the target date for action 3 – Directions to April 2020.

(Reference – Rolling Actions Log, submitted.)

## 4. Royal Edinburgh Hospital Phase Two - Learning Disability

---

A report was presented by Mark Grierson (Disability Support and Strategy Manager), on phase 2 of the programme of modernisation of the Royal Edinburgh Hospital which was aimed at learning disability and mental health.

Following a review of the business case for this phase, it was proposed that the Edinburgh Health and Social Care Partnership commissioned beds from The

Royal Edinburgh Acute Services. This would allow assessment and treatment services to be provided for people with a learning disability.

Discussion took place regarding the number of beds required and the need to transition people who were currently living in hospital to community-based care, in line with the objectives of the Strategic Plan. Members also discussed the importance of ensuring the services and support available in the community were sufficient before moving people out of hospital. It was requested that details of the financial and workforce planning implications were provided when the proposal was submitted to the IJB for approval.

It was also noted that the ongoing operational arrangements to support the direction of travel towards community-based care would continue to be developed.

### **Decision**

- 1) To agree the number of assessment and treatment beds to be commissioned from REAS in principle, noting that further information on the financial and workforce planning arrangements would be provided when the proposal was presented for consideration by the IJB.
- 2) To note that the operational aspects would continue to be developed and the direction of travel in terms of the reduction in the number of beds.

(Reference – report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership, submitted.)

## **5. Royal Edinburgh Hospital Phase Two - Mental Health**

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A report was presented by Linda Irvine Fitzpatrick (Strategic Programme Manager, Mental Health and Wellbeing), on phase 2 of the programme of modernisation of the Royal Edinburgh Hospital which was aimed at learning disability and mental health.

Following a review of the business case for this phase, the report proposed the number of beds that the Edinburgh Health and Social Care Partnership should commission from The Royal Edinburgh Acute Services to provide assessment and treatment services to people with complex mental health needs.

During discussion, it was noted that information on the timescales for progress and delivery would be included when the proposal was submitted for approval by the IJB.

Members were supportive of the direction being taken and raised the importance of ensuring the proposal was sufficient to meet the needs of Edinburgh while working together with other Lothian IJBs.

## **Decision**

- 1) To note the future inpatient requirements (33 beds) and community developments (15 places) which required to be progressed simultaneously to deliver phase two.
- 2) To note the review of current community places and change programmes which aims to increase efficiency and choice for people.
- 3) To support the initiation of formal dialogue with the Scottish Government and Mental Welfare Commission to collectively consider the potential impact of legislative changes on both community and hospital provision.
- 4) To note the overall financial gap and that further work was needed to refine this.
- 5) To note that further information on the milestones and timescales would be provided for consideration by the IJB.

(Reference – report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership, submitted.)

## **6. Thrive Update**

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A presentation was delivered by Linda Irvine Fitzpatrick (Strategic Programme Manager, Mental Health and Wellbeing) on Thrive Edinburgh. The Thrive programme aimed to improve the mental health and wellbeing of all citizens of Edinburgh by achieving four key objectives.

Information was provided on the objectives and the workstreams to achieve these, outcomes for citizens and the programmes and projects which were currently underway.

During discussion, members queried how the success of the programme would be measured and it was noted that a set of milestones would be agreed. It was important that any directions relating to Thrive included the use of Action 15 funding and that a cost plan was developed. Further information was planned to be provided to the IJB in April 2020.

The Chair thanked those involved in Thrive for their work to date.

## **Decision**

- 1) To note the presentation.
- 2) To agree to circulate the pack of the tools to the members of the SPG.

(Reference – report by the Strategic Programme Manager, Mental Health and Wellbeing, submitted.)

## **7. Edinburgh Health and Social Care Partnership Transformation Programme Update**

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A report provided an update on the progress made on the transformation programme which was underway and the next steps. The transformation

programme was incorporated into the Strategic Plan 2019-22 and phase one (preparation and launch) was scheduled to conclude in March 2020.

The Group heard that the workstreams had been reviewed and refined and project boards and steering groups were in the process of being established to support this work. These would meet monthly and have a wide representation on the membership to ensure the design was sustainable.

Members raised queries relating to carers, timescales, resources available and a related capital programme to support the ambition of the transformation programme. It was advised that a separate carers strategy would be developed and that a timeline could be circulated.

### **Decision**

- 1) To note the report.
- 2) To request a timeline for progress to be circulated.

(Reference – report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership, submitted.)

## **8. Annual Cycle of Business**

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The workplan setting out the work of the Strategic Planning Group to the end of 2020 was presented.

### **Decision**

To note the annual cycle of business.

(Reference – Annual Cycle of Business, submitted.)

## **9. Date of Next Meeting**

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### **Decision**

To note that the next Strategic Planning Group Meeting would be held at 2pm on Tuesday 10 March 2020 at EVOC Offices, 525 Ferry Road, Edinburgh.

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# Rolling Actions Log

## April 2020

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
1	<a href="#">IJB Risk Register</a>	15-06-18	That the Chief Officer would circulate a briefing note to members on finance structures across the City of Edinburgh Council and NHS Lothian, and the interface between the respective groups.	Chief Officer, Edinburgh Health and Social Care Partnership	TBC	This briefing will be produced following agreement of terms of reference for the sub committees. Final TORs will come back to EIJB when normal business resumes.
					<del>December 2019</del>	
					August 2019	
					<del>November 2019</del>	
2	<a href="#">Primary Care Transformation Programme</a>	24-05-19	<ol style="list-style-type: none"> <li>1) To agree that a workshop would be arranged on the Primary Care Transformation Programme.</li> <li>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</li> </ol>	Chief Officer, Edinburgh Health and Social Care Partnership	TBC	<p>Session on primary care took place on 24 February 2020.</p> <p>A follow up report will be brought forward when normal business resumes.</p> <p>Recommend action 1 for closure.</p>
					<del>December 2019</del>	
					October 2019	

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Agenda Item 5.1

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
3	<a href="#">Evaluation of 2018/19 Winter Plan</a>	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	February 2020 <del>November 2019</del> <del>October 2019</del>	A briefing note will be circulated in February 2020.  Recommend for closure as circulated round members at the of February
4	<a href="#">Committee Terms of Reference and Good Governance Handbook</a>	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	TBC <del>April 2020</del> <del>December 2019</del> <del>October 2019</del>	TOR will come back to April Board for agreement.  This will be considered when normal business resumes.
5	<a href="#">Edinburgh's Joint Carers Strategy</a>	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	TBC <del>December 2019</del> <del>October 2019</del>	A situation report on the performance and evaluation framework for the Carers' Strategy was presented to the P&D committee on 20 November 2019

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
Page 43						and the SPG on 22 November 2019. Direction was given to provide more time to complete the framework which will come forward to the SPG in due course. <del>Carers Strategy Performance Framework on the agenda for December Board</del>
	<a href="#">Rolling Actions Log</a>	22-10-19	Re. <a href="#">NHS Lothian Board Escalation</a> 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	February 2020 <del>November 2019</del>	Recommend for closure as the NHS Lothian Recovery Programme Update was on the agenda for EIJB on 4 February which highlighted the work being undertaken by the mental health and learning disabilities

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
						Programme Board.
7	<a href="#">Home First</a>	22-10-19	1) To require a report on progress no later than April 2020. 2) To agree that timescales would be added to the Direction.	Chief Officer, Edinburgh Health and Social Care Partnership	TBC <del>April 2020</del>	Home First Edinburgh is a key plank of the Partnership's response to Covid-19. The model will be reviewed to incorporate the learning from this with the update being presented to the SPG and then the IJB in due course.
8	Adult Sensory Support	10-12-19	To agree that an update would be submitted in spring 2021.	Chief Officer, Edinburgh Health and Social Care Partnership	Spring 2021	Final tenders for the new contractual arrangements have been received and appraised. Officers are undertaking a review of next steps in the context of Covid.

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No	Subject	Date	Action	Action Owner	Expected completion date	Comments
9	Winter Plan 2019/20	10-12-19	To agree that a briefing note would be circulated, providing details of similar plans for general practice	Chief Officer, Edinburgh Health and Social Care Partnership	January 2020 April 2020	Briefing note prepared, to be circulated to the EIJB in April 2020.
10	Rolling Actions Log - Integrated Older People's Service	04-02-20	To note that a report would be submitted to the Strategic Planning Group in March then to the Board thereafter.	Chief Officer, Edinburgh Health and Social Care Partnership		Report approved at SPG in March noting the change in line management arrangements for this service. This is an operational arrangement which does not require the approval of the IJB.  Recommend closure.
11	Ministerial Strategic Group and Audit Scotland Integration Reviews –	04-02-20	To agree to receive a further update report in December 2020.	Chief Officer, Edinburgh Health and Social Care Partnership	December 2020	

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No	Subject	Date	Action	Action Owner	Expected completion date	Comments
	Edinburgh Update					
12	Finance Update	04-02-20	To agree that the Chair would write to the Chief Executive of the Council to request that the Council provided funds to ensure a balanced budget was achieved, and that the letter would be circulated to Board members.	Chair Chief Officer, Edinburgh Health and Social Care Partnership	28 April 2020	Letter circulated 17 February 2020  Recommend for closure.
Page 46	Enhancing Carer Representation on Integration Joint Boards – transferred from Strategic Planning Group RAL – 10 March 2020	10-03-20	To agree that the Chief Finance Officer would examine the good practice outlined in the update report (Enhancing Carer Representation on Integration Joint Boards, SPG 17 August 2018) and provide an update to a future meeting of this Group on how it could applied with the Edinburgh IJB working practices.  Referred to IJB to progress recruitment of Carer Representative.	Chief Officer, Edinburgh Health and Social Care Partnership	December 2020	

## REPORT

2020/21 Financial Plan

Edinburgh Integration Joint Board

28 April 2020

<b>Executive Summary</b>	The purpose of this report is to present the 2020/21 financial plan and discuss progress towards a balanced position for the year.
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<b>Recommendations</b>	<p>It is recommended that the Edinburgh Integration Joint Board (EIJB):</p> <ol style="list-style-type: none"> <li>1. Note the budget offers from the City of Edinburgh Council and NHS Lothian;</li> <li>2. Note the resultant financial plan based on the revised delegated budgets and expenditure forecasts;</li> <li>3. Agree savings proposal 6 (external supported accommodation for older people);</li> <li>4. Agree that officers continue to progress the other schemes in the proposed savings and recovery programme; and</li> <li>5. Agree to receive an update on progress made towards balancing the financial plan at the next meeting.</li> </ol>
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### Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations	No direction required	✓
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	



## Report Circulation

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1. This report was agreed at the Executive Management Team of the Edinburgh Health and Social Care Partnership on 16 April 2020.

## Main Report

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### Background

2. Work on the 2020/21 budget for the Integration Joint Board (IJB) started in late summer of 2019. The Chief Finance Officer worked closely with senior colleagues in the finance teams of NHS Lothian and the City of Edinburgh Council (the Council) as financial plans for the respective organisations were developed. As it has always been clear that a significant savings and recovery programme would be required to support a balanced budget, a series of officer led savings workshops were held to explore options and ideas. These, in turn, informed subsequent workshops held from October onwards for EIJB members. As this work progressed, planning assumptions were refined, and, although not eliminated, the projected in year deficit gradually reduced.
3. Delays in the UK and Scottish Government budgets had an understandable knock on impact on the financial planning processes for our partners with consequent implications for the IJB budget timetable. The original intention was to present the financial plan for 20/21 to the EIJB in March 2020, however even assuming the EIJB fully agreed the proposed savings and recovery programme, the budget would not have been balanced at this point. In this context the Chief Officer commissioned further work on the savings and recovery programme with the intention of presenting the full package of measures to the EIJB at the end of April 2020.
4. Initially, this work was progressing well but has since been overtaken by the requirement to respond to the COVID-19 pandemic. Added to this, is the ongoing uncertainty of the full impact on costs, both during and, following, the pandemic.
5. Accordingly, the EIJB must balance the governance requirements of scrutinising the financial plan at a time of great uncertainty and, in the knowledge that the plan presented does not address the financial challenge of the pandemic, against the risk of deferring to a time when greater assurance will be possible.

### Scottish Government Budget

6. The Scottish Government's budget for 2020/21 was approved by the Scottish Parliament on the 5 March 2020. Headlines from the budget include:





### *Health*

- Uplift of 3% for all territorial health boards and a share of £17m for those boards that are furthest from NRAC parity;
- Additional investments of £121m to improve patient outcomes targeted at four areas:
  - **primary care** – total investment in the primary care transformation fund will increase by £50m to £205m - continuing the growth of primary care multi-disciplinary teams and implementing the new GP contract to make General Practice an even more attractive career;
  - **waiting times** – an additional £30m to support waiting times improvement plans;
  - **mental health and CAMHS** – funding will increase by £28m to £89m with key priorities being perinatal and infant mental health, children and young people's mental health and continuing towards recruitment of 800 additional mental health professionals by 2021/22; and
  - **trauma networks** – investment will rise by £13m to ensure implementation of the major trauma networks.

### *Local Authorities*

- A further £100m is to be transferred from the health portfolio to Local Authorities for investment in health and social care and mental health services that are delegated to integration authorities, which includes:
  - **living wage** – a £25m contribution towards the continued delivery of the real living wage;
  - **free personal and nursing care** – £2.5m of funding to uprate these payments;
  - **carers act** – £11.6m for implementation of the act in line with the financial memorandum of understanding; and
  - **counselling services** – support totalling £4m regardless of whether or not these have been delegated to the Integration Joint Board.
- Local Authorities were allowed to offset their adult social care allocations to Integration Authorities by up to 2% and a maximum of £50 million in 2020/21 based on local needs;
- Following the initial budget announcement, a further £95m was identified for local authorities across Scotland.
- Further communication from the Cabinet Secretary for Health and Sport on 10 April indicated that funding would flow through to Integration Authorities to meet the full cost of the living wage increase.

### **Indicative IJB delegated budget 2020/21**

7. City of Edinburgh Council (the Council) agreed its budget for 2020/21 on 20 February 2020. This allowed for an in-year budget for the IJB of £226m; an increase of £8m (3.8%) over the 2019/20 level. This £8m represented the passing on in full of the Council's share of the initial £100m included in the Scottish Government settlement.

8. In advance of the Stage One Parliamentary Debate on the budget, the Cabinet Secretary for Finance announced additional non-ringfenced revenue funding of £95m. This announcement came after the Council had set its budget and the process to allocate the Council's share (£7.4m) has been stalled whilst the focus remains on the COVID-19 response. Prior to this the proposal was that the budget allocated to the IJB be increased by £2m.
9. The additional funding to meet the full costs of the living wage announced on April 10th is estimated at £4.7m.
10. A breakdown of the consequences of the local authority settlement is shown below in table 1:

	£m
2019/20 Delegated Budget	217.7
<i>Local Authority Settlement:</i>	
Investment in integration	4.8
Free personal care	0.4
Living wage	2.1
Living wage - additional	4.7
Carers	1.0
<b>Total Delegated Budget 2020/21</b>	<b>230.7</b>

*Table 1: Indicative local authority delegated budget 2020/21*

11. The NHS Lothian Board considered and approved the final version of its financial plan on the 8 April 2020. With a gap of £11m projected in the plan, the Director of Finance provided the board with limited assurance that a balanced outturn would be achieved in 2020/21. Based on this plan, we have now received formal confirmation of the budget offer to the IJB. In line with the other 3 Lothian IJBs this reflects a 3% uplift, giving a delegated budget of £451.9m for 2020/21 – a £12.2m increase (3% excluding General Medical Services) on the 2019/20 budget. A breakdown of the indicative offer is shown below in table 2:

	£m
2019/20 Delegated Budget	439.7
NHSL pass through of 3% uplift	12.2
<b>Total Delegated Budget 2020/21</b>	<b>451.9</b>

*Table 2: Indicative NHS Lothian delegated budget 2020/21*

12. The combination of both budget offers would give the IJB a delegated budget of £682.6m at the beginning of financial year 2020/21 as shown below in table 3:



	£m
City of Edinburgh Council	230.7
NHS Lothian	451.9
<b>Total Delegated Budget 2020/21</b>	<b>682.6</b>

Table 3: Indicative delegated budget 2020/21

### IJB expenditure forecast for 2020/21

13. In conjunction with the City of Edinburgh Council and NHS Lothian finance teams the projected costs on delegated services for the coming financial year have been modelled. The following assumptions were used in completing this task:
- Council pay costs will rise as per the assumptions set out in the council budget
  - The impact of demographic growth on Council purchasing costs has been assumed at a further £8m in line with previous years.
  - Purchasing inflation and national care home inflation cost estimates have been provided by the Council finance and contracting teams and reflect national agreements where in place.
  - NHS Lothian pay costs will rise in line with the national pay deal for health staff.
  - Prescribing costs will increase by 5%.
  - Hospital medicines costs will increase by 6%.
  - NHS Lothian non pay costs will increase by 2%.
14. The impact of these assumptions on projected expenditure for the IJB in 2020/21 is that costs will rise to £706.4m, a breakdown of this increase is shown below in table 4:

	£m
Baseline expenditure	663.5
<i>Projected expenditure increases</i>	
Loss of income	5.7
Full year effect of 2019/20 pressures	6.0
Pay awards	10.4
Contract and non pay inflation	8.6
Growth and capacity	12.2
<b>Total Projected Expenditure 2020/21</b>	<b>706.4</b>

Table 4: projected delegated expenditure 2020/21

15. Taking the indicative budget offers from the City of Edinburgh Council and NHS Lothian and the projected costs for delegated services gives the IJB an £23.9m savings requirement going into 2020/21 as shown in table 5 below:

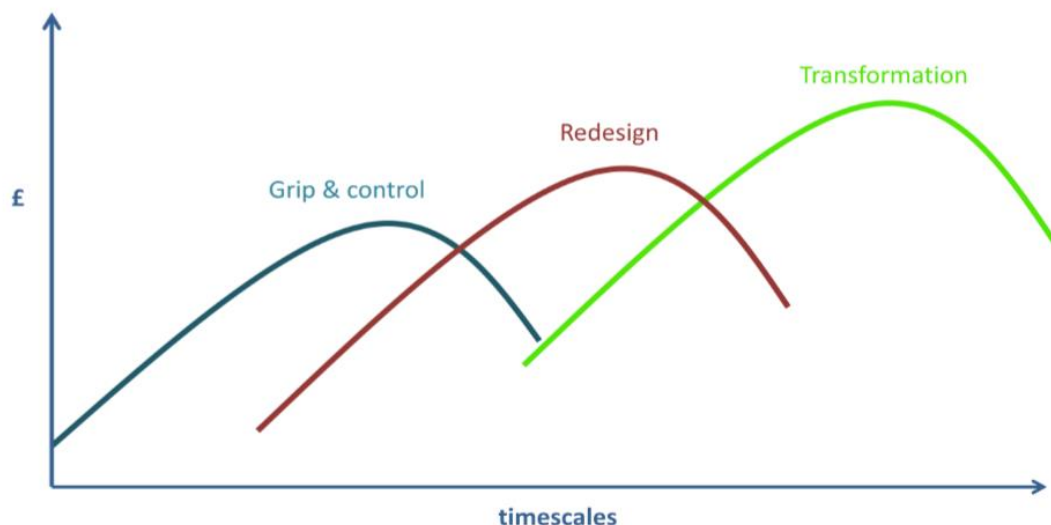
	CEC £m	NHSL £m	IJB £m	Total £m
Indicative delegated budgets	230.7	451.9		682.6
Projected delegated costs	251.7	458.4	*(3.7)	706.4
<b>Savings requirement</b>	<b>21.0</b>	<b>6.5</b>	<b>(3.7)</b>	<b>23.9</b>

*Table 5: projected IJB savings requirement 2020/21*

\*full year effect of savings from Gylemuir closure

### Savings and Recovery Programme

16. As highlighted in the discussions above there is a discrepancy between the level of funding available and the projected costs for delivering the IJB's delegated services. We continue to face unprecedented challenges to the sustainability of our health and care system; an ageing population; an increase in the number of people living with long term condition; a reduction in the working age population which compounds the challenge in workforce supply and fundamentally resource availability cannot continue to match levels of demand.
17. It is in response to these challenging circumstances, that the IJB has developed its savings and recovery strategy which recognises that efficiencies are delivered in 3 "phases": grip and control; redesign; and transformation. The savings and recovery strategy is displayed graphically in figure 1 below:



*Figure 1: IJB savings and recovery strategy*

18. It is recognised that the greatest gains are delivered via transforming services. In response to this, an ambitious transformation programme has been set out, and over the past few months we have been developing our organisational capacity to deliver this. The aim of the overall programme is to develop a fit for purpose organisation, with an optimised operating model and focus on prevention and enablement within a sustainably sized estate. Until this programme is fully established shorter term efficiencies from introducing and reinforcing controls and smaller scale redesign will bridge the gap.
19. Between November 2019 and March 2020 IJB members have participated in a series of development sessions and workshops to consider and inform the savings and recovery programme for 2020/21.
20. The Board has consistently reiterated its desire to have a savings and recovery programme which aligns, as far as possible, with our strategic aims. As such there is an intent to continually strive to improve outcomes for people, to maintain and improve performance and maintain the scope and quality of services. However, the enormity of our savings targets and funding gap, will require decisions and the implementation of changes of a scale that have the potential to have a direct impact on service delivery and services and there is a significant risk that this impacts performance across social care and health services.
21. The proposals considered have been identified by the Edinburgh Health and Social Care Partnership’s (the Partnership) management team working collaboratively with colleagues in the Council and NHS Lothian. Templates outlining the scope, impact, benefit, risks and dependencies have been prepared and shared with board members. These have been further developed to produce High Level Project Briefs detailed in Appendix 2. Work is currently underway to develop detailed implementation plans, an appropriate Risk Register and to complete integrated impact assessments, both for individual schemes and the programme as a whole.
22. The operational challenges faced by the Partnerships a result of COVID-19 has meant that timescale to finalise these pieces of work have unavoidably been extended.
23. The savings and recovery programme is summarised in table 6 below, with further detail included in Appendix 1:

	£m
Savings requirement	23.9
Savings and recovery programme	11.6
<b>Net position</b>	<b>12.2</b>

*Table 6: Impact of Savings and Recovery Programme 2020/21*

24. There may be potential slippage in the savings programme as a result of COVID-19 as detailed in table 7 below, but this will be monitored on an ongoing basis:

	Potential slippage £m	Impact on Savings Programme Net Position £m
3 months slippage	2.6	14.8
6 months	5.1	17.3

*Table 7: Impact of potential slippage on Savings and Recovery Programme 2020/21*

### Achieving financial balance

25. Despite the work to date, we remain some way from a position where we can address the full savings gap so there is still a requirement to make further savings. Additional actions have been identified as indicated in table 8 below:

	£m
Savings Requirement	23.9
Savings and Recovery Programme	11.6
<b>Projected savings target</b>	<b>12.2</b>
<i>Potential actions</i>	
Phase community investment strategy	1.0
Older peoples reserve	1.0
<b>Total potential actions</b>	<b>2.0</b>
<i>Potential additional contributions</i>	
Council (from additional SG budget)	2.0
NHSL (set aside deficit)	3.0
<b>Total potential in year deficit</b>	<b>5.2</b>

*Table 8: Impact of Savings and Recovery Programme 2020/21 and additional actions*

26. The financial position described above indicates a remaining gap of £10.2m for this financial year, with the potential additional support from our partners to further reduce this to £5.2m. An additional range of schemes will continue to be investigated to enable us to meet the outstanding gap. As described above, the unprecedented challenge we are currently facing as a result of COVID-19 mean has limited our ability to progress the savings and recovery programme as intended. Accordingly, we are aiming to present the overall plan, and associated savings and recovery programme to the next meeting of the EIJB.

27. We also have an ambition to develop and implement a rolling savings programme which will see the development of delivery of an iterative 3 year plan. Work is underway to achieve this.

## **Implications for Edinburgh Integration Joint Board**

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### **Financial**

28. Are outlined in the main body of this report.

### **Legal/risk implications**

29. As outlined in this report, the IJB does not currently have a balanced budget for 2020/21, which clearly represents a material risk for the board. The response to the COVID-19 pandemic has materially impacted priorities and diverted management resource from the development of a savings and recovery programme which would support financial balance. Further our ability to deliver the programme as set out in this paper is significantly impacted as we focus on keeping Edinburgh citizens safe during the pandemic.

30. The financial plan set out in this paper assumes that all COVID-19 costs will be met by the Scottish Government through the mobilisation planning process and the weekly financial returns associated with this.

### **Equality and integrated impact assessment**

31. There are no specific implications arising from this report.

### **Environment and sustainability impacts**

32. There are no specific implications arising from this report.

### **Quality of care**

33. There are no specific implications arising from this report.

## **Consultation**

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34. This report has been prepared with the support of the finance teams in the City of Edinburgh Council and NHS Lothian.

## **Report Author**

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## Appendices

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- Appendix 1** Savings and recovery programme detailed table
- Appendix 2** Savings and recovery programme high level project briefs



**Appendix 1: Savings and recovery programme detailed table:**

	Savings Programme Title	2020/21 In year savings (£m)
1	Bed reconfiguration	£1.00
2	Community Equipment	£0.25
3	Day Services - Phase 1	£0.04
4	Day Services - Phase 2	£0.10
5a	Learning Disability Savings Phase 1*	£0.52
5b	Learning Disability Savings Phase 2	£0.17
6	External Supported Accommodation – Older People	£0.20
7	Edinburgh ADP – Social Care Fund Investment	£0.20
8	Prescribing	£2.07
9	Purchasing	£4.10
10	Rehabilitation Service	£0.08
11	Review of Sexual Health Services	£0.05
12	Carers Spend	£0.90
13	Savings from Hosted Services (by NHSL/ other 3 HSCPS)	£0.74
14	NHS Lothian Set Aside Savings**	£1.18
<b>TOTAL</b>		<b>£11.62</b>

\* Already agreed as part of 2019/20 Savings Programme:

[https://democracy.edinburgh.gov.uk/Data/Edinburgh%20Integration%20Joint%20Board/20190329/Agenda/\\$item\\_56\\_-\\_201920\\_financial\\_plan.xls.pdf](https://democracy.edinburgh.gov.uk/Data/Edinburgh%20Integration%20Joint%20Board/20190329/Agenda/$item_56_-_201920_financial_plan.xls.pdf)

\*\* Savings planned within NHS Lothian Set Aside

Monitoring and scrutiny of all projects identified within the Savings Programme will be ongoing

## Savings Programme Project Brief: HIGH LEVEL

### 1. *Bed Based Review*

#### Project Brief

- Complete a bed-based review, and use this to;
- Establish a robust model for bed-based Intermediate Care and;
- Implement first stages of bed-based Intermediate Care Model

The Edinburgh Integration Joint Board's (IJB) strategic plan sets out an ambitious programme of change over the next 3 years and beyond. A key plank of this is our intention to undertake a bed-based review. This work will articulate our target bed-based model and provide a detailed plan for moving toward this. This work has been commissioned but is not yet complete.

However, recognising that shorter term, tactical changes are needed, we have, and will continue to progress initiatives including: Home First Edinburgh; the establishment of Integrated Care Facilities; and reviewing the use of HBCCC beds. Each of these workstreams are being carefully reviewed to ensure they align with our strategic intent.

#### Impact & Benefits

##### **Strategic Links**

Implementation of the changes to the Community Equipment function contributes to the following Strategic priorities:

- Person Centred Care
- Managing our resources effectively
- Making best use of capacity across the system
- Right care, right place, right time

##### **High level impacts:**

1. *Bed based review*: will lead to more appropriate and sustainable model of support for people
1. *Transformation Programme*: lessons learned from implementing changes through the savings and recovery programme will be utilised and help to inform the broader transformation programme
2. *Edinburgh Pact* - provide clarity on service and support offering and redefine what statutory services can contribute in terms of preventing crisis, and supporting people to manage their health and personal independence at home

**Citizen Benefit**

- Appropriate level of support when required, including bed based care
- Discharge facilitated in a timely manner
- Remaining at home enabled
- Independence maximised

**System Benefit**

- Improved flow
- Improved systems and processes
- Appropriate use of beds

**Staff Benefits**

- Staff empowered and supported to make decisions in the best interest of the people being supported
- Clearer and fairer processes
- Increased training

**Financial Benefit**

- Improved overall value
- Spend incurred in the most appropriate setting
- Reduced spend

**Finances**

**Financial Savings**

The anticipated financial savings are laid out below:

Full year target 2020/21 (£k)	Forecast 2020/21 In Year Savings (£k)	Recurring £k (from 21/22)	Delivery Investment
£1,000	£1,000	TBC	Savings figures are net of reinvestment required.

The anticipated in year saving will accrue from Home First Edinburgh. Future savings will be delivered by further reduction in the bed base and reinvestment in community facing services.

**Non-Financial**

- Right sizing of our bed base which will provide an appropriate level of bed based care for those who need it but the default being that people are supported to live at home or in a homely setting.

## Risks

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	RAG
1.1	<b>People:</b> confusion or misunderstanding of how and why new model is being implemented	Clear and appropriate engagement and communication with people and carers	Green
1.2	<b>Reputational damage:</b> service model does not meet existing expectations and perceptions	Ensure appropriate linkages are made with Edinburgh Pact Workstream and equivalent work streams across Lothian	Green
1.3	<b>Resistance to change:</b> by workforce/ stakeholders/ people	Clear and appropriate engagement and communication	Amber
1.4	<b>Change management:</b> pressures on staff from involvement and supporting change whilst delivering business as usual	Staff support through change management	Green
1.5	<b>Transition challenges:</b> ensuing that if appropriate affected people can access suitable alternatives that meet their needs	Clear and appropriate engagement and communication, to ensure those who do not have the means are supported	Green
1.6	<b>Financial risk:</b> that the planned efficiencies are not achieved	Effective planning and monitoring process implemented	Amber
1.7	<b>COVID-19:</b> Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	COVID: Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	Amber

## Savings Programme Project Brief: HIGH LEVEL

### 2. Community Equipment

#### Project Brief

Ensure appropriate Grip and Control of the Community Equipment Service features. The proposed changes for the community equipment function as part of this proposal, sit under 6 key headings:

1. **Equipment Provision** - *Review the criteria for equipment, and what equipment should be available, ensuring that the key priority remains supporting people to leave hospital, prevention of admission and end of life care.*
2. **Processes** – *Undertake cost benefit analysis of recycling, refurbishment, and ensure clearer accountability through devolved budgets. Review of processes to determine what might benefit from automation*
3. **Behaviours** - *Support change in referrer behaviour in line with new criteria, equipment options, and accountability for spend, whilst supporting and managing public expectations about the emerging Edinburgh Pact, encouraging people to help themselves where possible.*
4. **Finances** - *devolvement of budgets to localities and hospitals, supported through improved financial processes and access to data, allowing greater scrutiny and accountability against budgetary spend.*
5. **Communications** - *Clearer communications and tailored messaging about what equipment is available, across wider community settings/on line, and how to access.*
6. **SLAs & Contracts** - *Review of SLAs with other HSCPs, and contracts with suppliers to ensure they remain fit for purpose through appropriate support from service, contracts, finance and procurement*

#### Impact & Benefits

##### Strategic Links

Implementation of the changes to the Community Equipment function contributes to the following Strategic priorities:

- Prevention and early intervention
- Person Centred Care
- Managing our resources effectively

##### High level impacts:

1. *Devolved budgets:* will lead to more sustained grip and control over spend and greater scrutiny and accountability against budgetary spend
3. *Community Equipment Model:* review of equipment and criteria for Community Equipment; streamlining processes and introduction of a 'future proofed' strategy for

provision of equipment, will contribute to supporting people to leave hospital, the prevention of admissions and end of life care. Aligned to both the prevention and crisis intervention work streams.

4. *Transformation Programme*: Lessons learned from implementing changes through the Savings Programme, will be utilised and help to inform the broader review and reform of the community equipment service which falls under the scope of the Transformation Programme
5. *Edinburgh Pact* - Provide clarity on service and support offering and redefine what statutory services can contribute in terms of preventing crisis, and supporting people to manage their health and personal independence at home

## Benefits

### ***Citizen Benefit***

- Consistency in assessment and associated equipment
- Clearer and fairer processes
- Appropriate level of support when required
- Discharge facilitated in a timely manner
- Remaining at home for as long as possible enabled
- Requirements for end of life care supported

### ***System Benefit***

- Improved systems and processes
- Improved accountability and transparency of the process including decision making
- Improved reporting, and audit trails

### ***Staff Benefits***

- Provision of a position statement for the community equipment service
- Clearer and fairer processes
- Improved awareness and training for referrers
- Co-production of new working patterns in equipment service to enhance productivity

### ***Financial Benefit***

- Improved budget grip and control, reducing unnecessary spend
- Improved accountability for spend
- Improved processes for appropriate budget configuration

## Finances

### ***Financial Savings***

The anticipated financial savings are laid out below:

Full year target 2020/21 (£k)	Forecast 2020/21 In Year Savings (£k)	Recurring £k (from 21/22)	Delivery Investment
£500	£250	£500	Nil yet identified, to be explored: <ul style="list-style-type: none"> <li>• Automated systems</li> <li>• New referral processes</li> <li>• Devolved budget processes</li> <li>• Communication</li> <li>• Staff training and awareness</li> </ul>

**Non-Financial**

- *Clearer communications and tailored messaging for:*
  - a. *public about what equipment is available, across wider community settings/on line, and how to access it*
  - b. *referrers about what equipment is available for what circumstances, in line with national benchmarking and new criteria*
- *Staff training will be delivered (including behaviour change messaging) to support sustained change and continuous improvement*

## Risks

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	RAG
2.1	<b>Reputational damage:</b> associated with changing criteria, and altering equipment available	Ensure appropriate linkages are made with Edinburgh Pact Workstream	Green
2.2	<b>Resistance to change:</b> from Locality and Hospital staff regarding new criteria for products, and new budgetary responsibility	Clear and appropriate engagement, communication and training where appropriate	Amber
2.3	<b>Resistance to change:</b> from Equipment service staff, to new working patterns to improve productivity	engage and involve staff and trade unions to co-produce new patterns, allow testing, adjustments and continuous improvement	Amber
2.4	<b>Change management:</b> potential impact on equipment service workforce from involvement and supporting change whilst delivering business as usual	Staff support through change management, with transparency of aims indicated	Green
2.5	<b>Change management:</b> referrers not changing behaviours and patters of demand, despite better reporting and information on criteria	Clear and appropriate engagement and communication, with transparency of aims indicated	Green
2.6	<b>Change management:</b> reliance on other partners and HSCPs	Clear and appropriate engagement and communication	Amber
2.7	<b>Change management:</b> SRO and Project Manager have not been confirmed for Transformation Programme	Recruitment ongoing for PM and proactive discussions about confirming SRO	Amber
2.8	<b>Transition challenges:</b> ensuing that affected people can access suitable alternatives that meet their needs	Clear and appropriate engagement and communication, and financial assessment, to ensure those who do not have the means are supported	Green
2.9	<b>Financial risk:</b> that the planned efficiencies are not achieved	Effective planning and monitoring process implemented	Amber
2.10	<b>COVID-19:</b> Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	COVID: Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	Amber



## Savings Programme Project Brief: HIGH LEVEL

### 3. Older People Day Services & Be Able

#### Project Brief

- **Implement the Be Able Programme and Transition mainstream to third sector**
  - Transition to the new exclusive Be Able model, increasing provision from 9 to 15 sessions per week, to ensure capacity is maintained
  - Transition all mainstream day service opportunities, as part of the increased volume, to the third sector commissioned service
  - Where appropriate support people to find the most appropriate alternative for them, which may not be a traditional day service
  - As a result of the transition of all mainstream provision to contracted third sector, cease the delivery of services at two day care centres.

#### Impact & Benefits

##### Impact

Implementation of Be Able programme contributes to the following Strategic priorities:

- Prevention and early intervention
- Person Centred Care
- Managing our resources effectively
- Making best use of capacity across the system
- Right care right place right time

##### Citizen Benefit

- Clarity on, and improved experiences available to meet different levels of need, with least intensive options, and wider community supports being promoted
- Dedicated Be Able provision, providing enhanced experience
- Promotion of Home First principles will allow people to have their support delivered in the most appropriate environment
- Access to the right support, in the right place at the right time to prevent or delay the need for admission to hospital or care home by offering proportionate, personalised medical and rehabilitation support

##### System Benefit

- Consolidated provision of mainstream day opportunity provision, with clarity on function going forward
- Clarity on functions and capacity for Be Able
- Overall clarity on when and how to access these functions for person centred support

**Financial Benefit**

- Anticipated reduced spend, reducing from five to three centres being operational
- Appropriate investment in third sector provision

**Finances**

**Financial Savings**

The anticipated financial savings are laid out below:

	2019/20	2030/21	2021/22
<b>Cumulative Saving (£k)</b>		£92	£136
<b>In year saving (£k)</b>	£92	£44	£126

Therefore for 20/2021:

Full year target 2020/21 (£k)	Forecast 2020/21 In Year Savings (£k)	Recurring £k (from 21/22)	Delivery Investment at December 2019
£90	£44	£136	<p>£80,000 for security costs for empty building</p> <p>Investment in Be Able staff numbers to ensure consistency in each centre, and appropriate business support to ensure appropriate referrals and discharge from BeAble is managed in a timely, efficient way</p> <p>Be Able training for staff</p> <p>72 additional places purchased as part of new contract</p>

**Non-Financial**

- Mainstream day services will be re-provided via block contracts with third sector providers.

- Enhance the preventative time limited Be Able service, focused on reducing older people's risk of falls, improving cognitive function and increasing people's confidence to continue living at home and reconnecting with their communities.
- Increase in the number of Be Able sessions delivered, from 9 per week to 15 per week.

## Risks

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	RAG
4.1	<b>People:</b> ensuring people's needs are met on an ongoing basis in the right place by the right people	New third sector, increased provision and specification clear about level of need to be met – support people to transition into this centre based provision, if required post COVID  Communicate aims, objectives and expected impact on outcomes of Be Able provision clear	Green
4.2	<b>Reputational damage:</b> associated with perception of loss for people moving to a third sector provision	Support people through the suspension of activity owing to COVID-19, consider alternatives, and continue to engage about new centre based provision through the third sector, if that is what is required, post COVID  Ensure appropriate linkages are made with Edinburgh Pact Work stream	Green
4.3	<b>Reputational Damage:</b> a co-dependency in one building that will no longer be required	Work with provider who has already indicated a new requirement is needed going forward	Green
4.4	<b>Resistance to change:</b> by workforce/ stakeholders/ people	Clear and appropriate engagement, communication and support	Amber
4.5	<b>Change management:</b> potential impact on workforce from involvement and supporting change whilst delivering business as usual	Staff support through change management	Green
4.6	<b>Transition challenges:</b> ensuing that affected people can move to suitable alternatives that meet their needs	Clear and appropriate engagement and communication, and as 4.1	Green
4.7	<b>Market capacity:</b> capacity of the market to respond to the increased mainstream demand	Optimise contract negotiation capacity, and support third sector when re-establishing provision post COVID-19	Amber
4.8	<b>Financial risk:</b> that we do not achieve the planned efficiencies, owing to reinvestment and security costs	Effective planning and monitoring process implemented	Amber
4.9	<b>COVID:</b> Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	Close monitoring throughout the coming months	Amber



## Savings Programme Project Brief: *HIGH LEVEL*

### 4. Medical Day Hospital Review

#### Project Brief

##### *Undertake a review of Medical Day Hospitals:*

- Identify and determine the future function, demand and capacity required for medical day hospitals. This will include developing a consistent and fair framework for how day hospitals services will function.
- Within this context we will then be able to determine the proportionate demand for day hospitals, given the associated re-enablement and rehabilitation support in the wider community.

#### Impact & Benefits

##### *Impact*

Implementation of the Medical Day Hospital Review contributes to the following Strategic priorities:

- Prevention and early intervention
- Person Centred Care
- Managing our resources effectively
- Making best use of capacity across the system
- Right care right place right time

##### *Citizen Benefit*

- There will be a consistent and fair approach for medical day hospitals across the City of Edinburgh
- Clarity on, and improved experiences available to meet different levels of need, with least intensive options being promoted
- Promotion of Home First principles will allow people to be cared for in the most appropriate environment
- Access to the right support, in the right place at the right time to prevent or delay the need for admission to hospital or care home by offering proportionate, personalised medical, rehabilitation and re-ablement support

##### *System Benefit*

- Clarity on the future function of Medical Day Hospitals
- Overall clarity on when and how to access these functions for person centred care

- Reduction in variation of operational, management and specialist function services, where possible and the opportunity to create internal mechanisms for greater quality assurance

**Staff Benefits**

- Opportunity for staff to learn more about additional and alternative support services within their local area
- Potential to develop meaningful relationships with the people who use day hospitals and the wider community they interact with

**Financial Benefit**

- Anticipated reduced spend

**Finances**

**Financial Savings**

The anticipated financial savings are laid out below:

Full year target (£k)	Forecast 2020/21 In Year Savings (£k)	Recurring £k (from 21/22)	Delivery Investment
£200	£100	£200	Not yet determined. Potential for investment in wider community rehabilitation and reablement supports

Risks

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	Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	RAG
Key Risks & Issues	8.1	<b>People:</b> ensuring people’s needs are met on an ongoing basis in the right place by the right people	Clear and appropriate engagement and communication  Once determined, communicate aims, objectives and expected impact on outcomes of Medical Day Hospital provision clear	Green
	8.2	<b>Reputational damage:</b> associated with the potential perception of ‘loss’ of service	ensure there is a clear communication strategy about the variety of wider community supports that will met a variety of rehabilitation and re-ablement needs  Ensure appropriate linkages are made with Edinburgh Pact Workstream	Green
	8.3	<b>Resistance to change:</b> by workforce/ stakeholders/ people	Clear and appropriate engagement, involvement, and communication	Amber
	8.4	<b>Change management:</b> potential impact on workforce from involvement and supporting change whilst delivering business as usual	Staff support through change management	Green
	8.5	<b>Transition challenges:</b> ensuing that affected people can move to the suitable alternatives that meets their needs	Clear and appropriate engagement and communication	Green
	8.6	<b>Financial risk:</b> that we do not achieve the planned efficiencies, particularly if community investments in rehabilitation and reablement are required	Effective planning and monitoring process implemented	Amber
	8.7	<b>COVID:</b> Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	Close monitoring throughout the coming months	Amber





## Savings Programme Project Brief: HIGH LEVEL

### 5b. Learning Disabilities

#### Project Brief

The proposed changes for this project, sit under 4 key headings:

1. **Internal housing and support.** As a housing provider City of Edinburgh Council (CEC) has been moving towards specialist provision – complex care and forensic support. There are many excellent care providers in the voluntary sector who we work closely in partnership with. Having successfully worked with people and their families to alter their provider, we will seek to repeat this process to more people we currently support. This fits with the strategic direction for learning disability and the transformation programme.
2. **Consider people using day support who live with care providers to move to a single service.** There have been consistent approaches from third sector providers to offer to take this support on, however to achieve this will require project management and clear direction to ensure people are engaged in the process.
3. **Transfer to shared support:** There is an opportunity to move two people into a shared resource, which in turn will reduce the commitment in their current care costs.
4. **Phase out Adult Resource scheme:** This is not an essential service and has been reducing in demand gradually over several years; it can be phased out with no impact.

#### Impacts & Benefits

##### *Strategic Links*

Implementation of the changes to the Learning Disability Services contributes to the following Strategic priorities:

- Person Centred Care
- Managing our resources effectively
- Making best use of our capacity across the system
- Right care, right place, right time

##### *High Level Impacts*

- Resources are allocated fairly across the system

##### *Citizen Benefit*

- The changes will provide a more consistent approach to receiving appropriate support where required, in line with SDS. This consistency will offer better health and wellbeing outcomes for individuals through flexibility, personalisation and consistency.
- Fair and consistent access to the same level of support in line with the assessed level of need.

**System Benefit**

- Carer unmet needs will be addressed where appropriate, this will potentially ensure better outcomes for carers.
- Improved discussion around informal support arrangements and increased connecting to existing community-based resources.
- Enable a more consistent approach to ensure positive outcomes for individuals which will ensure sustainability long term.

**Financial Benefit**

- Provision of equalised and appropriate supports.
- There is anticipated growth in the voluntary and private sector organisations which will provide job opportunities within social care.

**Finances**

**Financial Savings**

The anticipated financial savings are laid out below:

Full year target 2020/21 (£k)	Forecast 2020/21 In Year Savings (£k)	Recurring £k (from 21/22)	Delivery Investment
£285	£165	£0	None noted

## Risks

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	RAG
5.1	Provider unable to recruit staff	Extend the timescale for proposal	Amber
5.2	No providers willing to support	Work with providers to support through change process	Amber
5.3	Recruitment does not deliver enough staff	Extend the timescale for proposal	Amber
5.4	<b>Transition challenges:</b> affected people cannot move to suitable alternatives that meet their needs	Clear and appropriate engagement and communication	Green
5.5	<b>Financial risk:</b> that we do not achieve the planned efficiencies	Effective planning and monitoring process implemented	Amber
5.6	<b>COVID:</b> Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	Close monitoring throughout the coming months	Amber

## Savings Programme Project Brief: HIGH LEVEL

### 6. External Housing Support – Older People

#### Project Brief

The aim is to transition the method for all external housing support payments for older adults to come in line with other groups; mental health and disabilities, to provide a fair and consistent approach, from 1<sup>st</sup> October 2020, through the Intensive Housing management mechanism.

The proposed changes for as part of this proposal, sit under 5 key headings:

1. **Processes** - Review externally contracted housing support mechanisms, with the view to standardise across all client groups
2. **Behaviours** - Support change in behaviour to encourage accessing associated eligible housing support payments through the new welfare benefits route, of Intensive Housing Management, (IHM), and for providers to deliver support on a personalised basis.
3. **Finances** – Implement the standardised method for Housing Associations to attract housing support payments for all older adults in supported accommodation by utilising the Intensive Housing Management approach in line with other groups; mental health and disabilities, to provide a fair and consistent approach
4. **Communications** - Clear communications and tailored messaging to providers to access housing support through the established IHM mechanism
5. **Contracts** – provide notice in April 2020, that as of 1<sup>st</sup> October 2020 current block contract payments will cease, with the expectation that new IHM arrangements for people will be in place.

#### Impact & Benefits

##### *Strategic Links*

Implementation of the changes for providers to attract Housing Support for Older People, contributes to the following Strategic priorities:

- Prevention and early intervention
- Person Centred Care
- Managing our resources effectively
- Right care right place right time

##### *High level impact*

- There is a fair and equitable mechanism in place for all groups eligible for housing support
- A full IIA has been completed External Housing Support – Older People which can be seen in Appendix A

## Benefits

### *Citizen Benefit*

- Altered mechanism for attracting housing support payments allows personalised care and support

### *Service Benefit*

- Fair and consistent mechanism in place for all groups eligible for housing support

### *Financial Benefit*

- Anticipated reduced spend

## Finances

### *Financial Savings*

The anticipated financial savings are laid out below:

Full year target 2020/21 (£k)	Forecast 2020/21 In Year Savings (£k)	Recurring £k (from 21/22)	Delivery Investment
£300	£195	£300	Investment for cross charging for IHM is yet to be worked through

### *Non-Financial*

- Consistent and fair approach for attracting housing support across all population groups, through the IHM mechanism.
- Given the six month period of notification for the change April –September 2020, there should be no change in the level of support provided to people on an individual basis.

## Risks

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	RAG
4.1	<b>People:</b> housing providers may not have the available staff owing to COVID-19 to ensure transition to established IHM mechanism	Clear and appropriate engagement and communication, with discussion with providers on a case by case basis	Green
4.2	<b>Reputational damage:</b> Clarity of statutory requirements and how providers determine housing support is delivered may differ from current delivery	providers to engage and provide clear and appropriate communication to their tenants	Green
4.3	<b>Resistance to change:</b> by external providers	Clear and appropriate engagement and communication, reinforcing established IHM method being applied fairly and consistently across all groups	Green
4.4	<b>Market capacity:</b> external provider business model may require to alter	providers to engage and provide clear and appropriate communication with their tenants	Green
4.5	<b>Lack of capacity:</b> inconsistent project management support	Consideration given to manage within current resources to best effect	Green
4.6	<b>Financial risk:</b> that we do not achieve the planned efficiencies, owing to as yet unknown cross charge for implementation of IHM process	Effective planning and monitoring process implemented	Amber
4.7	<b>COVID:</b> Operational priorities due to COVID-19 mean that it is not possible for providers to implement the IHM mechanism	Close monitoring throughout the coming months	Amber

**Appendix A: Integrated Impact Assessment for External Housing Support – Older People**

**Summary Report Template**

Interim report	✓	Final report	
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(Tick as appropriate)

**1. Title of plan, policy or strategy being assessed**

Savings Proposal: Method of attracting Housing Support payments in externally supported accommodation – Older people

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

To support the delivery of a balanced budget for the 2020/21 financial year the Edinburgh Health and Social Care Partnership has developed a comprehensive Savings Programme. Included within the programme is a proposal to review the method of attracting Housing Support payments in all externally supported accommodation that is provided for older people.

**The change:** the method of attracting all external housing support arrangements for older adults will come in line with other groups; mental health and disabilities, to provide a fair and consistent approach, from 1<sup>st</sup> October 2020.

All providers are familiar with the Intensive Housing Management approach for other tenants, and this will be adopted.

This will result in a change to the process for accessing Housing Support payments. How the support will be delivered will remain a matter for the experienced providers.

Traditionally housing support function, outwith the Council, attracted funding through the Supporting People mechanism, for supported housing complexes.

Many of the organisations providing traditional sheltered housing have changed their model of support, ranging from retirement, retirement plus with the provision of meals, to more personalised care and housing support. The key aim of supported accommodation is to encourage independence where possible, connecting people to their wider communities, and providing support on a personalised basis. The introduction of Self Directed Support and



changes in the welfare system, through Intensive Housing Management has allowed this to happen.

Nationally, the 'supporting people' approach was superseded by Intensive Housing Management that allows providers to claim for the support they provide on an individual basis, which attracts associated benefits. A combination of self-directed support, (SDS), and Intensive Housing Management (IHM), processes, has allowed personalised care and support for people to be provided. In Edinburgh, this will now be applied for older people as well as people with mental health issues, and disabilities, to provide consistency and fairness.

Six months notice, April – September 2020, will be given to providers, in order that they can make the appropriate alternative arrangements for people that require the ongoing housing support function.

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

A stakeholder session was held on the 10<sup>th</sup> of February with external providers to discuss the current situation and likely impact of changes. Many of the external providers have reach across Scotland, with it being evident that Edinburgh was one of the few places yet to move to IHM processes for older people. The key themes identified at the stakeholder session were:

- Acceptance of the need to change
- Consistent approach required
- Clarity on what the funding covers
- Sharing good practice

This has been followed up with a number of 1-2-1 meetings with providers directly. These are ongoing at present, with four indicating they are familiar with the IHM process, and a provider who receives significant funding, indicating that this is now the preferred method, and effectively requested for this to occur in Edinburgh. COVID-19 has prevented the remainder of individual meetings taking place.

### **4. Date of IIA**

18<sup>th</sup> March 2020

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

<b>Name</b>	<b>IIA role</b>	<b>Job Title</b>	<b>Date of IIA training</b>
Katie McWilliam (KMcW)	Lead Officer	Strategic Programme Manager – Older people	2009
Nicky Scally (NS)	Stakeholder rep	Sheltered housing support team leader	
Jenny McCann (JMc)	Facilitator/ Report writer	Programme Manager – Savings Governance	16/03/20
Hazel Stewart (HS)	Note taker	Programme Manager – Transformation	30/01/20
Gosia Szymczak (GS)	Timekeeper/ Note taker	Project Manager – Transformation	30/01/20

**6. Evidence available at the time of the IIA**

<b>Evidence</b>	<b>Available?</b>	<b>Comments: what does the evidence tell you?</b>
Data on populations in need: <i>Strategic Needs Assessment Provider returns</i>	Yes	<p>Approx 1100 people in external supported accommodation, mainly older people, from all protected characteristic groups excluding young people and children located in urban / semi rural communities.</p> <p>Not everyone in these complexes require housing support, according to recent returns from the providers.</p>
Data on service uptake/access: <i>Internal Audit</i>  <i>EHSCP Sheltered housing Support Service Provision</i>	Yes	<p>Based on the information gathered from an internal sheltered housing data capture, it is estimated that 20% of tenants do not use housing support function in sheltered accommodation, 60% use the function as and when required, and 20% require intensive housing support.</p> <p>There are EHSCP support service provision standards developed, which outline the services</p>

Evidence	Available?	Comments: what does the evidence tell you?
		<p>that we can provide through intensive housing management. These are used as good practice guidelines. They provide details of what duties EHSCP has a statutory responsibility to provide via housing support.</p> <p>Proposed changes would mean that the services will still be available to all these tenants, but the process to access them will change, allowing equity of access in line with existing EHSCP services (i.e. disability services)</p> <p>6 months notice, April – September will be provided, in order that providers can make the appropriate alternative arrangements for people that require ongoing housing support.</p>
Data on equality outcomes	No	
<p>Research/literature evidence</p> <p>Scottish Government Private retirement housing: code of practice (2012)</p> <p>Chartered Institute for Housing Scotland: Housing with Care for Older people (2012-2021)</p>	Yes	<p>Best practice guidelines from the Scottish Government and Chartered Institute for Housing Scotland can be found here:  <a href="https://www.gov.scot/publications/private-retirement-housing-code-of-practice/">https://www.gov.scot/publications/private-retirement-housing-code-of-practice/</a>  <a href="http://www.cih.org/resources/PDF/Scotland%20Policy%20Pdfs/Older%20People/Housing%20with%20Care%20-%20final%20pdf%20-%20August%202013.pdf">http://www.cih.org/resources/PDF/Scotland%20Policy%20Pdfs/Older%20People/Housing%20with%20Care%20-%20final%20pdf%20-%20August%202013.pdf</a></p>
<p>Public/patient/client experience information</p> <p>EHSCP Internal sheltered housing data capture</p>	Yes	<p>People experiences of the internal service were gathered via an internal sheltered housing data capture</p>
Evidence of inclusive engagement of	Yes	As above

Evidence	Available?	Comments: what does the evidence tell you?
service users and involvement findings		
Evidence of unmet need	No	
<p>Good practice guidelines:</p> <p>Scottish Government Private retirement housing: code of practice (2012)</p> <p>Chartered Institute for Housing Scotland: Housing with Care for Older people (2012-2021)</p>		<p>Best practice guidelines from the Scottish Government and Chartered Institute for Housing Scotland can be found here:</p> <p><a href="https://www.gov.scot/publications/private-retirement-housing-code-of-practice/">https://www.gov.scot/publications/private-retirement-housing-code-of-practice/</a></p> <p><a href="http://www.cih.org/resources/PDF/Scotland%20Policy%20Pdfs/Older%20People/Housing%20with%20Care%20-%20final%20pdf%20-%20August%202013.pdf">http://www.cih.org/resources/PDF/Scotland%20Policy%20Pdfs/Older%20People/Housing%20with%20Care%20-%20final%20pdf%20-%20August%202013.pdf</a></p>
Environmental data	No	
Risk from cumulative impacts	No	
<p>Other (please specify)</p> <p>External Housing Support Savings Proposal</p>	Yes	Provides further background to the proposal.
<p>Additional evidence required:</p> <ol style="list-style-type: none"> <li>Intensive Housing Management (IHM) Benefit Processes</li> <li>Clarity on impact of any cross charge to EHSCP through the IHM process when applied</li> </ol>	Yes	



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

<p><b>Equality, Health and Wellbeing and Human Rights</b></p> <p><b>Positive</b></p> <p>Minimal impact on those currently receiving support as they will still receive the housing support required, albeit through a different route.</p> <p>Advance equality of opportunity and increased transparency as the approach is standardised across all groups eligible to receive housing support leading to improved access and quality of services.</p> <p>Reduce differences in status between different groups of people.</p> <p><b>Negative</b></p> <p>Provider staff members who undertake multiple functions may be affected. This is a matter for the providers to manage as they claim IHM payments for those eligible.</p>	<p><b>Affected populations</b></p> <p>All those that access housing support, including those with a protected characteristic who may receive the service.</p> <p>All adults with a protected characteristic who may receive the support, but in particular older adults.</p> <p>Provider staff</p>
<p><b>Environment and Sustainability</b></p> <p><b>Positive</b> N/A</p> <p><b>Negative</b> N/A</p>	<p><b>Affected populations</b></p>
<p><b>Economic</b></p> <p><b>Positive</b></p> <p>Will ensure equitable approach to optimise income and reduce income inequality by supporting everyone (eligible) through the same process to access IHM.</p> <p>Move from block contract to individualised approach will help ensure an individualised and more open approach to the provision of a person's support.</p> <p>Improve quality of and access to services.</p> <p><b>Negative</b></p>	<p><b>Affected populations</b></p> <p>All adults with a protected characteristic who may receive the service, but in particular older adults.</p>



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

All of the external housing support provision is delivered by independent companies, who were previously commissioned on a block contract basis. This is shifting to them attracting benefits on an individual basis, with no future contractual arrangement with the Council.

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

There will be no change to the individual's eligibility for attracting housing support.

Communication about changes in attracting housing support for people who are eligible is a matter for the external providers, many of whom have already made the changes for other populations; mental health and older people.

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

No

**11. Additional Information and Evidence Required**

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

1. Intensive Housing Management (IHM) Benefit Processes
  - *NS to request process from Moira Cooper within Housing Benefit Team. Required to inform providers of the process when being given notice of the change*

2. Clarity on impact of any cross charge to EHSCP through the IHM process when applied – required to inform the EHSCP financial plan commitments
3. Develop a draft communication for the current providers setting out the changes that will take place.

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

It is recommended that the change to process is approved and implemented to allow equity and fairness for those accessing services and providers.

By doing so, we will be able to apply a fair and equal process for all our citizens via the IHM route and will be able to safely withdraw the block contract. In turn this will enable us to ensure that person centred support is provided in the same way that it is being provided for Mental Health and Learning Disability tenants.

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

<b>Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)</b>	<b>Who will take them forward (name and contact details)</b>	<b>Deadline for progressing</b>	<b>Review date</b>
Understand and calculate any potential charge from Housing Benefit Team (Moirra Cooper) to EHSCP as a result of the move to IHM.	Paul McNulty	July 2020  (Risk that there may be a delay as staff required to complete work are currently involved in command centre for COVID)	August 2020
Obtain and understand IHM Benefit Processes.	Nicky Scally	April 2020	May 2020
Be clear about the referral process from IHM to ensure	Nicky Scally	April 2020	May 2020



<b>Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)</b>	<b>Who will take them forward (name and contact details)</b>	<b>Deadline for progressing</b>	<b>Review date</b>
there is no interruption in the delivery of care.			
develop draft communication to providers about the change	Katie McWilliam Alana Nabulsi	end April 2020	May 2020
Unintended consequence for other dept e.g. additional new referrals for housing support, should we do it in house or support internal communication and planning. Consider internal assessments for sheltered housing completed by the sheltered housing service.	Nicky Scally	April 2020	May 2020
Fully understanding external recharges.	Nicky Scally	April 2020	May 2020

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

Housing benefit colleagues will be able to confirm that systems and process are being equitably applied across all groups with protected characteristics via bi annual updates.

Monitoring of activity, costs and savings will be built into the reporting for the savings and governance programme.

It is currently uncertain what impact COVID-19 will have on the use of the support accommodation for older people and what contingencies may be required to address. It may be that changes are made to the supports by providers which are not currently quantifiable. This will be monitored closely throughout the coming months.

**15. Sign off by Head of Service/ Project Lead**

**Name**

Katie McWilliam

**Date**

*6<sup>th</sup> April 2020*

**16. Publication**

Send completed IIA for publication on the relevant website for your organisation.

[See Section 5](#) for contacts.

## Section 5 Contacts

- **East Lothian Council**

Please send a completed copy of the IIA to [equalities@eastlothian.gov.uk](mailto:equalities@eastlothian.gov.uk) and it will be published on the Council website shortly afterwards. Copies of previous assessments are available via

[http://www.eastlothian.gov.uk/info/751/equality\\_diversity\\_and\\_citizenship/835/equality\\_and\\_diversity](http://www.eastlothian.gov.uk/info/751/equality_diversity_and_citizenship/835/equality_and_diversity)

- **Midlothian Council**

Please send a completed copy of the IIA to [zoe.graham@midlothian.gov.uk](mailto:zoe.graham@midlothian.gov.uk) and it will be published on the Council website shortly afterwards. Copies of previous assessments are available via

[http://www.midlothian.gov.uk/downloads/751/equality\\_and\\_diversity](http://www.midlothian.gov.uk/downloads/751/equality_and_diversity)

- **NHS Lothian**

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

- **The City of Edinburgh Council**

Completed impact assessments should be forwarded to [Strategyandbusinessplanning@edinburgh.gov.uk](mailto:Strategyandbusinessplanning@edinburgh.gov.uk) to be published on the Council website.

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

Completed and signed IIAs should be sent to Sarah Bryson at [sarah.bryson@edinburgh.gov.uk](mailto:sarah.bryson@edinburgh.gov.uk)

- **Edinburgh Integration Joint Board**

Completed and signed IIAs should be sent to Sarah Bryson at [sarah.bryson@edinburgh.gov.uk](mailto:sarah.bryson@edinburgh.gov.uk)

- **West Lothian Council**

Complete impact assessments should be forwarded to the Equalities Officer.



## Savings Programme Project Brief:

### 7. EADP – Social Care Investment Fund

#### Project Brief

Following the increased investment by the Scottish Government in ADPs referred to as the “Seek, Keep and Treat”, £1.4m of which was provided to Edinburgh, it is intended to recover the £420k Social Care Funding Investment agreed by the IJB in March 2017, provided at a point at which the Scottish Government had reduced funding to Alcohol and Drugs Partnerships (ADPs).

EADP considered the request with an understanding of the current pressures on core services and their targets/performance, as well as the expectation to deliver enhanced and assertive outreach with new monies.

This project seeks to complete a review of wider services to identify and understand the implications and associated risks of any reduced provision.

#### Impact & Benefits

##### **Strategic Links**

Implementation of a review of EADP services has the potential to contribute to the following Strategic priorities:

- Managing our resources effectively
- Making best use of capacity across the system

##### **High level impacts:**

- Resources are allocated fairly across the system

##### **System Benefit**

- Consideration will be given to ensuring that resources and services across the system are available and where appropriate utilised to support people

##### **Financial Benefit**

- Anticipated reduced spend

#### Finances

##### **Financial Savings**

The anticipated financial savings are laid out below:

Full year target 2020/21 (£k)	Forecast 2020/21 In Year Savings (£k)	Recurring £k (from 21/22)	Delivery Investment
£420	£200	£420	None identified

## Risks

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	Residual RAG
7.1	<b>Reputational damage:</b> new service model does not meet existing expectations	Ensure appropriate linkages are made with Edinburgh Pact Workstream	Amber
7.2	<b>Reputational risk:</b> lack of political support for proposed changes	Clear and appropriate engagement and communication	Green
7.3	<b>Resistance to change:</b> by workforce/ stakeholders/ people	Clear and appropriate engagement and communication	Green
7.4	<b>Financial risk:</b> Pressures not removed, but placed on other parts of the system	Review will include detail of the consequence and management of these risks on other parts of the system	Amber
7.5	<b>Financial risk:</b> that we do not achieve the planned efficiencies	Effective planning and monitoring process implemented	Amber
7.6	<b>COVID:</b> Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	Close monitoring throughout the coming months	Amber

## Savings Programme Project Brief: HIGH LEVEL

### 8. Prescribing

#### Project Brief

Each year, the NHS Lothian Primary Care Pharmacy team identify proposals aimed at delivering efficiencies in the prescribing budget of approximately £4m across NHS Lothian. The 2020/21 Lothian prescribing action plan includes an overall efficiencies target of £4.075m, of which £2.070m (51% of Lothian total) is attributed to EHSCP.

Efficiencies are derived from multiple sources, including embedded working practices and specific targeted projects. Additionally, generating these efficiencies requires multidisciplinary working between pharmacists, technicians, GPs, community and practice nurses and allied health professionals.

The following **embedded** workstreams will feed into the 2020/21 efficiencies target:

- Polypharmacy and practice initiatives - provided through the team's activity and includes Level 2/3 Reviews, Prescribing Support Work and S&V Locality Projects where not captured elsewhere.
- Specials - includes savings from Reclaims, Authorisation Process and individual practice level work.
- Scriptswitch® - derived directly from available reports each month detailing savings made through use of licensed software.
- PEAT – efficiencies made through activity of the Prescribing Efficiency and Analysis Team.
- Rebates – reported via NHS Lothian Finance team based on drug company rebates.
- GPIP – efficiencies made through activities covered in the General Practice Intervention Project workstream.
- Full year effect – savings derived from work initiated in the previous financial year and continuing to generate savings in current year.

The following **additional** workstreams are due to feed into the 2020/21 efficiencies target and may be supported from additional funding from the Sustainability and Value (S&V) project team\*:

- Diabetes, Respiratory, Dietetics, Chronic Pain, Central Nervous System, Wound Management, Stoma.

*\*It should be noted that it has been proposed that the primary care pharmacy S&V efficiency programmes are paused during the COVID-19 pandemic (with the exception of dietetic projects)*

Efficiencies will be derived from a basket of projects developed within the above clinical areas, the individual details of which are currently being developed by the Primary Care Pharmacy team.

#### Impact & Benefits

##### Strategic Links

Delivering efficiencies within the prescribing budget contributes to the following Strategic priorities:

- Making best use of capacity across the system
- Managing our resources effectively
- Right care, right place, right time

- Person Centred Care

**High level impacts:**

Prescribing projects are underpinned by quality improvement methodology aimed at improving clinical effectiveness.

**Citizen Benefit**

- Access to the right drugs to best support and address their conditions
- Increased opportunities for polypharmacy reviews
- Access to support from across a multi disciplinary team

**System Benefit**

- Implementation of projects underpinned b quality improvement to help improve clinical effectiveness
- Promotion of and increased opportunities to support collaborative working via multi disciplinary teams within primary care

**Financial Benefit**

- Efficient use of resources
- Reduced spend

**Finances**

**Financial Savings**

The anticipated financial savings are laid out below:

Full year target 2020/21 (£k)	Forecast 2020/21 In Year Savings (£k)	Recurring £k (from 21/22)	Delivery Investment
£2,070	£2,070	£2,070	None noted



## Risks

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	RAG
8.1	<b>Recruitment:</b> challenges with recruiting practitioners to roles	Ongoing recruitment and investment in training for staff. Existing pharmacy resource will be targeted, using data, to maximise impact.	Amber
8.2	<b>People:</b> There will be an increase in the number of roles and changes in the skill mix of the NHS Lothian Primary Care Pharmacy team during 2020/21. The induction and training of these staff will require flexibility from the existing team and increase their workload potentially impacting on the ability to deliver the efficiencies plan.	Ongoing recruitment and investment in training for staff. Existing pharmacy resource will be targeted, using data, to maximise impact.	Amber
8.3	<b>Resistance to change:</b> Plans are built on existing programmes that involve engagement with stakeholders. Capacity within primary care will be the main challenge.	Ongoing recruitment and investment in training for staff. Existing pharmacy resource will be targeted, using data, to maximise impact.	Amber
8.4	<b>Financial risk:</b> Variance in drug costs can lead to increased/decreased levels of savings against those anticipated. The ability to predict these changes is not possible, therefore cannot be built into the plan.	Any identified variance will be raised and discussed at monthly Prescribing Forum with active engagement from stakeholders	Amber
8.5	<b>Financial risk:</b> Prescription item volume is also subject to variance throughout the year and may lead to increases and decreases in spend against projected budget.	NHS Lothian Finance monitor volume and cost trends throughout the year and advise on identified issues via the HSCP Prescribing Forum.	Amber
8.6	<b>COVID:</b> Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	Close monitoring throughout the coming months	Amber

## Savings Programme Project Brief: HIGH LEVEL

### 9. Purchasing

#### Project Brief

To ensure the best use of the purchasing budget, to maximise the benefit to eligible individuals, in the most fair, and equitable manner possible, within available resources.

Scope will include reviewing and implementing appropriate changes within:

1. Purchasing, implementation and monitoring of care packages including
  - Small packages of care
  - Large packages of care
  - Out of Edinburgh placements
2. Transport
3. Direct Payments
4. Debt recovery
5. Overnight provision
6. Spot purchasing of specialist support
7. 3 Conversations approach
8. Corporate Appointee

#### Impact & Benefits

##### **Strategic Links**

Implementation of the changes to Purchasing contributes to the following Strategic priorities:

- Prevention and early intervention
- Person Centred Care
- Managing our resources effectively
- Making best use of capacity across the system
- Right care, right place, right time

##### **High Level Impact**

- Best use of purchasing budget to maximise the benefit to eligible individuals
- Provision of care and services in the most fair and equitable manner possible, within available resources.

#### Benefits

##### **Citizen Benefit**

- Consistency in assessment and provision of care
- Improved communication
- Appropriate level of support when required

- Discharge facilitated in a timely manner
- Remaining at home enabled

**System Benefit**

- Improved practice, systems and processes
- Consistency of decision making
- Improved accountability and transparency of processes including decision making
- Improved audit trails

**Staff Benefits**

- Clarity of purpose through the provision of a position statement
- Improved communication
- Clearer and fairer processes
- Increased training

**Financial Benefit**

- Improved budget grip and control
- Improved accountability for spend
- Reduced spend

**Finances**

**Financial Savings**

The anticipated financial savings are laid out below:

Full year target 2020/21 (£k)	Forecast 2020/21 In Year Savings (£k)	Recurring £k (from 21/22)	Delivery Investment
£8,000	£4,100	£8,000	Non Identified

## Risks

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	RAG
9.1	<b>People:</b> confusion or misunderstanding of how and why new model is being implemented	Clear and appropriate engagement and communication with people and carers	Green
9.2	<b>People:</b> Increase in population health risk and inequalities	Service priorities will be based on health risks and need	Green
9.3	<b>Reputational damage:</b> new service model does not meet existing expectations leading to increased complaints	Ensure appropriate linkages are made with Edinburgh Pact Workstream	Amber
9.4	<b>Reputational damage:</b> Perceptions of actions taken to reduce spend being at odds with the principles of 3 Conversations approach and improved outcomes for people	Clear and appropriate engagement and communication Ensure appropriate linkages are made with Edinburgh Pact Workstream	Amber
9.5	<b>Skill and knowledge gap:</b> inconsistency in the skills, knowledge and confidence of current decision makers and assessors	Skills gap analysis completed and learning and development programme developed and implemented	Green
9.6	<b>Resistance to change:</b> by workforce/ stakeholders/ people	Clear and appropriate engagement and communication	Amber
9.7	<b>Change management:</b> pressures on staff from involvement and supporting change whilst delivering business as usual	Staff supported through change management	Green
9.8	<b>Scale:</b> the work required does not match the capacity of assessors to undertake	Effective planning, allocation and monitoring process developed and implemented	Amber
9.9	<b>Volatility of the market:</b> challenges with managing purchasing spend due to the volatility and nature of the market	Consistent, effective planning and monitoring process implemented	Amber
9.10	<b>Financial risk:</b> that we do not achieve the planned efficiencies	Effective planning and monitoring process implemented	Amber
9.11	<b>Clear vision and leadership:</b> Inconsistent understanding of the situation and what we are trying to achieve	Consistent, positive messaging and communication. With proactive engagement across all stakeholders  Ensure appropriate linkages are made with Edinburgh Pact Workstream	Amber
9.12	<b>COVID:</b> Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	Close monitoring throughout the coming months	Amber



## Savings Programme Project Brief: HIGH LEVEL

### 10. Rehabilitation Services

#### Project Brief

- Through the establishment of the Integrated Rehabilitation Collaborative (IRC) deliver a Pan Lothian integrated model for rehabilitation services
- Review the existing models of care to identify where improvements can be made to support services to operate more efficiently and effectively.

#### Impact & Benefits

##### *Strategic Links*

Completing a review of the existing model of Rehabilitation Services and implementing any recommendations contributes to the following Strategic priorities:

- Person Centred Care
- Managing our resources effectively
- Making best use of capacity across the system
- Right care right place right time

##### *High Level Impacts*

- Resources are allocated fairly across the system

##### *Citizen Benefit*

- People requiring inpatient rehabilitation are able to access it as timely as possible and with the expected level of intensity to improve quality and drive better outcomes.
- People who no longer require inpatient rehabilitation can access their ongoing rehabilitation and care requirements in the community
- Supports people to reintegrate back into the community either in their own home or a homely setting at the earliest opportunity.

##### *System Benefit*

- Aligns with a will facilitate a continued move towards adopting the Home First Model where possible.
- Improved systems and processes

##### *Financial Benefit*

- Efficient use of resources
- Anticipated reduction in spend

## Finances

### *Financial Savings*

The anticipated financial savings are laid out below:

	Full year target 2020/21 (£k)	Forecast 2020/21 In Year Savings (£k)	Recurring £k (from 21/22)	Delivery Investment
Total Rehab Budget	£200	£150	£200	Support from the NHS Lothian Strategic Planning Team
EHSCP share (based on NRAC)	£100	£75	£100	Support from the NHS Lothian Strategic Planning Team

### *Non-Financial*

- Establishment of the Integrated Rehabilitation Collaborative (IRC)
- Established, shared vision across all four Lothian Health and Social Care Partnerships for specialist rehabilitation
- New integrated model for the delivery of inpatient rehabilitation services

Risks

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	RAG
10.1	<b>People:</b> confusion or misunderstanding of how and why new model is being implemented	Clear and appropriate engagement and communication with people and carers	Green
10.2	<b>Reputational damage:</b> service model does not meet existing expectations and perceptions	Ensure appropriate linkages are made with Edinburgh Pact Workstream and equivalent work streams across Lothian	Green
10.3	<b>Resistance to change:</b> by workforce/ stakeholders/ people	Clear and appropriate engagement and communication	Amber
10.4	<b>Change management:</b> pressures on staff from involvement and supporting change whilst delivering business as usual	Staff support through change management	Green
10.5	<b>Consensus in approach:</b> lack of agreement across the 4 HSCPs on the model of care	Senior leadership engagement and direction	Amber
10.6	<b>Governance processes reduced ability to work at pace:</b> working across 4 HSCPs may lead to a delay in decisions being made	Forward planning and engagement with/ representation from all HSCPs	Amber
10.7	<b>Financial risk:</b> that we do not achieve the planned efficiencies	Effective planning and monitoring process implemented	Amber
10.8	<b>COVID:</b> Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	Close monitoring throughout the coming months	Amber

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## Savings Programme Project Brief: HIGH LEVEL

### 11. Review of Sexual Health Services

#### Project Brief

Complete a full review of Lothian Sexual and Reproductive Health Services (LSRHS) to ensure that they are able to deliver services that meet national and local public health and sexual health priorities.

#### Impact & Benefits

##### *Strategic Links*

Completing a review of the Lothian Sexual and Reproductive Health Services (LSRHS) and implementing any recommendations contributes to the following Strategic priorities:

- Person Centred Care
- Managing our resources effectively
- Making best use of capacity across the system
- Right care right place right time

##### *High Level Impacts*

- Resources are allocated fairly across the system

#### Benefits

##### *Citizen Benefit*

- Resources allocated based on identified need

##### *System Benefit*

- Improved systems and processes

##### *Financial Benefit*

- Efficient use of resources
- Anticipated reduction in spend

## Finances

### *Financial Savings*

The anticipated financial savings are laid out below:

	Full year target 2020/21 (£k)	Forecast 2020/21 In Year Savings (£k)	Recurring £k (from 21/22)	Delivery Investment
Total Sexual Health Budget	£200	£100	£200	None identified
EHSCP share (based on NRAC)	£100	£50	£100	None identified

### *Non-Financial*

Provide assurance to the 4 IJBS on the extent to which LSRHS provides services which:

- Meet national clinical guidelines & quality assurance standards
- Are efficient, cost effective and deliver best value for money
- Meet access and performance standards
- Are delivered by a workforce with the appropriate skill mix and role optimisation.

## Risks

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	RAG
11.1	<b>People:</b> Increase in population health risk and inequalities	Service priorities will be based on health risks and need	Amber
11.2	<b>Reputational damage:</b> service model does not meet existing expectations	Ensure appropriate linkages are made with Edinburgh Pact Workstream and equivalent work streams across Lothian	Green
11.3	<b>Resistance to change:</b> by workforce/ stakeholders/ people	Clear and appropriate engagement and communication	Amber
11.4	<b>Change management:</b> pressures on staff from involvement and supporting change whilst delivering business as usual	Staff supported through change management	Green
11.5	<b>Consensus in approach:</b> lack of agreement across the 4 HSCPs on the model of care	Senior leadership engagement and direction	Amber
11.6	<b>Governance processes reduced ability to work at pace:</b> working across 4 HSCPs may lead to a delay in decisions being made	Forward planning and engagement with/ representation from all HSCPs	Amber
11.7	<b>Financial risk:</b> that we do not achieve the planned efficiencies	Effective planning and monitoring process implemented	Amber
11.8	<b>COVID:</b> Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	Close monitoring throughout the coming months	Amber

## Savings Programme Project Brief: HIGH LEVEL

### 12. Carers Investment

#### Project Brief

A saving of £900,000 has been identified from the Scottish Government Carers' Strategy funding, which has not been committed fully. In the financial year 2020/21, the investment for carers in Edinburgh will almost double. Given that there is anticipated growth in carers being identified going forward, this saving is non-recurring.

Current knowledge of the local market suggests the expansion to provide the additional supports and services sees the market operating at optimum level. Beyond this identified growth, careful thought will be given through engagement and involvement in the market, to determine how it will create further capacity going forward, to meet new demand as carers become identified. Similarly the gap for replacement care is not yet fully understood, and will become clearer in the next financial year.

The Edinburgh Joint Carers Strategy 2019 -22, was developed using gap analysis and feedback from consultation with carers and input from the EIJB carers representative. The strategy was approved by the EIJB, in August 2019, along with an outline Implementation Plan, for commissioned and internal services. Evaluation of tenders has been completed and a draft Carers Performance Framework, and Implementation Plan, focussing on impact on outcomes as well as activity, has been discussed with the Performance and Delivery (P&D) Chair.

The volume and types of activity included within the Implementation Plan for the Strategy were based upon this gap analysis. The costing for the strategy and unit costs of the subsequent procurement specifications, have been based upon the unit costs within the Scottish Government Financial Memorandum, under the Carers' Act<sup>1</sup> and gives consideration to the consumer price index with appropriate uplifts.

#### Impact & Benefits

##### *Strategic Links*

The proposed decision about the Carers Strategy Funding is in line with the following Strategic priorities:

- Prevention and early intervention
- Person Centred Care
- Managing our resources effectively
- Making best use of capacity across the system

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<sup>1</sup> <https://www.parliament.scot/parliamentarybusiness/CurrentCommittees/90648.aspx>

- Right care right place right time

### **Impact**

The Scottish Government’s intentions are that carers “should be better supported on a more consistent basis so that they can continue to care, if they so wish, in good health and to have a life alongside caring” [Carers Scotland Bill’s Policy Memorandum]. The funding has been provided to Integrated Joint Boards to support this intention. Following detailed planning and consultation, extensive work will be carried out to ensure that this funding can be committed fully from 2021/22.

A full implementation programme to almost double the level of investment in carer support is underway to deliver the new Carers’ Strategy and confidence, pre COVID-19 has been high that this will be delivered successfully.

As the COVID-19 restrictions are lifted, the expectations associated with the Implementation Plan will be revisited.

### **Citizen Benefit**

- Carers Strategy funding will enable the provision of investment to almost double from that provided in 2019/20, which will be of great benefit to both carers and the cared for.

### **Financial Benefit**

- There is a financial benefit to the EHSCP of £900,000 in this financial year. This is non recurring.

## **Finances**

### **Financial Savings**

The anticipated financial savings are laid out below:

<b>Full year target 2020/21 (£k)</b>	<b>Forecast 2020/21 In Year Savings (£k)</b>	<b>Recurring £k (from 21/22)</b>	<b>Delivery Investment</b>
£900	£900	£0	None Identified

## Risks

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	RAG
4.1	<b>People:</b> lack of clarity about how the additional investment will translate into supports and services	Clear and appropriate engagement and communication with carers and other people that support them	Green
4.2	<b>Reputational damage:</b> perception of not fully utilising the available new financial resource	Clear and appropriate engagement and communication with carers and other people that support them. Using evidence of gap analysis to demonstrate all known gaps are being met	Amber
4.3	<b>Governance processes:</b> commissioning processes impact on ability to work at pace	Forward planning and full engagement with governance process	Green
4.4	<b>Market capacity:</b> capacity of the market to respond to the increased demand	To optimise contract negotiation capacity and revisit new gaps to determine how they will be best met	Amber
4.5	<b>Financial risk:</b> that the full amount may not be passed on by the Council, which puts at risk the delivery of the agreed implementation plan the Carer Strategy 2019-22 and any potential savings.	Effective planning and monitoring process implemented	Amber
4.6	<b>Market capacity:</b> If financial envelope decreases this will potentially impact contract size and delivery against the implementation plan	Effective planning and monitoring process implemented	Amber
4.7	<b>COVID-19:</b> It is currently uncertain what impact COVID-19 will have on the use of carers' funding and what contingencies this funding may be required to address.	Close monitoring throughout the coming months	Amber

## Savings Programme Project Brief: HIGH LEVEL

### 13. Hosted services

#### Project Brief

Hosted services are operationally managed by a HSCP or business unit within NHS Lothian on behalf of two or more of the Lothian IJBs. For example:

- Dietetics is a single system team that is managed within Midlothian HSCP on behalf of all four Lothian IJBs; and
- Inpatient adult mental health is hosted within the Royal Edinburgh and Associated Services (REAS) business unit on behalf of East Lothian, Edinburgh and Midlothian.

Operational business units within NHS Lothian are expected to breakeven and demonstrate 3% efficiency savings on a yearly basis. Each business unit will develop savings plans locally and some of these will involve services hosted on behalf of IJBs. The development, implementation and monitoring of these schemes will take place in accordance with local arrangements.

#### Impact & Benefits

These will be assessed at local business unit level, the share of any savings realised will be allocated to Edinburgh IJB based on the existing NHS Lothian mechanisms for attributing expenditure to IJBs.

#### Finances

##### Financial Savings

The list of hosted services savings schemes attributed to Edinburgh IJB are shown below:

Scheme	Full year target 2020/21 (£k)	Forecast 2020/21 In Year Savings (£k)	Recurring £k (from 21/22)	Delivery Investment
Closure of unfunded LD beds	£171	£171	0	N/A
Reduction in pharmacy waste	£2	£2	£2	N/A
Closure of Primrose Lodge (LD)	£171	£171	0	N/A
Repatriation of out of area patients (MH)	£314	£314	0	N/A
Childsmile service redesign	£47	£47	£47	N/A
Public Health reorganisation	£38	£38	0	
<b>Totals</b>	<b>£742</b>	<b>£742</b>	<b>£48</b>	

##### Non-Financial

These are assessed locally and monitored through local governance arrangements.

##### Risks

These are assessed locally and monitored through local governance arrangements.

## Savings Programme Project Brief: HIGH LEVEL

### 14. NHS Lothian set aside

#### Project Brief

Set aside services are operationally managed within the NHS Lothian acute services division on a pan Lothian basis. Operational business units within NHS Lothian are expected to breakeven and demonstrate 3% efficiency savings on a yearly basis. Each business unit will develop savings plans locally and some of these will involve services hosted on behalf of IJBs. The development, implementation and monitoring of these schemes will take place in accordance with local arrangements.

#### Impact & Benefits

These will be assessed at local business unit level, the share of any savings realised will be allocated to Edinburgh IJB based on the existing NHS Lothian mechanisms for attributing expenditure to IJBs.

#### Finances

##### *Financial Savings*

The list of hosted services savings schemes attributed to Edinburgh IJB are shown below:

Scheme	Full year target 2020/21 (£k)	Forecast 2020/21 In Year Savings (£k)	Recurring £k (from 21/22)	Delivery Investment
Drugs and prescribing	£518	£518	£518	N/A
Workforce	£518	£518	£518	N/A
Grip and control	£140	£140	£140	N/A
<b>Totals</b>	<b>£1,177</b>	<b>£1,177</b>	<b>£1,177</b>	

##### *Non-Financial*

These are assessed locally and monitored through local governance arrangements.

#### Risks

These are assessed locally and monitored through local governance arrangements.



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