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Edinburgh Integration Joint Board

Notice of Meeting and Agenda

Edinburgh Integration Joint Board

10.00 am Tuesday, 15th December, 2020

Virtual Meeting - via Microsoft Teams

This is a public meeting and members of the public are welcome to watch the live webcast on the Council's website.

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 Any items under "Private Business" will not be published, although the decisions will be recorded in the minute.

Contacts

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1. Welcome and Apologies

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

2. Declaration of Interests

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

3. Deputations

3.1 If any.

4. Minutes

4.1	Minute of the Edinburgh Integration Joint Board of 27 October 2020 – submitted for approval as a correct record	7 - 10

5. Forward Planning

5.1	Rolling Actions Log	11 - 16

6. Items of Strategy

6.1	Chief Social Work Officer Annual Report 19-20 – Report by the Chief Social Work Officer	17 - 92

7. Items of Performance

8. Items of Governance

9. Committee Updates

9.5	Draft Minute of the Clinical and Care Governance Committee of 23 November 2020 – submitted for noting	347 - 350

10. Proposals

10.1 None.

Board Members

Voting

Angus McCann (Chair), Councillor Ricky Henderson (Vice-Chair), Councillor Robert Aldridge, 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

Please note that that this meeting may be filmed for live or subsequent broadcast via the Council's internet site – at the start of the meeting the Chair will confirm if all or part of the meeting is being filmed.

The Integration Joint Board is a joint data controller with the City of Edinburgh Council and NHS Lothian under the General Data Protection Regulation and Data Protection Act 2018. This meeting will be broadcast to fulfil our public task obligation to enable members of the public to observe the democratic process. Data collected during this webcast will be retained in accordance with the Council's published policy.

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).

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Edinburgh Integration Joint Board

Minute

Edinburgh Integration Joint Board

10.00am, Tuesday 27 October 2020

Held remotely by video conference

Present:

Board Members:

Angus McCann (Chair), Councillor Ricky Henderson (Vice-Chair), Councillor Robert Aldridge, Colin Beck, Carl Bickler, Andrew Coull, Councillor Phil Doggart, Christine Farquhar, Helen FitzGerald, Councillor George Gordon, Kirsten Hey, Jackie Irvine, Jacqui Macrae, Councillor Melanie Main, Ian McKay, Moira Pringle, Judith Proctor, Ella Simpson and Richard Williams.

Apologies: Martin Hill, Peter Murray.

Officers: Matthew Brass, Tom Cowan, Tony Duncan, Rachel Gentleman, Lauren Howie, Angela Ritchie and David White.

1. Minutes

Decision

To approve the minute of the Edinburgh Integration Joint Board of 24 August 2020, subject to the addition of apologies from Helen Fitzpatrick.

2. Rolling Actions Log

The Rolling Actions Log for October 2020 was presented.

Decision

1) To agree to close the following actions:

- Action 1 (2) – Primary Care Transformation Programme
- Action 3 – Home First
- Action 7 (4) – 2020/21 Financial Plan

- Action 11 – Return to Transformation
- Action 12 (1) – Savings and Recovery Programme 2020/21
- Action 13 – 2020/21 Financial Plan
- Action 14 – Annual Performance Report
- Action 15 – Fair Work and the Living Wage in Adult Social Care.

2) To note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted.)

3. Public Bodies Climate Change Return and Wider Considerations

Approval was sought for the Public Bodies Climate Change Return prior to its submission to the Scottish Government, as required under the Climate Change (Scotland) Act). The report provided an update on measures taken to tackle climate change, including the Transformation Programme, which had been adopted to contribute to the wider goal of making the city carbon neutral by 2030.

Decision

1) To note the requirements of the Climate Change duties.
2) To approve the draft EIJB Public Bodies Climate Change Duties (PBCCD) Report 2019/20 at Appendix 1 to the report.
3) To note the wider climate change and sustainability considerations as outlined in the report.
4) To note that the Futures Committee had undertaken to develop an EIJB Climate Change Charter.
5) To note that climate considerations could be included with future directions.

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

4. Review of Edinburgh Integration Joint Board Strategic Plan 2019-2022

A review of the EIJB Strategic Plan 2019-2022 was presented to the IJB. This provided an update on progress made in key areas of the current strategic plan and outlined timelines for the next planning cycle 2022-25.

The report noted that Phase 2 had succeeded in the progression and implementation of the current Plan, whilst having made a start to the planning of the Strategic Plan for 2022-25. This was due to be progressed to the SPG by March 2021 and then to the EIJB.

Decision

1) To acknowledge that the SPG had conducted an annual review of the current Strategic Plan.
2) To note the progress made against specific tasks and key elements of the transformation programme in phase 1 of the strategic plan.
3) To note the progress and planned activity during phase 2 of the strategic plan.
4) To note the proposed outline timeline for the next strategic planning cycle 2022-25.

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

5. Edinburgh Primary Care Improvement Plan Update

An update on the Edinburgh Primary Care Improvement Plan (PCIP) was presented.

Following delays due to the Covid-19 pandemic, the report provided an update on different schemes within the plan, including Premises, Health Inequality and Change Management. The report also updated the Board on the implementation of the Adult Flu Programme after its shift from NHS Lothian to the EHSCP, now being part of the PCIP.

It was noted that, unlike some others, Edinburgh HSCP had accelerated the implementation of the programme.

Decision

1) To note the report on the full year 2019/20 at Appendix 1 to the report.
2) To note the submission template to the Scottish Government covering the period up to 31 August 2020 at Appendix 2 (due 15 October).
3) To formally record the Board's thanks to all staff involved in the PCIP and the flu vaccination programme.
4) To circulate a briefing note providing a status update on the THRIVE programme.

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

6. Finance Update

An update was provided on the IJB's projected in-year financial performance.

Decision

1) To note the current year end forecasts provided by the IJB's partners.
2) To note the recently announced funding allocation to meet the additional costs of COVID-19.
3) To recognise that further work was required to better understand the impact of both this and future allocations on the financial out turn for delegated services.
4) To agree the phase 2 savings and recovery programmes set out in the report.
5) To request that concerns relating to the lack of permanent leadership and the governance of the Edinburgh Alcohol and Drugs Partnership were raised through the Public Protection Chief Officers Group.

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

7. Edinburgh Integration Joint Board Annual Accounts 2019/20

The EIJB's audited annual accounts for 2019/20 were presented to the Board for approval.

Decision

1) To note the 'amber' rated internal Audit Opinion for the year ended 31 March 2020.

2) To approve and adopt the accounts for 2019/20.

3) To delegate authority to the Chief Finance Officer to resolve and amend any minor textual errors in the annual report up to the date of sign off with Audit Scotland.

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

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

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

8. Update on the Recruitment of Carer and Service User Representatives

A verbal update was provided to members on the recruitment of carer and service user representatives to the Board. The presentation updated the Board on the progress with recruiting more representatives, including a social media campaign that had recently been released in an attempt to encourage carers and service users to the Board.

Decision

1) To note that a social media advertisement had been released to encourage the recruitment of carers and service user representatives to the Board.

2) To circulate an information pack on the role to members which could be sent to potential representatives without social media access.

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

8. Committee Update Report

A report was presented to the Board which provided an update on the work of the five IJB committees. The update was agreed to become a standing item on the IJB agenda, with this first update providing information on the work of sub-committees between July and September 2020. This covered the Audit and Assurance, Clinical and Care Governance, Futures, and Performance and Delivery Committees and the Strategic Planning Group.

As well as a summary report, draft minutes of each committee were submitted for noting. It was also agreed that in future draft minutes of committees would be submitted to the following Board meeting.

Decision

1) To note the update and note that draft committee minutes would be included on IJB agendas as a means of updating the IJB on the work of committees.

2) To note the minutes of the committee meetings.

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

Rolling Actions Log

December 2020

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
1	Edinburgh's Joint Carers Strategy	20-08-19	To agree to develop a performance and evaluation framework around the Carers Strategy, which would be reported back to the Joint Board in two cycles.	Chief Officer, Edinburgh Health and Social Care Partnership	October 2020 ~~December 2019~~ ~~October 2019~~	**Recommended for closure:** P&D considered the Report on 16 Nov 20. A briefing note was circulated for the October Board. To be monitored by P&D. A report is scheduled to come to next P&D in October and will then be scheduled for a future EIJB. A situation report on the performance and evaluation framework for the Carers'

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
						Strategy was presented to the P&D committee on 20 November 2019 and the SPG on 22 November 2019. Direction was given to provide more time to complete the framework which will come forward in due course.
2	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	April 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.
3	Ministerial Strategic Group and Audit Scotland	04-02-20	To agree to receive a further update report in December 2020.	Chief Officer, Edinburgh Health and	~~December 2020~~	Update now to be given to February Board due to covid

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
	Integration Reviews – Edinburgh Update			Social Care Partnership	February 2021	
4	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 be applied with the Edinburgh IJB working practices. Referred to IJB to progress recruitment of Carer Representative.	Chief Officer, EHSCP	February 2021 ~~December 2020~~	
5	Provision of General Medical Services – Edinburgh South (private report)	28-04-20	To request further information on how the renovation of the buildings could be carried out in line with the sustainability aims of the City Plan 2030.	Chief Officer, EHSCP	December 2020 October 2020	**Recommended for closure:** A briefing note was circulated ahead of the December EIJB.
6	Carer and Service User Representatives (agreed under RAL item)	21-07-20	To agree to provide an update on the recruitment of carers and service user representatives and estimated timescales following the meeting.	Chief Officer, EHSCP	October 2020	Ongoing: A briefing note was circulated ahead of the December EIJB; links to item 11.

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
						Ongoing: efforts continue to meet this requirement but no positive outcome from the social media campaign as yet. Verbal update to be provided at meeting
7	EIJB Governance Report	21-07-20	1) To clarify if the timescale for issuing committee meeting papers would be 5 days or 5 working days before meetings.	Chief Officer, Edinburgh Health and Social Care Partnership		**Closed August 2020**
			2) To note that the governance of development sessions would be discussed at a later date.	Chief Officer, EHSCP		**Recommend for closure:-** paper on December board agenda
8	Savings and Recovery Programme 2020/21	21-07-20	1) To note the content of Phase 2 of the Savings Programme and agree to receive more detailed plans about the proposals at a future meeting.	Chief Finance Officer, EHSCP	October 2020	**Closed October 2020**

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
			2) To agree that more details about the proposed three-year Savings Programme is brought back for consideration by the Edinburgh Integration Joint Board by the end of the year.	Chief Finance Officer, EHSCP	March 2021	This will come back to the board as part of the financial plan for 21/22 in March 2021.
9	Edinburgh Primary Care Improvement Plan Update	27-10-20	To circulate a briefing note providing a status update on the THRIVE programme.	Head of Strategic Planning, EHSCP	February 2021	
10	Finance Update	27-10-20	To request that concerns relating to the lack of permanent leadership and the governance of the Edinburgh Alcohol and Drugs Partnership were raised through the Public Protection Chief Officers Group.	Chief Officer, IJB		
11	Update on the Recruitment of Carer and Service User Representatives	27-10-20	To circulate an information pack on the role to members which could be sent to potential representatives without social media access.	Head of Strategic Planning, EHSCP	December 2020	**Recommend for closure.** A briefing note was circulated ahead of the December EIJB; links to item 6.

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Edinburgh Integration Joint Board

REPORT

Chief Social Work Officer Annual Report 19-20

Edinburgh Integration Joint Board

Tuesday 15 December 2020

Executive Summary	The purpose of this report is to share the Chief Social Workers Annual Report with the Edinburgh Integration Joint Board. The format of this report changed some years ago, when local authorities were asked to use a template devised by the Chief Social Work Adviser to the Scottish Government to ensure consistency across Scotland in annual report submissions. In addition to reporting on the year 2019 to 2020 this report also reflects on the challenges that the pandemic has brought to social work services across Scotland.

Recommendations	It is recommended that the Edinburgh Integration Joint Board: 1. Notes the Chief Social Work Officer's (CSWO) Annual Report for 2019/20 at Appendix 1.

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

1. This has been circulated to The City of Edinburgh Council's Policy and Sustainability Committee and submitted to The Scottish Government as required.

Main Report

2. The CSWO annual report provides a broad outline of some of the key issues facing social work and social care in Edinburgh. It includes data on statutory services, areas of decision making and performance and sets out the main developments and challenges.

3. The report includes an update on finance, service quality, delivery of statutory functions, workforce planning and development.

4. Included in the report is a range of performance data and some of the key social work indicators are set out. This information complements, rather than replicates the detailed performance and budget information on all social work and social care services.

5. Appendix 2 of the report acts as the required annual report to elected members on the operation of the statutory social work complaints process.

6. The report highlights the impact that Covid-19 has had upon Edinburgh's population and its social work and public protection services, as well as indicating how these continue to affect and contribute to even greater levels of need and vulnerability for people living in the city.

Implications for Edinburgh Integration Joint Board

Financial

7. This report is an overview of strategic and operational social work matters covering the areas of Children's, Adult's and Community Justice based social work. There is no financial impact from this report, which will not have already been considered through existing Council Committees or the Integrated Joint Board.

8. The CSWO highlights at the end of the report, the significant impact that the current pandemic is having on the financial circumstances of the citizens of Edinburgh and on the Council budget position.

Legal / risk implications

9. This report does not have any legal or risk implications.

Equality and integrated impact assessment

10. An equality and integrated impact assessment is not required.

Environment and sustainability impacts

11. This report has no environment and sustainability impacts.

Quality of care

12. This report refers to performance and therefore covers both the improvements made in the quality of care as well as the current position.

Consultation

13. All social work services have the expectation to engage the participation of those citizens who require the support and assistance of those services. Each Departmental area has existing mechanisms in place to address stakeholder and community impact.

Report Author

Jackie Irvine

Chief Social Work Officer

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Background Reports

14. There are no required background papers.

Appendices

Appendix 1 Chief Social Worker Officer's Report 2019/20

THE CITY OF EDINBURGH COUNCIL

CHIEF SOCIAL WORKER OFFICER'S ANNUAL REPORT

APRIL 2019 – MARCH 2020

·EDINBVRGH·
THE CITY OF EDINBURGH COUNCIL

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Introduction and Acknowledgement

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

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

The purpose of this report is to provide Council with information on the statutory work undertaken on the Council's behalf during the period 1 April 2019 to 31 March 2020 as well as the associated challenges within the context of the current climate within public services. This report will be posted on the Council website and will be shared with the Chief Social Work Advisor to the Scottish Government.

Jackie Irvine
Chief Social Work Officer
November 2020

Governance and Accountability

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

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

The Chief Officers' Group is chaired by the Council's Chief Executive and has representation from all the key partners as well as the chairs of the public protection groups; Child Protection Committee, Adult Protection Committee, Offender Management Group, Alcohol and Drug Partnership and the Equally Safe Committee (previously known as the Violence Against Women Partnerhsip). Two Elected Members have been appointed to the Chief Officers' Group to ensure there is an open and transparent communication with Elected Members and the Council, as well as a shared understanding of the public protection challenges and issues within Edinburgh.

In addition, the Chief Social Work Officer (CSWO) is the chair of the Multi-Agency Public Protection Arrangements (MAPPA) Strategic Oversight Group (SOG), for Edinburgh, the Lothians and Borders Local Authority areas and reports to the National Strategic Group for Public Protection for high risk offenders, chaired by the Scottish Government. The MAPPA SOG provides governance and oversight for the management of high-risk offenders across the five Local Authority areas.

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

The EHSCP reports to the two parent bodies of the Council and NHS Lothian, and as such there are reporting lines into each of these bodies for the purpose of reporting and seeking approval for certain features of its business. This includes the NHS Lothian Healthcare Governance Committee and to several of the Committee's within the Council. This provides good visibility across the Council of the progress being made by the EHSCP in delivering on its key objectives.

Children's social work services are not integrated in Edinburgh, with no formalised inclusion into the EHSCP. The governance and reporting arrangements for children's services is through the Children's Services Partnership, through the Community Planning Partnership as well as the Education, Children and Families Committee. Edinburgh Children's Partnership is a governance arrangement linking; Council, NHS, Police and third sector agencies.

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

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

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

Health and Social Care Partnership

Edinburgh has set out an ambitious transformation programme within the Edinburgh Integrated Joint Board (EIJB) Strategic Plan for 2019-22: this details the priorities for delivering sustainable, person-centred, and flexible quality services. The four key elements of the EHSCP approach are:

- Further development of the 'three conversation' methodology
- Embedding the Home First model
- Developing the Edinburgh Pact
- A wide-ranging transformation programme.

Three Conversations
Three Conversations is structured around three tiers or levels of intervention
Conversation 1: Listen and Connect
Conversation 2: Work intensively with people in crisis
Conversation 3: Build a good life

Edinburgh is the first partnership in Scotland to adopt this approach. During 2019/20 the programme focused on establishing innovation sites across the city and across service areas to test the approach and evaluate the lessons learned from phase one. The intention and objective of Three Conversations is to respond to people's requests for support much more quickly. Prior to introducing the Three Conversations approach, the average waiting time for an assessment was 40 days excluding the time from contact to screening and the time following allocation to a worker and start of the assessment. Within the innovation sites, the average wait to see a worker has dropped to 3.8 days.

The next stage of Three Conversations will focus on scaling up and rolling out the approach. A challenge will be moving forward beyond the designated innovation sites to embedding the key principles in all areas of practice, as large-scale culture change of this type takes time. However, the development of regular staff sessions entitled '*Making It Happen'* have been in place from the beginning with the aim of sharing the understanding and outcomes in order to grow enthusiasm across services.

Home First
The Home First approach is critical to the EHSCP's ability to tackle delayed discharge and ensure that people are cared for in the right place at the right time. Home First is designed to support those who are ready to return home after a period in hospital but require short term health and social care services to manage their discharge safely. Home First was initially tested in the Western General Hospital and is being expanded across the other acute hospital sites.

The Edinburgh Pact
The Edinburgh Pact is intended to set out a new relationship between service providers and citizens, following a period of collaboration and engagement, to clarify

how statutory services will support people with health and social care needs. Initial planning has been undertaken as part of the transformation programme (see below) and this work will come to the forefront during 2020/21.

The Transformation Programme
The EIJB ringfenced £2m to support transformation in February 2019 with the EIJB Strategic Plan 2019-22 subsequently setting out the detail of the two-year programme design, scope and intent. The transformation programme is structured around the three conversations themes (listen and connect, work intensively with people in crisis, build a good life) as well as focusing on cross-cutting enablers such as digital transformation and infrastructure.

Long and protracted stays in hospital are not consistent with best treatment or in keeping with rights-based care. The move of people from long-stay institutional or hospital care to greater independence in the community is testament to the success of shifting the balance of care in Edinburgh. As of February 2020, 29 people from Edinburgh with a learning disability were 'living' in hospital, mainly in the Royal Edinburgh Hospital (REH). Many have been hospitalised for a long period of time and have no medical reason to be there. The EIJB has already made a commitment to developing 22 community placements over the next two years, so that people with a learning disability can leave hospital.

Care Home Transformation
The EHSCP has responsibility for the running of nine care homes for older people. In early 2020 a Care Homes Transformation programme, led by the Chief Nurse was devised and has planned an ambitious programme of improvements with a focus on improving the consistency and quality of care offered to residents.

Older People's Joint Inspection
The improvement plan, set against the Joint Inspection findings from the 2017 inspection, has been re-prioritised by the EHSCP. The scale and breadth of the recommendations has necessitated a more realistic timeframe of actionable areas ranging from 1 year, 3 years or 5 years. Much of the improvement identified by the Joint Inspection's 17 recommendations now come under the transformation programme.

Social Services Delivery Landscape
The EHSCP has seen an overall increase in the number of hours of care being delivered to people, as well as an increase in the overall number of people in receipt of a care package. For context, in March 2019 the EHSCP was delivering 9801 hours of care to 1387 people through its internal homecare teams and commissioning an additional 86,926 hours of care delivered on behalf of 3561 people.

At the end of March 2020, a 7% increase was sustained with a shift to greater services delivered on our behalf by the external market where there was a 11.7% increase of commissioned services. There was also a 6% increase in services delivered to 'Adults', and a 7% increase in the number of people who received

packages of care. An 8% increase in the number of hours of care delivered to 'Older People' was observed and a 0.9 increase the number of people receiving care.

During 2019/2020 the EIJB, NHS Lothian and the City of Edinburgh Council subsequently committed to delivering significant improvement in the available care at home capacity. NHS Lothian committed £4m to be targeted at creating additional capacity which would directly lead to a reduction in hospital delays. The wider scope of this 'Sustainable Community Support Programme' (SCSP) also included the following outcomes:

- Increasing care at home capacity to support individuals in the community who were likely to be at risk of imminent hospital admission without support;
- Creating a sustainable model that promotes growth and maintains viability of providers through recruitment of new care workers;
- Establishing collaborative relationships with providers to share best practice, improved flow of information/data and;
- To redesign processes which impede maximisation of care at home capacity and to inform future care at home strategies.

Headline Achievements	01-Oct-2018	31-Aug-2019	Increase
Care Worker WTE	576	729	26.5%
People receiving support (predominately over 65s, weekly hours commissioned)	20,028	24,018	19.9%
People receiving support (predominately over 65s, number of individuals)	1,429	1,828	27.9%

A key outcome for the SCSP was investment by providers, through the uplifts awarded, in increasing rates of pay, thereby supporting sustainability through improved recruitment and retention. This outcome has been achieved with the addition of 153 WTE care workers delivering support. Several more improvements were achieved which demonstrate success of the wider scope of the Programme, including reductions in the:

- Number of individuals waiting for a care at home package including community waits;
- Length of wait for all care at home packages including community waits;
- Number of individuals waiting in (blocking) EHSCP reablement teams (reablement is a 6-8-week programme delivering a period of intensive support and assessment, aimed at reducing the level of ongoing care at home support required by maximising the independence of individuals).

New ways of working were established as a result of the SCSP, including improved collaboration across providers, recognising that this was fundamental to building a sustainable care at home model in Edinburgh. Weekly locality meetings were established and afforded the space to share data across the sector and strategically target any unmet need in the city. This has built a solid foundation on which to build

greater market insight, monitor key performance indicators and improve how and what the EHSCP commission in the future.

Some key pieces of commissioning activity have been ongoing throughout 2019/20. In 2019/2020 16 organisations provided day opportunities for older people and people with young onset dementia. A robust commissioning process was undertaken during 2019, including co-production sessions with providers. The new registered day opportunities contract is key to providing additional capacity to support the Partnership change to the 'Be Able' service. Specifically, the move away from long term day opportunity provision for older people to only providing a time limited, re-ablement Be Able Service. An additional 96 places per week are being commissioned to meet future demand.

Throughout 2019/20 the EHSCP invited proposals for community adult mental health and wellbeing services and support for across the city, as part of 'Thrive Edinburgh' strategy for mental health and wellbeing. A key component part of these work streams is to review the wide range of services which respond to people in distress. The aim will be to deliver a range of services and programmes to support the delivery of the Thrive Welcome Team and Thrive Collectives. All services and support commissioned to deliver on behalf of Thrive are underpinned by shared values and should embrace these during all interactions with people, other staff, colleagues, and organisations:

- We make shared decisions and value peoples' skills and experiences
- We always work collaboratively with a flattened hierarchy
- We always build trust and foster empathetic and honest relationships
- We are always person centred
- We show kindness and compassion and treat people with respect and dignity
- We always start with people's strengths and build on these
- We always engage people as citizens in their community and embrace the whole person
- We give permission to try new things, adapt, and learn
- We deeply believe our people are our greatest assets
- We always treat people as equal partners

As part of Thrive the EHSCP has developed an outcomes evaluation framework which reflects both the person-centered outcomes and the system/financial outcomes. Outcomes for citizens and people using mental health services and support:

- People have choice and control
- People are recovering, staying well and can live the life they want to lead
- People feel connected and have positive relationships
- People are living in settled accommodation of their choice where they feel safe and secure
  People have opportunities to learn, work and volunteer
- People receive good quality, person-centred help, care and support.

In addition, there are the following system and financial outcomes:

- Timely access to high-quality person-centred help and support when and where it is needed
- Reduced levels of mental and emotional distress
- Reduction in unplanned and crisis health and social care utilisation, including emergency response as well as institutional placements.

Mental Health

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

Table 1										
	2015/16		2016/17		2017/18		2018/19		2019/20	
	No.	People	No.	People	No.	People	No.	People	No.	People
Contacts	590	506	471	424	Na	Na	Na	Na	Na	Na
Assessments completed	1380	845	1380	835	1213	757	1131	706	1275	803

Table 1 – This table shows the number of assessments carried out by Mental Health Officers (MHOs) under the Mental Health (Care & Treatment) (Scotland) Act 2003 (MHA) and the Adults with Incapacity (Scotland) Act 2000 (AWIA). In 2019/2020 of 1275 assessments, 803 individuals became subject to compulsory measures, indicating that some 472 individuals were assessed at least twice in terms of the appropriateness of compulsory measures under MHA and/or AWIA. The table shows that 144 more assessments were carried out in 2019/2020 than in the preceding year. This represents an increase of 12.7%, although this is a decrease in the number of assessments carried out from 2016/17.

Table 2					
	Commenced Apr 15 - Mar 16	**Commenced Apr 16 - Mar 17**	**Commenced Apr 17 – Mar 18**	**Commenced Apr 18 – Mar 19**	**Commenced Apr 19 – Mar 20**
Emergency detention in hospital (72 Hrs.)	208	195	241	268	298
Short term detention in hospital (28 days)	411	484	472	478	515
Compulsory Treatment orders (indefinite with 6 monthly review in	125	107	151	147	151

first year and then annual review)					
Interim compulsory treatment orders (28 days)	61	47	72	65	66

Table 2 - This table shows an increase in the use of Emergency Detention Orders (EDOs) – there are 30 more EDOs in the period 2019-20 than in the preceding year which is an increase of 11.2%. Comparison of the number of EDOs granted in 2016-17 with those granted in 2019-20 shows a marked increase in use of this type of compulsory order of 52.9%. This is concerning as the use of EDOs should be the exception with the correct gateway to hospital on a compulsory basis being the Short-Term Detention Order which affords the individual more rights. It is noted that there is an increase in all types of detention covered within the table, however EDOs have become a significantly increased proportion of all types of detention since 2016-17.

The increase in EDOs is reflective of a national increase overall and is one of the features of the review of Mental Health legislation being taken forward by John Scott on behalf of the Scottish Government. The CSWO and officers from Mental Health in EHSCP have played an active part in this legislative review which has been extremely helpful. Whilst mental health services are delivered by EHSCP, the CSWO has a governance role here in respect of performance and as such meets regularly with the lead officer to consider both demands and capacity as well as outcomes.

Table 3					
	As at 31 March 2016	**As at 31 March 2017**	**As at 31 March 2018**	**As at 31 March 2019**	**As at 31 March 2020**
Emergency detention in hospital	0	1	1	1	3
Short term detention in hospital	28	51	37	27	37
Compulsory treatment orders	306	343	416	403	455

Table 3 shows significantly revised figures for EDOs and STDOs than those published in this report last year following correction of the method used to collect these figures. The figures represent a snapshot of MHA orders active on one particular day; 31 March 2020 and may become more meaningful in respect of EDOs and STDOs if compared to additional days through the year such as mid-summer or a date around the Christmas period. Year to year comparison shows that while there was a reduction in the number of Compulsory Treatment Orders (CTOs) used in 2019 from the previous year, there is a significant increase from 2019 to the same

point in 2020; 52 more CTOs in operation representing an increase of 12.9%. In comparing this day in 2016 with 2020, the figures indicate that there were 149 more CTOs in operation in 2020, representing a considerable increase of 48.7%.

Table 4					
	2015/16	**2016/17**	**2017/18**	**2018/19**	**2019/20**
Total legal orders started	25	20	41	36	36
Total legal orders open at period end	71	80	94	101	116
Compulsion orders with Restriction order open at end of period	24	27	27	32	40

Table 4 shows the total number of orders under the Criminal Procedures (Scotland) Act open to the MHO service. The table shows that the number of these types of orders made by the court through 2019/20 was the same as in the previous year, 36. The number of orders being made exceeds the number being closed with 45 more open at the end of the reporting period in 2020 than in 2016, representing an increase of 63.4%. It is notable that there has been an increase of 8 compulsion orders with restriction orders (CORO) which are the orders related to the highest perceived level of risk and requiring the greatest level of Registered Medical Officer and Mental Health Officer supervision. In comparing 2015/16 to 2019/20 there is an increase of 16 COROs in operation, representing an increase of 66.7%.

Table 5					
	2016	**2017**	**2018**	**2019**	**2020**
Welfare Guardianship					
CSWO welfare guardianships	116	146	148	153	181
Private Welfare guardianships	167	203	205	214	265
Financial guardianship (private only)	92	100	97	73	74
Welfare and Financial guardianship					
CSWO welfare and financial guardianships (guardian for financial element must be non-Council)	32	39	29	33	48
Private welfare and financial guardianships	319	366	385	381	445
Total	**726**	**854**	**864**	**854**	**1013**

Table 5 shows a substantial increase of 159 (18.6%) in the total number of guardianships in operation in 2020 compared with the previous year and a significant increase of 39.5% from 2016. Of the 159 additional guardianships in operation, private guardianships of all types account for 73% (although it should be noted that many of these orders include welfare powers with only 1 being solely financial). The total number of local authority guardianships with welfare powers has increased significantly from 186 in 2019 to 239 in 2020 which is an increase of some 28.5%. Whilst the Guardianship assessments and applications are progressed by MHOs and the Council's Legal Services, the named Guardian is the Chief Social Work Officer.

Significant commissioning work was also undertaken in order to ensure duties under The Carers (Scotland) Act 2016 are met, designed to support carers' health and wellbeing and help make caring more sustainable. It also places several legal duties on local authorities and the NHS. Edinburgh HSCP has long recognised the value of carers, and the importance of the support required to ensure that they can continue their caring role, should they wish to do so. The Scottish Government provided additional funding (via Integration Authorities) to support the implementation of the act to provide a range of enhanced and expanded services. Commissioning work was consequently undertaken and a procurement process to provide an expanded range of services which is now nearing conclusion.

Regulation Inspection and Improvement Activity

1. Quality assurance of purchased services

An enhanced Health and Social Care Contract Management Framework (CMF) was introduced and piloted with a small number of providers in December 2019 with a view to rolling this out in the 20/21 financial year.
This enhanced CMF has been designed to:

- Focus resources where they are required most;
- Allow for early identification and addressing of issues, concerns and risks;
- Collect and record more structured and consistent information across care groups;
- Allow autonomy for contract managers in how they conduct contract management activity;
- Promote more robust monitoring of financial and governance arrangements within service providers;
- Allow service provider monitoring to be conducted in a standardised format, with frequency determined by level of risk.

A key objective of service provider monitoring is for EHSCP staff to gain insight into and understanding of the work service providers are doing on our behalf. This understanding can be best achieved through a balance of observation and formal processes. EHSCP welcomes a flexible approach to monitoring service providers and recognises that historically there has been duplication in the data provided and insufficient resources to meaningfully analyse the wealth of data requested. This does not enable providers to concentrate their efforts on supporting people and delivering services nor has it contributed to a better understanding of best practice, innovation or future commissioning.

Monitoring activity will therefore typically be structured to occur six-monthly, although it is recognised that monitoring activity is a constantly evolving process of assessing risk and the level of monitoring required each period will vary per service provider.

Children's Services

The restorative and strengths-based practice approach in Edinburgh has continued to contribute to reductions in the number of children on the child protection register and numbers who are looked after. This is being attributed to this overall practice approach along with the impact of specialist services such as Family Group Decision Making (FGDM), Multisystemic Therapy (MST) and kinship support.

One area of the Looked After population that has increased over the last year was residential care. That was primarily due to the impact of many unaccompanied asylum-seeking children arriving in Edinburgh in 2019 and requiring to be looked after. Alternatives to residential care for these young people have been explored, including the recruitment of host families and the setting up of shared flats for groups of young people aged over 16 when appropriate.

Edinburgh's care experienced champions board has seen an increase in the participation of care experienced children and young people since 2018 and Edinburgh now has two full time care experienced participation officers in place. This has improved the involvement of children and young people in the development and review of Edinburgh's corporate parenting plan. The Edinburgh Children's Partnership Children's Services Plan has also been informed by the participation of children and young people through initiatives such as What Kind of Edinburgh and Youth Talk.

The voluntary sector is a key partner in Edinburgh's Child Protection Committee and Children's Partnership. In responding to the challenges of Covid, a city-wide task force with voluntary sector partners is working in four locality operational groups to put early intervention and practical supports in place for families who need this during lockdown restrictions. In addition the multi-agency Local Operational Groups (LOGs) have been taking forward the mapping of family support services in order to identify where the gaps lie and engaging families about the type of support they need, particularly in dealing with the challenges of Covid, increased poverty and the associated impacts of this.

As seen below, there is a general decrease in Child Protection Register (CPR) and Looked After Children (LAC) numbers and associated activity, e.g. case conferences, Scottish Children's Reporter Administration (SCRA) reports, Looked After Children reviews. Decreases from two years ago are significant.

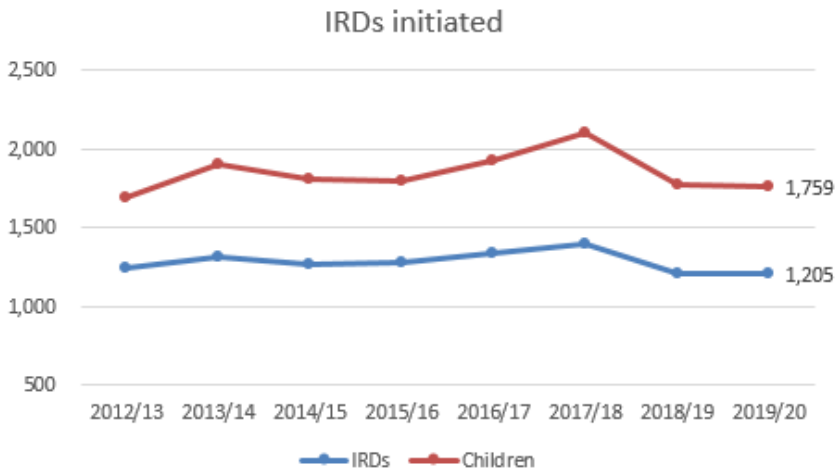
For Looked After Children, after a reduction in residential numbers, these increased again from August 2019. Table below is from Monthly Report

Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
88	86	87	87	86	95	99	104	106	106	105	101

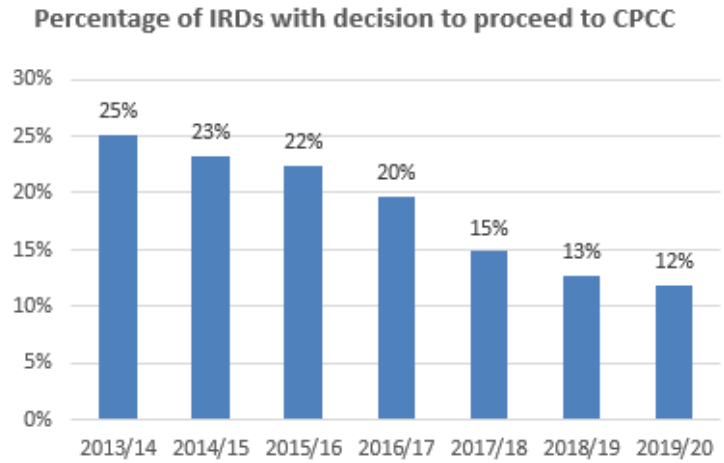
Foster and Kinship numbers have stayed relatively stable over the year at 515 and 245 respectively. The number of children Looked After at home has steadily decreased from 350 to 290.

Inter-Agency Referral Discussions (IRDs)

In respect of multi-agency child protection processes, Edinburgh has a strong history of using and recording Inter-Agency Referral Discussion (IRDs) to consider the intervention per case and the need to protect children. The progress and outcomes of these discussions and plans are overseen by a senior management multi-agency group to ensure actions and decisions have been appropriate and to agree when the IRD process will be closed. Most cases are then allocated to social work teams or managed in respect of Getting It Right For Every Child (GIRFEC) and overseen by universal services.



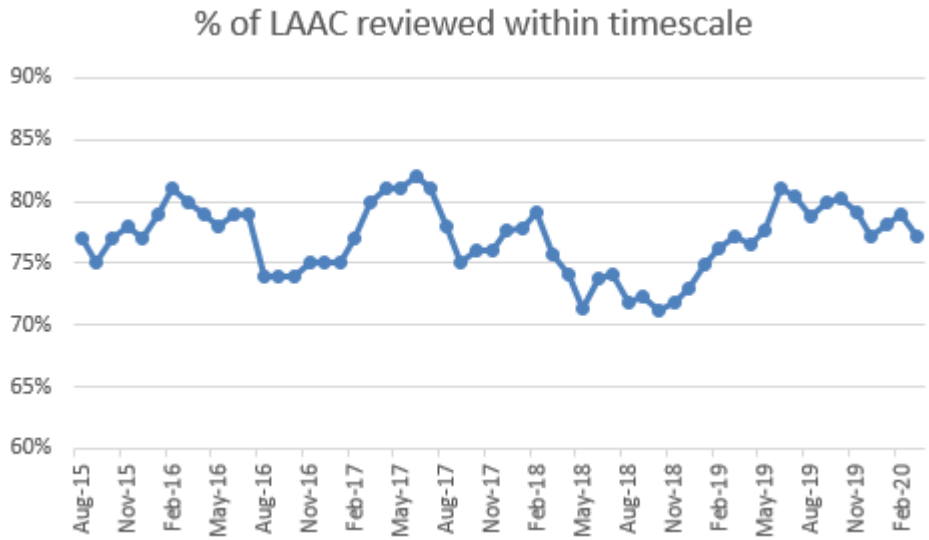
The number of IRDs was in line with the previous year.

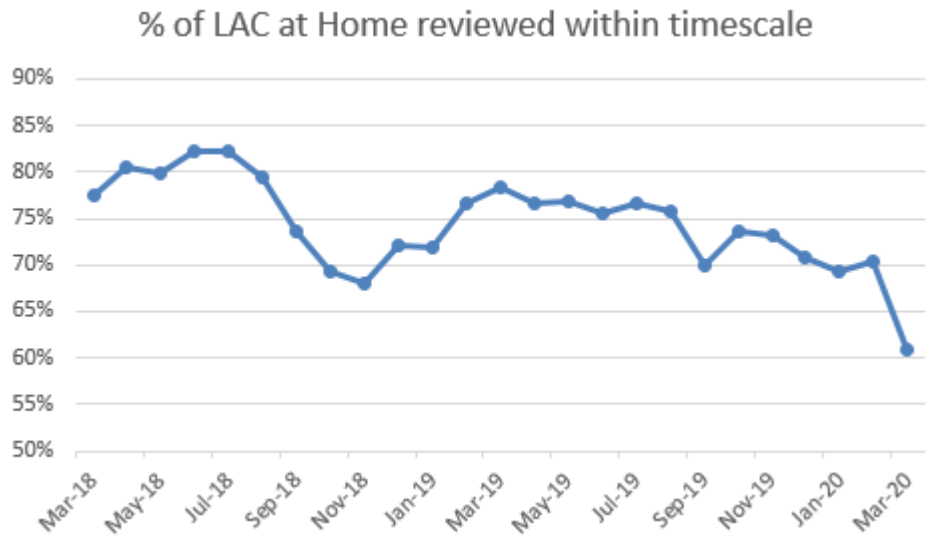


The proportion of IRDs held with the outcome of proceeding to a Child Protection Case Conference (CPCC) has continued to decrease.

Reports to SCRA
For the full year 2019-20 - **85%** of SCRA reports were submitted on time, the same completion rate as for 2018-19.

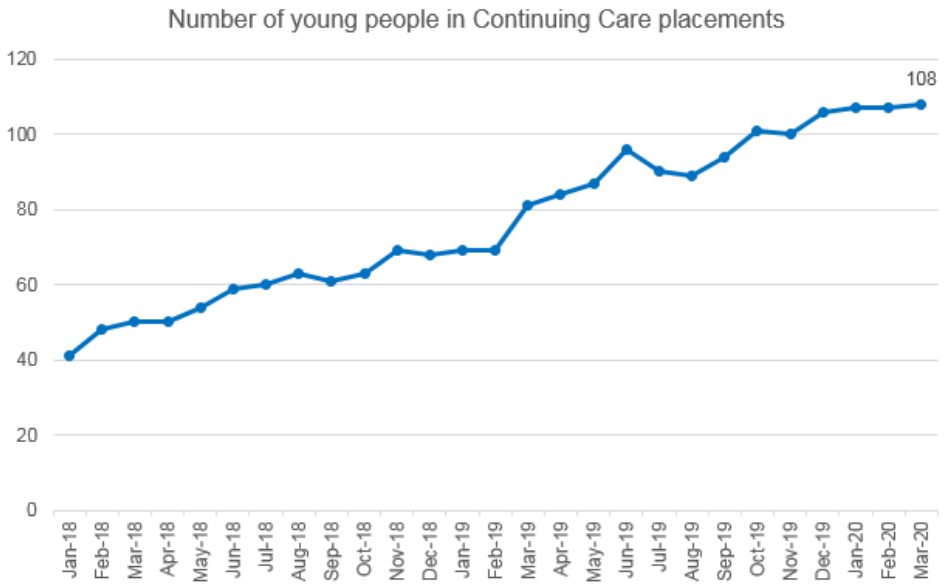
Looked After and Accommodated Children (LAAC) and Looked After at Home (LAC) Reviews





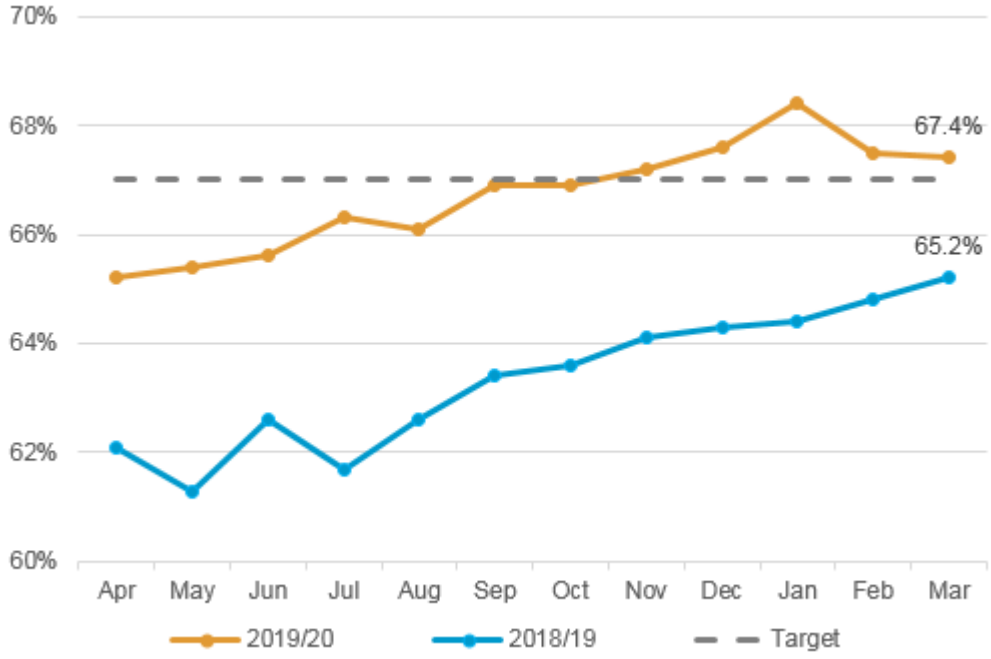
Generally, above 75% of cases were reviewed within timescale for the early part of the year with evidence of possible decline to 70% thereafter. The drop in March 2020 can be attributed to the impact of Covid and the subsequent lock down.

Continuing Care



There has been a steady increase in continuing care placements across the year. These are where children are placed, predominantly with foster carers and choose to stay on beyond their legal order. Whilst this increase is welcomed and shows that services are providing secure, caring environments for young people beyond the age of 16 – 18, as families would expect for their own children, this does not come without a financial impact on the Children and Families overall budget position.

Foster Care - % with City if Edinburgh Council carers



The steady increase through the previous year continued through 2019-20 with the figure exceeding 67% in November therefore achieving beyond the target for balance of care.

Family Group Decision Making
The Family Group Decision making model, which is also known as Family Group Conferencing (FGC) is a decision-making approach, based on a well-developed model, which involves the extended family in making plans for children and the family unit.

It is family led and encourages families to use their own strengths and resources to make plans for their children.

FGDMs seek through their approach to:

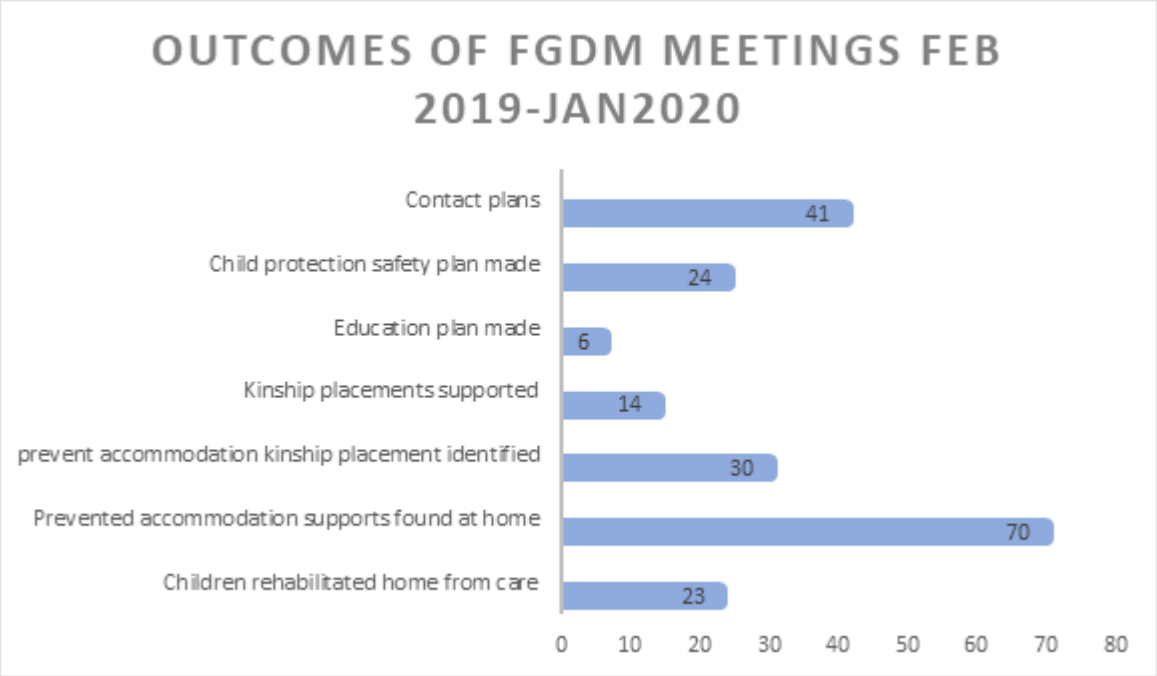
- widen the circle (involving extended family),
- encourage sharing responsibility for solutions,
- be culturally competent in their practice,
- support family leadership and empowerment,
- be non-adversarial and the use of private family time for decision-making.

From February 2019 to January 2020 Family Group Decision making (FGDM) received 543 referrals for a family meeting and this led to 213 meetings and many more significant pieces of work. Referrals for planning connected to babies now make up approximately 40% of the work of the FGDM team.

The team also received 49 referrals in respect of the FGDM service which has developed for the Health & Social Care service from April 2019 to February 2020.

There were a variety of reasons for cases not proceeding to a FGDM meeting. These ranged from; families having significant involvement with the team that led either to the family making a plan before the meeting, identifying kinship placements for assessment, the families did not want a family meeting (it is a voluntary process), or the situation changed.

The graph below provides the outcomes of family meetings within Children's Services. There were 70 plans made to support children at home by pulling in the wider supports of family or friends. Not all these children would have become looked after, however they had either been referred for accommodation at family-based care or the social worker was considering a referral.

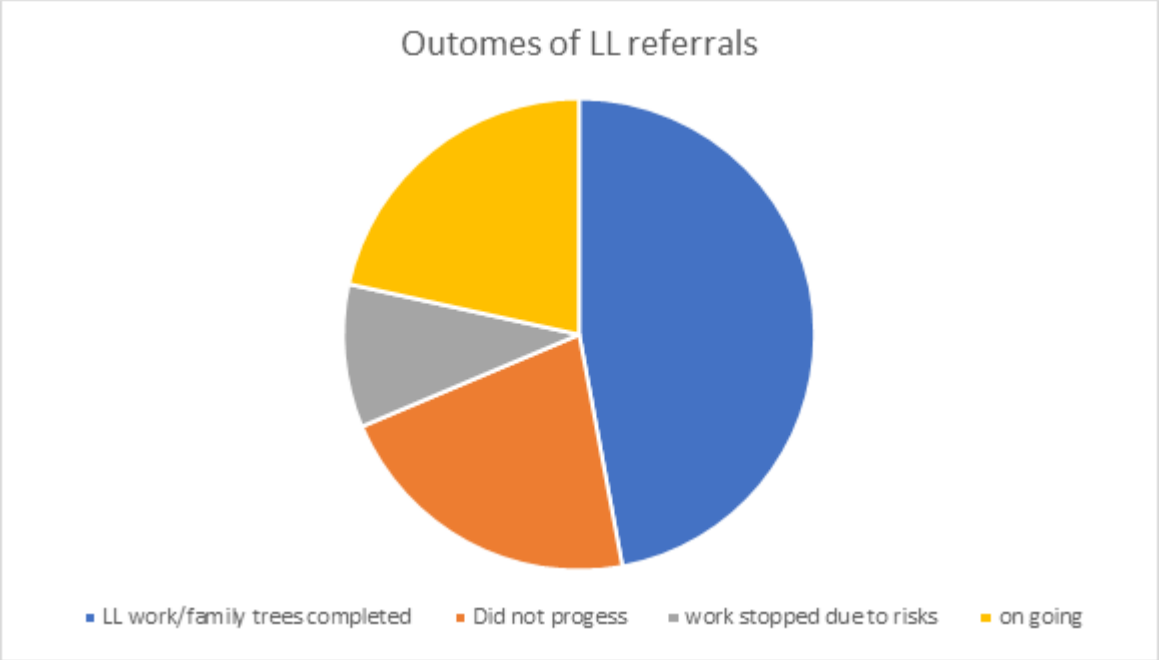


Between 24 January 2019 to 25 March 2020, 192 children were placed on the Child Protection Register (CPR). 120 of these children were placed on the CPR in sibling groups. 65 of these families met the criteria for the FGDM babies service and were automatically offered the support of FGDM. In early 2020 there was a significant rise, 40%, in referrals of babies to FGDM. This rise represents the increase in concerns for unborn babies and babies under the age of one in Edinburgh. It also demonstrates that the system of referral to the FGDM team is working well, with most babies, where social workers are involved due to concerns, being referred to FGDM.

Lifelong Links

In 2015 Edinburgh started to offer Lifelong Links before becoming part of the nationwide trial in 2017. The Lifelong Links service aims to support children and young people in foster or residential care to reconnect safely with their extended family and networks of people that they have identified as important to them. Sometimes this can be people they have lost touch with or people in their networks they have not yet met. To date several young people have been supported to understand more about who is in their family, bringing children back in to contact with grandparents, parents, brothers and sisters and aunts and uncles and other people who they have identified as important to them. Essentially, the service promotes lifelong connections for young people both now and in the future. This approach has been endorsed by the recent care review https://www.carereview.scot which highlighted that " there must be a focus on building and maintaining lifelong relationships "

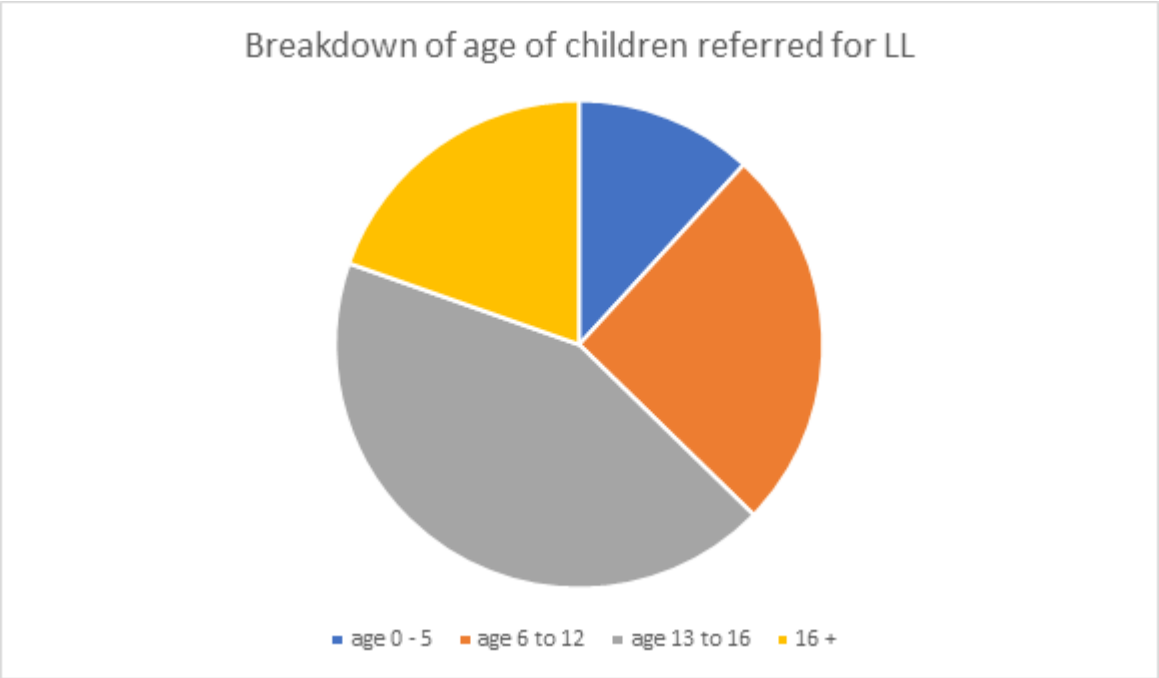
Lifelong Links had 51 children referred in the 2019-2020 reporting period.



40 of those cases have been allocated = 78.5% of the total 51.

The remaining 21% either did not progress because circumstances changed for the child (move of placement or returned home) or they changed their mind and did not want to continue.

Of the 40 (78.5%) work has been completed; the range of this work can be from a fully researched Family Tree, to finding and connecting (letters/photos/direct).
The five cases that stopped due to risks were five children all from one family.



The Through Care and After Care Job Club
The Job Club has been running since June 2016 and is delivered by the Through Care After Care team in partnership with Skills Development Scotland. Many young care leavers struggle to access mainstream services and experience sanctions from the job centre due to their inability to meet expectations. The initiative was initially set up to support those who were struggling to evidence job searching activities to meet requirements for benefits claims. Staff identified the need to provide a supportive, regular drop-in facility where young people felt comfortable and confident to build their skills. The Job Club has since grown steadily into a progressive weekly service that supports young people to find solutions to enable and empower them to work towards achieving their own individual goals.

Aims

- to improve confidence and resilience in relation to job-seeking skills
- to provide a focussed environment with familiar, trusted staff and relevant resources
- to move young people into positive destinations
- to work in partnership with other agencies
- to ensure all young people have an updated CV
- to create opportunities for young people to evidence job searches and benefits claims

Young People's feedback
The service continues to encourage young people to complete comment cards and feedback forms. Overall feedback indicated that:

- Young people indicated that they found the Job Club helpful
- Young people are happy with the location of the Job Club
- Young people feel more motivated to get a job
- Young people felt that the Job Club helped them to improve their skills
- Young people feel more confident to apply for jobs
- Staff have helped young people to achieve their goals.

Comments from young people included

"The Job Club helped steer me onto the right path and help me become more focused."
"I like coming here because of the laid-back environment with very approachable staff."
"Good fun and a safe environment, which is great to have."
"The Job Club has helped me secure full- time permanent employment and realise my potential."
"This club has helped me through a tough time."
"*Helpful and informative, great staff that go the extra mile to help young people reach their goals."*
"Genuinely caring and helpful staff, good source of motivation."
"It's a great place to come and socialise, the staff are very helpful and give us their time."

183 individuals have engaged with the job club between April 2019 and March 2020

Pandemic Taskforce and Locality Operational Groups (LOGs)
The purpose of the task force is to coordinate Edinburgh Children's Services shared efforts and resources across the Edinburgh Partnership to support vulnerable children and their families in response to the impact of Covid.

Weekly meetings, referred to as Locality Operational Groups (LOGs) share information and develop new ways of working together to help mitigate the effects of poverty and social isolation in these difficult times. The aim is to avoid duplication and to build supportive networks for Edinburgh's children and families that are directed in the most meaningful and helpful way. The overall task force meets monthly, and report back into their organisations to ensure a regular flow on information and flexibility given this ever-changing situation.

Criminal Justice

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

The City of Edinburgh Council received Section 27 funding of £9,620,431 for the year 2019/20. This figure was a reduction of £90,826 on the grant allocation for the previous year. Financial pressures increased in 2019/20 and will continue into 2020/21 due to the unfunded pay award for public service staff. In Edinburgh, this equates to approximately £225,000 per annum. To address the unfunded pay award, a service review commenced but was suspended when Covid restrictions were imposed. This will be resumed when appropriate, allowing full consultation with staff. This may also have an impact on our ability to manage workload demands when Covid restrictions are reduced, such as the Scottish Courts and Tribunal Service, Unpaid work and Parole Board Scotland backlog, leading to increased numbers of Criminal Justice Social Work Reports and community-based disposals.

Summary of Performance – key challenges, developments and improvements

Edinburgh's Community Safety Partnership, on behalf of the Edinburgh Community Planning Partnership, is responsible for the development and implementation of Edinburgh's Community Justice Outcomes Improvement Plan. An annual report for 2018/19 was submitted to Community Justice Scotland in September 2019. The Community Justice Outcome Improvement Plan for 2019–22 has been developed and reflects the work articulated in the four-locality improvement

plans and complements the Community Safety strategy which was developed for 2020-23 and the Edinburgh Partnership's Community Plan 2018-28.

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

Feedback from people who use services at the **Drug Treatment and Testing Order** team highlighted a need for specific support from peers in recovery and the team have been successful in securing funding to employ mentors from the recovery community.

The **Edinburgh Alcohol Problem Solving Court** has been in place since February 2016 and utilises community payback legislation, with frequent court reviews. The criminal justice social work service continues to provide the court with speedy assessments with a focus on alcohol and ensures streamlined access to substance misuse services through close partnership working with Change Grow Live (CGL). Criminal Justice services in Edinburgh supported the rollout of this model to Midlothian and East Lothian Justice services.

Encompass, is an education, training and employability service for people in Edinburgh in recovery from substance misuse, those moving on from past offending behaviours and those affected by homelessness. It continues to be delivered through Access to Industries in-house community college and helps people furthest removed from the labour market to build their skills, gain access to opportunities and, where appropriate, move into employment. It offers a range of employability opportunities including supportive work placements, and volunteering; activities included Edinburgh College courses covering digital media, photography, computer game design, and weekly Spanish language and culture classes. Access to Industry also continue to work with Disclosure Scotland/Scotland Works for You, to support more employers to make fair recruitment decisions with people with convictions.

Work continued throughout 2019/20 to develop a **Restorative Justice** service to those who are subject to statutory supervision, having been convicted of a hate crime and the victim of that offence (or a representative), including training in Restorative Justice approaches. An Information Sharing Protocol between Police Scotland and City of Edinburgh Council allows the Restorative Justice service to contact the victim of the hate crime offence. Police Scotland continue to provide victims of hate crime with information about Restorative Justice and obtain explicit consent for the Council's Restorative Justice service to contact them. The Scottish Government has committed to have Restorative Justice services widely available across Scotland by 2023, with the interests of victims at their heart and has

developed a Stakeholder Group, of which Edinburgh Community Justice services is a member.

Edinburgh Community Justice Services sought to build on their experience of developing **trauma informed services**, through 2019 into 2020. This involved developing, implementing and evaluating a Trauma Informed Care (TIC) model of service delivery across Group Work Services (GWS). In keeping with the Scottish Psychological Trauma Training Plan (NES, 2019), the service sought to develop Criminal Justice Social Work practice, to operate at a 'trauma enhanced practice' level, due to their specific remit to provide long term interventions with people known to be affected by trauma. The work was led by a Criminal Justice Sector Manager and a Clinical Psychologist who was recruited to co-locate within, and work across, a range of teams in Edinburgh's justice social work. Recognising the long-term nature of culture and organisational change, three specific areas of activity were agreed, where initial changes could be introduced that would support the service in moving closer to working at a trauma enhanced practice level, while also gathering evidence to evaluate the impact of these service developments. These were:

- Leadership Coaching and Development
- Staff Training, Development and Wellbeing Support
- Staff Practice.

Trauma and Mental Health Screening (TAMHS) is a development in staff practice that involves routine screening for trauma experiences and common reactions including mental health problems. TAMHS is being used to:

- develop our understanding of an individual's presenting difficulties
- inform the wider assessment taking place
- inform formulation and how the service relates to the individual
- guide any subsequent intervention plans that are developed.

Formal evaluation of the overall project is ongoing. Evaluation of the project includes the following:

- Anecdotal feedback from team leaders and seniors
- Formal feedback on each training session
- Survey Feedback from all staff involved
- Focus groups for managers
- Focus groups for workers

To date, this feedback has been overwhelmingly positive. The full outcome of the evaluation will be provided in greater detail within the final project report. Some examples of findings from the staff surveys include:

- 87% feel more confident asking about trauma
- 73% are confident asking about common mental health difficulties
- 83% report using a trauma informed approach in my work with service users
- 93% report finding working in a TIC way helps them work more effectively with service users

- 93% of staff believe having a clinical psychologist embedded in the service is valuable
- 80% of staff report finding group supervision sessions helpful

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

An Unpaid Work women's group has been set up for women who have been given an unpaid work requirement as a condition of a Community Payback Order (CPO). This group encourages women to develop skills while carrying out meaningful and interesting activity. As part of one of the skills development projects the group knitted hats and gloves which were given to the homeless community. Group members reported back that this activity had made them feel more positive about themselves as they were doing something that was really needed while learning new skills.

The Court, Bail and Diversion team have set up an enhanced supervised bail service for women as a direct alternative to remand in custody. This service has allowed women to remain in the community by providing an intensive outreach service in partnership with specialist women's services such as Willow and Shine. The workers are accredited to undertake homelessness assessments which has made it easier for women without an address to access accommodation. The team have now extended this service to include all young people at risk of remand and are working in close partnership with the Young Peoples Service and Throughcare and After Care Team.

The Council and partner agencies have developed a Domestic Abuse Housing Policy for Edinburgh. The focus of the policy is to offer victims/survivors of domestic abuse, an early intervention approach that allows them choice in addressing their housing situation. This includes assisting victims/survivors to stay in their current home, introducing a new framework for housing management transfers between the EdIndex landlords, where the person is a social rented tenant. Improvement of the process means that victims of domestic abuse do not need to access housing through the emergency accommodation route. The Policy was approved at the Policy and Sustainability Committee on 14 May 2020. Prior to Committee approval, elements of the Policy (e.g. housing management transfers) had been informally introduced and have been welcomed as positive outcomes have already been noted.

Supporting Staff Working from Home
In response to Covid, managers began working with our Clinical Psychologists in Criminal Justice to support staff transition to home working in March this year as lockdown measures were implemented. The Staying Psychologically Well - A Guide

for Staff Whilst Home Working was produced in the early weeks to help employees adapt from office based, face to face client work to providing telephone-based support from home. It supports staff to devise an individual Home Working Management Plan. Additional Resources for managers, staff and service users' psychological wellbeing have been provided to promote wellbeing and a helpful guide for providing therapeutic or supportive interventions over the phone, helps workers to undertake key public protection tasks from their homes, in a safe and professional manner. This support package also involves expanding the number of reflective practice supervision groups across criminal justice services and setting up virtual lunchrooms for staff. Staff feedback has been overwhelmingly positive as staff in justice services continue to provide a broad range of supervision and support across the city. This enhances the support for staff put in place by Human Resources, with a range of supports and advice placed on the Council Intranet and the development of a specific 'Well Being Wednesday' page.

Criminal Justice Social Work Services in Edinburgh are currently developing adaptation and renewal plans in conjunction with other justice services, including Scottish Courts and Tribunal Services, Parole Board Scotland, Scottish Prison Service and Social Work Scotland, in order to restart services as per the Government's Route Map.

The establishment of Safer and Stronger Communities has continued to create opportunities for criminal justice and homelessness and housing support services to work more closely together. This is evidenced through the development of a data sharing agreement (DSA) between the City of Edinburgh Council and the Scottish Prison Service, signed in June 2019. The DSA allows for the transfer of information underpinning the reintegration of people back into their community; facilitating better preparation for individuals leaving custody and improved planning for community-based service provision. Sharing information with Access to Housing ensures that steps can be taken in line with the Sustainable Housing on Release for Everyone (SHORE) standards to sustain accommodation or where this is not possible due to sentence length, making sure individuals have somewhere to live on release, with appropriate supports in place.

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

Examples include:
In 2018 the Scottish Government provided some additional resource to support the reinvigoration and extension of the **Whole System Approach** to young people in Edinburgh. This resource has supported service improvement since July 2019, and it was agreed that the age group would extend for welfare checks in custody cells for all under 18-year olds, to cover all young people up to the age of 21. In addition, Court social work staff now receive daily updates on the bail position of people appearing from custody which enables a bail supervision assessment to be carried out in all cases where remand is requested. This also means that a supervised bail assessment report can be made available to the Sheriff at first appearance, thereby reducing the number of cases of service users being bailed following appeal. Work is ongoing to strengthen existing practice and explore a formal process for bail

information to ensure that no young person is remanded due to having no fixed abode.

Transitions and Reintegration (Custody Reviews for all Young People under 21) Guidance and procedures have been developed to ensure that those young people receive consistent and effective support. Pathways into housing for young people are also being strengthened through the retendering process of voluntary aftercare, and a housing officer is in the process of being appointed to assist with housing support for young people on their release from HMYOI Polmont. To further support this work, Court social work staff have received training (run by Centre for Youth and Criminal Justice) on trauma informed and child centred approaches and the teenage brain.

The Council continues to work closely with the Scottish Prison Service (SPS) to ensure that people in prison can access advice and assistance about their housing situation. The **Sustainable Housing on Release for Everyone** (SHORE) standards continued to be the focal point of this work, with an emphasis on early intervention and supporting people in prison to sustain their current accommodation (if on remand or a short sentence) or terminating their accommodation in a planned way. The Council continue to deliver prison-based housing options at HMP Edinburgh's Link Centre for people due to be released within the next twelve weeks. Where it is established that someone is going to be homeless upon release, they are advised about their housing options, assisted to complete an EdIndex form for social housing, given a homeless assessment and supported to start bidding for housing. People assessed as homeless are signposted towards homelessness services for emergency accommodation and support.

The **Edinburgh and Midlothian Offender Recovery Service** (EMORS), for short term prisoners, continues to support individuals at all stages of the criminal justice system to address their unmet needs, particularly those that may have channelled them towards offending including addictions, poor mental health, homelessness and financial difficulties. The service provides complete continuity of care throughout an individual's justice journey, from point of arrest, into prison (providing NHS treatment for substance misuse and psychosocial supports), and back into the community. The service has close links with community-based recovery hubs where the presence of peer volunteers ensures that visible recovery is evident within the service. EMORS offers prison gate pick-ups to service users in recognition of the critical nature of the transition period from prison to community, and the challenges faced by individuals. The EMORS continuity model is a partnership between the City of Edinburgh Council justice services, Midlothian Council justice services and the NHS. A comprehensive review of the service was conducted in 2019 and its findings are informing a retendering process which is taking place to ensure that outcomes for service users continue to improve.

- 2,682 people were supported through open community orders by Criminal Justice Social Work Service. This represents a 0.9% increase from support given during 2018-19.

- Criminal Justice staff completed 2,547 social work reports to support decision making by the courts, representing a 0.7% increase with 2018-19.

Offenders in the community subject to statutory supervision				
*Many offenders being managed in the community have their risk levels reduced to medium, reflecting successful risk management strategies.	**31 March 17**	**31 March 18**	**31 March 19**	**March 20**
Assessed as very high risk or high risk (sexual violence)	17	7*	*10	12 34
Assessed as very high or high risk (violence)	46	37	*37	
Probation orders	9	8	6	3
Community service orders	7	5	5	6
Community payback orders	1121	1069	940	900
Drug treatment and testing orders	121	145	168	144 18
Drug treatment and testing orders (II)	33	34	38	 117
Bail supervision	16	23	24	34
Statutory supervision of released prisoners (e.g. life licence parole, extended sentence, supervised release orders)	128	127	121	

Offenders in prison who will be subject to statutory supervision on release				
	31 March 2017	**31 March 2018**	**31 March 2019**	**31 March 2020**
Offenders currently in prison who will be subject to statutory supervision on release assessed as very high or high risk (sexual violence)	66	69	81	69
Offenders currently in	113	110	146	140

prison who will be subject to statutory supervision on release assessed as very high risk and high risk (violence)				

Quality Assurance

Annual Activities

Single-Agency Practice Evaluations (116 annually across three social work areas)

Practice evaluations (PE) are part of the quality assurance programme designed to monitor and improve performance within Edinburgh's three social work service areas Practice Evaluations are a pro-active and participatory approach to self-reflection. Research indicates that reflecting on practice can enable practitioners to be more effective, contribute to their personal development and improve outcomes for people who use services. All three social work areas have a target number of Practice Evaluations to be achieved annually, as follows:

- Communities & Families (C&F); 21 sessions; two evaluations per session
- Edinburgh Health & Social Care Partnership (EHSCP); 23 sessions; two evaluations per session
- Criminal Justice Services (CJS); 14 sessions; two evaluations per session

People's Stories (36 annually across three social work areas)

The aim of People's Stories is to embed a culture of qualitative engagement with the people who use social work services and to recognise the impact that a social work intervention can have on individuals. The model promotes a culture of quality assurance and improvement in service provision, including social work practice. By gaining direct, qualitative feedback, the quality assurance of service provision can be triangulated using the experience and views of customers, staff, and management The service carried out a successful pilot of People's Stories in Spring 2019. The model was rolled out across the three social work areas in Summer 2019. Community Justice Services completed their annual target of 12 People's Stories in this reporting period and are exploring how the model can continue during Covid service interruption.

People's stories are successfully highlighting the difference that relationship focused social work brings to people's outcomes, as well as highlighting areas where services can improve the service delivery and support provided.

The following are a sample of the feedback received via a range of People's Stories:

'my social worker would be the first to admit this, our relationship at the beginning was difficult because of me…because of where I was at that stage in my life, where I was as a person'.

'I felt suicidal for 5 weeks…hard, really hard…and (my social worker) helped me a lot with that…she gave me numbers for Crisis, Samaritans, Royal Edinburgh…she taught me how recognise those feelings before they get too heavy and she gave me exercises…eventually I started to see light at the end of the tunnel'.

'Every couple of weeks I see my social worker and she has been a huge help. My social worker's manager is really good and my social worker has been a huge help and has helped me with all sorts of stuff…so I've never seen (having a social worker) as a burden. I will actually miss her…in 5 weeks' time I will no longer have to see her but I will miss her as I've got to know her really well. I can't praise (social worker) enough…it would have been a lot harder without her'.

, '…the services I have used have been fundamental. If I wasn't using them, I would still be in the house, terrified'

…" the more I spoke with (social worker), the more I saw she was on my side, she wasn't against me and if something was going wrong she would help me and I know I could phone her and ask her for advice on what to do and she would talk me through it and I knew I wasn't going to get judged."

'(My social worker) has been my wee rock to be honest with you…she has spoken to me about my fears for my mum…I had a bad impression of what social workers are…'

'from being where I didn't want to go near the windows, or go outside, to this where I'm sitting doing an interview, talking about it, is huge. Every single time I have an appointment with someone it's 'wow, we are doing so well', so much progress'…'

Supervision Survey

The purpose of the supervision survey is to understand social worker's experience of supervision and gauge organisational compliance with the written supervision policy and procedure. Quality assurance of supervision aims to increase both organisational and external confidence that social work is being performed safely and to the requisite standard. A pilot survey of social work supervision within Communities and Families was undertaken in September 2017, leading to the establishment of an annual supervision survey.

April 2019 - The Social Work Supervision in Practice survey was launched within the Edinburgh Health and Social Care Partnership (EHSCP) following a successful pilot within Communities and Families. In both surveys very similar results were found; 80% of respondents cited that the supervision they received was in line with frequency expected, with 80% also identifying that supervision was uninterrupted, and covered issues of workload, standards of practice and accountability.

An annual Social Work Supervision in Practice survey takes place across social work services to provide the Chief Social Work Officer (CSWO) with assurance in relation to policy/procedural compliance. Two separate reports are prepared for EHSCP, Children's Services and Criminal Justice Services, to present the findings and identify if necessary, any remedial actions.

Multi-Agency Practice Evaluations

In 2019, the Child Protection Committee commissioned the Quality Assurance, Compliance and Regulation service to co-ordinate a rolling programme of Multi-Agency Practice Evaluation (MAPE) sessions within the Edinburgh Children's Partnership; twelve sessions per year, six in May and six in November.
Multi-agency Practice Evaluation (MAPE) promote reflection and evaluation of practice and consider how effectively agencies have worked together to promote good outcomes for families. MAPE achieves this by encouraging and developing a culture of qualitative self-evaluation, whilst supporting shared communication and increased exchange of information that assists the support of children and their families. The MAPE programme for 2019 also introduced the involvement of children and families in this learning exercise, to ensure that professional views on the perceived strengths and outcomes, were validated, or not, by those receiving support.

Professionals participating are supportive of the platform that MAPE provides:

"I felt it was a useful exercise to reflect on the way myself and the others work together, what worked well and how we could have done things differently."

"Whilst there is some reflection opportunity in supervision this provides a forum to reflect with planned partners and we were able to get a holistic reflection."

"Being able to reflect on the client's perspective and adjusting the way I work to potentially receive a better outcome and being able to think out of the box."

Case File Audits

Case file audits allow social work areas to evaluate their performance aligned to practice and enable areas to examine the effectiveness of processes and how well staff evidence the work they do through good quality record keeping. The Quality Assurance service reviews all audit improvement plans at three and six months, with further reviews agreed, to ensure that areas for development/improvement are acted upon and that change is sustained.

In 2019 an evaluation of response to social work complaints across Communities and Families (C&F), Edinburgh Health and Social Care Partnership (EHSCP) and Criminal Justice Services (CJS) was undertaken. The audit, set against the Scottish Public Services Ombudsman (SPSO) levels of good practice for complaint handling, found many strengths, such as lack of bias, written accuracy of responses, and management scrutiny. However, key improvements in areas such as expectation management, investigation methodology and apology were all taken forward in service improvement plans.

Evaluation of Adult Support and Protection (ASP) practice across five service areas including; four city-wide locality Hubs and Clusters, Mental Health and Substance Misuse teams; Community Justice Services; The Access Point and the Residential Review Team. The four areas of focus included; practice from the point of referral to closure, including local and statutory timescales; thresholds; quality of decision-making and outcomes for the service user involved. Despite key strengths being identified in timescales as well as thresholds, areas for improvement were identified in decision making, overall practice and outcomes for people. Locality improvement plans have been drawn up to address these, and work has been commissioned to address some of the system issues that continue to affect Adult Protection social work.

Self-Evaluation

Self-awareness is the goal for all service areas to perpetuate the knowledge about their strengths, areas for improvement, and to have enough planning in place to promote improvement, together with an awareness and understanding of the impact of services on individuals. The Quality Assurance service participates in work that supports and challenges service areas to develop and improve upon their own self-evaluation.

The Self-evaluation Improvement Guidance was updated in 2019 to assist services within the Council's social work provision to undertake self-evaluation activity and to ensure that all staff within services are included within the self-evaluation, improvement and change process. The guidance is based on the models of improvement used by both the Scottish Government as well as the Care Inspectorate. Several regulated services have started to use the guidance to support their service area's self-evaluation and continuous improvement activity.

Projects

Bespoke audit or quality assurance work is undertaken on an agreed and negotiable basis and dependent on priority and capacity of the Quality Assurance service. Some examples of this include;

Creation of a register of service area improvements and recommendations allowing for the tracking and monitoring of progress against these areas.

Quality Improvement work undertaken on Criminal Justice entry and exit interviews with people who use the service. This has led to a better system being in place to capture this key qualitative information regarding people's expectations and outcomes.

A report was commissioned by the senior manager for Quality, Governance and Regulation and the Chief Social Work Officer for the purpose of reviewing the procedure, process and quality of Large-Scale Investigations (LSIs) undertaken since 2015. The review made seven suggestions about how the LSI process could be improved to deliver better outcomes for ensuring people are safely cared for. Recommendations included reviewing the LSI procedure, LSIs to produce final reports for Chief Officer/CSWO sign off, and that a more collaborative approach with service providers subject to LSI is introduced.

Multi Agency Risk Assessment Conference and Outcomes for Children - this report was commissioned by Edinburgh's Child Protection Committee and the Chief Social Work Officer to review the level of effectiveness of the Multi Agency Risk Assessment Conference (Marac) in reducing the risk of domestic abuse to children and improving outcomes for children and young people. SafeLives, the developers and owners of the Marac model undertake audits and reviews of the process every 2-3 years. This was Edinburgh's first review of the Marac process from a children's service perspective, since implementation in 2013. The review identified good practice in Edinburgh connected to clear governance of this public protection forum, inter-agency working, as well as the volume of cases that were considered through the Marac process. However, key areas for improvement were identified in; the challenges of recurring domestic abuse and the impact that this was having on all parties including children, challenges in services managing to contact and communicate with the perpetrator of the domestic abuse, as well as the overall auditability of a system that does not have a dedicated database for information.

Investigation Skills Training concluded and has now been devolved to service areas and Human Resources (HR). In 2019 four, one and a half day sessions, were delivered in 2019 by Quality Assurance Officers and HR to ensure that staff were well placed to undertake investigation to a high standard.

As part of the **Children's Services inspection of 2018**, children's outcomes and the impact that services have upon these outcomes, is an area of continuing work. A pilot is in place in South West Edinburgh (which will also move to include adult services) look at new innovations in both capturing outcomes of children, as well as impact measures. As noted above, the same issues of outcome and impact data capture affect adult services, and agreement for piloting work has been given.

The creation and establishment of an early intervention model for domestic abuse has been a longstanding ambition for partners in Edinburgh. The Multi-agency **Domestic Abuse Local Action Group (DALAG)** is the model that Quality Assurance have taken a lead role in identifying the pathways for referral, screening and allocation for support across a multi-agency level of service provision. Testing of the pathways is underway, and a new early-intervention model across the city will come from this work.

Quality Assurance has been central to assisting the development of the **Involving People Strategy for Criminal Justice Services**. The strategy has been developed, and this included a review of questionnaires used with people who use services to be used online; six focus groups were held with people using Unpaid Work Services and the Men's Group. This strategy is assisting with strengthening the voice of people using Criminal Justice services, shaping the services that Edinburgh provides.

Complaints

The Council's social work services are required by statute to report annually on complaints received from service users, would-be service users, their carers and representatives. **Appendix 2** sets out detailed performance data and commentary.

Performance against statutory timescales is reported annually to the Scottish Public Services Ombudsman (SPSO) and the Council Leadership Team as part of the overall departmental performance scorecard.

Complaints are managed locally by the respective service areas; Children's Social Work; Social Care (EHSCP) and Criminal Justice.

Regulation

The role of Regulation is to provide professional expertise in the analysis, benchmarking and development of Care Inspectorate regulation, legislation and legal provision on behalf of the Chief Social Work Officer. This includes the development and implementation of regulation and compliance strategy in line with Care Inspectorate and Scottish Social Services Council national strategies as well as working with senior managers in the Council, the Health and Social Care Partnership, the Care Inspectorate and the Scottish Social Services. Regulation influences developments at a strategic and operational level to support continuous improvement in the quality of the service delivered to people who use registered services. A summary of the work undertaken by the Regulation service in 2019/20 can be found below:

Care Inspectorate (Appendix 3 – Regulated Care Services Gradings by Care Inspectorate)

- Registered Services Annual Return Analysis 2019 and subsequent report
- Gylemuir House Care Home De-registration and Closure working group
- Drumbrae Court Care Home individual inspection findings analysis and member of Drumbrae Improvement Group established by EHSCP and chaired by NE Locality Manager
- Royston Court individual inspection findings analysis and summary report
- Care Home Managers Development Sessions – developed and delivered jointly with Care Inspectorate
- Analysis and presentation of systemic findings for Care Homes and Home Care and Reablement Service
- Individual tailored bespoke advice and guidance to support Registered Managers develop improvement plans and evidence process change and improved outcomes for people using the service
- Drumbrae Care Home Short Life Working Group – addressing findings of an Internal Health and Safety Investigation
- Bespoke Registration Advice regarding notifications, new registrations and variations to existing registrations
- Attending Care Inspectorate conclusion of inspection feedback sessions
- Annual Returns 2020 – pre submission guidance to address findings of previous analysis and audit of compliance with completing and submitting returns across all registered services
- Analysis of Care Home performance against regulatory and other requirements in the form of a CSWO report

SSSC (Appendix 4 – Registration of the Workforce with the Scottish Social Services Council SSSC)

- Senior Social Worker SSSC Registration Audit
- Social Workers SSSC Registration Audit
- Care Home SSSC Registration compliance with registering for the right relevant part
- Care Home SSSC Registrations with Conditions Audit and subsequent establishment SSSC Registered Workforce Development working group to address findings
- SSSC Management Systems review
- Development of Workforce Specific Awareness Sessions jointly with the SSSC Head of Registration

Regulation lead a project team supporting the homecare and housing support workforce in registering with the Scottish Social Services Council (SSSC). The registration for care at home and housing support opened on October 2017, with workers required to gain registration prior to the need for compulsory registration from the 1 October 2020.

Approximately 1200 workers required to register, with a deadline of December 2019 being set by the SSSC.

Supporting the registration of workers in care at home and housing support, Project 1400 set out to ensure the experience was positive for staff and an opportunity to promote care values across the homecare sector. The team developed innovative methods to engage the workforce and manage the registration programme.
The project delivered 30 briefings and workshops across the sector, which involved 24 homecare and housing support teams. This included older people services, disability services, homelessness services and housing support services.

80 drop-in surgeries were delivered to frontline staff, offering direct support and guidance to applicants and managers.

Regulation continue to work with services and colleagues in supporting the sector with ongoing compliance with registration.

The result and outcomes from this were very positive with 99% of the staff achieving registration, ensuring that Edinburgh’s care at home workforce were ready and compliant with the new registration deadline.

Chief Officers' Group

The Chief Officers' Group (see **Appendix 1**) has overview and governance responsibility for public protection in Edinburgh. The Chief Officers' Group had a development day in early 2020, and redrew its Terms of Reference, which included the introduction of elected members into their membership.

Child Protection Committee

A development day of the Edinburgh Child Protection Committee (CPC) was held on the 8 May 2019, from which the CPC Improvement lan for 2019/20 focussing on five key themes was created: Multi-agency chronologies, neglect, domestic abuse, participation & engagement, and visibility and communication.

These priorities reflect the range of issues which had been identified through multi-agency collaboration and learning from Initial Case Reviews (ICRs) and Significant Case Reviews (SCRs) as areas for improvement. The current plan builds on progression from the previous plan, specifically through the continued implementation of a pan-Lothian approach to multi-agency chronologies and the neglect toolkit, as well as reviewing the implementation of the Safe and Together approach to addressing domestic abuse. New areas of work identified through a CPC development session for the forthcoming year are; the need to increase the voices of young people and their families within child protection processes, and to enhance the visibility of the CPC amongst the workforce.

The CPC multi-agency budget has been used to support the ongoing improvements necessary to ensure children are safe. This has included the continued funding of a public protection business support post, ensuring that crucial administrative capacity is available for key public protection activity such as the coordination of Initial and Significant Case Reviews. The budget has also been used to maintain the electronic Inter-Agency Referral Discussion (eIRD) system, ensuring the continued operation of this sector leading resource.

Reports of two external evaluations, commissioned through this budget, were presented to the CPC in the last year, highlighting important successes as well as offering areas where the committee can refine our practice going forward. An evaluation of the pilot project regarding return interviews for young people who go missing from residential care noted the benefit of this relationship-based approach and the impact it has had on the safety of young people. In addition, an evaluation of two inter-agency training courses has highlighted the value this learning has brought to the attendees.

Ongoing funding for inter-agency training has been crucial in ensuring that our staff are skilled and knowledgeable in carrying out their roles. In addition to a full programme of child protection courses, funding has also supported the delivery of one-off events such as a learning event about national and local Significant Case Reviews, delivered in conjunction with the Care Inspectorate.

In recognition of the range of cross cutting issues in the public protection landscape, from 2020/21 this budget has been rebranded as a Public Protection Budget, with oversight provided by the Chairs of all Public Protection Committees.

Data and Performance

The reduced numbers of children subject to Child Protection Registration has continued throughout 2019/20. During this period, the Quality Assurance Subcommittee has carried out a range of activity in order to provide assurance and scrutiny for the CPC and Chief Officers' Group. This has included a multi-agency audit of children who were considered at a Case Conference but whose names were not placed on the child protection register, as well as following up a selection of cases six months after deregistration to assess if reduced risks, leading to de-registration have been maintained These audits highlighted the robust scrutiny and decision making in operation at key points in the process.

Changes to the way data is collected and analysed has supported quality assurance including how services understand and analyse data going forward; by using the National Minimum Dataset for Child Protection Committees in Scotland from October 2019. Edinburgh has been able to benchmark performance alongside comparator local authorities, as well as utilise the detailed scrutiny which has been built into the framework by CELCIS and the Scottish Government. Supplementing this dataset with meaningful local indicators around referrals and IRDs ensures an understanding of each stage of the child protection system.

The table below reflects the activity levels through multi-agency Initial Referral Discussions (IRDs). These are based on the receipt of Child Concern Referrals from a number of sources which come into Social Care Direct before being assessed by the children and families social work teams across the city. In the main concerns come from various agencies, in principle from Police Scotland, however concerns can also initiate from within the social work service, due to either cumulative issues of concern or the non-compliance of families. The number of IRDs across the years shown have maintained from the first year, with a slight increase in the years 2016/17 and 2017/18.

Item	Figures for period April to March				
	2015/16	2016/17	2017/18	2018/19	2019/20
Child protection Interagency Referral Discussions (IRDs)	1,277	1,343	1,396	1,210	1,205
Child Protection Case Conferences (Pre-birth & Initial)	470	385	325	229	194
Case Conferences as a percentage of IRDs	37%	29%	23%	19%	16%

Adult Protection Committee

The Adult Protection Committee held a development day on 12 September 2019. This session supported the creation of the new Adult Protection Improvement plan, which focusses on prevention, protection and improvement.

Adult protection referrals have slightly reduced in number compared to the previous year but remain higher than the period 2017/18. In the five-year period there is a significant increase in referrals since 2015/16 from 1134 to 1994.

The number of Inter-agency Referral discussions (IRDs) is higher than last year and there has been an overall increase over the five-year period. The conversion rate from referrals to IRD is higher than the previous year having risen from 18.70 % to 21.56 %. This rate has remained consistent for the previous four reporting years.

Numbers of Adult Protection Case Conferences and reviews taking place are significantly higher although this may be due to reporting issues. A procedure has been introduced this year to facilitate an extra check on the figures with the Adult Protection business support team. This has shown an improvement in the recording which could potentially reflect on an increase of the number of conferences recorded, explaining the difference with previous years.

	2015/16	2016/17	2017/18	2018/19	2019/2020
Adult protection referrals	1134	1726	1870	2140	1994
Inter-agency Referral Discussions (IRD)	329	425	358	402	430
IRD as a % of referrals	29%	21.50%	19.10%	18.70%	21.56%
Adult protection initial case conference	79	99	80	116	167
Initial case conference as a % of IRD	24%	23.30%	22.30%	28.90%	38.84%
Adult protection case conference reviews	110	93	113	239	347

Equally Safe Committee

The Equally Safe Committee (ESC), previously known as the Edinburgh Violence Against Women Partnership (EVAWP) held a development day on 6 November 2019. This created the basis for their next development plan, as well as reviewing how to deliver locally against the Equally Safe agenda.

Through 2019/2020 the ESC has continued to develop and strengthen links with other groups and bodies, underlining the need for the response to violence against women to be integrated effectively with adult and child protection services and community planning. The Executive Group has also increased its membership to include representation from children's charities, charities representing black, minority, ethnic refugee and migrant women and children and representation from higher educational establishments in Edinburgh.

Both Equally Safe and service development in Edinburgh have an emphasis on preventing violence from occurring in the first place, and where it does occur, intervening at the earliest possible stage to minimise the harm caused. Representatives

from the ESC will continue to work with the National Violence Against Women Network, comprising representatives from VAWPs across Scotland, to ensure consistent delivery of Equally Safe which provides a clear strategic framework across four priority areas:

- Priority 1: Scottish society embraces equality and mutual respect, and rejects all forms of violence against women and girls
- Priority 2 - Women and girls thrive as equal citizens: socially, culturally, economically and politically
- Priority 3 - Interventions are early and effective, preventing violence and maximising the safety and wellbeing of women and girls
- Priority 4 - Men desist from all forms of violence against women and girls and perpetrators of such violence receive a robust and effective response

More than 2,000 women experiencing or at risk of domestic abuse were referred onto specialist support services. Over 800 were referred for specialist advocacy in the Edinburgh Domestic Abuse Court.

Over 600 women received specialist support after rape or sexual violence including the full spectrum of sexual assault. Many of those supported had not reported to the police.

Over 40 women experiencing/having experienced or at risk of female genital mutilation (FGM) received support from a specialist agency, including adult women being supported to recover from FGM experienced in their childhood.

In total 67 men were referred to support to address their abusive behaviour via the Caledonian Project and 11 men were referred to the Respekt service.

Service providers engaged in four-weekly Multi Agency Risk Assessment Conferences (MARAC), Multi Agency Tasking and Co-ordination (MARAC) and Domestic Abuse Disclosure Decision Making Forums, where information is shared to support victims' safety and to hold perpetrators to account.

Edinburgh Rape Crisis Centre, Edinburgh Women's Aid and Shakti Women's Aid shared a joint stall at Edinburgh Pride for the fifth year in succession. Discussion and engagement in supporting LGBT+ communities continues. The ESC engagement in the localities has continued this year with partnership representation in each Edinburgh Locality and ongoing partnership work between Edinburgh Women's Aid and the Council's Family and Household Support Service (FAHSS) to embed domestic abuse specialist staff in local offices.

The work of Fearless Edinburgh continued with involvement of Edinburgh Rape Crisis Centre, NHS Lothian and Edinburgh Women's Aid.

Service providers were involved in the ongoing work of the sexual violence and trauma subgroup of the ESC working alongside a range of health professionals to take forward related strategic plan actions, this work is covered in more detail in the ESC Improvement Plan**.**

Offender Management Committee

The regular performance review has identified a 25% increase in comparison to last year in the complex workload and oversight of cases at MAPPA Level 2. This case load is being monitored but at present this business continues to be managed by all agencies.

A Significant Case Review commissioned in 2018 has concluded and the Executive Summary has been published on the Council's website. All recommendations for partners in Edinburgh have been completed.

The key agencies involved in offender management responded quickly and appropriately to the Covid pandemic ensuring continuity of business and management of risk was prioritised and focused on those individuals assessed as posing the most significant risk of harm to our communities.

Drugs and Alcohol Partnership

Edinburgh Alcohol and Drug Partnership (EADP) is required to submit a strategy and delivery plan to the Scottish Government. This strategy sets out three high level outcomes, which have guided the work of the partnership. These are:

1. Children and young people's health and wellbeing are not damaged by alcohol and drugs
2. Individuals and communities affected by alcohol and drugs are stronger and safer
3. Fewer people develop problem drug/alcohol use and more people (and their families) are in recovery Services for Children and Young People with Alcohol/Drug Problems

A partnership model for delivering these services has been developed for young people with alcohol / drug problems, under the name, Young People's Substance Use Service (YPSUS). This involves NHS Lothian, City of Edinburgh Council and three voluntary organisations. The model ensures that young people across the city have access to the following services to address their problem drug/alcohol use:

- Assertive outreach
- Counselling
- Other one-to-one support
- Family work
- Prescribing other clinical support

Where possible, young people receive support for problem use within their local community through the third sector. However, where the use is more complex and/or likely to require a medical intervention, young people are referred to the Young People's Nurse within the Young People's Service.

Reducing alcohol and drug related offending:
Treatment and Recovery Services in HMP Edinburgh are provided in partnership by NHS Lothian, and three third sector organisations (Edinburgh and Lothians Council on Alcohol, Simpson House and CGL). Scottish Prison Service representatives are

key EADP members and have presented a recent overview of substance misuse in prisons.

A dedicated team continues to intervene with those sentenced to Drug Treatment Testing Orders (DTTO) in the community and the Willow Project work with offending women including many who use substances.

The EADP initiated and participated in a NHSL-led review of resources and the Addiction Pathway for Drug & Alcohol Treatment in HMP Edinburgh, which reported in November 2019. This report makes several recommendations for consideration by NHS Lothian and the EADP. It also highlights other areas where improvements could be made that might have a beneficial effect on the prison environment, prisoners and staff in relation to coping with and addressing substance misuse and mental health issues. The recommendations cover the following areas:

- Remand Prisoners
- Safe discharge for all prisoners
- Equitable access for all prisoners to addiction treatment and care services
- Workforce development
- Communication
- Resources

These high-level outcomes have been used as the framework for this annual report for the Chief Officers' Group.

Minimising Drug Related Deaths

Final figures for the number of drug related deaths in 2019-20 have not yet been released. It is expected that Edinburgh will remain very similar to 2018-19 (95). However, over the last few years, the total number of drug related deaths has risen sharply in Edinburgh as is the case elsewhere in Scotland.

The reasons for this increase (nationally and locally) relate to the increasing numbers of older drug users. Many people who became drug dependent over the last three decades (especially then-young men in areas of multiple deprivation) are ageing and continuing to use drugs, making them increasingly vulnerable socially and medically.

The general profile of those who died was as follows:

- White, Scottish Males in their late 30s
- Single and unemployed
- A known history of both alcohol and drug misuse
- Previous contact with secondary care treatment services; not in contact with secondary care at time of death, but may have been in treatment
- Death occurred at home often in the company of friends
- Toxicology report suggested a combination of drugs and alcohol contributed to the death.

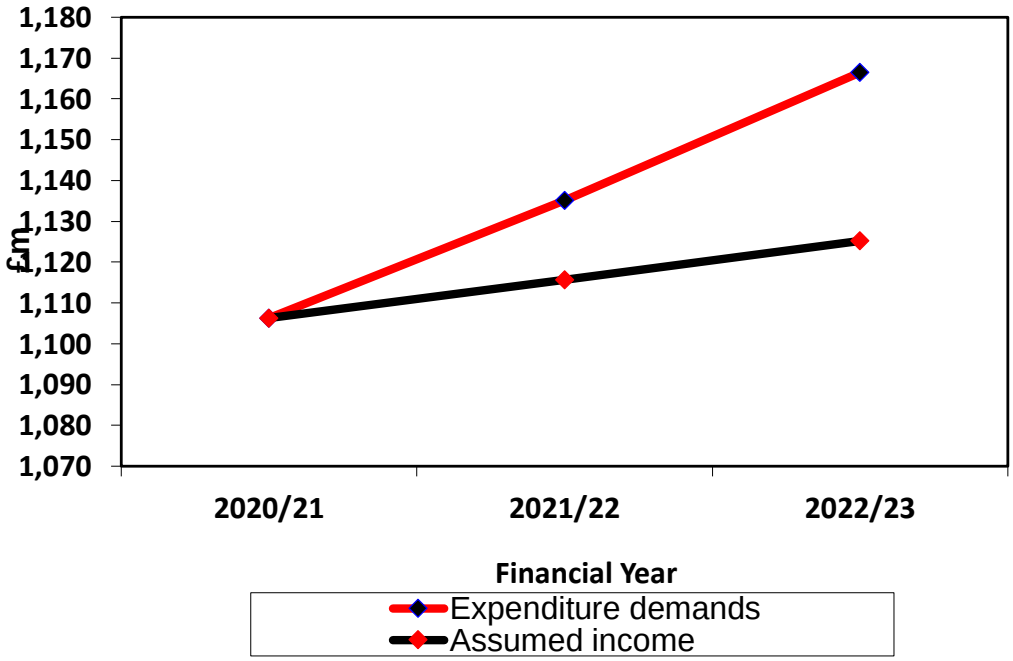
Four locality-based Drug Related Deaths Review Groups work to learn lessons from individual drug related deaths. These groups are attended by local professionals who

are responsible for local service delivery. Key issues and lessons are fed into the Pan Lothian Strategy Group to develop a strategic response across organisations. Some elements of this response are interventions directly targeted at preventing drug related deaths:

Resources

As in previous years, the Council continues to face significant financial challenges resulting from a combination of increases in service demand, inflationary pressures, legislative reform and heightened citizen expectations. These factors are set against a backdrop of core Government grant income that is not keeping pace with demand.

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



Despite these undoubted challenges, on 20 February 2020, the Council approved a balanced budget for 2020/21 and indicative balanced budgets for the following two years, based on current grant funding and other financial planning assumptions as well as a program of savings. The approved budget for 2020/21 was predicated on the delivery of some £35m of savings, as well as management of all service pressures and delivery of a balanced budget by the EIJB.

Since the budget was set, however, the Council has been severely affected by the impacts of the pandemic, resulting in increased expenditure demands and, in particular, large reductions in income. Loss of the Lothian Buses dividend and reductions in parking income in March 2020 resulted in a provisional 2019/20 overspend of £5.231m, the first-time expenditure has exceeded budgeted levels in thirteen years. A progress update considered by the Policy and Sustainability Committee on 25 June 2020 highlighted a remaining in-year funding gap of almost £30m. The report recommended a further tightening of financial controls, but it is highly likely that identification of mitigating actions will need to go beyond incremental efficiencies and consider more fundamental prioritisation of existing

services if financial sustainability is to be maintained. Initial assessment of the planning assumptions and savings approved for delivery in 2021/22 and 2022/23 has also identified a number of areas where the delivery now looks to be in doubt, including the assumed levels of increase in Council Tax and other fees and charges and application of a 2% savings target to the EIJB.

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

Funding is also provided for a growing number of children and young people, the level of which is adjusted, as appropriate, for preventative investment in early years activity and by actions intended to reduce the increase in the number of Looked After children.

Summary:
Understandably there exists a real and acute concern about the impact of this budget provision on the delivery of social work service provision within the city and most importantly statutory elements of delivery. In addition, the impact of Covid extends to all the Council's partners, voluntary sector organisations and crucially on our communities. The year ahead is going to be a challenging one financially, just at the time when families and individuals in Edinburgh will be affected by increasing poverty and unemployment.

Workforce

The City of Edinburgh Council employs over 1000 staff in social work service delivery across the three areas of social work.

Gender split – 71% female, 29% male
Average age - 45
Average length of service – 12 years
Ethnicity

Any/other Asian Background	4	0.3%
Any/other Black Background	6	0.5%
Any other ethnic group	1	0.09%
Any other mixed background	8	0.75%
Any other White background	39	3.7%
Black – African	14	1.3%
Chinese	1	0.09%
Indian	2	0.18%
Prefer not to say	8	0.75%
White – other European	26	2.45%
White – Irish	44	4.15%
White – other British	103	9.7%
White – Scottish	653	61.6%
Not disclosed	149	14%

Learning and Development

The Council's Learning and Development Team work with directorates and service areas to support essential learning, qualifications, continuous professional development (CPD) and practice learning across social work and social care. This involves the facilitation of in-house learning delivery and work with providers to deliver opportunities to employees.

Essential Qualifications

Preparing our front-line social care employees for SSSC registration:
Scottish Vocational Qualification (SVQ) in Social Services and Health Care: The Learning and Development Team monitor and respond to the qualification and professional registration needs of support workers, practitioners, supervisory managers and registered managers across all settings in the HSCP. In 2019/20 there was a significant focus on the qualification needs of staff working across all SSSC registered services. For the past four years, the SVQ programme has been delivered by a contracted provider.

The outsourced model of assessment can provide some challenges as contact between assessors and candidates is set and relies on candidates keeping the momentum going in terms of self-directed learning between their contact so that they achieve the qualification within agreed timescales.

These challenges, plus the disruption caused by Covid from March 2020 onwards have impacted on the numbers of staff who have achieved their SVQ during the Financial Year 2019/20.

SVQ Social Services and Healthcare (SCQF6)	
Active candidates start April 2019	99
Candidates withdrawn during 2019/20	10
Candidate complete Awards 2019/20	45
Active candidates May 2020	44

SVQ Social Services and Healthcare (SCQF7)	
Active candidates start April 2019	21
Candidates withdrawn during 2019/20	2
Candidate complete Awards 2019/20	14
Active candidates May 2020	5

The contract for the provision of the SVQ programme is now due for renewal. The aim will be to commission a supportive and flexible model of assessment delivery for the financial year 2020/21. It is important to say that; the model of delivery is less important than a wholehearted commitment to ensure that candidates are given on-going support and encouragement from workplace line managers. It cannot be underestimated the challenge that an SVQ can present for individuals who are trying to balance the demands of work, home-life and study.

Preparing our Leaders for SSSC registration

As well as preparing the front-line workers for their registration, work has been undertaken to identify the Supervisory and Registered Managers who need to achieve an SQA accredited qualification to support their professional development and their SSSC registration.

This qualification is primarily undertaken by supervisory managers within the HSCP however in 2019/20 a pilot Personal Development Award (PDA) was undertaken for six Senior Social Workers (SSW) who had identified a need for a more structured introduction to the professional supervisory manager role. The evaluative feedback from the SSWs was favourable. However, only three went on to complete the final assignment and therefore achieve the qualification.

PDA Supervision in Social Services (SCQF7)	
Cohort 1-4 May 2019 – Feb 2020	31
Withdrawn/Fail	6
Completions	25

The SVQ in Management (SCQF9) and the Care Services Leadership and Management Units (SCQF10) continue to be made available to our SSSC Registered Managers. Evaluation feedback on the experience of working with the provider and the assessment team is consistently positive.

SVQ Management and 2 x CSLM Units (SCQF 9 & 10)	
Active candidates start April 2019	10
Candidates withdrawn during 2019/20	1
Candidate complete CSLM Units Only 2019/20	6
Active candidates May 2020 (6 who completed the 2 CSLM Units now progressing with Management Units)	9

Mental Health Officer Award
In 2019/20 six employees came forward from both Communities and Families and Health and Social Care to commence the Mental Health Officer Award (MHO). The programme was due to be completed in June 2020 however due to Covid, the final placements have been postponed. There is a commitment from Edinburgh University and the Council that the placements will commence in late September or early October to allow trainee MHOs to complete their awards successfully.

Essential Learning

Essential Learning for Care Programme
Essential Learning for Care Programme (ELCP) has been developed so that Health and Social Care employees can complete the essential learning requirements for their role relatively soon after their commencement in post. The opportunity to have periods of protected time for learning supports the development of a workforce which is competent, confident and valued.

The year saw a reduced level of recruitment with 32 new front-line employees completing the ELCP. In March 2020, in response to the challenges brought about by the pandemic, Learning and Development (LD) had to quickly move to providing the essential learning using a blended approach for individual services. Consultation with service managers allowed LD to identify role specific essential learning requirements. Face to face training has been reduced to a minimum, therefore, Manual Handling and Management of Medicines courses are the only course delivered in this way. They are delivered following strict social distancing and using recommended infection control measures. The knowledge and theory from several other courses have been translated into a digital format to create Covid Condensed Learning suites of e-learning. To make the learning accessible employees can login to their personal accounts using Council PCs or personal devices. This means that new employees and those who are repurposing to other roles obtain the key skills and competencies required to do their job and ensures the safety of individuals accessing services.

Child Protection
In the last year Learning and Development have continued to deliver child protection via face to face training, as well as increasing the digital presence in order to offer staff learning that they can access as and when they need it.

There were 70 child protection sessions delivered to staff who needed specific contact workforce training. This is approximately 2500 staff, mainly in education and also including some colleagues from the voluntary sector and health as well as Police Scotland. There has also been an increase in staff attending these sessions who work within housing and / or in family and household support services, many of whom have not previously worked with children. In-depth training to managers continues to be part of the suite of development opportunities offered, again predominantly with take up from education. Around 680 members of staff have received this training in 2019/20.

More in-depth face to face training for staff, and in particular social workers, on a range of topics including; communication tools with children, neglect, domestic abuse, fetal alcohol spectrum disorder, support for practitioners to better observe infants, and keeping children safe online have all been offered. This has been delivered for Council employees as well as through the Interagency training calendar.

Neglect continues to be a national priority and an area of concern for frontline staff, regardless of their role. In response to this, the CPC continue to ensure that neglect is covered across a number of child protection courses, focusing on employee understanding of neglect and considering how to respond in a restorative manner.

In terms of the increased digital presence, colleagues have created a number of modules offering bitesize learning on a range of subjects. This is often through a blended approach and complements face to face learning. This has been particularly helpful during the pandemic, making learning accessible. These digital modules are in the process of being shared with colleagues in the voluntary sector, police and health. These have also been shared with our partner provider nurseries and childminders.

In addition to facilitation of training, the CPC have continued to be involved in conversations with our colleagues in Communities and Families. This has included discussions with colleagues in education around the recording of child protection concerns, digital safety planning as part of the Community Safety Strategy and supporting employees in other areas as they develop learning opportunities for their staff and volunteers.

Newly Qualified Social Worker Programme

The six day Newly Qualified Social Worker programme is continuously updated to include current and relevant learning and is open to Newly Qualified Social Workers from all social work disciplines. The course ran from October to December 2019 and there were 26 people in attendance from both Communities and Families and HSCP and evaluations were positive. This year included an input from the Council's legal department and an input on suicide prevention. Both were evaluated well using the level 3 Kirkpatrick model of evaluation. In answer to the question **'What elements of the programme have you been able to use in practice?'** Responses included:

Using safe talk in practice (with 2 examples shared);
How to access the legal department and finding it helpful to do so after the course;
Using tools discussed in communicating with children;

Now know and appreciate the importance of supervision.

Continuous Professional Learning and Development (CPD)

Providing CPD opportunities to the Health and Social Care workforce
Despite the financial challenges that the Council face, it was agreed that it is important to maintain a commitment to the professional and career development opportunities offered to front-line social care employees. The Higher National Certificate (HNC) in Social Care supports students to explore Social Care Theory, Health, Wellbeing and Safeguarding, Care in Contemporary Society and Lifespan Development. The current provider, delivers the course as an evening class, taught from Waverley Court. Currently there is a year one and a year two group with the aim to have a further intake in November 2020. This course evaluates extremely positively and is always in demand.

HNC Social Care (intake 2018/2020)	
Intake Sept 2018 – June 2019	18
Candidates withdrawn	2
Candidate complete HNC Units	8
Active candidates May 2020	8
This intake has had numerous extensions for a variety of reasons the final extension was due to end April 2020, but Covid has forced an additional extension until August 2020	

HNC Social Care (intake 2019/20)	
Intake September 2019 – December 2020	24
Candidates withdrawn during 2019/20	2
Active candidates May 2020	22
This intake has been severely disrupted by Covid – hold on teaching since mid-March 2020	

Preparation for work and for study
Communication 6 is an SQA qualification delivered to Council staff by an external provider. This course is of interest to staff who lack confidence with their written, spoken, reading and listening skills. It is very popular with staff who wish to apply to do HNC in Social Care, as well as those who have not studied formally for many years. It is delivered over 12 half-day sessions and students can achieve a formal SQA qualification at SCQF 5 or 6. It has proven to be of interest to many staff who speak English as an additional language, the expertise of the tutors can be invaluable in sign-posting staff towards further language development opportunities.

Communication (SCQF6)	
Cohort 1 and 2 September 2019 and January 2020 Intake	25
Withdrawn (cohort 1)	1
Fail (cohort 1)	2
Completions (cohort 1)	9

Ongoing (cohort 2)	13
Cohort 2 was paused in March 2020 due to Covid 19 outbreak and students will be re-enrolled when it is safe to return to classroom-based study.	

Certificate in Child Welfare and Protection and Module in Adult Services

Support and Protection
In 2019/20 Learning and Development have supported social workers to undertake additional learning at SCQF Level 11 in Child and Adult Protection. Twelve social workers were recruited to undertake the Child Welfare and Protection Certificate and eight for the Adult Support and Protection module.

Practice Learning
As of 20 March 2020, all social work placements were stopped due to Covid and associated lockdown. This affected placements which were in their early stages and it has recently been agreed to reinstate these placements, mindful that the arrangements for students will be affected by the Covid related restrictions.

In 2019/20 the Council hosted 23 placements from the following universities; Robert Gordon's, Stirling, Edinburgh and the Open University. The placements included first time and final year students. Placements were facilitated across all social work settings.

Currently there are five employees undertaking the practice learning course with the Tayforth Partnership. Continual investment in our future Practice Educators is vital in ensuring that placements can be facilitated, and a learning culture can be developed. This also supports future recruitment and retention of social workers. The Link Workers course ran in early spring and eight employees attended. The next course is due to run again in October. There have been some changes and developments to the course, but feedback remains positive. Napier University is in the process of designing a new Practice Educators' course and discussions continue to take place to ensure that this will meet the learning requirements.

To support and develop the integrated Health and Social Care placement approach, a working group has been established in South East Locality and an integrated placement pilot is about to be undertaken. This approach could be extended across Edinburgh in the future.

Workforce Planning

In **Communities and Families** Social Work there has been longstanding success at achieving a good level of staff retention in practice teams in which staff report being well managed and supported. This has been borne out by the annual staff survey regarding quality of supervision. The Council is able to recruit sufficient numbers of new social workers to fill vacancies in teams and therefore there is no need to use agency social workers.

The **Edinburgh Health and Social Care Partnership** is required by the Government to produce a full, 3-year workforce plan for the Partnership by the end of March 2021.

The Partnership needs to consider a workforce strategy that acknowledges the wider connections to the likes of recruitment and retention strategies as well as learning and development initiatives. Following the baseline workforce report that was produced in December 2018, the Partnership are now working to compile the final report that will be submitted to the Scottish Government on 31 March 2021, utilising the guidance which they provided in December 2019. Challenges remain around systems, terminology and classification of workforce data across both organisations.

The Council are continuing to assess succession planning, career pathways, talent management and leadership and management development across the Partnership. Looking at how the Council can maximise the skill mix and ensure a joined-up approach to training and development.

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

In order to address this, the Partnership worked extensively with the Council Resourcing Team in order to benefit from the National Recruitment Campaign for Adult Social Care in January 2020 through until April 2020. The Partnership have been successful in identifying 30 new staff to join the Adult Social Care teams across Care Homes in the City.

Edinburgh Local Practitioner Forum (ELPF)
The Chief Social Work Officer sponsored Edinburgh Local Practitioner Forum (ELPF) continues to meet 2-3 times per year. This year ELPF have met on two occasions and had also organised an event in celebration of World Social Work Day for 17 March 2020; however, this unfortunately had to be put on hold due to the onset of the pandemic.

The ELPF continues to offer opportunities for front line staff to reflect on their practice, discuss service developments across the city and how these will impact on their day to day work. The ELPF maintains an online presence and encourages participation from voluntary sector workers, front line workers, senior managers and social work students. This year the interest in the ELPF has continued to grow, with increased attendance figures (over 60 professionals registered to attend the meeting in December).

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

During the period of 2019/20 the ELPF have had two events. The first on 26 June 2019 looked at celebrating success in social work. The Quality Assurance and Compliance Manager also provided an update on the Children's Inspection and the Council's recent supervision survey. The second event took place on 9 December

2019 and involved an exploration around how to “Poverty Proof” Social Work. There was a discussion around the 1 in 5 approach and a dialogue with social workers about how they can better reflect families lived experiences of poverty in their conversations and assessment to better improve outcomes. The Celebration Event that was scheduled for 17 March 2020, was due to have Mary Glasgow (Children’s First) and Darren ‘Loki’ McGarvey (author of Poverty Safari) as speakers. In addition, some Social Work Practitioners and Students were going to deliver 10-minute TED style talks about why they chose to become social workers. There was also going to be a quiz and networking opportunities. It is hoped that this event will be rescheduled once safe to do so.

The forum are always keen to hear from anyone interested in becoming more involved with the ELPF and any notes of interest can be emailed to localpractitionerforum@edinburgh.gov.uk.

Black and Minority Ethnic Equality Workers Forum (BME Equality Workers)
The Black and Minority Ethnic (BME) Equality Workers have been in place since 1995. The group provide an opportunity for staff to come together to discuss and address pertinent issues and hold annual city-wide events, looking at particular aspects of practice and development. The forum regularly meets to discuss common issues that affect all minority ethnic employees and their communities.

The aim of the group is to:

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

They do this by:

- offering support and advice to colleagues
- participate and consult on Council strategies
- support the implementation of legislation, policies and good practices
- occasionally deliver training and information sessions

COVID-19

Throughout the initial lockdown, services in Edinburgh continued to deliver good quality social work and social care to those in need. Services in Edinburgh responded well to the Covid-19 pandemic's challenge to ensure that those most vulnerable and at risk from Covid and the impact of lockdown, were well supported and wherever possible, disruption to care and support was kept to a minimum.

Overwhelmingly, services and staff across social work and social care, along with their partners, continued to provide much needed support to vulnerable people in the City. This was constrained understandably by the Covid related restrictions and lockdown and therefore best use was made of technology and keeping in touch with individuals and families remotely and by telephone. Personal Protective Equipment (PPE) was, after some struggles to get supply flowing, used to full effect and some front-line face to face services continued as required due to their statutory nature and the needs of citizens. Some services due to Government guidance, and their use of group work, needed to alter to a more remote and personalised approach.

This is a situation that we had not foreseen in its entirety before, and we need to acknowledge the hard work and commitment of staff across the Council and Partnership, as well as the reliance on our strong working partnerships, which stood us well in this crisis and continue to do so.

Overall, although shielding affected staffing of some key services, Edinburgh did not experience significant challenges with staff absence due to Covid.

As a response to the pandemic, the Council established a Recovery, Adaptation and Renewal programme to take on the challenges that the pandemic brought and look to the current and future delivery of services. The following are key areas for this important work that will take Edinburgh from its initial reaction to a planned approach:

- Public Health Advisory Board – ensuring the effective communication and implementation of national public health advice
- Service Operations – looking at how to re-introduce essential services that need to be adapted for social distancing and/or digital delivery
- Change, People and Finance – understanding the financial consequences on the Council, our Budget forecasts and assessing the current strategies and deliverables in place
- Sustainable Economic Recovery – engaging with businesses, stakeholders and sectors to inform the economic recovery plan
- Life Changes – developing the Council's short and long-term responses in tackling poverty across Edinburgh

Work on these important areas of development are well underway and will assist the Council to review its ability to go forward in what appears to be a very uncertain time due to the pandemic and its enduring impact on society. The significant impact that Covid has had on the financial context of the Council and its partners cannot be underestimated.

Appendix 1 – Public Protection Strategic Partnerships and Monitoring

Diagram 1 – Strategy and planning groups

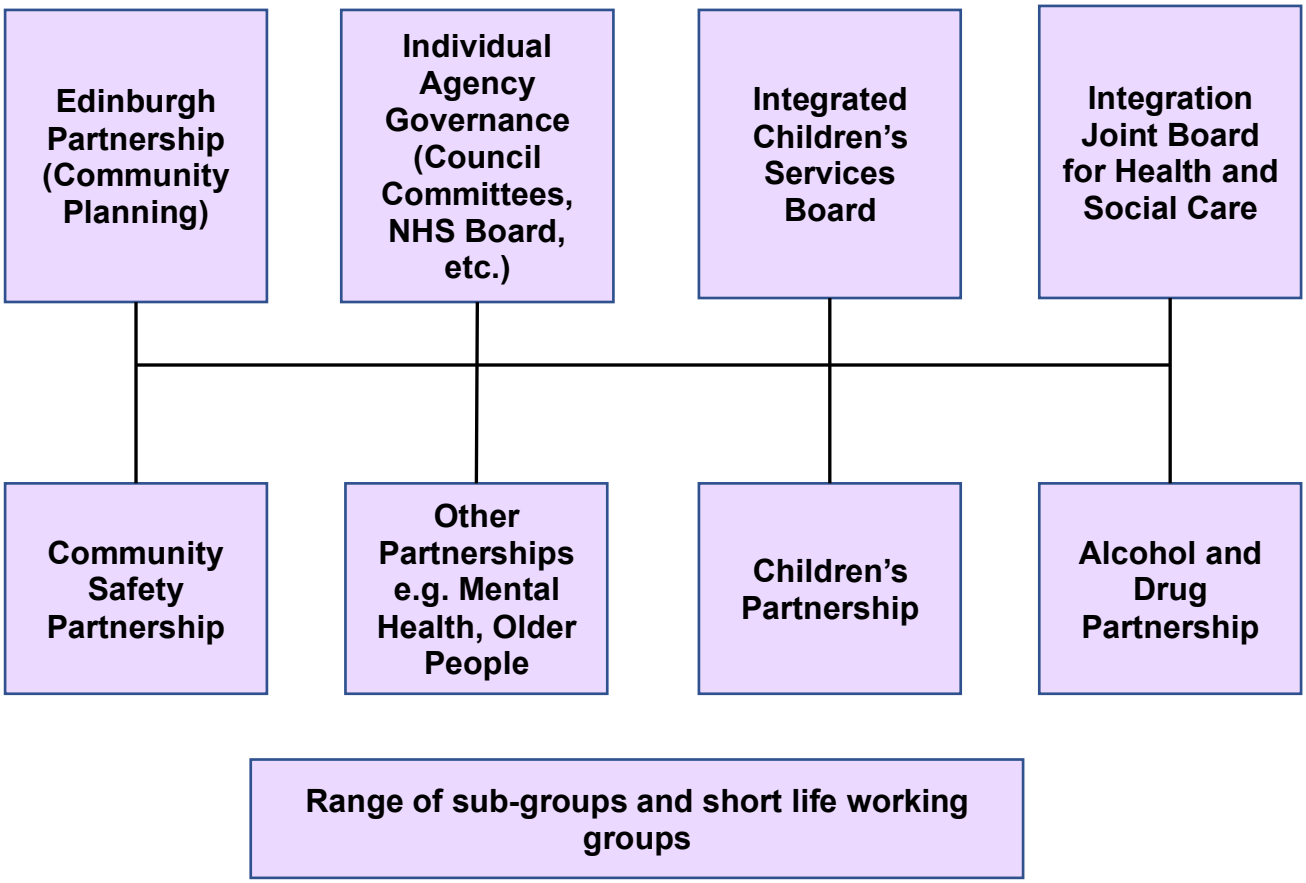
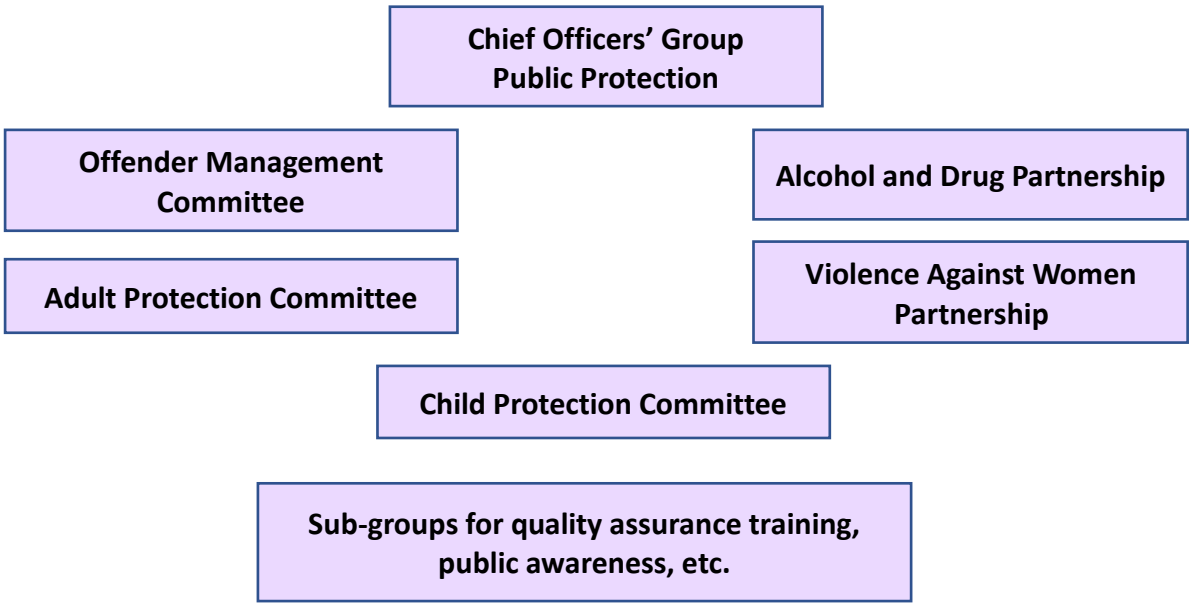


Diagram 2 – Public protection groups



Appendix 2 – Statutory Complaints Analysis

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

The Council is committed to improving social work services for the people of Edinburgh and recognises that complaints are an important source of customer feedback. The following table sets out the number of social work complaints over the last three years dealt with as frontline resolutions (stage one); the number of complaints that required formal investigation (stage two); the number of complaints referred to a Complaints Review Committee; and the number of complaints referred to the Scottish Public Services Ombudsman (SPSO).

Along with responding to complaints the Council also respond to enquiries made by the public, and by elected members (MPs, MSPs and Councillors) on behalf of their constituents.

	2017/18	2018/19	2019/20
Stage One Frontline Resolution			
• Edinburgh Health and Social Care Partnership	74	111	76
• Communities and Families	42	35	46
• Community Justice	5	16	7
Stage Two Investigation			
• Edinburgh Health and Social Care Partnership	79	72	37
• Communities and Families	20	45	23
• Community Justice	0	4	2
Complaint Review Committee**			
• Edinburgh Health and Social Care Partnership	9	2	0
• Communities and Families	1	0	0
• Community Justice	0	0	0
Scottish Public Service Ombudsman			
• Edinburgh Health and Social Care Partnership	0	0	1
• Communities and Families	0	2	0
• Community Justice	0	0	0
Enquiries			
• Edinburgh Health and Social Care Partnership	65	143	95
• Communities and Families	23	34	8
• Community Justice	2	1	0

***Changes to legislation on 1 April 2017 saw the end of the Statutory Social Work Complaints procedure and the Complaints Review Committees. Social work complaints now use the Council's Corporate Complaints procedure which enables complainants to escalate their complaint to the Scottish Public Services Ombudsman if they remain dissatisfied with the Council's stage 2 investigation response. As there remains no outstanding complaints received prior to 1 April 2017 that still qualify for an independent review by a CRC this will be the last year that this data is provided within the CSWO's annual report.*

Data is also recorded by the Edinburgh Health and Social Care Partnership regarding positive comments made by the public.

	2017/18	2018/19	2019/20
Positive Comments			
• Edinburgh Health and Social Care Partnership	3	11	25

Edinburgh Health and Social Care Partnership (HSCP)
Within the HSCP there is now an established integrated complaints team. This team provides a joint approach to the management of complaints for all services within the partnership. For the purposes of this report the following information is based on social care complaints only.

During 2019/20, the number of social care complaints managed as a Stage Two in the partnership was 37. This represents a decrease of 48% on the previous year. In addition, 76 complaints were completed at Stage One (frontline resolution); one complaint was referred to the SPSO but was not upheld; 95 enquiries were resolved; and 25 compliments were recorded.

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

Social Care Direct:
In total there were almost 59,000 (58,894) contacts received during 2019/20. This reflects a 9% reduction on last year when 65,000 contacts were received.

Practice Team, Sector Based Social Work Services:
5,013 assessments were carried out by practice teams (Locality Teams, Residential Review Team) in 2019/20, lower than the 5,910 carried out the previous year, however, this excludes any conversations carried out in the Three Conversations pilot sites which saw 1,457 conversations completed. There were 2,761 reviews completed by these teams in the same period, a 54% reduction on the previous year when 5,946 reviews were completed.

Home Care Service:
4,998 people received 103,546 hours home care service in March 2020, either from the Council's Home Care and Support Service or purchased by the Council from the independent sector, however, this is reduced by restrictions placed on the service due to Covid. At the end of February, 5,175 people received 104,340 hours. This compares with provision in March 2019 when 4,890 people received 97,141 hours. It should be noted that there are also an increasing number of people opting to arrange their support via a direct payment or individual service fund.

Residential Care Homes:
- 319 adults aged under 65 years were supported in permanent care home places during the year (all service user groups), just an increase of 26 on last year.
- 3,564 adults aged 65 and over were supported in long term care home placements, which is an increase of 6.5% on last year. Of these 3,564 adults

aged 65 and over, 620 had a placement in a Council run care home at some point in the year which is an increase on last year.

Direct Payments and Individual Service Funds:
At the end of March 2020 over a quarter of adults (28.9%) were choosing to receive their support with a direct payment or individual service fund providing greater opportunity to specifically tailor their support to meet their outcomes in a way they want.

Timescales for Stage Two Complaint Investigations:
In 2019/20, HSCP formally responded to 37 Stage Two complaints. Eight (21%) were responded to within the 20-working day target; 22 (60%) did not meet the target of 20 working days; three (8%) had agreed extensions and four (11%) were withdrawn prior to the completion of the investigation.

Outcomes:
Of the complaints investigated at Stage Two, eight (21%) were upheld: 15 (41%) were partially upheld; 10 (27%) were not upheld and four (11%) were withdrawn prior to the completion of the investigation.

Complaint Trends:
Of the 37 Stage Two complaints, 23 were either upheld or partially upheld. Twenty-two were reported in locality teams:

- North East: 2
- North West: 4
- South East: 10
- South West: 6

One Stage two complaint was reported across miscellaneous services.

The top four themes around upheld or partially upheld complaints were:

- Lack of communication (52%)
- Staff incompetence/negligence; attitude/behaviour (30%)
- Decision making (17%)
- Delayed packages of care (17%)

It should be noted that many complaints have several themes, hence the reason the percentages add up to more than 100%.

Service Improvements:
All stage two complaints with an outcome of upheld or partially upheld now have an accompanying improvement plan. The improvement plans are the responsibility of the locality or service to ensure identified actions are implemented and learning from complaints is shared with the relevant teams.

For the period 2019/20 communication has been identified as a recurrent area for improvement across the services. An example of this has been where the language used within an assessment document has been ambiguous and interpreted

differently by the family in comparison with what was intended by the worker. Using clear and concise language was identified as an area of improvement both on an individual level but also raised on a wider level during formal training on assessments.

A further example relates to the wording on a screening document used by the Mental Health and Substance Misuse forms; it was identified that the form could be better developed as an aid to ensure that accurate and relevant information was recorded which would better support the subsequent screening of any referrals.

Communities and Families

During the period April 2019 to March 2020, Communities and Families (Children's Services Social Work Complaints) completed 23 formal stage two complaint investigations. This represents a 49% decrease on the previous year. In addition, 46 complaints (an increase of 31% on the previous year) were completed as stage one frontline resolutions and eight enquiries and elected member enquiries (a decrease of 76% on the previous year) were responded to.

Children's Services Social Work Complaints have a duty to investigate complaints which have been raised regarding the following departments/sections:

- Central Services, including:
  Multi Systemic Therapy / Throughcare and Aftercare / Young People's Service
- Child and Family Centres
- Children and Young People Review Team
- Disabilities Services
- Emergency Social Work Services
- Family Based Care
- Kinship Care Support Team
- Practice Team Sector Based
- Residential services, including:
- Young People's Centres / Close Support/ Residential School / Secure Services
- Social Work Centres

Timescales for Stage Two Complaint Investigations:
In 2019/20, Communities and Families formally responded to twelve formal stage two complaints (52%) within 20 working days or within agreed extensions; ten complaints (43%) were not completed within the targeted timescale. One complaint (3%) was withdrawn.

Outcomes:
Of the stage two complaint investigations completed, eleven (48%) were not upheld, nine (39%) were partially upheld, two (9%) were upheld, and one (4%) was withdrawn.

Timescales for Stage One Frontline Resolutions:
Twenty-five stage one frontline resolutions were responded to within timescales or agreed extensions (55%). Timescales were not met on twenty occasions (43%), and one (2%) was withdrawn

Outcomes:
Of the stage one frontline resolutions completed, four (9%) were upheld, thirteen (28%) were partially upheld, twenty-eight (61%) were not upheld and one (2%) was withdrawn.

Complaint Trends:
There were fifteen stage two complaint investigations completed regarding social work practice teams in the year 2019/20. This is a 69% decrease from 2018/19. There was a broad range of reasons for the complaints lodged regarding practice teams, the highest incidences being about decisions made by practice teams (seven) and where there were multiple issues (three).

No other section/department covered by Children and Families Social Work Complaints received more than one stage two complaint during the reporting period.

Service Improvements:
As with all other Council departments, there is a relationship between complaints received and the continuous improvement of services, and this provides a mechanism for service users to contribute to the development of services. In the reporting year, 1 April 2019 to 31 March 2020, there were no specific service improvements noted. This is in comparison with five service improvements having been identified the previous year.

Scottish Public Services Ombudsman (SPSO):
There were no investigations by the SPSO in relation to Children's Services Social Work Complaints in the year April 2019 to March 2020, compared with two the previous year. There was one enquiry, but this was not progressed to an investigation by the SPSO.

Criminal Justice

During 2019/20, Criminal Justice Social Work received three stage two complaints. This represents a decrease of 25% from the previous year. Criminal Justice completed two stage two complaint investigations (the third complaint was concluded in 2020/21 period and will be reported on next year). Seven complaints were resolved as frontline resolutions (representing a 44% decrease from previous year; one enquiry was suspended due to an ongoing Court case; and no positive comments were received.

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

- 2,682 people were supported through open community orders by the Criminal Justice Social Work Service. This represents a 0.9% increase from support given during 2018-19.

- Criminal Justice staff completed 2,547 social work reports to support decision making by the courts, representing a 0.7% increase with 2018-19.

Timescales for Stage Two Complaint Investigations:
In 2019/20 Criminal Justice Services responded to one complaint within 28 days (50%) and one within the agreed extension period (50%). The third complaint was concluded in 2020/21 period and will be reported on next year.

Outcomes:
Of the complaints completed one (50%) was partially upheld and one not upheld (50%). The third complaint was concluded in 2020/21 period and will be reported on next year.

Complaint Trends:
There were two complaint investigations completed by Criminal Justice Services in 2019/20. The reason for both complaints related to a decision made by a practice team. One complaint investigation was by Community Intervention Team and one complaint investigation was by Resettlement Team.

Service Improvements:
No service improvements to report.

Revised Complaints Handling Procedure (CHP)
Earlier in the year, the SPSO launched a revised Model Complaints Handling Procedure (MCHP) which all local authorities are expected to adopt by April 2021. While broadly similar to the existing CHP, the revised MCHP introduces and refines some new practices which will require adoption across all Council services. This most significant change to the procedure is the introduction of "resolving complaints" whereby agreement can be sought with the complainant on what action to take without requiring to make a decision on whether the complaint should be upheld or not. This means that complaints can be resolved at any stage of the complaint's procedure.

The Council's Information Governance Unit will co-ordinate the implementation of the revised CHP with support from representatives within the Corporate Complaints Management Group (CCMG). The membership of the CCMG includes four representatives from social work (two from Edinburgh Health and Social Care Partnership and two from Children's Social Work Service).

Appendix 3 – Regulated Care Services Gradings by Care Inspectorate

Case Number Manager	Previous Grading	Current Grading
Home Care and RE Ablement		
CS2010275546 **Overnight Home Care Service**	**Inspection Date** 9 May 2018	**Inspection Date** 26 February 2020
	5 - Care and Support 5 - Staffing 3 – Management and Leadership	5 - Care and Support 4 - Staffing 4 - Management and Leadership
CS2004069903 **South West Home Care Service Canal**	**Inspection Date** 6 March 2019	**Inspection Date** 25 February 2020
	4 - Care and Support 4 - Staffing 3 - Management and Leadership	5 - Care and Support 4 - Staffing 5 - Management and Leadership
CS2017356652 SE Home Care Service Cluster 2	**Inspection Date** 26 March 2019	**Inspection Date** 10 February 2020
	4 - Care and Support 4 - Staffing 4 - Management and Leadership	4 - Care and Support 4 - Staffing n/a - Management and Leadership
CS2017356651	**Inspection Date** 19 March 2019	**Inspection Date** 4 February 2020

SW Hub Re Ablement Service	5 - Care & Support 5 - Staffing 4 - Management and Leadership	5 - Care & Support n/a - Staffing 5 - Management and Leadership
CS2009231045 South East Hub Services	**Inspection Date** 4 March 2019	**Inspection Date** 30 January 2020
	5 - Care and Support 4 - Staffing n/a - Management and Leadership	4 - Care and Support 4 - Staffing n/a - Management and Leadership *(last assessed during 2015 inspection)*
CS2004069214 North West Home Care Service Cluster 1	**Inspection Date** 19 February 2019	**Inspection Date** 3 December 2019
	4 - Care & Support 5 - Staffing n/a - Management and Leadership	4 - Care and Support n/a - Staffing 4 - Management and Leadership
CS2004069231 South West Home Care Service Pentlands	**Inspection Date** 8 March 2019	**Inspection Date** 26 November 2019
	4 - Care and Support n/a - Staffing 4 - Management and Leadership	4 - Care and Support 4 - Staffing n/a - Management and Leadership
CS2009216955 North West Home Care Service Cluster 2	**Inspection Date** 25 September 2018	**Inspection Date** 27 September 2019
	4 - Care and Support 5 - Staffing n/a - Management and Leadership	4 - Care and Support n/a - Staffing 4 - Management and Leadership

CS2004069907 North East Home Care Service East	**Inspection Date** 24 October 2018	**Inspection Date** 12 September 2019
	5 - Care and Support 4 - Staffing n/a - Management and Leadership	5 - Care & Support n/a - Staffing 4 - Management and Leadership
CS2017356649 NE Hub - Re-ablement Service	**Inspection Date** 3 October 2018	**Inspection Date** 24 July 2019
	4 - Care and Support 4 - Staffing 4 - Management and Leadership	4 - Care & Support 4 - Staffing n/a - Management and Leadership
CS2017356650 NE Home Care Service Leith Housing Support Service	**Inspection Date** 3 May 2018	**Inspection Date** 5 July 2019
	4 - Care and Support 4 - Staffing 4 - Management and Leadership	4 - Care & Support 4 - Staffing n/a - Management and Leadership
Adult Services		
CS2003010947 Firrhill Short Breaks Service	**Inspection Date** 17 January 2019	**Inspection Date** 25 February 2020
	5 - Care and Support n/a - Environment 5 - Staffing 4 - Management and Leadership	6 - Care and Support 4 - Environment 6 - Staffing 5 - Management and Leadership
CS2004069187	**Inspection Date** 27 Mar 2019	**Inspection Date** 3 February 2020

Disability Family Support Service	5 - Care and Support 5 - Staffing n/a - Management and Leadership	5 - Care and Support n/a - Staffing 3 - Management and Leadership
CS2004069196 Support Works	**Inspection Date** 13 December 2018	**Inspection Date** 24 January 2020
	6 - Care and Support 5 - Staffing n/a - Management and Leadership	5 - Care and Support n/a - Staffing 5 - Management and Leadership
CS2017360345 Castle Crags - Housing Support	**Inspection Date**	**Inspection Date** 4 September 2019
		5 - Care & Support 5 - Staffing 5 - Management and Leadership
CS2003010954 Castle Crags (Short Breaks)	**Inspection Date** 30 October 2018	**Inspection Date** 18 December 2019
	5 - Care and Support n/a - Environment 4 - Staffing 4 - Management and Leadership	4 - Care & Support 4 - Environment n/a - Staffing n/a - Management and Leadership
Care Homes Older People		
CS2003010934 Clovenstone House	**Inspection Date** 28 November 2019	**Inspection Date** 25 February 2020

	5 - Wellbeing n/a - Leadership n/a - Staffing n/a - Setting 5 - Care and Support	4 - Wellbeing n/a - Leadership n/a - Staffing n/a - Setting 4 - Care and Support
CS2009233011 Inch View Care Home	**Inspection Date** 27 March 2019	**Inspection Date** 18 February 2020
	4 - Wellbeing n/a - Leadership n/a - Staffing n/a - Setting 4 - Care and Support	4 - Wellbeing n/a - Leadership n/a - Staffing n/a - Setting 4 - Care and Support
CS2003010938 Cherry Oak Care Home	**Inspection Date** 8 March 2019	**Inspection Date** 18 February 2020
	3 - Wellbeing n/a - Leadership n/a - Staffing 3 - Setting 3 - Care and Support	3 - Wellbeing n/a - Leadership n/a - Staffing 3 - Setting 3 - Care and Support
CS2003010931 Fords Road Home for Older People	**Inspection Date** 19 February 2019	**Inspection Date** 7 February 2020
	3 - Wellbeing n/a - Leadership n/a - Staffing n/a – Setting n/a - Care and Support	4 - Wellbeing n/a - Leadership n/a - Staffing n/a - Setting 4 - Care and Support

CS2016345165 Royston Court Care Home	**Inspection Date** 17 December 2018	**Inspection Date** 3 February 2020
	3 - Wellbeing 3 - Leadership 3 - Staffing 4 - Setting 2 - Care and Support	2 - Wellbeing 2 - Leadership 3 - Staffing 4 - Setting 2 - Care and Support
CS2007145240 Marionville Court	**Inspection Date** 21 February 2019	**Inspection Date** 24 January 2020
	4 - Wellbeing 4 - Leadership 4 - Staff 4 - Environment 3 - Care and Support	4 - Wellbeing 5 - Leadership 5 - Staff 4 - Environment 3 - Care and Support
CS2012311175 Drumbrae Care Home	**Inspection Date** July 2018	**Inspection Date** 23 December 2010
	2 - Care and Support 4 - Environment 2 - Staffing 2 - Leadership	2 - Wellbeing 1 - Staffing 1 - Leadership 3 - Setting 1 - Care & Support Planning
Young Peoples Centre		
CS2003010929 Seaview	**Inspection Date** 19 July 2018	**Inspection Date** 21 January 2020

	5 - Care & Support n/a - Environment 4 - Staffing 3 - Leadership	5 - Care and Support 5 – Environment 5 - Staffing 5 - Wellbeing 3 - Leadership 5 - Wellbeing
CS2003010930 Heathervale	**Inspection Date** 23 October 2018	**Inspection Date** 12 December 2019
	5 - Care & Support 4 - Environment 5 - Staffing 4 - Leadership	3 - Care and Support n/a – Environment n/a – Staffing n/a – Leadership 3 - Wellbeing
CS2005099728 Edinburgh Secure Services Close Support Unit	**Inspection Date** 19 September 2018	**Inspection Date** 22 October 2019
	5 - Care and Support n/a - Setting n/a - Staffing 5 – Leadership	4 - Care and Support n/a Setting n/a Staffing n/a Leadership 4 - Wellbeing
CS2003010921 Edinburgh Secure Service	**Inspection Date** 19 September 2018	**Inspection Date** 25 September 2019
	5 – Care and Support 5 – Environment 5 – Staffing 5 – Leadership	3 - Care and Support 5 - Environment 3 - Staffing 5 - Leadership
CS2003010923	**Inspection Date** 18 October 2018	**Inspection Date** 12 September 2019

Northfield Young Peoples Centre		
	5 - Environment 4 - Staffing 5 - Leadership 5 - Care and Support	3 - Wellbeing n/a – Environment n/a – Staffing n/a – Leadership 3 – Care and Support
CS2003010927 Drylaw Young Peoples Centre	**Inspection Date** 19 October 2018	**Inspection Date** 21 June 2019
	5 – Care and Support 4 – Environment 5 – Staffing 5 – Leadership	3 – Care and Support 3 – Environment 3 – Staffing 3 – Leadership
CS2003011119 Southhouse Close Support Unit	**Inspection Date** 5 April 2018 5 – Care and Support n/a - Environment n/a – Staffing 5 – Leadership	**Inspection Date** 18 June 2019 4 – Care and Support n/a – Environment n/a - Staffing 5 – Leadership
Safer and Stronger Communities		
CS2003010953 Crane Services	**Inspection Date** 21 November 2018	**Inspection Date** 17 January 2020

	5 - Care and Support n/a - Environment 5 - Staffing n/a – Management and Leadership	5 - Care and Support n/a - Environment 5 - Staffing n/a - Management and Leadership
CS2004069170 Bingham and Randolph Housing Support Service	**Inspection Date** 19 April 2017	**Inspection Date** 11 April 2019
	5 - Care and Support n/a – Staffing 5 – Environment 4 – Management and Leadership	5 – Care and Support n/a - Staffing 4 – Management and Leadership

Appendix 4 – Registration of the Workforce with the Scottish Social Services Council (SSSC)

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

Section of Register	Number in Workforce	Workers currently registered	Comments	Date of Compulsory Registration	Renewal Period
Social workers	813	848	The social work register part is qualification-based. Registered numbers include employees who have chosen to register but are not practicing social workers.	1 October 2005	3 years
Managers of residential childcare	8	8		1 October 2009	5 years
Residential childcare workers with supervisory responsibility	36	36		1 October 2009	5 years
Residential childcare Workers	163	296	Registered numbers include Locum Bureau workers.	1 October 2009	5 years
Managers of care homes for adults	11	9	1 manager is in an acting up position and not currently required to join this register part.	1 December 2009	5 years
Managers of adult day care services	6	6		1 December 2009	5 years
Managers of day care of children services	90	16	Discrepancy is because managers are Head Teachers who are registered with the General Teaching Council Scotland.	1 December 2010	5 years
Practitioners in day care of children	673	1080	Registered numbers include supply workers.	1 October 2011	5 years

Supervisors in a care home service for adults	78	76	2 hold alternative registrations	1 April 2012	5 years
Support workers in day care of children services	125	216	Registered numbers include supply workers	1 July 2014	5 years
Practitioners in care homes for adults	166	165	1 practitioner is in the process of applying	30 March 2013	5 years
Support workers in care homes for adults	280	284		1 October 2015	5 years
Managers in a housing support service	8	8		1 February 2014	5 years
Supervisors in a housing support service	22	22		1 July 2017	5 years
Workers in a housing support service	137	145	Registration programme is ongoing. Compulsory registration due on October 2020	1 October 2020	5 years
Managers in a care at home service	1	1		1 February 2014	5 years
Supervisors in a care at home service	2	2		1 July 2017	5 years
Workers in a Care at Home Service	20	20			
Managers in a Combined Housing Support and Care at Home Service	15	12	3 managers hold registration with an alternative body	1 February 2014	5 years

Supervisors in a Combined Housing Support and Care at Home Service	114	122		1 July 2017	5 years
Workers in a Combined Housing Support and Care at Home Service	979	904	Registration programme is ongoing. Compulsory registration due on October 2020	1 October 2020	5 years

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Edinburgh Integration Joint Board

REPORT

Financial Framework 2021-2024

Edinburgh Integration Joint Board

1 December 2020

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

Recommendations	It is recommended that the Board: 1. Support the development of an Integration and Sustainability Framework as set out in this paper; and 2. Note the initial financial outlook for 2021-2024.

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

1. This report has not been presented elsewhere.

Main Report

Background

2. In October 2019 the IJB considered the draft financial outlook for 2020-23 which set out the projected financial gap for the 3 year period. This recognised that both our funding partner organisations face significant financial constraints and would require sizeable savings programmes to balance their budgets.

3. This paper builds on that work, and introduces our Integration and Sustainability Framework which has been developed in response to the longer

term financial challenges facing the IJB. This new approach recognises that, to address sustainability in the longer term and avoid the need to relentlessly develop savings programmes that lead to inefficient "salami slicing", there is an acknowledged requirement to evolve our thinking and approach.

Integration and Sustainability

4. Integration Authorities (IAs) were established to transform health and care across Scotland in response to the challenges faced across the system. This transformation is happening against a backdrop of sustained real terms reductions in funding, coupled with a demand for health and social care services which is projected to increase significantly and at a faster rate than the wider economy.

5. One of the key levers available to the IJB to support transformation is that NHS and Local Authority budgets are no longer separate. The IJB can move resources between the partners in order to deliver new models of care and ensure the health and care system for Edinburgh is high quality, sustainable and effective. This premise underpins the Integration and Sustainability Framework, which considers how the IJB directs the totality of its resources in a manner which best serves the people of Edinburgh.

6. Our current approach to financial planning focuses firstly on quantifying the in-year shortfall between projected income and expenditure. Subsequently we identify, and then deliver, savings and recovery schemes to address the gap. Each year, developing savings proposals which will have limited impact on performance, quality and outcomes becomes more difficult.

7. The existing and agreed Transformation Programme sets out ambitious and clear actions that aim to develop and deliver tailored solutions to make sure that people get the services that are right for them. However, even with this programme and the innovations seen more broadly within the organisation, it will not realise efficiencies sufficient to address the financial challenges that will be faced in the next 3-5 years.

8. In this context an alternative approach is proposed – an Integration and Sustainability Framework, aligned to/ underpinned by the EIJBs Strategic Plan, which looks at how we work with our staff and the people of Edinburgh to shape and reimagine, the delivery of services within communities within the funding available to us.

9. To help us look towards the future, it is important to understand exactly what the health and social care service currently looks like in Edinburgh. The first phase is to build a clear baseline understanding of the current system, services and how they are provided now.

10. The project is being led by an experienced senior manager from the Partnership, with support from the transformation team, to ensure relevant and appropriate linkages are made. Work has commenced by carrying out research to understand the statutory obligations of the IJB as well as benchmarking across Scotland which has helped to shape questions for a wider range of staff as part of a month long series of engagement sessions. A full analysis of the engagement sessions and the benchmarking exercise is ongoing and there will follow a report detailing the themes identified and the suggested areas for consideration that could have the greatest impact for the organisation and the outcomes of the population of Edinburgh. It is anticipated that the Executive

Management Team will have this information alongside the organisation map/blueprint by early in the new year 2021.

11. It is important to recognise that this is a long term approach, and that we still have a requirement to deliver savings in the short term. Therefore a savings and recovery programme will be required to bridge the transition to this new approach.

Transformation programme

12. The transformation programme was formally established in early 2020, as the main mechanism by which we will deliver the ambitions set out in the EIJBs strategic plan 2019/2022. Transformation will deliver a wide ranging programme of change, focused on improving quality and performance and delivering better outcomes for the people of Edinburgh resourced by a £2m investment, agreed by the IJB, to develop and deliver. In common with many other strands of work, progress was impacted by COVID-19 and a "Return to Transformation" paper was approved by the EIJB in July 2022. Each of the programme boards are now meeting regularly and good progress is now being made. An update on progress is planned for the Feb 2021 IJB meeting.

Financial Outlook 2021-2024

13. The 3 year financial outlook for the IJB has been updated, based on the current planning assumptions from partner organisations. This remains subject to material change, as we and partners continue to develop detailed financial planning for 2021, but does provide the IJB with the scale of the financial challenge it faces. It should also be noted that many of the assumptions will remain indicative until the Scottish Government's 2021 budget, scheduled for publication on 28th January 2021.

14. Even with the commitments of the financial framework around redesign and transformation of IJB services the outlook remains extremely challenging as can be seen in tables 1-3 below:

	21/22 £m	22/23 £m	23/24 £m
NHS delegated base budget	451.9	455.8	459.8
Additional contributions	3.9	4.0	4.0
Total NHS income	**455.8**	**459.8**	**463.8**
CEC delegated base budget	227.1	229.7	232.4
Additional contributions - SG settlement	7.3	7.3	7.3
Additional contributions - 'efficiency target'	(4.7)	(4.6)	(4.6)
Total CEC income	**229.7**	**232.4**	**235.1**
Total income	**685.5**	**692.2**	**698.9**

Table 1: Anticipated income 2021-2024

	21/22 £m	22/23 £m	23/24 £m
Baseline spend	692.8	715.8	739.0
Projected increases in spend:			
Pay inflation	6.8	6.9	6.9
Purchasing inflation	4.4	4.4	4.4
Non pay inflation	1.4	1.4	1.4
Medicines growth	0.9	0.9	1.0
Prescribing growth	1.6	1.6	1.7
Demographic growth	8.0	8.0	8.0
Total increases	**23.0**	**23.2**	**23.4**
Total projected spend	**715.8**	**739.0**	**762.4**

Table 2: Projected expenditure 2021-2024

	21/22 £m	22/23 £m	23/24 £m
Baseline budget	679.0	685.5	692.2
Uplift	6.5	6.7	6.7
Total budget	**685.5**	**692.2**	**698.9**
Baseline expenditure	692.8	715.8	739.0
Cost increases	23.0	23.2	23.4
Total expenditure	**715.8**	**739.0**	**762.4**
Savings requirement	**(30.3)**	**(46.8)**	**(63.5)**

Table 3: Projected financial outlook 2021-2024

15. The projected savings requirement of £30.3m for 21/22 is clearly a significant target. It encompasses a brought forward shortfall, or structural deficit, of £13.8m which is carried forward from 20/21. This in turn is compounded by increased costs of £23m in 21/22 which are significantly less than the projected budgetary uplift of £6.5m. This is summarised in table 4 below:

	NHS £m	Council £m	Total £m
Financial plan gap 20/21	(6.5)	(18.9)	(25.4)
20/21 savings and recovery	5.3	9.0	14.3
Non recurring funding	(0.6)	(2.0)	(2.6)
Opening recurring position	**(1.9)**	**(11.9)**	**(13.8)**
21/22 - budget uplift	3.9	2.6	6.5
21/22 - cost increases	(8.0)	(15.0)	(23.0)
21/22 additional pressure	**(4.1)**	**(12.4)**	**(16.5)**
Savings requirement	**(6.0)**	**(24.3)**	**(30.3)**

Table 4: Breakdown of financial gap 2021/22

16. The UK Government's spending review was announced on 24th November and the Chief Finance Officer is actively working with the NHS Lothian Director of Finance and the Council's Head of Finance to model the likely impact on finances.

2021/22 savings and recovery programme

17. As outlined above, although the Integration and Sustainability Framework will support the longer term strategy, in the short term the requirement to identify a savings and recovery programme for 2021/22 remains.

18. Work to develop this has started and the intention is to structure the programme in the following 4 categories:

1. **Previously approved proposals** from 2019/20 & 2020/21

2. **Operational/ Grip & Control projects** that do not need IJB approval (e.g. prescribing)

3. **Projects under the Transformation Programme** that will realise efficiencies

4. **New proposals** – that which will be presented for approval by IJB as part of financial plan in March 2021

Implications for Edinburgh Integration Joint Board

Financial

19. Financial impacts are outlined in the main body of this report.

Legal/risk implications

20. Legal / risk implications are outlined in the main body of this report.

21. 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 regular financial returns associated with this.

Equality and integrated impact assessment

22. There are no specific implications arising from this report. Integrated impact assessments will be undertaken for all savings and recovery proposals being presented for approval.

Environment and sustainability impacts

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

Quality of care

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

Consultation

25. 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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Edinburgh Integration Joint Board

REPORT

City Vision 2050

Edinburgh Integration Joint Board

15 December 2020

Executive Summary	
	1. The City Vision process started in late 2016. 2. The Edinburgh City Vision 2050 is central to Edinburgh's economic and social recovery, guiding the radical change and strategic outcomes that citizens have told us that they want. 3. On 11 June 2020, the City of Edinburgh Council's Policy and Sustainability Committee welcomed and endorsed the Edinburgh City Vision 2050 which was finalised by a Steering Group of city partners. 4. The three principles of the City Vision 2050 are Community Led, Cohesive and Collaborative – Appendix 1. 5. On 15 September the Strategic Planning Group (SPG) considered this report, accepted the recommendations and referred it to the next Edinburgh Integration Joint Board (EIJB).

Recommendations	
	It is recommended that the EIJB: 1. Acknowledge the strategic intent of the Edinburgh City Vision 2050. 2. Agree to sign up to the City Vision 2050 Charter at Appendix Two. 3. Refer the monitoring of the Edinburgh City Vision 2050 and how it impacts on health and social care to the Futures Committee.

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

1. This report was considered by the SPG on 15 September 2020.
2. This report is submitted to EIJB 15 December 2020.

Main Report

1. The Edinburgh City Vision 2050 process started in late 2016, since then there has been significant and ongoing stakeholder and public engagement to develop a vision for the city.

2. Beginning with public engagement process in 2018, a total of 54,480 distinct visions were fed in. There was consensus throughout from the people of Edinburgh on the themes and values considered most important to guide the future direction of the city. These have been crystallised by the steering group into an Edinburgh City 2050 vision centres around (Appendix 1):

   - **Fair** – Edinburgh's residents have called for a more inclusive, affordable and connected city where support is given to those who need it most.
   - **Pioneering** – seeing our local economy lead the way in culture, data and business.
   - **Welcoming** – Edinburgh is an incredible place to live, work, study and visit and we need to ensure the people that live here are happy, safe and healthy.
   - **Thriving** – the health of our people and our planet is important, so we need to make sure Edinburgh is clean, green and sustainable.

3. The Edinburgh City Vision 2050 is central to the city's economic and social recovery, guiding the radical change and strategic outcomes that citizens have told us that they want.

4. The City of Edinburgh Council's Policy and Sustainability Committee on 11 June 2020 welcomed and endorsed the Edinburgh City Vision 2050 which had been finalised by a steering Group of city partners. The Committee:

- Welcomed and endorsed the City Vision 2050.
- Noted that the vision should be central to CEC's Adaptation and Renewal programme.
- Agreed that the Lord Provost should sign and commit CEC to the Edinburgh City Vision 2050 Charter.
- Noted that an annual conference of youth representatives will consider progress towards delivery on the Edinburgh City Vision 2050 and report back to Committee in due course.

5. The SPG on 15 September supported and endorsed that the vison and three principles – Community led, Cohesive and Collaborative would be reflected in future Strategic Planning Cycles.

6. Since the steering group finalised the Edinburgh City Vision 2050, the COVID-19 crisis has presented the city with one of its biggest social and economic challenges. The knowledge and collective learning garnered from the COVID-19 pandemic, added to the four principles of the City Vision 2050, serve as a basis for shaping city planning over the next 30 years.

7. At the August City Vision 2050 Steering Group it was agreed that in addition to promoting the Charter city wide, the following would be implemented:

- Chamber of Commerce and Federation of Small Businesses to collaborate with a series of events engaging with the business community.
- City Vision 2050 framework or toolkit to be prepared, which will include visuals and a narrative around the short, medium and long-term goals, including a descriptor on how the Charter works for all sectors.
- Identifying Lighthouse Projects and examples of communities coming together and demonstrating the principles of the City Vision 2050 throughout the COVID-19 pandemic.
- Existing videos prepared during the consultation period will be refreshed and added to the website: www.edinburgh2050.com
- Recordings of Charters being signed should be included on the website.

8. To date, the Edinburgh Poverty Commission, Edinburgh Community Plan and Edinburgh Thrive are being actively considered by the Steering Group as Lighthouse Projects. The Strategic Planning Committee agreed to also seek to identify potential lighthouse projects for the City Vision

Implications for Edinburgh Integration Joint Board

Financial

9. There are no financial implications associated with endorsing the recommendations of this report.

Legal / risk implications

10. There could be a reputational risk if the EIJB was not to endorse a City Wide Vision for 200 which has been cocreated with the citizens of Edinburgh.

Equality and integrated impact assessment

11. Equalities was central to the development of the City Vision 2050 and is reflected in the Fair component of the vison which commits to creating a more inclusive, affordable and connected city where opportunities area available to all and support is given to those who need it most.

Environment and sustainability impacts

12. Thriving is a key component of the vison, which recognises the centrality of ensuring that Edinburgh is clean, green and sustainable which will contribute to the health of our people and our planet

Quality of care

13. The three guiding principles of the City Vision 2050 - Community led, Cohesive – and Collaborative are all compatible with the current strategic aims of the EIJB.

Consultation

14. The City Vision 2050 was developed over a 24-month period which involved over 20,000 citizens and over 50,000 visions of Edinburgh's future.

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Background Reports

https://www.edinburgh2050.com/

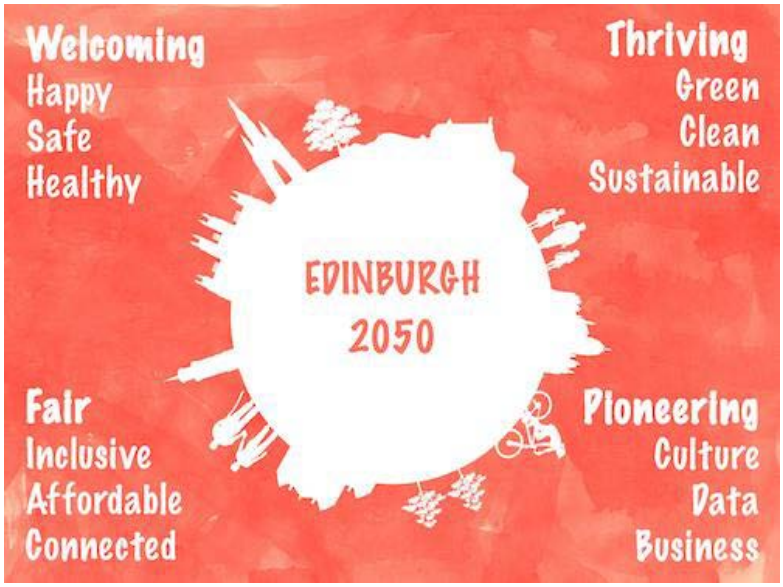
https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf

Appendices

Appendix One	Edinburgh City Vision 2050
Appendix Two	City Vison 2050 Charter

Appendix One: Edinburgh City Vision 2050

We spent 24 months listening to more than 20,000 citizens and collecting over 50,000 visions of Edinburgh's future. Their voices have been distilled into one, unified vision:



Our city in the words of our citizens: The values Edinburgh's people shared
Our vision tells the story of a pioneering, welcoming, thriving and fair city that belongs to all of us - and where we all belong.

Our values in our hands: Guiding principles for becoming our best Edinburgh
To build Edinburgh's bright future, our institutions and our citizens will pledge to embrace three guiding principles:

Community led – power and responsibility for change will be shared with citizens, thanks to voluntary changes from all sectors. Community representatives will have a place at the table and will be given the opportunity to drive change.

Cohesive – a sense of togetherness and open communication is essential in helping us all work together to create a bright future for Edinburgh.

Collaborative – ensuring we are all included in decisions about Edinburgh and its citizens is key. Our sectors are varied and valuable, we'll foster ways to help them complement each other.

Appendix Two: City Vision 2050 Charter

As an organisation, we commit to reflect the Edinburgh 2050 City Vision principles in all that we do, ensuring that all future plans and actions are:

FAIR
We will create a more inclusive, affordable and connected city where opportunities are available to all and support is given to those who need it most.

PIONEERING
We will help our local economy and society to prosper leading the way in culture, data and business.

WELCOMING
We will strive to ensure Edinburgh's citizens are happy, safe and healthy – a place where citizens belong and visitors are welcomed.

THRIVING
We will deliver a low carbon, clean, green and sustainable city.

John Smith
Chief Executive

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Edinburgh Integration Joint Board

REPORT

Annual review of Directions

Edinburgh Integration Joint Board

15 December 2020

Executive Summary	1. The purpose of this report is to inform the Edinburgh Integration Joint Board (EIJB) of the annual review of Directions. 2. In line with the provisions set out in the approved EIJB Directions Policy, the Performance and Delivery (P&D) Committee has conducted an annual review of Directions covering the period 1 October 2019 to 31 March 2020. 3. The P&D Committee considered this Report initially in September and once adjusted considered it again on 16 November 2020. 4. The report is referred to the EIJB for approval.

Recommendations	It is recommended that the EIJB: 1. Acknowledges that the P&D Committee has considered the annual review of Directions report which covers the period October 2019 – March 2020. 2. Approves the new and varied Directions provided at Appendix 2 to the P&D report from 16 November 2020.

Directions

Direction to City of Edinburgh Council, NHS		✓
	No direction required	
	Issue a direction to City of Edinburgh Council	

Lothian or both organisations	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	✓

Report Circulation

1. The 'Annual Review of Directions - update report' has been considered by the P&D Committee prior to referral to the EIJB.

Main Report

2. The EIJB approved a new Directions Policy at its meeting held on 20 August 2019. The approved Directions Policy makes provision for all directions to be reviewed annually through the work of the P&D Committee with recommendations about whether directions should be retained, revoked, varied or superseded being brought to the EIJB at the start of each financial year.

3. A review of all directions approved during financial year 2019-2020 was carried out in the early part of 2020 with the outcomes from this work and proposals originally scheduled to be considered by the P&D Committee in April 2020. The impact of the COVID-19 pandemic meant it was not possible for P&D Committee to consider the report until September 2020.

4. At their September meeting, the P&D Committee requested additional informational and clarification on a number of issues to aid with their decision-making. Specifically, Committee requested:

   - Clarification on the reasons why timescales for delivery for two directions relating to disability services had not been met and were proposed for variance (EIJB-22/10/2019-3 and EIJB-22/10/2019-4).
   - Further information/data to provide assurance that the directions proposed for closure have been achieved.
   - Enhanced KPIs for the two proposed new mental health directions which are intended to supersede existing direction EIJB-22/10/2019-5.

5. An update report (attached as Appendix 1) was presented to the P&D meeting on 16 November 2020. During discussion, it was noted that the EIJB had agreed in June 2021 that the Edinburgh Health and Social Care Partnership should join the Royal College of Psychiatrists (RCoP) Accreditation Scheme for adult inpatient and community mental health teams although no formal direction had been approved. Committee also requested a briefing note around the timelines for the disability services directions for assurance purposes.

6. The 'Annual Review of Directions - update report' is now referred to the EIJB for formal consideration. In summary, out of a total 13 directions, 7 are recommended to be retained, 3 varied, 2 closed and 1 to be superseded by two new directions.

7. Three directions are recommended for variance:

   - Direction EIJB-22/10/2019-3 is proposed for variance as there has been a change in timescale for delivery arising from delays in the processing of necessary assessments/court orders and also within the court system itself.

   - There is a requirement to vary direction EIJB-22/10/2019-4 in order to clarify the overall timescale for completion (2023) for all accommodation options. There has also been slippage in the delivery of the nine flats from Lifeways because of the pandemic.

   - Direction EIJB-22/10/2019-7 is to be varied to reflect a minor change in financial allocation across the partner organisations.

8. Two directions are recommended for closure:

   - Direction EIJB-22/10/2019-10 is proposed for closure as the Care at Home contact has been extended and performance measures achieved.
   - Direction EIJB-22/10/2019-11 which corresponds to the Home First service is proposed for closure as the direction has been delivered. Ward 71 in the Royal Victoria Building has closed, Home First Navigators have been recruited and the balance of funding has been transferred to the EIJB.

9. In the interests of clarity, it is recommended the current mental health direction (EIJB-22/10/2019-5) is superseded by two separate directions: one relating to the implementation of the national mental health strategic commitment to support the employment of additional mental health staff and the second relating to the specific commitment to employ staff to deliver psychological therapies.

10. For those directions recommended for variance or to be superseded, new draft directions have been formulated. These can be found at Appendix 2 of the P&D update report.

Implications for Edinburgh Integration Joint Board

Financial

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

Legal / risk implications

12. Failure to comply with the legislative requirement in respect of directions would place the EIJB in breach of its statutory duties.

Equality and integrated impact assessment

13. There are no direct equality implications arising from this report.

Environment and sustainability impacts

14. There are no direct environmental and sustainability impacts arising from this report.

Quality of care

15. Directions are intended to impact positively on quality of care by setting out service delivery requirements and associated performance measures alongside budget allocation.

Consultation

16. This report has been referred to the EIJB following consideration by the P&D Committee.

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Background Reports

1	EIJB Directions Policy
2	Directions linked to the Strategic Plan

Appendices

Appendix 1	Annual Review of Directions – update report Performance and Delivery Committee 16 November 2020

Edinburgh Integration Joint Board

REPORT

Annual Review of Directions – update report

Performance and Delivery Committee

16 November 2020

Executive Summary	The purpose of this report is to present updated information in respect of the annual review of directions report previously considered by the Performance and Delivery Committee. This report provides further detail on the rationale behind the proposals to vary, close or replace existing directions.

Recommendations	It is recommended that the Performance and Delivery Committee: 1. Considers the review of directions approved during the period October 2019 – March 2020 and the updated information on directions proposed for variation or closure. 2. Considers the recommendations for retaining, varying, closing, or superseding existing directions prior to onward referral to the Edinburgh Integration Joint Board (EIJB) provided at Appendix 1. 3. Considers revised draft directions provided at Appendix 2 prior to onward referral to the EIJB.

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	✓

Appendix 1 provides an update on progress of directions and proposals for whether these directions should be retained, varied, closed or superseded

Appendix 2 provides draft varied or new draft directions.

Appendix 3 provides the Home First closure assessment report presented to the Savings Governance Board.

Report Circulation

1. The Performance and Delivery Committee considered an earlier report 'Annual review of directions' in September 2020. The Committee requested an update on some key issues before considering the recommendations for varying, closing or superseding directions.

2. This update report, providing additional information, is being considered by the Performance and Delivery Committee before referral to the Edinburgh Integration Joint Board (EIJB).

Main Report

Background and context

3. The EIJB approved a new Directions Policy and Strategic Plan 2019-22 at its meeting held on 20 August 2019. The directions policy was developed as a response to the identification of the non-delivery of directions by NHS Lothian and the City of Edinburgh as a significant risk for the EIJB. The EIJB Directions Policy complies with Scottish Government best practice statutory guidance.

4. An initial set of nine directions linked to the Strategic Plan were developed and approved by the EIJB in October 2019. In addition, further directions have been developed and approved by the EIJB in-year in response to service change and redesign. There has also been the requirement to vary one direction relating to drugs and alcohol services to reflect a change in financial allocations.

5. The approved Directions Policy makes provision for all directions to be reviewed annually through the work of the Performance and Delivery

Committee with recommendations about whether directions should be retained, revoked, varied or superseded being brought to the EIJB at the start of each financial year.

6. Internal Audit carried out a review of the directions setting process in Autumn 2019 and this focused on the controls applied by the EIJB to identify, create, approve and communicate new and revised directions. The outcome of the review provided significant assurance on the three of the four control objectives namely:

   - A policy is in place to define how directions are set and what information is included
   - The policy ensures directions will clearly align to the Strategic Plan and follow best practice.
   - A process is in place to ensure directions are subsequently revised during the year in response to developments and there is a robust process in place to revoke / supersede previous versions.

7. Moderate assurance was provided in relation to the final control objective: to ensure that directions set are achievable, properly communicated to NHS Lothian and the City of Edinburgh Council and setting expectations for their completion. This was identified as an area for improvement, with further work being required to refine the performance measures and how the Performance and Delivery Committee will be able to monitor and review the directions as per the policy.

Review of directions

8. A review of directions approved during the period October 2019 – March 2020 was conducted during February-March 2020. The review of directions involved liaising with relevant strategic leads within the Edinburgh Health and Social Care Partnership and finance colleagues from NHS Lothian and the City of Edinburgh Council to:

- provide progress updates;
- establish if the direction remains relevant;
- determine if timescales are deliverable; and
- establish if any amendments are required to the financial allocations or performance measures.

9. The report on the 'Annual review of directions' was originally scheduled to be considered at the Performance and Delivery Committee on 1 April 2020 but was deferred because of the impact of the COVID-19 pandemic. The report was considered by Performance and Delivery Committee at the earliest opportunity in September 2020.

10. The summary of the outcomes of the review presented to Performance and Delivery Committee in September is attached as Appendix 1. Out of a total 13 directions, the recommendations were for 7 to be retained, 3 varied, 2 closed and 1 to be superseded by two new directions

11. At their September Meeting, the Performance and Delivery Committee requested additional informational and clarification on a number of issues to aid with their decision-making. Specifically, Committee requested:

    - Clarification on the reasons why timescales for delivery for two directions relating to disability services had not been met and were proposed for variance (EIJB-22/10/2019-3 and EIJB-22/10/2019-4).

    - Further information/data to provide assurance that the directions proposed for closure have been achieved together.

    - Enhanced KPIs for the two proposed new mental health directions which are intended to supersede existing direction EIJB-22/10/2019-5.

    The recommendations in the report were therefore not agreed, pending further update.

Disability directions requiring a variation

12. The direction EIJB-22/10/2019-3 relates to providing more support in the community by decommissioning Glenlomond ward in the Royal Edinburgh Campus and commissioning six tenancies for adults with forensic support needs. This links to the work of the learning disability collaborative, which was established to redesign the inpatient services in the Royal Edinburgh, commission community placements as part of that redesign, and agree the purpose of any inpatient beds.

13. Although refinement of this model has continued for many years, some key decisions were made in respect of Royal Edinburgh Associated Services (REAS). In 2018, a cohort of six people living in the Glenlomond ward were identified as potentially people who could live in the community. All six have lived there for considerable periods of time and all have forensic needs. In January 2019 a meeting was convened to discuss the discharge pathway and timescales for delivery. At this point it was shared that none of the necessary discharge work had commenced. As all six individuals have restrictions placed on them a series of assessments and court orders would be required, falling into three main areas; guardianship, risk assessments and capability assessment. The multi-disciplinary team indicated that the overall time to process all of these would be 12 months. It should be noted that the multi-disciplinary team is not a delegated function and remains with REAS responsibility.

14. By March 2020, one person from Glenlomond had moved to a care home. Of the remaining individuals one person has been deemed unfit to discharge and will remain within REAS, the other four will be supported by Support Works in Glenlomond as a temporary measure. Support Works are the Partnership's internal housing provider for people with a learning disability and forensic needs. Support works will work with the four people to move them from hospital to a community placement. The timeframe for this change is between November 2020 and January 2021, with advanced planning in place to have all

moves completed by June 2021. There has also been delays within the courts due to the pandemic, which has added more overall delay to the timeframe for delivery of this direction. It is therefore recommended that the direction is varied to reflect the new timescale.

15. Direction EIJB-22/10/2019-4 involves commissioning sixteen tenancies for adults with complex support needs, Specifically, commissioning 9 flats from Lifeways, plus other new accommodation options. As noted earlier as part of the redesign and move to close beds in the REH, there was an acknowledgement that the community did not have enough property to match the level of need required.

16. A procurement exercise was carried out to commission nine complex care flats. This commission was ambitious in that the contract award would be for the purchase of land in central Edinburgh, build at least nine flats for people with complex needs and then provide the staffing for those tenancies. The contract was awarded in December 2015 to Lifeways, and the project progressed as follows: land acquired from the seller in February 2017; planning permission was awarded in Autumn 2018 after 16 months; and construction started in spring 2019 with an anticipated completion date of October 2020. The pandemic has pushed this back until March 2021 and is currently on schedule for this timeframe. Seven people are expected to move in Spring 2021, again refurbishment works have been impacted by the pandemic.

17. It will take up until 2023 to commission additional accommodation options and secure the remaining tenancies – hence the proposed variation to the direction.

<u>Directions recommended for closure</u>

18. Two directions are recommended for closure. The Performance and Delivery Committee requested further assurance that these directions had been delivered in the form of supporting documentation or additional information. It was further noted that the current Directions Policy does not state the

requirements that have to met to close directions. The Directions Policy will therefore be updated to ensure that this is addressed.

19. Direction EIJB-22/10/2019-10 is proposed for closure as the Care at Home contact has been extended and performance measures achieved. The rate of £17.73 was applied and has now been superseded following the City of Edinburgh Council's decision in September 2020 to award a 3.3% uplift to providers from April 2020 increasing the rate to £18.32. Care at home capacity in the city has been sustained during 2019 and 2020. As of 27 September 2020, the number of hours commissioned weekly through the Sustainable Community Support Programme (SCSP) was 24,240 – 4,212 hours above the baseline, despite the impact of the COVID-19 pandemic. This compares to 24,332 hours as at 29/09/2019 which was also above the baseline.

20. Direction EIJB-22/10/2019-11 which corresponds to the Home First service is proposed for closure as the direction has been delivered. Ward 71 in the Royal Victoria Building has closed, Home First Navigators have been recruited and the balance of funding has been transferred to the EIJB. The assessment report recommending closure presented to the Savings Governance is attached at Appendix 3.

Mental health directions

21. In the interests of clarity, it is recommended the current mental health direction (EIJB-22/10/2019-5) is superseded by two separate directions: one relating to the implementation of the national mental health strategic commitment to support the employment of additional mental health staff and the second relating to the specific commitment to employ staff to deliver psychological therapies.

22. The KPIs for the psychological therapies direction have been determined and are included within the draft direction at Appendix 2: the performance measures for the other direction are in the process of being refined.

Next steps

23. For those directions recommended for variance or to be superseded, revised or new draft directions have been formulated. These can be found at Appendix 2. The Performance and Delivery Committee is asked to review these draft directions before onward referral to the EIJB for formal approval.

Implications for Edinburgh Integration Joint Board

Financial

24. There are no direct financial implications arising from this report. All extant directions have been subject to EIJB reporting and approval and consideration of the financial implications has been part of this governance process.

Legal / risk implications

25. Failure to comply with the legislative requirement in respect of directions would place the EIJB in breach of its statutory duties.

26. Failure to provide sufficiently detailed directions to partner organisations (NHS Lothian and the City of Edinburgh Council) may impact on the ability to deliver of key areas of the Health and Social Care Partnership's work.

Equality and integrated impact assessment

27. There are no direct equality implications arising from this report. All directions have been subject to EIJB reporting which includes comment on equalities implications.

Environment and sustainability impacts

28. There are no direct environmental and sustainability impacts arising from this report.

Quality of care

29. Directions are intended to impact positively on quality of care by setting out service delivery requirements and associated performance measures alongside budget allocation.

Consultation

30. Existing directions are based on strategic priorities which have been subject to prior co-production and consultation, and agreement with partner organisations (NHS Lothian and The City of Edinburgh Council).

31. Health and Social Care Partnership Strategic Managers and key finance staff from NHS Lothian and the City of Edinburgh Council have been involved in reviewing current directions as part of the annual review process.

32. Performance and Delivery Committee first considered recommendations for variance and/or closure of existing directions in September 2020 and requested additional information.

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Background Reports

1. EIJB Directions Policy
2. Directions linked to the Strategic Plan

Appendices

Appendix 1	Update on existing directions and recommendations
Appendix 2	Draft new and varied directions
Appendix 3	Savings Governance Board report on Home First

Review of directions - March 2020 - progress updates and recommendations

Reference	Services covered	Direction	Relevant report	Budget allocation			Performance measures	Review date	Progress review	Recommendation	
EIJB-22/10/2019-1	All	For those services that are not covered by a specific direction, the City of Edinburgh Council and NHS Lothian will continue to provide services within current budgets, and in accordance with statutory and regulatory obligations, policies and procedures, endeavouring to meet national and local targets and the strategic objectives laid out in the Strategic Plan.	EIJB Strategic Plan 2019-22, EIJB 20 August 2019	The Financial Schedule sets out financial allocations for all delegated services.			Relevant national and local targets, reported on through annual performance report	Apr-20	Financial Schedule for 2019/20 completed.	Retain direction and review April 2021	
EIJB-22/10/2019-2	All	Set up and implement the outputs from the transformation programme as approved by the EIJB on 8 February 2019 and set out in the Strategic Plan 2019-22.	•EIJB Strategic Plan 2019-22, EIJB 20 August 2019 •Transformation and Service Redesign, EIJB 8 February 2019	19/20 20/21 21/22	NHSL £0 £0 £0	CEC £2.788m £0 £0	Contained in the report to the EIJB and to be further developed by the EHSCP	Apr-20	Transformation team recruited, workstreams scoped and programme officially launched 6 Feb 2020.	Retain direction and review April 2021	
EIJB-22/10/2019-3	Disabilities	Provide more support in the community by decommissioning Glenlomond wards in the Royal Edinburgh Campus and commissioning eight tenancies for adults with forensic support needs	• Royal Edinburgh Campus, EIJB 18 May 2018 • EIJB Strategic Plan 2019-22, EIJB 20 August 2019	19/20 20/21 21/22	NHSL £0.7m £0 £0	CEC £0 £1m £1m	6 people move from hospital to live in the community by April 2020	Apr-20	Legal options being explored by multi-disciplinary team within in-patient services. Work on the legal framework to support delivery is taking longer than anticipated.	Variation required - timescale for delivery to be amended to June 2021 as work on on the legal framework to support the delivery of this direction is taking longer than anticipated.	
EIJB-22/10/2019-4	Disabilities	Increase support options in the community by decommissioning wards in the Royal Edinburgh Campus and commissioning sixteen tenancies for adults with complex support needs, Specifically, commission 9 flats from Lifeways, plus other new accommodation options.	• Royal Edinburgh Campus IJB report 18 May 2018 • EIJB Strategic Plan 2019-22, 20 August 2019	19/20 20/21 21/22	NHSL £2.1m £0.4m £0	CEC £0 £1.7m £2.1m	16 people are living in the community by December 2020	Apr-20	Work has commenced to commission properties for tenancies. A contract has been awarded to Lifeways to build 9 complex care flats; construction started in spring 2019 with an anticipated completion date of October 2020. The pandemic has pushed this back until March 2021 and is currently on schedule for this timeframe. The remaining tenancies will take until 2023 to secure.	Variation required to clarify timescale for delivery. Work to provide 16 tenancies in the community will be completed by Dec 2023.	
EIJB-22/10/2019-5	Mental healh	Implement the Scottish Government's National Mental Health Strategy to improve the response to distress in A&E, police, primary care, custody and prison settings by employing 12 WTE staff.	• Action 15 funding, EIJB 21 June 2019 • Psychological Therapies Additional Investment, EIJB 20 August 2019	19/20 20/21 21/22	NHSL £2.1m £3.2m £3.3m	CEC £0 £0 £0	Additional staffing as detailed in the report to the EIJB in June 2019. Reduction in waiting list / waiting times. Establishment of the Thrive open access centres. Each development will have its own outcomes and KPIs.	Apr-20	Action 15 Funding : 11.7 WTE new staff in post from total of 15.00 WTE Project plan in place for waiting list initiative. Prototyping of Thrive Open Access Model commenced in the North West Locality in Jan 2020. Require update fro LIF	Superseded by two new directions. In the interests of clarity, separate directions on mental health action 15 staffing and psychological therapies are required.	
EIJB-22/10/2019-6	Alcohol & Drugs Services	Implement the 'Seek, Keep and Treat' Plan for people with substance misuse problems	Scottish Government - Seek, Keep and Treat Funding, EIJB 21 June 2019	19/20 20/21 21/22	NHSL £1.1m £1.1m £1.1m	CEC £0.3m £0.3m £0.3m	In line with Scottish Government national outcomes and targets	Apr-20	This direction has been varied - decision of EIJB meeting 10.12.2019. Please refer to direction EIJB - 10/12/2019-1 instead.	No longer applicable. This direction has been varied	

EIJB-22/10/2019-7	Carers	Implement the Edinburgh Joint Carers Strategy 2019-22 and associated implementation plans.	•EIJB Strategic Plan 2019-22, EIJB 20 August 2019 • Edinburgh's Joint Carers Strategy and implemention plans, EIJB 20 August 2019	19/20 20/21 21/22	NHSL £0.573m £0.573m £0.573m	CEC £2.630m £3.605m £6.049m	6 priority areas will have services provided and commissioned to support improvement across the identified outcomes as per the timeline included with the EIJB report of 20 August 2019.	Apr-20	Commissioning is on track to deliver new contracts by 1 Oct 2020.	Variation required to reflect the change in financial allocations across partner organisations	
EIJB-22/10/2019-8	Primary care / general medical services	Expand the Primary Care Workforce in line with the 6 clinical areas set out in the National 2018 New GMS Contract	• Edinburgh Primary Care Improvement Plan (PCIP), EIJB 15 June 2018 • Primary Care Transformation Programme, EIJB 24 May 2019	19/20 20/21 21/22	NHSL £5.3m £9.2m £12.9m	CEC £0 £0 £0	Growth of staffing resource to target of c230wte spread across City practices by April 2022	Apr-20	As of Feb 2020, 116 WTE staff recruited (NE 27wte; NW 27wte; SE 18wte; SW 27wte; citywide 17wte).	Retain direction and review April 2021	
EIJB-22/10/2019-9	Primary care / general medical services	Work with EHSCP to produce business cases to support priorities for capital investment beyond the current year taking account of the anticipated population expansion in each locality	• Primary Care Population and Premises, EIJB, 22 September 2017	Capital allocation as identified in each business case			Delivery of Primary Care Infrastructure to meet identifed need		Primary Care Business Cases development: • Inclusive Homlessness Service. Site start March 2020; • Brunton Medical Practice Re-provision. Standard Business Case in development; •South East Edinburgh Initial Agreement to NHS Lothian Capital Investment Group, March 2020; and •Edinburgh South GP Provision of GMS Initial Agreement to NHSL Finance and Resources March 2020	Retain direction and review April 2021	
EIJB-22/10/2019-10	Care at Home for over 65s	Support the continued investment in the Sustainable Community Support Programme (SCSP) by approving the extension of the 'Care at Home Contract' for up to a further 22 months and the associated terms and conditions to ensure current capacity is maintained.	Care at Home, EIJB, 22 October 2019 B Agenda item	19/20 20/21 21/22	NHSL £0 £0 £0	CEC £4.2m £4.2m £4.2m	The Care at Home Contract is extended until 1 Oct 2021, or until a new contract is in place, if this occurs sooner. The new rate of £17.73 is agreed and applied to all new provision Additional hours required from each SCSP provider in 2019/20 is maintained, with overall capacity recorded at 19%.	Apr-20	Contract extended with all requisite paperwork completed by providers and new rate of £17.73 implemented. With respect to sustaining capacity, in July 2019, total capacity delivered by SCS was 26,448. As of 20 Jan 2020, capacity has increased and the SCS programme delivered 29,078 hours of support.	Close direction - contract has been extended and performance measures achieved.	
EIJB-22/10/2019-11	Home First Acute services	NHS Lothian has a requirement to re-provide Haematology services at the Western General Hospital and as a result it will reduce Medicine of the Elderly beds by 26 beds in ward 71 in the Royal Victoria Building by end October 2019. The resultant reduction in beds and funding release from this set aside service will resource and expand the Edinburgh Healthand Social Care Partnership's Home First team. The balance of funding released to be held in the IJB's reserve.	Home First, EIJB, 22 October 2019	19/20 20/21 21/22	NHSL £0.9m £0.6m £0.6m	CEC £0 £0 £0	Ward 71 closed. Acute bed numbers sustained. Hospital at home team recruited. 80-100 discharges per week city wide to support assessment at home.	Apr-20	Ward 71 closed in Oct 2019. As of Feb 2020: 2 out of 3 Home First Navigators recruited; Discharge to Assess (D2A) North is live; and funding has been transferred to the EIJB.	Close direction - achieved objectives.	

EIJB-10/12/2019 - 1	Alcohol & Drugs Services	Implement the Seek, Keep and Treat components of the national strategy 'Rights, Respect and Recovery' to improve health by preventing and reducing alcohol and drug use, harm and related deaths, through the delivery of services outlined in the investment plans. A local delivery and performance plan will measure engagement and outcomes for people and will be informed by the national framework to be issued shortly for Rights, Respect and Recovery.	·Scottish Government - Seek, Keep and Treat Funding, EIJB 21 June 2019 ·Edinburgh Alochol and Drug Partnership - Seek, Keep and Treat Funding 2018/19	19/20 20/21 21/22	NHSL £1.1m £1.1m £1.1m	CEC £0.3m £0.3m £0.3m	In line with Scottish Government national outcomes and targets	Apr-20	As of Feb 2020, implementation of Seek, Keep and Treat plan has included: - Employment of nurses, healthcare assistants, data analysts, and voluntary sector staff to implement assertive outreach and rapid access prescribing for those identified as being at the highest risk of drug-related death; and - Increasing senior clinical staffing to respond to those with the most complex needs.	Retain direction and review April 2021	
				20/21	Plus £1.074m previously unallocted from 2018/19. Further work required to determine allocation across partners					
EIJB-10/12/2019-2	Disability Services	In response to the development of a 'step down' resource for adults with a learning disability that NHS Lothian decommission three beds within the Royal Edinburgh	Learning Disability - Step Down - Royal Edinburgh Hospital, EIJB 10 December 2019	19/20 20/21 21/22	NHSL £0 £0 £0	CEC £0.075m £0.3m £0.3m	The outcomes of this direction will be measured by: - Three people successfully move from hospital to a community step down resource - That three people move from the step down resource into their own tenancies - That community teams continue to provide support to these people to ensure a successful community placement - That the step down resource can offer the same outcomes to more people as people transition to a community placement.	Dec-20	On schedule to commence implementation from April 2020.	Retain direction and review April 2021	
EIJB-10/12/2019-3	Adult Sensory Support Services	Commission and redistribute a revised suite of services for meeting the needs of adults with a sensory impairment on a three-year basis (from October 2020) with an option for 1+1 year extensions to take account of proposals for a pan-Lothian sensory impairment service	Adult Sensory Support	19/20 20/21 21/22	NHSL £0 £0 £0	CEC £0 £0.235m £0.471m	Each commissioned service will have its own KPIs developed as part of the commissioning process. Outcomes for people using the service to be delivered within the locality teams (social work assessment and care management with people with a vision impairment) will be monitored.	Apr-21	Current contract expires 30 Sept 2020. Formal tender notice published early Feb 2020 with return date of mid-March. Procurement on track to deliver new suite of services from Oct 2020.	Retain direction and review April 2021	

Direction From The Edinburgh Integration Joint Board
Financial Schedule 2019/20
Direction Ref: EIJB-22/10/2019-1

CEC Delegated Budget 2019/20	£m
External Services	
Assessment and Care Management	£ 0.519
Care at Home	£ 29.869
Care and Support	£ 54.821
Day Services	£ 12.612
Direct Payments & Individual Service Fund	£ 33.575
Other Services	£ 10.775
Residential Services	£ 69.733
Total External Services	**£ 211.903**
Internal Services	
Assessment and Care Management	£ 13.093
Care at Home	£ 24.530
Care and Support	£ 7.969
Day Services	£ 10.571
Equipment Services	£ 8.282
Management	£ 3.291
Other Services	£ 6.589
Residential Services	£ 27.149
Strategy / Contract / Support Services	£ 2.836
Therapy Services	£ 3.420
Pension Costs	£ 0.439
Total Internal Services	**£ 108.168**
Gross Expenditure	**£ 320.072**
Income and Funding	
Customer and Client Receipts	£ (20.576)
Cost Recovery	£ (20.295)
Funding (SCF / ICF / RT / NHS Recharges)	£ (51.725)
Total Income and Funding	**£ (92.596)**
Net Delegated Budget - CEC	**£ 227.476**

NHSL Delegated Budget 2019/20	£m
Delegated - Core	
Community Equipment	£ 2.323
Community Hospitals	£ 12.542
Complex Care	£ 0.296
Diabetes & Endocrinology	£ 0.060
District Nursing	£ 11.816
Geriatric Medicine	£ 4.158
GMS	£ 82.533
Hospices & Palliative Care	£ 0.249
Learning Disabilities	£ 1.125
Mental Health	£ 10.761

Other	£	0.152
PC Management	£	44.793
PC Services	£	11.065
Pharmacy	£	1.684
Prescribing	£	79.858
Public Health	£	0.194
Resource Transfer	£	23.674
Substance Misuse	£	2.999
Therapy Services	£	10.475
Total Delegated - Core	**£**	**300.757**
Delegated - Hosted		
Complex Care	£	1.604
Diabetes & Endocrinology	£	0.034
GMS	£	7.242
Hospices & Palliative Care	£	2.503
Learning Disabilities	£	7.906
LUCS	£	6.850
Mental Health	£	27.479
Oral Health Services	£	9.906
Other	£	0.021
PC Management	£	0.033
PC Services	£	0.437
Pharmacy	£	0.721
Prescribing	£	(2.031)
Psychology Services	£	4.769
Public Health	£	1.082
Rehabilitation Medicine	£	3.529
Sexual Health	£	3.653
Substance Misuse	£	2.706
Therapy Services	£	7.407
UNPAC	£	3.743
Total Delegated - Hosted	**£**	**89.591**
Set Aside - Acute		
Acute Management	£	2.843
Cardiology	£	4.757
Diabetes & Endocrinology	£	1.980
ED & Minor Injuries	£	8.735
Gastroenterology	£	3.371
General Medicine	£	26.968
Geriatric Medicine	£	14.347
Infectious Disease	£	2.085
Junior Medical	£	14.774
Outpatients	£	0.293
Rehabilitation Medicine	£	1.977
Respiratory Medicine	£	5.729
Therapy Services	£	7.342
Total Set Aside - Acute	**£**	**95.202**
Net Delegated Budget - NHSL	**£**	**485.551**

Total Net Delegated Budget (CEC + NHSL)	**£**	**713.027**

DRAFT DIRECTIONS FROM THE EDINBURGH INTEGRATION JOINT BOARD

Reference number	EIJB- tbc		
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	Yes This varies direction EIJB-22/10/2019-3 agreed by the EIJB on 22 October 2019. The timescale for delivery is amended.		
Approval date			
Services / functions covered	Disability services		
Full text of direction	Provide more support in the community by decommissioning Glenlomond wards in the Royal Edinburgh Campus and commissioning eight tenancies for adults with forensic support needs		
Direction to	NHS Lothian The City of Edinburgh Council		
Link to relevant EIJB report / reports	EIJB Strategic Plan 2019-22, EIJB, 20 August 2019 Royal Edinburgh Campus and St Stephen's Court, EIJB, 18 May 2018		
Budget / finances allocated to carry out the detail		*NHS Lothian*	City of Edinburgh Council
	2019/20	£0.7m	£0
	2020/21	£0.5m	£0.2m
	2021/22	£0	£0.8m
Performance measures	6 people move from hospital to live in the community by June 2021		
Date direction will be reviewed	April 2021		

Reference number	EIJB- tbc		
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing Direction	Yes This varies direction EIJB-22/10/2019-3 which was agreed by the EIJB on 22 October 2019. The timescale for delivery has been amended.		
Approval date	22/10/2019		
Services / functions covered	Disability services		
Full text of direction	Increase support options in the community by decommissioning wards in the Royal Edinburgh Campus and commissioning sixteen tenancies for adults with complex support needs, Specifically, commission 9 flats from Lifeways, plus other new accommodation options.		
Direction to	NHS Lothian The City of Edinburgh Council		
Link to relevant EIJB report / reports	EIJB Strategic Plan 2019-22, EIJB, 20 August 2019 Royal Edinburgh Campus and St Stephen's Court, EIJB, 18 May 2018		
Budget / finances allocated to carry out the detail		NHS Lothian	City of Edinburgh Council
	2019/20	£3.2m	£0
	2020/21	£2.6m	£0.6m
	2021/22	£2.0m	£1.2m
Performance measures	16 people are living in the community by December 2023		
Date direction will be reviewed	April 2021		

Reference number	EIJB- tbc		
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	Yes This supersedes direction EIJB-22/10/2019-5 agreed at the EIJB on 22 October 2019.		
Approval date			
Services / functions covered	Mental health services		
Full text of direction	Implement the Scottish Government's National Mental Health Strategic commitment to support the employment of 800 additional mental health workers to improve access in key settings such as Accident and Emergency departments, GP practices, police station custody suites and prisons. For Edinburgh this equates to 8.2% which is equivalent to 66.56 WTE.		
Direction to	NHS Lothian The City of Edinburgh Council		
Link to relevant EIJB report / reports	EIJB Strategic Plan 2019-22, EIJB, 20 August 2019 Action 15 funding, EIJB, 21 June 2019		
Budget / finances allocated to carry out the detail		NHS Lothian	City of Edinburgh Council
	2019/20	£1.4m	£0
	2020/21	£2.0m	£0
	2021/22	£2.7m	£0
Performance measures	Additional staffing as detailed in the report to the EIJB in June 2019. Reduction in waiting lists / waiting times Establishment of the Thrive open access centres. Each development will have its own outcomes and KPIs		
Date direction will be reviewed	April 2021		

Reference number	EIJB- (tbc)		
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	Yes This supersedes direction EIJB-22/10/2019-5 agreed at the EIJB on 22 October 2019.		
Approval date			
Services / functions covered	Mental health services		
Full text of direction	NHS Lothian to recruit 17 WTE additional temporary staff to deliver psychological therapies.		
Direction to	NHS Lothian		
Link to relevant EIJB report / reports	EIJB Strategic Plan 2019-22, EIJB, 20 August 2019 Psychological Therapies Additional Investment, EIJB, 20 August 2019		
Budget / finances allocated to carry out the detail		NHS Lothian	City of Edinburgh Council
	2019/20	£0	£0
	2020/21	£1.0m	£0
	2021/22	£0.6m	£0
Performance measures	Number of staff in post Increase in number of patients seen who have waited over 18 weeks Decrease in number of patients waiting longer than 18 weeks		
Date direction will be reviewed	April 2021		

Reference number	EIJB- (tbc)		
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	Yes This varies direction EIJB-22/10/2019-7 agreed by the EIJB in October 2019 to reflect a change in allocation across partner organisations.		
Approval date			
Services / functions covered	Carer Support Services		
Full text of direction	Implement the Edinburgh Joint Carers Strategy 2019-22 and associated implementation plans.		
Direction to	NHS Lothian The City of Edinburgh Council		
Link to relevant EIJB report / reports	Edinburgh Joint Carers Strategy and Implementation plans – EIJB 20 Aug 2019		
Budget / finances allocated to carry out the detail		*NHS Lothian*	*City of Edinburgh Council*
	2019/20	£0.703m	£2.178m
	2020/21	£0.651m	£3.198m
	2021/22	£0.499m	£5.789m
Performance measures	6 priority areas will have services provided and commissioned to support improvement across the identified outcomes as per the timeline included with the EIJB report of 20 August 2019.		
Date direction will be reviewed	April 2021		

Programme/ Project Close Request	Project Stage: **Close**	Edinburgh Health and Social Care Partnership

Project Name & Reference No.	Home First Ref No: CLR1	**Associated Programme**	N/A
Lead Manager	Fiona Wilson	**Date of Change request**	SGB 16/09/20
Approved By		**Date of Approval**	

1. Change Request Information	
Change Request Name	**Home First - Project Close**
Change Control Number	01
Priority/ Urgency	Medium
Requested By	Fiona Wilson
Request Date	16/09/20

2. Change Description
This request for change is to close the above project Home First following the full realisation of the savings target.

3. Assessment of Impact to Programme	
Scope	The Home First model of care is designed to reduce the number of people being delayed leaving hospital and provide opportunity for people to be cared for at home or in a homely setting in their community. The principles of Home First are; No decision about me, without me; Prevention of Admission and never having to make a decision about long term care in a crisis situation. Through the use of the Home First model the reprofiling of Ward 71 at the Western General and Ward 120 in the Edinburgh Royal Infirmary has been enabled.
Benefits	The benefits identified as result of the project are: ***Citizen Benefit*** • Appropriate level of support when required • Discharge facilitated in a timely manner • Remaining at home enabled • Independence maximised • Person centred and collaborative approach adopted • Improved communication ***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 ***Financial Benefit*** • Improved overall value • Spend incurred in the most appropriate setting • Reduced spend
Finance	The full savings target of £1m has been realised
Time	Project closed
Risks	N/A
Dependencies	N/A
Lessons learnt	None identified

4. Finance Sign Off Information	
Finance Lead Name	**Moira Pringle**
Date of sign off	10/09/20

Programme/ Project Close Request	Project Stage: **Close**	Edinburgh Health and Social Care Partnership

Project Name & Reference No.	Home First Ref No: CLR1	**Associated Programme**	N/A
Lead Manager	Fiona Wilson	**Date of Change request**	SGB 16/09/20
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Finance	The full savings target of £1m has been realised
Time	Project closed
Risks	N/A
Dependencies	N/A
Lessons learnt	None identified

4. Finance Sign Off Information	
Finance Lead Name	**Moira Pringle**
Date of sign off	10/09/20

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Edinburgh Integration Joint Board

REPORT

Preparations for Winter 2020-2021

Edinburgh Integration Joint Board

15 December 2020

Executive Summary	The purpose of this report is to present the following: 1. Preparations for Winter 2020/21 are at an advanced stage. The flu campaign is nearing completion, and the enhanced community services are either operational, or are soon to be. 2. The NHS Lothian Winter Planning cycle commenced earlier this year. The Partnership submitted requests for funding in June 2020 to enhance capacity over the winter period. Five proposals, which were identified as priorities by Edinburgh HSCP, were accepted and an allocation of £287,467.50 confirmed on 21 July 2020 which is detailed in paragraph 11. It should be noted that a reduced level of funding was available this year as NHS Lothian decided that remaining monies were to be held back pending national direction from Scottish Government as a result of the pandemic. 3. Edinburgh HSCP also funded an additional £75,467.50 to other initiatives supporting caring for vulnerable residents and unpaid carers over the winter period. 4. Prior to receiving formal guidance from the Scottish Government, the Lothian Unscheduled Care Committee asked HSCPs to complete a bespoke Winter Readiness Plan. This was submitted by Edinburgh HSCP on 20 October 2020 and a copy is available on request. 5. Scottish Government DL (2017)19 guidance on Preparing for Winter 2017/18 is the most recent government circular outlining the requirement for Health and Social Care Partnerships to produce an action plan to ensure health and social care services are well prepared for winter. Further to this John Connaghan, Interim Chief Executive, NHS Scotland, wrote to the Chief Officers of Health & Social Care

	Partnerships and the Chief Executive of NHS Lothian on 22 October 2020 regarding preparing for Winter 2020/21 6. Edinburgh HSCP completed the Checklist for Winter Preparedness for 2020/21 and this was submitted to Scottish Government on 2 November 2020.

Recommendations	It is recommended that the Edinburgh Integration Joint Board (EIJB): 1. Note progress with the plans for Winter 2020/21 2. Accept this report as a source of reassurance that the Partnership has developed a robust winter strategy; taking on board learning from our evaluation of the previous winter campaign and a review of the local response to the COVID-19 pandemic 3. Note that the preparations for Winter 2020/21 are interlinked with other aligned workstreams such as the Redesign of Urgent Care (RUC) and Home First, and align with the remobilisation plan.

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

1. The report will be circulated to the Edinburgh Integration Joint Board for the meeting on 15 December 2020.

Background

2. Planning for winter is an important part of the Partnership's service delivery, given the additional pressures placed on local systems from seasonal

influenza, norovirus, severe weather and public holidays. This has been amplified this year with the onset of the COVID-19 pandemic and the prospect of resurgence during the winter period alongside a potential no deal EU Exit.

3. John Connaghan, Interim Chief Executive NHS Scotland, wrote to the Chief Officers of Health & Social Care Partnerships and the Chief Executive of NHS Lothian on 22 October 2020 confirming the additional funding that would be made available to Lothian for winter 2020/21 (Appendix 1). This is to be used to support the costs of ensuring that health and social care services are positioned to respond to these challenges, focussing on the following priorities:
   - Optimising discharge home as first choice ensuring patients are discharged as soon as they are medically fit, wherever appropriate and enhancing care in the community
   - Avoiding admission with services developed to provide care at home across seven days, hospital at home, discharge to assess, specialty review at rapid access clinics and a single point of access for social care
   - Reducing attendances by managing care closer to home or at home wherever possible including step-up facilities for assessment, reablement and rehabilitation, professional-to-professional referral services, support out-of-hours, managing long-term conditions to avoid unnecessary exacerbation utilising digital and remote monitoring where possible
   - Sufficient staffing across acute, primary and social care settings including over the weekends and festive period with access to senior decision makers to prevent delays in discharge and ensure patient flow
   - Surge capacity with the ability to flex up capacity when required.

4. The letter requested that NHS Boards and HSCPs submit a self-assessment against a checklist of winter preparedness by 2 November 2020 incorporating:
   - Resilience
   - Unscheduled/Elective Care
   - Out of Hours
   - Norovirus

- COVID-19, seasonal Flu, staff protection and outbreak resourcing
- Respiratory pathway
- Integration of key partners/services.

5. A copy of the completed Edinburgh HSCP Checklist for Winter Preparedness 2020/21 is attached at Appendix 2.

6. A national Winter Planning and Response Board is being formed and will act as a strategic group focussing on the oversight of the winter delivery plan; providing support to the resilience and response across health and social care and co-ordinating and deploying national resources in response to local pressures.

7. The Edinburgh HSCP Winter Planning Group has multi-agency and pan-system representation, including membership from acute sites, Social Care Direct, and includes leads for flu, carers, third sector, resilience, and communications. The group leads on the planning, monitoring and evaluation of preparations for winter. Monthly meetings are scheduled to run throughout the year.

Main Report

8. Preparing for winter 2020/21 has again evolved from the processes used in previous years, building on the successes while incorporating key learning points, not only from the winter campaign but the Partnership response to the pandemic.

9. The Partnership was invited by Lothian Unscheduled Care Committee to develop a prioritised list of no more than three proposals for additional winter funding. These were to be submitted by 19 June 2020 and prioritised according to set criteria including:

    - Joint working
    - Home First approach
    - Seven-day working/discharge
    - Admission avoidance

- Patient safety/person-centred approach to care
- Essential in the delivery of red and green pathways for COVID-19.

10. Subsequent to this, the Partnership was asked to submit any other bids for funding by 1 July 2020. A communication was sent to targeted stakeholders including operational managers, locality managers, members of the Partnership's Winter Planning Group, the Carer Support Team, Strategic Planning Managers and the Chief Nurse asking that they liaise with staff and partners to generate proposals.

11. As a result of this two-stage process, five out of the eight proposals submitted by the Partnership were successfully funded and these are outlined below.

Title	**Outline of proposal**	**Total funding (£)**
Discharge to Assess – Occupational Therapy	4 Occupational Therapy posts to provide additional rehabilitation capacity, reducing length of stay, and supporting better outcomes in a shorter period.	£60,378.00
Home First Therapists – RIE/WGH	2 Occupational Therapy and 2 Physiotherapy posts based in Home First team at RIE/WGH working with acute therapy and medical staff to facilitate reduced length of stay, early supported discharge, and identify those needing intermediate care	£60,378.00
Hub Social Worker Enhancement	8 Social Worker posts to enable assessments to be carried out earlier in the hospital pathway to facilitate discharge home, or in the community to avoid admission	£88,965.34
Respiratory Home First	2 Physiotherapy and 1 Occupational Therapy posts to increase capacity within Hub to deliver CRT+ supporting not only patients with COPD but those acute chest infections and to fund support for Long COVID via the Single Point of Contact	£48,536.17
Reablement Coordinators	2 Home Care Coordinator posts to support early assessment, care planning and scheduling	£29,210.00
Total		**£287,467.50**

12. Additional funding has also been made available through the Partnership to further increase Discharge to Assess capacity through the recruitment of additional community care assistants. Third sector organisations are also being funded to provide support for vulnerable residents who are at risk of admission and readmission, and unpaid carers for whom the festive period can be particularly challenging.

Title	Outline of proposal	Allocation
Discharge to Assess – Assistant Practitioners	4 Assistant Practitioner posts to increase service capacity and generate additional ten discharges	£43,401.00
EVOC Open House	Bringing together organisations focussing on mental health and wellbeing, vulnerability as a result of COVID-19 and food poverty, co-ordinated to support those at risk of admission or readmission due to lowered resilience or social isolation.	£28,139.50
VOCAL Carer Support	Support to approximately 100 unpaid carers through series of emotional support groups, learning and development events, drop-in sessions, recreational activities, short-breaks.	£3,927.00
Total		**£75,467.50**

13. As of 20/11/2020, recruitment progress against each of the additional funded posts is as follows:

- Discharge to Assess – Occupational Therapy: 1 has been recruited and 3 still in progress. Options have only just become available to fill some of these posts permanently which will be much more attractive
- Home First Therapist – RIE/WGH: Both physiotherapy posts have been recruited to; one member of staff started on 16/11/2020, and the other is due to start on 07/12/2020. Both occupational therapy posts have been recruited to from existing, experienced staff but there has not been successful recruitment for backfill and therefore options of in-house staff bank and external agency are being explored. The enhanced service is due to start on 30/11/2020

- Hub Social Worker Enhancement: 4 posts have been recruited to and staff commenced on 02/11/2020. We will shortly be deploying the additional social work resource to support winter beds, Home First and key pathways.
- Respiratory Home First: All staff are in place and the enhanced service commenced on 16/11/2020
- Reablement Coordinators: Existing staff have been offered additional weekend working to cover this. Staff have been identified and the enhanced service will begin on 28/11/2020
- Discharge to Assess – Assistant Practitioners: All posts have been recruited to, but start dates are still to be confirmed. This is likely to be early - mid December.

14. In October 2020, Lothian Unscheduled Care Committee requested that the Partnership, along with other systems, report on preparations for winter 2020/21 and a copy of this is included as Appendix 3

Reducing Delayed Discharges

15. Following NHSL Gold Command Meeting on 17/11/2020, it was agreed through discussions with HSCP Chief Officers that the trajectory position each HSCP should be working towards is their April 2020 Census position. For December, the table below illustrates the shift in target position from the previous remobilisation trajectories. There are to be ongoing discussions with each HSCP to agree a position for March 2021, however, the expectation will be similar to the April 2020 position.

HSCP		Previous Remobilisation October Trajectory	April 2020 Census Position (Agreed for December)
Edinburgh	December 20	115	49
	March 21	95	-

16. Further work is now underway, over and above that which is included in this paper, to mobilise the additional capacity with which to achieve this new target.

17. We are increasing capacity for home-based rehabilitation through Discharge to Assess which will impact on whole system flow, increasing the number of discharges from 40-50 per week up to 60 per week. In addition, hours of operation are being expanded from five to seven days which will enable discharges to take place over the weekend. Same-day triage for health referrals for non bed-based rehabilitation will achieve a diversion rate of 66%, ensuring a more appropriate use of intermediate care services.

18. There will be an enhanced acute Home First Navigator team with closer links to discharge hubs , ward-based staff and locality hubs working at four key points in the patient pathway , implementing Planned Date of Discharge (PDD) and enabling weekend discharges

19. Appointment of a Home First lead for acute team development will enable work on team development, roles and responsibilities, development of standard operating procedures, performance metrics and reporting.

20. Social Work capacity will be enhanced by 4 WTE (one per locality) to support surge activity. This will enable Hubs to meet the additional demand and ensure all assessments are carried out within 48 hours.

21. Continue to prioritise available care at home capacity to support delayed discharges and unblocking our reablement teams to ensure flow through acute to the community. An enhanced rate is also being applied to any packages of care on the delayed discharge list.

22. A block contract arrangement for 32 Safehaven beds at Northcare Suites/Northcare Manor has been extended for a further six months as part of contingency planning arrangements and will facilitate interim care needs for complex package arrangements

Reducing Emergency Admissions

23. Through the Redesign of Urgent Care (RUC) there will be improved access to urgent, same-day, community care services, with a 4-hour response time for Older People, Respiratory, Mental Health, MSK/Falls and Urgent Social Care as an alternative to an A&E attendance/minor injuries service or admission.

24. Winter prevention team capacity will be boosted to enable alternatives to admission for people with non-acute care needs where care has broken down or is required at short notice.

25. Home First Navigators in the Flow Centre will coordinate the redirection of individuals requiring an urgent social care response, including Care at Home.

26. Community-based management of COPD and acute chest infections through CRT+ will support admissions avoidance and reductions in readmissions. Work is also underway with the Scottish Ambulance Service to develop a pathway similar to Hospital at Home, enabling the Flow Centre to direct activity to the Community Respiratory Team.

27. A Hospital at Home pilot pathway for the frail elderly, developed in conjunction with Scottish Ambulance Service and Medicine of the Elderly, started in November 2020 and will enable assessment to be carried out closer to home. This will help avoid admission in a group that may have a poor experience within an acute care setting in addition to risk of infection, deconditioning, loss of independence and high mortality.

Supporting People to Remain at Home

In addition to the above, there a number of other initiatives which will ensure residents are able to receive the care and support they require over the winter period

28. The role of the Community Respiratory Team is being expanded to provide a community-based recovery and rehabilitation for Long COVID via the Single Point of Contact.

29. EVOC Open House will bring together a number of third sector organisations focussing on mental health and wellbeing to support people who are vulnerable due to COVID-19 and food poverty, and those at risk of admission or re-admission during the festive months due to lower resilience or social isolation. Delivered within Community Hubs and/or innovation sites it will offer additional ring-fenced befriending, telephone befriending, and telephone medication prompts to older people who are either engaged with Home First, the Hubs or other community-based, HSCP services and/or a being discharged from a hospital setting.

30. VOCAL is being funded to provide a service supporting approximately 100 unpaid carers in Edinburgh over the Christmas and New Year period. It will offer a range of emotional support groups and drop-in sessions, learning and development events on how to manage the festive season, recreational events and short-break respite. Contingency plans are being put in place for how to deliver this online in the event of a second lockdown situation.

31. Winter service leads are working closely with ATEC24 to ensure that there can be rapid access to equipment and TEC where required, enabling people to remain in their own homes

32. New care service specifications have been put in place this year that ensure continuity of care for service users under 65 on discharge from hospital. Terms and conditions have been changed so that no packages of care can be terminated without a managed transition to a new provider.

33. The Partnership continues to resource a sustainability scheme to help cover costs of voids in care homes, PPE, staffing and other COVID-related costs

Ensuring business continuity

34. Consideration is being given to concurrent resilience events such as severe weather, seasonal flu and covid, understanding how they may potentially impact on service availability and ensure this is reflected in the planning process.

35. Edinburgh HSCP Severe Weather Resilience Plan has been updated including escalation protocols, key contacts and transport arrangements to ensure continuity of service.

36. Resilience plans are in place for all NHS services managed by the Partnership and will be available in the event of an incident during winter. Plans for CEC services managed by the Partnership are in development.

37. Annual leave arrangements for all managers and team leads across the four localities, hospital and hosted services, as well as the Executive Management Team will be mapped ahead of the festive period. There will be clearly defined points of contact across the system; providing assurance that there will be adequate leadership in place for the purpose of immediate decision-making, responding to any unexpected situations that may arise as well as programmed activity.

Coping with periods of peak demand across the system

38. Additional capacity has been created in Discharge to Assess, Home First, CRT+ and Social Work to support areas where peak demand is expected over winter There was early recruitment to ensure staff are in place for start of winter, which is considered as being November rather than normal December start

39. There is potential to create surge capacity or flex use of beds in Edinburgh HSCP hospitals however workforce requirements would need to be taken into account to ensure safe care can be provided if opening additional capacity is required.

40. In primary care, CTAC staff can be mobilised if required to do home visits, freeing up district nurse and GP capacity. This was used during lockdown and worked well.

41. We receive regular updates from NHS Lothian Public Health and Infection Prevention and Control teams enabling the Partnership to target activity in response to any surge in flu activity or local outbreaks.

42. The Partnership has been engaging a number of new care at home providers as well as a further three providers who can quickly be on boarded to create additional 300 hours capacity in the system.

Managing any further increase in community transmission of COVID-19

43. The COVID-19 Resilience Protocol considers the concurrent risk of winter weather planning and this will be tested in November through a Partnership table top exercise.

44. We have additional capacity at Liberton Hospital/Astley Ainslie Hospital (designed 'red' areas) should there be a need to isolate patients who have tested positive or known contacts from within existing patient population.

45. We are also ensuring bad-weather activity complies with general safety and COVID-specific requirements

46. NSS Hub and our CEC Clocktower will continue to provide PPE for any care provider when supply chains fail. The Clocktower is currently working to six week stockpile of provision and the majority of care homes have submitted sustainability claims to recoup costs previously incurred during the summer.

47. The Partnership has worked closely with all care home managers to ensure visiting plans are robust, thoroughly risk assessed and that support is available from our RRT and Care Home Support Team to ensure effective infection control measures are in place and homes remain open to both visits and admissions.

Flu Vaccinations

48. Ensuring high uptake of flu vaccination among staff and patients is one of the key underpinning and most effective elements of winter planning. Prevention of flu in the community decreases the number of admissions and presentations, and prevention among staff decreases both hospital transmission and staff sickness.

49. The Chief Medical Officer issued a letter to NHS Board on 7 August 2020 outlining arrangements for the 2020/21 seasonal flu vaccination programme (Appendix 4). This has been extended to offer vaccination to households of those who are shielding, social care staff who deliver direct personal care and all those aged 55-64 years old. Some of those aged 55-64 are otherwise eligible due to qualifying health conditions or employment. Scottish Ministers have also indicated that the programme should be extended to those aged 50-54, if vaccine supply allows and this will be reviewed as the programme progresses

50. The Edinburgh HSCP flu vaccination programme for winter 2020/21 is being delivered in a variety of ways depending on the nature and needs of the group being targeted and it is expected that approximately 90% of vaccinations will be carried out by the Partnership:

- There are a range of drive-through and walk-in clinics being held on sites across the city, working seven-days a week for a period of eight weeks People in Edinburgh who are eligible for vaccination are being contacted by letter and/or text message to advise them of the benefits and that they can find out about arrangements in their area by calling NHS Inform, on the NHS Inform website, or by calling their local practice
- General practices in Edinburgh have been allocated dates when registered patients who fall into the categories eligible for vaccination may attend. To limit queues and facilitate social distancing there are hour-long slots across the day with patients attending in groups by surname. In addition, there will be opportunistic testing carried out for any patients attending the practice in person
- Pregnant women may also receive their vaccination through maternity services
- Unpaid carers are being encouraged to contact their local practice to ensure they receive their vaccinations
- Vaccinations for the housebound and care home residents are being carried out by the district nursing teams in the city

- Children of primary school age will be vaccinated through the community vaccination team, and those aged two to five years through the Children's Partnership although some who cannot have the nasal flu vaccination may need to attend their GP practice
- NHS and Social Care staff are able to attend the drive-through and walk-in clinics but are not limited to a particular date or time, providing flexibility around work commitments
- There are also a number of peer vaccinators (nursing staff) who are able to administer the vaccination to any staff, regardless of whether they are employed by the NHS or City of Edinburgh Council, within their teams

51. There is a new cohort of individuals aged 50-54 who may also be eligible for vaccination depending on availability of vaccines and this will be reviewed in Phase 2 later in the year.

Communication

52. As a Partnership, we will promote preventative or operational messages around seven key topics; winter resilience messages and arrangements, flu vaccination, falls prevention, hospital avoidance/signposting, anticipatory care planning, keeping safe and healthy over winter, and support and advice for carers. There will be a greater focus on preventative messaging this year than in previous years.

53. We will target communications to some of our most vulnerable residents, who are among the largest users of health and social care resources, including vulnerable older people, people who receive a care at home service, people who receive technology enabled care and equipment from us , people with long-term health conditions and people who are at higher risk of falls

54. The most effective route to such a wide audience is through the health and social care workers, and organisations that support them to live their daily lives. For that reason, we plan to communicate with our primary audiences through general practice, social work, occupational and physical therapists, pharmacies, care at home agencies, care home staff and ATEC24.

55. In addition we will link with the Carer Support Team to ensure that carer organisations are kept informed and to support unpaid carers who often struggle at this time of year.

56. We will keep the Partnership workforce informed through regular internal communications and a briefing to staff on winter arrangements, including the flu vaccination programme

57. NHS Lothian will promote the Scottish Government's winter campaign. The Partnership will support this region-wide winter campaign using EHSCP social media channels

Implications for Edinburgh Integration Joint Board

Financial

58. NHS Lothian was allocated a total of £1.451 million to support the costs of ensuring health and social care services are prepared for Winter 2020/21,

59. A total of £287,467.50 was awarded to five winter proposals put forward by the Partnership as outlined earlier in this report. An additional £75,467.50 has been made available to other initiatives to support caring for vulnerable residents and unpaid carers over the winter period.

Legal / risk implications

60. Ability to recruit to short-term posts that are required only for surge capacity and do not require permanency.

61. There is a risk that community infrastructure cannot meet demand, resulting in continued reliance on bed- based models, with associated risk to site flow, Emergency Department (ED) crowding and staffing

62. Experience from previous years leads us to expect a spike of delayed discharges due to staff absence, influenza and norovirus. Failure to achieve the delayed discharge targets would impact on system wide flow.

63. A potential increase in prevalence of COVID-19 may also impact on admissions and staff availability.

64. We would also expect a surge in respiratory-related admissions and re-admissions over the winter months.

Equality and integrated impact assessment

65. An integrated impact assessment was undertaken in November 2020 to consider both the positive and negative outcomes for people with protected characteristics and other groups.

66. Local residents will continue to benefit from the provision of person-centred care, with improved access to services in a timely manner and providing care closer to home. Admission to hospital will be avoided wherever possible and the quality of discharge and home care support will be enhanced. Additional support being put in place through EVOC Open House and VOCAL will support the vulnerable and unpaid carers, reducing social isolation and increasing their resilience.

67. Increasing COVID-19 prevalence and the prospect for a further lockdown period resulting in social isolation remains a challenge however contingency plans are being put in place to ensure residents continue to receive the care and support they require.

68. Communication with groups for whom English is not their first language was highlighted as some communities are disproportionately affected by COVID-19. We are taking this on board and looking at how to strengthen communication plans. This year, the flu vaccination programme was promoted on YouTube with videos in a wide range of language representative of the local population.

Environment and sustainability impacts

69. As a result of the pandemic, there may be a reduction in service users travelling for treatment and ongoing care. This may be offset by an increase in staff travelling to service user's own homes.

70. Public safety will be improved through identifying vulnerable people in the community and ensuring support is in place, protecting their interests during periods of severe weather

71. Improving infection control through care management at home

72. Improving physical environment through improved links with ATEC24 to provide equipment as required

73. There is the potential for the impact of severe weather and service disruption to be minimised as a result of the pandemic – priority road clearance and gritting, access to emergency food supplies as required

Consultation

74. Winter plans have been developed in very close consultation with relevant parties through the NHS Lothian Unscheduled Care Committee and the EHSCP Winter Planning Group.

75. A communication plan is being developed for the Partnership to ensure that staff in health and social care, partner organisations, the public and visitors to the city are aware of the services available over the festive period and how to access these.

76. The key target groups are people using the largest proportion of health care resources, primarily vulnerable older people, people who receive care at home, people with long-term health conditions, and unpaid carers.

Report Author

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Appendices

Appendix 1	Preparing for Winter 2020/21 Letter from Interim Chief Executive, NHS Scotland
Appendix 2	Preparing for Winter 20/20/2: Supplementary Checklist of Winter Preparedness Self-Assessment
Appendix 3	Health and Social Care: Preparation for Winter Response
Appendix 4	Adult Flu Immunisation Programme Letter from Chief Medical Officer

Interim Chief Executive NHSScotland

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To: Chief Executives and Chief Officers

Cc: Chair of Health Board
Unscheduled Care Executive Lead

22 October 2020

Dear Calum Campbell,

Preparing for Winter 2020/21

Winter preparedness planning plays a key role in ensuring Boards are ready to meet the additional challenges likely to be faced this winter. I am aware, from the Board re-mobilisation plans and recent feedback conversations, that planning for the risks and challenges winter will bring is well underway locally.

Similar to previous years, we will be asking Boards to confirm their winter preparedness arrangements to the end of March 2021 caveated against the anticipated risks. These should include a resurgence of COVID-19 including surge bed capacity, severe weather, winter illnesses, and a no deal EU Exit – arising individually or potentially concurrently.

We would expect that these will build on arrangements set out in your re-mobilisation plan and that these would be based on learning from previous years, but with increased emphasis on digital health, Hospital@Home, enhanced community response and capacity as well as an evolving and central role for Primary Care.

As previously advised, Boards should prioritise Test and Protect arrangements over winter. I have written separately regarding contact tracing staffing expectations per Board. Contact tracing remains a vital line of defence in managing the pandemic and all Boards are required to play their role in the national collective effort.

Of equal importance this year is the expansion of the flu programme, which protects the most vulnerable and supports the NHS. As you will appreciate, this is even more vital in the context of the Covid-19 pandemic. The Chief Medical Officer issued a letter to Health Boards on the 7 August setting out the arrangements for the 2020/21 seasonal flu vaccination programme. We expect your local plans should take account the potential impact of seasonal flu, and contain workforce modelling for the management of demand on services and impact to staffing. As well as eligibility being expanded this year, we also expect that there will be high demand for the seasonal flu vaccine, due to increased public awareness of the risks of infectious diseases as a result of the Covid-19 pandemic. We expect that Board plans will reflect the increased capacity necessary to deliver this. Learning from Seasonal Flu should contribute to the development of plans for delivery of the Covid Vaccination.

Alongside this, we plan to work with Boards on a process to assess and monitor sufficiency and effectiveness of plans. This will include a series of learning events with work now underway to organise these. The first of which has already taken place on 29 September. Given the broader focus of winter planning this year, I have pulled together a specific team within the Performance and Delivery Directorate to support this work which draws from the health resilience unit, the unscheduled care team and the board sponsorship team.

We recognise the challenges hospitals are facing in enhancing capacity for surge beds due to the need to maintain physical distancing and safe spacing in our hospitals. We would expect any need for surge capacity to be risk assessed against infection control requirements. To reduce capacity pressures in acute sites we would expect particular focus this winter on providing care closer to or at home and same day emergency care. It is essential you work closely with Scottish Ambulance Service to ensure the necessary transport arrangements are in place to support transport home, or to care homes, to avoid the need for admission.

Of particular importance this year will be the local implementation of a 'single point of access' for Urgent Care through NHS24 and onwards to local Flow Navigation Centres for early clinical decision making. This is a key part of the Redesign of Urgent Care Programme, which will help mitigate the risks presented by increased emergency presentations and hospital associated infection. As part of the winter planning process we expect all Boards to submit regular readiness assessments so we can evaluate, progress and address challenges as well as share lessons learned.

Further funding will be allocated in the coming weeks for your improvement work and the Redesign of Urgent Care to ensure patients are seen in most appropriate clinical environment and the rate of attendance is smoothed to avoid overcrowding and reduce attendances.

This year the festive break takes place over weekends, therefore there is an added imperative to ensure weekend staffing is optimised across the service to ensure quality of care and patient safety is maintained. As outlined in the winter guidance checklist, we would expect you to ensure weekend staffing is optimised across the service every weekend over winter and that a process is agreed between partners to maximise weekend and next day discharge.

Funding

The indicative **winter** funding your Health Board and Integration Joint Board will receive is **£1.451 million** to support the costs of ensuring our health and care services are in the best position to respond to these unprecedented winter challenges. We expect this additional resource will be focused on the following priorities -

- **Optimising discharge home as first choice** ensuring patients are discharged as soon as they are medically fit, wherever appropriate and enhancing care in the community.
- **Avoiding admission** with services developed to provide care at home across 7 days, hospital at home, discharge to assess, specialty review at rapid access clinics and a single point of access for social care
- **Reducing attendances** by managing care closer to home or at home wherever possible including community step up facilities for assessment, reablement and rehabilitation, prof to prof referral services, support OOH, managing long term

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conditions to avoid unnecessary exacerbation utilising digital and remote monitoring where possible

- **Sufficient staffing** across acute, primary and social care settings including over the weekends and festive period with access to senior decision makers to prevent delays in discharge and ensure patient flow. You should assure yourselves that recommendations in the four day public holiday review are fully embedded.
- **Surge Capacity** with the ability to flex up capacity when required including an ICU surge plan; using System Watch to develop detailed demand and capacity projections to inform planning; access to rapid response teams; locally agreed triggers and escalation.

Your Board funding for **Redesign of Urgent Care and 6 Essential Actions** will be allocated by the end of the month.

As part of this year's winter planning process, a Winter Planning and Response Group is being established to identify and monitor pressures across the system. This will be co-chaired by John Connaghan, Chief Executive of NHS Scotland and Jeff Ace, Chief Executive, NHS Dumfries and Galloway. This Board will act as a Strategic Group, focused on oversight of a winter delivery plan and providing support to the resilience and response across health and social care. This group will have responsibility of co-ordinating and agreeing national resources and support deployment to assist in relation to regional/local issues and pressures to support local systems.

By way of immediate steps, **I invite Health Board Chief Executives, IJB Chief Officers to submit a joint letter containing your: winter checklist (Annex A), Covid surge bed capacity template (Annex B) requested separately on 15 October, infection prevention and control COVID-19 outbreak checklist (Annex C). You should also provide any additions or updates to the winter section of your Board Re-mobilisation plan.** This letter should provide a breakdown of the additional capacity and resource you intend to put in place to maintain resilience over the winter period including the costs associated with implementing your winter plan. Health Boards should continue to make provision to re-purpose up to 3,000 beds as surge capacity to support Covid-19 as required. In addition, NHS Boards should retain the ability to double their Intensive Care Unit (ICU) capacity within one week, treble in two weeks and, if required, extend this to over 700 in extremis. NHS Boards should also plan to provide non-invasive ventilatory (CPAP) support out with the ICU setting, e.g. High Dependency Unit (HDU), Respiratory Wards. NHS Boards capacity to provide CPAP for Covid Pneumonia out with ICU should match as far as possible ICU surge capacity. For clarity, the 700 ICU and CPAP 700 beds, should be a proportion of the overall 3000 re-purposed surge capacity Covid-19 bed capacity. We will arrange a series of meetings with each Board to discuss your covid surge capacity in more detail based on the returns that you have recently made.

I ask that you collectively assure yourselves within your local governance structure that these plans are fit for purpose and will support the delivery of whole-system sustainability and national strategies / targets over winter. You should publish your local winter plan by end of November.

The Scottish Government will continue to engage with you over the coming months around the assurance of local preparedness. Similar to previous years, I will establish a whole-system resilience group which will meet daily to monitor the pressures and trends in the system and where significant pressures are apparent we may call on Chief Executives to participate.

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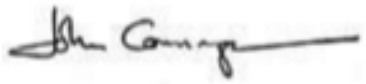
Please can you submit the above as requested by 02 November to Winter_Planning_Team_Mailbox@gov.scot. On satisfactory receipt we will continue to work with you on your planned use of winter funding as well as redesign of urgent care and 6 essentials funding.

Yours sincerely



JOHN CONNAGHAN CBE
Interim Chief Executive NHS Scotland

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ANNEX A

Preparing for Winter 2020/21:
Supplementary Checklist of Winter Preparedness: Self-Assessment

Priorities

1. **Resilience**
2. **Unscheduled / Elective Care**
3. **Out of Hours**
4. **Norovirus**
5. **Covid -19, Seasonal Flu, Staff Protection & Outbreak Resourcing**
6. **Respiratory Pathway**
7. **Integration of Key Partners / Services**

These checklists supplement the Preparing for Winter 2020/21 Guidance and support the strategic priorities for improvement identified by local systems from their review of last winter's pressures and performance. For the avoidance of doubt, your winter preparedness assessment should cover systems, processes and plans to mitigate risks arising from a resurgence in covid-19, severe weather, winter flu and other winters respiratory issues, and a no deal Brexit – either individually or concurrently.

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

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

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Winter Preparedness: Self-Assessment Guidance

- Local governance groups can use these checklists to self-assess the quality of overall winter preparations and to identify where further action may be required. This should link to the guidance available for continual provision of service available on the associated web links highlighted on the accompanying paper.

- The following RAG status definitions are offered as a guide to help you evaluate the status of your overall winter preparedness.

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

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1	Resilience Preparedness *(Assessment of overall winter preparations and further actions required)*		RAG	Further Action/Comments
1	The NHS Board and Health and Social Care Partnerships (HSCPs) have robust business continuity management arrangements and plans in place to manage and mitigate all key disruptive risks including the impact of severe weather, EU Exit and Covid-19 resurgence. These arrangements have built on the lessons learned from previous events, and are regularly tested to ensure they remain relevant and fit for purpose. Resilience officers are fully involved in all aspects of winter planning to ensure that business continuity management principles are embedded in winter plans. *The Preparing For Emergencies: Guidance For Health Boards in Scotland (2013) sets out the expectations in relation to BCM and the training and exercising of incident plans – see Sections 4 and 5, and Appendix 2 of Preparing for Emergencies for details. The Preparing for Emergencies Guidance sets out the minimum standard of preparedness expected of Health Boards – see Standard 18.*	☐ ☐		
2	Business continuity (BC) plans take account of the critical activities of the NHS Board and HSCPs; the analysis of the effects of disruption and the actual risks of disruption; and plans are based on risk-assessed worst case scenarios, including Covid-19 reasonable worst case scenarios. Risk assessments take into account staff absences including those likely to be caused by a range of scenarios including seasonal flu and/or Covid-19 as outlined in section 5 and a business impact analysis so that essential staffing requirements are available to maintain key services. The critical activities and how they are being addressed are included on the corporate risk register and are regularly monitored by the risk owner. The Health Board and HSC partnership has negotiated arrangements in place for mutual aid with local partners, which cover all potential requirements in respect of various risk scenarios.	☐ ☐ ☐		

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3	The NHS Board and HSCPs have appropriate policies in place should winter risks arise. These cover: • what staff should do in the event of severe weather or other issues hindering access to work, and • how the appropriate travel and other advice will be communicated to staff and patients • how to access local resources (including voluntary groups) that can support a) the transport of staff to and from their places of work during periods of severe weather and b) augment staffing to directly or indirectly maintain key services. Policies should be communicated to all staff and partners on a regular basis. *Resilience officers and HR departments will need to develop a staff travel advice and communications protocol to ensure that travel advice and messages to the public are consistent with those issued by Local /Regional Resilience Partnerships to avoid confusion. This should be communicated to all staff.*	☐		
4	The NHS Board's and HSCPs websites will be used to advise on changes to access arrangements during Covid-19, travel to appointments during severe weather and prospective cancellation of clinics.	☐		
6	The NHS Board, HSCPs and relevant local authorities have created a capacity plan to manage any potential increase in demand for mortuary services over the winter period; this process has involved funeral directors.	☐		
7	The NHS Board and HSCPs have considered the additional impacts that a 'no deal' EU withdrawal on 1 January 2021 might have on service delivery across the winter period.	☐		

2	**Unscheduled / Elective Care Preparedness** *(Assessment of overall winter preparations and further actions required)*		**RAG**	**Further Action/Comments**
1	**Clinically Focussed and Empowered Management**			
1.1	Clear site management and communication process are in place across NHS Boards and HSCPs with operational overview of all emergency and elective	☐		

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	activity. *To manage and monitor outcomes monthly unscheduled care meetings of the hospital quadrumvirate should invite IJB Partnership representatives and SAS colleagues (clinical and non-clinical) to work towards shared improvement metrics and priority actions. A member of the national improvement team should attend these meetings to support collaborative working.* *Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.*			
1.2	Effective communication protocols are in place between clinical departments and senior managers to ensure that potential system pressures are identified as they emerge and as soon as they occur departmental and whole system escalation procedures are invoked.	☐		
1.3	A Target Operating Model and Escalation policies are in place and communicated to all staff. Consider the likely impact of emergency admissions on elective work and vice versa, including respiratory, circulatory, orthopaedics, cancer patients, ICU/PICU. *This should be based on detailed modelling, pre-emptive scheduling of electives throughout the autumn, and early spring, and clear strategies regarding which lists may be subject to short-notice cancellation with a minimum impact.* *Pressures are often due to an inability to discharge patients timeously. Systems should be in place for the early identification of patients who no longer require acute care and discharged without further delay*	☐		
1.4	Escalation procedures are linked to a sustainable resourcing plan, which encompasses the full use of step-down community facilities, such as community hospitals and care homes. HSCPs should consider any requirement to purchase additional capacity over the winter period. *All escalation plans should have clearly identified points of contact and should be comprehensively tested and adjusted to ensure their effectiveness.*	☐		
2	**Undertake detailed analysis and planning to effectively manage scheduled elective,unscheduled and COVID activity (both short and medium-term) based on forecast emergencyand elective demand and trends in infection rates, to optimise whole systems business continuity. This has specifically taken into account the surge in unscheduled activity in the first week of January.**			

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2.1	Pre-planning and modelling has optimised demand, capacity, and activity plans across urgent, emergencyand elective provision are fully integrated, including identification of winter surge beds for emergency admissions *Weekly projections for scheduled and unscheduled demand and the capacity required to meet this demand are in place.* *Weekly projections for Covid demand and the capacity required to meet this demand including an ICU surge plan with the ability to double capacity in one week and treble in two weeks and confirm plans to quadruple ICU beds as a maximum surge capacity.* *Plans in place for the delivery of safe and segregated COVID care at all times.* *Plans for scheduled services include a specific 'buffering range' for scheduled queue size, such that the scheduled queue size for any speciality/sub-speciality can fluctuate to take account of any increases in unscheduled demand without resulting in scheduled waiting times deteriorating. This requires scheduled queue size for specific specialities to be comparatively low at the beginning of the winter period.* *NHS Boards can evidence that for critical specialities scheduled queue size and shape are such that a winter or COVID surge in unscheduled demand can be managed at all times ensuring patient safety and clinical effectiveness without materially disadvantaging scheduled waiting times.*	☐		
2.2	Pre-planning has optimised the use of capacity for the delivery of emergency and elective treatment, including identification of winter / COVID surge beds for emergency admissions and recovery plans to minimise the impact of winter peaks in demand on the delivery of routine elective work. *This will be best achieved through the use of structured analysis and tools to understand and manage all aspects of variation that impact on services, by developing metrics and escalation plans around flexing or cancelling electives, and by covering longer term contingencies around frontloading activity for autumn and spring. Where electives are cancelled consideration should be given on whether the Scottish Government Access Support team should be informed in order to seek support and facilitate a solution.* *Ensure that IP/DC capacity in December/January is planned to take account of conversions from OPD during Autumn to minimise the risk of adverse impact on waiting times for patients waiting for*	☐		

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	elective Inpatient/Day-case procedures, especially for patients who are identified as requiring urgent treatment. *Management plans should be in place for the backlog of patients waiting for planned care in particular diagnostic endoscopy or radiology set in the context of clinical prioritisation and planning assumptions*			
3	**Agree staff rotas in October for the fortnight in which the two festive holiday periods occur to match planned capacity and demand and projected peaks in demand. These rotas should ensure continual access to senior decision makers and support services required to avoid attendance, admission and effective timely discharge. To note this year the festive period public holidays will span the weekends.**			
3.1	System wide planning should ensure appropriate cover is in place for Consultants (Medical and Surgical), multi-professional support teams, including Infection, Prevention and Control Teams (IPCT), Social Workers, home care and third sector support. This should be planned to effectively manage predicted activity across the wider system and discharge over the festive holiday periods, by no later than the end of October. *This should take into account predicted peaks in demand, including impact of significant events on services, and match the available staff resource accordingly. Any plans to reduce the number of hospitals accepting emergency admissions for particular specialties over the festive period, due to low demand and elective activity, need to be clearly communicated to partner organisations*.	☐		
3.2	Extra capacity should be scheduled for the 'return to work' days after the four day festive break and this should be factored into annual leave management arrangements across Primary, Secondary and Social Care services.	☐		
3.3	Additional festive services are planned in collaboration with partner organisations e.g. Police Scotland, SAS, Voluntary Sector etc. *NHS Boards and HSC Partnerships are aware of externally provided festive services such as minor injuries bus in city centre, paramedic outreach services and mitigate for any change in service provision from partner organisations*	☐		
3.4	Out of Hours services, GP, Dental and Pharmacy provision over festive period will be communicated to clinicians and managers including on call to ensure alternatives to attendance are considered.	☐		

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	Dental and pharmacy provision should be communicated to all Health and Social Care practitioners across the winter period to support alternatives to attendance at hospital.			
	Develop whole-system pathways which deliver a planned approach to urgent care ensuring patients are seen in the most appropriate clinical environment, minimising the risk of healthcare associated infection and crowded Emergency Departments. **Please note regular readiness assessments should be provided to the SG Unscheduled Care team including updates on progress and challenges.**			
	To ensure controlled attendance to A&E services a 24/7 Health Board Flow Navigation Centre will offer rapid access to a senior clinical decision maker and be staffed by a multi-disciplinary team, optimising digital health when possible in the clinical consultation and should have the ability to signpost to available local services, such as MIU, AEC, GP (in and out of hours), pharmacy and ED if required. Self-care / NHS inform should be promoted where appropriate. Referrals to the flow centre will come from: • NHS 24 • GPs and Primary and community care • SAS • A range of other community healthcare professionals. If a face to face consultation is required, this will be a scheduled appointment with the right person and at the right time in the right place based on clinical care needs. Technology should be available to book appointments for patients and provide visable appointments / timeslots at A&E services. The impact on health-inequalties and those with poor digital access should be taken into account, mitigated, monitored and built into local equality impact assessments.	☐		

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	Professional to professional advice and onward referral services should be optimised where required Development of pathways across whole system for all unscheduled care working with Scottish Ambulance Service to access pathways and avoid admission.	☐		
4	**Optimise patient flow by proactively managing Discharge Process utilising 6EA – Daily Dynamic Discharge to shift the discharge curve to the left and ensure same rates of discharge over the weekend and public holiday as weekday.**			
4.1	Discharge planning in collaboration with HSCPs, Transport services, carer and MDT will commence prior to, or at the point of admission, using, where available, protocols and pathways for common conditions to avoid delays during the discharge process. *Patients, their families and carers should be involved in discharge planning with a multi-disciplinary team as early as possible to allow them to prepare and put in place the necessary arrangements to support discharge.* *Utilise Criteria Led Discharge wherever possible.* *Supporting all discharges to be achieved within 72 hours of patient being ready.* *Where transport service is limited or there is higher demand, alternative arrangements are considered as part of the escalation process – this should include third sector partners (e.g. British Red Cross) Utilise the discharge lounge as a central pick-up point to improve turnaround time and minimise wait delays at ward level.*	☐		
4.2	To support same rates of discharge at weekend and public holiday as weekdays regular daily ward rounds and bed meetings will be conducted to ensure a proactive approach to discharge. Discharges should be made early in the day, over all 7 days, and should involve key members of the multidisciplinary team, including social work. Criteria Led Discharge should be used wherever appropriate. *Ward rounds should follow the 'golden hour' format – sick and unwell patients first, patients going home and then early assessment and review. Test scheduling and the availability of results, discharge medication, transport requirements and availability of medical and nursing staff to*	☐		

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	undertake discharge should all be considered during this process to optimise discharge pre-noon on the estimated date of discharge. Criteria Led Discharge should be used wherever appropriate.			
4.3	Discharge lounges should be fully utilised to optimise capacity. This is especially important prior to noon. *Processes should be in place to support morning discharge at all times (e.g.) breakfast club, medication, pull policy to DL, default end point of discharge. Utilisation should be monitored for uptake and discharge compliance.* *Extended opening hours during festive period over public Holiday and weekend*	☐		
4.4	Key partners such as: pharmacy, transport and support services, including social care services, will have determined capacity and demand for services and be able to provide adequate capacity to support the discharge process over winter period. These services should be aware of any initiatives that impact on increased provision being required and communication processes are in place to support this. e.g. surge in pre-Christmas discharge *There should be a monitoring and communication process in place to avoid delays, remove bottlenecks and smooth patient discharge processes*	☐		
5	**Agree anticipated levels of homecare packages that are likely to be required over the winter (especially festive) period and utilise intermediate care options such as Rapid Response Teams, enhanced supported discharge or reablement and rehabilitation (at home and in care homes) to facilitate discharge and minimise any delays in complex pathways.**			
5.1	Close partnership working between stakeholders, including the third and independent sector to ensure that adequate care packages are in place in the community to meet all discharge levels. *This will be particularly important over the festive holiday periods.* *Partnerships will monitor and manage predicted demand supported by enhanced discharge planning and anticipated new demand from unscheduled admissions.* *Partnerships should develop local agreements on the direct purchase of homecare supported by ward staff.* *Assessment capacity should be available to support a discharge to assess model across 7 days.*	☐		

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5.2	Intermediate care options, such as enhanced supported discharge, reablement and rehabilitation will be utilised over the festive and winter surge period, wherever possible. *Partnerships and Rapid Response teams should have the ability to directly purchase appropriate homecare packages, following the period of Intermediate care.* *All delayed discharges will be reviewed for alternative care arrangements and discharge to assess where possible*	☐		
5.3	Patients identified as being at high risk of admission from, both the SPARRA register and local intelligence, and who have a care manager allocated to them, will be identifiable on contact with OOH and acute services to help prevent admissions and facilitate appropriate early discharge. *Key Information Summaries (KIS) will include Anticipatory Care Planning that is utilised to manage care at all stages of the pathways.*	☐		
5.4	All plans for Anticipatory Care Planning will be implemented, in advance of the winter period, to ensure continuity of care and avoid unnecessary emergency admissions / attendances. *KIS and ACPs should be utilised at all stages of the patient journey from GP / NHS 24, SAS, ED contact. If attendances or admissions occur Anticipatory Care Plans and key information summaries should be used as part of discharge process to inform home circumstances, alternative health care practitioners and assess if fit for discharge.*	☐		
5.5	Covid-19 Regional Hubs fully operational by end November. Additional lab capacity in place through partner nodes and commercial partners by November. Turnaround times for processing tests results within 24/48 hours.			
6.0	**Ensure that communications between key partners, staff, patients and the public are effective and that key messages are consistent.**			
6.1	Effective communication protocols are in place between key partners, particularly across emergency and elective provision, local authority housing, equipment and adaptation services, Mental Health Services, and the independent sector and into the Scottish Government.	☐		

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	Collaboration between partners, including NHS 24, Locality Partnerships, Scottish Ambulance Service, SNBTS through to A&E departments, OOH services, hospital wards and critical care, is vital in ensuring that winter plans are developed as part of a whole systems approach. *Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.*			
6.2	Communications with the public, patients and staff will make use of all available mediums, including social media, and that key messages will be accurate and consistent. *SG Health Performance & Delivery Directorate is working with partners and policy colleagues to ensure that key winter messages, around direction to the appropriate service are effectively communicated to the public.* *The public facing website http://www.readyscotland.org/ will continue to provide a one stop shop for information and advice on how to prepare for and mitigate against the consequences from a range of risks and emergencies. This information can also be accessed via a smartphone app accessible through Google play or iTunes.* *The Met Office National Severe Weather Warning System provides information on the localised impact of severe weather events.* *Promote use of NHS Inform, NHS self-help app and local KWTTT campaigns*	☐		

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

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	demand management are prioritised over the festive period.			
3	There is evidence of attempts at enabling and effecting innovation around how the partnership will predict and manage pressures on public holidays/Saturday mornings and over the festive period. The plan sets out options, mitigations and solutions considered and employed.	☐		
4	There is reference to direct referrals between services. *For example, are direct contact arrangements in place, for example between Primary Care Emergency Centres (PCECs)/Accident & Emergency (A&E) Departments/Minor Injuries Units (MIUs) and other relevant services? Are efforts being made to encourage greater use of special notes, where appropriate?*	☐		
5	The plan encourages good record management practices relevant to maintaining good management information including presentations, dispositions and referrals; as well as good patient records.	☐		
6	There is reference to provision of pharmacy services, including details of the professional line, where pharmacists can contact the out of hours centres directly with patient/prescription queries and vice versa	☐		
7	In conjunction with HSCPs, ensure that clear arrangements are in place to enable access to mental health crisis teams/services, particularly during the festive period.	☐		
8	Ensure there is reference to provision of dental services, that services are in place either via general dental practices or out of hours centres *This should include an agreed escalation process for emergency dental cases; i.e. trauma, uncontrolled bleeding and increasing swelling.*	☐		
9	The plan displays a confidence that staff will be available to work the planned rotas. *While it is unlikely that all shifts will be filled at the moment, the plan should reflect a confidence that shifts will be filled nearer the time. If partnerships believe that there may be a problem for example, in relation to a particular profession, this should be highlighted.*	☐		
10	There is evidence of what the Board is doing to communicate to the public how their out of hours services will work over the winter period and how that complements the national communications being led by NHS 24. *This should include reference to a public communications strategy covering surgery hours, access arrangements, location and hours of PCECs, MIUs, pharmacy opening, etc.*	☐		

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11	There is evidence of joint working between the HSCP, the Board and the SAS in how this plan will be delivered through joint mechanisms, particularly in relation to discharge planning, along with examples of innovation involving the use of ambulance services.	☐		
12	There is evidence of joint working between the Board and NHS 24 in preparing this plan. *This should confirm agreement about the call demand analysis being used.*	☐		
13	There is evidence of joint working between the acute sector and primary care Out-of-Hours planners in preparing this plan. *This should cover possible impact on A&E Departments, MIUs and any other acute receiving units (and vice versa), including covering the contact arrangements.*	☐		
14	There is evidence of joint planning across all aspects of the partnership and the Board in preparing this plan. *This should be include referral systems, social work on-call availability, support for primary care health services in the community and support to social services to support patients / clients in their own homes etc.*	☐		
15	There is evidence that Business Continuity Plans are in place across the partnership and Board with clear links to the pandemic flu and other emergency plans, including provision for an escalation plan. *The should reference plans to deal with a higher level of demand than is predicted and confirm that the trigger points for moving to the escalation arrangements have been agreed with NHS 24.*	☐		

4	**Prepare for & Implement Norovirus Outbreak Control Measures** *(Assessment of overall winter preparations and further actions required)*		**RAG**	**Further Action/Comments**

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1	NHS Boards must ensure that staff have access to and are adhering to the national guidelines on Preparing for and Managing Norovirus in Care Settings *This includes Norovirus guidance and resources for specific healthcare and non-healthcare settings.*	☐		
2	Infection Prevention and Control Teams (IPCTs) will be supported in the execution of a Norovirus Preparedness Plan before the season starts. *Boards should ensure that their Health Protection Teams (HPTs) support the advance planning which nursing and care homes are undertaking to help keep people out of hospital this winter and provide advice and guidance to ensure that norovirus patients are well looked after in these settings.*	☐		
3	PHS Norovirus Control Measures (or locally amended control measures) are easily accessible to all staff, e.g. available on ward computer desk tops, or in A4 folders on the wards and that frontline staff are aware of their responsibilities with regards prevention of infection.	☐		
4	NHS Board communications regarding bed pressures, ward closures, etc are optimal and everyone will be kept up to date in real time. *Boards should consider how their Communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of a norovirus outbreak.*	☐		
5	Debriefs will be provided following individual outbreaks or at the end of season to ensure system modifications to reduce the risk of future outbreaks. *Multiple ward outbreaks at one point in time at a single hospital will also merit an evaluation.*	☐		

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6	IPCTs will ensure that the partnership and NHS Board are kept up to date regarding the national norovirus situation via the PHS Norovirus Activity Tracker.	☐		
7	Before the norovirus season has begun, staff in emergency medical receiving areas will confirm with the IPCTs the appropriateness of procedures to prevent outbreaks when individual patients have norovirus symptoms, e.g. patient placement, patient admission and environmental decontamination post discharge.	☐		
8	NHS Boards must ensure arrangements are in place to provide adequate cover across the whole of the festive holiday period. *While there is no national requirement to have 7 day IPCT cover, outwith the festive holiday period, Boards should consider their local IPC arrangements.*	☐		
9	The NHS Board is prepared for rapidly changing norovirus situations, e.g. the closure of multiple bays / wards over a couple of days. *As part of their surge capacity plan, Boards should consider how wards will maintain capacity in the event that wards are closed due to norovirus.*	☐		
10	There will be effective liaison between the IPCTs and the HPTs to optimise resources and response to the rapidly changing norovirus situation. *HPT/IPCT and hospital management colleagues should ensure that the they are all aware of their internal processes and that they are still current.*	☐		
11	The partnership is aware of norovirus publicity materials and is prepared to deploy information internally and locally as appropriate, to spread key messages around norovirus.	☐		

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12	Boards should consider how their Communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of a norovirus outbreak Boards should consider how their communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of Covid-19.	☐		

5	Covid-19, Seasonal Flu, Staff Protection & Outbreak Resourcing *(Assessment of overall winter preparations and further actions required)*		RAG	Further Action/Comments
1	Staff, particularly those working in areas with high risk patients such as paediatric, oncology, maternity, care of the elderly, haematology, ICUs, etc., have been vaccinated to prevent the potential spread of infection to patients and other staff, as recommended in the CMO's seasonal flu vaccination letter published on 07 Aug 20 https://www.sehd.scot.nhs.uk/cmo/CMO(2020)19.pdf *This will be evidenced through end of season vaccine uptake submitted to PHS by each NHS board. Local trajectories have been agreed and put in place to support and track progress.*	☐		
2	All of our staff have easy and convenient access to the seasonal flu vaccine. In line with recommendations in CMO Letter clinics are available at the place of work and include clinics during early, late and night shifts, at convenient locations. Drop-in clinics are also available for staff unable to make their designated appointment and peer vaccination is facilitated to bring vaccine as close to the place of work for staff as possible. *It is the responsibility of health care staff to get vaccinated to protect themselves from seasonal flu and in turn protect their vulnerable patients, but NHS Boards have responsibility for ensuring vaccine is easily and conveniently available; that sufficient vaccine is available for staff vaccination programmes; that staff fully understand the role flu vaccination plays in preventing transmission of the flu virus and that senior management and clinical leaders*	☐		

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	with NHS Boards fully support vaccine delivery and uptake. *Vaccine uptake will be monitored weekly by performance & delivery division.*			
3	Workforce in place to deliver expanded programme and cope with higher demand, including staff to deliver vaccines, and resource phone lines and booking appointment systems.			
4	Delivery model(s) in place which: • Has capacity and capability to deal with increased demand for the seasonal flu vaccine generated by the expansion of eligibility as well as public awareness being increased around infectious disease as a result of the Covid-19 pandemic. • Is Covid-safe, preventing the spread of Covid-19 as far as possible with social distancing and hygiene measures. • Have been assessed in terms of equality and accessibility impacts *There should be a detailed communications plan for engaging with patients, both in terms of call and recall and communicating if there are any changes to the delivery plan.*			
5	The winter plan takes into account the predicted surge of seasonal flu activity that can happen between October and March and we have adequate resources in place to deal with potential flu outbreaks across this period.	☐		

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	If there are reported flu outbreaks during the season, where evidence shows that vaccination uptake rates are not particularly high, NHS Boards may undertake targeted immunisation. In addition, the centralised contingency stock of influenza vaccine, purchased by the Scottish Government can be utilised if required. Antiviral prescribing for seasonal influenza may also be undertaken when influenza rates circulating in the community reach a trigger level (advice on this is generated by a CMO letter to health professionals)			
6	PHS weekly updates, showing the current epidemiological picture on Covid-19 and influenza infections across Scotland, will be routinely monitored over the winter period to help us detect early warning of imminent surges in activity. *PHS and the Health Protection Team within the Scottish Government monitor influenza rates during the season and take action where necessary, The Outbreak Management and Health Protection Team brief Ministers of outbreak/peaks in influenza activity where necessary. PHS produce a weekly influenza bulletin and a distillate of this is included in the PHS Winter Pressures Bulletin.*	☐		
7	NHS Health Boards have outlined performance trajectory for each of the eligible cohort for seasonal flu vaccine (2020/2021) which will allow for monitoring of take up against targets and performance reporting on a weekly basis. The eligible cohorts are as follows: • Adults aged over 65 • Those under 65 at risk • Healthcare workers • Unpaid and young carers • Pregnant women (no additional risk factors) • Pregnant women (additional risk factors) • Children aged 2-5 • Primary School aged children • Frontline social care workers • 55-64 year olds in Scotland who are not already eligible for flu vaccine and not a member of shielding household	☐		

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	• Eligible shielding households The vaccinations are expected to start this week (week commencing 28th September), and we will be working with Boards to monitor vaccine uptake. This will include regular reporting that will commence from the end of week commencing 12th October. We will adopt a the Public Health Scotland model, which is a pre-existing manual return mechanism that has been used in previous seasons with NHS Boards to collate Flu vaccine uptake data when vaccination is out with GP practices.			
8	Adequate resources are in place to manage potential outbreaks of Covid-19 and seasonal flu that might coincide with norovirus, severe weather and festive holiday periods. *NHS board contingency plans have a specific entry on plans to mitigate the potential impact of potential outbreaks of seasonal influenza to include infection control, staff vaccination and antiviral treatment and prophylaxis. Contingency planning to also address patient management, bed management, staff redeployment and use of reserve bank staff and include plans for deferral of elective admissions and plans for alternative use of existing estate or opening of reserve capacity to offset the pressures.*	☐		
9	Tested appointment booking system in place which has capacity and capability to deal with increased demand generated by the expansion of eligibility and increased demand expected due to public awareness around infectious disease as a result of the Covid-19 pandemic.			
10	NHS Boards must ensure that all staff have access to and are adhering to the national COVID-19 IPC and PPE guidance and have received up to date training in the use of appropriate PPE for the safe management of patients. <u>Aerosol Generating Procedures (AGPs)</u> In addition to this above, Boards must ensure that staff working in areas where Aerosol Generating Procedures (AGPs) are likely to be undertaken - such as Emergency Department, Assessment Units, ID units, Intensive Care Units and respiratory wards (as a minimum) - are	☐		

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	fully aware of all IPC policies and guidance relating to AGPs; are FFP3 fit-tested; are trained in the use of this PPE for the safe management of suspected Covid-19 and flu cases; and that this training is up-to-date. ***Colleagues are reminded of the legal responsibility to control substances hazardous to health in the workplace, and to prevent and adequately control employees' exposure to those substances under all the Regulations listed in the HSE's 'Respiratory protective equipment at work' of HSG53 (Fourth edition, published 2013). https://www.hse.gov.uk/pUbns/priced/hsg53.pdf***			
11	NHS Boards must ensure that the additional IPC measures set out in the CNO letter on 29 June staff have been implemented. This includes but is not limited to: • Adherence to the updated extended of use of face mask guidance issued on 18 September and available here. • Testing during an incident or outbreak investigation at ward level when unexpected cases are identified (see point 9). • Routine weekly testing of certain groups of healthcare workers in line with national healthcare worker testing guidance available here (see point 9). • Testing on admission of patients aged 70 and over. Testing after admission should continue to be provided where clinically appropriate for example where the person becomes symptomatic or is part of a COVID-19 cluster. • Implementation of COVID-19 pathways (high, medium and low risk) in line with national IPC guidance. • Additional cleaning of areas of high volume of patients or areas that are frequently touched. • Adherence to physical distancing requirements as per CNO letter of 29 June and 22 September. • Consideration given to staff movement and rostering to minimise staff to staff transmission and staff to patient transmission. • Management and testing of the built environment (e.g. water	☐		

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	systems) that have had reduced activity or no activity since service reduction / lockdown – in line with extant guidance.			
12	Staff should be offered testing when asymptomatic as part of a COVID-19 incident or outbreak investigation at ward level when unexpected cases are identified. This will be carried out in line with existing staff screening policy for healthcare associated infection: https://www.sehd.scot.nhs.uk/dl/DL(2020)01.pdf In addition to this, key healthcare workers in the following specialities should be tested on a weekly basis: oncology and haemato-oncology in wards and day patient areas including radiotherapy; staff in wards caring for people over 65 years of age where the length of stay for the area is over three months; and wards within mental health services where the anticipated length of stay is also over three months. *Current guidance on healthcare worker testing is available here, including full operational definitions: https://www.gov.scot/publications/coronavirus-covid-19-healthcare-worker-testing/*	☐		

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13	The PHS COVID-19 checklist must be used in the event of a COVID-19 incident or outbreak in a healthcare setting. The checklist is available here: https://www.hps.scot.nhs.uk/web-resources-container/covid-19-outbreak-checklist/ The checklist can be used within a COVID ward or when there is an individual case or multiple cases in non-COVID wards.	☐		
14	Ensure continued support for routine weekly Care home staff testing This also involves the transition of routine weekly care home staff testing from NHS Lighthouse Lab to NHS Labs. Support will be required for transfer to NHS by end of November, including maintaining current turnaround time targets for providing staff results.	☐		

6	**Respiratory Pathway** *(Assessment of overall winter preparations and further actions required)*		RAG	**Further Action/Comments**
1	**There is an effective, co-ordinated respiratory service provided by the NHS board.**			

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1.1	Clinicians (GP's, Out of Hours services, A/E departments and hospital units) are familiar with their local pathway for patients with different levels of severity of exacerbation in their area.	☐		
1.2	Plans are in place to extend and enhance home support respiratory services over a 7 day period where appropriate.	☐		
1.3	Anticipatory Care/ Palliative care plans for such patients are available to all staff at all times. *Consider use of an effective pre admission assessment/checklist i.e. appropriate medication prescribed, correct inhaler technique, appropriate O2 prescription, referred to the right hospital/right department, referred directly to acute respiratory assessment service where in place..* *Consider use of self-management tools including anticipatory care plans/asthma care plans and that patients have advice information on action to take/who to contact in the event of an exacerbation.* *Patients should have their regular and emergency medication to hand, their care needs are supported and additional care needs identified (should they have an exacerbation).*	☐		
1.4	Simple messages around keeping warm etc. are well displayed at points of contact, and are covered as part of any clinical review. This is an important part of 'preparing for winter for HCPs and patients. *Simple measures are important in winter for patients with chronic disease/COPD. For example, keeping warm during cold weather and avoiding where possible family and friends with current illness can reduce the risk of exacerbation and hospitalisation.*	☐		
2	**There is effective discharge planning in place for people with chronic respiratory disease including COPD**			
2.1	Discharge planning includes medication review, ensuring correct usage/dosage (including O2), checking received appropriate immunisation, good inhaler technique, advice on support available from community pharmacy, general advice on keeping well e.g. keeping warm, eating well, smoking cessation. *Local arrangements should be made to ensure that the actions described are done in the case of all admissions, either in hospital, before discharge, or in Primary Care soon after discharge, by a clinician with sufficient knowledge and*	☐		

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	skills to perform the review and make necessary clinical decisions (specifically including teaching or correcting inhaler technique).			
2.2	All necessary medications and how to use them will be supplied on hospital discharge and patients will have their planned review arranged with the appropriate primary, secondary or intermediate care team.	☐		
3	**People with chronic respiratory disease including COPD are managed with anticipatory and palliative care approaches and have access to specialist palliative care if clinically indicated.**			
3.1	Anticipatory Care Plan's (ACPs) will be completed for people with significant COPD and Palliative Care plans for those with end stage disease. *Spread the use of ACPs and share with Out of Hours services.* *Consider use of SPARRA/Risk Prediction Models to identify those are risk of emergency admission over winter period.* *SPARRA Online: Monthly release of SPARRA data,* *Consider proactive case/care management approach targeting people with heart failure, COPD and frail older people.*	☐		
4	**There is an effective and co-ordinated domiciliary oxygen therapy service provided by the NHS board**			

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4.1	Staff are aware of the procedures for obtaining/organising home oxygen services. Staff have reviewed and are satisfied that they have adequate local access to oxygen concentrators and that they know how to deploy these where required. If following review, it is deemed that additional equipment is needed to be held locally for immediate access, please contact Health Facilities Scotland for assistance (0131 275 6860) Appropriate emergency plans/contacts are in place to enable patients to receive timely referral to home oxygen service over winter/festive period. Contingency arrangements exist, particularly in remote and rural areas, and arrangements are in place to enable clinical staff in these communities to access short term oxygen for hypoxaemic patients in cases where hospital admission or long term oxygen therapy is not clinically indicated. *Take steps to remind primary care of the correct pathway for accessing oxygen, and its clinical indications.*	☐ ☐ ☐ ☐		
5	**People with an exacerbation of chronic respiratory disease/COPD have access to oxygen therapy and supportive ventilation where clinically indicated.**			
5.1	Emergency care contact points have access to pulse oximetry. *Take steps to ensure that all points of first contact with such patients can assess for hypoxaemia, and are aware of those patients in their area who are at risk of CO2 retention. Such patients should be known to Ambulance services, Out of Hours Emergency centres and A/E departments, either through electronic notifications such as eKIS, or by patient help cards, message in a bottle etc.*	☐		

7	Key Roles / Services		RAG	Further Action/Comments
	Heads of Service	☐		
	Nursing / Medical Consultants	☐		
	Consultants in Dental Public Health	☐		
	AHP Leads	☐		

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	Infection Control Managers	☐		
	Managers Responsible for Capacity & Flow	☐		
	Pharmacy Leads	☐		
	Mental Health Leads	☐		
	Business Continuity / Resilience Leads, Emergency Planning Managers	☐		
	OOH Service Managers	☐		
	GP's	☐		
	NHS 24	☐		
	SAS	☐		
	Other Territorial NHS Boards, eg mutual aid	☐		
	Independent Sector	☐		
	Local Authorities, incLRPs & RRPs	☐		
	Integration Joint Boards	☐		
	Strategic Co-ordination Group	☐		
	Third Sector	☐		
	SG Health & Social Care Directorate	☐		

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ANNEX B

Covid Surge Bed Capacity Template

		Baseline ICU Capacity	Double Capacity and Commitment to deliver in one week	'Triple plus' Capacity Commitment to deliver in two weeks	ICU Max Surge Beds	Y - Correct / N Incorrect with comment	Please list assumptions & consequences to other service provision to meeting these requirements
PART A: ICU	Please confirm that your NHS Board can deliver the stated level of ICU Capacity in the time periods set out	29	54	92	113		

PART B: CPAP	Please set out the maximum number of COVID patients (at any one time) that could be provided CPAP in your NHS Board, should it be required		
PART C: Acute	Please set out the maximum number of acute beds that your NHS Board would re-provision for COVID patients (share of 3,000 nationally), should it be required		

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ANNEX C

Infection Prevention and Control COVID-19 Outbreak Checklist

(Refer to the National Infection Prevention and Control Manual (NIPCM) for further information http://www.nipcm.hps.scot.nhs.uk/)

This COVID-19 tool is designed for the control of incidents and outbreak in healthcare settings.

Definitions: 2 or more confirmed or suspected cases of COVID within the same area within 14 days where cross transmission has been identified.
Confirmed case: anyone testing positive for COVID
Suspected case: anyone experiencing symptoms indicative of COVID (not yet confirmed by virology)

This tool can be used within a COVID ward or when there is an individual case or multiple cases.

Standard Infection Control Precautions;
Apply to all staff, in all care settings, at all times, for all patients when blood, body fluids or recognised/unrecognised source of infection are present.

Patient Placement/Assessment of risk/Cohort area						**Date**
Patient placement is prioritised in a suitable area pending investigation such as for a single case i.e. single room with clinical wash hand basin and en-suite facilities						
Cohort areas are established for multiple cases of **confirmed** COVID (if single rooms are unavailable). Suspected cases should be cohorted separately until confirmed. Patients should be separated by at least 2 metres if cohorted.						
Doors to isolation/cohort rooms/areas are closed and signage is clear (undertake a patient safety risk assessment for door closure).						
If failure to isolate, inform IPCT. **Ensure all patient placement decisions and assessment of infection risk (including isolation requirements) is clearly documented in the patient notes and reviewed throughout patient stay.**						
Patient placement is reviewed as the care pathway changes. NB: Patients may be moved into suspected or confirmed COVID-19 cohorts or wards to support bed management.						
Personal Protective Clothing (PPE)						
Droplet precautions: Staff providing direct care must wear disposable aprons, gloves, FRSM and eye/face protection, when in the patients' immediate care environment. If in a cohort staff should wear a FRSM when not providing direct care. Airborne precautions: High risk area or performing AGPs: use a FFP respirator and consider the need for a gown/coverall.						
Safe Management of Care Equipment						

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Single-use items are in use where possible.					
Dedicated reusable non-invasive care equipment is in use and decontaminated between uses. Where it cannot be dedicated ensure equipment is decontaminated following removal from the COVID-19 room/cohort area and prior to use on another patient.					
Safe Management of the Care Environment					
All areas are free from non-essential items and equipment.					
At least twice daily decontamination of the patient isolation room/cohort rooms/areas is in place using a combined detergent/disinfectant solution at a dilution of 1,000 parts per million (ppm) available chlorine (av.cl.).					
Increased frequency of decontamination (at least twice daily)is incorporated into the environmental decontamination schedules for areas where there may be higher environmental contamination rates e.g. “frequently touched" surfaces such as door/toilet handles and locker tops, over bed tables and bed rails.					
Terminal decontamination is undertaken following patient transfer, discharge, or once the patient is no longer considered infectious.					
Hand Hygiene					
Staff undertake hand hygiene as per WHO 5 moments: using either ABHR or soap and water					
Movement Restrictions/Transfer/Discharge					
Patients with suspected/confirmed COVID should not be moved to other wards or departments unless this is for essential care such as escalation to critical care or essential investigations. Discharge home/care facility: Follow the latest advice in COVID-19 - guidance for stepdown of infection control precautions and discharging COVID-19 patients from hospital to residential settings.					
Respiratory Hygiene					
Patients are supported with hand hygiene and provided with disposable tissues and a waste bag					
Information and Treatment					
Patient/Carer informed of all screening/investigation result(s).					
Patient Information Leaflet if available or advice provided?					
Education given at ward level by a member of the IPCT on the IPC COVID guidance?					
Staff are provided with information on testing if required					

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ANNEX A

Preparing for Winter 2020/21: Supplementary Checklist of Winter Preparedness: Self-Assessment

Priorities

1. **Resilience**
2. **Unscheduled / Elective Care**
3. **Out of Hours**
4. **Norovirus**
5. **Covid -19, Seasonal Flu, Staff Protection & Outbreak Resourcing**
6. **Respiratory Pathway**
7. **Integration of Key Partners / Services**

These checklists supplement the Preparing for Winter 2020/21 Guidance and support the strategic priorities for improvement identified by local systems from their review of last winter's pressures and performance. For the avoidance of doubt, your winter preparedness assessment should cover systems, processes and plans to mitigate risks arising from a resurgence in covid-19, severe weather, winter flu and other winters respiratory issues, and a no deal Brexit – either individually or concurrently.

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

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

Winter Preparedness: Self-Assessment Guidance

- Local governance groups can use these checklists to self-assess the quality of overall winter preparations and to identify where further action may be required. This should link to the guidance available for continual provision of service available on the associated web links highlighted on the accompanying paper.

- The following RAG status definitions are offered as a guide to help you evaluate the status of your overall winter preparedness.

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

1	Resilience Preparedness *(Assessment of overall winter preparations and further actions required)*		RAG	Further Action/ Comments
1	The NHS Board and Health and Social Care Partnerships (HSCPs) have robust business continuity management arrangements and plans in place to manage and mitigate all key disruptive risks including the impact of severe weather, EU Exit and Covid-19 resurgence. These arrangements have built on the lessons learned from previous events, and are regularly tested to ensure they remain relevant and fit for purpose. Resilience officers are fully involved in all aspects of winter planning to ensure that business continuity management principles are embedded in winter plans. *The Preparing For Emergencies: Guidance For Health Boards in Scotland (2013) sets out the expectations in relation to BCM and the training and exercising of incident plans – see Sections 4 and 5, and Appendix 2 of Preparing for Emergencies for details. The Preparing for Emergencies Guidance sets out the minimum standard of preparedness expected of Health Boards – see Standard 18.*	☐ ☐		The Edinburgh Health and Social Care Partnership (EHSCP) Resilience Lead and Co-ordinator reviews its Severe Weather Plan yearly with the assistance of Resilience Specialists. It is reviewed again after each severe weather incident (e.g. floods, high winds, etc) debrief to ensure that any lessons learned is incorporated into the plan. A Severe Weather Group was also set up in 2019 with members from Council, NHS Lothian and EHSCP to further strengthen resilience response and share resources during winter weather related incidents. Should there be a significant surge in COVID, the central Command Centre model which was in place during lockdown, will be reinstated. This was well tested over the summer. Resilience plans are in place for NHS Services, and plans for CEC services will be in place by early December. The plans set out arrangements for services in the

				event of incidents of disruption, including any potential impact of Brexit. The Partnership also has representation on the relevant committees focusing on potential impacts of Brexit.
2	Business continuity (BC) plans take account of the critical activities of the NHS Board and HSCPs; the analysis of the effects of disruption and the actual risks of disruption; and plans are based on risk-assessed worst case scenarios, including Covid-19 reasonable worst case scenarios. Risk assessments take into account staff absences including those likely to be caused by a range of scenarios including seasonal flu and/or Covid-19 as outlined in section 5 and a business impact analysis so that essential staffing requirements are available to maintain key services. The critical activities and how they are being addressed are included on the corporate risk register and are regularly monitored by the risk owner. The Health Board and HSC partnership has negotiated arrangements in place for mutual aid with local partners, which cover all potential requirements in respect of various risk scenarios.	☐ ☐ ☐		EHSCP Tactical Plan considers every essential service within the Partnership and covers various risk-assessed scenarios, including seasonal flu and COVID. Partial - Annual update exercise of Business Continuity plans for EHSCP's NHS Services are nearly complete and Council Services are currently carrying out Business Impact Assessments as part of a systems migration to BusinesContinuity2 that make available all Council EHSCP Business Continuity Plans available online. This work is being actively monitored through the Council's Internal Audit programme and has specific risk findings set against the completion of this work in 2020. Severe Weather Group - members from Council, NHS Lothian and EHSCP to further strengthen resilience response and share resources during weather related incidents.

3	The NHS Board and HSCPs have appropriate policies in place should winter risks arise. These cover: • what staff should do in the event of severe weather or other issues hindering access to work, and • how the appropriate travel and other advice will be communicated to staff and patients • how to access local resources (including voluntary groups) that can support a) the transport of staff to and from their places of work during periods of severe weather and b) augment staffing to directly or indirectly maintain key services. Policies should be communicated to all staff and partners on a regular basis. *Resilience officers and HR departments will need to develop a staff travel advice and communications protocol to ensure that travel advice and messages to the public are consistent with those issued by Local /Regional Resilience Partnerships to avoid confusion. This should be communicated to all staff.*	☐		CEC and NHS have adverse weather policies. This is included in the Severe Weather plan
4	The NHS Board's and HSCPs websites will be used to advise on changes to access arrangements during Covid-19, travel to appointments during severe weather and prospective cancellation of clinics.	☐		Communication plans and contacts are in place to alert staff, patients and service users of any disruption.
6	The NHS Board, HSCPs and relevant local authorities have created a capacity plan to manage any potential increase in demand for mortuary services over the winter period; this process has involved funeral directors.	☐		This is included the Council's Severe Weather plan.
7	The NHS Board and HSCPs have considered the additional impacts that a 'no deal' EU withdrawal on 1 January 2021 might have on service delivery across the winter period.	☐		EHSCP has considered the impacts of service delivery across the winter period. This is listed in a Brexit Risk Register that is regular updated and shared with both NHS Lothian and Council partners.

2	**Unscheduled / Elective Care Preparedness** *(Assessment of overall winter preparations and further actions required)*		**RAG**	**Further Action/ Comments**
1	**Clinically Focussed and Empowered Management**			
1.1	Clear site management and communication process are in place across NHS Boards and HSCPs with operational overview of all emergency and elective activity. *To manage and monitor outcomes monthly unscheduled care meetings of the hospital quadrumvirate should invite IJB Partnership representatives and SAS colleagues (clinical and non-clinical) to work towards shared improvement metrics and priority actions. A member of the national improvement team should attend these meetings to support collaborative working.* *Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.*	☐		Clear operational lines of escalation are in place within EHSCP
1.2	Effective communication protocols are in place between clinical departments and senior managers to ensure that potential system pressures are identified as they emerge and as soon as they occur departmental and whole system escalation procedures are invoked.	☐		Daily teleconferences will be scheduled if there are significant pressures across the system
1.3	A Target Operating Model and Escalation policies are in place and communicated to all staff. Consider the likely impact of emergency admissions on elective work and vice versa, including respiratory, circulatory, orthopaedics, cancer patients, ICU/PICU. *This should be based on detailed modelling, pre-emptive scheduling of electives throughout the autumn, and early spring, and clear strategies regarding which lists may be subject to short-notice cancellation with a minimum impact.* *Pressures are often due to an inability to discharge patients timeously. Systems should be in place for the early identification of patients who no longer require acute care and discharged without further delay*	☐		Not applicable – NHS Lothian to complete
1.4	Escalation procedures are linked to a sustainable resourcing plan, which encompasses the full use of step-down community facilities, such as community hospitals and care homes. HSCPs should consider any requirement to purchase additional capacity over the winter period.	☐		Care Home admissions are managed centrally matched to available capacity and information about capacity in private care homes is also utilised to

	All escalation plans should have clearly identified points of contact and should be comprehensively tested and adjusted to ensure their effectiveness.			match service users to places dependant on price and funding available. Should exceptional pressures develop these will be escalated to EMT. Sheena Muir is in regular contact with the AAH Discharge Hub throughout the day especially over winter and has knowledge/early sight of any specific issues which could impact on flow and assist the team in finding solutions. There are no plans to increase the capacity in Liberton over winter. Any escalations will be via Tom Cowan to the EMT/Chief Officer.
2	**Undertake detailed analysis and planning to effectively manage scheduled elective, unscheduled and COVID activity (both short and medium-term) based on forecast emergency and elective demand and trends in infection rates, to optimise whole systems business continuity. This has specifically taken into account the surge in unscheduled activity in the first week of January.**			
2.1	Pre-planning and modelling has optimised demand, capacity, and activity plans across urgent, emergency and elective provision are fully integrated, including identification of winter surge beds for emergency admissions *Weekly projections for scheduled and unscheduled demand and the capacity required to meet this demand are in place.* *Weekly projections for Covid demand and the capacity required to meet this demand including an ICU surge plan with the ability to double capacity in one week and treble in two weeks and confirm plans to quadruple ICU beds as a maximum surge capacity.* *Plans in place for the delivery of safe and segregated COVID care at all times.* *Plans for scheduled services include a specific 'buffering range' for scheduled queue size, such that the scheduled queue size for any speciality/sub-speciality can fluctuate to take*	☐		Not applicable – NHS Lothian to complete

	account of any increases in unscheduled demand without resulting in scheduled waiting times deteriorating. This requires scheduled queue size for specific specialities to be comparatively low at the beginning of the winter period. *NHS Boards can evidence that for critical specialities scheduled queue size and shape are such that a winter or COVID surge in unscheduled demand can be managed at all times ensuring patient safety and clinical effectiveness without materially disadvantaging scheduled waiting times.*			
2.2	Pre-planning has optimised the use of capacity for the delivery of emergency and elective treatment, including identification of winter / COVID surge beds for emergency admissions and recovery plans to minimise the impact of winter peaks in demand on the delivery of routine elective work. *This will be best achieved through the use of structured analysis and tools to understand and manage all aspects of variation that impact on services, by developing metrics and escalation plans around flexing or cancelling electives, and by covering longer term contingencies around frontloading activity for autumn and spring. Where electives are cancelled consideration should be given on whether the Scottish Government Access Support team should be informed in order to seek support and facilitate a solution.* *Ensure that IP/DC capacity in December/January is planned to take account of conversions from OPD during Autumn to minimise the risk of adverse impact on waiting times for patients waiting for elective Inpatient/Day-case procedures, especially for patients who are identified as requiring urgent treatment.* *Management plans should be in place for the backlog of patients waiting for planned care in particular diagnostic endoscopy or radiology set in the context of clinical prioritisation and planning assumptions*	☐		Not applicable – NHS Lothian to complete

3	**Agree staff rotas in October for the fortnight in which the two festive holiday periods occur to match planned capacity and demand and projected peaks in demand. These rotas should ensure continual access to senior decision makers and support services required to avoid attendance, admission and effective timely discharge. To note this year the festive period public holidays will span the weekends.**			
3.1	System wide planning should ensure appropriate cover is in place for Consultants (Medical and Surgical), multi-professional support teams, including Infection, Prevention and Control Teams (IPCT), Social Workers, home care and third sector support. This should be planned to effectively manage predicted activity across the wider system and discharge over the festive holiday periods, by no later than the end of October. *This should take into account predicted peaks in demand, including impact of significant events on services, and match the available staff resource accordingly. Any plans to reduce the number of hospitals accepting emergency admissions for particular specialties over the festive period, due to low demand and elective activity, need to be clearly communicated to partner organisations*.	☐		EHSCP will map annual leave arrangements for all teams to ensure there is adequate cover in place. There will be clearly defined points of contact across the system for the duration of the festive period; providing assurance there is adequate leadership in place for the purpose of immediate decision-making, responding to any unexpected situations that may arise as well as programmed activity.
3.2	Extra capacity should be scheduled for the 'return to work' days after the four day festive break and this should be factored into annual leave management arrangements across Primary, Secondary and Social Care services.	☐		As above
3.3	Additional festive services are planned in collaboration with partner organisations e.g. Police Scotland, SAS, Voluntary Sector etc. *NHS Boards and HSC Partnerships are aware of externally provided festive services such as minor injuries bus in city centre, paramedic outreach services and mitigate for any change in service provision from partner organisations*	☐		EHSCP now has a tactical resilience plan and an Incident Management Team. The resilience plan includes collaborative links with Police Scotland, for example during severe weather. Festive service planning in place with EVOC Open House health and well-being programme, and VOCAL support for unpaid carers. Contingency plans will be in place should there be a further lockdown period.

3.4	Out of Hours services, GP, Dental and Pharmacy provision over festive period will be communicated to clinicians and managers including on call to ensure alternatives to attendance are considered. *Dental and pharmacy provision should be communicated to all Health and Social Care practitioners across the winter period to support alternatives to attendance at hospital.*	☐		This is communicated via NHS Lothian Primary Care Contracts Office (PCCO) at Waverley Gate. PCCO communicate community pharmacy hours of service to relevant parties, including updating NHS Inform.
	Develop whole-system pathways which deliver a planned approach to urgent care ensuring patients are seen in the most appropriate clinical environment, minimising the risk of healthcare associated infection and crowded Emergency Departments. **Please note regular readiness assessments should be provided to the SG Unscheduled Care team including updates on progress and challenges.**			
	To ensure controlled attendance to A&E services a 24/7 Health Board Flow Navigation Centre will offer rapid access to a senior clinical decision maker and be staffed by a multi-disciplinary team, optimising digital health when possible in the clinical consultation and should have the ability to signpost to available local services, such as MIU, AEC, GP (in and out of hours), pharmacy and ED if required. Self-care / NHS inform should be promoted where appropriate. Referrals to the flow centre will come from: • NHS 24 • GPs and Primary and community care • SAS • A range of other community healthcare professionals. If a face to face consultation is required, this will be a scheduled appointment with the right person and at the right time in the right place based on clinical care needs. Technology should be available to book appointments for patients and provide visable appointments / timeslots at A&E services. The impact on health-inequalties and those with poor digital access should be taken into account, mitigated, monitored and built into local equality impact assessments.	☐		Not applicable – NHS Lothian to complete (under the Redesign of Urgent Care workstream)

	Professional to professional advice and onward referral services should be optimised where required Development of pathways across whole system for all unscheduled care working with Scottish Ambulance Service to access pathways and avoid admission.	☐		Work is ongoing as part of the Redesign of Urgent Care Phase 2 workstream to redirect appropriate community pathways through the Flow Centre, including, for EHSCP, for CRT, MSK, and the Prevention Team. This work is also looking at the existing COPD SAS pathway and how to better utilise this
4	**Optimise patient flow by proactively managing Discharge Process utilising 6EA – Daily Dynamic Discharge to shift the discharge curve to the left and ensure same rates of discharge over the weekend and public holiday as weekday.**			
4.1	Discharge planning in collaboration with HSCPs, Transport services, carer and MDT will commence prior to, or at the point of admission, using, where available, protocols and pathways for common conditions to avoid delays during the discharge process. *Patients, their families and carers should be involved in discharge planning with a multi-disciplinary team as early as possible to allow them to prepare and put in place the necessary arrangements to support discharge.* *Utilise Criteria Led Discharge wherever possible.* *Supporting all discharges to be achieved within 72 hours of patient being ready.* *Where transport service is limited or there is higher demand, alternative arrangements are considered as part of the escalation process – this should include third sector partners (e.g. British Red Cross) Utilise the discharge lounge as a central pick-up point to improve turnaround time and minimise wait delays at ward level.*	☐		Proactive MATT meetings daily to support hospital flow and onsite presence of Home First navigators on acute sites Home First Flow Navigators in the WGH site to support early pull working with front door and with wards Home First Navigators working with discharge hub in WGH to manage people on acute medical wards. Discharge to Assess to create an alternative pathway to admission Home First Prevention Care to support people up to 72 hours in crisis as an alternative to admission.
4.2	To support same rates of discharge at weekend and public holiday as weekdays regular daily ward rounds and bed meetings will be conducted to ensure a proactive approach to discharge. Discharges should be made early in the day, over all 7 days,	☐		The MDTs will be focussed on 7 day discharges and that all discharges take place as early in

	and should involve key members of the multidisciplinary team, including social work. Criteria Led Discharge should be used wherever appropriate. *Ward rounds should follow the 'golden hour' format – sick and unwell patients first, patients going home and then early assessment and review. Test scheduling and the availability of results, discharge medication, transport requirements and availability of medical and nursing staff to undertake discharge should all be considered during this process to optimise discharge pre-noon on the estimated date of discharge. Criteria Led Discharge should be used wherever appropriate.*			the day as possible. As long as the discharge takes place in day time hours then the bed can be utilised on the same day. Many of the patients being discharged require SAS transport so morning discharges cannot always be guaranteed. Discharges can take place over the weekend if planned in advance to allow for discharge medications to be prepared (no on site pharmacy staff or medical staff at Liberton at the weekend) but this is dependent on ongoing care arrangements being in place if required.
	Discharge lounges should be fully utilised to optimise capacity. This is especially important prior to noon. *Processes should be in place to support morning discharge at all times (e.g.) breakfast club, medication, pull policy to DL, default end point of discharge. Utilisation should be monitored for uptake and discharge compliance.* *Extended opening hours during festive period over public Holiday and weekend*	☐		Not applicable – NHS Lothian to complete
4.4	Key partners such as: pharmacy, transport and support services, including social care services, will have determined capacity and demand for services and be able to provide adequate capacity to support the discharge process over winter period. These services should be aware of any initiatives that impact on increased provision being required and communication processes are in place to support this. e.g. surge in pre-Christmas discharge *There should be a monitoring and communication process in place to avoid delays, remove bottlenecks and smooth patient discharge processes*	☐		The NHS Lothian Community Pharmacy Core Group review demand and adjust Community Pharmacy opening hours accordingly. Pharmacists and Technicians are deployed across GP Practices to support pharmacotherapy services, medicines reconciliation at discharge and acute prescription requests.

5	**Agree anticipated levels of homecare packages that are likely to be required over the winter (especially festive) period and utilise intermediate care options such as Rapid Response Teams, enhanced supported discharge or reablement and rehabilitation (at home and in care homes) to facilitate discharge and minimise any delays in complex pathways.**			
5.1	Close partnership working between stakeholders, including the third and independent sector to ensure that adequate care packages are in place in the community to meet all discharge levels. *This will be particularly important over the festive holiday periods.* *Partnerships will monitor and manage predicted demand supported by enhanced discharge planning and anticipated new demand from unscheduled admissions.* *Partnerships should develop local agreements on the direct purchase of homecare supported by ward staff.* *Assessment capacity should be available to support a discharge to assess model across 7 days.*	☐		EHSCP will work with third and independent organisations to ensure that they can maintain workloads over the festive period to ensure whole system flow along with pulling patients from Reablement to create capacity post Christmas when the demand will surge.
5.2	Intermediate care options, such as enhanced supported discharge, reablement and rehabilitation will be utilised over the festive and winter surge period, wherever possible. *Partnerships and Rapid Response teams should have the ability to directly purchase appropriate homecare packages, following the period of Intermediate care.* *All delayed discharges will be reviewed for alternative care arrangements and discharge to assess where possible*	☐		Therapy capacity has been increased to support Discharge to Assess. This will provide additional rehabilitation, supporting better outcomes in a shorter duration. In addition, further Community Care Assistant posts have been funded, increasing capacity within the service and generating an additional ten discharges, taking that up to a total of 60 per week. Additional AHP resource has been secured for winter for the Home First teams based in the RIE and WGH, as well as increased social work capacity in the locality hubs Home First Prevention Care will support people at home as

				an alternative to hospital for up to 72 hours. Reablement will run over the festive period and will prepare for surge actions for the post Festive Surge. Patients will be considered for all pathways, discharge to assess, reablement, hospital at home as alternative to a lengthy admission and to prevent a delayed discharge We will work with our independent providers to move as many cases onto to create capacity in the reablement team so that we can respond to the winter surge.
5.3	Patients identified as being at high risk of admission from, both the SPARRA register and local intelligence, and who have a care manager allocated to them, will be identifiable on contact with OOH and acute services to help prevent admissions and facilitate appropriate early discharge. *Key Information Summaries (KIS) will include Anticipatory Care Planning that is utilised to manage care at all stages of the pathways.*	☐		The Long Term Conditions (LTC) Programme have collaborated with Effective Communication for Health, third sector organisations and H&SCP staff to support ACP conversations and models for sharing information across the integrated system. Covid-19 ACP guidance and resources have been developed for healthcare professionals, GP practice teams and care homes. • *ACPs in Care Homes 7 Steps to ACP* • COVID-19: Effective communication for professionals (RED-MAP resources) • *ACP and Coronavirus: for GP practices (Update)*

Page 204				A suite of ACP resources have been developed to support health teams working in the community to create Covid19 ACP/KIS *ACP Community Bundle* A working group has been set up to establish a community bundle for social care teams. People with COPD who are at high risk of hospital admission/ readmission are proactively identified and reviewed within a multi-disciplinary team – KIS request created and shared with their GP. Jan 2019 COPD KIS Audit carried out-763 people with COPD, known to CRT audited. 304 who did not have a KIS - requested strapline in KIS special notes to share across the system – that first point of contact is community respiratory team.
5.4	All plans for Anticipatory Care Planning will be implemented, in advance of the winter period, to ensure continuity of care and avoid unnecessary emergency admissions / attendances. *KIS and ACPs should be utilised at all stages of the patient journey from GP / NHS 24, SAS, ED contact. If attendances or admissions occur Anticipatory Care Plans and key information summaries should be used as part of discharge process to inform home circumstances, alternative health care practitioners and assess if fit for discharge.*	☐		There are 141,985 Key Information Summaries (KIS) in place for high risk individuals in Edinburgh, an increase of 200% compared to March 2019. 260 third sector and health and social care staff have been trained to improve ACP during this period. Long Term Conditions Programme are currently supporting VOCAL, Edinburgh Carer Support Team,

				Genetics, Homecare, Medicine of Elderly, district nursing teams and the Flow Centre to improve ACP pathways. This includes adopting a 'Think Ahead' approach, identifying high risk individuals that would benefit from an ACP/KIS, resulting in increased quality, quantity and access to ACPs via KIS. 400 KEY magnets and wallet cards were issued to people who are at risk of hospital admission to prompt emergency services that they have a KIS. Emergency cards were issued to patients and carers by the carer support team to alert that a KIS is in place.
	Covid-19 Regional Hubs fully operational by end November. Additional lab capacity in place through partner nodes and commercial partners by November. Turnaround times for processing tests results within 24/48 hours.			Not applicable – NHS Lothian to complete
6.0	**Ensure that communications between key partners, staff, patients and the public are effective and that key messages are consistent.**			
6.1	Effective communication protocols are in place between key partners, particularly across emergency and elective provision, local authority housing, equipment and adaptation services, Mental Health Services, and the independent sector and into the Scottish Government. *Collaboration between partners, including NHS 24, Locality Partnerships, Scottish Ambulance Service, SNBTS through to A&E departments, OOH services, hospital wards and critical care, is vital in ensuring that winter plans are developed as part of a whole systems approach.* *Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.*	☐		EHSCP Communications Plan is being developed and will include this

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

3	**Out of Hours Preparedness** *(Assessment of overall winter preparations and further actions required)*		**RAG**	**Further Action/Comments**
1	The OOH plan covers the full winter period and pays particular attention to the festive period and public holidays. *This should include an agreed escalation process.* *Have you considered local processes with NHS 24 on providing pre-prioritised calls during OOH periods?*	☐		Not applicable – NHS Lothian to complete
2	The plan clearly demonstrates how the Board will manage both predicted and unpredicted demand from NHS 24 and includes measures to ensure that pressures during weekends, public holidays are operating effectively. The plan demonstrates that resource planning and demand management are prioritised over the festive period.	☐		Not applicable – NHS Lothian to complete
3	There is evidence of attempts at enabling and effecting innovation around how the partnership will predict and manage pressures on public holidays/Saturday mornings and over the festive period. The plan sets out options, mitigations and solutions considered and employed.	☐		Additional capacity has been put in place provide 7-day working in areas of key demand

				Operational managers will ensure that there is sufficient capacity to provide front-line services over the festive period.
4	There is reference to direct referrals between services. *For example, are direct contact arrangements in place, for example between Primary Care Emergency Centres (PCECs)/Accident & Emergency (A&E) Departments/Minor Injuries Units (MIUs) and other relevant services? Are efforts being made to encourage greater use of special notes, where appropriate?*	☐		Not applicable. Edinburgh HSCP has no OOH other than the emergency social work. Other services will link with LUCS.
5	The plan encourages good record management practices relevant to maintaining good management information including presentations, dispositions and referrals; as well as good patient records.	☐		Processes are in place to enable safe information governance and referral
6	There is reference to provision of pharmacy services, including details of the professional line, where pharmacists can contact the out of hours centres directly with patient/prescription queries and vice versa	☐		Pharmacists have established professional to professional lines in place and LUCS has access to the Community Pharmacy Palliative Care Network of pharmacies providing an emergency call out service. NHS24 algorithms updated to include details of the community pharmacy first service, treating UTI and impetigo infections.
7	In conjunction with HSCPs, ensure that clear arrangements are in place to enable access to mental health crisis teams/services, particularly during the festive period.	☐		Emergency mental health assessment is provided 24/7 via MHAS at REH. Referral is via phone call; and includes self-referral. Intensive Homecare Treatment Team can provide intensive crisis service into people's homes following an MHAS referral. The crisis centre is a Third sector commissioned service that is operational 52 weeks of the year and provides people with advice and support, it also has the capacity for people to stay over in the building.

				This service is accessed by people in distress, services can refer but it is a not clinical area and people need to be self-determined
8	Ensure there is reference to provision of dental services, that services are in place either via general dental practices or out of hours centres *This should include an agreed escalation process for emergency dental cases; i.e. trauma, uncontrolled bleeding and increasing swelling.*	☐		PCCO lead on this for HSCPs
9	The plan displays a confidence that staff will be available to work the planned rotas. *While it is unlikely that all shifts will be filled at the moment, the plan should reflect a confidence that shifts will be filled nearer the time. If partnerships believe that there may be a problem for example, in relation to a particular profession, this should be highlighted.*	☐		Currently in process of booking festive shifts. Work underway with LUCs to determine medical staffing
10	There is evidence of what the Board is doing to communicate to the public how their out of hours services will work over the winter period and how that complements the national communications being led by NHS 24. *This should include reference to a public communications strategy covering surgery hours, access arrangements, location and hours of PCECs, MIUs, pharmacy opening, etc.*	☐		Not applicable – NHS Lothian to complete
11	There is evidence of joint working between the HSCP, the Board and the SAS in how this plan will be delivered through joint mechanisms, particularly in relation to discharge planning, along with examples of innovation involving the use of ambulance services.	☐		Discharge to Assess team hours of operation will be expanded to cver 7-day working, facilitating weekend discharges Home First navigator posts have been established within the RIE and WGH (2) who work closely with the In-Reach Nurses (4) in a Home First Team. This winter the teams will be enhanced by 6 staff who will work closely with the Discharge Hubs, the Locality Hubs and Ward Based staff,

Page 209				supporting weekend discharges. Social work capacity will be enhanced by 8WTE (4 social workers per locality). This will support winter surge, enable social worker to link with patients, their families and clinical staff to carry out an assessment earlier in the hospital pathway to facilitate discharge or in the community to avoid admission. The social workers would ensure that there are still discharges over weekends and provide cover over the public holiday period Hospital at Home team is collaborating with SAS and acute services to develop a pathway for the frail elderly, enabling assessment to be carried out closer to home. This will help avoid admissions in a group that may have a poor experience within acute settings associated with their underlying frailty, dementia and co-morbidity, in addition to risk of infection, deconditioning, loss of independence and high mortality
12	There is evidence of joint working between the Board and NHS 24 in preparing this plan. *This should confirm agreement about the call demand analysis being used.*	☐		Not applicable – NHS Lothian to complete

13	There is evidence of joint working between the acute sector and primary care Out-of-Hours planners in preparing this plan. *This should cover possible impact on A&E Departments, MIUs and any other acute receiving units (and vice versa), including covering the contact arrangements.*	☐		Not applicable – NHS Lothian to complete
14	There is evidence of joint planning across all aspects of the partnership and the Board in preparing this plan. *This should be include referral systems, social work on-call availability, support for primary care health services in the community and support to social services to support patients / clients in their own homes etc.*	☐		The Winter Planning Group includes multi-agency and pan-system representation, including membership from acute sites, Social Care Direct, and includes leads for flu, carers, third sector, resilience, and communications. The group leads on the planning, monitoring and evaluation of the Winter plans. Members of the group have all contributed to preparing the plan and this checklist.
15	There is evidence that Business Continuity Plans are in place across the partnership and Board with clear links to the pandemic flu and other emergency plans, including provision for an escalation plan. *The should reference plans to deal with a higher level of demand than is predicted and confirm that the trigger points for moving to the escalation arrangements have been agreed with NHS 24.*	☐		EHSCP recently undertook an exercise to update Resilience Plans for all NHS services managed by the Partnership. These are being submitted to NHS Lothian by 31 October 2020, and will be available on EHSCP Shared Drives, and the NHS Lothian Civil Contingencies Shared Drive in the event of an incident during winter

4	**Prepare for & Implement Norovirus Outbreak Control Measures** *(Assessment of overall winter preparations and further actions required)*		**RAG**	**Further Action/Comments**

1	NHS Boards must ensure that staff have access to and are adhering to the national guidelines on Preparing for and Managing Norovirus in Care Settings *This includes Norovirus guidance and resources for specific healthcare and non-healthcare settings.*	☐		All EHSCP staff have access to appropriate guidance depending on care setting and report cases via local reporting systems e.g. huddles, Care Inspectorate reporting. Norovirus to be added to daily care home SitRep reporting.
2	Infection Prevention and Control Teams (IPCTs) will be supported in the execution of a Norovirus Preparedness Plan before the season starts. *Boards should ensure that their Health Protection Teams (HPTs) support the advance planning which nursing and care homes are undertaking to help keep people out of hospital this winter and provide advice and guidance to ensure that norovirus patients are well looked after in these settings.*	☐		Not applicable – NHS Lothian to complete
3	PHS Norovirus Control Measures (or locally amended control measures) are easily accessible to all staff, e.g. available on ward computer desk tops, or in A4 folders on the wards and that frontline staff are aware of their responsibilities with regards prevention of infection.	☐		In hospital settings staff are required to access most up-to-date information on line with the exception of daily outbreak records which are kept as paper copies through the course of the outbreak. In other settings paper copies may be held locally for ease of access.
4	NHS Board communications regarding bed pressures, ward closures, etc are optimal and everyone will be kept up to date in real time. *Boards should consider how their Communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of a norovirus outbreak.*	☐		Local SitRep reporting is in place detailing capacity and any pressures. Staff also have access to NHS Lothian Infection Control SitRep which is circulated at least twice a day or more frequently if necessary. This advises on ward closures.

5	Debriefs will be provided following individual outbreaks or at the end of season to ensure system modifications to reduce the risk of future outbreaks. *Multiple ward outbreaks at one point in time at a single hospital will also merit an evaluation.*	☐		Outbreak management systems in place for all settings – Problem Assessment Groups (PAG), Incident Management Teams (IMT). These are led by the Infection, Prevention and Control Team.
6	IPCTs will ensure that the partnership and NHS Board are kept up to date regarding the national norovirus situation via the PHS Norovirus Activity Tracker.	☐		This information is available and shared as appropriate
7	Before the norovirus season has begun, staff in emergency medical receiving areas will confirm with the IPCTs the appropriateness of procedures to prevent outbreaks when individual patients have norovirus symptoms, e.g. patient placement, patient admission and environmental decontamination post discharge.	☐		Not applicable – NHS Lothian to complete
8	NHS Boards must ensure arrangements are in place to provide adequate cover across the whole of the festive holiday period. *While there is no national requirement to have 7 day IPCT cover, outwith the festive holiday period, Boards should consider their local IPC arrangements.*	☐		Not applicable – NHS Lothian to complete
9	The NHS Board is prepared for rapidly changing norovirus situations, e.g. the closure of multiple bays / wards over a couple of days. *As part of their surge capacity plan, Boards should consider how wards will maintain capacity in the event that wards are closed due to norovirus.*	☐		Surge capacity planning is incorporated in EHSCP resilience plans
10	There will be effective liaison between the IPCTs and the HPTs to optimise resources and response to the rapidly changing norovirus situation. *HPT/IPCT and hospital management colleagues should ensure that the they are all aware of their internal processes and that they are still current.*	☐		Not applicable – NHS Lothian to complete

11	The partnership is aware of norovirus publicity materials and is prepared to deploy information internally and locally as appropriate, to spread key messages around norovirus.	☐		Materials are available on NHS Lothian intranet and CEC Orb for staff to access. Any communications are cascaded through the operational and professional lines to front line staff.
12	Boards should consider how their Communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of a norovirus outbreak Boards should consider how their communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of Covid-19.	☐		Not applicable – NHS Lothian to complete

	Covid-19, Seasonal Flu, Staff Protection & Outbreak Resourcing *(Assessment of overall winter preparations and further actions required)*		**RAG**	**Further Action/Comments**
	Staff, particularly those working in areas with high risk patients such as paediatric, oncology, maternity, care of the elderly, haematology, ICUs, etc., have been vaccinated to prevent the potential spread of infection to patients and other staff, as recommended in the CMO's seasonal flu vaccination letter published on 07 Aug 20 https://www.sehd.scot.nhs.uk/cmo/CMO(2020)19.pdf *This will be evidenced through end of season vaccine uptake submitted to PHS by each NHS board. Local trajectories have been agreed and put in place to support and track progress.*	☐		It has been recommended that all health and social care staff are vaccinated and this has been offered via peer vaccination within wards / departments and booked appointments.
2	All of our staff have easy and convenient access to the seasonal flu vaccine. In line with recommendations in CMO Letter clinics are available at the place of work and include clinics during early, late and night shifts, at convenient locations. Drop-in clinics are also available for staff unable to make their designated appointment and peer vaccination is facilitated to bring vaccine as close to the place of work for staff as possible. *It is the responsibility of health care staff to get vaccinated to protect themselves from seasonal*	☐		There are a range of drive-through and walk-in clinics being held on sites across the city, working seven-days a week for a period of eight weeks. NHS and Social Care staff are able to attend the drive-through and walk-in clinics but are not limited to a particular date or time, providing

	flu and in turn protect their vulnerable patients, but NHS Boards have responsibility for ensuring vaccine is easily and conveniently available; that sufficient vaccine is available for staff vaccination programmes; that staff fully understand the role flu vaccination plays in preventing transmission of the flu virus and that senior management and clinical leaders with NHS Boards fully support vaccine delivery and uptake. *Vaccine uptake will be monitored weekly by performance & delivery division.*			flexibility around work commitments There are also a number of peer vaccinators (nursing staff) who are able to administer the vaccination to any staff, regardless of whether they are employed by the NHS or CEC, within their teams
3	Workforce in place to deliver expanded programme and cope with higher demand, including staff to deliver vaccines, and resource phone lines and booking appointment systems.			The Partnership has sufficient vaccinators in place who have received appropriate training.
4	Delivery model(s) in place which: • Has capacity and capability to deal with increased demand for the seasonal flu vaccine generated by the expansion of eligibility as well as public awareness being increased around infectious disease as a result of the Covid-19 pandemic. • Is Covid-safe, preventing the spread of Covid-19 as far as possible with social distancing and hygiene measures. • Have been assessed in terms of equality and accessibility impacts *There should be a detailed communications plan for engaging with patients, both in terms of call and recall and communicating if there are any changes to the delivery plan.*			The programme for winter 2020/21 is being delivered in a variety of ways depending on the nature and needs of the group being targeted and it is expected that approximately 90% of vaccinations will be carried out by the Partnership: o There are a range of drive-through and walk-in clinics being held on sites across the city, working seven-days a week for a period of eight weeks o People in Edinburgh who are eligible for vaccination are being contacted by letter and/or text message to advise them of the benefits and that they can find out about arrangements in their area by calling NHS Inform, on the NHS Inform website, or by calling their local practice o General practices in Edinburgh have been allocated dates when registered patients who fall into the categories eligible for

				vaccination may attend. To limit queues and facilitate social distancing there are hour-long slots across the day with patients attending in groups by surname. In addition, there will be opportunistic testing carried out for any patients attending the practice in person o In addition to the above, pregnant women may also receive their vaccination through maternity services and unpaid carers are being encouraged to contact their local practice to ensure they receive their vaccinations o Vaccinations for the housebound and care home residents are being carried out by the district nursing teams in the city o Children of primary school age will be vaccinated through the community vaccination team, and those aged two to five years through the Children's Partnership although some who cannot have the nasal flu vaccination may need to attend their GP practice o In addition, vaccinations are also available through pharmacies but clinics are the preferred route in most cases o The vaccination programme is being supported by Volunteer Edinburgh.

5	The winter plan takes into account the predicted surge of seasonal flu activity that can happen between October and March and we have adequate resources in place to deal with potential flu outbreaks across this period. *If there are reported flu outbreaks during the season, where evidence shows that vaccination uptake rates are not particularly high, NHS Boards may undertake targeted immunisation. In addition, the centralised contingency stock of influenza vaccine, purchased by the Scottish Government can be utilised if required. Antiviral prescribing for seasonal influenza may also be undertaken when influenza rates circulating in the community reach a trigger level (advice on this is generated by a CMO letter to health professionals)*	☐		Regular updates from NHS Lothian Public Health and Infection Prevention and Control Teams regarding outbreaks and availability of flu vaccines to enable us to target activity.
6	PHS weekly updates, showing the current epidemiological picture on Covid-19 and influenza infections across Scotland, will be routinely monitored over the winter period to help us detect early warning of imminent surges in activity. *PHS and the Health Protection Team within the Scottish Government monitor influenza rates during the season and take action where necessary, The Outbreak Management and Health Protection Team brief Ministers of outbreak/peaks in influenza activity where necessary. PHS produce a weekly influenza bulletin and a distillate of this is included in the PHS Winter Pressures Bulletin.*	☐		Regular updates from NHS Lothian Public Health and Infection Prevention and Control Teams regarding outbreaks and availability of flu vaccines.
7	NHS Health Boards have outlined performance trajectory for each of the eligible cohort for seasonal flu vaccine (2020/2021) which will allow for monitoring of take up against targets and performance reporting on a weekly basis. The eligible cohorts are as follows: • Adults aged over 65 • Those under 65 at risk • Healthcare workers • Unpaid and young carers • Pregnant women (no additional risk factors) • Pregnant women (additional risk factors) • Children aged 2-5 • Primary School aged children • Frontline social care workers • 55-64 year olds in Scotland who are not already eligible for flu vaccine and not a member of shielding household	☐		Not applicable – NHS Lothian to complete

	• Eligible shielding households The vaccinations are expected to start this week (week commencing 28th September), and we will be working with Boards to monitor vaccine uptake. This will include regular reporting that will commence from the end of week commencing 12th October. We will adopt a the Public Health Scotland model, which is a pre-existing manual return mechanism that has been used in previous seasons with NHS Boards to collate Flu vaccine uptake data when vaccination is out with GP practices.			
8	Adequate resources are in place to manage potential outbreaks of Covid-19 and seasonal flu that might coincide with norovirus, severe weather and festive holiday periods. *NHS board contingency plans have a specific entry on plans to mitigate the potential impact of potential outbreaks of seasonal influenza to include infection control, staff vaccination and antiviral treatment and prophylaxis. Contingency planning to also address patient management, bed management, staff redeployment and use of reserve bank staff and include plans for deferral of elective admissions and plans for alternative use of existing estate or opening of reserve capacity to offset the pressures.*	☐		Resilience planning is in place to mitigate the risk of multiple events occurring simultaneously. This includes prioritisation to essential services only.
	Tested appointment booking system in place which has capacity and capability to deal with increased demand generated by the expansion of eligibility and increased demand expected due to public awareness around infectious disease as a result of the Covid-19 pandemic.			Edinburgh HSCP has tested appointment systems with the Community Covid-19 Testing Centres and Drive Through Flu Vaccination Programme. Full evaluation still required.
10	NHS Boards must ensure that all staff have access to and are adhering to the national COVID-19 IPC and PPE guidance and have received up to date training in the use of appropriate PPE for the safe management of patients. Aerosol Generating Procedures (AGPs) In addition to this above, Boards must ensure that staff working in areas where Aerosol Generating Procedures (AGPs) are likely to be undertaken - such as Emergency Department, Assessment Units, ID units, Intensive Care Units and respiratory wards (as a minimum) - are fully aware of all IPC policies and guidance relating to AGPs; are FFP3 fit-tested; are trained in the use of this PPE for the safe management of suspected Covid-19 and flu cases; and that this training is up-to-	☐		All staff have access to PPE and training. This is monitored via safety huddles, Care Inspectorate, care home support teams, PQIs, IPCTs and informally by team leads, senior charge nurses, care home managers.

	date. ***Colleagues are reminded of the legal responsibility to control substances hazardous to health in the workplace, and to prevent and adequately control employees' exposure to those substances under all the Regulations listed in the HSE's 'Respiratory protective equipment at work' of HSG53 (Fourth edition, published 2013). https://www.hse.gov.uk/pUbns/priced/hsg53.pdf***			
11	NHS Boards must ensure that the additional IPC measures set out in the CNO letter on 29 June staff have been implemented. This includes but is not limited to: • Adherence to the updated extended of use of face mask guidance issued on 18 September and available here. • Testing during an incident or outbreak investigation at ward level when unexpected cases are identified (see point 9). • Routine weekly testing of certain groups of healthcare workers in line with national healthcare worker testing guidance available here (see point 9). • Testing on admission of patients aged 70 and over. Testing after admission should continue to be provided where clinically appropriate for example where the person becomes symptomatic or is part of a COVID-19 cluster. • Implementation of COVID-19 pathways (high, medium and low risk) in line with national IPC guidance. • Additional cleaning of areas of high volume of patients or areas that are frequently touched. • Adherence to physical distancing requirements as per CNO letter of 29 June and 22 September. • Consideration given to staff movement and rostering to minimise staff to staff transmission and staff to patient transmission. • Management and testing of the built environment (e.g. water systems) that have had reduced activity or no activity since service reduction / lockdown – in line with extant guidance.	☐		All requirements and measures are in place throughout the Partnership

12	Staff should be offered testing when asymptomatic as part of a COVID-19 incident or outbreak investigation at ward level when unexpected cases are identified. This will be carried out in line with existing staff screening policy for healthcare associated infection: https://www.sehd.scot.nhs.uk/dl/DL(2020)01.pdf In addition to this, key healthcare workers in the following specialities should be tested on a weekly basis: oncology and haemato-oncology in wards and day patient areas including radiotherapy; staff in wards caring for people over 65 years of age where the length of stay for the area is over three months; and wards within mental health services where the anticipated length of stay is also over three months. *Current guidance on healthcare worker testing is available here, including full operational definitions: https://www.gov.scot/publications/coronavirus-covid-19-healthcare-worker-testing/*	☐		This is discussed as part of the Problem Assessment Group (PAG) / Incident Management Team (IMT) processes and implemented accordingly. Testing is in place in all identified areas within EHSCP.
13	The PHS COVID-19 checklist must be used in the event of a COVID-19 incident or outbreak in a healthcare setting. The checklist is available here: https://www.hps.scot.nhs.uk/web-resources-container/covid-19-outbreak-checklist/ The checklist can be used within a COVID ward or when there is an individual case or multiple cases in non-COVID wards.	☐		IPCT lead the use of this checklist and feed into PAGs
14	Ensure continued support for routine weekly Care home staff testing This also involves the transition of routine weekly care home staff testing from NHS Lighthouse Lab to NHS Labs. Support will be required for transfer to NHS by end of November, including maintaining current turnaround time targets for providing staff results.	☐		Weekly testing remains in place via Lighthouse Lab for Edinburgh care homes. There are currently tests underway in East Lothian and Midlothian to transfer to NHS Labs. This has a requirement for significant admin resource but the intention is to roll out within Edinburgh care homes too.

6	**Respiratory Pathway** *(Assessment of overall winter preparations and further actions required)*		**RAG**	**Further Action/Comments**

1	**There is an effective, co-ordinated respiratory service provided by the NHS board.**			
1.1	Clinicians (GP's, Out of Hours services, A/E departments and hospital units) are familiar with their local pathway for patients with different levels of severity of exacerbation in their area.	☐		Multi-disciplinary Community Respiratory Hub is well established in Edinburgh. Annually, GPs, Out of Hours, SAS receive winter reminder of service available supplemented by mouse mats and dashboard stickers to prompt clinicians to access this highly effective community service. Fortnightly MDT meetings held in two hospital sites to discuss patients at risk and strengthen links between hospital units and community services. Between April 2019– March 2020 704 people who were at immediate high risk of hospital admission were assessed by the Community Respiratory Team within the hub. 90%of these people were able to be safely kept at home
1.2	Plans are in place to extend and enhance home support respiratory services over a 7 day period where appropriate.	☐		Multi-disciplinary Community Respiratory Hub operates 7 day week, 8am-6pm weekdays and 9am-4pm weekends with acute response to COPD exacerbations. 90min response pathway in place for COPD exacerbations referred from Scottish Ambulance Service and Flow Centre. Prof to Prof support line set up with Respiratory Consultant for Community Respiratory Hub to escalate decision making if necessary and/or fast track to hot clinic during winter period.

				The community Respiratory Hub will increase staffing capacity to support a larger group of patients to include those with acute respiratory illness over the winter period, including at the weekend. Enhanced staffing is also planned for over the festive weekend periods to support respiratory care in the community.
1.3	Anticipatory Care/ Palliative care plans for such patients are available to all staff at all times. *Consider use of an effective pre admission assessment/checklist i.e. appropriate medication prescribed, correct inhaler technique, appropriate O2 prescription, referred to the right hospital/right department, referred directly to acute respiratory assessment service where in place..* *Consider use of self-management tools including anticipatory care plans/asthma care plans and that patients have advice information on action to take/who to contact in the event of an exacerbation.* *Patients should have their regular and emergency medication to hand, their care needs are supported and additional care needs identified (should they have an exacerbation).*	☐		Individuals at high risk of admission identified via COPD frequent attender database. High risk patients reviewed at consultant led multi-disciplinary team meeting (two hospital sites) using care bundle checklist. ACP/KIS generated for high risk patients shared across the health system via TRAK alert and ACP created using KIS. Special notes of KIS created to alert all staff across the health system to contact Community Respiratory Team for COPD exacerbation. Patients issued with self management ACP and 'Think COPD Think CRT' fridge magnet to prompt them to **'MyCOPD'** is an app to support people living with Chronic Obstructive Pulmonary Disease (COPD) to remotely self-manage their condition. 20 patients are being supported by our

				pulmonary rehab team to manage their condition using this app.

1.4	Simple messages around keeping warm etc. are well displayed at points of contact, and are covered as part of any clinical review. This is an important part of 'preparing for winter for HCPs and patients. *Simple measures are important in winter for patients with chronic disease/COPD. For example, keeping warm during cold weather and avoiding where possible family and friends with current illness can reduce the risk of exacerbation and hospitalisation.*	☐		Key messages are sent to all patients with COPD known to CRT including fridge magnet of CRT contact details as first point of contact should the patient feel unwell with their COPD. Simple advice given by all HCPs to keep warm and hydrated over the winter period
2	**There is effective discharge planning in place for people with chronic respiratory disease including COPD**			
2.1	Discharge planning includes medication review, ensuring correct usage/dosage (including O2), checking received appropriate immunisation, good inhaler technique, advice on support available from community pharmacy, general advice on keeping well e.g. keeping warm, eating well, smoking cessation. *Local arrangements should be made to ensure that the actions described are done in the case of all admissions, either in hospital, before discharge, or in Primary Care soon after discharge, by a clinician with sufficient knowledge and skills to perform the review and make necessary clinical decisions (specifically including teaching or correcting inhaler technique).*	☐		Community respiratory Hub will support the discharge plan by ensuring a holistic assessment and management plan is put in place, This may include medication review, ensuring correct usage/dosage (including O2), checking received appropriate immunisation, good inhaler technique, advice on support available from community pharmacy, general advice on keeping well e.g. keeping warm, eating well, smoking cessation. High risk individuals identified proactively using Frequent Attender database. Care bundle checklist in place to prompt for support required for stop smoking, pharmacy review (including inhaler technique), psychology support. Dedicated third sector COPD co-ordinator in post to support house bound patients and provide support on wider issues such as housing, financial support, keeping warm, disability information.

2.2	All necessary medications and how to use them will be supplied on hospital discharge and patients will have their planned review arranged with the appropriate primary, secondary or intermediate care team.	☐		Dedicated pharmacist within community respiratory hub. Medication review will be carried out at initial assessment by the Community Respiratory Hub. Access to specialist pharmacy review available if required
3	**People with chronic respiratory disease including COPD are managed with anticipatory and palliative care approaches and have access to specialist palliative care if clinically indicated.**			
3.1	Anticipatory Care Plan's (ACPs) will be completed for people with significant COPD and Palliative Care plans for those with end stage disease. *Spread the use of ACPs and share with Out of Hours services.* *Consider use of SPARRA/Risk Prediction Models to identify those are risk of emergency admission over winter period.* *SPARRA Online: Monthly release of SPARRA data,* *Consider proactive case/care management approach targeting people with heart failure, COPD and frail older people.*	☐		Individuals with COPD at high risk of admission are proactively identified via COPD frequent attender database which is refreshed every 6-8 weeks. KIS accessible by primary & secondary care, LUCS and SAS out of hours. TRAK alert as prompt for prompt to acute services COPD KIS in place. COPD patients issued with ACP self management plan and 'Think COPD Think CRT' fridge magnet to prompt contacting CRT in event of exacerbation as alternative to emergency services. 750 of patients actively managing their condition using LiteTouch telehealth – with dedicated CRT support line should their condition deteriorate.

4	**There is an effective and co-ordinated domiciliary oxygen therapy service provided by the NHS board**			
4.1	Staff are aware of the procedures for obtaining/organising home oxygen services. Staff have reviewed and are satisfied that they have adequate local access to oxygen concentrators and that they know how to deploy these where required. If following review, it is deemed that additional equipment is needed to be held locally for immediate access, please contact Health Facilities Scotland for assistance (0131 275 6860) Appropriate emergency plans/contacts are in place to enable patients to receive timely referral to home oxygen service over winter/festive period. Contingency arrangements exist, particularly in remote and rural areas, and arrangements are in place to enable clinical staff in these communities to access short term oxygen for hypoxaemic patients in cases where hospital admission or long term oxygen therapy is not clinically indicated. *Take steps to remind primary care of the correct pathway for accessing oxygen, and its clinical indications.*	☐ ☐ ☐ ☐		Patients with COPD should aim to have oxygen saturations on air of 88% or above at rest if doesn't have LTOT at home. If a patient is acutely unwell with lower oxygen saturations they should be referred to hospital for treatment which may include acute oxygen therapy If a patient is stable and oxygen saturations on air are 88% or below then they should be referred for an LTOT assessment at the respiratory outpatient clinic. There is no evidence for only ambulatory oxygen for patients with COPD. Once a patient receives LTOT they will be given the appropriate system for their requirements.
5	**People with an exacerbation of chronic respiratory disease/COPD have access to oxygen therapy and supportive ventilation where clinically indicated.**			
5.1	Emergency care contact points have access to pulse oximetry. *Take steps to ensure that all points of first contact with such patients can assess for hypoxaemia, and are aware of those patients in their area who are at risk of CO2 retention. Such patients should be known to Ambulance services, Out of Hours Emergency centres and A/E departments, either through electronic notifications such as eKIS, or by patient help cards, message in a bottle etc.*	☐		Currently 750 CRT patients on Lite Touch/ Self Referral have a pulse oximeter at home. There is capacity for this to increase and pulse oximeters are available**.**

7	Key Roles / Services		RAG	Further Action/Comments
	Heads of Service	☐		
	Nursing / Medical Consultants	☐		
	Consultants in Dental Public Health	☐		Not applicable, done through PCCO
	AHP Leads	☐		
	Infection Control Managers	☐		
	Managers Responsible for Capacity & Flow	☐		
	Pharmacy Leads	☐		
	Mental Health Leads	☐		
	Business Continuity / Resilience Leads, Emergency Planning Managers	☐		
	OOH Service Managers	☐		
	GP's	☐		
	NHS 24	☐		
	SAS	☐		
	Other Territorial NHS Boards, eg mutual aid	☐		Not applicable
	Independent Sector	☐		
	Local Authorities, inc LRPs & RRPs	☐		
	Integration Joint Boards	☐		
	Strategic Co-ordination Group	☐		Through Chief Officer
	Third Sector	☐		
	SG Health & Social Care Directorate	☐		Through Chief Officer

ANNEX B

Covid Surge Bed Capacity Template

		Baseline ICU Capacity	Double Capacity and Commitment to deliver in one week	'Triple plus' Capacity Commitment to deliver in two weeks	ICU Max Surge Beds	Y - Correct / N Incorrect with comment	Please list assumptions & consequences to other service provision to meeting these requirements
PART A: ICU	Please confirm that your NHS Board can deliver the stated level of ICU Capacity in the time periods set out	29	54	92	113		

PART B: CPAP	Please set out the maximum number of COVID patients (at any one time) that could be provided CPAP in your NHS Board, should it be required		
PART C: Acute	Please set out the maximum number of acute beds that your NHS Board would re-provision for COVID patients (share of 3,000 nationally), should it be required		

ANNEX C

Health Protection Scotland

Infection Prevention and Control COVID-19 Outbreak Checklist

(Refer to the National Infection Prevention and Control Manual (NIPCM) for further information http://www.nipcm.hps.scot.nhs.uk/)

NHS National Services Scotland

This COVID-19 tool is designed for the control of incidents and outbreak in healthcare settings. **Definitions: 2 or more confirmed or suspected cases of COVID within the same area within 14 days where cross transmission has been identified.** **Confirmed case: anyone testing positive for COVID** **Suspected case: anyone experiencing symptoms indicative of COVID (not yet confirmed by virology)** **This tool can be used within a COVID ward or when there is an individual case or multiple cases.**					
Standard Infection Control Precautions; **Apply to all staff, in all care settings, at all times, for all patients when blood, body fluids or recognised/unrecognised source of infection are present.**					
Patient Placement/Assessment of risk/Cohort area **Date**					
Patient placement is prioritised in a suitable area pending investigation such as for a single case i.e. single room with clinical wash hand basin and en-suite facilities					
Cohort areas are established for multiple cases of **confirmed** COVID (if single rooms are unavailable). Suspected cases should be cohorted separately until confirmed. Patients should be separated by at least 2 metres if cohorted.					
Doors to isolation/cohort rooms/areas are closed and signage is clear (undertake a patient safety risk assessment for door closure).					
If failure to isolate, inform IPCT. **Ensure all patient placement decisions and assessment of infection risk (including isolation requirements) is clearly documented in the patient notes and reviewed throughout patient stay.**					
Patient placement is reviewed as the care pathway changes. NB: Patients may be moved into suspected or confirmed COVID-19 cohorts or wards to support bed management.					
Personal Protective Clothing (PPE)					
Droplet precautions: Staff providing direct care must wear disposable aprons, gloves, FRSM and eye/face protection, when in the patients' immediate care environment. If in a cohort staff should wear a FRSM when not providing direct care. Airborne precautions: High risk area or performing AGPs: use a FFP respirator and consider the need for a gown/coverall.					

Safe Management of Care Equipment					
Single-use items are in use where possible.					
Dedicated reusable non-invasive care equipment is in use and decontaminated between uses. Where it cannot be dedicated ensure equipment is decontaminated following removal from the COVID-19 room/cohort area and prior to use on another patient.					
Safe Management of the Care Environment					
All areas are free from non-essential items and equipment.					
At least twice daily decontamination of the patient isolation room/cohort rooms/areas is in place using a combined detergent/disinfectant solution at a dilution of 1,000 parts per million (ppm) available chlorine (av.cl.).					
Increased frequency of decontamination (at least twice daily)is incorporated into the environmental decontamination schedules for areas where there may be higher environmental contamination rates e.g. “frequently touched" surfaces such as door/toilet handles and locker tops, over bed tables and bed rails.					
Terminal decontamination is undertaken following patient transfer, discharge, or once the patient is no longer considered infectious.					
Hand Hygiene					
Staff undertake hand hygiene as per WHO 5 moments: using either ABHR or soap and water					
Movement Restrictions/Transfer/Discharge					
Patients with suspected/confirmed COVID should not be moved to other wards or departments unless this is for essential care such as escalation to critical care or essential investigations. Discharge home/care facility: Follow the latest advice in COVID-19 - guidance for stepdown of infection control precautions and discharging COVID-19 patients from hospital to residential settings.					
Respiratory Hygiene					
Patients are supported with hand hygiene and provided with disposable tissues and a waste bag					
Information and Treatment					
Patient/Carer informed of all screening/investigation result(s).					
Patient Information Leaflet if available or advice provided?					
Education given at ward level by a member of the IPCT on the IPC COVID guidance?					
Staff are provided with information on testing if required					

Health & Social Care: Preparation for Winter Response

NHS Lothian	Please note Site / HSCP / Service - EDINBURGH HSCP

Introduction

To continue to improve winter planning across Health & Social Care we are asking partners across the Health and Social care systems to describe their winter responses to the upcoming 2020/21 through the Unscheduled Care Committee. The Winter period for 2020/21 is from December 2020 until March 2021 with funding allocated for these four months.

We expect this year's your return to include:

- How your plan builds upon the joint working between system partners (e.g. Acute and HSCP, SAS etc). How responses to delivering consistent 7 day services focus on a Home First approach
- How the site will work with partners to ensure there is adequate capacity across alternatives to admission
- How local teams will take a person centred approach to care delivery
- How local teams will deliver care across red, amber and green pathways in relation to COVID-19

Returns will also be used to inform Scottish Government, updates to the Board, CMT as required.

Completed reviews should be sent to Louise Baillie by 19th October 2020.

1	**Business Continuity** ***(response from all areas)***
1.1	**Describe the escalation plans in place across periods of peak demand**
	• EHSCP recently undertook an exercise to update Resilience Plans for all NHS services managed by the Partnership. These are being submitted to NHS Lothian by 31 October 2020, and will be available on EHSCP Shared Drives, and the NHS Lothian Civil Contingencies Shared Drive in the event of an incident during winter • All general practices have updated Resilience Plans and are refreshing Buddy Plans in light of COVID-19 and for winter preparedness • Video consultation through the NHS Near Me system is now more widely available in general practice and will ease pressure during the winter period • Edinburgh Primary Care Support Team have a dedicated email where practices can report issues or seek advice • NHS Lothian Primary Care Tactical group is still meeting with representatives from Edinburgh Primary Care Team in attendance. This allows for shared action planning for severe weather and problem solving winter pressure issues in Primary Care across Lothian • There is no specific update as yet on availability of drug supplies in the event of a no-deal however NHS Lothian has senior pharmacy representation at a national level and is monitoring the situation • EHSCP has a Severe Weather Plan, which is updated annually, and includes key principles such as escalation protocols, key contacts and transport sharing arrangements via a 'Transport Hub'. • As part of the EHSCP Severe Weather Resilience Plan, the organisation will coordinate the provision of 4x4 vehicles across the localities which can be accessed in the event of an episode of severe weather, to allow staff to visit the homes of service users where poor weather might otherwise prevent travel to these homes. • Annual leave arrangements for all managers and team leads across the four localities, hospital and hosted services, as well as the Executive Management Team will be mapped ahead of winter. There will be clearly defined points of contact across the system for the duration of the festive period; providing assurance there is adequate leadership in place for the purpose of immediate decision-making, responding to any unexpected situations that may arise as well as programmed activity. • Should there be a significant surge in COVID, the central Command Centre model which was in place during lockdown, will be reinstated

	• On-call arrangements introduced for EHSCP out of hours

1.2	How will these be tested prior to Winter?
	• The Severe Weather Resilience Plan was initially developed following the "Beast from the East" weather system which occurred in February and March 2018, and took account of learning from that incident. It has then been updated year on year. It has not been tested again as there has not been a further incidence of severe weather. • The Festive Staffing spreadsheet was used in both 2018/19 and 2019/20 and is an effective tool for cover arrangements and points of contact in each service. It therefore does not require to be tested prior to winter. • The Command Centre was in operation during COVID and is therefore a well tested approach in Edinburgh • Annual planning for leave over winter is well established.
1.3	**Key actions planned prior to Winter delivery**
	• The EHSCP Severe Weather Resilience Plan will be updated taking into account learning from the Partnership's response to COVID-19. These are still being collated and considered however it has become clear that there was a need for NHS and City of Edinburgh systems to dovetail more fully to ensure a response to any future joint operation is more streamlined. o It is also important that all stakeholders understand how the plan works, both at their own local level, but also in terms of the bigger picture o There should be good understanding of the need to prioritise key Partnership locations, including PPE distributions hubs, localities and care homes when planning for activities such as road clearance by ploughs o We need to ensure that bad-weather activity is COVID-19 safe, and have already looked at how patient transport using the fleet is compliant both with general safety and COVID-specific requirements o Out-of-hours contact processes should be set out in more detail, taking in account recent changes, and o Consideration is being given to concurrent resilience events such as severe weather, seasonal flu and covid, understanding how they may potentially impact on service availability and ensure this is reflected in the planning process. • Lessons learned from COVID-19 pandemic incident response are also being considered as we update our Incident Management Plan. COVID-19 Resilience Protocol considers the concurrent risk of winter weather planning and this will be tested in November through a Partnership table top exercise. • In the run up to winter, EHSCP is also re-establishing its Resilience Planning Group • The Chief Officer is leading a Partnership Planning event on 26/10/2020 to discuss this winter plan and our

	preparedness for winter. Any further iterations of this plan will be informed by discussion at that event • There may also be additional learning from the national Winter Preparedness (Winter Surge & Escalation Planning) event on 29 October 2020 which will inform this plan. • Annual leave arrangements for all managers and team leads across the four localities, hospital and hosted services, as well as the Executive Management Team will be mapped ahead of winter. There will be clearly defined points of contact across the system for the duration of the festive period; providing assurance there is adequate leadership in place for the purpose of immediate decision-making, responding to any unexpected situations that may arise as well as programmed activity.

2	**Joint Working across the directorates, sites and system *(response from all areas)***
2.1	**Describe the specific plans in place to support joint working across the Site/HSCP to deliver care**
	• The Winter Planning Group includes multi-agency and pan-system representation, including membership from acute sites, Social Care Direct, and includes leads for flu, carers, third sector, resilience, and communications. The group meets monthly. Service leads are asked to provide monthly updates on activity, highlighting successes and lessons learned, and identifying potential risks or concerns. A rolling risk register will be maintained and shared at each meeting for discussion • Concurrent risk planning of a No-Deal EU Exit (eg loss of key supplies or cost increase) and COVID-19 must be considered as part of Winter Weather planning. This work is underway through the EHSCP Resilience Team • A Redesign of Urgent Care Pathways group has been convened, which meets weekly, to deliver the ambitions of the Phase 2 Redesign of Urgent Care programme, and is led by the Home First Strategic Lead • We have established Home First Navigator posts at the RIE and WGH who work closely with the In-Reach Nurse within a Home First team, and will be working closely with the Discharge Hubs this winter • Two additional reablement co-ordinators, based at home but working across the city and with a contact into both the RIE and WGH sites, will work on a rota to ensure seven-day discharge from admissions and planned discharges from wards • Occupational and physiotherapists will be co-located at RIE and WGH to work with the Edinburgh Home First Team and support acute colleagues to consider home as the rehabilitation pathway. Having presence on site will allow

face-to-face conversations, and working with the patients and acute colleagues to build confidence in the community model. We anticipate that this will reduce the length of time a patient is in hospital to ensure flow through the winter period when there is increased demand

- We are enhancing the number of social workers for winter and this will enable them to link with patients, their families and clinical staff to carry out an assessment earlier in the hospital pathway to facilitate discharge or in the community to avoid admission. Working closely with clinical colleagues at an early stage, it will enable an earlier flow through to community services from acute settings and ensure management of additional demand during winter
- CRT+ will work closely with colleagues in secondary care to support the management of people with COPD or acute chest infection. CRT+ is also working with and through the Flow Centre to develop an improved Urgent Care Pathway with the Scottish Ambulance Service
- The winter prevention team will work closely with hospital front-door teams, the Flow Centre and Reablement Teams to provide an alternative to admission for people with non-acute care needs where care may have broken down or be required at short notice for a period of up to 72 hours
- The Partnership Hospital at Home team is collaborating with Scottish Ambulance Service and colleagues in Medicine of the Elderly to develop a pathway for the frail elderly, enabling assessment to be carried out closer to home. This will help avoid admissions in a group that may have a poor experience within acute settings associated with their underlying frailty, dementia and co-morbidity, in addition to risk of infection, deconditioning, loss of independence and high mortality
- We are linking in with partner organisations to ensure that there is support in place for unpaid carers and vulnerable members of our population through mental health and wellbeing, counselling, and activity programmes as detailed in item 12 below.

2.2	**How have you engaged with system wide partners to develop your Site/HSCP specific response to winter challenges?**
	• Winter planning for 2020/21 has again evolved from the processes used in previous years, building on successes while incorporating key learning points, not only from the winter campaign but the Partnership response to the pandemic • EHSCP was asked to develop a pre-prioritised list of no more than 3 bids for winter funding to submit to the Lothian Unscheduled Care Committee, in the first instance by 19 June 2020, prioritising them according to set criteria including: 1. Joint working 2. Home First approach 3. 7 day working / discharge 4. Admission Avoidance 5. Patient safety / person centred approach to care 6. Essential in the delivery of red and green pathways for COVID-19 • Following this, EHSCP was then asked to submit any other bids for winter funding, and a communication was sent to a targeted range of key internal stakeholders, including operational managers, locality managers, members of Winter Planning Group, the Carer Support Team, Strategic Planning Managers and the Chief Nurse to generate proposals • As a result of this two-stage process, five out of the eight proposals submitted by the Partnership were successfully funded, which are detailed elsewhere in this plan • Two further bids have been funded by EHSCP, using existing budgets, to support unpaid carers and third sector organisations during the winter period
2.3	**Key actions planned prior to Winter delivery?**
	• Services will consider their needs for additional equipment so that the ATEC24 Community Equipment Store can be adequately prepared, particularly if equipment will be needed by an individual at short notice • EU Exit and COVID-19 planning particularly around the supply of PPE between NSS, NHS Lothian SMART Centre and CEC Clocktower • CEC Transport arrangements and gritting route agreement consultation

	• Services have been asked to gear up their recruitment to be ready for "go live" by 2 November 2020, rather than the usual start date at the beginning of December. The majority of services have confirmed that they will be in a position to do this.

3.0	**a.) Safe & effective admission / discharge continues in the lead-up to and over the Winter period.**
	b.) The risk of patients being delayed on their pathway is minimised. *(response from all areas)*
3.1	**How will the service focus on a Home First approach to discharge and/or pull into the community**
	• The Home First model in Edinburgh has progressed over the last year and had significant impact improving our performance around delayed discharge. To ensure we have pathways in place to support this approach we have enhanced community-based resources through discharge to assess, winter prevention, additional social work capacity and hospital at home, among others.
	• The model of hospital flow had shifted because of our response to COVID-19 and whilst there has been a slight worsening of performance with regards to delays in July to September as community services remobilised, we aim to deliver a more closely managed and monitored Home First service commencing with the appointment of two, six-month posts to lead and develop the operational aspects of this to commence in November
	• Discharge to Assess has been rolled out over the last year within EHSCP to support increased ongoing rehabilitation in the person's own home as an alternative to bed-based rehabilitation which can result in a longer stay and the risk of hospital acquired infection. Discharge to Assess Edinburgh was introduced and funded through the Partnership to support the reduction in 52 beds across the acute sites. The Discharge to Assess Edinburgh teams are contributing to whole system flow and the Home First model, taking 40-50 new referrals a week as well as maintaining a caseload of patients requiring ongoing rehabilitation. As the majority of referrals to Home First come from hospital-based occupational therapists with a focus on functional recovery , four additional OT posts have been created to provide additional rehabilitation, supporting better outcomes in a shorter duration. In addition, a further four Community Care Assistant posts have been funded, increasing capacity within the service and generating an additional ten discharges, taking that up to a total of 60 per week. We anticipate that service demand will grow over the winter and additional resources are being put in place to manage this, further reducing length of stay and the risk of delayed discharge. In light of COVID-19 and physical distancing guidance there will be an increased pressure on beds for those who are acutely well with a reduced footprint which again increases the

	need for getting people home as soon as possible and transferring their care to the community.
	• Accessing care services and restarting packages of care following a hospital admission remains a challenge to enable discharges to happen seven days a week. Appointment of two reablement co-ordinators over the winter will allow early assessment, care planning and scheduling to be completed seven days a week and facilitate discharge.
	• A high proportion of the people referred for bed-based rehabilitation are known to services in Edinburgh and the best outcome would be home directly with discharge to assess, district nursing, homecare, physio at home or many other options. We need to support acute therapists to think Home First particularly around their confidence in delivering ongoing rehabilitation and recovery in the person's own home as an alternative to bed- based care, and risk management. We will locate occupational and physiotherapists within the Home First team at RIE and WGH, working with acute therapy and medical colleagues to support early and safe discharge for those who need admission or attend the front-door. They will also appropriately identify people who may need intermediate care, bed-based rehabilitation. Therapists will be moved from current hubs and placed in the hospital setting, with posts in the community being backfilled. This will allow pull to the locality, and a link between the patient and the team they are moving onto after their acute phase. It is anticipated that this will reduce the length of time a patient is in hospital to ensure flow through the winter period when there is increased demand.
	• An additional eight FTE social worker posts have been created and are linked to the locality hubs. This will enable assessments to be carried out earlier in the hospital pathway to facilitate discharge, or in the community to avoid admission. The aim will be to ensure home is the first place that is considered for discharge and manage expectations around that. It will also allow early conversations with families to assist and influence their preparedness for the individuals discharge from hospital. We anticipate this model will reduce the number of people going from hospital to a care home, due to the early intervention and active engagement with person, their families and clinical staff. Working closely with clinical colleagues at an early stage, it will enable an earlier flow through to community services from acute settings and ensure management of additional demand during winter. The social workers would ensure that there are still discharges over weekends and provide cover over the public holiday period

	• The Enhanced Community Respiratory Team (CRT+) has been successful in previous years in relieving pressure on primary care and acute services by accepting referrals for patients not only with COPD but with acute chest infections. This service will continue during winter 2020/21, reducing the demand on GPs by taking on a lead role in the management of this group, and aiming to prevent admission to hospital. • The service is also aiming to create a pathway similar to Hospital at Home, which allows the Flow Centre to direct activity to CRT. The pathway initially would have capacity of one patient per day with a 60-90 min response rate and it is hoped that this will be in place mid/late November. • CRT+ also supports patients being discharged from hospital if an admission is required. In addition, the service will be extended to deliver the post-COVID Recovery Advice Line (with Pulmonary Rehabilitation). This self-referral route for patients who have confirmed or suspected COVID in the community provides broad support for recovery and rehabilitation. Both CRT and Pulmonary Rehabilitation are key services within the Edinburgh Community Respiratory Hub, working closely together and linking to acute services to optimise patient-centred care.
3.2	**How has the site/system worked together to develop alternatives to admission?**
	• The national redesign of urgent care programme aims to improve access to urgent care pathways so people receive the right care, in the right place, at the right time. Phase 2 of this programme in Edinburgh will be implemented from November 2020 and focus on having sustainable urgent care pathways, improving patient and professional experience, reducing hospital admissions and providing care closer to home • This work is being led by the Partnership Transformation Team and will look at: o Defining and cataloguing the community pathways and referral criteria eg falls, frailty, respiratory, hospital at home teams with an agreed response time by HSCP o Considering which alternatives should be scaled up over the winter period o Defining the interface between NHS 24, HSCPs and Lothian Flow Centre, and o Identifying and establishing a single point of access to HSCP, and o Designing the urgent care pathway.

	• Linking in with Phase 2 of the Urgent Care programme, the Hospital at Home team is collaborating with Scottish Ambulance Service and acute services to develop a pathway for the frail elderly, enabling assessment to be carried out closer to home. This will help avoid admissions in a group that may have a poor experience within acute settings associated with their underlying frailty, dementia and co-morbidity, in addition to risk of infection, deconditioning, loss of independence and high mortality. Specialist advice from the Medicine of the Elderly clinicians to the ambulance service with a realistic medicine approach will improve the patient experience with reduced need for ambulance conveyance and admissions. In addition the Hospital at Home team are providing education and training through MS Teams. The ambulance service triage will deal with calls appropriate for self-management or other more suitable pathways such as respiratory support. They will complete a clinical assessment, identify pre-existing problems and function and access the ECS and the KIS/ACP if completed. The ambulance service will discuss suitable patients with Hospital at Home. This is being tested from November in a defined postcode area in Edinburgh and can potentially be expanded further for winter if successful
	• The winter prevention team was established in 2019/20 and successfully focussed on providing care to prevent admissions for individuals with non- acute care needs where care may have broken down or be required at short notice for a period of up to 72 hours. Team capacity will be boosted for winter 2020/21 and focus on pushing the Home First model, enabling people to remain at home rather than being admitted and then face delays it a package of care cannot be found quickly. The team will link with colleagues across the system including: o Reablement Teams across the city to transfer any requirement for continuing needs identified within the 72-hour period o Flow Centre Navigator to identify appropriate referrals meeting service criteria o Hospital front-door staff to offer an alternative to admission which will also allow flow into assessment areas pushing a recover model as an alternative to admission.
	• An intermediate care unit has been established at Milestone House, combining staff from primary and secondary care, social work and third sector partners to support people who have a blood-borne virus or are vulnerable, possibly due to homelessness or substance misuse issues, and facing a personal crisis point. Originally set up as a result of COVID-19 to serve the needs of homeless people with COVID being discharged from hospital, it now has a broader remit and been funded for a further six months so it can continue through the winter. A short-term residential stay with support and input from the multi-disciplinary, multi-agency team can help to avoid hospital

	admission or re-admission in a group that can have complex care needs.
3.3	**Key actions planned prior to Winter delivery?**
	• Recruitment is underway to ensure that, where possible, staff are in place for the start of winter

4	**Strategies for additional surge capacity across Health & Social Care Services *(response from all areas)***
	• As part of the pre-winter planning this year we have not removed discretionary arrangements to support covid related capacity demands in acute. This includes prioritising available care at home capacity to support delayed discharges and unblocking our reablement teams to ensure flow through acute to the community. An enhanced rate is also being applied to any packages of care on the delayed discharge list • We have been engaging a number of new care at home providers and have options available to us including increasing caps on service to providers joining us in the last six months, as well as a further three providers who can quickly be on boarded to create additional 300 hours capacity in the system • A new tiered approach to working with providers has been introduced and our approach can flex to accommodate surge. For example, we can adjust the list so that financial approvals are not required • A new service specification for support to the under 65s has been introduced – this ensures payment for hospital admissions where these are unplanned for at least seven days, and longer (at the discretion of the locality). This financial support to providers helps ensure that care is available upon discharge. Terms and conditions have also been changed so that no packages of care can be terminated without a managed transition to a new provider. This ensures that available capacity can be directed at any surge and meeting unmet need, rather than directed at re-provisioning existing care arrangements. • A SLW uplift has been applied to all care at home providers, including a backdated payment. This supports their financial stability as organisations and encourages worker retention • A block contract arrangement for 32 Safehaven beds at Northcare Suites/Northcare Manor have been extended for a further six months as part of contingency planning arrangements. However, care home capacity remains positive and there are over 309 vacancies available in the external market. There are over 500 when taking into account internal vacancies and those temporarily unavailable due to restrictions. Vacancies for social work funded placements also remains significantly high. Admissions to care homes have reduced by an average of about 20 a

	month so any surge in demand will be managed within current capacity arrangements. • The Partnership is currently, in conjunction with the Chief Nurse, exploring safe options to re-mobilise four beds for short notice admissions in advance of winter, the intention being to prevent breakdown of care arrangements and hospital admissions.
4.1	**How will surge capacity be made available in periods of peak demand across the site/system over the Winter period**
	• Potential to create surge capacity in EHSCP Hospitals: o Liberton Hospital – could create additional capacity in ward 3 which is currently the designated 'red' area for COVID-19 should there be a need to isolate either positive patients or known contacts from within our existing bed numbers. Using the ward for standard surge capacity could impact on the ability to isolate 'red' patients. Workforce requirements would need to be taken into account to ensure safe care can be provided if the opening of any additional capacity is required. o Astley Ainslie Hospital – could flex use of existing staffed beds and also create additional capacity in Mears ward which is the designated 'red' area on the site should there be a need to isolate either positive patients or known contacts from within our existing bed numbers. Workforce requirements would need to be taken into account to ensure safe care can be provided if the opening of additional capacity is required. o HBCCC units – additional surge capacity cannot be created in these units but there is potential to flex use of the beds to meet demand • In primary care, CTAC staff can be mobilised if required to do home visits, freeing up district nurse and GP capacity. This was used during lockdown and worked well • Regular updates from NHS Lothian Public Health, and Infection Prevention and Control Teams regarding outbreaks and availability of flu vaccines will enable the Partnership to target activity in response to any surge in flu activity or local outbreaks. • In the event of another lockdown situation as a result of increasing COVID-19, the Partnership would revert to a Command Centre set-up as operated earlier in the year.

4.2	**How will elective bed capacity be protected for emergency/urgent activity over the Winter period? (Acute Sites only)**
	• Not applicable
4.3	**Key actions planned prior to Winter delivery?**
	•

5	**Whole system activity plans for winter: Redesign of Urgent Care pathway. *(System team only)***
5.1	**How has the implementation of a minimum viable service for phase 1 of the Redesign of Urgent Care (RUC) been delivered**
	• Not applicable
5.2	**Describe the critical path for subsequent phases of the RUC**
	• Not applicable
5.3	**What are the patient/infrastructural risks to delivery of RUC over the winter period and how have these been mitigated?**
	• Not applicable

6	**Effective analysis to plan for and monitor capacity, activity, pressures and performance over Winter *(response from all areas)***
6.1	**What analysis has informed the site/service response to Winter 2020/21? (incl. COVID-19 pathways)**
	• There was a detailed evaluation of performance over winter 2019/20 and recommendations made are being built into planning service provision for 2020/21. This utilised data from a variety of sources including the Hospital Flow Dashboard, NHS Lothian, ISD as well as local service evaluations which were on-going throughout the winter period • The local Review of COVID-19 focussed on many areas relevant to planning of winter services such as the Home First model and the recognition that community-based services are well placed to support the management of people in their homes, thus reducing delayed discharges. It has encouraged the Partnership to look at more innovative ways of providing care which will continue as we consider how best to support citizens over winter with the prospect of a potential second lockdown period. We are also engaging with partner organisations and building

	on the support that their volunteers provided during lockdown earlier in the year • Winter planning will link closely with Partnership general re-mobilisation plans to ensure that the two programmes of work are in tune and aligned.

7	**Workforce capacity plans & rotas for winter / festive period agreed by October. *(response from all areas)***
7.1	**How will higher levels of absence (potentially due to COVID-19, isolation etc.) be managed by the site/service during Winter to protect patient care?**
	• Annual leave arrangements for all managers and team leads across the four localities, hospital and hosted services, as well as the Executive Management Team will be mapped ahead of winter. There will be clearly defined points of contact across the system for the duration of the festive period; providing assurance there is adequate leadership in place for the purpose of immediate decision-making, responding to any unexpected situations that may arise as well as programmed activity. • In the event of a second lockdown we would revert to the Command Centre approach used earlier in the year. • The EHSCP COVID-19 workforce planning group set up at an early stage had oversight of key workforce issues and routes to obtain additional staff/volunteers and reassign existing staff to meet demand. The group established prompt contingency plans and processes to manage the potential and anticipated workforce challenges. In reality, the demands on the work force were lower than expected as service managers worked internally and with others to reassign individuals and teams to meet demands.
7.2	**How has the site/service increased key workforce in areas of key demand? (front doors/back doors/community)**
	• A number of successful bids were submitted to increase workforce capacity in key areas to support the expected increase in demand over the winter period • Recruitment has started earlier to ensure that, where possible, the required level of support is in place before the start of winter

8	**Discharges at weekends** ***(response from acute sites)***
8.1	**How well consistent levels of discharges be managed across weekends and during the festive period? (bank holidays)**
	• Clinical team decision making is mainly limited to Monday to Friday due to current staffing models but discharges from all EHSCP hospitals can take place at the weekend and over public holidays if any ongoing care requirements can commence or where appropriate families are asked to 'bridge' care until arrangements are in place. • None of the EHSCP hospitals have on-site 24/7 medical models so admissions at weekends and public holidays need to be planned to ensure the transfer from acute services is clinically safe. Arrangements are in place to consider and accept weekend transfers into Intermediate Care and Astley Ainslie should this be required.
8.2	**Key actions planned prior to Winter delivery?**
	•

9	**Communication plans** ***(response from all areas)***
9.1	**How will site based communication be enhanced over periods of peak demand?**
	• Communications are managed within operational teams with key messages being cascaded through normal channels • Communication plans and contacts are in place to alert staff, patients and service users of any disruption.
9.2	**How will system level communication be enhanced over periods of peak demand?**
	• As a Partnership, we will promote preventative or operational messages around seven key topics; winter resilience messages and arrangements, flu vaccination, falls prevention, hospital avoidance/signposting, anticipatory care planning, keeping safe and healthy over winter, and support and advice for carers • We will target communications to some of our most vulnerable residents, who are among the largest users of health and social care resources, including vulnerable older people, people who receive a care at home service, people who receive technology enabled care and equipment from us , people with long-term health conditions and people who are at higher risk of falls • The most effective route to such a wide audience is through the health and social care workers, and organisations that support them to live their daily lives. For that reason, we plan to communicate with our primary audiences

	through general practice, social work, occupational and physical therapists, pharmacies, care at home agencies, care home staff and the partnership Telecare team • In addition we will link with the Carer Support Team to ensure that carer organisations are kept informed and to support unpaid carers who often struggle at this time of year. • We will keep the Partnership workforce informed through regular internal communications such newsletters from the Chief Operating Officer and a briefing to staff on winter arrangements, including the flu vaccination programme. • The Partnership also supports NHS Lothian's region-wide winter campaign using EHSCP social media channels • In the event a major incident being declared, the EHSCP Command Centre will have a Communications Officer to lead on staff wide communications
9.3	**Key actions planned prior to Winter delivery?**
	• Easy read briefings are being prepared for each service and these will be communicated to stakeholders across winter to ensure they are aware of local service provision and how to access it • The communication plan for winter 2020/21 will be finalised and messaging will start after the school mid-term holiday week • The Lead for Winter Planning in EHSCP is having weekly meetings with the Chief Officer and Head of Operations. This will be increased in frequency as required over the winter.

10	**Delivering seasonal flu vaccination to public and staff and availability of Point of Care (POC) Testing.** ***(response from all areas)***
10.1	**How will the flu vaccination programme be delivered to staff, patients and vulnerable citizens? (incl. Care Homes etc.)**
	• The programme for winter 2020/21 is being delivered in a variety of ways depending on the nature and needs of the group being targeted and it is expected that approximately 90% of vaccinations will be carried out by the Partnership: o There are a range of drive-through and walk-in clinics being held on sites across the city, working seven-days

	a week for a period of eight weeks o People in Edinburgh who are eligible for vaccination are being contacted by letter and/or text message to advise them of the benefits and that they can find out about arrangements in their area by calling NHS Inform, on the NHS Inform website, or by calling their local practice o General practices in Edinburgh have been allocated dates when registered patients who fall into the categories eligible for vaccination may attend. To limit queues and facilitate social distancing there are hour-long slots across the day with patients attending in groups by surname. In addition, there will be opportunistic testing carried out for any patients attending the practice in person o In addition to the above, pregnant women may also receive their vaccination through maternity services and unpaid carers are being encouraged to contact their local practice to ensure they receive their vaccinations o Vaccinations for the housebound and care home residents are being carried out by the district nursing teams in the city o Children of primary school age will be vaccinated through the community vaccination team, and those aged two to five years through the Children's Partnership although some who cannot have the nasal flu vaccination may need to attend their GP practice o NHS and Social Care staff are able to attend the drive-through and walk-in clinics but are not limited to a particular date or time, providing flexibility around work commitments o There are also a number of peer vaccinators (nursing staff) who are able to administer the vaccination to any staff, regardless of whether they are employed by the NHS or CEC, within their teams o In addition, vaccinations are also available through pharmacies but clinics are the preferred route in most cases o There is a new cohort of individuals aged 50-54 who may also be eligible for vaccination depending on availability of vaccines and this will be reviewed in Phase 2 later in the year o The vaccination programme is being supported by Volunteer Edinburgh.
10.2	**How will POC testing be implemented in Acute settings to ensure effective cohorting of patients?**
	• Not applicable

10.3	**Key actions planned prior to Winter delivery?**
	• The influenza vaccination drive-through and walk-in clinics started operating on 26 September 2020 and to date approximately 30,000 people have attended • The district nursing programme targeting the housebound and care homes is expected to have been completed by the end of November.

11	**Readiness to implement schemes from November 2020** ***(response from all areas)***
11.1	**Which schemes could start in November 2020 if possible? (No issues with recruitment etc anticipated)**
	• CRT+ will be in a position to start at the beginning on November. While recruitment won't be finalised by the beginning of November, existing staff can be utilised for CRT+ and the Advice Line to ensure the service is available to start • Reablement co-ordinators will be in post by the start of November with a request for volunteers going out to the existing staff pool • Home First physiotherapist recruitment is complete and one member of staff will be in post for November. There are negotiations underway for the secondment of the second post. Occupational therapist recruitment is underway. • For the hub social worker enhancement, one will be in post by 1 November, and potentially two others at that time. Interviews are being held for other posts • Applications for Discharge to Assess occupational therapist post close on 22 October and interviews will take place the following week

12	**Additional Detail** ***(response from all areas)*** ******* *Include any additional arrangements in place to support patient care and delivery over the Winter period*
	• Funding has been made available for an Open House Partnership, involving a number of voluntary organisations focussing on mental health and well-being, and vulnerability due to COVID-19 and food poverty, with be co-ordinated to support vulnerable people, and those at risk of admission or re-admission during the festive months. The Partnership will support delivery of additional ring-fenced befriending, telephone befriending, and telephone

	medication prompts capacity to older people who are either engaged with Home First, Locality Hubs or other community-based, HSCP services and/or are being discharged from a hospital setting. It will offer a shared and co-ordinated service, delivered within the Locality Hubs and/or Innovation sites to ensure that those at additional risk of readmission due to lowered resilience or social isolation can be supported o capacity at Caring in Craigmillar's Phonelink Service will allow patients to be discharged early where a package of care can be substituted for a telephone medication prompt, welfare calls and other support directly through community organisations - eg through the VG Food Fund in the event of a second COVID-19 wave/restrictions o during the winter increased numbers of people raise concerns about their mental health, often facing crises which can result in hospitalisation. Additional capacity at The Stafford Centre will offer support that can help to reduce pressure on the Emergency Department by increasing confidence to manage at home and offering a direct alternative to hospitalisation. • Funding has been made available to VOCAL to provide a service supporting approximately 100 unpaid carers in Edinburgh over the Christmas and New Year period. It will offer two, six- session emotional support groups; two learning and development events on how to manage the Christmas season; open office to allow carers to drop in and provide emotional support, recreational activities and a SMART meeting; four short breaks; craft sessions weekly for six weeks and two taught craft sessions including craft materials. The programme will include socially distanced support allowing carers who wish it, an opportunity to get a break outside their home, as well as online support for those who prefer to isolate. Should physical event become unfeasible or in the event of a lockdown situation, this provision will be moved online and contingency planning for this eventuality is being carried out at the moment.

Chief Medical Officer Directorate

E: immunisationprogrammes@gov.scot

The Scottish Government

Dear Colleagues

ADULT FLU IMMUNISATION PROGRAMME 2020/21

1. We are writing to provide you with information about the adult seasonal flu immunisation programme.

2. We would like to begin by thanking you for all the hard work you are doing as part of the health and social care response to the global Covid-19 pandemic. We know that this has been an extremely challenging time for staff across the health and social care sector.

3. Given the impact of Covid-19 on the most vulnerable in society, it is imperative that we do all that we can to reduce the impact of seasonal flu on those most at risk. It is therefore essential that we have effective plans in place to deliver the flu immunisation programme this winter to protect those at risk, prevent ill health in the population and minimise further impact on the NHS and social care services.

Planning

4. We recognise that delivering the programme this year will be more challenging than ever before because of the impact of Covid-19 on our health and social care sector. We are working through the Scottish Immunisation Programme Group to develop guidance on vaccination service delivery to ensure that all who will benefit most from the flu vaccine will have the opportunity to receive it in a timely manner while maintaining good Infection Prevention & Control practices and appropriate physical distancing. The provision of appropriate Personal Protective Equipment (PPE) to those involved in the delivery of the flu vaccination programme will also form an important part of the programme planning. Please refer to the Covid-19 guidance available at: https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/infection-prevention-and-control-ipc-guidance-in-healthcare-settings/#title-container .

From Chief Medical Officer
Chief Nursing Officer
Chief Pharmaceutical Officer
Dr Gregor Smith
Professor Fiona McQueen
Professor Rose Marie Parr

07 August 2020
SGHD/CMO(2020)19

For action
Chief Executives, NHS Boards
Medical Directors, NHS Boards
Nurse Directors, NHS Boards
Primary Care Leads, NHS Boards
Directors of Nursing & Midwifery, NHS Boards
Chief Officers of Integration Authorities
Chief Executives, Local Authorities
Directors of Pharmacy
Directors of Public Health
General Practitioners
Practice Nurses
Immunisation Co-ordinators
CPHMs
Scottish Prison Service
Scottish Ambulance Service
Occupational Health Leads

For information
Chairs, NHS Boards
Infectious Disease Consultants
Consultant Physicians
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Further Enquiries

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5. While General Practice will have an essential role to play in the flu immunisation programme, its capacity is likely to be substantially constrained by the need to maintain good Infection Prevention & Control practices and appropriate physical distancing measures. As set out in John Connaghan's letter of 14 May, flu immunisation preparation is a key clinical priority for Boards and Partnerships. A whole system response, bringing in other parts of the health system, is required if a successful programme is to be delivered.

6. We would expect us all to draw on learning from our experience with Covid-19 and be mindful on how best to deliver a vaccination programme that is prioritised towards protecting the most vulnerable.

Key Objectives

7. The flu programme is a strategic and Ministerial priority. The key objectives of the 2020/21 adult flu programme are summarised below

    - To protect those most at risk from flu in the coming season and to ensure that the impact of potential co-circulation of flu and Covid-19 is kept to an absolute minimum.
    - To plan to deliver the programme building on lessons learnt from previous years and our experience of Covid-19, recognising that arrangements may need to change and putting in place the resource needed to deliver the programme at scale.
    - To increase flu vaccine uptake across all eligible groups with particular focus on those who are aged 65 years and over; those aged 18-64 years in clinical risk groups, as well as pregnant women (at all stages of pregnancy). Full details of eligibility for flu immunisation this season is set out in **Annex A**.
    - To extend the national programme to offer vaccination to households of those who are shielding, social care staff who deliver direct personal care and **all** those aged 55-64 years old. Some of those aged 55-64 are otherwise eligible due to qualifying health conditions or employment.
    - To maximise uptake amongst frontline health and social care workers which may require creativity and innovation but is critical to safeguard staff, but also those in their care.

8. The Scottish Government has procured additional vaccine to cover increased uptake amongst existing cohorts, in light of Covid-19, as well as to provide vaccine supply to introduce additional eligible groups to the programme.

9. Scottish Ministers have indicated that the programme should be extended to those aged 50-54, if vaccine supply allows. We will review this in line with uptake rates and vaccine supply as the programme progresses.

10. A separate letter has been issued for the childhood flu immunisation programme, available at https://www.sehd.scot.nhs.uk/cmo/CMO(2020)17.pdf.

11. More information on the flu vaccines for this upcoming season as well as vaccine composition is provided below in **Annex B.**

Extension of the programme

12. Scottish Ministers have decided to extend the eligibility of the flu immunisation programme to social care workers providing direct personal care, households of those shielding and **all** 55-64 year olds this year. Some of those groups may already be eligible due to being part of one or more other cohorts e.g. those aged 55-64 may be otherwise eligible due to qualifying health conditions or employment.

13. The rationale for expanding to all 55-64 year olds, beyond those who are already eligible through qualifying health conditions or employment, is that it will help to protect an age group who are more vulnerable to both Covid-19 and seasonal flu than those in younger age groups; and will lower the risk for members of this group, of getting concurrent infection with both viruses. The vaccination of those aged 55-64 years who would not be otherwise eligible should commence in a second phase of the programme later in the season as detailed below.

14. Individuals who have been shielding have already been identified at being at a high risk from Covid-19. The health risks are heightened should they contract both Covid-19 and seasonal flu at the same time. Given that a high proportion of those shielding are either over 55, or else have an underlying health condition, it is likely that many of them are already eligible for the seasonal flu vaccine. However, there are some people shielding whose underlying condition may cause them to have a sub-optimal response to the flu vaccine. Vaccinating those who live in households with those in the shielding group for Covid-19 should provide additional indirect protection to individuals who are shielding.

15. The intention is that eligibility would be defined by the shielding list in place at the time of vaccination. Further detail on this will follow.

16. The Covid-19 pandemic has had an effect on every aspect of public health, including vaccine supply at a global level. This means that the Scottish Government has had to make difficult decisions about how we expand eligibility. The pandemic has also meant that situations can change hugely at very short notice. We will adapt our approach to any changes that occur throughout flu season, always prioritising those most at risk from seasonal flu, and always additionally seeking to protect the NHS as far as possible.

17. To allow us to be responsive to the changing context, we will review the availability of vaccine after uptake levels become clear within existing cohorts, household members of those shielding, and frontline social care workers. At that point we will decide whether there is sufficient vaccine supply to allow us to extend eligibility to 50-54 year olds.

18. Scottish Government will remain in regular dialogue with delivery partners through the Scottish Immunisation Programme Group and will update on any significant developments.

Phased approach

19. All those initially eligible should be given flu vaccination as soon as possible so that individuals are protected when flu begins to circulate. This is the case for all high-risk cohorts, excluding 55-64 year olds not otherwise eligible, and means starting to vaccinate in late September/October as in previous years.

20. For those aged 55-64, not otherwise eligible due to qualifying health conditions or employment, this will mean starting in December, at the latest. This phased approach is aligned to the availability of vaccines, and prioritisation of the cohorts who are most at risk from the seasonal flu. We will provide further advice, should the programme be extended later in the season to those aged 50-54.

21. NHS Boards and GP practices should aim to schedule their immunisation services to match vaccine supply, as outlined above, if possible: beginning in late September/October, and completing vaccination by the end of November for most high-risk cohorts; and beginning in December at the latest, and completing at the end of January for 55-64 year olds not otherwise eligible.

Health and Social Care Workers

22. Timely immunisation of all health and social care workers in direct contact with patients/clients will be a critical component in our efforts to protect the most vulnerable in our society.

23. High rates of staff vaccination will help to protect individual staff members but also reduce the risks of transmission of flu viruses within health and social care premises which will contribute to the protection of individuals who may have suboptimal response to their own immunisations. Furthermore, it will help to maintain the workforce and minimise disruption to services that provide patient/client care by aiming to reduce staff sickness absence.

24. Senior clinicians, NHS Managers, Directors of Public Health, Local Authorities and Integration Authorities should ensure this work aligns with the prioritisation already being given to our Covid-19 response to the care sector as a means to prevent transmission of the flu virus in an already vulnerable group.

Communication materials

25. The national media campaign (TV, radio, press, digital and social media) will seek to increase uptake rates amongst all groups and retain high uptake rates amongst groups who may now be more cautious about getting vaccinated. Research and insight work will underpin the campaign in light of Covid-19 and potentially changing attitudes to vaccination.

26. A national toolkit will be produced to support the promotion of the flu vaccine to health and social care workers and provide resources such as invitation emails, posters and suggested social media posts. We are also working in partnership with professional bodies and membership organisations to try to increase uptake rates.

27. The public should be signposted to http://www.nhsinform.scot/flu for up to date information on the programme.

28. Workforce education materials will soon be made available at https://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/public-health/health-protection/seasonal-flu.aspx.

Resources

29. NHS Boards are asked to ensure that immunisation teams are properly resourced to develop and deliver the extended programme.

30. Any additional costs related to adapting immunisation programmes to meet Covid-19 requirements (e,g. physical distancing, PPE) should be recorded in NHS Boards' Local Mobilisation Plans, now called Covid-19 finance returns. This is in the form of a single row figure in the return.

31. Additional costs should also be submitted to the Scottish Government policy team directly with a breakdown of spend. The policy team will shortly issue a template to be submitted. Please ensure that costs are not double counted for services already delivered.

Action

32. NHS Boards and GP practices, are asked to note and implement the arrangements outlined in this letter for the 2020/21 adult seasonal flu immunisation programme. It is important that every effort is made this year to maximise uptake as this winter, more than ever, the flu vaccine is going to be a key intervention to reduce pressure on the NHS and protect the most vulnerable in our population.

33. We have procured additional vaccine to support higher uptake, however, ongoing and effective management at a local level is also required. NHS Boards should fully consider the needs of their eligible cohorts and plan appropriately and timeously in order to successfully deliver the programme.

34. We would ask that action is taken to ensure as many people as possible are vaccinated early in the season, and before flu viruses begin to circulate. The benefits of flu vaccination should be communicated and vaccination made as easily accessible as possible. This excludes those 55-64 year olds who are not otherwise eligible, as the commencement of vaccination of this group should be in December at the latest.

35. Integration Authority Chief Officers and Local Authorities are asked to work closely to communicate and promote the flu vaccination programme to social care workers providing direct personal care, and to ensure that they are supported to access the service. A separate letter will be issued to social care membership organisations to communicate the expansion directly to social care providers.

36. We would like to take this opportunity to express our gratitude for your continuing support in planning and delivering the flu immunisation programme and a heartfelt thank you for all your hard work in these most challenging of circumstances.

Yours sincerely,

Gregor Smith	*Fiona McQueen*	*Rose Marie Parr*
Interim Chief Medical Officer	Chief Nursing Officer	Chief Pharmaceutical Officer

Annex A

FLU VACCINE: PRIORITISING UPTAKE AND ELIGIBILITY

Prioritising flu vaccine uptake

37. Flu vaccination is one of the key interventions we have to reduce pressure on the health and social care system this winter. Since March 2020 we have seen the impact of Covid-19 on the NHS and social care, and this coming winter we may be faced with co-circulation of viruses causing Covid-19 and flu. We understand that planning this year is more challenging with the uncertainties of staff absences, and how long policies around physical distancing and alternative models of schooling will remain in place. However, it is more important than ever to make every effort to deliver flu vaccination.

38. Those most at risk from flu are also most vulnerable to concurrent infection with Covid-19. The people most at risk from flu are already eligible to receive the flu vaccine, and in order to protect them as effectively as we can, their vaccination should be prioritised.

39. We should also prioritise the vaccination of eligible health and social care workers, to protect them and minimise the likelihood of them spreading Covid-19 and flu to those they care for. We anticipate that concerns about Covid-19 may increase demand for flu vaccination in all groups this year, whilst others may have additional safety concerns around getting vaccinated.

40. All those eligible should be given flu vaccination as soon as possible so that individuals are protected when flu begins to circulate. This is the case for all high-risk cohorts excluding 55-64's not otherwise eligible, and means starting to vaccinate in late September/October.

41. For those aged 55-64, not otherwise eligible through qualifying health conditions or employment, this will mean starting in December, at the latest. This phased approach is aligned to the availability of vaccines, and prioritisation of the cohorts who are most at risk from the seasonal flu. We will provide further advice, should the programme be extended later in the season to those aged 50-54.

42. NHS Boards and GP Practices should aim to schedule their immunisation services to match vaccine supply, as outlined above, if possible: beginning in late September/October and completing vaccination by the end of November for high-risk cohorts; and beginning in December at the latest, and completing at the end of January for 55-64 year olds not otherwise eligible.

Pregnant women

43. Most NHS Boards and Health and Social Care Partnerships (HSCPs) will be delivering flu vaccine to pregnant women through their local maternity services this year and should keep local practices informed about their plans including how to refer women to the services as appropriate.

GP practices however retain responsibility for vaccinating this cohort until alternative arrangements are made by local NHS Boards and HSCPs.

Existing Eligible Groups (those eligible in previous flu seasons)

44. In 2020/21 the seasonal flu vaccine should be offered, from the commencement of the programme, to the existing cohorts set out in the table below:

Eligible groups	Further detail
Pre-school children aged 2-5 years; and All primary school children in P1-7	The childhood flu CMO letter for the 20/21 programme has further details.
All patients aged 65 years and over	"Sixty-five and over" is defined as those aged 65 years and over by 31 March 2021.
Chronic respiratory disease aged six months or older	Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission. Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Children who have previously been admitted to hospital for lower respiratory tract disease.
Chronic heart disease aged six months or older	Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.
Chronic kidney disease aged six months or older	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephritic syndrome, kidney transplantation.
Chronic liver disease aged six months or older	Cirrhosis, biliary atresia, chronic hepatitis from any cause such as Hepatitis B and C infections and other non-infective causes
Chronic neurological disease aged six months or older	Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised, due to neurological disease (e.g. polio syndrome sufferers). Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning disabilities, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological or severe learning disability.
Diabetes aged six months or older	Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.
Immunosuppression aged six months or older	Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant. HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (eg IRAK-4, NEMO, complement disorder). Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age) or for children under 20kg a dose of 1mg or more per kg per day. It is difficult to define at what level of immunosuppression a patient could be considered to be at a greater risk of the serious consequences of flu and should be offered flu vaccination. This decision is best made on an individual basis and left to the patient's clinician.

	Some immunocompromised patients may have a suboptimal immunological response to the vaccine. Consideration should also be given to the vaccination of household contacts of immunocompromised individuals, i.e. individuals who expect to share living accommodation on most days over the winter and therefore for whom continuing close contact is unavoidable. This may include carers (see below).
Asplenia or dysfunction of the spleen	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Pregnant women	Pregnant women at any stage of pregnancy (first, second or third trimesters).
People in long-stay residential care or homes	Vaccination is recommended for people in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow the introduction of infection, and cause high morbidity and mortality. This does not include, for instance, prisons, young offender institutions, university halls of residence etc.
Unpaid Carers and young carers	Someone who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability. A young carer is a child or young person under the age of 18 carrying out significant caring tasks and assuming a level of responsibility for another person, which would normally be taken by an adult. Vaccination can also be given on an individual basis at the GP's discretion following a risk assessment after discussion with the carer.
Health care workers	Health care workers who are in direct contact with patients/service users should be vaccinated.
Morbid obesity (class III obesity)*	Adults with a Body Mass Index ≥ 40 kg/m²

45. The list above is not exhaustive, and clinicians should apply clinical judgement to take into account the risk of flu exacerbating any underlying disease that a patient may have or compromise their care due to illness of their carer, as well as the risk of serious illness from flu itself. Seasonal flu vaccine can be offered in such cases even if the individual is not in the clinical risk groups specified above.

Call and recall of patients aged 65 and over

46. As in previous years the Scottish Government will arrange for a national call-up letter to be sent to all those who will be aged 65 years and over by 31 March 2021. These letters will be delivered from w/c 14 September 2020.

Call and recall of patients under 65 years "at-risk"

47. National call-up letters for those aged under 65 at-risk are under further consideration and further information will be provided in due course.

New Eligible Groups 20/21

48. In 2020/21 the seasonal flu vaccine should be offered to the new cohorts set out in the table below:

Eligible groups	Further detail
Social care workers	Social care workers who provide direct personal care in the following settings; adult care homes, children's residential or secure care or care at home including Personal Assistants. This is targeted at those delivering direct personal care in these settings no matter of whether they are employed by Local Authorities, private or third sector employers.
Households of those shielding	Those who **live in the same home as** individuals falling within the Covid-19 shielding group.
All patients aged 55 to 64 years old	This is defined as those who will be aged 55 to 64 years old by 31 March 2021. The older age group are covered as an existing group above. Those within this group who are not otherwise eligible (i.e those with qualifying health conditions etc) should be vaccinated in a second phase as detailed below.

49. Health and social care workers and households of those shielding should be vaccinated from the commencement of the flu vaccination programme. Patients aged 55-64 years old, not otherwise eligible through qualifying health condition or employment, should be vaccinated in a second phase in December at the latest. This phased approach is aligned to the availability of vaccines, and prioritisation of the cohorts who are most at risk from the seasonal flu.

50. Scottish Ministers have indicated that the programme should be extended to those aged 50-54, if vaccine supply allows. We will review this in line with uptake rates and vaccine supply as the programme progresses.

Call and recall of households of those shielding

51. Scottish Government is currently considering the possibility of sending a national call-up letter to be sent to all households of those shielding. Further information on this will be provided in due course.

Call and recall of patients aged 55-64

52. Scottish Government is currently considering the possibility of sending a national call-up letter patients aged 55-64. Further information on this will be provided in due course.

Health and Social Care Workers

<u>Healthcare Workers</u>

53. Immunisation against flu should be considered an integral component of infection prevention and control. As in previous years, free seasonal flu vaccination should be offered by NHS organisations to all employees directly involved in delivering care. This is not an NHS service, but an occupational health responsibility being provided to NHS staff by the NHS as their employers.

54. Uptake of seasonal flu vaccination by health care workers continues to be below the CMO target - in 2019/20 in Scotland this was 53.8% in territorial boards compared with a minimum target of 60%.

55. While vaccination of NHS staff remains voluntary, we will look to all NHS Boards to do everything they can to increase uptake which should include offering the vaccine in an accessible way, helping all staff understand the seriousness of being vaccinated for themselves, their family contacts, their patients and the NHS in helping to reduce the potential for the spread of flu.

56. GP, dental and optometry practices, as well as community pharmacists, should also arrange vaccination of their staff.

Social Care Workers

57. The current Covid-19 situation has highlighted the need to ensure that front line staff across both health and social care settings do not inadvertently transmit infection and should therefore be encouraged and able to access free flu vaccination on a national basis. Scottish Ministers have therefore decided that the policy on flu vaccination for the coming and future seasons should be extended to include social care staff delivering direct personal care to patients/clients. This is in order to protect frontline social care staff and those they care for from flu and to help limit sickness absence amongst the workforce.

58. For clarity, social care staff delivering direct personal care in the following settings should be covered by this programme:
    - residential care for adults;
    - residential care and secure care for children; and
    - community care for persons at home (including housing support and Personal Assistants).

59. This is targeted at those delivering direct personal care in these settings no matter of whether they are employed by Local Authorities, private or third sector employers.

60. A Short Life Working Group was set up within the Scottish Immunisation Programme structure to coordinate expansion of the flu programme to cover social care staff who provide direct personal care. This included representation from Public Health Scotland, NHS Boards, COSLA, HSCP's, Scottish Care and the Coalition of Care and Support Providers in Scotland.

Immunisation against Infectious Disease ('The Green Book')

61. Further guidance on the list of eligible groups can be found in the most recent influenza chapter (chapter 19) of the Green Book available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/796886/GreenBook_Chapter_19_Influenza_April_2019.pdf

62. Chapter 12 of the Green Book provides information on what groups can be considered as directly involved in delivering care and is available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/147882/Green-Book-Chapter-12.pdf

63. Any Green Book updates will be made to the linked pages above.

ANNEX B

RECOMMENDED FLU VACCINES, VACCINE COMPOSITION AND ORDERING INFORMATION

Flu vaccines for 2020/21

64. The flu vaccines that have been centrally procured for the forthcoming flu season are in line with the recommendations of the Joint Committee on Vaccination and Immunisation (JCVI) and are set out in the table below.

Eligible Group	**Vaccine**
First Phase	
Individuals aged 65 years and over	adjuvanted Trivalent Inactivated Vaccine (aTIV) (Seqiris)
Individuals aged 18-64 years with "at-risk" conditions	cell based Quadrivalent Inactivated Vaccine (QIVc) (Flucelvax Tetra®) (Seqiris)
Health and Social Care Workers	cell based Quadrivalent Inactivated Vaccine (QIVc) (Flucelvax Tetra®)(Seqiris) or Egg based Quadrivalent Inactivated Vaccine (QIVe) (brand and manufacturer to be confirmed) dependent on vaccine supply and delivery schedules.
Households of those shielding	cell based Quadrivalent Inactivated Vaccine (QIVc) (Flucelvax Tetra®) (Seqiris)
Unpaid/Young carers	cell based Quadrivalent Inactivated Vaccine (QIVc) (Flucelvax Tetra®) (Seqiris)
Second Phase	
Individuals aged 55-64 not otherwise eligible through a qualifying health condition or employment	Egg based Quadrivalent Inactivated Vaccine (QIVe) (brand and manufacturer to be confirmed)

65. Some flu vaccines are restricted for use in particular age groups. The Summary of Product Characteristics (SPC) for individual products should always be referred to when ordering vaccines for particular patients.

Vaccine composition for 2020/21

66. Each year the World Health Organization (WHO) recommends flu vaccine strains based on careful mapping of flu viruses as they circulate around the world.

67. This monitoring is continuous and allows experts to make predictions on which strains are most likely to cause flu outbreaks in the northern hemisphere in the coming winter. Getting vaccinated is the best protection available against an unpredictable virus that can cause severe illness.

68. For the 2020/21 flu season (northern hemisphere winter) it is recommended that cell based quadrivalent vaccines contain the following strains-:

- an A/Hawaii/70/2019 (H1N1)pdm09-like virus;
- an A/Hong Kong/45/2019 (H3N2)-like virus;
- a B/Washington/02/2019 (B/Victoria lineage)-like virus; and
- a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

69. For the 2020/21 flu season (northern hemisphere winter) it is recommended that egg based quadrivalent vaccines contain the following strains-:

- an A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09-like virus;
- an A/Hong Kong/2671/2019 (H3N2)-like virus;
- a B/Washington/02/2019 (B/Victoria lineage)-like virus; and
- a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

70. For further information and the full report please see: https://www.who.int/influenza/vaccines/virus/recommendations/2020-21_north/en/

Egg-free vaccine

71. For individuals with egg allergy the advice in the most recent influenza chapter of the Green Book should be followed: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/796886/GreenBook_Chapter_19_Influenza_April_2019.pdf

72. Any Green Book updates will be made to the linked pages above.

73. Egg-allergic adults and children over age nine years with egg allergy can also be given the quadrivalent inactivated cell based (i.e. egg-free) vaccine, Flucelvax® Tetra, which is licensed for use in this age group.

Vaccine ordering and delivery arrangements

74. Information on ordering and delivery arrangements for the flu vaccine will be provided within further correspondence. Details of the supply arrangements for community pharmacies supporting this year's immunisation programme will be shared directly via relevant NHS Boards.

75. Orders for the flu vaccine should be placed on the Movianto online ordering system - Marketplace: (https://ommarketplace.co.uk/Orders/Home). Log-in details used in previous seasons remain valid and should continue to be used.

76. If you have any issues with log-in arrangements or if you have new staff who require access to the system please contact Movianto Customer Services on 01234 248 623 for assistance.

77. NHS Boards and GP practices should plan appropriately and place the minimum number of orders needed, taking into consideration available fridge capacity. NHS Boards are charged for each delivery made to practices.

78. NHS Boards and GP practices must ensure adequate vaccine supplies before organising vaccination clinics.

79. When placing orders for the vaccines in Marketplace, practices should search for the type of vaccine required. For example, if vaccines are required for patients aged 18 to 64 these can be found in Marketplace by entering the search term "QIVc" or on the 'Orders' screen. If vaccines are required for patients aged 65 or over, these can be found by searching for "aTIV".

80. To make it simpler for front line staff in the coming season, all NHS Boards will be allocated the same type of vaccine for each cohort e.g QIVc for most cohorts. The exception to this is for health and social care workers where a mix of QIVc and QIVe will be allocated based on vaccine supply and delivery schedules. **Only QIVe should be used for 55-64 year olds, not otherwise eligible due to qualifying health condition or employment, and will be available for ordering later in the season.** Those who are egg-allergic should be offered the QIVc vaccine as detailed above.

81. Vaccines are available in packs of 10. On the ordering platform, please read the vaccine information carefully and order the number of packs required rather than the total volume of individual vaccines – for example, if the vaccine is available in packs of 10 and the practice wants to request a delivery of 500 vaccines, an order should be placed for 50 packs of 10.

82. Patient information leaflets for vaccines supplied in packs of 10 will be provided separately to the vaccines. These will be automatically added to orders by Movianto.

Further information and support

83. As with last year, a Procurement Officer within NHS National Procurement will act as a link between GP practices and Movianto to ensure any potential allocation or delivery issues can be minimised and swiftly resolved. Contact details for the Procurement Officer are as follows: NSS.fluvaccineenquiries@nhs.net

84. For queries linked to ordering and deliveries, please contact the Movianto Customer Services Team (01234 248 623). If any delivery service issues cannot be resolved satisfactorily through dialogue with Movianto, the issue should be escalated to NHS National Procurement (contact details as above) in the first instance and thereafter the Immunisation Co-ordinator within the NHS Board. If you require contact details for your NHS Board Immunisation Coordinator please email immunisationprogrammes@gov.scot .

ANNEX C

CONTRACTUAL ARRANGEMENTS AND FURTHER INFORMATION

Contractual arrangements

85. Information on payments associated with the seasonal flu and pneumococcal vaccines will be set out by Primary Care Directorate, Scottish Government in due course.

Pneumococcal immunisation

86. Health professionals are reminded that they should check the immunisation status of those eligible for pneumococcal immunisation when such people receive the flu vaccine. Depending on the availability, the pneumococcal vaccine can be offered at the same time as the flu vaccine or at any other point in the year when vaccine becomes available. Health professionals should note to recall individuals in cases where no vaccine is immediately available. An online leaflet is available and can be accessed at: www.nhsinform.scot/pneumococcalforadults.

Uptake Rates in 2019/20

87. It is important that every effort is made this year to ensure uptake is as high as possible. The benefits of flu vaccination amongst all eligible groups should be communicated and vaccination made as easily accessible as possible.

88. Provisional uptake data for 2019/20 suggests uptake rates of:

- 74% in people aged 65 years and over, compared with 73.7% in 2018/19;
- 42.3% in under 65's at-risk, compared with 42.4% in 2018/19;
- 53.8% for healthcare workers, compared with 51.2% in 2018/19
- 56.9% in pregnant women (with other risk factors), compared with 57.5% in 2018/19; and
- 42.9% in pregnant women (without other risk factors), compared with 44.5% in 2018/19.
- 44.7% in unpaid/young carers, compared with 45.1% in 2018/19.

Information on vaccine uptake for this season and previous seasons can be found at: https://www.hps.scot.nhs.uk/a-to-z-of-topics/influenza/. For further information regarding the HPS vaccine uptake monitoring programme, please contact nss.hpsflu@nhs.net

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Edinburgh Integration Joint Board

REPORT

Integration Joint Board Risk Register

Edinburgh Integration Joint Board

15 December 2020

Executive Summary	The purpose of this report is to provide the Integration Joint Board (IJB) with a current version of the risk register for consideration and to update members on the risk management activity put in place to manage, mitigate and escalate risks.

Recommendations	It is recommended that the Integration Joint Board: a. note the continued development of the IJB risk register; b. note the introduction of 'risk profile cards' for 'very high', 'high' and 'medium' risks; c. consider if the mitigating controls identified against these current risks are adequate; and d. consider if further risks should be added to the register.

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	

Main Report

Background

1. As a key part of its governance process, the risk register examines the risks that impact the IJB's ability to deliver its objectives. Members of the IJB Audit and Assurance Committee (AAC) are responsible for the oversight of risk management arrangements; this includes receipt, review and scrutiny of reports on strategic risks and escalation of any issues that require to be brought to the IJB's attention.

2. The risk register sets out the cornerstones of a comprehensive risk process that identifies and assesses risks, and also clearly associates their owners and controls to manage them. The AAC reviews the IJB risk register quarterly, and refers it to the IJB twice yearly.

3. Following a review of IJB risks in early 2018, strategic IJB risks were decoupled from operational EHSCP risks. The risk register was re-launched and approved by the IJB in June 2018. Whilst this progress was welcomed it was recognised that the approach required further development, in particular to more clearly articulate the actions being taken to mitigate and manage risks. The following section of this paper sets out a proposed methodology.

4. A copy of the IJB risk register is attached as Appendix 1 to this report.

Risk Update

5. For September's AAC, we developed a new tool to help enhance and simplify the risk management process. A new 'risk profile card' format was introduced (see template guidance in Appendix 2) for risks scored as 'high' or 'very high'. This was well received by the AAC members, and the approach has now been expanded to include 'medium' scored risks.

6. We have taken steps this year to ensure that we are identifying a wider range of potential threats preventing us from achieving the IJB's strategic objectives and directly relaying their impact to the IJB and also in terms of outcomes for the people of Edinburgh. This new approach helps us better understand how the IJB is exposed to those risks and what controls we need to have in place to mitigate the risks.

7. Each IJB risk rated 'medium', 'high' and 'very high' has been given a risk profile card. These are included in Appendix 3 and each profile card:

   - identifies the risk, states the objective (what the IJB is trying to achieve) and the source of that objective (key document or relevant legislation);
   - names a risk owner who is responsible for actions;
   - explains how the risk would happen and the potential outcomes;

- illustrates the historic and current risk score and how it relates on the risk assessment matrix;
- provides a recent update on risk management activities;
- identifies what we are currently doing to reduce the risk; and
- summarises the planned actions to reduce the risk score.

8. This new approach was reviewed and discussed by the Executive Team in October 2020. Officers recognised the value of the more detailed and comprehensive risk register and will review the IJB risk on frequent basis – as a standing item of their Executive Team Governance Meeting.

9. This systematic risk management approach will support the more dynamic nature of the new risk register style and hopefully promote quality discussions at both the AAC and IJB.

Implications for Edinburgh Integration Joint Board

Financial

10. No direct financial implications.

Legal / risk implications

11. The risk register included in this report as Appendix 1 highlights current IJB risks. The register is a core component of the IJB's internal control system and is used a systematic ad structured method of recording all risks that threaten the IJB's strategic objectives/priorities.

Equality and integrated impact assessment

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

Environment and sustainability impacts

13. There are no environment or sustainability implications arising from this report.

Quality of care

14. Not applicable.

Consultation

15. The IJB risks were developed following consultation with the EHSCP EMT, IJB AAC members, Chief Internal Auditor, representatives from the three Lothian IJBs and the Council's Risk Officer.

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board

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Background Reports

None

Appendices

Appendix 1	IJB Risk Register – November 2020
Appendix 2	Risk Profile Card Template - Guidance
Appendix 3	IJB Risk Profile Cards for ‘Medium’, ‘High’ and ‘Very High’ Risks

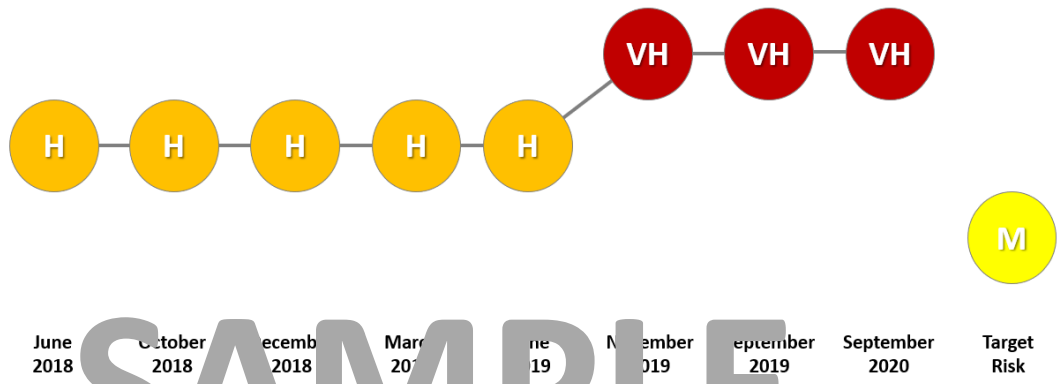
Appendix 1 – EIJB Risk Register – November 2020

ID	Risk	Rating
1.	**Strategic Planning and Commissioning**	
1.1	Failure to deliver EIJB strategic objectives leading to a requirement to revise the strategic plan.	**Very High**
1.2	Failure to influence decision making over services that are not managed by the Partnership leading to the inability to review service delivery and drive strategy.	**High**
1.3	Failure to deliver delegated services within available budgets leading to a requirement to revise the Strategic Plan.	**High**
1.4	Insufficient asset planning arrangements leading to failure or delays in delivering the strategic plan.	**High**
2.	**Issuing of Directions**	
2.1	Failure of NHS Lothian and the Council in delivering directions leading to confusion and inefficiency.	**High**
2.2	Failure of NHS Lothian and the Council to deliver directions leading to services not aligned to strategic intentions.	**High**
3.	**Management and Role of the EIJB**	
3.1	Inability to operate effectively as a separate entity leading to a failure to deliver the principles of integration.	**Medium**
3.2	Failure to make best use of the expertise, experience and creativity of its partners leading to a negative impact on the delivery of the strategic outcomes and poor relationships.	**Medium**
3.3	EIJB infrastructure lacks the professional, administrative and technical infrastructure to operate effectively leading to failures in governance, scrutiny and performance arrangements.	**High**
3.4	Insufficient or poor-quality assurance from assurance providers to support effective delivery of their scrutiny responsibilities.	**Medium**
3.5	Non-compliance with applicable legislative and regulatory requirements leading to legal breaches, fines and/or prosecution.	**Low**
3.6	Officers with operational responsibilities are being asked to scrutinise performance in areas where they are not totally independent leading to inadequate oversight of delegated EIJB functions.	**Low**
3.7	Insufficient or poor-quality assurance from assurance providers to support effective delivery of their scrutiny responsibilities.	**Low**

Appendix 2 – Risk Profile Card Template - Guidance

1. Thematic Risk Title		
Risk 1.2 (sub risk number)	**Risk identify – What could happen and what would be the immediate consequence?**	
Objective: *What are we trying to achieve?*	**Source of objective:** *Where the objectives can be found in our range of strategic IJB documents or Scottish Governance Guidance link.*	**Risk Owner:** *Responsible IJB Officer* **Risk Contributor:** *Contributing Officer*

Historical Risk Score



SAMPLE

Current Risk Sco

Current Risk Score	Likelihood	Consequence	Risk Rating	Date assessed
	Almost Certain	Major	**Very High**	September 2020

Current Risk Score

Likelihood	Neg	Min	Mod	Maj	Ext
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Consequence

Current Risk Score

Likelihood	Neg	Min	Mod	Maj	Ext
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

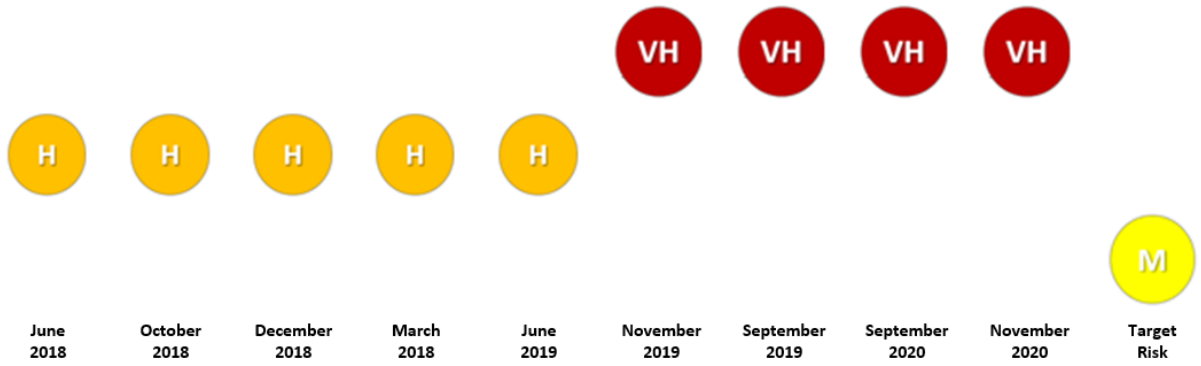
Consequence

Risk Activity *Recent activity, progress, threat, opportunity that have occurred since previous update that should be highlighted to AAC.*			
Risk Assessment *(Based on NHS Scotland's Core Risk Assessment Matrices)* Rationale behind Likelihood and Consequence/Impacts.			
How would this risk happen? • *Lists of potential causes or threats*		**What would the potential outcome be?** • *What would crystallise if the risk were to happen.*	
What are we doing to currently manage the risk?			
1.	*List of mitigation Actions*		
2.			
3.			
Additional controls or actions needed to manage this risk		Action Owner	Delivery Date
1.	*What additional control are needed to better manage the risk and/or minimise the risk?*	*Responsible Officer*	*Action completion*
2.			
3.			
Proposed Risk Acceptance		**Owner**	**Date**
If applicable – description of any risk acceptance.			

Appendix 3 – Risk Profile Cards for 'Medium', 'High' and 'Very High' Risks

1. Strategic Planning and Commissioning		
Risk 1.1	**Failure to deliver EIJB strategic objectives leading to a requirement to revise the strategic plan.**	
Objective: Delivery of EIJB strategic priorities designed to help achieve an affordable, sustainable and trusted health and social care system for Edinburgh.	**Source of objective:** EIJB Strategic Plan, Annual Plan, Financial reporting and engagement framework with stakeholders	**Risk Owner:** Chief Officer

Historical Risk Score



Current Risk Score

Current Risk Score	Likelihood	Consequence	Risk Rating	Date assessed
	Almost Certain	Major	**Very High**	October 2020

Current Risk Score

Likelihood \ Consequence	Neg	Min	Mod	Maj	Ext
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Target Risk Score

Likelihood \ Consequence	Neg	Min	Mod	Maj	Ext
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Recent Activity

- Review of Strategic Plan (August 2019) completed in September 2020.
- Initial financial plan was presented to EIJB in October 2020.
- Review of extant directions was scrutinised by Performance and Delivery in September 2020 – this will be presented to EIJB in December 2020.
- Engagement and involvement approach with wider stakeholders has been developed.

Risk Assessment

Likelihood

- The EIJB is required to agree a savings and recovery programme because the income its been delegated by partners is less than the projected cost. This is a wider issue across many public sector organisations. The impact could mean that we are not able to improve outcomes as laid out in the strategic plan for all people in Edinburgh.

Consequence

- The Strategic Plan's four key elements (Edinburgh Offer, Three Conversations, Home First and Transformation Programme) are key parts of mitigating this risk. Their pace of their implementation has been compromised by COVID-19.

How would this risk happen?	What would the potential outcome be?
• Insufficient resources (e.g. finances, workforce, infrastructure, etc.) delegated by the Council and/or NHS Lothian. • Strategic priorities beyond current organisational experience. • Lack of stakeholder support. • Underestimated complexity of issues. • Irregular assessment of objectives leading to unidentified impact of operational effectiveness. • New regulations changing direction of travel • External forces (major incidents) presenting unexpected threats /opportunities (e.g. Pandemic, EU Exit, etc.)	• If strategic priorities (prevention and early intervention; tackling inequalities; person-centred care; managing resources effectively; best use of capacity; and right care, right place, right time) are not adequately managed, the planned improvements in health and wellbeing of people in Edinburgh would be negatively impacted. • Reputational damage to the EIJB.

What are we doing to currently manage the risk?	
1.	Published updated Strategic Plan 2019-2022 following wider consultation which included both NHS Lothian and Council partners. Partners are then fully aware of the EIJB's requirements.
2.	Performance is regularly reported to the Performance and Delivery Committee and annually to the EIJB. Most of the Good Governance Institute recommendation have been implemented - we established a new committee structure including Strategic Planning Group, Performance and

	Delivery, Audit and Assurance, Clinical Care Governance, and Futures.
3.	Publication of Annual Performance Report 2019-2020 - captures areas of progress that the EIJB and EHSCP have made over the last year. It measures performance against the six strategic priorities set out in the EIJB Strategic Plan and against national indicators. Report is discussed annually at EIJB.
4.	Governance arrangement for Financial plan is place. Financial plan is approved annually by the EIJB following the annual due diligence process on the budget offers from NHS Lothian and the Council.
5.	Risks and potential approaches are highlighted to EIJB Chair at regular 1:1 with Chief Officer
6.	Budget Setting Protocol agreed by EIJB, NHS Lothian and the Council in place (move to 1.2)
7.	Timetable of engagement meetings with key stakeholders (EIJB, CEC Head of Finance, NHS Lothian Director of Finance, Chief Executives from both Council and NHS Lothian). Fostering good relationship and better understanding of other organisations' perspective.
8.	Covid-19- Mobilisation plan with an action plan in place to minimise impact of Covid-19.
9.	Revised transformation programme agreed and infrastructure now in place – first transformation portfolio board met in early September.

Additional controls or actions needed to manage this risk		Action Owner	Delivery Date	Update
1.	Strategic Planning Group to give early consideration to next iteration of strategic plan	HoSP	Sept 20	Completed
2.	Financial strategy, aligned to the strategic plan, and building on the financial framework (presented to the EIJB in October 2019), is under development. Initial version to be taken to EIJB early 2021.	CFO	Jan 21	
3.	Financial plan, and associated savings and recovery programme, for 2021/22 is being progressed. Initial financial plan to be presented to EIJB in October 2020.	CFO	Oct 20	Completed
4.	Review of extant directions to be scrutinised by P&D	HoSP	Sept 20	Completed
5.	EIJB developing approach to engagement and involvement with wider stakeholders	HoSP	Dec 20	Completed
6.	First stakeholder 'event' to take place	HoSP	Nov 20	
7.	Ongoing reporting (via NHS Lothian) of financial impact of COVID-19 to Scottish Government	CFO	Ongoing	
8.	Review of extant directions to be presented to EIJB.	HoSP	Dec 20	New
9.	Re-instatement of Strategic Operational Forum (paused during pandemic). Among the terms of reference is the translation of strategic priorities into operational delivery.	HoSP	Nov 20	New

1. Strategic Planning and Commissioning

Risk 1.2	Failure to influence decision making over services that are not managed by the Partnership leading to the inability to review service delivery and drive strategy.

Objective:	Source of objective:	Risk Owner:
Ensure that the Edinburgh element of delegated Pan-Lothian services are delivered in line with EIJB's Directions.	EIJB Directions, Integration Scheme, EIJB Strategic Plan, Financial Plan, Annual Performance Report, Review of Directions.	Chief Officer **Risk Contributor:** Head of Strategic Planning

Historical Risk Score

Current Risk Score: High

Current Risk Score	Likelihood	Consequence	Risk Rating	Date assessed
	Likely	Moderate	High	September 2020

Current Risk Score

Likelihood	Neg	Min	Mod	Maj	Ext
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Consequence

Target Risk Score

Likelihood	Neg	Min	Mod	Maj	Ext
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Consequence

Recent Activity

- The EIJB Directions issued in 2019 have been formally reviewed and was presented to the Performance and Delivery Committee in September 2020.
- The Scottish Government has provided guidance on set aside and hosted budgets. The guidance is very clear that EIJBs should be provided with activity information to inform its strategic planning and performance mechanisms and this activity is mapped onto the financial information EIJBs are required to report on.
- New terms of reference has been agreed for the Lothian Chief Officer group which is attended by all four EIJB Chief Officers and Chief Finance Officers.

- Programme Recover Board for unscheduled care and Mental Health and Learning Disability Services has been established by NHS Lothian. These groups have cross cutting representation and are chaired by EIJB Chief Officers.
- Direction Policy has been agreed by the EIJB and annual review of Directions will be presented to the Performance and Delivery Committee in September 2020.
- Home First expansion following the closure of wards 71/Western General and 120 Royal Infirmary with associated transfer of resources.
- All four Chief Officers participated in NHS Gold Command meetings and discussions during the COVID-19 period.

Risk Assessment

Likelihood

- Gaps remain in how the EIJB plans for hosted and set aside services.

Consequence

- Hosted and set aside services represent a moderate proportion of overall delegated services.
- Elements of planning for hosted and set aside services are currently in place.

How would this risk happen?	**What would the potential outcome be?**
• Conflicting priorities between managers of services and EIJB requirements/Directions. • Conflicting priorities between the four EIJBs. • Unclear communication between relevant parties. • Lack of clarity in Directions. • Impact of external forces such as new regulations; unexpected threats or opportunities; and major incidents (e.g Pandemic, EU Exit).	• Outcome for people in Edinburgh are poorer. • Resources are not the right place to deliver the EIJB's objectives. • Pathways are confused due the different requirements of four EIJBs.

What are we doing to currently manage the risk?	
1.	Pan-Lothian consultation carried out on Draft Strategic Plan in September 2019.
2.	Regular (monthly) Chief Officer meetings attended by all four EIJBs and officers from NHS Lothian provide a forum to reach consensus and raise any relevant issues.
3.	Specific service forums are established to consider and agree major service changes which impact on more than one EIJB.
4.	The EIJB agreed and implemented a revised Directions Policy compliant with national guidelines in August 2019.
5.	The EIJB Directions issued in 2019 have been formally reviewed (will be presented the Performance and Delivery Committee in September)
6.	Financial reporting mechanisms in place for hosted and set aside services.

Additional controls or actions needed to manage this risk		Action Owner	Delivery Date	Update
1.	Implications for hosted and set aside services will be picked up through the Transformation Programme as required.	HoSP	Ongoing	
2.	Structural gaps in hosted and set aside services planning to be addressed through the Partnership's new management structure.	CO	Dec 21	

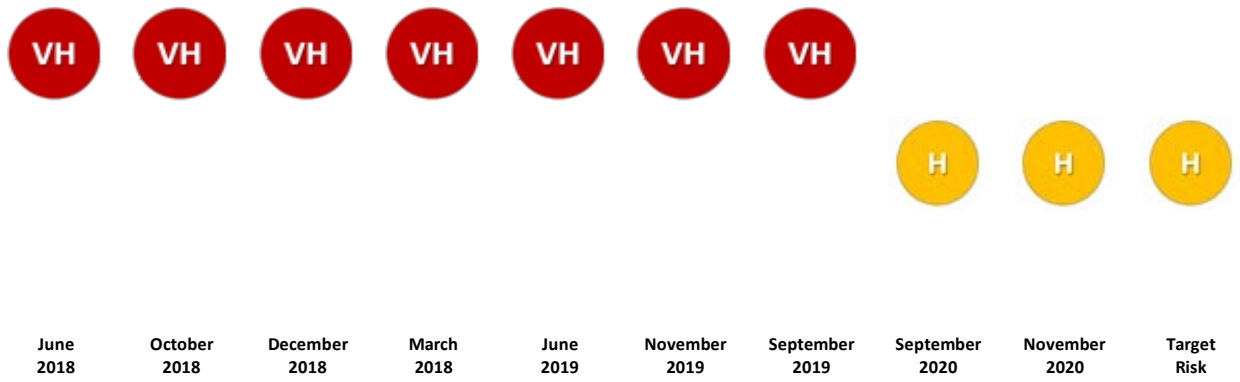
3.	Ongoing refinement of Directions – progress to be reported to Performance and Delivery Committee	HoSP	Ongoing	
4.	Annual review of Directions will be presented to the EIJB.	HoSP	Dec 20	New

1. Strategic Planning and Commissioning

Risk 1.3	Failure to deliver delegated services within available budgets leading to a requirement to revise the Strategic Plan.

Objective:	Source of objective:	Risk Owner: / Risk Contributor:
Using available resources to maximise outcomes for the people of Edinburgh.	IJB Strategic Plan, Financial Plans, Financial Updates, Annual Performance Report	Risk Owner: Chief Officer Risk Contributor: Chief Finance Officer

Historical Risk Score



Current Risk Score: High

Current Risk Score	Likelihood	Consequence	Risk Rating	Date assessed
	Likely	Major	High	October 2020

Current Risk Score

Likelihood	Neg	Min	Mod	Maj	Ext
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Consequence

Target Risk Score

Likelihood	Neg	Min	Mod	Maj	Ext
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Consequence

Recent Activity

- Reports on in year financial performance scrutinised by P&D and the IJB
- Phase 2 savings agreed by IJB in October
- Additional funding allocated for financial impact of COVID-19 following regular submissions to SG on

via the mobilisation planning process
- Approach to monitoring progress with savings and recovery plan agreed with P&D
- Initial JB workshop on 21/22 budget
- 'Sustainability planning' approach agreed and senior manager from the Partnership appointed to lead this work
- EMT agreed to further develop approach for financial engagement and support

Risk Assessment

Likelihood
- Due to delivery against the budget in 19-20, there is more confidence
- Budget for 20-21 agreed

Consequence
- The IJB and its partners face a very significant financial challenge over the next few years. Driven by growing demand, higher costs, increasing expectations for the delivery of health and social care, and a reduction of financial resources available.

How would this risk happen?	**What would the potential outcome be?**
• Unanticipated increase in costs of delegated services. • Failure to deliver agreed savings programmes. • Poor budget management • Full financial impact of COVID-19 not fully reimbursed by Scottish Government. • In year reduction in funding due to need of Council and/or NHS Lothian requirement to balance their overall budgets. • Unanticipated financial impacts other external forces such as new regulations; unexpected threats or opportunities; and major incidents (e.g Pandemic, EU Exit)	• Reprioritising spending • Strengthen budgetary control. • Identify additional savings and recovery schemes • Fail to maximise outcomes for people in Edinburgh.

What are we doing to currently manage the risk?	
1.	Performance and Delivery Committee scrutinise financial performance.
2.	Finance is a standing item on the IJB agenda.
3.	Regular financial reports to IJB, partnership executive team and the various governance forums in the Council and NHS Lothian.
4.	Operational financial monitoring undertaken monthly by both NHS Lothian and the Council.
5.	Regular dialogue between operational budget holders and the finance teams in NHS Lothian and the Council.
6.	Savings Governance Framework in place in line with requirements highlighted in recent Internal Audit Reports
7.	Partnership Savings Governance Group chaired by Chief Officer meets monthly to scrutinise progress against the savings and recovery programme.
8.	Regular tripartite meetings in place. Attended by: CO,CFO CEC Head of Finance, NHS Lothian Head of Finance)

Additional controls or actions needed to manage this risk		Action Owner	Delivery Date
1.	Performance and Delivery Committee refining formatting content of Financial reporting.	CFO	Mar 21
2.	Enhance support for CFO built into proposed new structural arrangements	CO	Dec 21
3.	Finalise position with Scottish Government for financial impact of COVID-19.	CFO	Mar 21

1. Strategic Planning and Commissioning

Risk 1.4	**Insufficient asset planning arrangements leading to failure or delays in delivering the strategic plan.**

Objective:	**Source of objective:**	**Risk Owner:**
Comprehensive capital and asset strategy, aligned to the Strategic Plan agreed by the EIJB.	Strategic Plan, transformation programme	Chief Officer **Risk Contributor:** Head of Strategic Planning

Historical Risk Score

Current Risk Score: High

Current Risk Score	Likelihood	Consequence	Risk Rating	Date assessed
	Likely	Major	High	October 2020

Current Risk Rating

Likelihood	Neg	Min	Mod	Maj	Ext
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Consequence

Target Risk Rating

Likelihood	Neg	Min	Mod	Maj	Ext
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Consequence

Recent Activity

- Transformation programme launched and reset priorities agreed.
- Bed based review workstream underway which will articulate the size and nature of the bed base required to deliver delegated services. This in turn will influence the asset strategy which will be developed in phase 2 of the transformation programme.
- Bed numbers agreed for phase 2 of the Royal Edinburgh Hospital campus reprovision.
- Feasibility work underway for the proposed new facility in the South West to potentially replace 2 care

homes no longer fit for purpose.

- Cases for new primary care facilities progressing through governance.

Risk Assessment

Likelihood
Although several individual pieces of work are underway, some of which are well advanced, no overarching strategy is in place.

Consequence
Lack of a cohesive strategy could result in missed opportunities to attract funding and, consequently, delay implementation of plans which are dependent on capital monies.

How would this risk happen?	**What would the potential outcome be?**
• Lack of an overarching asset strategy • Failure to develop business cases timeously and in line with partners' differing governance processes • Insufficient capital resources available • Negative impact of COVID-19 on infrastructure costs meaning fewer schemes can be delivered • Under-developed links with infrastructure partners (eg housing)	• Failure to deliver infrastructure required to fulfil strategic objectives • Consequential impact on outcomes for the people of Edinburgh

What are we doing to currently manage the risk?	
1.	Asset Management Group established with membership from the Council, NHS Lothian and the Partnership to agree on priorities.
2.	Representation on the Council Asset Management Board and NHS Capital Investment Group.
3.	Primary care developments progressing through the appropriate stages of the NHS Lothian and EIJB governance processes.
4.	Housing contribution statement fundamental part of the Strategic Plan.
5.	Bed based review underway with project board launched
6.	Progressing provision to replace 2 care homes in South West Edinburgh.

Additional controls or actions needed to manage this risk		Action Owner	Delivery Date
1.	Overarching asset strategy agreed by the EIJB which pulls together the capital priorities.	HoSP	Mar 2022
2.	Primary care developments continue successfully through governance.	HoSP	Various
3.	Business case for facility in the South West completed.	HoSP	Mar 2021
4.	Amended remit for Asset Management Group agreed to shift emphasis to the strategic.	HoSP	Dec 2020

2. Issuing of Directions

Risk 2.1	Failure of NHS Lothian and the Council to deliver directions leading to services not aligned to strategic intentions.

Objective:	Source of objective:	Risk Owner:
Clear, concise and measurable directions in place which cover all services and which are routinely monitored with corrective action taken where necessary.	EIJB directions policy, EIJB directions, directions tracker, Strategic Plan	Chief Officer **Risk Contributor:** Head of Strategic Planning

Historical Risk Score

Current Risk Score: High

Current Risk Score	Likelihood	Consequence	Risk Rating	Date assessed
	Possible	Major	High	October 2020

Current Risk Rating

Likelihood	Neg	Min	Mod	Maj	Ext
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Consequence

Target Risk Rating

Likelihood	Neg	Min	Mod	Maj	Ext
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Consequence

Recent Activity

- New directions Policy approved in August 2019. The policy was developed to address the risk of non-delivery of directions by NHS Lothian and the City of Edinburgh Council. The policy follows Scottish Government best practice guidance and increases transparency and accountability between the EIJB and its partner organisations; NHS Lothian and the City of Edinburgh Council.
- Initially, the EIJB developed and approved nine directions linked to the Strategic Plan in October 2019. The EIJB has since developed and approved more directions in-year to account for service change and redesign.

- In line with the policy, an annual review of directions undertaken which will report to the Performance and Delivery Committee in September.

Risk Assessment

Likelihood
It is recognised that, despite having made progress with the directions policy and approach, that further work is required to refine the directions. Specifically, to include measurable and realistic performance metrics as well as ensuring wider coverage of the range of delegated services.

Impact
If services are not delivered as intended the consequences could be material. Risk relates mainly to services not delivered by the Partnership.

How would this risk happen?	**What would the potential outcome be?**
• Because directions are not: o well-articulated o properly understood o realistic/achievable o non-SMART performance targets o issued timeously • Failure of partners to implement directions as intended because of conflicting priorities.	• Failure to deliver delegated services in line with strategic objectives • Overspends against delegated budgets • Consequential impact on outcomes for the people of Edinburgh

What are we doing to currently manage the risk?	
1.	EIJB approved new directions Policy in August 2019.
2.	Directions emerge from the strategic plan which has been developed in collaboration with NHS Lothian, the Council and other partners.
3.	Directions themselves are also developed in collaboration with NHS Lothian and the Council – this reduces the likelihood of misunderstanding.
4.	Regular monitoring of directions via the Performance and Delivery Committee.
5.	Directions can be withdrawn or amended at any time if they are no longer to be appropriate/realistic/achievable.
6.	In line with the policy, directions are required for any service changes agreed by the EIJB.

Additional controls or actions needed to manage this risk		Action Owner	Delivery Date	Update
1.	Review of directions policy to ensure it remains aligned with Scottish Government guidance and emerging best practice.	HoSP	Mar 21	
2.	An annual review of directions which will report to the Performance and Delivery Committee in September.	HoSP	Sept 20	Completed
3.	Ongoing refinement of directions and expansion to cover wider range of delegated services.	HoSP	Ongoing	

2. Issuing of Directions

Risk 2.2	**Failure to deliver EIJB Directions leading to a mismatch between workforce requirements and availability.**

Objective:	**Source of objective:**	**Risk Owner:**
Matching future service demand with future workforce supply.	EIJB Directions, Strategic Plan, National Integrated Health and Social Care Workforce Plan and Associated Guidance, Workforce Strategy	Chief Officer **Risk Contributor:** Chief Nurse (Workforce Plan)

Historical Risk Score

Current Risk Score: High

Current Risk Score	Likelihood	Consequence	Risk Rating	Date assessed
	Likely	Moderate	High	September 2020

Current Score

Likelihood	Neg	Min	Mod	Maj	Ext
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Consequence

Target Score

Likelihood	Neg	Min	Mod	Maj	Ext
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Consequence

Recent Activity

- Previous Workforce Plan that was due to be submitted in March 2021, however COVID-19 implications led the Scottish Government to review the National integrated HSC Workforce Plan's assumptions and guidance.
- The Workforce Plan is now due by March 2022

- The Scottish Government have commissioned a short life working group to develop a concise template that all Boards and Integrated Authorities will complete. The proposed deadlines for these concise templates is 31st March 2021. The template workforce plan document will allow NHS Boards and Integrated Authorities to produce consistent workforce planning documents that are shorter and more concise than the full 3 year workforce plans. We await receipt of the agreed template which is estimated to be agreed and circulated by December 2020.

Risk Assessment

Likelihood
With the Scottish Government's decision to further push back the due date, EHSCP has been given additional time to develop the Workforce Plan. The probability of achieving a comprehensive workforce plan has improved however further work is still needed to ensure that the right support arrangements are in place to deliver this piece of work.

Consequence
Not meeting the challenges of demographic changes (both population and staff) could lead to unbearable pressure on services. There's a need to attract or retain the right people and have an engaged and resilient workforce to ensure that the people of Edinburgh needs are met. Emergencies such like the pandemic put enormous pressure on our services, however it did provide an opportunity in revealing functional problems in the organisation that will be addressed through workforce planning.

How would this risk happen?	**What would the potential outcome be?**
• Lack of a Workforce Plan • Lack of a Workforce Strategy • Lack of capacity and capability to lead on workforce and workforce planning (local level) • Lack of consultation with key stakeholders • Added complexities from unanticipated workforce impacts other external forces such as new regulations; unexpected threats or opportunities; and major incidents (e.g Pandemic, EU Exit) • New workforce policies arising from EU Exit • Poor horizon scanning	• Inability to deliver against strategic priorities • Additional pressures on financial budgets due to unanticipated increase in staffing pressures (e.g. costs, vacancies, agency costs, etc.) • Poorer outcomes for people of Edinburgh • Negative perception of EHSCP as an employer

What are we doing to currently manage the risk?	
1.	The Transformation Programme Board / Programme 4 – "Cross cutting enablers" is leading on the development of the Workforce Strategy (First Programme Board 18 September 2020)
2.	Workforce planning programme has begun on a series of workshops with professional and service groups to review their experience during Covid-19.
3	Bi-monthly Workforce Core group in place to lead on development of Workforce plan.
4.	Workforce Core Group membership includes all key partners/stakeholders to support the development of the workforce plan.
5.	Workforce Planning representative at EHSCP EU Exit Group (Chaired by Chief Nurse) – active contribution to EU exit preparations. Ongoing development of Monthly 'EU Exit'

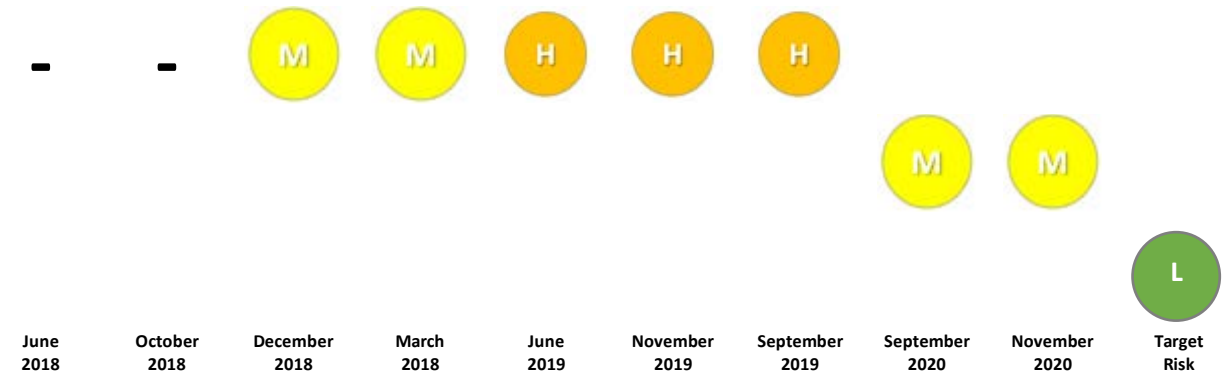
	Impact Assessment reports that are escalated to NHS Lothian and the Council's Strategic EU Exit Group.		
6.	Workforce Planning representation at EHSCP COVID-19 Command Centre and Operational Coordination Group.		
Additional controls or actions needed to manage this risk		Action Owner	Delivery Date
1.	Delivery of EHSCP Workforce Plan	Chief Nurse	Mar 2022
2.	Delivery of Workforce Strategy	CFO	Mar 2021
3.	Review into capacity for workforce planning	Chief Nurse	June 2021
4.	Workforce Planning Manager will be attending the National Weekly Short Life Working Group in November 2020 to agree design and content of the new short and concise workforce plan (unlike 3 year plan)	Chief Nurse	April 2021

3. Management and Role of the EIJB

Risk 3.1	**Inability to operate effectively as a separate entity leading to a failure to deliver the benefits of integration.**

Objective:	**Source of objective:**	**Risk Owner:**
EIJB is recognised as the sole body responsible for the strategic oversight and planning of delegated services.	Public Bodies (Joint Working) (Scotland) Act 2014, Scheme of Integration, Strategic Plan, Engagement Framework with Stakeholders	Chief Officer

Historical Risk Score



Current Risk Score: High

Current Risk Score	Likelihood	Consequence	Risk Rating	Date assessed
	Possible	Moderate	Medium	October 2020

Current Risk Score

Likelihood	Neg	Min	Mod	Maj	Ext
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Consequence

Target Risk Score

Likelihood	Neg	Min	Mod	Maj	Ext
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Consequence

Recent Activity

- The Scheme of Integration was reviewed in October with Standards Officer, Chief Officer and Chief Finance Officer.
- "Your Health – Your Care" working groups with EIJB Members.
- Chief Officer and Chair agreed a series of development sessions board members for 2021.

Risk Assessment

Likelihood

Although the EIJB has had to mature in the last five years, there are still issues that need to be teased out in

terms of the role and management of the EIJB. *Consequence* Risk relates mainly to services not delivered by the Partnership. There could be delays in implementing Strategic decisions.	
How would this risk happen? • There is a lack of clarity about the separate roles of the EIJB, Partnership, Council and NHS Lothian • Lack of buy-in from partners into the benefits of integration • Board Members lack the necessary skills, knowledge and experience to undertake their role. • Lack of public identity/understanding of the EIJB	**What would the potential outcome be?** • Duplication of decision making. • Gaps in decision making. • Contradictory decision making. • Poorer outcomes for the people of Edinburgh.

What are we doing to currently manage the risk?	
1.	Regular development sessions for EIJB members
2.	Induction session for new EIJB members
3.	Members are encouraged to actively engage with the Executive Team.
4.	Members are advised that they can meet with Partnership Officers/ report owners prior to meetings to discuss the report content. Board members chair subgroups and reference boards which aids to broaden members knowledge, understanding, and decision making.
5.	EIJB Standing Order / Code of Conduct
6.	'Declaration of Interest' - members are responsible for declaring certain interest in EIJB proceedings.
7.	The EIJB Chair monitors the quality of the debates and if necessary, will ask the Partnership Chief Officer for additional information if the subject matter requires further clarification for members.
8.	Regular IJB Newsletter to Board Members from IJB Chair

Additional controls or actions needed to manage this risk		Action Owner	Delivery Date
1.	Further review of into the Scheme of Integration	CO	TBC

3. Management and Role of the IJB

Risk 3.2	**Failure to make best use of the expertise, experience and creativity of its partners leading to poor relationships and a negative impact on the delivery of the strategic outcomes.**

Objective:	**Source of objective:**	**Risk Owner:**
Effective engagement and collaboration with IJB partners.	Strategic Plan, transformation programme	Chief Officer

Historical Risk Score

Current Risk Score: High

Current Risk Score	Likelihood	Consequence	Risk Rating	Date assessed
	Possible	Moderate	Medium	October 2020

Current Risk Score

Likelihood	Neg	Min	Mod	Maj	Ext
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Consequence

Target Risk Score

Likelihood	Neg	Min	Mod	Maj	Ext
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Consequence

Recent Activity

- IJB members involved in shaping public events to be held in November

- Transformation programme underway with appropriate stakeholders involved in programme boards
- Weekly themed provider meetings held during COVID-19 pandemic
- Relaunched recruitment for additional carer/service user representatives

Risk Assessment

Likelihood

- The IJB has a wide range of stakeholders with differing objectives, which can pose problems in ensuring appropriate/adequate representation

Consequence

- Would be a factor of the scale of the service(s) impacted

How would this risk happen?	**What would the potential outcome be?**
• Failure to engage and collaborate appropriately with third, independent and housing sectors and other parties. • Not involving appropriate stakeholders in strategy/policy development. • Insufficient or ineffective representation from stakeholders on the IJB and its committees. • Poor relationships with providers in either the private or 3rd sectors.	• Failure to maximise outcomes for the people of Edinburgh

What are we doing to currently manage the risk?	
1.	Carers and service users represented on the IJB and its committees.
2.	The third, independent and housing sectors represented on IJB committees and transformation programme boards.
3.	EVOC acts as an interface between the 3rd sector and the IJB.
4.	Significant engagement undertaken as integral part of developing the strategic plan.
5.	The third, independent and housing sectors involved in the development of the strategic plan and all will have an integral role as the plan is implemented.
6.	Ongoing engagement with providers through a variety of fora.
7.	Regular communication from Chief Officer via newsletter and vlogs.

Additional controls or actions needed to manage this risk		Action Owner	Delivery Date
1.	Engagement strategy to be developed	HoSP	TBC
2.	Carer/service user representatives to be recruited	HoSP	Jan 2021
3.	Service level agreement with EVOC to be refreshed	CFO	Mar 2021

3. Management and Role of the EIJB

Risk 3.3	**EIJB infrastructure lacks the professional, administrative and technical infrastructure to operate effectively leading to failures in governance, scrutiny and performance arrangements.**

Objective:	**Source of objective:**	**Risk Owner:**
Sufficient and appropriate infrastructure in place to support the EIJB to develop and achieve its strategic objectives.	Scheme of Integration	Chief Officer

Historical Risk Score

Current Risk Score: High

Current Risk Score	Likelihood	Consequence	Risk Rating	Date assessed
	Likely	Moderate	High	October 2020

Current Risk Rating

Likelihood	Neg	Min	Mod	Maj	Ext
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Consequence

Target Risk Rating

Likelihood	Neg	Min	Mod	Maj	Ext
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Consequence

Recent Activity

- Conflict of Interest noted in with the EIJB's MoUs when the EIJB received legal advice from the Council.
- EIJB agreement to invest in transformation
- Chief Officer discussions with Council Leadership team on potential transfer of administration staff and resource.

- Head of Strategic Planning working with colleagues in Council and NHS performance teams.

Risk Assessment

Likelihood

The EIJB does not physical own any assets or have direct managerial responsibilities for staff through a pre-determined budget. It Is reliant on the resources allocated to it for both NHS Lothian and the City of Edinburgh Council – as detailed in the Integration Scheme. Partners, who each have their own resourcing issues, are not consistently able to provide an appropriate calibre and level of resource.

Risk has occurred due to legal advice sought from one of its partners for MoUs. This risk has been accepted.

Impact

Without adequate resource the EIJB will be unable to develop and deliver against its strategic objectives.

How would this risk happen?	**What would the potential outcome be?**
• Failure by NHS Lothian and the Council to meet their obligations under the integration scheme to provide adequate professional, administrative and technical support. • Lack of sufficient independent professional, administrative and technical infrastructure. • Lack of clarity over EIJB requirements • Conflict between partner and EIJB priorities • Inefficiencies in delivery	• Compromised efficiency of the EIJB. • Ability to deliver change at desired pace. • Ultimately poorer outcomes for the people of Edinburgh. • Conflict of interest for one or more partner organisation within its governance, scrutiny and performance arrangements.

What are we doing to currently manage the risk?	
1.	The Chief Officer is a member of the senior management teams in both NHS Lothian and the Council, thus in a position to influence decision making.
2.	Through regular 1:1 with each respective Chief Executive, the Chief Officer is able to directly raise any issues and seek solutions.
3.	Comprehensive audit plan in place to understand the quantum of the risk.
4.	Transformation team established.
5.	GGI governance review agreed by the EIJB.
6.	For legal conflicts of interest: • Partner Legal Team made aware of potential risk of conflict of interest. • When a conflict has been identified, discussion with Chief Officer/Executive Team on best approach which may result in obtaining external advisers or formal risk acceptance (noted in risk register). • Legal team must be clear when they are advising the EIJB as opposed to the Council/NHSL side of EHSCP.

Additional controls or actions needed to manage this risk		Action Owner	Delivery Date
1.	Lobby partners as they review integration scheme to ensure appropriate account is taken of EIJB requirements	CO	Ongoing

2.	Remaining vacancies in transformation team to be filled.	HoSP	Oct 2020
3.	Work with partners to formalise levels of support	CO	Ongoing
4.	Resolve outstanding issue of EIJB Chief Risk Officer	CO	Nov 2020
Proposed Risk Acceptance		**Owner**	**Date**
1.	*Risk acceptance for MoU between EIJB, NHS Lothian and Council that were drafted by Council Legal team – given that they are not a commercial agreement. (See Mitigating control item 6. for other legal conflicts of interest.)*	CO	TBC

3. Management and Role of the EIJB

Risk 3.4	Insufficient or poor-quality assurance from assurance providers to support effective delivery of their scrutiny responsibilities.

Objective:	Source of objective:	Risk Owner:
Reliable and effective assurance quality from assurance providers.	Annual Audit Opinion	Chief Officer

Historical Risk Score

Current Risk Score: High

Current Risk Score	Likelihood	Consequence	Risk Rating	Date assessed
	Possible	Moderate	Medium	October 2020

Current Risk Score

Likelihood	Neg	Min	Mod	Maj	Ext
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Consequence

Target Risk Score

Likelihood	Neg	Min	Mod	Maj	Ext
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Consequence

How would this risk happen?

- Sole reliance of assurance provision from partner organisation's Internal Audit Teams
- Gaps between IJB risks and Annual Internal Audit Plan
- Lack of review and follow-up process for IJB & EHSCP Internal Audits
- Lack of Independent external review of Internal Audits
- Lack of IJB oversight of Internal Audits activities
-

What would the potential outcome be?

- Poor quality assurance that would compromise effective EIJB governance.
- Inadequate risk management, internal controls – increase in risk exposure.
- Limited growth and improvement of EIJB processes

What are we doing to currently manage the risk?			
1.	The IJB has both internal and external audit assurance providers: Internal - NHS Lothian & Council; External - Scott-Moncrieff.		
2.	Internal Audit (IA) delivers four IJB Audits per year – one from NHS Lothian IA and three from the Council IA.		
3.	The IJB risks in the risk register are mapped to the annual IA plan to ensure that all key risks are covered.		
4.	Annual IA plans of NHS Lothian and the Council are subject to review and scrutiny by the EIJB Audit and Assurance Committee.		
5.	Clear internal review process for all audits completed on behalf of the IJB and the Partnership		
6.	Independent external review of IA is performed every 5 years in line with Public Sector Internal Audit Standards (PSIAS) requirements (last review was performed 2016/17).		
7.	Annual Internal Audit opinion for the EIJB is required to highlight any instance of non-compliance with the PSIAS.		
8.	The governance statement (incorporated in the annual accounts) and the annual IA opinion is subject to review and scrutiny by the EIJB Audit and Assurance Committee.		
9.	A clearly established follow-up process to ensure that all IA findings raised are appropriately closed and risks mitigated – an area of non PSIAS compliance for 2017/18.		
10.	IA progress reports provided to the Audit and Assurance Committee quarterly, updating progress on the audit plan and also the status of open and overdue IA findings.		
11.	Established IA system that records and retains the audit work performed by the IA team. Also includes 'layered' levels of review and sign off that are linked to the roles in the team.		
12.	Each year, external audit will perform a sample-based review of IA work to determine whether they can rely on the outcomes in relation to best value. A comment will be included in the annual accounts to reflect this.		
Additional controls or actions needed to manage this risk		Action Owner	Delivery Date
1.	*Under Review*		

Edinburgh Integration Joint Board

REPORT

Board Assurance Framework

Edinburgh Integration Joint Board

15 December 2020

Executive Summary	The purpose of this report is to provide the board with an update on the board assurance framework, including a proposal for levels of assurance and a suggested mechanism for reviewing the work of the Integration Joint Board committees.

Recommendations	It is recommended that the Integration Joint Board agree to adopt the: 1. approach to including assurance levels in IJB report; and 2. suggested mechanism for reviewing the work of the committees.

Directions

Direction to City of Edinburgh Council, NHS Lothian or both	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 & NHS Lothian	

Report Circulation

The information contained in this report was considered by the Audit and Assurance Committee in March and November 2020.

Main Report

Background

1. The Integration Joint Board and its committees are not involved in operational management and delivery, but exercise oversight of performance and delivery

of the strategic plan. As such, the board requires assurance from a range of sources to carry out its governance role.

2. The term "assurance" can be defined in a number of ways, one definition being:

   "confidence based on sufficient evidence that internal controls are in place, operating effectively and objectives are being achieved."

3. An overarching board assurance framework is the mechanism by which the Integration Joint Board (IJB) seeks and receives the appropriate assurance for it to discharge its duties. This paper sets out proposals for 2 aspects of this, the introduction of a:

   a. systematic approach to **levels of assurance**, based on those currently in place, and operating effectively, in NHS Lothian; and

   b. framework to provide assurance on the **effectiveness of committees**.

Levels of assurance

4. If the systems of assurance within an organisation are designed properly, they can add value by reducing bureaucracy. This in turn allows the IJB and senior officers to confidently focus on the key matters which do require attention. The design of the systems of assurance should reflect the IJB's strategic aims.

5. To support this it is proposed to introduce a standard procedure whereby authors of IJB and committee papers are asked to include a recommendation which invites the IJB/committee to select one of the above levels of assurance to reflect its conclusion from its consideration of the paper. It is entirely for the IJB or the committee to decide what level to accept. The Audit and Assurance Committee (A&AC) debated this approach and agreed to recommend that the IJB adopts the following five levels of assurance for all reports which are providing the board with assurance:

   a. Significant

   b. Moderate

   c. Limited

   d. None

   e. Not assessed yet.

6. Definitions are included as appendix 1.

Effectiveness of committees

7. One of the ways which that IJB received assurance is via the A&AC. One of the duties in the draft terms of reference for this committee is to:

   "review the work of other committees within the organisation and its subsidiaries, whose work can provide relevant assurance to the Audit and Assurance Committee's own scope of work and in relation to matters of quality affecting the Board Assurance Framework, including the Clinical and Care

Governance Committee, the Performance and Delivery Committee, Strategic Planning Group and Futures Committee"

8. This review should be structured in a way which provides assurance to the IJB as well as informing the content of the Governance Statement (which is part of the annual accounts).

Proposed process for review of committee effectiveness

9. Under the draft terms of reference, each of the IJB's committees is required to review its effectiveness. The A&AC should have oversight of this process and, ultimately, provides assurance which underpins the annual governance statement. In order for the A&AC to be able to give the requisite assurance it is proposed that each committee is asked to prepare an annual report. Further, as part of this process, committees should review their own effectiveness.

Committee annual reports

10. The annual report of each committee should be prepared by reviewing:

    a. the extent to which it has received the **assurance** it requires to fulfil its remit; and

    b. feedback from for committee members, this gives an indication of **committee effectiveness**.

11. Committee annual reports should cover the business of all meetings held in the relevant financial year and therefore committees should review and approve their annual reports after 31st March each year. The reports should be designed to support the assurance the committees are giving and identify any significant issues, rather than provide commentary on work undertaken during the year.

12. The starting point for this process is to ask each committee to identify what its assurance needs are, these should be based on the remit of the committee. The next step is to agree specifically what the committee wants assurance on in order to fulfil its function. This gives a baseline to inform what they ask officers to report on, and the committee to judge if the need has been met.

13. Following this process would give each committee a tailored checklist which supports their specific assurance requirements. This should be used as the basis to prepare, review and approve the annual report.

14. It is important to ensure that the annual report captures any relevant business or other information from the meeting in which it was approved. Any changes to the draft presented to the committee should be clearly specified and properly recorded in the minutes, together with the decision of the committee to authorise the chair to approve the final version of the report.

15. The A&AC (as well as the external auditors and internal auditors) will consider these reports to determine whether or not the content of the governance statement (which is part of the annual accounts) is complete and appropriate.

Review of committee effectiveness

16. As part of this process of producing the committees should review their own effectiveness. A standard questionnaire (Appendix 2) is provided so that the committee members can be surveyed to get their views on how the committee has worked. The questionnaire may be adapted if there are any specific issues that the committee chair wishes to cover.

Role of the Audit and Assurance Committee

17. The returns will be considered at the A&AC, at the same time the annual accounts (incorporating the governance statement) are being scrutinised. Members of the A&AC could consider whether they would like the other committee chairs to be present when the assurance reports are being discussed.

Arrangements for 2020/21

18. Recognising that the committees have only recently resumed and already have full workplans in place for the rest of the year, a “light touch” arrangement is proposed for 2020/21. For this year only, this would involve the committees being asked to prepare annual reports using a standard checklist. This would then give the next year for each committee to develop its own unique listing, based on the relevant terms of reference. A suggested template is attached as appendix 3.

Implications for Edinburgh Integration Joint Board

Financial

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

Legal/risk implications

20. The proposed approach set out in this report is designed to support the assurance process, thus reducing risk

Equality and integrated impact assessment

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

Environment and sustainability impacts

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

Quality of care

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

Consultation

24. This report has been prepared with the support of the corporate governance teams in the City of Edinburgh Council and NHS Lothian.

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board

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Background Reports

None

Appendices

Appendix 1	Definition of assurance levels
Appendix 2	Committee effectiveness survey form
Appendix 2	Draft committee annual report

Edinburgh Integration Joint Board

APPENDIX 1

DEFINITION OF ASSURANCE LEVELS

Definition	Most likely course of action by the IJB or committee
LEVEL – SIGNIFICANT	
The IJB (or committee) can take reasonable assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all. Examples of when significant assurance can be taken are: • The purpose is quite narrowly defined, and it is relatively easy to be comprehensively assured. • There is little evidence of system failure and the system appears to be robust and sustainable. • The IJB/committee is provided with evidence from several different sources to support its conclusion.	If there are no issues at all, the IJB or committee may not require a further report until the next scheduled periodic review of the subject, or if circumstances materially change. In the event of there being any residual actions to address, the IJB or committee may ask for assurance that they have been completed at a later date agreed with the Chief Officer or relevant executive lead, or it may not require that assurance.
LEVEL – MODERATE	
The IJB/committee can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk. Moderate assurance can be taken where: • In most respects the "purpose" is being achieved. • There are some areas where further action is required, and the residual risk is greater than "insignificant". • The report includes a proposed remedial action plan, the committee considers it to be credible and acceptable.	The IJB/committee will ask the Chief Officer/executive lead to provide assurance at an agreed later date that the remedial actions have been completed. The timescale for this assurance will depend on the level of residual risk. If the actions arise from a review conducted by an independent source (e.g. internal audit, or an external regulator), the IJB/committee may prefer to take assurance from that source's follow-up process, rather than require the Chief Officer/executive lead to produce an additional report.

Definition	Most likely course of action by the IJB or committee
LEVEL – LIMITED	
The IJB/committee can take some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk which requires action to be taken. Examples of when limited assurance can be taken are where: • There are known material weaknesses in key areas. • It is known that there will have to be changes to the system (e.g. due to a change in the law) and the impact has not been assessed and planned for. • The report has provided incomplete information, and not covered the whole purpose of the report. • The proposed action plan to address areas of identified residual risk is not comprehensive or credible or deliverable.	The IJB/committee will ask the Chief Officer/executive lead to provide a further paper at its next meeting, and will monitor the situation until it is satisfied that the level of assurance has been improved.
LEVEL – NONE	
The IJB/committee cannot take any assurance from the information that has been provided. There remains a significant amount of residual risk.	The IJB/committee will ask the Chief Officer/executive lead to provide a further paper at its next meeting, and will monitor the situation until it is satisfied that the level of assurance has been improved. Additionally the chair of the meeting will notify the Chair of the issue.
LEVEL – NOT ASSESSED YET	
This simply means that the IJB/ committee has not received a report on the subject as yet. In order to cover all aspects of its remit, the IJB/committee should agree a forward schedule of when reports on each subject should be received (perhaps within their statement of assurance needs), recognising the relative significance and risk of each subject.	

Edinburgh Integration Joint Board

APPENDIX 2

COMMITTEE EFFECTIVENESS SURVEY FORM

NAME OF COMMITTEE:	
NAME OF COMMITTEE MEMBER:	
DATE OF RESPONSE:	

Instructions

On the following pages you will find a number of statements in relation to the _____Committee. Those statements relate to the following topics:

1. Committee membership and dynamics
2. Committee meetings, support and information
3. The role and work of the committee

Please consider each statement and mark an **X** in the box that represents your view on the scale ranging from "strongly disagree" to "strongly agree". A box is also provided for you to provide any further comments you may have in relation to each of the three topics. It would be particularly helpful to receive further comments where you have placed an X in either "strongly disagree", "disagree" or "slightly disagree".

When complete, please email the feedback form to XX by YY.

The results will be reviewed and aggregated, and used to inform the content of the committee's annual report. Any identified areas for development or improvement shall be translated into an action plan which will be reviewed and monitored by the committee.

If you have any queries on the completion of the form, please contact XX.

		Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
A	**Committee Membership and Dynamics**						
A1	The membership of the Committee is appropriate with the correct blend of skills, knowledge and experience.						
A2	The Committee includes a sufficient number of members with directly relevant experience.						
A3	All members of the Committee contribute to its deliberations on an informed basis.						
A4	Committee members are offered appropriate development opportunities to support them in undertaking their role.						
A5	The leadership of the Committee by the Committee Chairman is effective and supports input from all members.						

ADDITIONAL COMMENTS ON SECTION A

		Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
B	**Committee Meetings, Support and Information**						
B1	The number of committee meetings in each year, and the scheduling of those meetings, is appropriate.						
B2	The length of committee meetings is appropriate to allow the committee to discharge its role.						
B3	Papers presented to the committee are of a high standard and ensure that members have access to appropriate information.						
B4	The committee receives adequate information in relation to national policy/direction/technical developments to enable it to fulfil its role and responsibilities.						
B5	The committee agenda is well managed and ensures that all topics within the remit are considered.						
B6	The support provided to the committee by executives and senior management is appropriate.						

ADDITIONAL COMMENTS ON SECTION B

		Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
C	**The Role and Work of the Committee**						
C1	The Committee has a clear understanding of its role and authority as set out in its terms of reference.						
C2	In discharging its role, the focus of the Committee is at the correct level.						
C3	The Committee has visibility of the mechanisms that are in place to monitor all aspects of its remit.						
C4	The work of the Committee enables it to assure the Board that the Board's policies and procedures (relevant to the Committee's remit) are robust.						
C5	The Committee undertakes appropriate oversight of the implementation of any relevant NHS Scotland strategies/ policy directions/ instructions.						
C6	The Committee links well with other Board committees and the Board itself, and opportunities are taken to share information, learning and good practice.						

ADDITIONAL COMMENTS ON SECTION C

Edinburgh Integration Joint Board

APPENDIX 3

DRAFT COMMITTEE ANNUAL REPORT – 2020/21

Committee objectives	
Work undertaken this year	

Outputs	
Is there anything which prevents the committee from being as effective as they would like to be? If so, please expand.	
Are there any issues of concern you would wish raised at the Board? If so, please expand.	

What (if any) changes are you making based on your experience within the committee?	
Do you feel that there is sufficient skill either on the committee or supporting the committee?	
Are there any other issues you wish to raise?	

Edinburgh Integration Joint Board

REPORT

EIJB Development Session Programme

Edinburgh Integration Joint Board

15 December 2020

Executive Summary	The purpose of this report is to agree about the focus of development sessions timetabled for 2021. It also seeks agreement to setting up a formal Budget Steering Group.

Recommendations	It is recommended that the **Edinburgh Integration Joint Board:** 1. Agree the overarching themes for the development session programme; 2. Provide feedback on topics of interest for seven development sessions in 2021; 3. Agree the three strands of the Board's programme across development, engagement and budget setting; 4. Provide feedback on the view of ad-hoc meetings where necessary; and 5. Approve the setting up of a Budget Working group to replace informal Budget development sessions.

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

1. This report has not been circulated to any of the Edinburgh Integration Joint Board (EIJB) committees prior to submission to the EIJB.

Main Report

2. The EIJB agreed a programme of board meetings and development sessions for 2021 at its board on 21 July 2020. The programme for development sessions in 2020, mainly focussed on budget development and governance, with a small number of sessions focused on building knowledge and raising awareness of key issues.

3. Because of the increased governance through the Edinburgh Integration Joint Board (EIJB) committee structure, it is timely to review the development session programme for 2021 to ensure that development sessions are beneficial for Board Members and to also agree a regular format for development sessions in 2021.

4. It is proposed the development session programme in 2021 will focus on areas of genuine development, education on important issues and provide the opportunity for Board Members to undertake deep dives into key areas of interest or priority. An agenda and papers will be circulated for all development sessions no later than three working days from the date of the meeting, with a note circulated within ten working days.

5. Recognising the importance and complexity of budget setting and the focus of the EIJB on engaging regularly with the public, it is proposed these two areas are treated as separate strands of work, rather than as themes within the development session programme. Therefore, it is suggested there will be three overarching strands for the 2021 programme:

    a. Board development sessions;
    b. Budget development sessions; and
    c. EIJB public and community engagement sessions

6. Appendix 1 gives Board Members an indication of what the programme could look like for 2021. Recognising the programme is a significant commitment for Board Members and that this would leave seven development sessions, part of this report is to aid discussion about topics for them. The report also aims to aid discussion and agree the Board's tolerance for ad-hoc additional sessions, should timebound issues arise, which may require input from the EIJB out-with the normal calendar.

7. An exercise was carried out in January 2020, asking Board Members what topics they would like to explore further as part for the development session programme and this feedback is included within appendix 1. Subject to the agreement of this paper, a

doodle poll will go out to all Board Members asking them to specify their preferences and this will be pulled together into an agreed programme for the seven development sessions for 2021. Further consideration will also be given on how technology could be utilised to record sessions for subsequent viewing.

8. It is proposed that there is a more structured approach to the budget development sessions for 2021. It is suggested that proposals are shaped through a formal Budget Working Group which would be minuted and make recommendations in terms of actions and decisions to the EIJB. This would require the agreement of the EIJB with a clear remit for the Budget Working Group. Attached at appendix 2 is draft terms of reference for the Budget Working Group.

9. It is also suggested that more of the business that is deemed developmental will be driven through the existing committee structures (e.g. Strategic Planning Group and Futures) to minimise any extra time commitments for Board Members. It is suggested that development sessions do not focus on current EIJB business and this is taken through the relevant Committee.

Implications for Edinburgh Integration Joint Board

Financial

10. There are no financial impacts arising from this report.

Legal / risk implications

11. There are no legal or risk implications arising from this report.

Equality and integrated impact assessment

12. An equality and integrated impact assessment are not required for this proposal.

Environment and sustainability impacts

13. There are no environment or sustainability impacts arising from this report.

Quality of care

14. There are no quality of care issues arising from this report.

Consultation

15. This purpose of this report is to consult with Board Members on ways to make the development sessions valuable and make best use of the time allocated to the sessions.

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board

Contact for further information:

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Background Reports

1. None

Appendices

Appendix 1	2021 Development Session Programme
Appendix 2	Budget Working Group Draft Terms of Reference

Edinburgh Integration Joint Board

Appendix 1 - Development Session Programme

	2020		2021											
	Nov	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**
Edinburgh Integration Joint Board		**14**		**2**	**24 (BS)**	**27**		**22**		**17**		**26**		**7**
Budget sessions			**25**	**25**	**9 (Q&A)**				**Council Recess**		**14**		**23**	
EIJB development sessions		**17**	**12**		**17**		**18**					**5**	**2**	**14**
Public engagement sessions	**17 & 19**													

Development Session topics suggested in January 2020

1. Mental Health and Substance Misuse Services	2. Inclusive Edinburgh
3. Public Protection	4. Public engagement in the planning process and the real influence of citizens/patients/carers in determining policy and policy choices;
5. Benchmarking performance and learning solutions from others beyond Edinburgh;	6. Climate change and our response to the climate emergency and Carbon Neutral 2030
7. Governance of Board and improve its effectiveness	8. Health Inequalities and poverty
9. Engagement with dentists, optometrists etc.	10. Poverty Commission
11. Transformation	12. Outputs from Independent Review of Adult Social Care Review

Appendix 2 – Budget Working Group Terms of Reference

Budget Working Group Terms of Reference

1. **Constitution of the Working Group**

   The budget working group will be established by the Edinburgh Integration Joint Board (EIJB), to review and consider budget proposals developed by officers.

2. **Purpose and function**

   The budget working group will:

   a) consider the financial plan and settlements from the IJB's partners
   b) support the EIJB to understand the budget challenges faced by the EIJB
   c) assist members to make informed financial planning decisions
   d) set priorities for future financial planning
   e) provide a forum for the Chief Officer and Chief Finance Officer to hear members' views on financial planning.

3. The working group is:
   a. a non-statutory working group of the EIJB and had no executive powers other than those specifically delegated in the terms of reference
   b. Authorised by the EIJB in investigate any activity within its terms of reference, to seek any information it required from relevant officers to provide information to support the work of the working group
   c. Authorised by the EIJB to invite individuals with relevant experience and expertise to support its functions.

4. The working group shall have the power to establish in exceptional circumstances, sub-groups and / or task and finish groups for the purpose of addressing specific tasks or areas of responsibility if approved by the EIJB.

5. The terms of reference including the reporting procedures of any sub-groups and / or task and finish groups much be approved but the EIJB on an annual basis.

Membership

6. All EIJB members will be appointed to the budget working group with the Chair of the EIJB appointed as Chair of the working group. The Vice Chair will assume the role of the Chair in the formal absence of the Chair. Substitutes are not permitted.

7. Relevant officers will also attend to aid discussions in consultation with Chair and Vice Chair.

8. The quorum of the working group is at least one half of the voting members of the EIJB.

9. Members and attendees are able to attend in person, by telephone or via videoconferencing. Members attending by electronic means will be counted towards the quorum.

Committee Administration

10. The Committee shall meet at regular times of the year to enable effective budget setting for the EIJB or at such times where additional budget discussions are required.

11. The Chair may at any time convene additional meetings of the working group to consider business that requires urgent attention.

12. The agenda will be set in advance by the Chair in consultation with the Chief Officer and Chief Finance Officer, reflecting the budget setting cycle for the year.

13. The agenda and papers will be made available no later than three working days before the date of the meeting.

14. A nominated individual from the Chief Officers Office will attend to take an action note of the discussion and key decision points and will include recording those present, and absent. The draft action note will be made available to all attendees within 10 working days.

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Edinburgh Integration Joint Board

REPORT

Committee Update Report

Edinburgh Integration Joint Board

15 December 2020

Executive Summary	The purpose of this report is to provide the Edinburgh Integration Joint Board with an update on the business of all Committees between October and December 2020.

Recommendations	It is recommended that the Edinburgh Integration Joint Board: 1. Notes the work of the Committees

Report Overview

1. This report gives an update on the business of the committees covering the period October - December 2020. This report has been compiled to support the Edinburgh Integration Joint Board (EIJB) in receiving timeous information in relation to the work of its committees and balances this with the requirement for the formal note of committees to have undertaken due process and agreement by those committees. All reports are stored in the EIJB document library for information.

Audit and Assurance – 6 November 2020

2. **Internal Audit Update for the period - 16 March to 28 September 2020** - the committee was presented with a report on progress of Internal Audit (IA) assurance activity on behalf of the EIJB.
3. **IJB Risk Register -** the committee discussed the current version of the EIJB risk register for consideration and the risk management activity to manage, mitigate and escalate risks.
4. **Update on the 17 December 20 IJB Risk Workshop -** the committee was presented with a report on the IJB risk workshop scheduled for the 17th December 2020.

5. **IJB Records Management Plan Update -** the committee had before it a progress report on the EIJB records management plan submission to the Keeper of the Records of Scotland.
6. **Progress with the Board Assurance Framework -** the committee was presented with a proposal for a suggested committee assurance process and level of assurance for recommendation to the EIJB.
7. There was a verbal discussion with NHS Lothian on the internal audit principles and Monitoring of progress with implementation findings.

Clinical and Care Governance – 23 November 2020

8. **Primary Care Presentation** - the committee was presented with a presentation on the Primary Care service.
9. **Mental Health Services (including substance misuse) quality -** the committee discussed a report on the progress with implementing the Royal College of Psychiatrists Accreditation Scheme.
10. There was a verbal discussion on care homes.

Performance and Delivery – 16 November 2020

11. **Performance Report** - the committee had before it an update on the activity and performance for the Edinburgh Health and Social Care Partnership.
12. **EIJB Annual Performance Report** - the committee was presented with a report on the proposed schedule for completion of the Annual Performance Report.
13. **Joint Carers' Strategy 2019-2022** - the committee discussed a report on the outline of the key performance indicators for the Joint Carers' Strategy 2019-22 and proposed timelines for annual reporting.
14. **Mainstreaming Equality and Equality Outcomes -** the committee had before it a report on progress with mainstreaming equality and achieving equality outcomes set by the EIJB in April 2016

15. **Health and Social Care Grant Programme Evaluation 2019/20** – the committee was presented a report on the evaluation of the Health and Social Care Grant Programme for 2019/20.
16. **Annual Review of Directions** – the committee had before it a report on the annual review of directions.
17. **Mental Health Services – Planning and Operational Arrangements** – the committee discussed a report on the planning and operational arrangements for mental health services.
18. **Public Health Scotland Publication (Insights in Social Care 2018-19)** - the committee had before it a report on the performance insights published by Public Health Scotland.

Strategic Planning Group – 10 September 2020

19. **Approach to the next Strategic Planning Cycle** - the committee discussed the best approach in developing the next strategic planning cycle.
20. The Strategic Planning Group also had presentations on:
    a. Poverty commissioning outreach
    b. Decision making framework
    c. Transformation update
    d. Commissioning procurement cycle

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board

Contact for further information:

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Minutes

IJB Audit and Assurance Committee

10.00am, Friday 6 November 2020

Virtual Meeting, Microsoft Teams

Present:

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

Officers: Matthew Brass (Committee Services), Laura Calder (Principal Audit Manager), Nikki Conway (Locality Manager), Tom Cowan (Head of Operations), Tony Duncan (Head of Strategic Planning), Helen Elder (Executive Assistant), Katie McWilliam (Strategic Planning Manager), Jamie Macrae (Clerk), Alana Nabulsi (Contracts Manager), Lesley Newdall (Chief Internal Auditor), Moira Pringle (Chief Finance Officer), Judith Proctor (Chief Officer), Angela Ritchie (Senior Executive Assistant) and Cathy Wilson (Operations Manager).

Apologies: None.

1. Minutes

Decision

To note the minute would be circulated and submitted to the next Committee meeting.

2. Annual Cycle of Business

Decision

To note the Annual Cycle of Business.

(Reference – Annual Cycle of Business, submitted.)

3. Outstanding Actions

Decision

1) To agree to close the following actions;
    - Action 2 – IJB Records Management Plan
    - Action 3 – Risk Register
    - Action 4 – Internal Audit Update – 22 October 2019 to 13 February 2020.
2) To note the remaining outstanding actions.

(Reference – Outstanding Actions, submitted.)

4. Update from NHS Lothian: Internal Audit Principles & Monitoring of Progress with Implementation Findings

A verbal update was provided to Committee by Alan Payne, NHS Lothian, on Internal Audit Principles and the Progress with Implementation Findings.

The update gave Committee more information on the refresh of internal audit principles, after concerns were expressed surrounding the relevance and ability of the current principles that were in place.

Committee members noted that the work undertaken by NHS Lothian representatives did not reflect the discussions and presumptions members had, and there appeared to be a misunderstanding between both parties over the problems of the current principles – specifically for the IJB - and the work being done to resolve them. As a result, further clarity was requested.

Decision

1) To agree that a meeting would be arranged with Jo Bennett to seek clarity on the internal audit principles.
2) To request a full report to next Committee detailing the outcomes of the discussion.

5. Internal Audit Update for the Period 16 March to 28 September 2020

An internal audit (IA) update was presented to committee which provided a progress report on internal audit assurance activity from 16 March to 28 September 2020.

It was noted that nine audit reports had been completed by the Council and NHS Lothian that may be of interest to the Committee, but no reports had been

referred by the Governance, Risk and Best Value Committee or the NHSL Audit and Risk Committee.

It was noted that there were several open, overdue IA findings for the Committee to consider, which were overdue even after factoring in a four-month extension due to Covid-19. Several members expressed concerns that these overdue findings were not being treated seriously, and the current system was not giving priority to these actions.

The Plan for 2020/21 was noted to have progressed, with one audit currently underway.

Decision

1) To note progress with the delivery of the EIJB 2020/21 IA Plan.

2) To note progress with the refresh of the engagement Principles and the IA assurance approach.

3) To refer this report to the Council's Governance, Risk and Best Value Committee for their information as a number of the open EIJB IA findings relate to operational service delivery for the Health and Social Care Partnership by the Council.

4) To express concern over the lack of assurance from the current process of the implementation of agreed management actions to support closure of the EIJB IA findings raised.

5) To instruct the Chief Officer to update Committee with a report on management engagement with the audit process.

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

6. Integration Joint Board Risk Register

An updated version of the IJB Risk Register was presented to Committee for consideration. The report updated Committee on the risk management activity put in place to manage, mitigate and escalate risks.

A new, proposed methodology was introduced to Committee which attempts to clearly articulate the actions being taken to manage and mitigate risks. This new method included 'risk profile cards' for 'medium' risks, which members noted could contribute to a more detailed and comprehensive Risk Register.

Decision

1) To note the continued development of the IJB Risk Register.

2) To note the introduction of 'risk profile cards' for 'medium' risks.

3) To consider the mitigating controls identified against these current risks are adequate.

4) To consider if further risks should be added to the register.

5) To consider the approach the Committee would recommend where there was a formal proposal to accept a risk.

6) To agree that a note would be circulated on Risk ID 3.5, detailing how it could occur and the reasons for its 'low' rating.

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

7. Update on the 17 December 2020 IJB Risk Workshop

An update was presented to Committee on the progress of the IJB Risk Workshop scheduled for 17 December 2020.

Following ambiguity surrounding the discussion of internal audit principles earlier in the meeting, it was agreed that the principles that would be discussed would need to be clarified, and then circulated to members before the Workshop start date.

Decision

1) To note the plan for the 17 December IIJB developmental workshop.

2) To circulate a note on the internal audit principles that will be discussed at the Workshop.

3) To formally extend an invitation to Lesley Newdall and Jo Bennett to the Workshop.

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

8. Integration Joint Board Records Management Plan Update

A progress report was presented to Committee providing members with the Integration Joint Board's Record Management Plan update.

The report updated members on the status of outstanding elements that were suggested from the Keeper of Scotland's improvement plan, which was received in January. It was noted these elements needed to be completed by the end of October 2020, ready for a draft re-submission to the Keeper's Office on 30 November 2020.

Decision

1) To note progress made against the IJB RMP action plan since 30 September 2020.

2) To review and approve the IJB's Records Management Improvement Policy Statement.

3) To review and approve the IJB's Business Classification Scheme, Records Retention and Destruction Schedule.

4) To review and approve the Memorandum of Understanding (MoU) between the City of Edinburgh Council and (the Council) and the IJB for the archiving and transfer of IJB historical records.

5) To note the proposed changes made to the Council's Information Board Terms of Reference regarding its role for IJB business.

6) To circulate a briefing note providing a progress update one week prior to the next Committee meeting.

7) To formally record the Committee's thanks to Cathy Wilson for her work on the Plan as the IJB's Records Manager.

(Reference – Integration Joint Board Records Management Plan Update – Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted.)

9. Progress with Board Assurance Framework

Endorsement was sought after the Board Assurance Framework was presented to Committee. The report proposed levels of assurance and suggested a committee assurance programme which – if endorsed by Committee – would be recommended to the Integration Joint Board.

Decision

1) To endorse the proposals on the report and recommend them to the Integration Joint Board

2) To note the report to the Joint Board would recommend amending the template but clarifying that assurance levels would only be provided if appropriate.

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

10. Date of Next Meeting

To agree that the committee would next meet at 10.00am on 29 January 2021.

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Edinburgh Integration Joint Board

Minute

IJB Strategic Planning Group

2.00pm, Tuesday 10 November 2020

Virtual Meeting – Via Microsoft Teams

Present: Ricky Henderson (Chair), Angus McCann (Vice-Chair), Councillor Robert Aldridge, Colin Beck, Philip Brown, Christine, Farquhar, Belinda Hacking, Stephanie-Anne Harris Nigel Henderson, Linda Irvine-Fitzpatrick Michele Mulvaney, Ella Simpson and Hazel Young.

In attendance: Matthew Brass, Jessica Brown, Hannah Cairns, Tony Duncan, Philip Glennie, Jenny McCann, Katie McWilliam, Alana Nabulsi, Moira Pringle, Martin Scott, Jay Sturgeon and David White.

Apologies: Peter McCormick, Rene Rigby.

1. Minutes

Decision

To approve the minute of the Edinburgh Integration Joint Board Strategic Planning Group of 15 September 2020 as a correct record.

2. Rolling Actions Log

The Rolling Actions Log for November 2020 was presented to Committee.

Decision

1) To agree to close the following actions:
    - Action 3 – Review of the EIJB Strategic Plan 2019-2022
    - Action 4 – COVID-19 – Lessons Learned
2) To otherwise note the remaining outstanding actions

(Reference – Rolling Actions Log, submitted.)

3. Annual Cycle of Business

The annual cycle of business was presented to Committee.

Decision

To note the annual cycle of business.

(Reference – Annual Cycle of Business, submitted.)

4. Minute of the Futures Committee of 9 September 2020

The minute of the Futures Committee held on 9 September 2020 was presented to Committee for noting. The minute was submitted in draft form.

Decision

To note the minute of the Futures Committee of 9 September 2020.

5. Approach to the Next Strategic Planning Cycle

Committee were presented with a report on the approach to the next strategic planning cycle of 2022-25. The report was the beginning of the conversation into the next planning cycle, which was due to be submitted in March 2022, following Edinburgh Integration Joint Board approval.

Committee noted that the proposed strategic plan aims to be produced at a higher-level strategic vision, including better alignment of financial planning and the mapping of transformation projects.

Decision

1) To note the intent to produce a higher-level strategic vision – developed initially by the Futures Committee – then returned to the SPG in March 2020.

2) To note the proposals and agree that Members would contact the Head of Strategic Planning with any views or comments on the proposals throughout the whole planning process.

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

6. Decision Making Framework

An update on the Decision Making Framework was presented to Committee. The presentation provided members with an update on the development, challenges and future steps in the implementation of the framework.

The key element to the proposed decision-making framework was the ‘Five Pillar’ approach, which was used as a means of gathering information to aid and inform decision making.

Committee noted the potential challenges to formulating the framework that were presented and were asked to guide and direct the decision-making framework working groups with the next steps.

Decision

1) To note the presentation on the Decision-Making Framework.

2) To agree that an example would be shared at the Edinburgh Integration Joint Board development session in November 2020 about the format and the approach that information would be brought forward in.

7. Poverty Commissioning Outreach

A verbal presentation on the Poverty Commissioning Outreach was presented to Committee and provided an update for members on the Poverty Commission's final report.

Committee were presented with the immediate, medium- and long-term actions that were required to end poverty in Edinburgh, with the findings taken from the Poverty Commission which was founded in November 2018 and lasted over 18 months.

The findings were presented to Committee, and it was noted that currently, 77,600 people were in poverty in Edinburgh the year prior to the Coronavirus outbreak. It was estimated that poverty levels would rise sharply in 2021, and if no action was taken, an additional 4,500 Edinburgh citizens would be living in poverty by Spring 2021.

As well as discussing report findings, the presentation made several recommendations within an "End Poverty Edinburgh" action plan, which suggested means of reducing poverty by 2030.

Decision

To note the Poverty Commissioning Outreach presentation.

8. Commissioning Procurement Cycle

A presentation on the principles for strategic commissioning was provided. The presentation updated Committee with the changes needed in order to see improvement in the capacity of the Health and Social Care Partnership.

Members were presented with a range of change drivers, including; budget pressures, Scottish Government strategic plan and legislation, efficient contract management, a need to move to a human rights-based approach, alignment with Strategic Needs Assessment and improving resilience.

The presentation recommended adopting a range of thematic principles and sustainable approaches in order to optimise the use of existing commissioning resources, commercial and procurement resources, contract management resources and provider resources.

Decision

To note the presentation on the Commissioning Procurement Cycle.

9. Transformation Update

Committee agreed that the Transformation Update would be presented at the next meeting due to time constraints. Transformation Programme Lead Jessica Brown noted that if there were any questions, comments or suggestions in the meantime to contact Jessica directly.

Decision

To present the Transformation Update at the next Committee meeting.

10. Date of Next Meeting

1) The date of the next Committee meeting would be held on Wednesday, 20 January 2021.

2) To note that the Head of Strategic Planning, the Chair and Vice-Chair, would give consideration to a later start time of future Strategic Planning Group meetings.

.

Edinburgh Integration Joint Board

Minute

IJB Performance and Delivery Committee

10am, Monday 16 November 2020

virtual meeting by MS Teams

Present

Voting Members
Councillor Melanie Main (Chair), Councillor Phil Doggart and Richard Williams.

Non-Voting Members
Helen Fitzgerald, Colin Beck.

In Attendance
Jenny Boyd (NHS Lothian Strategy)
Matthew Brass (Assistant Committee Officer)
Ian Brooke (EVOK)
Philip Brown (CEC Strategy & Communications)
Sarah Bryson (NHS Lothian Strategy)
Kirsty Dewar (Strategic Planning and Commissioning Officer, EHSCP)
Tony Duncan (Head of Strategic Planning, EHSCP)
Helen Elder (Executive Management Support, EHSCP)
Philip Glennie (Transformation Project Manager, EHSCP)
Linda Irvine-Fitzpatrick (Strategic Programme Manager, Mental Health and Wellbeing)
Angus McCann (Chair, IJB)
Katie McWilliam (Strategic Planning Manager, EHSCP)
Moira Pringle (Chief Finance Officer, IJB)
Jay Sturgeon (Executive Assistant)
Julie Tickle (Planning & Commissioning Officer, EHSCP)
David Walker (CEC Senior Accountant)

Apologies
Graeme McGuire (NHS Senior Accountant)

1. Minutes

Decision

To approve the minute of the 28 September 2020 and 16 October 2020 as a correct record.

2. Work Programme

The Work Programme was presented to Committee. It was agreed that the programme was not fully up-to-date, and the Chair would agree to an August 2021 meeting date following the meeting, which would complete the programme for the coming year.

Committee members noted that additional IJB meetings had been scheduled throughout 2021, therefore the Programme would need to be revised in order to align with the additional IJB meetings.

Decision

1) To agree to a meeting date for August 2021.
2) To revise the programme to align with additional IJB meetings that had been scheduled for 2021.
3) To otherwise agree the work programme.

(Reference – Work Programme, submitted)

3. Outstanding Actions

The outstanding actions updated for this meeting were submitted. As each action recommended for closure related to an item on the agenda for this meeting – and each report had actions attached after consultation – it was agreed to leave the actions recommended for closure and note the remaining outstanding actions.

Decision

To note the outstanding actions.

(Reference – Outstanding Actions, submitted)

4. Performance Report

Committee were presented with a Performance Report which updated members with an overview of the activity and performance of the Edinburgh Health and Social Care Partnership and certain functions of the EIJB.

An update on social care performance was presented firstly, with encouraging statistics showing that the number of individuals waiting for

assessment has been lower each month of 2020-21 than the corresponding month of 2019-20, and all but reduced to zero in NE and SE locality.This also correlated to the downward trend of people waiting for a package of care, as well as people waiting for a review.

Members noted an increase in sickness levels of Council-employed staff and adult protection referrals from Police Scotland. Members requested for the data on staff sickness levels to be broken down further, and reasoning behind the increase in sickness levels as well as more specific figures relating to this to be presented to members in due course.

Members were also updated on the Ministerial Strategic Group targets, which focused on data relating to A&E . It was noted that A&E data included Covid-19 data. It was agreed to separate this out in future reports. There remains an ongoing issue with data relating to emergency admissions due to the way Edinburgh A&E admits to provide treatment in A&E, and this inflates 'emergency admissions'. Work to resolve this is ongoing.

It was noted that A&E attendances, 4-hour A&E performance, the number of unscheduled occupied bed days and occupied bed days due to delayed discharge all followed a decreasing trend when compared to the previous year. Members noted that emergency admissions had increased throughout the current year and reflected a general increase when compared to the previous year.

Members noted concerns over the comparative data in the report, as it was seen to be misleading to compare Edinburgh figures to groupings throughout the country who may seem to perform better as a result of a far smaller population (eg. Shetland Islands).

If members had any further queries or comments on the data, Jennifer Boyd and Philip Brown can be contacted directly via email at jennifer.boyd3@phs.scot and philip.brown@edinburgh.gov.uk.

Decision

1) To consider the performance of the Partnership as detailed in the report and appendices.
2) To investigate what groupings the data for Edinburgh is compared to and if these are reliable.
3) To agree to producing a briefing note on a more in-depth analysis of staff sickness figures and the reasoning behind the increase.
4) To include more text in following performance reports to allow for a better understanding of the data presented.
5) To agree to a briefing report being produced to give a more in-depth explanation on the SDS data included in the report.

(Reference – Performance Report, Report by the Head of Strategic Planning, EHSCP, submitted)

5. EIJB Annual Performance Report 2020-2021

The EIJB annual performance report (APR) was presented to Committee, which provided a proposed schedule for the completion of the Report for 2020/21.

Challenges in producing this schedule were presented to Committee, most notably, that the data on the core suite of national indicators is not available until late June, which allows very little time for the analysis of recent data, as the APR is to be published by 31 July each year. It was noted that the Scottish Government are aware of the challenges associated with the publication date, however, a change to current arrangements would mean an amendment to legislation.

The timeline for production of the APR was reviewed and agreed upon, and it was noted that the Interim Performance and Evaluation Manager had now been appointed and would join the Strategy and Performance team on 30 November 2020 to begin the production of the APR.

Decision

1) To note the draft timeline for production of APR 2020-21 and the challenges associated with this.
2) To note that the Interim Performance and Evaluation (P&E) Manager had been recruited and will join the Edinburgh Health and Social Care Partnership (EHSCP) on 30 November 2020.

(Reference – EIJB Annual Performance Report 2020-21 – Report by the Head of Strategic Planning, EHSCP, submitted)

6. Edinburgh Joint Carers' Strategy 2019-2022 Strategic Key Performance Indicators

Committee were presented with a report on the key performance indicators for the Edinburgh Joint Carers' Strategy (EJCS) 2019-2022.

In August 2019, the IJB approved the EJCS. The proposed strategic key performance indicators were presented to Committee for the six key priority areas:

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

Members noted that the progress of the strategy implementation plan will be reviewed on a 6-monthly basis by Edinburgh Carers Strategic Partnership Group, and subsequently reported to the IJB through the Performance and Delivery Committee on an annual basis, the first report being due in January 2022.

Decision

1) To agree to the proposed Key Performance Indicators for the Edinburgh Joint Carers' Strategy 2019-2022 as laid out in Appendix 1.
2) To accept the proposed timelines for annual reporting on the progress and impact of the Strategy and to receive the first report in January 2022.

(Reference – Edinburgh Joint Carers' Strategy 2019-2022: Strategic Key Performance Indicators – Report by the Head of Strategic Planning, EHSCP, submitted)

7. Mainstreaming Equality and Equality Outcomes

Committee were presented with the progress in mainstreaming equality and equality outcomes, which updated members on the measures taken in these fields as they worked towards achieving the Equality Outcomes set by the IJB in April 2016.

Members noted that the progress report was required in accordance with the Equality Act (2010), with this report being published to the Edinburgh Health and Social Care Partnership's website following Committee approval.

The progress of the activities and inputs for achieving the equality outcomes were presented. Members acknowledged and praised the clear development of the work being undertaken to achieve these outcomes.

Members expressed concerns over the Integrated Impact Assessments (IIAs), and further information was requested on how the assessments were undertaken, how often they occurred and how the assessments were scrutinised. For member's assurance, a briefing note was agreed to be circulated on these IIA findings.

Decision

1) To note and agree to publish online the Mainstreaming Equality and Equality Outcomes Progress Report 2020.
2) To agree to circulating a briefing note on the procedures for and conduct of Integrated Impact Assessments, and the frequency of their occurrence.

(Reference – Mainstreaming Equality and Equality Outcomes – Progress Report – Report by the Chief Officer, EIJB, submitted)

8. Annual Review of Directions

A report on the Annual Review of Directions was presented to Committee which provided updated information on the rationale behind the proposals to vary, close or replace existing directions.

Committee were asked to consider the review of directions that were approved during the period October 2019 – March 2020. The report initially recommended that 7 of the existing Directions were to be retained, 3 varied, 2 closed and 1 to be superseded by two new directions. In September 2020, Committee requested more information on why these Directions were grouped into these categories above, a review was conducted, and this report presented members with updated information to aid the decision-making on the Directions before submission to the EIJB.

The report also introduced new recommendations on several Directions, with Direction EIJB-22/10/2019-10 and EIJB-22/10/2019-11 proposed for closure, and EIJB-22/10/2019-5 was recommended to be superseded by two separate directions. Again, Committee were asked to review these draft directions before their referral to the EIJB.

Committee noted that there was an outstanding action to set a direction reflecting the decision of EIJB on the Professional Advisory committee decisions in July 2020

Decision

1) To consider the review of directions approved during the period October 2019 – March 2020 and the updated information on directions proposed for variation or closure.
2) To agree to the recommendations for retaining, varying, closing, or superseding existing directions prior to onward referral to the Edinburgh Integration Joint Board provided at Appendix 1.
3) To agree to the revised draft directions provided at Appendix 2 prior to onward referral to the EIJB.
4) To agree to circulating a briefing note produced by Mark Grierson on the slippage of timescales of the disability service Directions.
5) To request a Direction covering membership of the college of ETC.

(Reference – Annual Review of Directions – Update Report - Report by the Head of Strategic Planning, EHSCP, submitted)

9. Health and Social Care Grant Programme Evaluation 2019- 20

Committee were presented with a report giving an evaluation of Health and Social Care Grant Programme for 2019/20. The report included the key findings of the evaluation, which members noted and deemed a success, especially considering this was the first three-year Health and Social Care Grant Programme.

The report noted that the Grant Programme invested £4.6m in activities which benefitted approximately 51,000 people across a range of different activities including; disadvantaged communities, enhanced community resilience, improving individual's mental health and wellbeing and contributing to mitigating, preventing and undoing the causes of health inequality. It was noted that the measurement of the Programme's success was calculated through standard impact assessment questions (SIAQs), with figures taken from assessments suggesting an average of 83% of service users agreed or strongly agreed that the service they used had had a positive impact.

Members noted the positives of the Grant Programme, but also highlighted that there were several groups who provided services for ethnic minorities who were unsuccessful in their grant application, requested a follow-up with these groups to check the progress of their work, and what was being done to ensure ethnic minorities were accessing services and community support

Committee recognised that the time required for this grant process had been three years, and there was no less that three years until the current grants run out.

Decision

1) To note the findings of the Health and Social Care Grant Programme Evaluation Report 2019/20.
2) To request for the Community Investment Strategy to be brought forward by the Strategic Planning Group Committee to ensure delivery of funding by April 2022.

(Reference – Health and Social Care Grant Programme Evaluation 2019-20 – Report by the Chief Finance Officer, EIJB, submitted)

10. Mental Health Services – Planning and Operational Arrangements

Committee members previously requested clarification on mental health services that are managed by the Partnership, are hosted on behalf of the Partnership by REAS, or developed and delivered by REAS on behalf of NHS Lothian. As a result, this report was presented to Committee to

produce a better understanding of planning and operational arrangements of mental health services.

The report clarified to members what the mental health services were, who they were commissioned by, and who was responsible for the operational management.

The report also focused on the Thrive Programme and explained to members the six workstreams of the programme that are incorporated in the Strategic Plan 2019-2022. Members also noted that the Thrive workstreams membership is split between service users and carers through Collective Advocacy, with the work delivered by the programme including the reviewing, monitoring and commissioning of services detailed in the Commissioning Plan.

The report updated members on more recently commenced work, including the commitment to support additional mental health workers in key settings, such as A&E departments, GP practices, police station custody suites and prisons. The delegation of workers was reported alongside the ongoing recruitment of 17 additional WTE staff to help deliver a backlog of psychological therapies. Members noted that 14 of those 17 WTE staff have been recruited, with the remaining positions currently in recruitment.

Decision

1) To note the current planning and operational arrangements for mental health services.
2) To acknowledge that the Thrive Edinburgh Commissioning Plan provides clear direction for service redesign, development and delivery involving all the necessary stakeholders reflecting operational delivery structure.
3) To note that the Chief Officer agreed to update the EIJB on progress with the improvement of services put into special measures level 3 by the Scottish Government.
4) To agree to more information being circulated on interventions, and for this information to be built into Mental Health Services framework.

(Reference – Mental Health Services: Planning and Operational Arrangements – Report by the Head of Strategic Planning, EHSCP, submitted)

11. Public Health Scotland Publication – Insights in Social Care 2018-19

Due to time constraints, this report was not presented to Committee. Members expressed their desire to set up a separate online briefing to

cover any comments and questions on the report, which was agreed to be set up before the Christmas break.

Decision

To agree to having an online briefing prior to the Christmas break to allow for member's comments and any questions arising on the report. Philip Brown will contact members and arrange.

12. Date of Next Meeting

Wednesday 20 January 2021 at 10am to be held virtually via Microsoft Teams.

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Edinburgh Integration Joint Board

Minute

IJB Clinical and Care Governance Committee

2.30pm, Monday 23 November 2020

Microsoft Teams

Present:

Richard Williams (Chair), Councillor Robert Aldridge, Helen FitzGerald, Councillor George Gordon, Martin Hill, Jackie Irvine, Linda Irvine Fitzpatrick, Jacqui Macrae and Ian McKay.

In attendance: Matthew Brass, Tom Cowan, Helen Elder, Jennifer Evans, Rachel Gentleman, Jon Ferrer and David White.

Apologies: Colin Beck

1. Minutes

Decision

To approve the minute of the meeting of the Clinical Care and Governance Committee held on 27 August 2020 as a correct record.

2. Rolling Actions Log

Decision

To note the outstanding actions.

(Reference – Rolling Actions Log, submitted)

3. Primary Care Presentation

A presentation on Primary Care was presented to the Committee, which updated members on the performance, demand, activity and user satisfaction of Primary Care throughout Edinburgh.

The presentation displayed to members the demand for GP appointments in relation to population growth across the capital. It was noted that there has been around a 5% reduction across Practice activity despite a steady

rise in population. When data relating to the Pandemic was factored in, this 5% reduction was still true, with a reduction in home visits and face-to-face appointments cancelling out an increase in telephone appointments, as well as a slight increase in video consultations.

As well as a detailed update on Primary Care activities, members were presented with the results of a patient satisfaction survey. In general, the results proved to be successful, with a high level of patients displaying satisfaction with Primary Care. Although members expressed concerns regarding the 22% response rate, it was noted that this is not far under the national average when comparing response rates for this type of survey.

The presentation also provided Committee with an update on the Flu Vaccination Programme. Members were encouraged at the number of vaccinations prescribed, with 67,000 estimated to have been administered which reflected a 75% uptake from an ambitious target of 80,000 vaccinations. With an evaluation underway into the Programme, members noted their desire to aid in the Covid19 vaccination roll-out when the time comes.

Decision

1) To note the presentation.
2) To note that the next meeting would focus on the assurance that could be taken that General Medical Services were safe, effective, person-centred and continuously improving.
3) To agree that members would email questions to the Chair/Committee Services to be considered and prepared before the next Committee meeting.

4. Update on Care Homes

A verbal report was provided to the Committee which updated members on the work and management of care homes throughout the city.

Members were assured that the level of care and management throughout care homes was of a high level. Concerns were expressed that the number of Covid19 cases was beginning to rise throughout care homes with the second wave, which proved to be fatal during the first wave. However, members again found assurance that lessons had been learnt from this, and the management, containment and isolation of cases was proving to be far more effective and efficient than when compared to the first wave.

Decision

To note the update.

5. Mental Health Services (Including Substance Misuse) Quality Assurance

A briefing note was presented to the Committee which updated members on the ongoing effort of the EHSCP to join the Royal College of Psychiatrists Accreditation Scheme. Since the Committee had supported this back in February 2020, Covid19 had delayed the sign up to the Accreditation Scheme, however, the briefing note noted progress in creating an infrastructure for the Scheme.

Members acknowledged the ongoing effort to recruit staff to the Scheme, with funding secured for the recruitment of a 0.40 WTE Nurse Consultant and a 0.40 WTE Consultant Occupational Therapist. These post holders would lead and support the community mental health teams in each locality with the accreditation process, as well as having the responsibility to convene a task-group to oversee the process.

Members also acknowledged the benefits of delaying the start date of the Scheme. The recruitment of these post-holders was due to complete in December 2020 and a delay would allow for maximum benefit for the time-limited posts. Despite the delay, the report assured Committee that the programme would commence in January 2021.

Decision

1) To agree to delaying the start date until post holders were recruited to ensure maximum benefit from these two new time-limited posts.
2) To circulate a more specific start-date in January once this had been agreed.

(Reference – Mental Health Services (Including Substance Misuse) Quality Assurance, submitted).

6. Date of Next Meeting

It was noted that meeting dates for 2021 would be set in consultation with the Chair.

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