

Notice of Meeting and Agenda

Edinburgh Integration Joint Board

10.00 am, Tuesday, 27th April, 2021

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 Any items under "Private Business" will not be published, although the decisions will be recorded in the minute.

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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 24 March 2021 submitted for approval as a correct record | 7 - 12 |
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5. Forward Planning

- | | | |
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| 5.1 | Rolling Actions Log | 13 - 14 |
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6. Items of Strategy

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|------------|---|---------|
| 6.1 | 2021/22 Financial Plan Update – Report by the Chief Finance Officer, Edinburgh Integration Joint Board | 15 - 28 |
| 6.2 | Strategy Progress Report – Report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership | 29 - 62 |
| 6.3 | The Edinburgh Pact: Formulation to Enactment – Report by the Head of Operations, Edinburgh Health and Social Care Partnership | 63 - 88 |
| 6.4 | EIJB Climate Change Charter – Report by the Head of Strategic | 89 - 96 |

7. Items of Governance

7.1	Revised EIJB Complaints Handling Procedure – Report by the Chief Officer, Edinburgh Integration Joint Board	97 - 154
7.2	EIJB Consultation Protocol – Report by the Chief Officer, Edinburgh Integration Joint Board	155 - 158
7.3	Edinburgh Integration Joint Board and Committee Dates 2022 – Report by the Chief Officer, Edinburgh Integration Joint Board	159 - 178
7.4	Appointments to the Edinburgh Integration Joint Board and Committees – Report by the Chief Officer, Edinburgh Integration Joint Board	179 - 182

8. Items of Performance

8.1	None.
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9. Committee Updates

9.1	Committee Update Report – Report by Chief Officer, Edinburgh Integration Joint Board – submitted for noting	183 - 184
9.2	Draft minute of the Clinical and Care Governance Committee of 16 March 2021 – submitted for noting	185 - 190
9.3	Draft minute of the Strategic Planning Group of 17 March 2021 – submitted for noting	191 - 196

10. Proposals

10.1	None.
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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, Nancy McKenzie, Peter Murray and Richard Williams.

Non-Voting

Bridie Ashrowan, Colin Beck, Carl Bickler, Andrew Coull, Christine Farquhar, Helen FitzGerald, Kirsten Hey, Jackie Irvine, Jacqui Macrae, Ian McKay, Moira Pringle, Judith Proctor

Webcasting of Integration Joint Board meetings

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



Minute

Edinburgh Integration Joint Board

10.00am, Wednesday 24 March 2021

Held remotely by video conference

Present:

Board Members:

Angus McCann (Chair), Councillor Ricky Henderson (Vice-Chair), Councillor Robert Aldridge, Bridie Ashrowan, Carl Bickler, Andrew Coull, Councillor Phil Doggart, Christine Farquhar, Helen FitzGerald, Councillor George Gordon, Kirsten Hey, Martin Hill, Jackie Irvine (items 1 to 5), Ian Mackay, Jacqui Macrae, Councillor Melanie Main, Moira Pringle, Judith Proctor and Richard Williams.

Officers: Matthew Brass, Kirsty Dewar, Ann Duff, Nikki Conway, Tom Cowan, Tony Duncan, Rachel Gentleman, Maggie Gray (from item 6) Lauren Howie, Gavin King (item 5 only), Deborah Mackle, Jenny McCann and Katie McWilliam and David White (from item 6).

Apologies: Colin Beck and Peter Murray

1. Minutes

Decision

To approve the minute of the Edinburgh Integration Joint Board of 2 February 2021 as a correct record.

2. Rolling Actions Log

The Rolling Actions Log for March 2021 was presented.

Decision

- 1) To agree to close the following actions:
 - Action 2 (2) – Savings and Recovery Programme 2020/21.
 - Action 4 – Edinburgh Joint Carers Strategy Spending Plan.

- 2) To note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted).

3. Appointments to the Edinburgh Integration Joint Board and Committees

The Board was presented with a report informing members of a re-appointment and change in membership.

Decision

- 1) To note that the NHS Lothian Board has agreed to re-appoint Martin Hill as a voting member of the Joint Board, with effect from 1 March 2021.
- 2) To appoint Ruth Hendery to the Joint Board as a non-voting member (carer representative) subject to the completion of PVG checks.
- 3) To appoint Allister McKillop and Grant Macrae to the Joint Board as non-voting members (citizen representatives) subject to the completion of PVG checks.

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

4. Savings and Recovery Programme 2021/22

The proposed Savings and Recovery Programme for 2021/22 was presented. The programme presented followed from seven months of development through a range of working groups, forums, development sessions and Board meetings. The proposed model of savings also covered the “five pillars” identified as key to aiding and informing decision making within the EIJB.

There were four different categories encompassing 17 savings projects and proposals as below:

- Previously approved proposals
- Operational/grip and control proposals
- Projects under the transformation
- New proposals

Decision

- 1) To agree the new proposals presented to the Board under section 4 of the Savings and Recovery Programme.
- 2) To note the content of sections 1-3 of the Savings and Recovery Programme.
- 3) To note the work completed to date on the Integration and Sustainability Plan and agree that more details about the Plan would be brought back for consideration by the Edinburgh Integration Joint Board by the end of the year.
- 4) To arrange a discussion with Christine Farquhar, Moira Pringle and relevant officers on the concerns raised and best practice regarding Integrated Impact Assessments.

- 5) To agree to delegate the role of scrutinising the practice of Integrated Impact Assessments to the Strategic Planning Group.

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

5. Financial Plan 2021/2022

The EIJB's financial plan for 2021/22 was presented to the Board. The report set out the budgets delegated from the partner organisations, the projected costs based on the current forecast outturn, the anticipated growth and the assumptions around proposed additional funding.

It was noted that if the proposed savings and recovery programme was adopted and further mitigations were agreed, the plan would remain unbalanced. The report highlighted that this position had been the subject of urgent tripartite talks between the Chief Officer and officers from the City of Edinburgh Council and NHS Lothian.

Proposal 1

- 1) To note the 2021/22 budget offers from the City of Edinburgh Council and NHS Lothian and the resultant financial plan based on the revised delegated budgets, expenditure forecasts and proposed savings and recovery programme.
- 2) If fully funded, to delegate to the Chair, Vice-Chair and Chief Officer the decision to implement any nationally agreed uplift to contacts to reflect the living wage. Otherwise, to bring an update to an emergency IJB meeting for a decision.
- 3) To agree to reduce the recurring investment in community mobilisation by £1m recurringly and to delay agreeing commitments against the remaining £1m until the quarter 1 review was complete.
- 4) To consider the assumed financial impact of Covid-19, whilst recognising the constraints impacting on the ability of all partners to commit financial resources.
- 5) To agree that officers would continue tripartite efforts with colleagues in the City of Edinburgh Council and NHS Lothian to bridge the remaining anticipated in-year shortfall.
- 6) To agree to receive an update on progress at each Board meeting until the Board agreed this was no longer necessary.

- Moved by Angus McCann, seconded by Martin Hill

Proposal 2

- 1) To note the 2021/22 budget offers from the City of Edinburgh Council and NHS Lothian and the resultant financial plan based on the revised delegated budgets, expenditure forecasts and proposed savings and recovery programme.
- 2) If fully funded, to delegate to the Chair, Vice Chair and Chief Officer the decision to implement any nationally agreed uplift to contacts to reflect the living wage. Otherwise, to bring an update to an emergency IJB meeting for a decision.

- 3) To recognise the financial plan presented for the year does not provide full details of additional funding, or further savings, that would be required to eliminate the presented deficit.
 - 4) To request officers to provide within one cycle an updated financial plan that recommends additional funding options, or further savings, that would enable the Board to set a balanced Budget.
- Moved by Councillor Phil Daggart, seconded by Councillor Robert Aldridge

Voting

For Proposal 1 - 6 votes
For Proposal 2 - 2 votes

Decision

To approve Proposal 1 by Angus McCann.

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

6. West Edinburgh (Maybury) General Medical Services Provision

An update on the Standard Business Case for the Provision of General Medical Services in West Edinburgh (Maybury) was presented.

The report noted that, as agreed by the Board at its meeting in August 2020, NHS Lothian would work collaboratively with the City of Edinburgh Council in a joint development of a new GP practice for c10,000 and a primary school. Members supported the integrated approach and were assured the building would be completed to Passivhaus standards in order to align with the ambition of achieving net zero carbon emissions by 2030.

Members noted that the proposal was subject to the formal written agreement from both partners, with agreed milestones and a reconciliation of anticipated actual costs. The urgency of this commitment was reflected in the plans to appoint a contractor in March 2021.

Decision

- 1) To note the progress of the West Edinburgh (Maybury) GMS Provision Standard Business Case and the planned capital allocation by NHS Lothian.
- 2) To affirm ongoing support for the Standard Business Case which reflects the strategic direction supported by the EIJB through its approval of the Initial Agreement in August 2020.

(References – Edinburgh Integration Joint Board, 24 August 2020 (item 3), report by the Head of Strategic Planning, EHSCP, submitted).

7. Committee Update Report

A report was presented which provided an update on the work of the IJB committees which had met since the last Board meeting. In addition to the summary report, draft minutes of each of the Committee meetings were submitted for noting.

Decision

To note the update and the draft minutes of IJB sub-committees.

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

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Rolling Actions Log

April 2021

No	Agenda item	Subject	Date	Action	Action Owner	Expected completion date	Comments
1 Page 11	Adult Sensory Support	Provide an update on the Adult Sensory Support contractual arrangements	10-12-19	To agree that an update would be submitted in spring 2021.	Chief Officer, EHSCP	October 2021	<p>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.</p> <p>Deaf services contracts have been running since October 2020. However, Sight Loss contracts were extended with RNIB to end March 2021, and new providers will only</p>

No	Agenda item	Subject	Date	Action	Action Owner	Expected completion date	Comments
							be commencing in April 2021. It is recommended that the update be delayed to cover both areas after a period of at least 6 months.
2	Finance Update	To provide an update on the strategy and funding for mental health services	02-02-21	To request a briefing on the short-term strategy and funding in place for Mental Health services.	Head of Strategic Planning, EHSCP	April 2021	Briefing note to be circulated ahead of April board.

REPORT

2021/22 Financial Plan Update

Edinburgh Integration Joint Board

27 April 2021

Executive Summary

This report updates the Integration Joint Board on progress with the 2021/22 financial plan.

Recommendations

It is recommended that the Board:

1. Note progress;
2. Homologate the decision made under urgency arrangements to implement the nationally agreed 2.2% contract uplift at an estimated cost of £4.7m; and
3. Agree that officers continue tripartite efforts with colleagues in the City of Edinburgh Council and NHS Lothian to bridge the remaining anticipated in year shortfall.

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 & NHS Lothian	

Report Circulation

1. This report has not been presented elsewhere.

Main Report

Background

2. In March 2021 the Integration Joint Board (IJB) agreed the 2021/22 financial plan and associated savings and recovery programme.
3. Recognising that the impact of the additional measures which would be required to balance the plan would have a significant negative impact on performance gains and, ultimately on outcomes for people, the board made the difficult decision to support a budget which did not deliver financial balance. At this point the plan had a deficit of £9.3m.
4. Factors which influenced this decision included:
 - the clear risk that agreeing stringent additional savings at a time of significant uncertainty could lead to unnecessary public concern as well as a material deterioration in performance;
 - the potential to revisit some of budgetary decisions made to date. For example the Council will be considering an updated budget in May and the Cabinet Secretary for Finance has indicated that further, in year, budgets are likely in the current climate;
 - detailed scrutiny and monitoring, via existing mechanisms, of the financial position for delegated; and
 - the agreement and support of our partners who agree that the remaining budget gap is at a level where it is feasible to identify means to address as the year progresses.
5. This paper provides the board with an update on progress.

IJB reserves

6. The financial plan paper presented to the board in March 2021 (attached [here](#)), included information on Covid related funding provided by the Scottish Government (SG) towards the end of financial year 20/21. Overall, the funding

received was significantly above the level requested via the mobilisation planning process. Additionally, and contrary to practice in previous years, the SG passed on funding for specific initiatives (eg action 15, primary care improvement funding) in full. In previous years funding was released to match only the actual costs incurred in year. Finally, monies which would historically been carried forward by SG on behalf of NHS Lothian, have been passed to integration authorities. Taking these together, the IJB will be in possession of funding at the end of financial year 20/21, which would normally be held by other parties. These sums will be carried forward to 21/22 via the board's reserves. Final guidance is awaited on how the associated budgets should be applied in 21/22. On behalf of the IJB and, in the context of the unbalanced financial plan, the Chief Officer and Chief Finance Officer are actively seeking to influence partners to maximise flexibility.

7. Finance teams in the Council and NHS Lothian are currently finalising the year end outturn and, following this, the level of reserves to be carried into 21/22 will be confirmed. The latest estimates are included in table 1 below with further detail in appendix 1:

	£m
Covid related allocations	14.8
Other funding allocations	7.0
Other reserves	4.9
Total	26.7

Table 1: Estimated IJB reserves carried forward to 21/22

Fair pay and contract uplifts

8. In agreeing the plan in March 2021, the board also noted that the position on contract uplifts for 21/22 was fluid, with discussions on a standard uplift taking place nationally. Accordingly, the board agreed to delegate to the Chair, Vice Chair and Chief Officer the decision on implementation of any nationally agreed uplift to contacts to reflect the living wage, assuming sufficient funding was available.
9. Since then, the position nationally has now been confirmed and a 2.2% uplift agreed to support providers to pay staff the real living wage, currently £9.50 per hour. In line with the board's agreement the Chair, Vice Chair and Chief Officer have now agreed this, based on the advice of the Chief Finance Officer. Given

the timescales involved this decision required to be made in advance of this meeting and the paper is attached at appendix 2.

10. As the contracts themselves are between the Council and providers, this decision will have to be ratified by the Council's Finance and Resources Committee.
11. Members will note that the shortfall in the funding provided by the SG is £0.6m and this will be met from the IJB's reserves.

Update on tripartite discussions

12. The Council's Head of Finance is in the process of reviewing the level of COVID-related provision currently assumed within the budget framework beyond 2022/23, making an element of these monies available for alternative service investment in 2021/22 and 2022/23. At this stage, the sums available have been estimated to be of the order of £13m over the two years and bids have been sought from services for appropriate investments. On behalf of the IJB, the Chief Officer has taken this opportunity to submit a bid to secure additional budget for the IJB which, in turn, would reduce the in year financial deficit.
13. We understand that our 'bid' has been supported in principle at officer level in the Council and will now be presented to the budget coalition group for consideration.
14. As outlined in the report attached at appendix 2 (paragraph 15), the Chief Officer and Chief Finance Officer have opened a dialogue with Scottish Government officials to explore an in year resolution to the element of the financial gap caused by the 20/21 fair pay contract uplift.
15. Each of the actions referenced in paragraphs 12 to 14 above has the ability to impact on the budget deficit for 21/22. At this point, it is too early to be definitive on the quantification of this and, as agreed, an update will be provided to the IJB at each meeting. This will be supplemented by a separate briefing in between meetings in the event of any material change in the position.

Implications for Edinburgh Integration Joint Board

Financial

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

Legal/risk implications

17. As outlined in this report, the IJB does not currently have a balanced budget for 2021/22, which clearly represents a material risk for the board. However we have secured the commitment of our partners to work collaboratively to address this as the year progresses. Regular updates will be provided for the board with the quarter 1 review providing a key milestone for review.

Equality and integrated impact assessment

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

Environment and sustainability impacts

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

Quality of care

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

Consultation

21. Issues raised in this report are the subject of ongoing discussion with partners and other stakeholders.

Report Author

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Appendices

Appendix 1	Estimated IJB reserves carried forward to 2021/22
Appendix 2	Fair work and the living wage in adult social care

ESTIMATED IJB RESERVES CARRIED FORWARD TO 2021/22

	£m
<i>Covid related allocations</i>	
Further IA support	8.7
COVID-19 and winter plan	6.1
<i>Other funding allocations</i>	
Community living change fund	1.9
Drugs deaths	0.4
Action 15	0.3
Seek, keep and treat	1.5
Primary care improvement plan	2.8
<i>Other reserves</i>	
Transformation	1.7
Unscheduled care	2.2
Other	1.0
Total	26.7

REPORT

Fair work and the living wage in adult social care

Integration Joint Board – for decision by Chair, Vice Chair, Chief Officer

6th April 2021

Executive Summary

The purpose of this report is to recommend that the Integration Joint Board agrees to implement the nationally agreed contract uplifts for 21/22.

Recommendations

It is recommended that the Chair, Vice Chair and Chief Officer on behalf of the Integration Joint Board:

- a. agree to implement the nationally agreed 2.2% contract uplift at an estimated cost of £4.8m;
- b. issue the direction attached at appendix 1 to this report to the City of Edinburgh Council; and
- c. support the Chief Officer and Chief Finance Officer in discussions with partners.

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 considered elsewhere.

Main Report

Background

2. At its meeting in March the Integration Joint Board (IJB) agreed the 2021/22 financial plan recognising it was not balanced. The board further agreed that officers continue tripartite efforts with colleagues in the City of Edinburgh Council and NHS Lothian to bridge the remaining anticipated in year shortfall.
3. In agreeing the plan, the board also noted that the position on contract uplifts for 21/22 was fluid, with discussions taking place nationally on a standard uplift. Accordingly, the board agreed to delegate to the Chair, Vice Chair and Chief Officer the decision on implementation of any nationally agreed uplift to contacts to reflect the living wage, assuming sufficient funding was available.
4. The position nationally has now been confirmed and a 2.2% uplift agreed to support providers to pay staff the real living wage, currently £9.50 per hour.

Fair pay and contract uplifts

5. On 26th March 2021 the Cabinet Secretary for Health and Sport and the COSLA Health and Social Care Spokesperson published a joint statement of intent. This outlined how they will work together to deliver the key foundation pillars set out in the recently published Independent Review of Adult Social Care in Scotland (IRASC). One early action was a pledge of £64m '*to ensure that adult social care workers in Scotland will be paid at least the real living wage of £9.50 per hour*'. The full statement can be found [here](#)
6. Further details were included in a joint letter from the Scottish Government's Director of Mental and the COSLA Health and Social Care Chief Officer which instructed a standard national percentage uplift of 2.2% on the contract hourly rate. The letter went on to say '*the national uplift is intended to reduce the time required for individual contract negotiations, ensuring there is no delay in the workforce receiving their pay increase*'.

7. Finally, correspondence from the Scottish Government's Director of Health Finance and Governance (SGDoFG) confirmed an additional funding allocation of £30.5m to meet this commitment.

The position in Edinburgh

8. When preparing the financial plan for 21/22 it was assumed that, in total, contract uplifts agreed would not exceed the funding available. The Local Government settlement for the year included £34m to meet the additional costs of the real living wage. Of this £34m, £8m was making good the additional funding provided non recurrently in 20/21 for the nationally agreed 3.3% uplift. Allowing for this left Edinburgh Integration Joint Board with funding of £1.7m to pay for contract uplifts in 21/22. Edinburgh's share of the additional £30.5m (see paragraph 7) is £2.5m, bringing the total money available for 21/22 uplifts to £4.2m.
9. The cost of a standard 2.2% uplift (plus an estimate for the national care home contract) would be £4.8m, leaving a shortfall of £0.6m.
10. In his letter, the SGDoFG recognised that, as a result of the methodology used to allocate the funding, there may be some local authorities/IJBs that still faced a shortfall. In these cases it is expected that reserves held locally will be used to fund this. The 21/22 [financial plan](#) presented to the IJB on March included an update on the funding provided by the Scottish Government to meet the financial consequences of the pandemic. It also indicated that not all of this money would be spent in 20/21 and would therefore be carried forward to the new financial year. Finance teams in the Council and NHS Lothian are currently working through their year end procedures. When this work is complete the quantum of reserves will be finalised and an update will be provided to the board at its meeting in April 2021. Whilst we do not, at this point, have absolute clarity over the level of reserves, it is clear that the IJB will have material sums in reserves.
11. On this basis, discussions have taken place with Scottish Government officials who have confirmed that the £0.6m shortfall identified in paragraph 9 above

can be funded from these reserves. This would be a non recurring solution (as is the case with the additional funding outlined above). However both COSLA and Scottish Government have committed to undertaking a policy review as part of the commitment towards the fair work in social care agenda. Any future national approach will be fully considered and agreement sought by November 2021.

Implementation of 2.2% uplift

12. Accordingly, we are now in a position that full funding is available in year to implement the national uplift with the consequent uplift in workers' pay. It is therefore **recommended** that the board now directs the Council to implement the 2.2% uplift. This proposal reflects the board's recognition of the work all health and social care staff make towards keeping vulnerable people in our city safe. Further, ensuring providers are enabled to maintain a fair working regime to suitably recompense workers for the key roles they are undertaking, supports our strategic intent to build and maintain a high quality, skilled and sustainable health and social care workforce.
13. In the statement of intent there is a commitment that '*work will begin at pace to implement this commitment from May and this will be backdated to April 2021*'. These are challenging timescales and, meeting this timetable, will require accelerated governance. Specifically, the delegation of the IJB's decision to the Chair, Vice Chair and Chief Officer (as agreed at the meeting of 24th March 2021) and agreement by the Convenor and Vice Convenor of the Council's Finance and Resources Committee under urgency powers.

Future planning

14. It should be noted that the arrangements set out in this paper do not address the shortfall in funding relating to the 20/21 uplifts. This was calculated at £3.5m and is a key element of the IJB's remaining financial plan gap of £9.3m. In 20/21 this shortfall was classified as slippage on savings delivery as a result of Covid and funded accordingly. Given the anticipated level of reserves it is **recommended** that the Chief Officer and Chief Finance Officer are supported

to continue discussions with Scottish Government colleagues to seek a similar resolution for this financial year.

15. Also requiring noting is the continued reliance on one off funding solutions for contract uplifts. The combined impact on the IJB's budget of these national decisions is £6.6m. Whilst the importance placed on fair work in the IRASC is welcome, it is equally important that the full financial consequences are recognised and funded appropriately.

Implications for Edinburgh Integration Joint Board

Financial

16. Set out elsewhere in this report.

Legal/risk implications

17. Failure to implement the contractual uplift would put Edinburgh out of step with the national agreement. Further, providers would face challenges in meeting the living wage requirements and many could only do so by making offsetting efficiencies elsewhere in their operations. This in turn is likely to impact on the quality and/or volume of service with negative consequences for outcomes.

Equality and integrated impact assessment

18. As outlined in the report.

Environment and sustainability impacts

19. Enabling providers to pay the living wage supports sustainability of the workforce with consequent positive impact on outcomes for the people of Edinburgh.

Quality of care

20. As outlined in the report.

Consultation

21. Officers have had ongoing communication with a range of stakeholders during this time. As part of these discussions providers, trades unions and other interested parties have consistently highlighted the pressures at both an organisational (provider) and personal (workforce) level.

Report Author

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Chief Finance Officer, Edinburgh Integration Joint Board

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Appendices

Appendix 1 Direction to the City of Edinburgh Council

DIRECTION FROM THE EDINBURGH INTEGRATION JOINT BOARD

Reference number	TBC		
Does this direction supersede, vary or revoke an existing direction?	No		
Approval date	TBC		
Services/functions covered	<ul style="list-style-type: none"> All purchased services (with the exception of residential accommodation for over 65s where the national agreement is outstanding) All direct payments, individual service funds and payments to personal assistants 		
Full text of direction	<p>Implement a 2.2% contractual uplift in line with the requirements of the letter of 26th March 2021 from the Scottish Government's Director of Mental and the COSLA Health and Social Care Chief Officer letter to Local Authority Chief Executives and IJB Chief Officers and Chief Finance Officers.</p> <p>A further direction will be issued when a settlement for the national care home contract has been reached</p>		
Direction to	The City of Edinburgh Council		
Link to relevant EIJB report	TBC		
Budget/finances allocated to carry out the detail		<i>NHS Lothian</i>	<i>City of Edinburgh Council</i>
	Specify financial year (2021/22)		£4.001m
Performance measures	Uplift to be actioned		
Date direction will be reviewed	October 2021		

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REPORT

Strategy Progress Report

Edinburgh Integration Joint Board

27 April 2021

Executive Summary

1. The purpose of this report is to update the Edinburgh Joint Integration Board (EIJB) on the progress of the next strategic planning cycle.
2. The Futures Committee is sponsoring the development of a higher-level strategic vision for the EIJB and was last updated on the progress of this work on 2 February 2021.
3. The Strategic Planning Group (SPG) has reviewed the progress of the next 3-year strategic planning cycle at its last three meetings. The last review was on 17 March 2021.
4. Over the next 12 months the transformation programme will evolve to become the strategic core programme to modernise our services in line with EIJB strategic priorities. The programme was disrupted by COVID-19 from March 2020 but restarted in August 2020. A transition plan to plot the next stage of transformation into the core programme will be produced by August 2021. The SPG was last updated on the progress of the Transformation Programme on 17 March 2021.
5. The EIJB strategic ENDS, WAYS and MEANS and strategic priorities have been refined by the SPG.
6. Work on updating the Joint Strategic Needs Assessment (JSNA) began towards the end of last year on a priority basis. The SPG was last updated on JSNA progress on 17 March 2021.
7. A consultation and engagement programme on the next 3-year strategic commissioning plan began on 26 February 2021 and will run throughout the year.



	<ol style="list-style-type: none"> 8. The impact of COVID-19 and lessons learned are being considered as part of the planning process and core programme. 9. The Scottish Government sponsored Review of Adult Social Care was published on 4 February 2021. Developments are being closely monitored and aligned where possible as the strategic planning cycle develops. 10. Alignment is also being sought with the City of Edinburgh Council (CEC) Business Plan 2030 and the NHS Lothian (NHSL) emerging Strategic Framework. 11. The key timings for the 3-year strategic commissioning plan 2022-25 are the production of an initial draft to the SPG by August 2021 and the publishing of the final draft in March 2022.
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Recommendations	<p>It is recommended that the EIJB:</p> <ol style="list-style-type: none"> 1. Notes the progress of the current strategic planning cycle. 2. Agrees the SPG approved strategic ENDS, WAYS and MEANS and refined strategic priorities. 3. Notes the progress of the Transformation Programme and the plan to transition this work into the Strategic Core Programme. 4. Notes the progress of the JSNA. 5. Notes the progress and plan for engagement and consultation. 6. Notes the timeline and milestones for development and production of the next 3-year strategic commissioning plan 2022-25.
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Directions

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

Main Report

Strategic Planning:

1. The EIJB reviewed the current strategic plan for 2019-2022 in October 2020. As part of the look forward, the EIJB agreed that the Futures Committee would initially sponsor a higher-level strategic vision for the EIJB, not bound by time and designed to guide future 3-year strategic planning cycles. Informed by the refresh of the JSNA, once drafted, this work would be referred to the EIJB via the SPG. There is no formal time pressure to produce this higher-level strategic vision, but it makes sense to shadow at best effort, the production timeline of the next 3-year strategic commissioning plan. A framework has been developed and was approved by the Futures Committee on 2 February 2021. The outline framework (version 1) is at Appendix 1.
2. The intent remains to publish the next mandatory 3-year strategic commissioning plan for the period 2022-25 in March 2022. The next strategic plan will be a continuation of the previous plan with more emphasis on implementation. The SPG will continue to shape the development of the next strategic plan by identifying gaps in the current plan, providing broad stakeholder insights and approving progress. The SPG has reviewed the progress of the strategic planning cycle at its last three meetings. The last SPG review was on 17 March 2021. The outline framework (version 2) is at Appendix 2.
3. The principles being applied to the next strategic planning cycle are:
 - **Continuity** – build confidence through consistency of approach building on the current strategic programme
 - **Alignment** – identify gaps, avoid duplication and seek efficiencies
 - **Collaboration** and ‘buy in’ – partnerships and avoidance of silos
 - **Credibility** – set out what we can achieve in the 3-year timeframe
 - **Affordability** – consider the financials including ‘spend to save’
 - **Prioritisation** – set realistic targets and sequence
 - **Translation** – explanation, communication and engagement throughout



4. The SPG has approved the refined strategic ENDS, WAYS and MEANS and the refined strategic priorities. These are set out in the slide pack at Appendix 3.
5. The next strategic plan for 2022-25 will consider outcomes and outputs flowing from the transformation programme and will shape commissioning activity by client group. The transformation programme will transition to the Strategic Core Programme over the next 12 months and remain central to the delivery of EIJB strategic ambitions. The initial draft of the strategic plan 2022-2025 will be produced and reviewed by the SPG in August 2021, providing 6 months to further develop and refine before final EIJB approval in March 2022.
6. The next strategic planning cycle will be influenced by the evolving engagement programme including output from the Edinburgh (Wellbeing) Pact engagement work and other work including the 2019 Poverty Commission Report and the recently published national Report on Adult Social Care, the progress of which is being closely monitored. Alignment is also being sought with the City of Edinburgh Council (CEC) Business Plan 2030 and the NHS Lothian (NHSL) emerging Strategic Framework. EHSCP officers are engaged with Partners to improve situational awareness, avoid duplication of effort and to achieve a higher level of coherence.
7. A consultation and engagement programme on the next strategic plan began on 26 February 2021 and will continue throughout the year in the lead up to the publication of the 3-year strategic commissioning plan for 2022-25. Dates are scheduled for staff engagement into April 2021. Third and independent sector engagement and outreach to the public is being planned now by the communications and engagement team. The ideas/exchanges from each event is being written up and themes captured. The content and approach will be adapted as necessary as the engagement programme advances.
8. **Production Timeline.** The timeline and milestones are set out below:
 - 2 Feb 21 – Futures – high level strategy update
 - 26 Feb 21 – engagement and consultation session
 - 11 Mar 21 – engagement and consultation session
 - 17 Mar 21 – SPG – strategy progress update
 - 6 Apr 21 – engagement and consultation session
 - 27 Apr 21 – EIJB – strategy progress update
 - 12 May 21 – SPG – strategy progress update
 - 22 Jun 21 – EIJB – strategy progress update (TBC)
 - 12 Aug 21 – Futures – high level strategy update
 - 18 Aug 21 – SPG – **initial draft of Strategic Plan 2022-25**
 - 14 Sep 21 – EIJB – review initial draft of Strategic Plan 2022-25
 - Oct/Nov 21 – CEC Policy and Sustainability Committee (TBC)



- Oct/Nov 21 – NHSL Governance Committee (TBC)
- 15 Dec 21 – SPG – **advanced draft of Strategic Plan 2022-25**
- **Mar 22 – EIJB sign off 3-year strategic plan 2022-2025**

JSNA:

9. Work on updating the 2015 JSNA began towards the end of 2020. Due to pressure on capacity, the refreshed JSNA is being produced on a phased, priority basis, with progress managed through the SPG. An interim Performance and Evaluation Manager joined EHSCP on 17 February 21 and is now coordinating the JSNA effort. Responsibility for the monitoring and upkeep of the JSNA will sit within the portfolio of this new post supported by input from our partners CEC and NHSL. The SPG was last updated on JSNA progress on 17 March 2021.
10. Individual topic papers have been prioritised and will be brought together into a final summary document at the end of the process. Three topic papers within phase 1 have already been presented to the SPG, these are:
 - Population and demographics
 - Poverty in Edinburgh
 - Dementia
11. We continue to work on phase one papers, with two further papers nearing completion: Edinburgh population health and Carers. Two of papers due to be completed in phase one have been reprioritised to allow a focus on the data required for the strategic plan process: People with disabilities and People with drug/alcohol problems.
12. Topic papers once completed are being placed on the EHSCP website and used to inform strategic planning and core projects. Phase two topic papers will begin production at best effort in the second half of 2021.

Strategic Core Programme (Transformation):

13. In February 2019, the EIJB approved a report by the Chief Officer regarding plans to establish a transformation programme to deliver significant and sustainable change and improvement to health and social care services. The EIJB also approved plans to ring-fence £2 million of non-recurring funding from reserves to support delivery of the programme.
14. The Strategic Plan 2019-2022, which was approved by the EIJB in August 2019, set out the structure, proposed content and governance of the transformation programme. Following a period of programme initiation and the recruitment of a dedicated team to support delivery, the transformation programme formally launched in February 2020.

15. Between March and July 2020, the programme suffered delays due to operational pressure and challenges associated with the COVID-19 pandemic. Several project staff were redeployed to support the COVID response and service managers and frontline staff did not have enough capacity to drive forward core projects at the pace originally anticipated. A Return to Transformation Report was approved by the EIJB in July 2020, setting out a phased approach to delivery. A lessons learned exercise was coordinated by the transformation team from early April to late July 2020 and these lessons have been used to refine individual projects where relevant.
16. Transformation projects will evolve into the strategic core programme over the next 12 months and will remain central to the delivery of EIJB strategic ambitions.

Scope:

17. The core programme is a medium-term change programme, designed to deliver sustainable and quality health and social care services for the city and improved outcomes for individuals. The programme is structured around the Three Conversations model, with three main programmes of work aligned to the three conversation stages and a further programme of work delivering cross-cutting, enabling change.
18. The 4 programmes of work are:
 - **Conversation 1: Listen and Connect** – this programme is focused on improving the quality of our interactions with individuals and their families. Projects are seeking opportunities to make a sustained shift towards a preventative agenda, working with our partners to build community capacity and resilience and supporting people to use their assets and strengths to remain independent for as long as possible.
 - **Conversation 2: Working Intensively with People in Crisis** – this programme is focused on helping to support people more effectively at points of crisis in their lives. This includes improving the pathways from acute to community and establishing sustainable services to help people regain control of their lives and return to independence.
 - **Conversation 3: Build a Good Life** – this programme is focused on improving the quality and sustainability of services for those who may require longer term support. Key to this is choice, and helping people build a good life and to remain independent at home or in a homely setting, for as long as possible.
 - **Programme 4: Cross-Cutting Enablers** – this programme is focused on providing cross-cutting, enabling change, such as workforce, housing and technology, to ensure that the programme has the required means to deliver against the EIJB strategic ambitions.

Current Status of Programme:

19. A robust governance architecture oversees the development and delivery of the programme. Programme boards, with a wide range of multi-disciplinary stakeholders, meet on a monthly basis to scrutinise progress and proposals. The programme boards feed into an overall portfolio board, chaired by the Chief Officer. Regular updates are also provided to the SPG. The last update to the SPG was on 17 March 2021.
20. Several projects are due to bring forward specific proposals for EIJB approval in the coming months and target dates for this are set out in the milestone plan at Appendix 4.
21. More detailed information on progress to date and key achievements for some of the main strategic priorities is set out below:

3 Conversations:

22. The 3 Conversations project was the first element of the programme launching in April 2019. The approach is focused on having person-centred and collaborative conversations with people to deliver better outcomes. 3 Conversations is, at its heart, a cultural change programme, focused on cutting bureaucracy and supporting staff to respond to people more quickly, effectively and efficiently.
23. A Phase 1 evaluation report was produced in March 2020 setting out the key learning and impacts from the first stage of the roll-out of 3 Conversations. This report was recently circulated to EIJB members.
24. Following some delays due to the impacts of COVID-19, the project is now making good progress in scaling up and rolling out the 3 Conversations approach. The contract with Partners 4 Change has been extended to ensure continuity of support until March 2022. A dedicated Practice Lead post has also been recruited to build internal expertise and capacity and to ensure no further consultancy support is required in the longer term.
25. As of March 2021, there are 11 'live' innovation sites and a further 6 in the pipeline. It should be noted that while it is the intention to adopt a 3 Conversations ethos across all services, the extent to which the approach is fully embedded will vary across teams. In rolling out the approach to date, the focus has been on assessment and care management staff, of which 35% are now practicing in a 3 Conversations way. In the next phase, the approach will be tested across a wider range of teams, including in health/clinical settings.
26. EIJB members have been provided with a more detailed Briefing Note on 3 Conversations in advance of this board.

**Bed Base Care Review:**

27. The Bed Base Care project will create and implement the strategy and future model for bed-based services in the city, seeking to improve quality, capacity, flow and outcomes. The overall vision aligns with the national priority to shift the balance of care from acute to community-based settings. The project is designing a bed-based model that best meets the future demand profile. A model that is sustainable, flexible and based on a whole-system approach.
28. An extensive engagement process took place between November 2020 and January 2021, involving a wide range of staff involved in the delivery and/or management of bed-based care. Feedback from this engagement, along with further data and benchmarking is being used to develop the strategy.
29. This project is significant in scale, with considerable complexity and interdependencies between 11 workstreams. As such, it will require to be developed and implemented on a phased basis over time. Phase 1 will focus on workstreams: intermediate care, hospital based complex clinical care (HBCCC), care homes, respite beds and specialist in-patient rehabilitation beds.
30. The plan for Phase 1 will be presented to the SPG in May 2021 ahead of a formal report to the EIJB in June 2021, which will include proposed directions and associated timescales. A further report to the EIJB is currently planned for October 2021, setting out Phase 2 of the Bed Base Strategy. This phase will focus on workstreams: palliative care and end-of-life beds, mental health rehabilitation beds and supported housing.

Home First:

31. The Home First project is redesigning pathways between hospital and community settings, transforming services to better support people to remain at home or in a homely setting. The overall vision is to support people to maintain as much independence as possible through a new model of assessment and rehabilitation led by Home First Edinburgh.
32. The project is supporting a shift in the balance of care from acute to community settings, by providing health and social care services in alternative settings to hospitals, where it is safe and appropriate to do so. It has adopted a culture of integrated, multidisciplinary team decision making based on the needs and preferences of patients and citizens.
33. The Home First Edinburgh principles have been adopted across all Lothian Partnerships providing the opportunity to implement a pan-Lothian approach to some aspects of service delivery. A small team of Home First staff were introduced to acute sites (the Western General Hospital and the Royal Infirmary of Edinburgh) in March 2020 and have been assisting acute teams to support discharge arrangements, linking to community services and supports and

enabling people to return home when they are clinically ready to do so with the appropriate care and support. From April 2020, the Home First team have been screening referrals from acute sites to intermediate care.

34. The Redesign of Urgent Care is a national initiative prioritised by the Scottish Government in August 2020 and taken forward in Edinburgh by the Home First project team. In recognition of the fact that an estimated 20% of patients that attend emergency departments can be managed in an alternative way, a single point of access has been created through NHS24 which is available 24/7. Significant work has been done across NHSL and Lothian HSCPs, to develop and enhance urgent care pathways. These pathways improve professional referrals into urgent community and secondary care services with an agreed response time. This approach enables care to be provided closer to home and reduces hospital attendances and admissions.
35. The next phase of the project is looking to implement a planned date of discharge (PDD) in place of an estimated date of discharge (EDD). The PDD will be set by multidisciplinary teams working together to set realistic goals following assessment of the patient. The PDD adopts a proactive approach to discharge planning and should reduce the overall length of stay in hospitals and avoid patients becoming delayed.
36. By December 2021, the project team will establish a firm Home First team structure in Edinburgh with defined roles and responsibilities and agreed job descriptions, to ensure the sustainability of the model going forward. This will signal the end of the project work as the new Home First Edinburgh model is implemented in the city.

The Edinburgh (Wellbeing) Pact and Community Mobilisation:

37. The Edinburgh Pact will define and embed a new relationship between the public and the EHSCP. The Pact is underpinned by a shared common purpose; to maximise the wellbeing of our citizens and to create thriving, healthy and informed communities. The Pact will set out what the people of Edinburgh can expect from services provided and how they can play their part in delivering a safer, healthier and caring Edinburgh. The Pact closely aligns with the aims and ambitions set out by the Poverty Commission and the City Vision.
38. The work to develop the Edinburgh Pact has involved extensive engagement and consultation with public, staff and stakeholders. In summer 2020, EHSCP began a wide-ranging conversation including a public survey, focus groups with staff, facilitated meetings with third sector and communities of interest and 1:1 interviews with a variety of thought leaders across the city. The development of the Pact is an iterative process, which will involve an ongoing conversation with citizens, staff and stakeholders.



39. As part of the process of enacting the Edinburgh Wellbeing Pact, a separate project focused on Community Mobilisation has recently been initiated. This project will establish new and collaborative ways of supporting and investing in communities, with a focus on community empowerment. There is a separate report to the April EIJB which sets out further details of both the Pact and the detailed plans for Community Mobilisation.

Digital:

40. The Covid-19 pandemic has prompted and enabled a significant acceleration of the use of digital technology within EHSCP, both to provide services and supports to citizens and to enable staff to work more flexibly and effectively when face to face communication has not always been possible. It is anticipated that the future approach will be a blend of virtual and face-to-face support.

41. The core programme recognises the importance and potential of digital transformation as a driver for change and improvement across our services. The programme originally identified two distinct digital-related projects: The Digital, Technology and Equipment project within the Conversation 1 programme, and the Digital Strategy for Business project, within Programme 4, Cross-Cutting Enablers.

42. The Digital, Technology and Equipment project is focused on the transformation of services that support people to remain independent and promote a self-supported management approach. The Digital Strategy for Business project, within Programme 4, is focused on the transformation of our internal systems and digital capability to enable and support wider transformation. There have been resource challenges in both projects over recent months and progress has not been as fast as originally anticipated. Considering this challenge, and recognising the obvious synergies between the two projects, work is currently underway to re-scope a single, prioritised project bringing together the key strategic elements of both projects. This would make best use of available capacity, allow for a more coherent approach and ensure all elements of our digital transformation are considered in alignment.

43. A single technology facing project would focus on the redesign of our services and systems to support the implementation of the recently published Scottish Government's Digital Strategy and Digital Health and Care Strategy. It would also align with the principles contained in the Independent Review of Adult Social Care and the national strategy to shift the balance of care from acute to a more preventative, community-based, self-management approach to which digital innovation is key.

44. Despite the current situation, there is a range of digital work progressing and SRO for the Digital, Technology and Equipment project is maintaining an oversight of all digital-related workstreams. Work is underway to ready our community alarm and technology-enabled care services for the transition from

analogue to digital connectivity. Dedicated project management resource has been secured to drive this work. Whilst the project sits out with the core programme structure, it will provide the essential foundations to allow future transformational change and innovation in the delivery of technology-enabled care. Work is also progressing in the preparation of a business case to replace the current, outdated Webroster scheduling system (used in homecare services) with an updated and fit-for-purpose alternative which will link and align with other systems used now and in the future within EHSCP.

Monitoring and Measuring Impact:

45. Work has been done to identify appropriate benefits measures for the programme where possible. It should be noted that the projects within the core programme are at different stages of maturity. Not all projects are yet able to confirm measures or report data.
46. Benefits and evaluation will continue to be a focus of the programme team going forward. Additional data analyst resource has recently been secured to support the programme and to provide greater transparency and understanding of the impacts of transformation. The current status of benefits measures for all projects is set out at Appendix 5.

Future Milestones and Next Steps:

47. Several projects within the core programme will shortly bring forward reports to the EIJB setting out proposals for change. Reports will set out full details of any proposed changes to service models and will include full details of any required investment or targeted efficiencies and where appropriate, full Integrated Impact Assessments. The milestone plan at Appendix 4 sets out the key reporting dates, which include:
 - Community Mobilisation project and Edinburgh Wellbeing Pact, report to the EIJB in April 2021
 - Phase 1 of the Bed Base Care Strategy, report to the EIJB in June 2021
 - Business case for replacement scheduling tool, report to the EIJB in June 2021
 - New workforce strategy, *Working Together*, report to the EIJB in August 2021
48. In addition to this, the programme will continue to report to the SPG giving members the opportunity to shape and scrutinise proposals and progress.
49. The transformation programme is currently funded on a one-off basis, with ring-fenced investment of £2 million. The transformation team has been recruited on a fixed-term basis, with most temporary contracts due to expire from December 2021. There will be a need for some ongoing support in the mid to longer term to ensure successful delivery of the desired programme benefits. A transition plan

will be produced by August 2020 which aims to provide continuity of support for key strategic priorities.

Implications for EIJB

Financial

- 50. The EIJB has committed a non-recurring £2 million in unallocated reserves from to support the delivery of transformation. Current contracts for the transformation team are due to expire from December 2021.
- 51. A transition plan is in development that will map out the current projects into the strategic core programme and EHSCP structure. There may be some associated costs. The plan will be presented to the SPG in August 2021.

Legal / risk implications

- 52. There are no legal implications arising from this report.
- 53. There are no new implications for Directions arising from this report. As project work is produced through the core programme, associated Directions can be expected.

Equality and integrated impact assessment

- 54. The next strategic plan aims to ensure good outcomes for the population of Edinburgh and across Lothian where applicable, including those groups with protected characteristics.
- 55. Full integrated impact assessments (IIAs) will be completed for all projects as they develop to ensure the impact of any changes are fully understood and managed.

Environment and sustainability impacts

- 56. There are no environment and sustainability impacts arising from this report. However, it is recognised that all future models of care and delivery must take due cognisance of the impacts on the environment and in respect of climate change targets, including Edinburgh 2030.
- 57. Future strategic planning and core project outcomes will comply at best effort with the EIJB Climate Change Charter which is presented to the April EIJB for approval.

Quality of Care

58. The improvement and recovery programme sets out to improve the quality of care and people's experience and access to care in Edinburgh and across Lothian.

Consultation

59. An engagement plan on the next strategy began on 26 February 2021 and will run throughout the remainder of the year. The first roadshows have focused on EHSCP staff. A plan is being finalised for engagement with the third and independent sectors and the wider public and will be presented to the SPG in May 2021.

60. The communications and engagement strategy is being presented to the April EIJB for approval. This strategy includes messaging around the EIJB strategic ambitions and a drive to raise awareness of, and participation in, the elements of the strategic core programme.

61. Programme boards have been running since August 2020 and comprise broad stakeholder representation, including staff, unions and representatives from partner agencies and the third and independent sectors.

62. Engagement and consultation plans and if necessary, communication campaigns will be created for individual projects as appropriate.

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Background Reports

1. [Transformation and Change - EIJB report February 2019](#)
2. [Strategic Plan 2019-22 – EIJB report August 2019](#)
3. [Return to Transformation - EIJB report July 2020](#)

Appendices

Appendix 1	Higher-level strategic framework V1
Appendix 2	3-year strategic plan framework V2
Appendix 3	Slide pack on ENDS, WAYS and MEANS and strategic priorities
Appendix 4	Transformation Programme Milestone Plan
Appendix 5	Transformation Monitoring and Measuring Success

Appendix 1 to EIJB Strategy Progress Report 27 Apr 21

EDINBURGH INTEGRATION JOINT BOARD (EIJB) - HIGH LEVEL STRATEGIC VISION – Version 1

INTRODUCTION

- Purpose of the vision – to inform future 3-year strategic commissioning planning cycles
- Set out values
- Explain how national guidance, JSNA and related academic works have influenced the vision
- Include necessary EIJB governance arrangements?
- Describe the connectivity from vision to delivery and monitoring to review:

EIJB Strategic ENDS and Linkages



STRATEGIC CONTEXT – STEEPLED ANALYSIS (FED FROM JSNA AND WIDER RESEARCH)

Social:

- Inequalities
- Impact of Poverty Commission Report
- Impact of Adult Social Care Review?
- Expectations and ‘dependencies’ – tackle through Edinburgh (Wellbeing) Pact
- Workforce pressures – ageing workforce and lack of replacement levels – tackle through workforce strategy
- Legacy of COVID-19 pandemic on ways of working and living?
- University city and significant tourist attraction

Technological:

- Emerging tech-enabled care
- Clinical innovation
- Future impact and utility of AI and robotics
- Inter-generational transitions and continuity measures
- Equipping the front line
- Integrated Management Information Systems

Economic:

- Downward pressure on budgets and post COVID effect
- Post BREXIT effect?
- Drive for efficiency and delivery of 'more for less' – move to direct funding of IJBs?
- Significant budget savings target over the next three years and beyond
- Track national initiatives in HSC both Scottish national and UK

Environmental:

- Growing importance nationally and internationally
- Impact of Climate Change 2030 target and recent UK GOV statements
- EIJB Climate Change Charter
- Need to take account of environmental protection in everything we plan

Political:

- Increasing HSC demand and cost a global strategic concern
- Instability through BREXIT and potential pressure on new independence vote
- Impact of local politics on EIJB aspirations?
- Integration – The Act – review and evolution
- Impact of Adult Social Care Review

Legal:

- Statutory responsibilities in HSC – what is the minimum?
- How do we benchmark across Scotland? Anything Edinburgh specific?
- Considerations WRT the emerging Edinburgh (Wellbeing) Pact
- The Act and Integration changes – consequences

Ethical:

- Must stand by our values
- Ensuring consistency – locally (and nationally – Impact of Adult Social Care Review?)
- What is the risk if forced to reduce levels of care due to cost? What might shape decision making in this context?
- Impact of Edinburgh (Wellbeing) Pact and consequence of 'realistic medicine'?
- Awareness of reputational risk

Demographics:

- Circa 6K additional people annually
- What is the inflow versus outflow?
- Understanding the impact of urbanisation
- Projection on age profiles and HSC demand – multi-morbidity
- Shaping priorities within the new JSNA programme
- Impact on future laydown by City and by Locality – GP practises, future house building, future proofing and adaptations

STRATEGIC FRAMEWORK

The EIJB strategic framework is designed to guide current and future planning cycles. The existing framework is summarised below and will be updated IAW the SPG approved refined ENDS, WAYS and MEANS:

Where do we want to be? (ENDS)

- A sustainable, well performing and trusted health and social care system
- A clearly understood and supported Edinburgh health and social care Offer which is fair, proportionate and consistent
- A person-centred, patient first and Home First approach
- A motivated, skilled and representative workforce
- An optimised partnership with the voluntary and independent sectors
- Care supported by the latest technology
- A culture of continuous improvement and innovation

How are we going to get there? (WAYS) – strategic priorities could sit here?

- Develop and agree a refreshed Edinburgh health and social care Offer with our citizens
- Roll out the Three Conversations approach across the city over time
- Work towards shifting the balance of care from acute services to the community through Home First supported by our transformation programme
- Continue to build our partnership with the voluntary and independent sectors
- Work with the housing sector to ensure new and existing housing options to support people to live independently
- Continue to tackle health inequality rooted in poverty as a major cause of failure demand
- Deliver this Strategic Plan over the next three years and continue the transformation programme over future planning cycles
- Generate a unity of purpose and build momentum

What resources and enablers must we manage effectively to support us? (MEANS)

- Scottish Government, partners, COSLA and EIJB direction
- Learn from others; across Scotland, the wider UK and internationally

- Provide good governance, planning, commissioning and market facilitation
- Finance – effective planning working towards a balanced budget
- Workforce – publish our strategy to mitigate pressures and to work closely with partners
- Infrastructure – right sizing, future planning and co-production – achieving effective balance across the bed base
- Shaping the future development of housing in Edinburgh to take account of strategic trends
- Technology – identification of emerging and proven solutions –implementing commercial off the shelf and spend to save initiatives
- Communications and engagement with our partners and with our citizens
- Improved insight, data capture, analysis and performance management

Supporting themes:

- A deliberate shift to early intervention and prevention, building independence and resilience at individual and community level
- Working across life stages and ages to create more cohesive and seamless services
- Service users empowered to design their own care (through the design of services and the consistent use of good conversations)
- Resources joined up and working together both within and across our localities and the third and independent sectors
- People gain access to resources and services in a timely manner.
- Third sector services in communities are supported to meet the needs of people who fall below statutory criteria
- People know what services are available and how to access these services, ideally through a single point of contact
- Service users are involved in the planning of services that affect them
- Carers are supported to carry out their role in a way that supports the carers health and wellbeing
- Success is demonstrated based on a range of measures including outcomes for people

THREE HORIZONS PLANNING

- 0 – 6 years (2 cycles – current and next)
- 6 – 18 years (following 4 cycles)
- 18+ years

SWOT ANALYSIS – TO BE REVIEWED AND REFINED

Strengths

- Broad acceptance that status quo is unsustainable
- Good level of engagement and interest

- 3 Conversations track record
- Additional resource for transformation
- Supports SG direction
- Transformation Programme supported by CEC and NHSL

Weaknesses

- Based on 2015 JSNA
- Constrained by 3-year planning cycles
- Strategic Principles pre-set (no change?)
- Implementation timeframe – possibly 3-4 planning cycles (a reality)
- Our starting position? Culture and cynicism? Two tribes
- Negotiated budgets with Partners

Opportunities

- Redefinition of Edinburgh HSC Offer/Pact
- Engagement of partners including 3rd and independent sectors
- GGI review and new committees
- Efficiencies through redesign and transformation
- To change cultures + grow confidence
- Restructuring to match desired Ends, Ways, Means
- Reviews to bring structural alignment, coherence and rigour

Threats

- Risk of Political concern raised by content of new Edinburgh HSC Pact
- Change fatigue = consent and evade
- Potential delays in delivery = loss of momentum and confidence
- Time to realise benefits on the ground
- Financial pressures
- Loss of continuity in leadership positions including EIJB membership

Appendix 2 to EIJB Strategy Progress Report 27 Apr 21

EDINBURGH INTEGRATION JOINT BOARD STRATEGIC COMMISSIONING PLAN 2022-2025 – Framework (Version 2) – (to be drafted in Arial font 12)

Foreword – Tony Duncan

- Developed from existing SP
- COVID effect

Executive Summary – Tony Duncan

- Based on deliverables over next 3 years
- COVID effect

Vision and Intent – Tony Duncan

- Developed from existing SP
- Strategic context – link to higher level strategic direction and JSNA
- Strategic priorities assigned as WAYS towards delivery of strategic ENDS?
- Outcomes focussed but must cover client group

Strategic Direction to Delivery – Tony Duncan + tiger team

- Description of ‘golden thread’ from higher level and overarching strategic direction through 3-year commissioning plans to Locality Operational Plans and Directions (with awareness/agreement of Partners)
- SG Review of Adult Social Care – impact and consequences?
- Opportunity here to set out smart objectives
- Financial plan/aspects – Moira Pringle and Jenny McCann
- Shape outcomes and content from the sustainability work (TBC) – Hannah Cairns and Philip Glennie
- Take account of emerging CEC Business Plan and NHSL emerging strategic framework?

Core Programme (transition from transformation) – Jess Brown and Tony Duncan

- Key to delivering EIJB strategic ambitions
- Description of the programme and the individual projects – what has been done, where we are and where we are going
- Demonstrate links to research support and stakeholder engagement including CI, HIS, 3rd and independent sectors, clinicians, etc
- Will pick up detail in terms of deliverables in the implementation section

Implementation: EIJB Priorities over the 3-year cycle – Tony Duncan + tiger team/functional leads

- Set out the sequence of changes to be implemented over the 3-year period from the core programme – this is key – benefits
- Can include necessary groundwork for the next cycle
- What are we going to do over what time period?
- Linkages to the sustainability work (TBC) – Hannah Cairns and Philip Glennie
- Working with our 3rd sector and independent sector provider colleagues
- Intend to bring in service areas here with individual priorities (where are we and where are we going?):
 - Mental health – Linda Irvine Fitzpatrick and Colin Beck
 - Disabilities – Mark Grierson
 - Primary Care – David White
 - Older people and Carers – Katie McWilliam
 - Hospital and hosted services – Sheena Muir
 - Long term conditions – Amanda Fox
 - What else? From gap analysis

Communications and engagement – Lauren Howie and Tony Duncan

- EIJB comms + engagement strategy will inform this section

Finance – Tony Duncan and Moira Pringle

- Align to activity at best effort
- Identify areas for investment and disinvestment

The Market (or Market Facilitation) – Tony Duncan and Moira Pringle

- Must cover this off due to IA action and CI OPIP
- Feed from home-based care project experience and One Edinburgh concept

Commissioning Cycle – Tony Duncan + tiger team

- Description of process and timelines as applicable
- Focussed on priorities – informed by ongoing internal work
- HIS best practise documentation?
- Do we/can we prioritise contracts?
- Relationship with 3rd sector and independent provider colleagues

Managing Performance – Susan McMillen and Tony Duncan + performance team (CEC and NHSL)

- Describe performance architecture to include regular reports, trend analysis and APRs
- Set out new measurements of effectiveness (MoE) as EIJB performance measure supporting the strategic priorities

Appendices as required

Housing Improvement Statement - to be informed by Future Focused Housing project

EIJB Strategy Progress Update

Appendix 3

EIJB 27 April 2021

**ENDS, WAYS, MEANS and
Strategic Priorities**

Strategic ENDS

An integrated health and social care system which optimises partnership with the voluntary and independent sectors

An affordable, sustainable and trusted health and social care system that is fair proportionate and manages expectations

A people centred, patient first and home first approach which offers informed choice

A motivated, skilled and representative workforce with a culture of continued improvement

A bed base optimised to provide the right care, at the right time, in the right place to support care pathways and informed choice

Care supported by innovation, data and the latest technology

Strategic WAYS

Improve prevention and early intervention

Improve quality of service and experience

Manage our resources effectively and optimise capacity including the voluntary and independent sectors

Adapt services and re-design where necessary informed by operational experience, strategic direction and best use of available budget

Implement lessons from COVID

Improve health and wellbeing

Work with partners to reduce the inequality gap

Actively improve integration and adjust where needed the balance of care from acute settings to the community to include the bed base

Unity of purpose and momentum

Strategic MEANS

Page 51

National direction

Good Governance (EIJB)

Strategic Plans and Transformation

Budget setting and financial management

Workforce (strategy)

Organisational structure (review)

Infrastructure (strategy)

Data capture, analysis and performance
evaluation

Technology (strategy)

Comms and engagement and co-production

Refined EIJB Strategic Priorities

**Embedding
improvements
in prevention
and early
intervention**

**Work with
Partners to
close the
Inequality gap**

**Positively
transform the
quality of
experience of
our services**

**Manage our
resources
effectively and
optimise
capacity**

**Improve health
and wellbeing**

**Partnering to
shift the balance
of care from
acute to
community**

Edinburgh Integrated Joint Board: Upcoming Transformation Programme Reporting Milestones

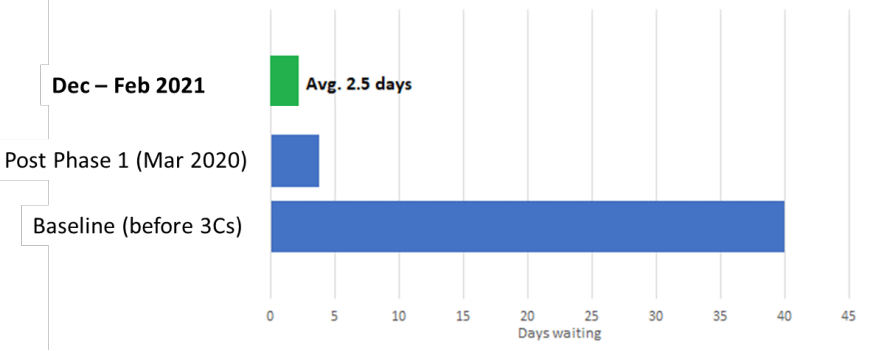
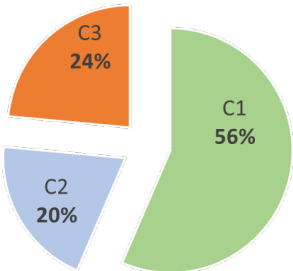
Activity / Milestone	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<i>EIJB Committee</i>	▲		▲		▲		▲		▲
<i>SPG Reporting Cycle</i>		▲			▲		▲		▲
Bed Based Care update to SPG		▲							
Bed Based Care Phase 1 Strategy to EIJB			▲						
Bed Based Care Phase 2 Strategy to EIJB							▲		
Community Mobilisation EIJB paper	▲								
Medical Day Hospital redesign EIJB paper			▲						
Home Care Scheduling Tool Business Case EIJB paper			▲						
Workforce Strategy & early Implementation Plan presented to EIJB for approval					▲				
SPG Transformation Updates		▲			▲		▲		▲




MONITORING AND MEASURING TRANSFORMATION SUCCESS

The tables below set out the current status with benefits and evaluation of the transformation programme. Transformation is a medium-term programme of change and many of the projects have lengthy timelines, delivering over a number of years. It is not yet possible to confirm benefits measures for all projects and/or report on them. The benefits work is live and iterative and will continue to be updated as projects progress. Where data is available on impact, it has been included below.

CONVERSATION 1 PROGRAMME – LISTEN AND CONNECT

3 CONVERSATIONS	
BENEFIT MEASURE	DATA/STATUS
1. Improved responsiveness evidenced by a reduction in the length of time people wait to see a worker (compared to the pre-3C's baseline of 40 days)	 <p>Dec – Feb 2021</p> <p>Post Phase 1 (Mar 2020)</p> <p>Baseline (before 3Cs)</p> <p>Avg. 2.5 days</p> <p>Days waiting</p>
2. Improved effectiveness, evidenced through increased numbers of people supported at conversation stages 1 & 2 (supported without the need for formal, long term costing services)	 <p>C3 24%</p> <p>C2 20%</p> <p>C1 56%</p> <p>Completed Conversations</p> <p>December 2020 – February 2021</p> <p>Majority of people (both new and those with existing care packages) supported at C1 and C2. Only 24% of people needed a conversation about longer term support.</p>

3. Improved effectiveness, evidenced through a reduction in the percentage of new people needing formal, long term costed support (compared to the pre 3C's baseline of 24%)	<div><div><div><div>Baseline</div><div>24%</div></div><div><div>Innovation Sites</div><div>15.6%</div></div></div></div> <div>December 2020 – February 2021</div> <div>15.6% of new people we spoke to with went on to receive long term support, compared with the previous baseline of 24%</div> <div>What % of New People get Long Term Support ?</div>																														
4. An increase in the percentage of staff working in a 3 C's way	<div>Full data across all staff groups on CEC and NHS is not yet available, and more work is needed to analyse the elements of the workforce who will fully adopt and embed the approach into how they work and those who will instead become familiar with the ethos and principles through a learning and development intervention. To give an example of distance travelled, and the approach we are taking, the table below sets out the approximate status for locality assessment and care management staff as at March 2020 (predominantly CEC staff and headcount data not FTE).</div> <table><tr><th>Locality</th><th>3C staff</th><th>Total</th><th>Current %</th><th>June prediction</th></tr><tr><td>South East</td><td>53</td><td>73</td><td>73%</td><td>TBC</td></tr><tr><td>North West</td><td>18</td><td>75</td><td>24%</td><td>TBC</td></tr><tr><td>South West</td><td>16 (CCAs to be added)</td><td>52</td><td>31%</td><td>TBC</td></tr><tr><td>North East</td><td>3</td><td>55</td><td>5%</td><td>100%</td></tr><tr><td>Total</td><td>90</td><td>255</td><td>35%</td><td>56%</td></tr></table>	Locality	3C staff	Total	Current %	June prediction	South East	53	73	73%	TBC	North West	18	75	24%	TBC	South West	16 (CCAs to be added)	52	31%	TBC	North East	3	55	5%	100%	Total	90	255	35%	56%
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South West	16 (CCAs to be added)	52	31%	TBC																											
North East	3	55	5%	100%																											
Total	90	255	35%	56%																											
5. Improved outcomes and experience for the people that we support	Data not yet available. More work needed to embed a systematic approach to collecting data from the people we work with. This will be a priority for the project team over the coming months.																														

DIGITAL/TEC/EQUIPMENT (DTE)	
BENEFIT MEASURES	DATA/STATUS
1. Changes in provision within packages of care to increase the use of DTE for self-management, monitoring and support	The benefits measures listed are currently in draft and focus on increasing the uptake of digital and TEC options and supporting people to remain independent at home. Work is now underway to review the scope of this project with an intent to merge it with the Digital for Business project in programme 4. Revised benefits will be developed and finalised following this rescoping.
2. Increasing the use of DTE to support more people to remain at home and prevent them from reaching a crisis	
3. Improved leadership and strategic oversight to deliver on EIJB responsibilities under the national Digital health and Care Strategy	
4. Increased accessibility and streamlined pathways into DTE services to reduce inequalities	
COMMUNITY FRAILITY	
BENEFIT MEASURES	DATA/STATUS
Benefits measures not yet identified.	Project recently initiated as part of Phase 2, includes two workstreams: GP Frailty and Older People’s Mental Health. Project steering groups established and work underway to agree scope and develop project plan. Benefits measures will be identified with input from programme board once scope has been finalised.
COMMUNITY MOBILISATION	
BENEFITS MEASURES	DATA/STATUS
Benefits measures not yet identified.	Initial work commenced to draft benefits. This will be further refined following the report to EIJB in April 2021 and as part of the development of implementation plans.

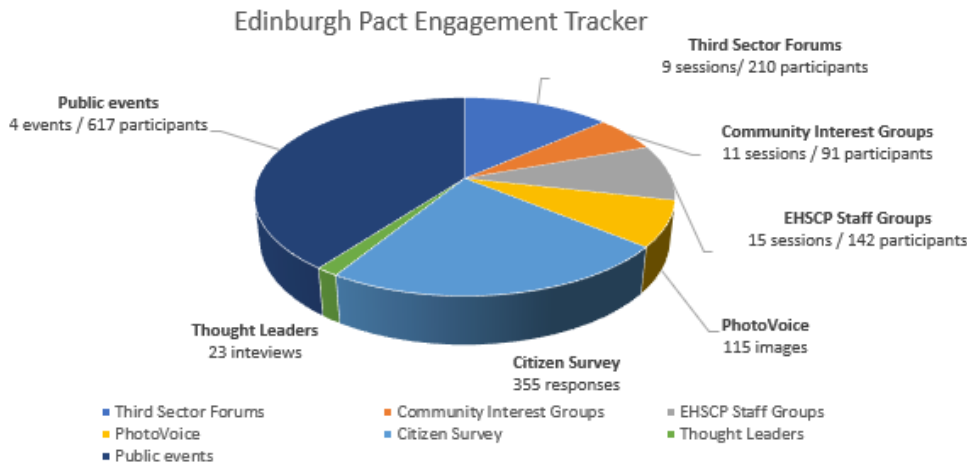
CONVERSATION 2 PROGRAMME – WORK INTENSIVELY WITH PEOPLE IN CRISIS

HOME FIRST																																																
BENEFIT MEASURE	DATA/STATUS																																															
1. A reduction in delayed discharge for people who have been through a Home First pathway	This benefit has been identified as one of the key measures to evidence the success of the approach. Sufficient data does not currently exist to identify and report on this as a sub section of overall delayed discharge data. A project workstream has been established to concentrate on data and evaluation and options for recording and reporting this going forward will be investigated as a priority.																																															
2. An increase in the number of people supported to go directly home rather than being admitted to intermediate care, as a result of intervention by the Home First team	<div><div><div>Intermediate Care admissions</div><table border="1"><caption>Intermediate Care admissions</caption><thead><tr><th>Month</th><th>Admitted</th><th>Not admitted</th></tr></thead><tbody><tr><td>Mar/Apr 20</td><td>28</td><td>52</td></tr><tr><td>May-20</td><td>30</td><td>37</td></tr><tr><td>Jun-20</td><td>32</td><td>28</td></tr><tr><td>Jul-20</td><td>29</td><td>26</td></tr><tr><td>Aug-20</td><td>25</td><td>20</td></tr><tr><td>Sep-20</td><td>37</td><td>27</td></tr><tr><td>Oct-20</td><td>38</td><td>34</td></tr><tr><td>Nov-20</td><td>43</td><td>38</td></tr><tr><td>Dec-20</td><td>20</td><td>60</td></tr></tbody></table></div><div><div>Between Mar and Dec 2020, 605 intermediate care referrals have been screened by the Home First team. 281 people were admitted. Of the 324 people not admitted, 189 (58%) were supported to go directly home.</div><table border="1"><caption>Discharge destination of those not admitted</caption><thead><tr><th>Destination</th><th>Percentage</th></tr></thead><tbody><tr><td>Home</td><td>58%</td></tr><tr><td>Care Home</td><td>12%</td></tr><tr><td>RIP</td><td>9%</td></tr><tr><td>RVB/Other hospital</td><td>9%</td></tr><tr><td>HBCCC</td><td>4%</td></tr><tr><td>Still inpatients</td><td>2%</td></tr><tr><td>Waiting list (ICF)</td><td>2%</td></tr></tbody></table></div></div>		Month	Admitted	Not admitted	Mar/Apr 20	28	52	May-20	30	37	Jun-20	32	28	Jul-20	29	26	Aug-20	25	20	Sep-20	37	27	Oct-20	38	34	Nov-20	43	38	Dec-20	20	60	Destination	Percentage	Home	58%	Care Home	12%	RIP	9%	RVB/Other hospital	9%	HBCCC	4%	Still inpatients	2%	Waiting list (ICF)	2%
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Waiting list (ICF)	2%																																															
3. An increase in 7-day activity evidenced through an increase in the number of weekend discharges and a reduction in the number of weekend delays.	Data is not yet available to report on this measure. Further work is needed to move towards improved 7-day working.																																															

4. Improved outcomes and experience for people who have been through a Home First pathway.	Data is not yet available to report on this measure. More work is needed to establish patient survey mechanisms to assess outcomes, experience and satisfaction.
MEDICAL DAY HOSPITALS	
BENEFIT MEASURES	DATA/STATUS
Benefits measures not yet identified.	A preferred option has been identified for the redesign of medical day hospitals. Consultation and engagement with affected staff is underway to further inform proposals. A report is due to be presented to the EIJB by summer 2021. Benefits measures will be developed following approval of the report and as part of implementation planning.

CONVERSATION 3 PROGRAMME – BUILD A GOOD LIFE

BED BASED CARE	
BENEFIT MEASURES	DATA/STATUS
A rationalised bed base, with a increase in hospital based services being provided within the community	The initial benefits listed are draft and still subject to change. The Bed Based Care Strategy is significant in scale and complexity and will be implemented over a period of 5-10 years. The phase 1 strategy is due to be presented to the EIJB in June 2021. Following that, phase 1 benefits will be reviewed and confirmed as part of implementation planning.
An optimised bed base evidenced through fewer vacancies across bed types	
Improved patient outcomes and experience	
Improved flow into and through bed-based services	
HOME BASED CARE	
BENEFIT MEASURES	DATA/STATUS
Better outcomes and experience for people supported	

<p>A more streamlined and effective operating model, evidenced through:</p> <ul style="list-style-type: none"> • Better scheduling leading to an increase in contact time with the service user • A reduction in time taken to match a package of care <p>Increased autonomy for providers to increase/decrease package size</p> <p>Increased provider sustainability, evidenced through a reduction in provider failure and a reduction in the number of re-provisioned care requests.</p>	<p>These draft benefits measures relate to the performance of the new care at home contract, which is due to be implemented in summer 2022. Benefits will be reviewed and confirmed before the contract goes live and appropriate monitoring arrangements established. Further benefits will be identified for the internal homecare and reablement workstream as this progresses.</p>																
THE EDINBURGH PACT																	
BENEFIT MEASURES	DATA/STATUS																
<p>An increase in engagement and participation with citizens and community organisations to inform the Pact.</p>	<p>Edinburgh Pact Engagement Tracker</p>  <table border="1"> <thead> <tr> <th>Activity</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Public events</td> <td>4 events / 617 participants</td> </tr> <tr> <td>Third Sector Forums</td> <td>9 sessions / 210 participants</td> </tr> <tr> <td>Community Interest Groups</td> <td>11 sessions / 91 participants</td> </tr> <tr> <td>EHSCP Staff Groups</td> <td>15 sessions / 142 participants</td> </tr> <tr> <td>PhotoVoice</td> <td>115 images</td> </tr> <tr> <td>Citizen Survey</td> <td>355 responses</td> </tr> <tr> <td>Thought Leaders</td> <td>23 interviews</td> </tr> </tbody> </table>	Activity	Count	Public events	4 events / 617 participants	Third Sector Forums	9 sessions / 210 participants	Community Interest Groups	11 sessions / 91 participants	EHSCP Staff Groups	15 sessions / 142 participants	PhotoVoice	115 images	Citizen Survey	355 responses	Thought Leaders	23 interviews
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TRANSITIONS	
Benefits measures not yet identified.	This project is in the early stages of scoping. It is too soon to identify relevant benefits measures. This will be taken forward as the project progresses.

PROGRAMME 4 – CROSS-CUTTING ENABLERS

WORKFORCE AND CULTURAL DEVELOPMENT	
BENEFIT MEASURES	DATA/STATUS
Benefits measures not yet identified.	The workforce strategy, 'Working Together', is in development. Engagement is planned with staff over the coming months, ahead of the strategy being presented to the EIJB in August 2021. Benefits will be developed as part of implementation planning and are likely to focus on areas such as: staff wellbeing, sickness absence, recruitment and retention and leadership and development opportunities.
DIGITAL STRATEGY FOR BUSINESS	
BENEFIT MEASURES	DATA/STATUS
Benefits measures not yet identified.	Early scoping work has taken place but this project has not yet formally commenced. Work is currently underway to review the scope of this project with the intention to merge it with the digital/TEC/equipment project in programme 1. Benefits will be confirmed once scope and plan have been confirmed and are likely to focus on ensuring the workforce have the right tools for the job and that systems are effective and better integrated.
FUTURE FOCUSED INFRASTRUCTURE	
BENEFIT MEASURES	DATA/STATUS
Benefits measures not yet identified.	Early scoping work has taken place but this project has not yet formally commenced. Benefits measures will be developed once scope and plan are clear.

REPORT

The Edinburgh Pact: Formulation to Enactment

Edinburgh Integration Joint Board

27 April 2020

Executive Summary

1. The purpose of this report is to provide a summary of the creation and formulation of the Edinburgh Health and Social Care Pact detailing the extensive engagement and participation undertaken to date.
2. A series of Edinburgh Wellbeing Pact enactment activities have commenced informed by the themes which emerged from the formulation.
3. A three-year community mobilisation plan will support the delivery of a radical transformational agenda leading to the embedding of community commissioning as a key vehicle for delivery.

Recommendations

It is recommended that the EIJB:

1. Recognise the extensive dialogue that took place from June 2020 to March 2021 with citizens, communities of interest, public, third and private sector staff and city leaders to co-create the Edinburgh Health and Social Care Pact.
2. Support the formulation of the Pact framed on Wellbeing, in line with current policy and anticipating future policy direction
3. Welcome the continuing and planned dialogue session with citizens and staff.
4. Agree to the enactment of a three-year community mobilisation plan which sets out clear milestones which reflect the themes and policy drivers identified through the dialogical process
5. Support the extension of the EIJB Grant Programme 2019-22 programme for a further year to 31.03.23



	recognising the need for a degree of stability as the 3 rd sector recovers from the pandemic and engages in the community mobilisation programme
	6. Agree that the initial tranche of £1m new investment will be focused on creating a strong infrastructure to support community mobilisation and delivery in line with the evidence base
	7. Endorse the establishment of the Edinburgh Wellbeing Research into Action Community of Practice

Directions

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

Report Circulation

1. This report has not been presented elsewhere.

Main Report

Strategic Context

2. The commitment to create an Edinburgh offer was one of the key elements of the *Edinburgh Health and Social Care Partnership Strategic Plan 2019-2022*. The plan stated that the Edinburgh Offer would aim to reflect a modern pact between providers and citizens to prevent crisis and support people to manage their health and personal independence at home and be an explicit statement of intent and mutual expectations, with greater definition on the kind of contract the EIJB wished to have with our citizens.
3. Transparency and realism would underpin the development of the offer which would be developed in a collaborative and integrated way, working with the strengths of our citizens and communities to make sure that age, disability, or health conditions are not barriers to living a safe and thriving life in Edinburgh.
4. In March 2020 the delivery structure for the Transformation programme was established with the Edinburgh Pact reporting to Programme Board 3 led by Dr Linda Irvine Fitzpatrick as SRO.

5. In November 2020 due to the identification of Community Mobilisation as a key theme from the formulation work it was agreed that the Community Investment programme would form part of the enactment streams of the Pact. Governance would remain with Programme Board 1 and Dr Linda Irvine Fitzpatrick was confirmed as SRO.

The creation of the Edinburgh Pact

6. In May 2020 the SRO undertook a literature review to explore what approaches had been undertaken by other integrated authorities and councils to redefine relationships and service provision with citizens. This included the inspirational work undertaken by Wigan, Preston and East Ayrshire Councils.
7. The creation of the Pact was embarked upon during the coronavirus pandemic which was posing unprecedented challenges to science, policy and the interface between the two. The World Health Organisation recognised that how – and how quickly – policymakers, practitioners and researchers reacted to this emerging and complex crisis was making a profound difference to people’s lives and livelihoods (WHO, 2020). The Scottish Government have recognised as part of an initiated national conversation that the impact on Scotland has been profound. (Scottish Government, 2020; van Bavel et al, 2020; Ramalingam et al 2020). Internationally a debate has started on whether the adverse health effects of a recession may be greater than the increased morbidity and mortality within the pandemic itself. (Banks et al 2020) and that the health impacts brought about by greater inequalities may themselves be significant over years to come.
8. In Edinburgh, citizens, the voluntary sector, public services, academic institutions and the private sector were collaborating and mobilising to support one another and ensure that those already pushed to the brink and who would be most affected by this were and received the help they needed. The Scottish Government (2020) recognized that the pandemic was a unique opportunity to harness the kindness and compassion that citizens have shown and in Edinburgh with its well established vibrant 3rd sector we seemed to be experiencing a flourishing of relational kindness (Carnegie Trust) and radical kindness which require connection across difference and a recognition that some people’s needs are greater because of structural disadvantage. (Brownlie and Anderson, 2018)
9. Radical kindness requires a difference in the ways in which things are run and managed, challenging long established norms and having the potential to be highly disruptive (Unwin, 2018). It is something that acknowledges the vulnerabilities and complexities of relationships, and allows deep, meaningful connection between individuals. It can be found in communities, in place where people take more risks to connect than might be considered normal, and where kindness and relationships create a sense of belonging (Ferguson, 2017). It

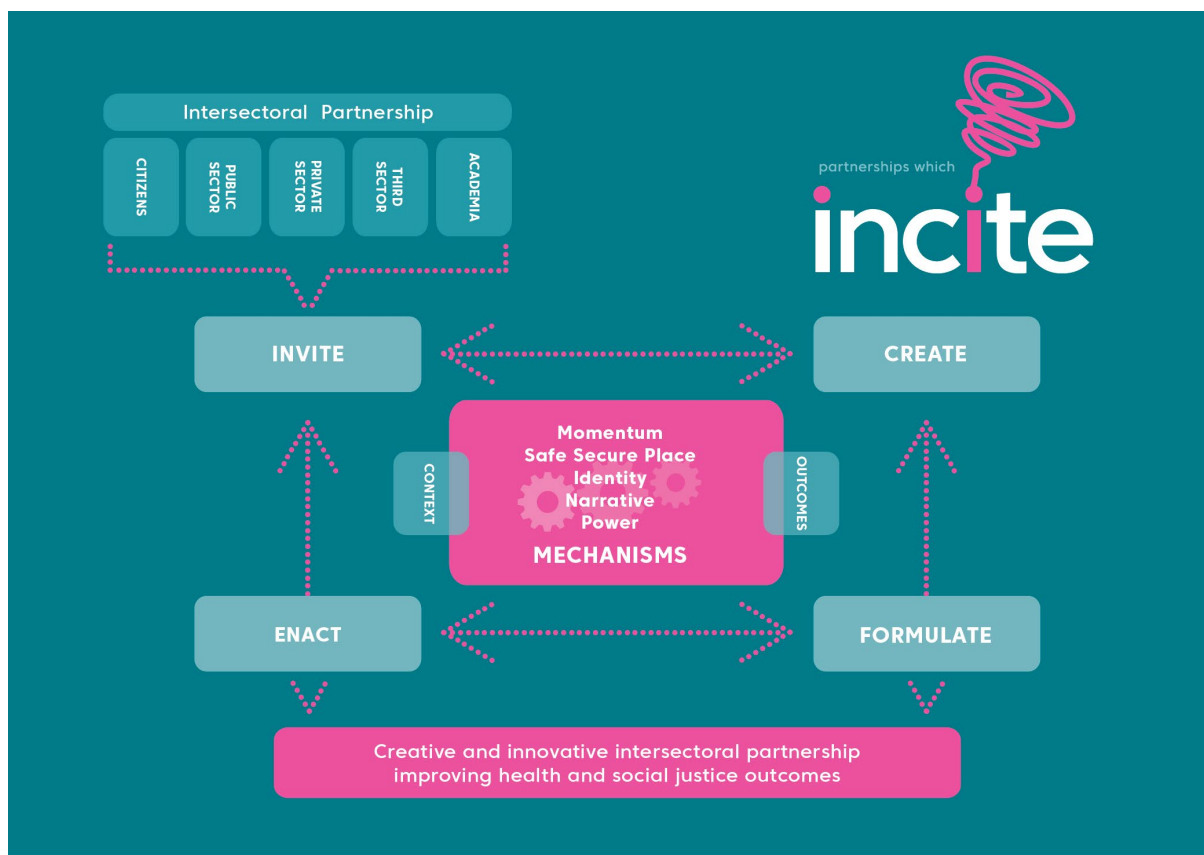
can also be found in organisations with people performing at the limits of, beyond their autonomy, in many case ignoring guidelines or breaking rules to the do the right thing, the kind thing. (Ferguson and Thurman, 2019).

10. This was the context in which we invited people to formulate the Pact.

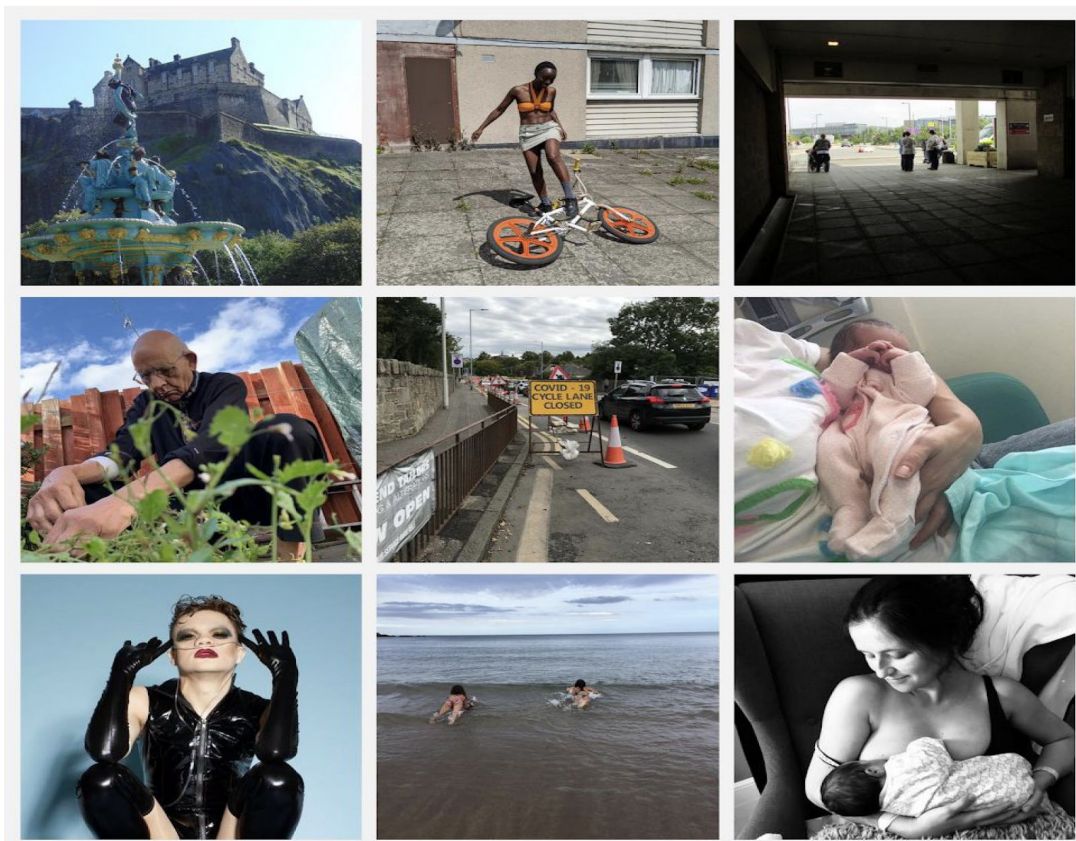
Formulation of the Pact

11. Using an intersectoral framework - Incite – in June 2020 a deliberate and deliberative dialogue with citizens, staff from the Partnership, staff from partner agencies, communities of interest, community planning partners and interested stakeholders commenced. The Incite framework identifies the mechanisms for change (narrative, momentum, identity, safe and secure spaces and power) and the different spaces – invite, create, formulate and enactment that need to be created to enable intersectoral working and partnerships to develop and flourish.

The model can be used to guide the development of partnerships across sectors to improve outcomes for people and provides a response to the identified gap of how to identify the mechanisms that enable intersectoral partnerships to thrive.



12. Commencing in June 2020 a number of formulation activities commenced. Due to social distancing regulations all took place online. All began with two questions – What does health mean to you and What does care mean to you? Between June and September 2020, the following activities took place:
- 23 in depth interviews with city leaders from the 3rd sector, public sector, elected members, Board members, academia and private sector
 - 12 Focus groups with 84 frontline staff and practitioners
 - Public survey - through our HSC Website with 356 responses
 - 11 Community of Interest groups with 91 participants including BAME communities, faith groups, and people with specific health conditions
 - 8 Voluntary sector forum meetings with 191 participants
13. “Picturing Health” was commissioned with partner agency Media Education. This activity used Photovoice methodology to invite people to take photographs of what health and care meant to them. 115 images were submitted, creating a rich tapestry of images and these were exhibited at Waverley Station with a view to provoking further conversations and interest in developing the Edinburgh Pact.



Picturing Health images (September 2020)

14. All the content and imagery was analysed, there was great consistency across the different conversations, and it was not difficult to identify six clear themes from the wealth of material gathered.

Six Themes

Theme	Shared Purpose	Relationships	Agility
Sub themes\	Shared Values Citizenship Duality citizen/employee Participative democracy People taking ownership Suspending cynicism Visible change Risk adverse to risk sharing and safety planning	Trust Empathy Permission Curious Solution focus Inclusiveness Shifting power Caring for one another	Enabling Reducing bureaucracy Autonomy Digital Flexibility of workforce Being all I can be Not returning to normal Task shifting Systemic change
	Radical Transformation	Community Mobilisation	Measuring and evidencing change
	Big Ideas and policy drivers including: Wellbeing economy Trust based commissioning 15 minute city; 20 minute neighbourhood Preston Wigan Circular Economy Community Anchor Organisations Urban Commons Move away from “othering”	Sustainable resourcing for preventative work From demand led to needs led Place making Self-directed support Local democracy Shared decision making Celebrating diversity and difference	Attitude Chang Wellbeing Citizenship Quality of life Don't just measure what we can count Importance of people's stories and turning points and the collective impact of that Need to have baseline data Importance of partnering with academia in creative ways

15. **Shared Purpose** - the importance of having a shared purpose, of understanding we are trying to achieve together and focus our collective resource, energy and commitment to achieving was a key theme identified.



“It’s keeping those conversations going conversations going and it’s, like, having that common goal, I suppose, of what is it collectively we’re all trying to do. To me, we’re trying to lift people up and create more equality across all of that...”. (Participant 6)

- 16. Relationships** - People talked of being inquiring, of being curious of having shared humanity, of being compassionate with one another, rethinking what’s important in terms of their own relationships with family, friends and with work. People talked of dual roles – of being a staff member and a citizen, of being cared for and giving care.

“We were having pragmatic conversations with people and families about what was realistic, which entirely comes into this conversation about the Pact, and it was that honesty and that openness and our ability to do that quickly and to get rid of the bureaucracy that enabled somebody to say, do you know what, we’re not going to be able to do that for your family member, but we can do this. (Participant 9)

- 17. Community Mobilisation** - Communities are our standing point and these may be geographical or communities of interest. Real deep engagement with community will unlock potential and harness energy . There was a focus on how we use the assets of our communities to make sure that people have more good days and they do more of the things they want to do and of how we can build on all we have learnt. People talked of how Covid 19 shone a light on the deepening inequalities and inequities in our communities and in our city. People questioned where does power sit, and how do we shift power using such policy drivers as community wealth building, 20 minute neighbourhoods, community anchor organisations to realise and unlock maximum benefit for those that need it most

“So what can we do to make sure that they, you know, they have more good days, and they do more of the things that they want to do and enjoy the things that they enjoy. What is it that we can do to make sure that happens”? (Participant 8)

- 18. Agility** - People talked about how the pandemic had freed people from complicated, complex and bureaucratic processes and tangles. Changes which would have taken months or years suddenly just happened supported by a burgeoning of digital solutions. Staff felt empowered and trusted, there was greater autonomy and a lessening of traditional hierarchical structures . Adaptive leadership flourished and people built new relationships quickly , from necessity which reaped great achievements.

“So what can we do to make sure that they, you know, they have more good days, and they do more of the things that they want to do and enjoy the things

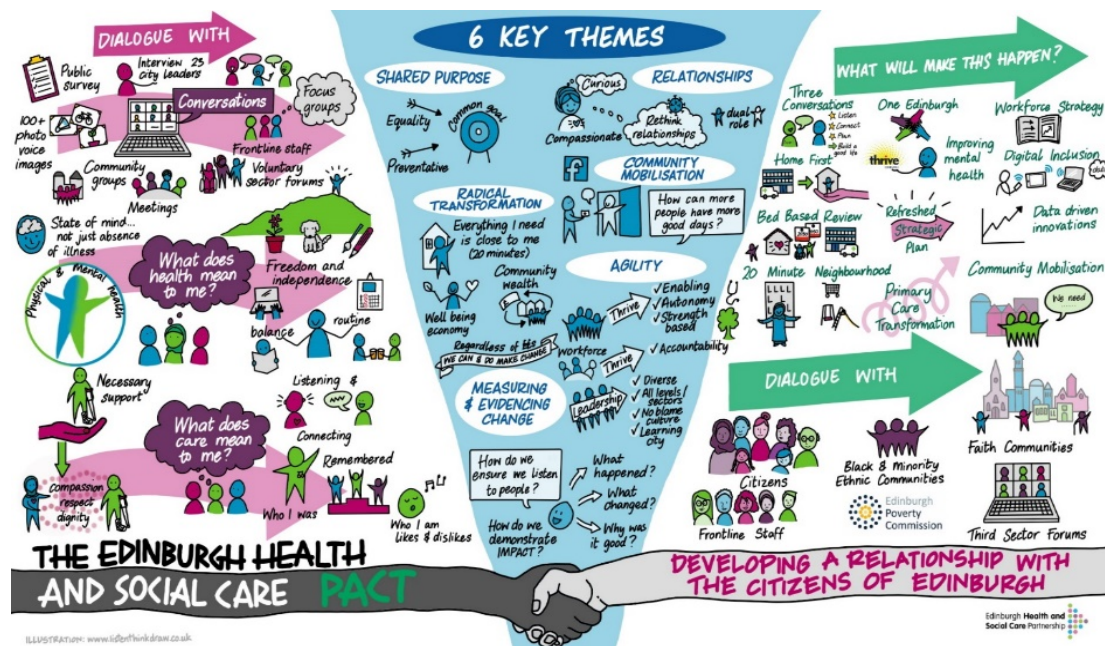
that they enjoy. What is it that we can do to make sure that happens". (Participant 13)

19. **Radical Transformation** - people recognised that there was an ambitions transformation programme supported by the integrated Joint Board and there was real appetite for going further. There were discussions of how we collectively realise ambition and policy intent, support creativity and positive risk taking that we have seen in the last few months. Of how we can go further, and challenge deeply held perceptions and suspicions we may harbour which impeded progress to delivering on a shared vision.

"How do you bring people together to make something happen, how do you create possibilities out of nothing, rather than we haven't...it's going to get worse, we haven't got the money, it's going to get worse. That message is ultimately sucking lives out of everything". (Participant 5)

20. **Measuring and Evidencing Change** - The absolute necessity of demonstrating impact and change, of not measuring only that which we can count was a strong feature of this theme. People talked passionately of how stories, narratives, the turning points, that people tell, listen and respond to need to be embedded into our evaluation frameworks.

"So, we have to stop asking politicians to account for how many, how big and how much and start accounting for what happened, what changed, and why was it good?"
Participant 6





The Edinburgh Wellbeing Pact

21. The themed analysis led to the Pact being framed and constructed around Wellbeing - our shared purpose being to achieve and maximise the wellbeing of all our citizens.

Why Wellbeing

22. People talked about health as being more than the absence of illness but rather a state of mind you are conscious of; they spoke about being healthy as having the freedom and independence to do what you want to do, live how you want to live.
23. People spoke of the importance of balance and in their life, of having regular routines and people spoke holistically about their physical and mental health rather than separating these two aspects of health.
24. People talked about how it was essential that any care needs to be delivered with compassion, respect and dignity and the importance of being remembered and heard as a person not just set of symptoms or tasks but someone with likes and dislikes and an identity other than being one being cared for.
25. There was the recognition that we can't experience wellbeing if we are powerless, dependent and unable to contribute, wellbeing is something we experience mainly through our relationships with other people. Isolation and loneliness are the biggest threats to wellbeing and although our relationship with people paid to support us is important but much more important is our relationship with our family, friends and neighbours. Our wellbeing-based system needs to interact constructively with households, families and communities as well as with individuals.

"...it has to be the fundamental underlying conditions that change, not the short-term conditions. And it could be that the most fundamental one is about inequality, poverty, and you know, having work and fulfilling potential, having a productive life, something that actually gets you out of bed in the morning to go and do. That isn't going to the betting shop or scoring a tenner bag."
(Participant 1)

26. The Wellbeing Pact is built on twin principles of reciprocity and mutuality. Focusing on wellbeing means we won't wait for crisis or emergencies, instead, we will act early, consistently build resilience and connections, focusing on what's important to people, what skills and attributes they have, the role of their family, friends and communities and, given all this, what they need to enable them to live as well as possible
27. A well-being system cannot be achieved without reorienting existing fragmented models of care towards one that rests on a strong primary health

care foundation with an integrated community care component and underpinned by the principle of people coproducing health. It requires investment in holistic and comprehensive care, including health promotion and prevention strategies that support people's health and well-being. It further requires effective referral systems, flexible and multidisciplinary provider networks, and participatory monitoring and evaluation strategies. All of which we see in the themes identified from the extensive dialogue.

28. The themes identified resonate with the of work Wiseman and Brasher who described community wellbeing as the *combination* of social, economic, environmental, cultural, and political conditions identified by individuals and their communities as essential for them to flourish and fulfil their potential. (2008)

The Invite

29. The Wellbeing Pact, built on the twin principles of reciprocity and mutuality, has been framed as set of invites in which the IJB invites different stakeholders to participate in the Pact's enactment,
30. The initial framing and set of invites were presented to a number of stakeholder events and governance groups as set out below:

Edinburgh Pact governance	Date
Introduce Edinburgh Pact at IJB Public Event	17th November 2020
Introduce Edinburgh Pact at IJB Development Session	12th January 2021
Transformation Programme Board 3	9th February 2021
Futures Committee	10th February 2021
Transformation Programme 3 Board	8th March 2021
Transformation Programme 1 Board	11th March 2021
Strategic Planning Committee	17th March 2021
Transformation Programme 2 Board	8th April 2021

31. These invites were introduced as examples of how the Pact moves from formulation to enactment.

The Edinburgh Wellbeing Pact	
The Integrated Joint Board will invite citizens to IJB invite to citizens to:	
<ul style="list-style-type: none"> • Get involved in your local communities; volunteer; be a good neighbour; get to know the place you live • Try and quit smoking. Drink and eat sensibly and encourage your children to do the same • Support older relatives, friends and neighbours to be independent for as long as possible • Keep active at whatever stage of life • Register with a GP make sure you attend screening programmes– this will help you have more control of your own health and wellbeing • Take time to be supportive parents or guardians 	
The Integrated Joint Board will invite Health and Social Care Staff to:	
<ul style="list-style-type: none"> • Have conversations with citizens to better understand what is important to them in their lives and • Consider how you can support people to live the best life they can, rather than fitting them into an inflexible range of traditional and expensive services, • Develop and embrace new ways of working which are responsive to people's needs. 	
The IJB will invite community planning partners to:	
<ul style="list-style-type: none"> • Support people to live well, helping those who are unemployed into work or training and helping them benefit from the city's vibrant economy, • Ensure there are a wide range of facilities within local communities including parks, open spaces, leisure, safe cycling routes, good quality housing which support our wellness • Keep city safe, protecting our most vulnerable and helping those experiencing adverse life events. 	

32. This framing was supported by the governance groups with members recognising the importance of using language to engender ownership and engagement rather than to disconnect and alienate.
33. Realisation of the Pact, which is in essence is fundamentally a different way of conceptualising health and social care, cannot be achieved without reorienting existing fragmented models of care towards one that rests on a strong primary health care foundation with an integrated community care component and underpinned by the principle of people coproducing health.

34. This requires investment in holistic and comprehensive care, including health promotion and prevention strategies that support people's health and well-being, it requires effective referral systems, flexible and multidisciplinary provider networks, and participatory monitoring and evaluation strategies.
35. Through the delivery of the Strategic Plan there are number of enabling programmes and policies which will support the enactment of the Pact and further refine the reciprocal asks. These enablers are many and include Three Conversations, Thrive Edinburgh, Home First and self-directed support. The developing digital inclusion and workforce strategies present further opportunities to refine the invites,
36. The next stage of formulation (April to June 2021) will focus on frontline staff exploring further the themes of relationships and agility and how the Pact can support relational based care to be the norm with an empowered workforce who are supported in their decision-making by senior leadership.
37. **Enactment**
Following presentations of the developing Edinburgh Pact to Transformation Programme Boards and the Strategic Planning Committee, (September to October 2020) the Transformation Portfolio Board agreed that the ambitions around the community reinvestment work strand would be more appropriately aligned with the enactment activities of the Edinburgh Pact.
38. From October 2020 onward a number of enactment activities under the community mobilisation theme had already began recognising that the process of making the road will become clearer once we have committed to walking the road. (Horton and Freire, 1990). This has not been a linear process rather a process informed by recognising that formulation continues to happen when we begin to enact activities.
39. In partnership with the University of Edinburgh a new Edinburgh Pact Enactment project was successful with a funding application to the Data Driven Innovation Programme. The project is about connecting people with the support that they need through the use of citizen data science to manage their own health and wellbeing. It will also help to define the collection of key datasets within community services for linkage with statutory health and social care data within DataLoch. The two work streams are:

Communities in Motion

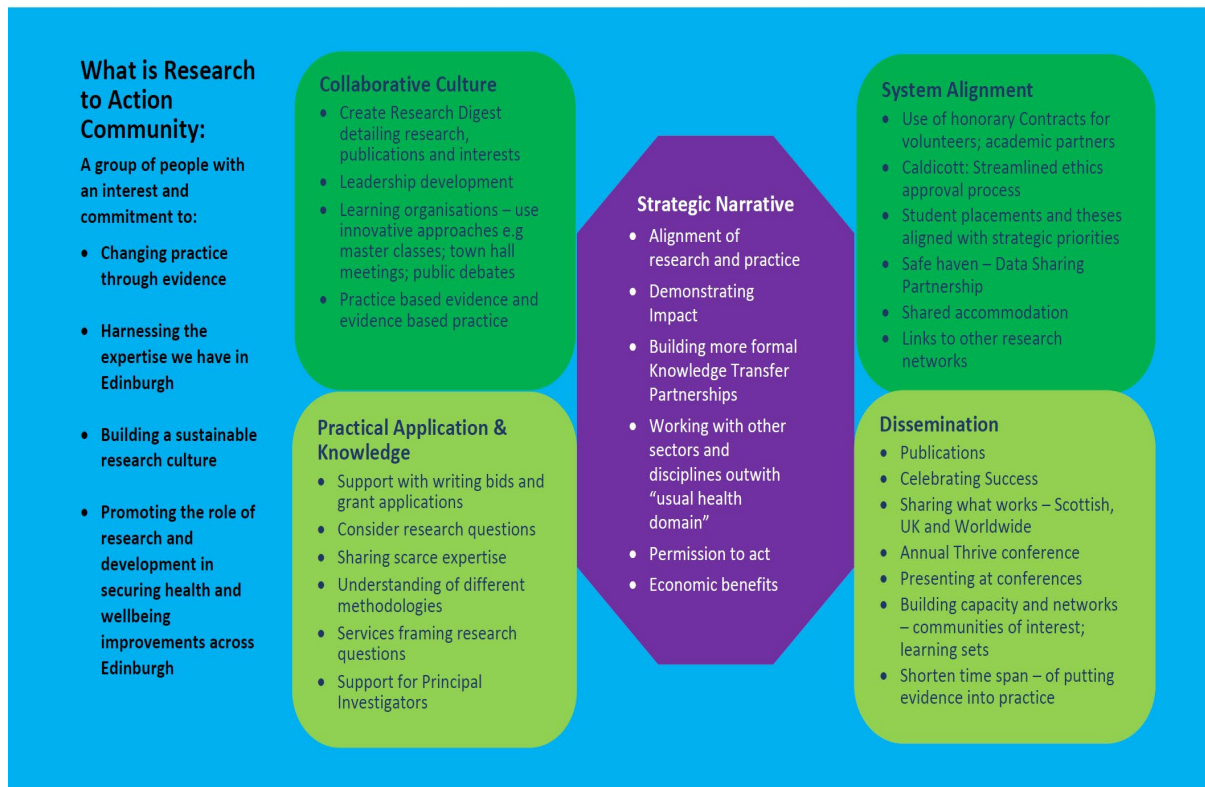
40. Work is underway with 8 of the third sector providers from the Thrive Collective who have recently been awarded five-year EHSCP contracts to deliver to a fresh public health and wellbeing approach to urban mental health across Edinburgh. This project will, in the short term, agree minimum data sets to be

extracted for linkage with wider data within DataLoch and inform service specifications for future commissioning. The medium term aim would to include this data definition with providers of other service such as learning disability and, longer term, for all commissioned community services.

Active Citizenship

41. In partnership with a third sector organization, this work stream would build on their preliminary work to develop a system to capture individual's data from a range of sources focused on a concept of wellness. The short-term output will be the creation of a prototype interactive dashboard for certain neurological conditions supported by data capture interfaces from digital devices (e.g. wearables), validated diagnostic measurement devices and self-reported protocols.
42. This prototype will be taken forward by the partner third sector organization to inform shared decision making in agreed interventions. The continuous feedback loop between an individuals' personal profiles, the evidence base of efficacy and the available and chosen resources will further identify trends and triggers that impact the overall wellness of individuals. It may also identify unmet needs and opportunities to develop innovative data driven tools.
43. The key activities within both streams include:
 - Workshops to develop user stories.
 - Co-creation of tools and prototypes with end users.
 - Technical design and build through understanding user requirements.
 - Evaluation of project impact, integrating feedback from the users
 - Dissemination combining community led and peer review through events, publications and webinars.
44. It is anticipated that this project will contribute to the policy development for forward sustainability. The work in defining core community datasets in partnership with DataLoch will also form the foundation for linkage across wider health and social care data leading in increased potential for service insights and iterations.
45. This academic and practice partnership has confirmed that there is so much to be gained by establishing a formal academic and practice community of partnership with universities and colleges. This new endeavour would seek to build academic partnerships to accelerate the Partnership's strategic priorities. Dr Irvine Fitzpatrick has pioneered knowledge transfer partnerships in the field of mental health for over a decade resulting in £9m of additional income through grants and awards. The **Edinburgh Wellbeing Research into Action Community of Practice** would seek to generate income through grant awards, collaborating with citizens, practitioners and academics using a wide

range of methodological approaches reflecting the ambitions which the Pact seeks to achieve.



Enactment of Community Mobilisation

46. The enactment of Community Mobilisation informed by the radical Transformation theme, has accelerated since December 2020. A key driver of this work has been to mobilise communities from (dis)engagement to participation. To transform that desire for influence in principle into a willingness to participate in practice there needed to be recognition that this will only happen if public services are willing to transfer power and funds to the citizens and communities with whom they seek to collaborate. When people feel they have the tools and the resources to deliver change they make the effort to do so and if public services want people to share responsibility for their future and their community, then public services will need to genuinely share power.
47. The aspirations to develop and implement a three year community mobilisation plan has been shared at a number of stakeholder meetings and planning events between January and March 2021. In addition to the meetings set out in Table 1, two large stakeholder workshops “The Art of the Possible” and “Anchoring Our Thinking” Workshops were also held.
48. On 27 January “**The Art of the Possible**” stakeholder event took place online. This was set up to enable deeper conversations around a number of the radical



ideas about community wealth building, 20-minute neighbourhoods and community anchor organisations. “Talking Points” summaries on these ideas were circulated in advance to the 200 participants who registered to attend. An introduction by Angus McCann was followed by a presentation from Linda Irvine Fitzpatrick setting out the themes from the extensive formulation activities to date which informed the outlining of a three year community mobilisation plan. Ian Brooke, Deputy Chief Executive, EVOC presented on radical transformation emphasising the policy consensus around a shift to a community paradigm shifts. The community paradigm describes a transfer of power from the public service institution to the community as its key goal. This transfer of power is vital as a way of mobilising communities in the cause of prevention and to ensure future sustainability. He highlighted that several organisations, local and national, are all advocating similar themes are addressed with a particular focus on addressing health inequalities and the recognition of poverty in strategic initiatives. There was an opportunity for people to share their thoughts in the plenary, breakout sessions and through the online chat function.

49. There was support on the breadth and depth of ambition set out, the holistic approach and links to anti-poverty and social justice agendas and with the intent for the public sector to genuinely and meaningfully share power with the 3rd sector/ community organisations. There was also recognition that we collectively need to effectively embrace the local, the messy and concentrate on investing directly in communities and that equality and inclusion are vital at the heart of everything; from inclusion of all community groups to engage in new ways of working, recognition that each community has different needs and some people will need additional support due to lack of confidence, tools and resources or language barriers.
50. Exploring the concept of a 20 Minute neighbourhood, which was rapidly gaining further policy traction as social distancing and lock down restrictions continued, was felt to be a priority area to explore with people from a local neighbourhood. Working with the People Powered Results Team from Nesta, people living and working in Leith were invited to join an online conversation (held on 2 and 4 March 2021) exploring what it has been like living and / or working in a neighbourhood during the last 11 months. Participants were invited to consider:
 - What they have valued about living and working locally over the last year,
 - What they have found more challenging
 - What they see as important for Leith in the future to enable them to live better, healthier lives in their local area
51. A detailed report from this was produced. Key points included participants highlighting how communities have been mobilised, the sense of unity between community, statutory organisations and business, alongside community

organisations with strong local roots which helped mobilise volunteers, establish new partnerships and make the most of local assets. The more challenging experiences which people described included groups being left behind due to digital exclusion and that inequalities already present in the area had widened over the last year.

52. It is planned that further neighbour conversations, “The Summer Season” - partnering with local community groups and organisations will take place between May and August 2021. These will make use of different spaces and places neighbourhoods adhering to social distancing regulations. The intention is to try and reach people who may not engage in more formal workshop settings
53. Building on the conversations from the Art of the Possible event, a further stakeholder event was held on 24 March in partnership with EVOC focusing on what people wanted community anchor organisations to be and importantly what they didn’t want them to be. This event signalled the beginning of the coproduction of community anchor organisations in Edinburgh. 140 people participated, 42% of attendees had attended The Art of the Possible. Workshop with the majority (58%) of people attending as a new participant
54. The breakout sessions offered a richness of views and there was a broad consensus across most groups. The principle that community anchor organisations should not monopolise or take advantage of any community, rather take a gatekeeper or facilitator role between networks and organisations was generally agreed by most participants. There was also consensus that it was unlikely that one organisation would be able to meet the needs of a community, whether a geographical or community of interest, and most likely community anchors would be a collection of smaller organisations.
55. Participants felt that there would be merit in adopting a blended and collaborative model across all sectors which would allow strong partnership relationships to be formed. The strength of relationships between communities was referenced by many participants as at the heart to succeed with this type of model and should form part of any evaluation framework. The importance of long-term commitment of direction, both in terms of funding and resources from the public sector would enable stronger united focus on inequalities, prevention/early intervention agenda and enable community partners to plan, undertake new initiatives and create capacity. There were also references made to sharing intelligence and insights more effectively and the importance of anchor organisations to be able to adapt and work with autonomy. in a more agile and responsive way
56. There is a compelling case for person- and community-centred approaches to health and wellbeing. The drive for services to do more to empower individuals and communities is growing. This is coupled with the increasing body of



evidence from research and practice that these approaches can improve outcomes. We see the significant potential for person- and community-centred approaches to improve outcomes for individuals and communities, as well as to ensure more effective allocation of limited public finances.

57. There is robust evidence from research and practice to demonstrate the benefits of person- and community centred approaches, across three dimensions of value:
 - **Mental and physical health and wellbeing:** Person- and community-centred approaches have been shown to increase people's self-efficacy and confidence to manage their health and care, improve health outcomes and experience, to reduce social isolation and loneliness, and build community capacity and resilience, among other outcomes.
 - **Health and Social Care Service sustainability:** These approaches can impact how people use health and care services and can lead to reduced demand on services, particularly emergency admissions and A&E visits.
 - **Wider social outcomes:** Person and community-centred approaches can lead to a wide range of social outcomes, from improving employment prospects and school attendance to increasing volunteering. They also can potentially contribute to reducing health inequalities for individuals and communities.
58. Person centered and community approaches add value across three domains:
 - Enable people to look after themselves better, including understanding their condition, managing their symptoms and improving their diet, and education tailored to particular conditions.
 - Enable people to have meaningful relationships that help them improve their health and wellbeing through, for example, peer support networks and community groups.
 - Enable people to work collaboratively with professionals, such as collaborative consultations and health coaching
59. Across Edinburgh there are numerous examples of all of the above. Some have been directly commissioned by the Partnership, others have grown organically response to communities' needs. Others are funded by other public sector bodies and many have secured funding from a wide range of sources and many of course draw their funding from a combination of sources. It is a complex and changing landscape.
60. Work has commenced to map the totality of investment in 3rd sector and community organisations by the Health and Social Care Partnership, detailing funding stream, value, duration and source. This composite financial overview matched with the key performance and outcome data from funded services will inform the community mobilisation plan and future allocation of resources

through community commissioning. It is also important to note the recently announced additional funding for substance use and mental health – any allocations agreed to 3rd sector will be included in this overview.

61. The Community Mobilisation Plan has a number of key milestones whilst recognising that as we continue with an active engagement and participation programme more actions may be identified so the plan and milestones are by necessity an active and iterative entity. However, it has been possible to identify a critical path which is set out in the tables below detailing key milestones and timeline.

62. **Community Mobilisation Plan 2021- 24 Key Milestones**

Milestones 2021-22	A	M	J	J	A	S	O	N	D	J	F	M
Financial overview completed												
Transition funding process agreed												
Performance summary completed												
Commence transition funding allocations												
Health and Social Care Grant Extensions Confirmed												
Frontline Staff Engagement												
Summer Season Conversation												
IIA and Review												
Data Driven Innovations												
Establishment of Research to Action Community												
Codesign of community anchors												
IIA and Review												
Commissioning process for Community Anchor organisations agreed												
Commissioning process completed												



Key Milestones 2022-23	A	M	J	J	A	S	O	N	D	J	F	M
2 nd tranche of transition funding allocation process commences												
IIA and Review												
Community Anchor Organisations in place												
Specifications for community services agreed												
Evaluation framework agreed												
Research into Action Grants – new grants secured												
Community Commissioning process led by Community Anchor organisations												
IIA and Review												
Community Commissioning allocations agreed												

Key Milestones 2023-24	A	M	J	J	A	S	O	N	D	J	F	M
Community Commissioned Services operating												
Community Commissioned Services 1 st review												
Research into Action Grants – new grants secured												
6 Month review of community commissioned services produced												
IIA and Review												

Implications for EIJB

Financial

63. As detailed in paragraph 63 the completion of a composite financial overview of all 3rd sector commissioned services is an early milestone in the Community Mobilisation Plan.
64. In December 2018 the EIJB supported the Health and Social Care Grant Programme which awarded 66 grants with a total value of £14.090 million over a three year period. These grants are due to end on 31 March 2022.
65. The EIJB is also funding 8 innovation projects across the city from the EIJB Grant Programme 2019-22. However, due to Covid 19, progress with these projects has been limited, with several areas of activity on hold. It is recommended that the innovation programme continues for a further year which would enable the innovation programme to be completed and an evaluation of impact assessed.
66. It is recommended that the EIJB Grant Programme is extended for a further year to 31 March 2023, maximum value of £4,972,319. This extension will enable organisations to remobilise and reset as we come out of the pandemic and recognise the toll that organisations have experienced during the last 12 months. This security of a further year's funding will also help to support organisations engaging in the community mobilisation cocreation and coproduction process. This will also enable the innovation programme to complete.
67. In financial year 2021-22 £1m funding has been earmarked to support the transition from our current state to where we want to be in March 2024. From the formulation and enactment work to date there are:
 - A number of services and initiatives who are contributing greatly to the delivering the type of approaches set out in paragraphs 60 – 61 whose funding is precarious
 - Communities of interest where the impact of Covid has been particularly damaging
 - Smaller organisations often working with said communities of interest have limited capacity to engage in Edinburgh Pact formulation activities
 - Citizens that we haven't managed to reach, and we need to use different and creative approaches to ensure more voices are heard
68. It is proposed that that the £1m transition funding is used to meet the gaps identified above. Working with procurement colleagues a proportionate process will be put in place to enact and allocate this funding. This will be in place by May with funding allocated from June onwards. This is subject to achieving a balanced financial plan for 2021-22.

Legal / risk implications

69. The SRO and Project Team have engaged with Procurement colleagues who have been active participants in the engagement and participations activities to date. We will continue to work with our Procurement colleagues recognising that a change to community commissioning will change how procurement works. As cited in the Review of Adult Social Care (Scottish Government , 2021) there are alternative models of commissioning and procurement, including Public Social Partnerships and Alliancing which have been used successfully.
70. A risk register and with mitigation strategies will be developed and will form part on ongoing governance reporting to the Transformation Programme Boards.

Equality and integrated impact assessment

71. An Integrated Impact Assessment (IIA) was conducted following Phase 1 of Edinburgh Pact engagement activities in October 2020. This assessment enabled an objective review of the engagement approach adopted and to identify any gaps to be rectified in future engagement cycles. The outcome of the IIA indicated there were several groups with specific protected characteristics who were either under-represented in participation levels or there was insufficient engagement in advance to promote equal opportunities.
72. Subsequently, 80 organisations were contacted based on the outcome of the IIA to engage with and hear views from those who run them and those they represent. During Phase 2 engagement, 7 organisations took part in focus groups or sharing views through a written survey. Despite the relatively low uptake, many organisations in this group have since joined the wider movement and public events for Community Mobilisation - *The Art of the Possible* in January 2021 and *Anchoring our Thinking* in March 2021.
73. An Integrated Impact Assessment will be conducted in May to assess the accessibility of the Edinburgh Pact including the series of invites set out in paragraph and what needs to be done to ensure it's suitable for all audiences (e.g. sensory impairment friendly format, translation into different languages).
74. Throughout the three-year community mobilisation plan IIA and Reviews have been factored in as key milestones. This will ensure that we are paying continual attention to ensuring that our formulation and enactment activities and service delivery are inclusive and when appropriate targeted at specific communities of interest.

Environment and sustainability impacts

75. The radical transformation policies being pursued by the Community Mobilisation Plan will all have positive impact on the environment. Discussion on these aspects will form part of the ongoing formulation activities.

Quality of care

National Health and Wellbeing Outcomes

76. The national health and wellbeing outcomes apply across all integrated health and social care services, ensuring that Health Boards, Local Authorities and Integration Authorities are clear about their shared priorities by bringing together responsibility and accountability for their delivery. The national health and wellbeing outcomes provide a strategic framework for the planning and deliver of health and social care services. This suite of outcomes, together, focus on improving the experiences and quality of services for people using those services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals.

National Health and Wellbeing Outcomes	What people can expect
People are able to look after and improve their own health and wellbeing and live in good health for longer.	<ul style="list-style-type: none"> I am supported to look after my own health and wellbeing I am able to live a healthy life for as long as possible I am able to access information
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently at home or in a homely setting in their community.	<ul style="list-style-type: none"> I am able to live as independently as possible for as long as I wish Community based services are available to me I can engage and participate in my community
People who use health and social care services have positive experiences of those services, and have their dignity respected.	<ul style="list-style-type: none"> I have my privacy respected I have positive experiences of services I feel that my views are listened to I feel that I am treated as a person by the people doing the work – we develop a relationship that helps us to work well together Services and support are reliable and respond to what I say



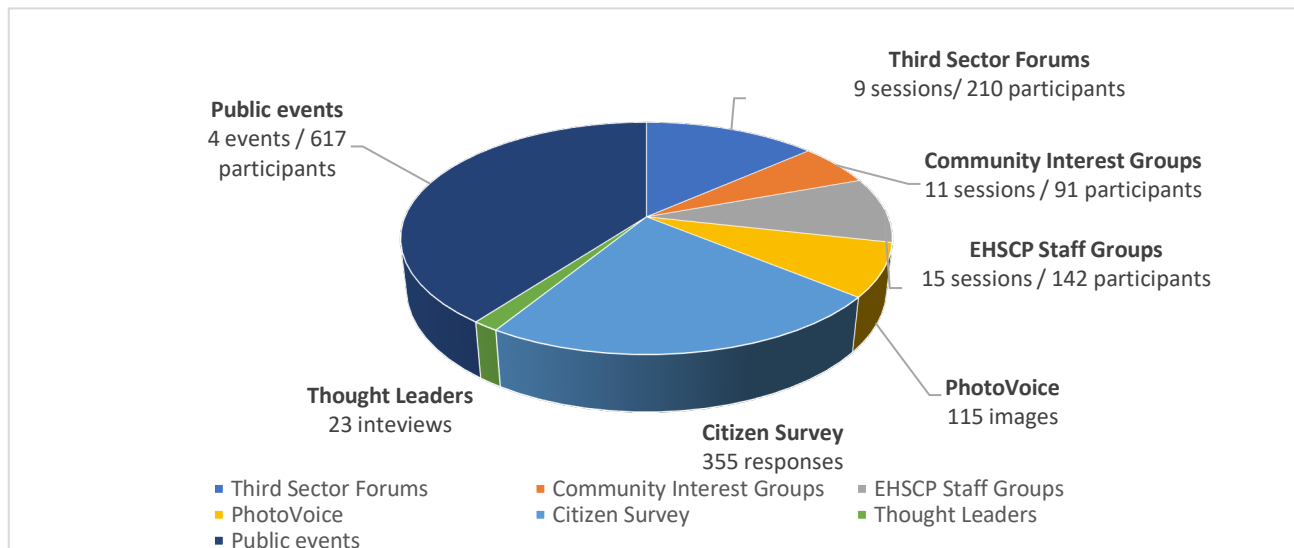
National Health and Wellbeing Outcomes	What people can expect
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	<ul style="list-style-type: none"> I'm supported to do the things that matter most to me Services and support help me to reduce the symptoms that I am concerned about I feel that the services I am using are continuously improving The services I use improve my quality of life
Health and social care services contribute to reducing health inequalities.	<ul style="list-style-type: none"> My local community gets the support and information it needs to be a safe and healthy place to be Support and services are available to me My individual circumstances are taken into account
People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	<ul style="list-style-type: none"> I feel I get the support I need to keep on with my caring role for as long as I want to do that I am happy with the quality of my life and the life of the person I care for I can look after my own health and wellbeing
People using health and social care services are safe from harm.	<ul style="list-style-type: none"> I feel safe and am protected from abuse and harm Support and services I use protect me from harm My choices are respected in making decisions about keeping me safe from harm

National Health and Wellbeing Outcomes	What people can expect
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	<ul style="list-style-type: none"> I feel that the outcomes that matter to me are taken account of in my work I feel that I get the support and resources I need to do my job well I feel my views are taken into account in decisions
Resources are used effectively and efficiently in the provision of health and social care services.	<ul style="list-style-type: none"> I feel resources are used appropriately Services and support are available to me when I need them The right care for me is delivered at the right time

- 77 In line with the Measuring and Evidencing Change theme, which emerged from the formulation of the Pact, we will be using different methodologies and approaches demonstrating “distance travelled “ to achieving outcomes. This will be fully detailed in the Community Mobilisation Evaluation Strategy.

Consultation

78. The success of creating, formulating and enacting the Pact is predicated on robust and meaningful engagement, participation and consultation with Edinburgh citizens, and the workforce in the Health and Social Care Partnership, commissioned 3rd sector services and independent sector and our wider planning partners and key agencies across the city.
79. Set out below is a summary of the participation and engagement to date.



80. As we progress through community mobilisation there will be further specific events on different developmental areas. For example, our next workshop on Community Mobilisation has been set for 13 May 2021. This has been scheduled to ensure that we can feedback the decisions from the IJB regarding the recommendations set out in this paper.
81. There has also been interest from Health improvement Scotland on the work we are doing on the formulation an enactment of the Pact, The SRO was invited to present alongside - the leads from the Wigan Deal and Vibrant Communities, East Ayrshire at a recent national event. The flash report link is included.
82. The SRO has been working with City of Edinburgh Council colleagues ensuring that there is synergy and read over with the aspirations and commitments of the Council’s Business Plan, The Poverty Commission and City Vision 2050.

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Background Reports

“The Art of the Possible” Stakeholder Report (January 2021)

“Persevere Mobilising Communities in Edinburgh to live well locally” (March 2021)

“The Power in our Communities” National event (March 2021)

<https://www.edinburghhsc.scot/the-partnership/the-edinburgh-pact/>

Appendices

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REPORT

EIJB Climate Change Charter

Edinburgh Integration Joint Board

27 April 2021

Executive Summary

1. In September 2020, Futures Committee considered the current global climate change emergency and the urgency to reduce greenhouse gas. Committee agreed to progress environmental outcomes and develop an Edinburgh Integration Joint Board (EIJB) Climate Change Charter. This was introduced to the EIJB in October 2020 and welcomed.
2. A draft of the EIJB Charter was considered by Futures Committee on 2 February 2021 and referred to the EIJB.
3. The Charter sets out the EIJB's climate change commitments, proposal to establish EIJB climate change champions, a pledge of support to our Partners and changes in business practices, in order to support the attainment of the Edinburgh 2030 net zero carbon emission target.

Recommendations

It is recommended that the EIJB:

1. Agrees to adopt the draft EIJB Climate Change Charter.
2. Agrees to establish climate change champions within EIJB members.
3. Notes the intent of Futures Committee to maintain a focus on longer term environmental and climate change factors.

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 draft EIJB Climate Change Charter has been considered by Futures Committee and referred to the EIJB.

Main Report

1. On 9 September 2020, Futures Committee acknowledged that greenhouse gas emissions must be drastically reduced in order to prevent global disaster. Committee considered the international, national and local efforts to combat climate change including the Edinburgh City Council's declaration of a Climate Emergency in 2019 and the target to make Edinburgh a carbon-neutral city by 2030.
2. Futures Committee agreed to progress environmental outcomes and lead in the development of an EIJB Climate Change Charter. This was welcomed and approved at the EIJB on 27 October 2020.
3. On 2 December 2020, Futures Committee considered an initial proposition for the Climate Change Charter framework and recommended adjustments. A revised draft Charter was developed for consideration by Futures Committee on 2 February 2021. This was then further refined and circulated to member of Futures Committee. The final draft EIJB Climate Change Charter is at Appendix 1.
4. The draft Charter recognises the work of the Edinburgh Climate Commission and the development of the [Edinburgh Climate Compact](#). Both NHS Lothian and City of Edinburgh Council signed up to the Compact in December 2020.
5. The draft EIJB Charter also outlines the EIJB's commitments, pledges of support and changes to business practices which will help Edinburgh reach its net zero carbon emission target by 2030.



6. It is recognised that a common approach will be required to achieve the net zero carbon target by Edinburgh 2030. NHSL published their Sustainable Development Framework and Action Plan in December 2020. The City of Edinburgh Council is due to publish its Sustainability Strategy in June 2021. Opportunities for working with our Partners to implement these strategies will be identified.
7. It is proposed that once the draft Charter is agreed and adopted then it will be presented to the CEC Policy and Sustainability Committee and the new NHSL Planning and Performance Committee to allow linkages and a harmonised approach to be considered across the four Lothian IJBs.
8. The draft Charter commits to appointing climate change champions to support the implementation of change to culture and working practices across all areas of health and social care. It is proposed that current EIJB members Melanie Main and Martin Hill are established as the first EIJB climate change champions. In the longer term, it is envisaged that the call for champions be extended to the EHSCP staff group and wider citizens.
9. The Futures Committee intends to maintain a focus on longer term environmental and climate change factors as one of its key areas for consideration. The Futures Committee is sponsoring the development of a higher level and longer term strategic direction with particular focus on environmental protection, data sharing and technology, and innovative models of community care.

Implications for Edinburgh Integration Joint Board

Financial

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

Legal / risk implications

11. There is no identified risk associated with endorsing the recommendations of this report.

Equality and integrated impact assessment

12. There are no equality impacts associated with the development of the draft Charter.

Environment and sustainability impacts

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

Quality of care

14. This report does not impact on quality of care.

Consultation

15. There has been no specific consultation carried out with regards to the Climate Change Charter, with development based upon discussions taking place at Futures Committee and with key EIJB members and drawing on the key characteristics in the Climate Change Compact, as indicated above.

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Background Reports

EIJB Report 27 October 2020: [Public Bodies Climate Change Return and Wider Considerations](#)

[NHS Lothian Sustainable Development Framework and Action Plan](#)

Appendices

- | | |
|--------------|-----------------------------------|
| Appendix One | EIJB draft Climate Change Charter |
| Appendix Two | References, Links and Information |

Appendix 1

Edinburgh Integration Joint Board Climate Change Charter

25 February 2021 (DRAFT 7)

Edinburgh's net zero target 2030

In 2019, the City of Edinburgh Council agreed an Edinburgh net-zero carbon target of 2030. The [Edinburgh Climate Commission](#) was set up to accelerate action and impact on climate change in the city, and provide independent, expert and authoritative advice to enable and support the best choices being made for Edinburgh.

In December 2020, NHS Lothian and the City of Edinburgh Council signed the [Edinburgh Climate Compact](#) undertaking to:

‘Effect significant and demonstrable change in our business practices resulting in an accelerated reduction in climate emissions that contribute to Edinburgh’s net-zero target.’

Our commitment

The EIJB Strategic Plan 2019-22 made a clear commitment to support the Edinburgh 2030 net-zero carbon target.

As the body responsible for strategy, planning and budget setting across a wide range of health and social care services, we will set all our plans and budgets in line with and in support of the Edinburgh Climate Compact.

In doing so the EIJB encourages NHS Lothian and the City of Edinburgh Council, their staff, partners, the voluntary sector, our residents and communities to contribute through their actions to Edinburgh's net-zero target 2030.

Our support

We will support our partners to close the gap between their projected business as usual emissions for 2030 and net-zero emissions in the key priority areas:

- **Transport and Travel**- 31% Edinburgh's emissions come from the transport sector¹
- **Housing** - 29% of emissions¹
- **Buildings** - Public and commercial buildings account for 23% of emissions¹

We will work with our NHSL, CEC and Lothian IJB partners to achieve the goals set out in the CEC's sustainability strategy, NHSL's Sustainable Development Framework and Action Plan and the Edinburgh Climate Compact. As examples, we will embed the **20 minute neighbourhood** principles in our strategic planning and decision making and require the development of sustainable models of care.

Our working practices

- We will **seek assurance** and scrutinise the implementation of our strategic plans and budgets and commissioning plans. We will also seek assurances that relevant carbon scenario planning and reports on progress take place.
- We will **show leadership** by appointing climate champions and asking NHSL and CEC to appoint climate champions to support staff and communities to make changes.
- In our public annual report, we will **report on progress** towards net zero 2030 including measurements of emissions from our partners.

Edinburgh Climate Change Charter

References, links and information

- ¹ A Net Zero Carbon Roadmap for Edinburgh
<https://www.edinburghclimate.org.uk/sites/default/files/Edinburgh%20Carbon%20Roadmap.pdf>
- Final Integration Scheme (Body Corporate), Edinburgh Integration Joint Board ,
Version 2 - 19 September 2019
<https://www.edinburghhsc.scot/wp-content/uploads/2019/11/Integration-Scheme-1.pdf>
- Edinburgh Climate Compact - signed by the City of Edinburgh Council and NHS Lothian in December 2020.
<https://www.edinburghclimate.org.uk/sites/default/files/The%20Edinburgh%20Climate%20Compact%20-%20founding%20City%20Climate%20Champions%20%28FINAL%29.PDF>
- The Edinburgh Climate Commission

Some examples of other charters:

Cambridge interactive charter and website:

[Charter – Cambridge Carbon Footprint](https://www.cambridgecarbonfootprint.org/) [cambridgecarbonfootprint.org](https://www.cambridgecarbonfootprint.org/)

Derbyshire partnership:

<https://www.derbyshirepartnership.gov.uk/site-elements/documents/pdf/climate-change-charter.pdf>

UN Fashion industry Climate change charter:

<https://unfccc.int/sites/default/files/resource/Industry%20Charter%20%20Fashion%20and%20Climate%20Action%20-%202021to2018.pdf>

Swansea operational charter

<https://www.swansea.gov.uk/climatechange#:~:text=The%20Climate%20Change%20Charter.by%2055%25%20from%202010%20levels.>

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REPORT

Revised EIJB Complaints Handling Procedure

Edinburgh Integration Joint Board

27 April 2021

Executive Summary	The purpose of this report is to present the Edinburgh Integration Joint Board (EIJB) with a revised Model Complaints Handling Procedure (MCHP) for approval.
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Recommendations	It is recommended that the Edinburgh Integration Joint Board: 1. Approve the draft EIJB Complaints Handling Procedure (CHP) for immediate implementation.
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Directions

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

Report Circulation

1. This report has not been circulated to any committees prior to submission to the EIJB.

Main Report

2. The SPSO undertook a consultation of the MCHP in 2018/19, and revised the MCHP to:
 - a. standardise the core text across all of Scotland's public services, while retaining individualised sector-specific content and examples in each version.
 - b. Update the MCHP in line with:
 - i. Feedback from organisations under jurisdiction
 - ii. Issues identified in casework

- iii. Recent research and good practice in relation to using alternative resolution approaches, promoting positive complaint behaviours, and improving access to complaints for vulnerable groups.
- 3. Complaints relating to the actions of the EIJB should adopt the MCHP for the Scottish Government, Scottish Parliament and Associated Public Authorities. The revised MCHP for the Scottish Government, Scottish Parliament and Associated Public Authorities in Scotland was published under section 16B (5) of the Scottish Public Services Act 2022 on 31 January 2020. The SPSO requires all Public Bodies to have an updated MCHP in place by 1 April 2021.
- 4. The revised MCHP includes five parts:
 - a. **Part 1** - overview and structure
 - b. **Part 2** - when to use the procedure, guidance on identifying what is and what is not a complaint, handling complex or unusual complaint circumstances, the interaction of complaints and other processes and what to do if the MCHP does not apply
 - c. **Part 3** - the complaints handling process, guidance on handling a complaint through stages 1 and 2 and dealing with post-closure contact
 - d. **Part 4** - governance of the procedure, staff roles and responsibilities and guidance on recording, reporting, publicising, and learning from complaints
 - e. **Part 5** - customer-facing guide, information for customers on how we handle complaints.
- 5. The revised MCHP has been developed using the templates provided by the SPSO and has been adapted to reflect the nature of the EIJB and is included at Appendix 1. The MCHP is an internal document detailing how staff should deal with an EIJB complaint. As part 5 of the MCHP is a customer facing guide on how the EIJB will handle any complaints, it has been included as a separate appendix (appendix 2) in this report.
- 6. As the MCHP required to be implemented by the 1 April 2021, the Chair has signed off the version presented today subject to formal approval by the EIJB.

Implications for Edinburgh Integration Joint Board

Financial

- 7. There are no financial risks arising from this report.

Legal / risk implications

8. There is a requirement for the EIJB to have a revised MCHP in place by the 01 April 2021.

Equality and integrated impact assessment

9. There is no requirement to undertake an Equalities Impact Assessment for this report.

Environment and sustainability impacts

10. There are no environment or sustainability impacts arising from this report.

Quality of care

11. The implementation of the MCHP will ensure the effective handling of complaints.

Consultation

12. There are no requirements to consult on the procedures to implement the MCHP.

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Background Reports

None

Appendices

- | | |
|------------|---|
| Appendix 1 | EIJB Complaints Handling Procedure |
| Appendix 2 | Customer Facing Complaints Handling Procedure |



EDINBURGH INTEGRATION JOINT BOARD COMPLAINTS HANDLING PROCEDURE

Foreword

The Edinburgh Integration Joint Board (EIJB) Complaints Handling Procedure (CHP) reflects our commitment to valuing complaints. It seeks to resolve customer dissatisfaction as close as possible to the point of service delivery and to conduct thorough, impartial, and fair investigations of customer complaints so that, where appropriate, we can make evidence-based decisions on the facts of the case.

The procedure was first developed by the Scottish Public Services Ombudsman (SPSO) in consultation with relevant stakeholders. The Model Complaints Handling Procedures (MCHPs) were revised in 2019 by the SPSO in consultation with all sectors.

This new edition includes a core text, which is consistent across all public services in Scotland, with some additional text and examples specific to this sector. As far as possible, we have produced a standard approach to handling complaints across Scotland's public services, which complies with the SPSO's guidance on a MCHP. This procedure aims to help us 'get it right first time'. We want quicker, simpler, and more streamlined complaints handling with local, early responses by capable, well trained staff.

The EIJB and staff who support the EIJB must cover this procedure as part of their induction and must be given refresher training as required, to ensure they are confident in identifying complaints, empowered to resolve simple complaints on the spot, and familiar with how to apply this procedure (including recording complaints).

Complaints give us valuable information we can use to improve service provision and customer satisfaction. Our CHP will enable us to address a customer's dissatisfaction and may help us prevent the same problem from happening again. For our staff, complaints provide a first-hand account of the customers' views and experience and can highlight problems we may otherwise miss. Handled well, complaints can give our customers a form of redress when things go wrong and can also help us continuously improve our services.

Handling complaints early creates better customer relations. Handling complaints close to the point of service delivery means we can deal with them locally and quickly, so they are less likely to escalate to the next stage of the procedure. Complaints that we do not handle swiftly can greatly add to our workload and are more costly to administer.

The CHP will help us do our job better, improve relationships with our customers and enhance public perception of the EIJB. It will help us keep the customer at the heart of the process, while enabling us to better understand how to improve our services by learning from complaints.



COMPLAINTS HANDLING PROCEDURE PART 1: OVERVIEW



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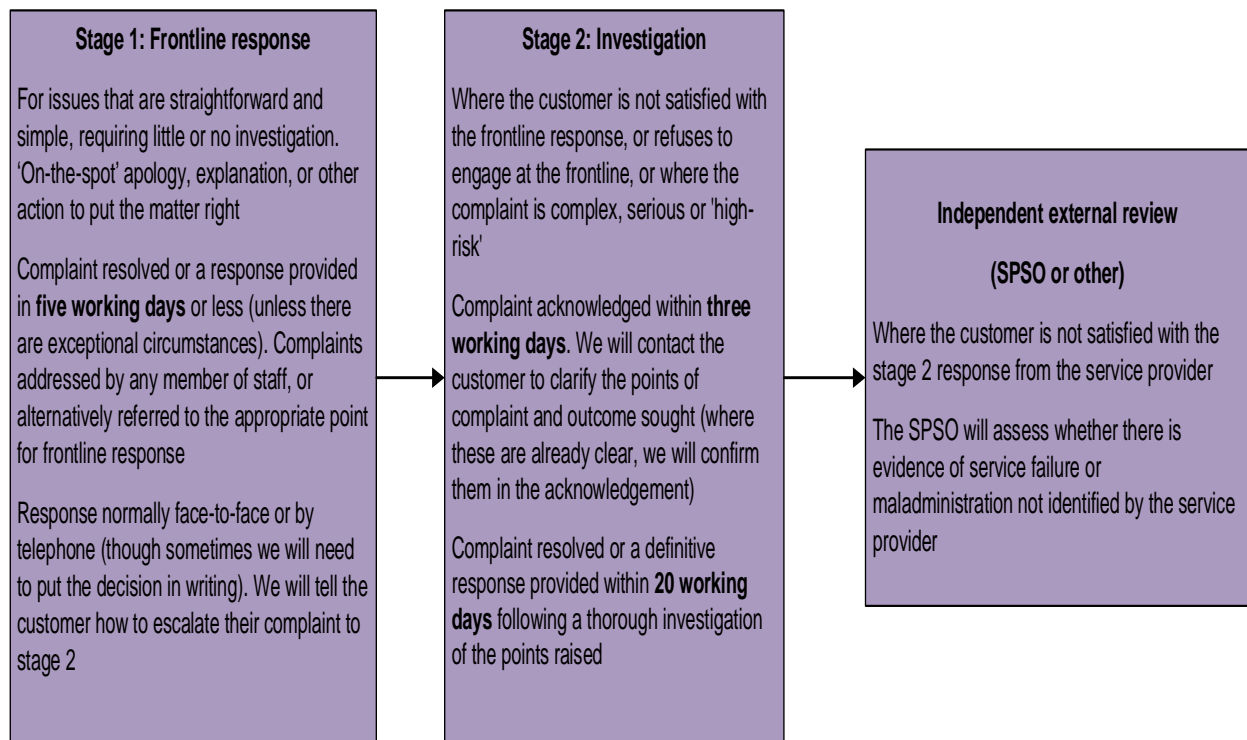


Structure of the Complaints Handling Procedure (CHP)

1. The CHP explains to staff how to handle complaints. The CHP consists of:
 - a. Overview and structure
 - b. When to use the procedure - guidance on identifying what is and what is not a complaint, handling complex or unusual complaint circumstances, the interaction of complaints and other processes, and what to do if the CHP does not apply
 - c. The complaints handling process - guidance on handling a complaint through stages 1 and 2, and dealing with post-closure contact
 - d. Governance of the procedure - staff roles and responsibilities and guidance on recording, reporting, publicising, and learning from complaints
 - e. The customer-facing CHP (part 5) - information for customers on how we handle complaints
2. When using the CHP, please also refer to the 'SPSO Statement of Complaints Handling Principles' and good practice guidance on complaints handling from the SPSO.
www.spsso.org.uk

Overview of the Complaints Handling Procedure

3. Anyone can make a complaint, either verbally or in writing, including face to-face, by phone, letter, or email. We will try to resolve complaints to the satisfaction of the customer wherever this is possible.
4. Where this is not possible, we will give the customer a clear response to each of their points of complaint. We will always try to respond as quickly as we can (and on the spot where possible).
5. Our complaints procedure has two stages. We expect most complaints will be handled at stage 1. If the customer remains dissatisfied after stage 1, they can request that we look at it again, at stage 2. If the complaint is complex enough to require an investigation, we will put the complaint into stage 2 straight away and skip stage 1.



6. For detailed guidance on the process, [see the complaints handling process](#).

Expected Behaviours

7. We expect all staff to behave in a professional manner and treat customers with courtesy, respect, and dignity. We also ask customers bringing a complaint to treat our staff with respect. We ask customers to engage actively with the complaint handling process by:
 - a. telling us their key issues of concern and organising any supporting information they want to give us (we understand that some people will require support to do this)
 - b. working with us to agree the key points of complaint when an investigation is required; and
 - c. responding to reasonable requests for information.
8. We will work with NHS Lothian and the City of Edinburgh Council to apply the relevant organisational policies and procedures to protect staff from unacceptable behaviour such as unreasonable persistence, threats, or offensive behaviour.
9. We recognise that people may act out of character in times of trouble or distress. Sometimes a health condition or a disability can affect how a person expresses themselves. The circumstances leading to a complaint may also result in the customer acting in an unacceptable way.

10. Customers who have a history of challenging or inappropriate actions, or have difficulty expressing themselves, may still have a legitimate grievance, and we will treat all complaints seriously. However, we also recognise that the actions of some customers may result in unreasonable demands on time and resources or unacceptable behaviour towards our staff.
11. We will, therefore, apply our policies and procedures to protect staff from unacceptable actions such as unreasonable persistence, threats, or offensive behaviour from customers. Where we decide to restrict access to a customer under the terms of our policy, we have a procedure in place to communicate that decision, notify the customer of their right of appeal, and review any decision to restrict contact with us.
12. If we decide to restrict a customer's contact, we will be careful to follow the process set out in our policy and to minimise any restrictions on the customer's access to the complaints process. We will normally continue investigating a complaint even where contact restrictions are in place (for example, limiting communication to letter or to a named staff member). In some cases, it may be possible to continue investigating the complaint without contact from the customer.
13. Our policy allows us in limited circumstances to restrict access to the complaint process entirely. This would be used as a last resort, should be as limited as possible (for a limited time, or about a limited set of subjects) and requires manager approval. Where access to the complaint process is restricted, we must signpost the customer to the SPSO. The SPSO has guidance on promoting positive behaviour and managing unacceptable actions.

Maintaining confidentiality and data protection

14. Confidentiality is important in complaints handling. This includes maintaining the customer's confidentiality and confidentiality in relation to information about staff members, contractors or any third parties involved in the complaint.
15. This should not prevent us from being open and transparent, as far as possible, in how we handle complaints. This includes sharing as much information with the complainant (and, where appropriate, any affected staff members) as we can. When sharing information, we should be clear about why the information is being shared and our expectations on how the recipient will use the information.
16. We must always bear in mind legal requirements, for example data protection legislation, as well as internal policies on confidentiality and the use of customer information.

17. Some responses to complaints may be limited by confidentiality, such as:
- a. where a complaint has been raised against a staff member and has been upheld – we will advise the customer that their complaint is upheld, but would not share specific details affecting staff members, particularly where disciplinary action is taken.
 - b. where someone has raised a concern about a child or an adult's safety and is unhappy about how that has been dealt with – we would investigate this to check whether the safety concern had been properly dealt with, but we would not share any details of our findings in relation to the safety concern.



COMPLAINTS HANDLING PROCEDURE PART 2: WHEN TO USE THIS PROCEDURE



Contents

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What is a complaint

1. The EIJB's definition of a complaint is:

'an expression of dissatisfaction by one or more members of the public about the EIJB's action or lack of action, or about the standard of service the EIJB has provided in fulfilling its responsibilities as set out in the Integration Scheme'
2. A complaint may relate to the following, but is not restricted to this list:
 - a. failure or refusal to provide a service
 - b. inadequate quality or standard of service, or an unreasonable delay in providing a service
 - c. dissatisfaction with one of our policies or its impact on the individual
 - d. failure to properly apply law, procedure or guidance when delivering services
 - e. failure to follow the appropriate administrative process
 - f. conduct, treatment by or attitude of a member of staff or contractor (except where there are arrangements in place for the contractor to handle the complaint themselves: ([see Complaints about contracted services](#)); or
 - g. disagreement with a decision, (except where there is a statutory procedure for challenging that decision, or an established appeals process followed throughout the sector).
3. This procedure deals with complaints arising from:
 - a. EIJB policies
 - b. EIJB decisions
 - c. The administrative or decision-making process followed by the EIJB in coming to a decision
4. Appendix A provides a range of examples of complaints we may receive, and how these may be handled.
5. A complaint is **not**:
 - a. a routine first-time request for a service
 - b. a request for compensation only
 - c. issues that are in court or have already been heard by a court or a tribunal (see
 - d. disagreement with a decision where there is a statutory procedure for challenging that decision (such as for freedom of information and subject access requests), or an established appeals process followed throughout the sector
 - e. a request for information under the Data Protection or Freedom of Information (Scotland) Act

- f. a grievance by a staff member or a grievance relating to employment or staff recruitment
 - g. a concern raised internally by a member of staff (which was not about a service they received, such as a whistleblowing concern)
 - h. a concern about a child or an adult's safety
 - i. an attempt to reopen a previously concluded complaint or to have a complaint reconsidered where we have already given our final decision
 - j. abuse or unsubstantiated allegations about our organisation or staff where such actions would be covered by our [Unacceptable Actions Policy or equivalent]; or
 - k. a concern about the actions or service of a different organisation, where we are not involved in the issue (except where the other organisation is delivering services on our behalf ([see complaints about contracted services](#))).
6. Appendix B gives more examples of 'what is not a complaint' and how to direct customers appropriately.
 7. We will not treat these issues as complaints and will instead direct customers to use the appropriate procedures. Some situations can involve a combination of issues, where some are complaints and others are not, and each situation should be assessed on a case-by-case basis.
 8. If a matter is not a complaint, or not suitable to be handled under the CHP, we will explain this to the customer, and tell them what (if any) action we will take, and why ([see what if the CHP does not apply](#)).

Complaints not relating to the EIJB

9. If a complaint is in relation to **Health Services** including:

<ul style="list-style-type: none"> • Delays in care and / or treatment • A failure to provide a service • Environmental or domestic issues • Dissatisfaction with our policy 	<ul style="list-style-type: none"> • An inadequate standard of service • A lack of information and clarity about appointments • Difficulty in making contact for appointments or queries • Operational and procedural issues 	<ul style="list-style-type: none"> • Treatment by or attitude of a member of staff • Scheduled or unscheduled ambulance care • Transport concerns, either to, from or within the healthcare environment • Our failure to follow appropriate processes
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10. Customers should be directed to the Patient Experience Team:

NHS Lothian
2-4 Waterloo Place
Edinburgh, EH1 3EG
0131 536 337 / feedback@nhslothian.scot.nhs.uk
11. If a complaint relates to **adult social care services**, it should be directed to the relevant case officer in the first instance or alternatively to:

Using the online form @ <https://www.edinburghhsc.scot/contact-us/>
Emailing EHSCP@edinburgh.gov.uk
Calling 0131 529 4050
Or in writing, addressed to the Chief Officer, Level 2, Waverley Court, 4 East Market Street, Edinburgh, EH8 8BG

Who can make a complaint?

12. Anyone who receives, requests, or is affected by our services can make a complaint. In this procedure these people are termed 'customers', regardless of whether they are or were using a service.
13. We also accept complaints from the representative of a person who is dissatisfied with our service ([see complaints by \(or about\) a third party](#)).

Supporting the customer

14. All members of the community have the right to equal access to our complaint's procedure. It is important to recognise the barriers that some customers may face complaining. These may be physical, sensory, communication or language barriers, but can also include their anxieties and concerns. Customers may need support to overcome these barriers.
15. We have legal duties to make our complaints service accessible under equalities and mental health legislation. For example:
 - a. the Equality Act (Scotland) 2010 – this gives people with a protected characteristic the right to reasonable adjustments to access our services (such as large print or BSL translations of information); and
 - b. the Mental Health (Care and Treatment) (Scotland) Act 2003 – this gives anyone with a 'mental disorder' (including mental health issues, learning difficulties, dementia, and autism) a right to access independent advocacy. This must be delivered by independent organisations that only provide advocacy. They help people to know and understand their rights, make informed decisions, and have a voice.



16. Examples of how we will meet our legal duties include:
 - a. proactively checking whether members of the public who contact us require additional support to access our services
 - b. providing interpretation and/or translation services for British Sign Language users; and
 - c. helping customers access independent advocacy (the Scottish Independent Advocacy Alliance website has information about local advocacy organisations throughout Scotland).
17. In addition to our legal duties, we will seek to ensure that we support vulnerable groups in accessing our complaints procedure. Actions that we may take include:
 - a. helping vulnerable customers identify when they might wish to make a complaint (for example, by training frontline staff who provide services to vulnerable groups)
 - b. helping customers access independent support or advocacy to help them understand their rights and communicate their complaints (for example, through the Scottish Independent Advocacy Alliance or Citizen's Advice Scotland); and
 - c. providing a neutral point of contact for complaints (where the relationship between customers and frontline staff is significant and ongoing).
18. These lists are not exhaustive, and we must always consider our commitment and responsibilities to equality and accessibility.

How complaints may be made

19. Complaints may be made verbally or in writing, including face-to-face, by phone, letter, or email. Where a complaint is made verbally, we will make a record of the key points of complaint raised. Where a complex complaint will be immediately considered at stage 2 (investigation), it may be helpful to complete a complaint form with the customer's input to ensure full details of the complaint are documented. However, there is no requirement for the person to complete a complaint form, and it is important that the completion of a complaint form does not present a barrier to people complaining.
20. Complaint issues may also be raised on digital platforms (including social media). Where a complaint issue is raised via a digital channel managed and controlled by the EIJB (for example an official twitter address or Facebook page), we will explain that we do not take complaints on social media, but we will tell the person how they can complain.
21. We may also become aware that an issue has been raised via a digital channel not controlled or managed by us (for example a YouTube video or post on a private Facebook

group). In such cases, we may respond, where it is appropriate by telling the person how they can complain.

22. We must always be mindful of our data protection obligations when responding to issued online or in a public forum ([see maintaining confidentiality and data protection](#)).

Time limit for making complaints

23. The customer must raise their complaint within six months of when they first knew of the problem, unless there are special circumstances for considering complaints beyond this time (for example, where a person was not able to complain due to serious illness or recent bereavement).
24. Where a customer has received a stage 1 response, and wishes to escalate to stage 2, unless there are special circumstances, they must request this either:
 - a. within six months of when they first knew of the problem; or
 - b. within two months of receiving their stage 1 response (if this is later).
25. We will apply these time limits with discretion, considering the seriousness of the issue, the availability of relevant records and staff involved, how long ago the events occurred, and the likelihood that an investigation will lead to a practical benefit for the customer or useful learning for the organisation.
26. We will also take account of the time limit within which a member of the public can ask the SPSO to consider complaints (normally one year). The SPSO have discretion to waive this time limit in special circumstances (and may consider doing so in cases where we have waived our own time limit).

Complaints by (or about) a third party

27. Sometimes a customer may be unable or reluctant to make a complaint on their own. We will accept complaints from third parties, which may include relatives, friends, advocates, and advisers. Where a complaint is made on behalf of a customer, we must ensure that the customer has authorised the person to act on their behalf. It is good practice to ensure the customer understands their personal information will be shared as part of the complaints handling process (particularly where this includes sensitive personal information). This can include complaints brought by parents on behalf of their child if the child is considered to have capacity to make decisions for themselves.

28. The provision of a signed mandate from the customer will normally be sufficient for us to investigate a complaint. If we consider it is appropriate, we can take verbal consent direct from the customer to deal with a third party and would normally follow up in writing to confirm this.
29. In certain circumstances, a person may raise a complaint involving another person's personal data, without receiving consent. The complaint should still be investigated where possible, but the investigation and response may be limited by considerations of confidentiality. The person who submitted the complaint should be made aware of these limitations and the effect this will have on the scope of the response ([see also maintaining confidentiality and data protection](#)).

Serious high-risk or high-profile complaints

30. We will take particular care to identify complaints that might be considered serious, high-risk, or high-profile, as these may require particular action or raise critical issues that need senior management's direct input. Serious, high-risk, or high-profile complaints should normally be handled immediately at stage 2 ([see Stage 2: Investigation](#)).
31. We define potential high-risk or high-profile complaints as those that may:
 - a. involve a death or terminal illness
 - b. involve serious service failure, for example major delays in providing, or repeated failures to provide, a service
 - c. generate significant and ongoing press interest
 - d. pose a serious risk to an organisation's operations
 - e. present issues of an extremely sensitive nature, for example concerning:
 - i. a particularly vulnerable person, or
 - ii. child protection.

Anonymous complaints

32. We value all complaints, including anonymous complaints, and will take action to consider them further wherever this is appropriate. Generally, we will consider anonymous complaints if there is enough information in the complaint to enable us to make further enquiries. Any decision not to pursue an anonymous complaint must be authorised by an appropriate manager.
33. If we pursue an anonymous complaint further, we will record it as an anonymous complaint together with any learning from the complaint and action taken.

34. If an anonymous complainant makes serious allegations, these should be dealt with in a timely manner under relevant procedures. This may not be the complaints procedure and could instead be relevant child protection, adult protection, or disciplinary procedures.

What if the customer does not want to complain?

35. If a customer has expressed dissatisfaction in line with our definition of a complaint but does not want to complain, we will explain that complaints offer us the opportunity to improve services where things have gone wrong. We will encourage the customer to submit their complaint and allow us to handle it through the CHP. This will ensure that the customer is updated on the action taken and gets a response to their complaint.
36. If the customer insists, they do not wish to complain, we are not required to progress the complaint under this procedure. However, we should record the complaint as an anonymous complaint (including minimal information about the complaint, without any identifying information) to enable us to track trends and themes in complaints. Where the complaint is serious, or there is evidence of a problem with our services, we should also investigate the matter to remedy this (and record any outcome).

Complaints involving more than one area or organisation

37. If a complaint relates to the actions of two or more areas within our organisation, we will tell the customer who will take the lead in dealing with the complaint and explain that they will get only one response covering all issues raised.
38. If a customer complains to us about the service of another organisation or public service provider, but we have no involvement in the issue, the customer should be advised to contact the appropriate organisation directly.
39. If a complaint relates to our service and the service of another organisation or public service provider, and we have a direct interest in the issue, we will handle the complaint through the CHP. If we need to contact an outside body about the complaint, we will be mindful of data protection ([see maintaining confidentiality and data protection](#)).

Complaints about contracted services

40. Where we use a contractor to deliver a service on our behalf, we recognise that we remain responsible and accountable for ensuring that the services provided meet EIJB's standard (including in relation to complaints). We will either do so by:

- a. ensuring the contractor complies with this procedure; or
 - b. ensuring the contractor has their own procedure in place, which fully meets the standards in this procedure. At the end of the investigation stage of any such complaints the contractor must ensure that the customer is signposted to the SPSO.
41. We will confirm that service users are clearly informed of the process and understand how to complain. We will also ensure that there is appropriate provision for information sharing and governance oversight where required.
42. The EIJB has discretion to investigate complaints about organisations contracted to deliver services on its behalf even where the procedure has normally been delegated.

Complaints about senior staff

43. Complaints about senior staff can be difficult to handle, as there may be a conflict of interest for the staff investigating the complaint. When serious complaints are raised against senior staff, it is particularly important that the investigation is conducted by an individual who is independent of the situation. We must ensure we have strong governance arrangements in place that set out clear procedures for handling such complaints.

Complaints and other processes

44. Complaints can sometimes be confused (or overlap) with other processes, such as disciplinary or whistleblowing processes. Specific examples and guidance on how to handle these are below.

Complaints and service requests

45. If a customer asks the EIJB to do something (for example, provide a service or deal with a problem), and this is the first time the customer has contacted us, this would normally be a routine service request and not a complaint.
46. Service requests can lead to complaints, if the request is not handled promptly or the customer is then dissatisfied with how we provide the service.

Complaints and disciplinary or whistleblowing processes

47. If the issues raised in a complaint overlap with issues raised under a disciplinary or whistleblowing process, we still need to respond to the complaint.

48. Our response must be careful not to share confidential information (such as anything about the whistleblowing or disciplinary procedures, or outcomes for individual staff members). It should focus on whether EIJB failed to meet our expected standards and what we have done to improve things, in general terms.
49. Staff investigating such complaints will need to take extra care to ensure that:
 - a. we comply with all requirements of the CHP in relation to the complaint (as well as meeting the requirements of the other processes)
 - b. all complaint issues are addressed (sometimes issues can get missed if they are not also relevant to the overlapping process); and
 - c. we keep records of the investigation that can be made available to the SPSO if required. This can be problematic when the other process is confidential, because SPSO will normally require documentation of any correspondence and interviews to show how conclusions were reached. We will need to bear this in mind when planning any elements of the investigation that might overlap (for example, if staff are interviewed for the purposes of both the complaint and a disciplinary procedure, they should not be assured that any evidence given will be confidential, as it may be made available to the SPSO).
50. The SPSO's report making complaints work for everyone has more information on supporting staff who are the subject of complaints.

Complaints and compensation claims

51. Where a customer is seeking financial compensation only, this is not a complaint. However, in some cases the customer may want to complain about the matter leading to their financial claim, and they may seek additional outcomes, such as an apology or an explanation. Where appropriate, we may consider that matter as a complaint, but deal with the financial claim separately. It may be appropriate to extend the timeframes for responding to the complaint, to consider the financial claim first.

Complaints and legal action

52. Where a customer says that legal action is being actively pursued, this is not a complaint.
53. Where a customer indicates that they are thinking about legal action, but have not yet commenced this, they should be informed that if they take such action, they should notify the complaints handler and/or the Chief Officer and that the complaints process, in relation to the matters that will be considered through the legal process, will be closed. Any outstanding complaints must still be addressed through the CHP.
54. If an issue has been, or is being, considered by a court, we must not consider the same issue under the CHP.

What to do if the CHP does not apply

55. If the issue does not meet the definition of a complaint or if it is not appropriate to handle it under this procedure (for example, due to time limits), we will explain to the customer why we have made this decision. We will also tell them what action (if any) we will take (for example, if another procedure applies), and advise them of their right to contact the SPSO if they disagree with our decision not to respond to the issue as a complaint.
56. Where a customer continues to contact us about the same issue, we will explain that we have already given them our final response on the matter and signpost them to the SPSO. The SPSO has issued a template letter for explaining when the CHP does not apply.

Appendix A – Complaints

In the following table organisations should give organisational specific examples of complaints that may be considered at the frontline stage and suggest possible actions.

Complaint	Possible Action
Failure to keep a scheduled programme of meetings or an appointment	Issue an apology and explanation of the reasons why
Failure to issue an official reply within service standard timescales	Issue an interim reply and offer an apology and explanation of the reasons why
Rude or unhelpful behaviour	Issue an apology and attempt to resolve initial request
Poor service or service failure	Issue an apology and advise of remedial steps which can be implemented
The customer expresses dissatisfaction in line with the definition of a complaint but says she does not want to complain – just wants to tell us about the matter.	Tell the customer that we value complaints because they help to improve services. Encourage them to submit the complaint. In terms of improving service delivery and learning from mistakes, it is important that customer feedback, such as this, is recorded, evaluated, and acted upon. Therefore, if the customer still insists that they do not want to complain, record the matter as an anonymous complaint. This will avoid breaching the CHP. Reassure the customer that they will not be contacted again about the matter.

Appendix B – What is not a complaint?

A concern may not necessarily be a complaint. For example, a customer might make a routine first-time request for a service. This is not a complaint, but the issue may escalate into a complaint if it is not handled effectively, and the customer has to keep on asking for service.

A customer may also be concerned about a decision made by the organisation. These decisions may have their own specific review or appeal procedures, and, where appropriate, customers must be directed to the relevant procedure.

Example 1: Complaints about the delivery of health and social care services by staff employed by partner agencies of Edinburgh Health and Social Care Partnership

Example 2: Complaints about services or policies of another statutory body, agency, or public service provider, where the EIJB has no involvement in these

Example 3: Enquiries seeking an explanation of the EIJB processes or decisions, including enquires and other representations made by elected representatives on behalf of constituents

Example 4: Complaints about EIJB members as these may fall within the remit of the Code of Conduct and/or respective organisational procedures

Example 5: A request made to the IJB for it to act

Example 6: Freedom of Information or Environmental Information request decisions.



COMPLAINTS HANDLING PROCEDURE PART 3: THE COMPLAINTS HANDLING PROCESS

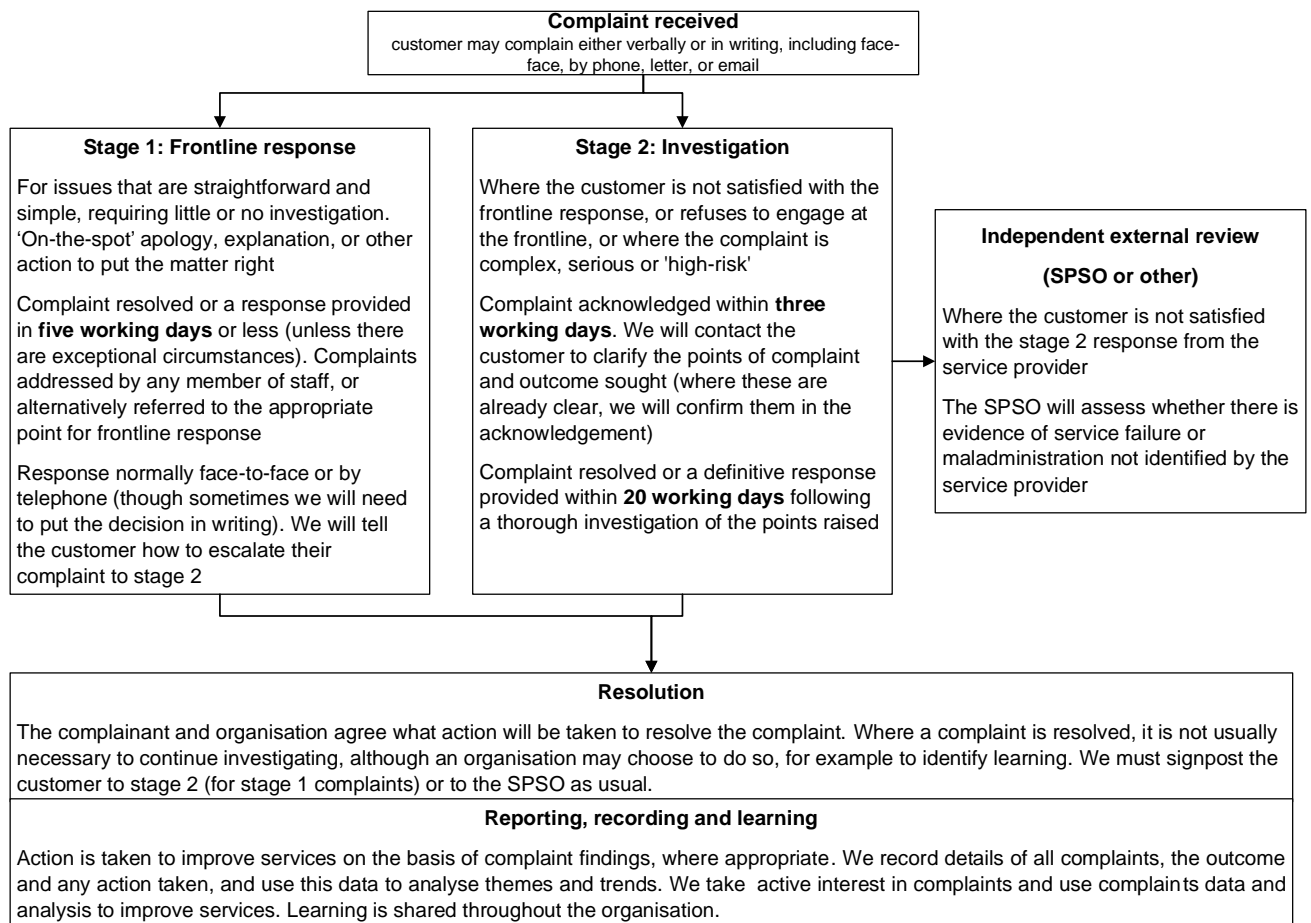


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The complaints handling process

1. The EIJB CHP aims to provide a quick and simple process for responding to complaints early and locally by well-trained staff. Where possible, we will resolve the complaint to the customer's satisfaction. Where this is not possible, we will give the customer a clear and reasoned response to their complaint.



Resolving the Complaint

2. A complaint is resolved when both EIJB and the customer agree what action (if any) will be taken to provide full and final resolution for the customer, without deciding about whether the complaint is upheld or not upheld. We will try to resolve complaints wherever possible, although we accept this will not be possible in all cases.
3. A complaint may be resolved at any point in the complaint handling process, including during the investigation stage. It is particularly important to try to resolve complaints where there is an ongoing relationship with the customer or where the complaint relates to an ongoing issue that may give rise to future complaints if the matter is not fully resolved.

4. It may be helpful to use alternative complaint resolution approaches when trying to resolve a complaint.
5. Where a complaint is resolved, we do not normally need to continue looking into it or provide a response on all points of complaint. There must be a clear record of how the complaint was resolved, what action was agreed, and the customer's agreement to this as a final outcome. In some cases, it may still be appropriate to continue looking into the issue, for example where there is evidence of a wider problem or the potential for useful learning. We will use our professional judgment in deciding whether it is appropriate to continue looking into a complaint that is resolved.
6. In all cases, we must record the complaint outcome (resolved) and any action taken and signpost the customer to stage 2 (for stage 1 complaints) or to the Scottish Public Services Ombudsman (SPSO).
7. If the customer and the EIJB are not able to agree a resolution, we must follow this CHP handling procedure to provide a clear and reasoned response to each of the issues raised.

What to do when you receive a complaint

8. Staff receiving an EIJB complaint should consider four key questions. This will help them to either respond to the complaint quickly (at stage 1) or determine whether the complaint is more suitable for stage 2:

What exactly is the customer's complaint (or complaints)?

- It is important to be clear about exactly what the customer is complaining about. We may need to ask the customer for more information and probe further to get a full understanding.
- We will need to decide whether the issue can be defined as a complaint and whether there are circumstances that may limit our ability to respond to the complaint (such as the time limit for making complaints, confidentiality, anonymity, or the need for consent). We should also consider whether the complaint is serious, high-risk, or high-profile.
- If the matter is not suitable for handling as a complaint, we will explain this to the customer (and signpost them to SPSO). There is detailed guidance on this step in Part 2: When to use this procedure.
- In most cases, this step will be straightforward. If it is not, the complaint may need to be handled immediately at stage 2 (see [Stage 2: Investigation](#)).



What does the customer want to achieve by complaining?

- At the outset, we will clarify the outcome the customer wants. Of course, the customer may not be clear about this, and we may need to probe further to find out what they expect, and whether they can be satisfied.

Can I achieve this, or explain why not?

- If a staff member handling a complaint can achieve the expected outcome, for example by providing an on-the-spot apology or explain why they cannot achieve it, they should do so.
- The customer may expect more than we can provide. If so, we will tell them as soon as possible.
- Complaints which can be resolved or responded to quickly should be managed at stage 1 ([see Stage 1: Frontline response](#)).

If I cannot respond, who can help?

- If the complaint is simple and straightforward, but the staff member receiving the complaint cannot deal with it because, for example, they are unfamiliar with the issues or area of service involved, they should pass the complaint to someone who can respond quickly.
- If it is not a simple and straightforward complaint that can realistically be closed within five working days (or ten, if an extension is appropriate), it should be handled immediately at stage 2. If the customer refuses to engage at stage 1, insisting that they want their complaint investigated, it should be handled immediately at stage 2 ([see Stage 2: Investigation](#)).

Stage 1: Frontline response

9. Frontline response aims to respond to straightforward complaints that require little or no investigation within five days.
10. Any member of staff may deal with complaints at this stage (including the staff member complained about, for example with an explanation or apology). The main principle is to respond to complaints at the earliest opportunity and as close to the point of service delivery as possible.
11. We may respond to the complaint by providing an on-the-spot apology where appropriate, or explaining why the issue occurred and, where possible, what will be done to stop this happening again. We may also explain that, as an organisation that values complaints, we may use the information given when we review service standards in the future. If we consider an apology is appropriate, we may wish to follow the SPSO guidance on apology.

12. Appendix 1 gives examples of the types of complaint we may consider at this stage, with suggestions on how to handle them. Complaints which are not suitable for frontline response should be identified at the earliest opportunity and handled immediately at stage 2: investigation.

Notifying staff members involved

13. If the complaint is about the actions of another staff member, the complaint should be shared with them, where possible, before responding (although this should not prevent us responding to the complaint quickly, for example where an apology is warranted).

Timelines

14. Frontline response must be completed within five working days, although in practice we would often expect to respond to the complaint much sooner. 'Day one' is always the date of receipt of the complaint (or the next working day if the complaint is received on a weekend or public holiday).

Extension to the timeline

15. In exceptional circumstances, a short extension of time may be necessary due to unforeseen circumstances (such as the availability of a key staff member). Extensions must be agreed with an appropriate manager. We will tell the customer about the reasons for the extension, and when they can expect a response. The maximum extension that can be granted is five working days (that is, no more than ten working days in total from the date of receipt).
16. If a complaint will take more than five working days to investigate, it should be handled at stage 2 immediately. The only exception to this is where the complaint is simple and could normally be handled within five working days, but it is not possible to begin immediately (for example, due to the absence of a key staff member). In such cases, the complaint may still be handled at stage 1 if it can be handled within the extended timeframe of up to ten working days.
17. If a complaint has not been closed within ten working days, it should be escalated to stage 2 for a final response. Appendix 1 provides further information on timelines.

Closing the complaint at the frontline response stage

18. If we convey the decision face-to-face or on the telephone, we are not required to write to the customer as well (although we may choose to). We must:
 - a. tell the customer the outcome of the complaint (whether it is resolved, upheld, partially upheld, or not upheld)
 - b. explain the reasons for our decision (or the agreed action taken to resolve the complaint and

- c. explain that the customer can escalate the complaint to stage 2 if they remain dissatisfied and how to do so (we should not signpost to the SPSO until the customer has completed stage 2).
- 19. We will keep a full and accurate record of the decision given to the customer. If we are not able to contact the customer by phone, or speak to them in person, we will provide a written response to the complaint where an email or postal address is provided, covering the points above.
- 20. If the complaint is about the actions of a particular staff member/s, we will share with them any part of the complaint response which relates to them, (unless there are compelling reasons not to). The complaint should be closed, and the complaints system updated accordingly.
- 21. At the earliest opportunity after the closure of the complaint, the staff member handling the complaint should consider whether any learning has been identified ([see learning from complaints](#)).

Stage 2: Investigation Stage

- 22. Not all complaints are suitable for frontline response and not all complaints will be satisfactorily addressed at that stage. Stage 2 is appropriate where:
 - a. the customer is dissatisfied with the frontline response or refuses to engage at the frontline stage, insisting they wish their complaint to be investigated. Unless exceptional circumstances apply, the customer must escalate the complaint within six months of when they first knew of the problem or within two months of the stage 1 response, whichever is later.
 - b. the complaint is not simple and straightforward (for example where the customer has raised several issues, or where information from several sources is needed before we can establish what happened and/or what should have happened); or
 - c. the complaint relates to serious, high-risk, or high-profile issues
- 23. An investigation aims to explore the complaint in more depth and establish all the relevant facts. The aim is to resolve the complaint where possible, or to give the customer a full, objective, and proportionate response that represents our final position. Wherever possible, complaints should be investigated by someone not involved in the complaint (for example, a line manager or a manager from a different area).
- 24. Details of the complaint must be recorded on the complaints system. Where appropriate, this will be done as a continuation of frontline response. If the investigation stage follows a

frontline response, the officer responsible for the investigation should have access to all case notes and associated information.

25. The beginning of stage 2 is a good time to consider whether complaint resolution approaches other than investigation may be helpful.

Acknowledging the complaint

26. Complaints must be acknowledged within three working days of receipt at stage 2. We must issue the acknowledgement in a format which is accessible to the customer, considering their preferred method of contact.
27. Where the points of complaint and expected outcomes are clear from the complaint, we must set these out in the acknowledgement and ask the customer to get in touch with us immediately if they disagree.
28. Where the points of complaint and expected outcomes are not clear, we must tell the customer we will contact them to discuss this.

Agreeing the points of complaint and outcome sought

29. It is important to be clear from the start of stage 2 about the points of complaint to be investigated and what outcome the customer is seeking. We may also need to manage the customer's expectations about the scope of our investigation.
30. Where the points of complaint and outcome sought are clear, we can confirm our understanding of these with the customer when acknowledging the complaint.
31. Where the points of complaint and outcome sought are not clear, we must contact the customer to confirm these. We will normally need to speak to the customer (by phone or face-to-face) to do this effectively. In some cases, it may be possible to clarify complaints in writing. The key point is that we need to be sure we and the customer have a shared understanding of the complaint. When contacting the customer, we will be respectful of their stated preferred method of contact. We should keep a clear record of any discussion with the customer.

32. In all cases, we must have a clear shared understanding of:

What are the points of complaint to be investigated?	Is there anything we cannot consider under the CHP?	What outcome does the customer want to achieve by complaining?
<p>While the complaint may appear to be clear, agreeing the points of complaint at the outset ensures there is a shared understanding and avoids the complaint changing or confusion arising at a later stage. The points of complaint should be specific enough to direct the investigation, but broad enough to include any multiple and specific points of concern about the same issue.</p> <p>We will make every effort to agree the points of complaint with the customer (alternative complaint resolution approaches may be helpful at this stage). In rare cases, it may not be possible to agree the points of complaint (for example, if the customer insists on an unreasonably large number of complaints being separately investigated, or on framing their complaint in an abusive way).</p>	We must explain if there are any points that are not suitable for handling under the CHP.	Asking what outcome, the customer is seeking helps direct the investigation and enables us to focus on resolving the complaint where possible.
	<p>Are the customer's expectations realistic and achievable?</p> <p>It may be that the customer expects more than we can provide or has unrealistic expectations about the scope of the investigation. If so, we should make this clear to the customer as soon as possible</p>	

Notifying staff members involved

33. If the complaint is about the actions of a particular staff member/s, we will notify the staff member/s involved (including where the staff member is not named but can be identified from the complaint). We will:
- share the complaint information with the staff member/s (unless there are compelling reasons not to)
 - advise them how the complaint will be handled, how they will be kept updated and how we will share the complaint response with them
 - discuss their willingness to engage with alternative complaint resolution approaches (where applicable); and
 - signpost the staff member/s to a contact person who can provide support and information on what to expect from the complaint process (this must not be the person investigating or signing off the complaint response).

34. If it is likely that internal disciplinary processes may be involved, the requirements of that process should also be met ([see also complaints and disciplinary or whistleblowing processes](#)).

Investigating the Complaint

35. It is important to plan the investigation before beginning. The staff member investigating the complaint should consider what information they have and what they need about:
- what happened? (this could include, for example, records of phone calls or meetings, work requests, recollections of staff members or internal emails)
 - what should have happened? (this should include any relevant policies or procedures that apply); and
 - is there a difference between what happened and what should have happened, and is EIJB responsible?
36. In some cases, information may not be readily available. We will balance the need for the information against the resources required to obtain it, considering the seriousness of the issue (for example, it may be appropriate to contact a former employee, if possible, where they hold key information about a serious complaint).
37. If we need to share information within or out with the organisation, we will be mindful of our obligations under data protection legislation ([see maintaining confidentiality and data protection](#)).
38. The SPSO has resources for conducting investigations, including:
- investigation plan template
 - decision-making tool for complaint investigators
 - alternative complaint resolution approaches

Alternative complaint resolution approaches

39. Some complex complaints, or complaints where customers and other interested parties have become entrenched in their position, may require a different approach to resolving the matter. Where we think it is appropriate, we may use alternative complaint resolution approaches such as complaint resolution discussions, mediation, or conciliation to try to resolve the matter and to reduce the risk of the complaint escalating further. If mediation is attempted, a suitably trained and qualified mediator should be used. Alternative complaint resolution approaches may help both parties to understand what has caused the complaint, and so are more likely to lead to mutually satisfactory solutions.

40. Alternative complaint resolution approaches may be used to resolve the complaint entirely, or to support one part of the process, such as understanding the complaint, or exploring the customer's desired outcome. The SPSO has guidance on alternative complaint resolution approaches.
41. If the EIJB and the customer (and any staff members involved) agree to using alternative complaint resolution approaches, it is likely that an extension to the timeline will need to be agreed. This should not discourage the use of these approaches.

Meeting with the customer during the investigation

42. To effectively investigate the complaint, it may be necessary to arrange a meeting with the customer. Where a meeting takes place, we will always be mindful of the requirement to investigate complaints (including holding any meetings) within 20 working days wherever possible. Where there are difficulties arranging a meeting, this may provide grounds for extending the timeframe.
43. As a matter of good practice, a written record of the meeting should be completed and provided to the customer. Alternatively, and by agreement with the person making the complaint, we may provide a record of the meeting in another format. We will notify the person making the complaint of the timescale within which we expect to provide the record of the meeting.

Timelines

44. The following deadlines are appropriate to cases at the investigation stage (counting day one as the day of receipt, or the next working day if the complaint was received on a weekend or public holiday):
 - a. complaints must be acknowledged within three working days
 - b. a full response to the complaint should be provided as soon as possible but not later than 20 working days from the time the complaint was received for investigation.

Extension to the timeline

45. Not all investigations will be able to meet this deadline. For example, some complaints are so complex that they require careful consideration and detailed investigation beyond the 20-working day timeline. It is important to be realistic and clear with the customer about timeframes, and to advise them early if we think it will not be possible to meet the 20-day timeframe, and why. We should bear in mind that extended delays may have a detrimental effect on the customer.

46. Any extension must be approved by an appropriate manager. We will keep the customer and any member/s of staff complained about updated on the reason for the delay and give them a revised timescale for completion. We will contact the customer and any member/s of staff complained about at least once every 20 working days to update them on the progress of the investigation.
47. The reasons for an extension might include the following:
 - a. essential accounts or statements, crucial to establishing the circumstances of the case, are needed from staff, customers, or others but the person is not available because of long-term sickness or leave
 - b. we cannot obtain further essential information within normal timescales; or
 - c. the customer has agreed to alternative complaint resolution approaches as a potential route for resolution.
48. These are only a few examples, and we will judge the matter in relation to each complaint. However, an extension would be the exception. Appendix 1 provides further information on timelines.

Closing the complaint at the investigation stage

49. The response to the complaint should be in writing (or by the customer's preferred method of contact) and must be signed off by a manager or officer who is empowered to provide the final response on behalf of EIJB.
50. We will tell the customer the outcome of the complaint (whether it is resolved, upheld, partially upheld, or not upheld). The quality of the complaint response is particularly important and in terms of good practice should:
 - a. be clear and easy to understand, written in a way that is person-centred and non-confrontational
 - b. avoid technical terms, but where these must be used, an explanation of the term should be provided
 - c. address all the issues raised and demonstrate that each element has been fully and fairly investigated
 - d. include an apology where things have gone wrong (this is different to an expression of empathy.
 - e. highlight any area of disagreement and explain why no further action can be taken
 - f. indicate that a named member of staff is available to clarify any aspect of the letter, and
 - g. indicate that if they are not satisfied with the outcome of the local process, they may seek a review by the SPSO.

51. Where a complaint has been resolved, the response does not need to provide a decision on all points of complaint but should instead confirm the resolution agreed.
52. If the complaint is about the actions of a particular staff member/s, we will share with them any part of the complaint response which relates to them, (unless there are compelling reasons not to).
53. We will record the decision, and details of how it was communicated to the customer, on the complaints system.
54. The SPSO has guidance on responding to a complaint:
 - a. Template decision letter
 - b. Apology guidance
55. At the earliest opportunity after the closure of the complaint, the staff member handling the complaint should consider whether any learning has been identified.

Signposting to the SPSO

56. Once the investigation stage has been completed, the customer has the right to approach the SPSO if they remain dissatisfied. We must make clear to the customer:
 - a. their right to ask the SPSO to consider the complaint
 - b. the time limit for doing so; and
 - c. how to contact the SPSO.
57. The SPSO considers complaints from people who remain dissatisfied at the conclusion of our complaint's procedure. The SPSO looks at issues such as service failure and maladministration (administrative fault), and the way we have handled the complaint.
58. There are some subject areas that are out with the SPSO's jurisdiction, but it is the SPSO's role to determine whether an individual complaint is one that they can consider (and to what extent). All investigation responses must signpost to the SPSO.
59. The SPSO recommends that we use the wording below to inform customers of their right to ask the SPSO to consider the complaint. This information should only be included on EIJB's organisation's final response to the complaint.

Information about the SPSO

The Scottish Public Services Ombudsman (SPSO) is the final stage for complaints about public services in Scotland and this includes complaints about the EIJB.



The SPSO is an independent organisation that investigates complaints. It is not an advocacy or support service (but there are other organisations who can help you with advocacy or support).

If you remain dissatisfied when you have had a final response from EIJB, you can ask the SPSO to look at your complaint. You can ask the SPSO to look at your complaint if:

- you have gone all the way through the EIJB's CHP
- it is less than 12 months after you became aware of the matter you want to complain about, and
- the matter has not been (and is not being) considered in court.

The SPSO will ask you to complete a complaint form and provide a copy of this letter (our final response to your complaint). You can do this online at www.spsso.org.uk/complain or call them on Freephone 0800 377 7330.

You may wish to get independent support or advocacy to help you progress your complaint. Organisations who may be able to assist you are:

Citizens Advice Bureau
Scottish Independent Advocacy Alliance

The SPSO's contact details are:

SPSO
Bridgeside House, 99 McDonald Road, Edinburgh, EH7 4NS
(if you would like to visit in person, you must make an appointment first)

Their freepost address is:

FREEPOST SPSO
Freephone: 0800 377 7330
Online contact www.spsso.org.uk/contact-us
Website: www.spsso.org.uk

Post-closure contact

60. If a customer contacts us for clarification when they have received our final response, we may have further discussion with the customer to clarify our response and answer their questions. However, if the customer is dissatisfied with our response or does not accept our findings, we will explain that we have already given them our final response on the matter and signpost them to the SPSO.

Appendix C – Timelines

General

61. References to timelines throughout the complaints handling procedure relate to working days. We do not count non-working days, for example weekends and public holidays.

Timelines at frontline response (stage 1)

62. We will aim to achieve frontline response within five working days. The date of receipt is day one, and the response should be provided (or the complaint escalated) on day five, at the latest.
63. If we have extended the timeline at the frontline response stage in line with our CHP, the response should be provided (or the complaint escalated) on day ten, at the latest.

Transferring cases from frontline response to investigation

64. If the customer wants to escalate the complaint to the investigation stage, the case must be passed for investigation without delay. In practice this will mean on the same day that the customer is told this will happen.

Timelines at investigation (stage 2)

65. For complaints at the investigation stage, day one is:
- the day the case is transferred from the frontline stage to the investigation stage
 - the day the customer asks for an investigation or expresses dissatisfaction after a decision at the frontline response stage; or
 - the date we receive the complaint if it is handled immediately at stage 2.
66. We must acknowledge the complaint within three working days of receipt at stage 2 i.e., by day three.
67. We should respond in full to the complaint by day 20, at the latest. We have 20 working days to investigate the complaint, regardless of any time taken to consider it at the frontline response stage.
68. Exceptionally, we may need longer than the 20-working day limit for a full response. If so, we will explain the reasons to the customer, and update them (and any staff involved) at least once every 20 working days.

Appendix D – Frequently asked questions

What happens if an extension is granted at stage 1, but then the complaint is escalated?

The extension at stage 1 does not affect the timeframes at stage 2. The stage 2 timeframes apply from the day the complaint was escalated (we have 20 working days from this date unless an extension is granted).

What happens if we cannot meet an extended timeframe?

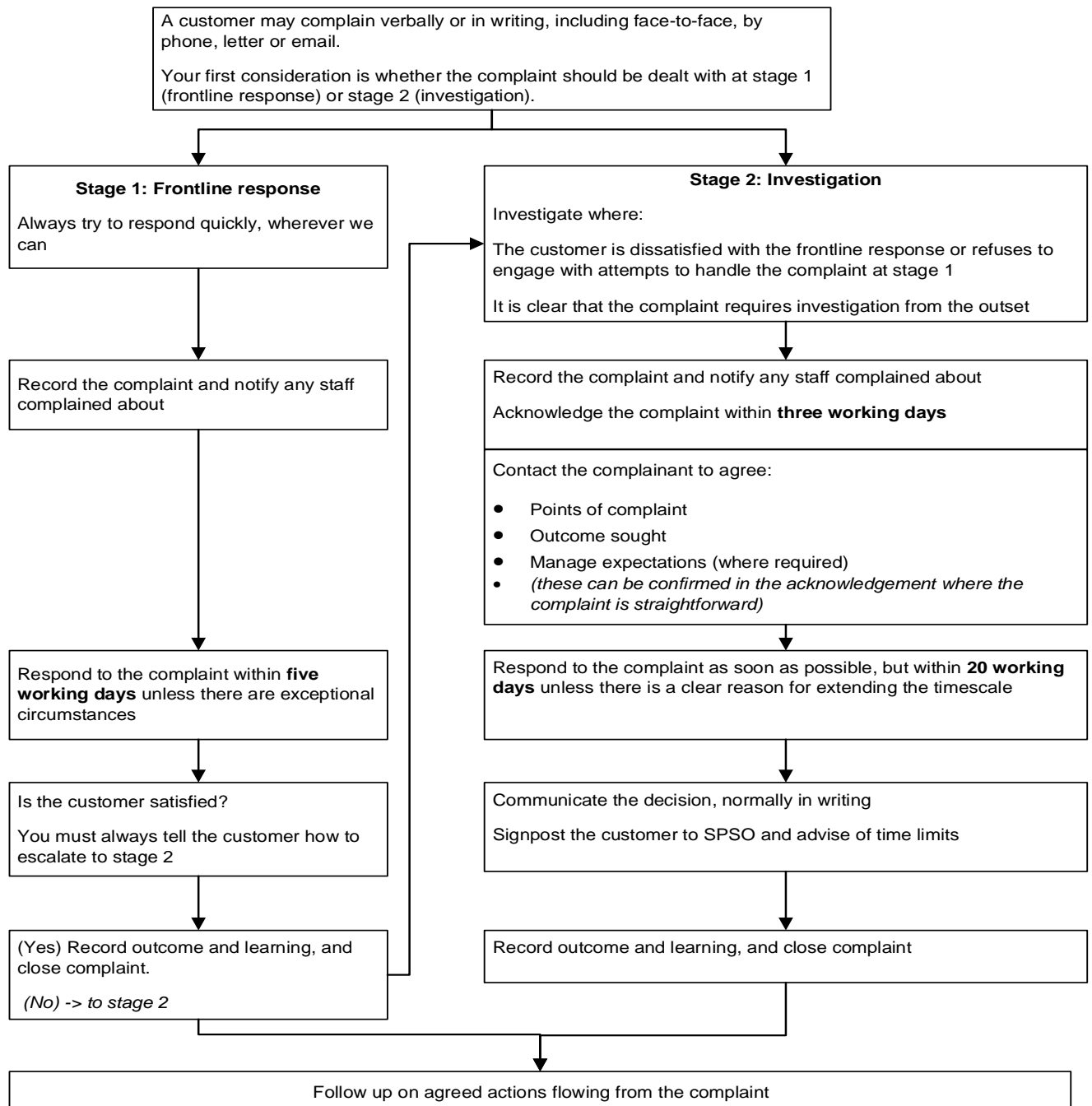
If we cannot meet the extended timeframe at stage 1, the complaint should be escalated to stage 2. The maximum timeframe allowed for a stage 1 response is ten working days.

If we cannot meet the extended timeframe at stage 2, a further extension may be approved by an appropriate manager if there are clear reasons for this. This should only occur in exceptional circumstances (the original extension should allow sufficient time to realistically investigate and respond to the complaint). Where a further extension is agreed, we should explain the situation to the customer and give them a revised timeframe for completion. We must update the customer and any staff involved in the investigation at least once every 20 working days.

What happens when a customer asks for stage 2 consideration a long time after receiving a frontline response?

Unless exceptional circumstances exist, customers should bring a stage 2 complaint within six months of learning about the problem, or within two months of receiving the stage 1 response (whichever is latest).

Appendix E – The complaint handling process for staff





COMPLAINTS HANDLING PROCEDURE PART 4: GOVERNANCE



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Governance

Roles and Responsibilities

1. All EIJB members and staff will be aware of:
 - a. the CHP
 - b. how to handle and record complaints at the frontline response stage
 - c. who they can refer a complaint to, in case they are not able to handle the matter
 - d. the need to try and resolve complaints early and as close to the point of service delivery as possible; and
 - e. their clear authority to attempt to resolve any complaints they may be called upon to deal with.
2. Training on this procedure will be part of the induction process for all EIJB members and staff. Refresher training will be provided on a regular basis.
3. The Chief Officer will ensure that:
 - a. EIJB's final position on a complaint investigation is signed off by an appropriate officer to provide assurance that this is the definitive response of the EIJB and that the complainant's concerns have been taken seriously
 - b. it maintains overall responsibility and accountability for the management and governance of complaints handling (including complaints about contracted services)
 - c. it has an active role in, and understanding of, the CHP (although not necessarily involved in the decision-making process of complaint handling)
 - d. mechanisms are in place to ensure a consistent approach to the way complaints handling information is managed, monitored, reviewed, and reported at all levels in the EIJB and
 - e. complaints information is used to improve services, and this is evident from regular publications.
4. The Chief Officer provides leadership and direction and enable us to perform effectively across all services. This includes ensuring that there is an effective CHP, with a robust investigation process that demonstrates how we learn from the complaints we receive.

5. The Chief Officer may take a personal interest in all or some complaints or may delegate responsibility for the CHP to senior staff. Regular management reports assure the Chief Officer of the quality of complaints performance.
6. The Heads of Service are also responsible for:
 - a. managing complaints and the way we learn from them
 - b. overseeing the implementation of actions required because of a complaint
 - c. investigating complaints; and
 - d. deputising for the Chief Officer on occasion.
8. They may also be responsible for preparing and signing off decisions for customers, so they should be satisfied that the investigation is complete, and their response addresses all aspects of the complaint. However, Head of Services may decide to delegate some elements of complaints handling (such as investigations and the drafting of response letters) to other senior staff. Where this happens, they should retain ownership and accountability for the management and reporting of complaints.
9. Locality Managers and Service Managers may be involved in the operational investigation and management of complaints handling. They may be responsible for preparing and signing decision letters to customers, so they should be satisfied that the investigation is complete, and their response addresses all aspects of the complaint.

Recording, reporting, learning from and publishing complaints

10. Complaints provide valuable customer feedback. One of the aims of the CHP is to identify opportunities to improve services across the EIJB. By recording and analysing complaints data, we can identify and address the causes of complaints and, where appropriate, identify training opportunities and introduce service improvements.
11. We also have arrangements in place to ensure complaints about contractors are recorded, reported on, and publicised in line with the CHP.
12. It is important to record suitable data to enable us to fully investigate and respond to the complaint, as well as using our complaint information to track themes and trends. As a minimum, we should record:
 - a. the customer's name and contact details
 - b. the date the complaint was received
 - c. the nature of the complaint
 - d. the service the complaint refers to
 - e. staff member responsible for handling the complaint

- f. action taken and outcome at frontline response stage
 - g. date the complaint was closed at the frontline response stage
 - h. date the investigation stage was initiated (if applicable)
 - i. action taken and outcome at investigation stage (if applicable)
 - j. date the complaint was closed at the investigation stage (if applicable); and
 - k. the underlying cause of the complaint and any remedial action taken.
 - l. the outcome of the SPSO's investigation (where applicable).
13. If the customer does not want to provide any of this information, we will reassure them that it will be managed appropriately, and record what we can.
14. Individual complaint files will be stored in line with our document retention policy.
15. We must have clear systems in place to act on issues identified in complaints. As a minimum, we must:
- a. seek to identify the root cause of complaints
 - b. take action to reduce the risk of recurrence; and
 - c. systematically review complaints performance reports to improve service delivery.

Learning from complaints

16. Learning may be identified from individual complaints (regardless of whether the complaint is upheld or not) and from analysis of complaints data.
17. Where we have identified the need for service improvement in response to an individual complaint, we will take appropriate action.
- a. the action needed to improve services must be authorised by an appropriate manager
 - b. an officer (or team) should be designated the 'owner' of the issue, with responsibility for ensuring the action is taken
 - c. a target date must be set for the action to be taken
 - d. the designated individual must follow up to ensure that the action is taken within the agreed timescale
 - e. where appropriate, performance in the service area should be monitored to ensure that the issue has been resolved; and
 - f. any learning points should be shared with relevant staff.
18. SPSO has guidance on **Learning from complaints**.
19. Information on complaints will be reviewed regularly to ensure that any trends or wider issues which may not be obvious from individual complaints are quickly identified and

addressed. Where we identify the need for service improvement, we will take appropriate action (as set out above). Where appropriate, performance in the service area should be monitored to ensure that the issue has been resolved.

Reporting of complaints

20. We have a process for the internal reporting of complaints information, including analysis of complaints trends. Regularly reporting the analysis of complaints information helps to inform management of where services need to improve.
21. We will report quarterly on:
 - a. performance statistics, in line with the complaint's performance indicators published by SPSO
 - b. analysis of the trends and outcomes of complaints (this should include highlighting where there are areas where few or no complaints are received, which may indicate either good practice or that there are barriers to complaining in that area).

Publicising complaints information

22. We publish information on complaints outcomes and actions taken to improve services on a quarterly basis. This demonstrates improvements resulting from complaints and shows that complaints can help to improve our services. It also helps ensure transparency in our complaints handling service and will help to show our customers that we value their complaints.
23. We will publish an annual complaints performance report on our website in line with SPSO requirements and provide this to the SPSO on request. This summarises and builds on the quarterly reports we have produced about our services. It includes:
 - a. performance statistics, in line with the complaint's performance indicators published by the SPSO; and
 - b. complaint trends and the actions that have been or will be taken to improve services as a result.
24. These reports must be easily accessible to members of the public and available in alternative formats as requested.





COMPLAINTS HANDLING PROCEDURE CUSTOMER FACING COMPLAINTS HANDLING PROCEDURE

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1. The EIJB is committed to providing high-quality customer services.
2. We value complaints and use information from them to help us improve our services. If something goes wrong or you are dissatisfied with our services, please tell us. This leaflet describes our complaints procedure and how to make a complaint. It also tells you about how we will handle your complaint and what you can expect from us.

What is a complaint?

3. We regard a complaint as any expression of dissatisfaction about our action or lack of action, or about the standard of service provided by us or on our behalf.

What can I complain about?

4. You can complain about things like:
 - a. failure or refusal to provide a service
 - b. inadequate quality or standard of service, or an unreasonable delay in providing a service
 - c. dissatisfaction with one of our policies or its impact on the individual
 - d. failure to properly apply law, procedure or guidance when delivering services
 - e. failure to follow the appropriate administrative process
 - f. conduct, treatment by or attitude of a member of staff or contractor (except where there are arrangements in place for the contractor to handle the complaint themselves); or disagreement with a decision, (except where there is a statutory procedure for challenging that decision, or an established appeals process followed throughout the sector).
5. Your complaint may involve more than one organisation / service or be about someone working on our behalf.

What can't I complain about?

6. There are some things we can't deal with through the EIJB complaints handling procedure. These include:
 - a. a routine first-time request for a service
 - b. a request for compensation only

- c. issues that are in court or have already been heard by a court or a tribunal (if you decide to take legal action, you should let us know as the complaint cannot then be considered under this process)
 - d. disagreement with a decision where there is a statutory procedure for challenging that decision (such as for freedom of information and subject access requests), or an established appeals process followed throughout the sector
 - e. a request for information under the Data Protection or Freedom of Information (Scotland) Act
 - f. a grievance by a staff member or a grievance relating to employment or staff recruitment
 - g. a concern raised internally by a member of staff (which was not about a service they received, such as a whistleblowing concern)
 - h. a concern about a child or an adult's safety
 - i. an attempt to reopen a previously concluded complaint or to have a complaint reconsidered where we have already given our final decision
 - j. abuse or unsubstantiated allegations about our organisation or staff or
 - k. a concern about the actions or service of a different organisation, where we have no involvement in the issue (except where the other organisation is delivering services on our behalf).
7. This procedure only deals with complaints arising from:
- a. EIJB policies
 - b. EIJB decisions
 - c. The administrative or decision-making process followed by the EIJB in coming to a decision
8. If you wish to raise a complaint about your experience with health services including the following:
- | | | |
|-------------------------------------|--|--|
| • Delays in care and / or treatment | • An inadequate standard of service | • Treatment by or attitude of a member of staff |
| • A failure to provide a service | • A lack of information and clarity about appointments | • Scheduled or unscheduled ambulance care |
| • Environmental or domestic issues | • Difficulty in making contact for appointments or queries | • Transport concerns, either to, from or within the healthcare environment |
| • Dissatisfaction with our policy | • Operational and procedural issues | • Our failure to follow appropriate processes |

9. You should raise a complaint with the Patient Experience Team:

NHS Lothian
2-4 Waterloo Place
Edinburgh, EH1 3EG
0131 536 337 / feedback@nhslothian.scot.nhs.uk
10. If a complaint relates to **adult social care services**, you should discuss it with your case officer in the first instance or alternatively contact us using the following details:

Using the online form @ <https://www.edinburghhsc.scot/contact-us/>
Emailing EHSCP@edinburgh.gov.uk
Calling 0131 529 4050
Or in writing, addressed to the Chief Officer, Edinburgh Integrated Joint Board, Level 2, Waverley Court, 4 East Market Street, Edinburgh, EH8 8BG
11. If other procedures or rights of appeal can help you resolve your concerns, we will give information and advice to help you

Who can complain?

12. Anyone who receives, requests or is directly affected by our services can make a complaint to us. This includes the representative of someone who is dissatisfied with our service (for example, a relative, friend, advocate, or adviser). If you are making a complaint on someone else's behalf, you will normally need their written consent. Please also read the section on Getting help to make your complaint below.

How do I complain?

13. You can complain in person at any of our offices, by phone, in writing or by email.
14. It is easier for us to address complaints if you make them quickly and directly to the service concerned. So please talk to a member of our staff at the service you are complaining about. Then they can try to resolve the issue.
15. When complaining, please tell us:
 - a. your full name and contact details
 - b. as much as you can about the complaint
 - c. what has gone wrong; and
 - d. what outcome you are seeking.

Our contact details

Our contact details

Chief Officer's Office
Edinburgh Integrated Joint Board
Waverley Court, 4 East Market Street, Edinburgh, EH8 8BG
Telephone: 0131 529 4050
Email: EHSCP@edinburgh.gov.uk
Website: <https://www.edinburghhsc.scot>

How long do I have to make a complaint?

16. Normally, you must make your complaint within six months of:
 - a. the event you want to complain about; or
 - b. finding out that you have a reason to complain.
17. In exceptional circumstances, we may be able to accept a complaint after the time limit. If you feel that the time limit should not apply to your complaint, please tell us why.

What happens when I have complained?

18. We will always tell you who is dealing with your complaint. Our complaints procedure has two stages.

Stage 1: Frontline response

19. We aim to respond to complaints quickly (where possible when you first tell us about the issue). This could mean an on-the-spot apology and explanation if something has clearly gone wrong, or immediate action to resolve the problem.
20. We will give you our decision at stage 1 in five working days or less, unless there are exceptional circumstances.
21. If you are not satisfied with the response we give at this stage, we will tell you what you can do next. If you choose to, you can take your complaint to stage 2. You must normally ask us to consider your complaint at stage 2 either:
 - a. within six months of the event you want to complain about or finding out that you have a reason to complain; or
 - b. within two months of receiving your stage 1 response (if this is later).
22. In exceptional circumstances, we may be able to accept a stage 2 complaint after the time limit. If you feel that the time limit should not apply to your complaint, please tell us why.

Stage 2: Investigation

23. Stage 2 deals with two types of complaint: where the customer remains dissatisfied after stage 1 and those that clearly require investigation and are handled at stage 2. If you do not wish your complaint to be handled at stage 1, you can ask us to handle it at stage 2 instead.
24. When using stage 2:
 - a. we will acknowledge receipt of your complaint within three working days
 - b. we will confirm our understanding of the complaint to be investigated and what outcome you are looking for
 - c. we will try to resolve your complaint where we can (in some cases we may suggest using an alternative complaint resolution approach, such as mediation); and
 - d. where we cannot resolve your complaint, we will give you a full response as soon as possible, normally within 20 working days.
25. If our investigation will take longer than 20 working days, we will tell you our revised time limits and keep you updated on progress.

What if I'm still dissatisfied?

26. After we have given you our final decision, if you are still dissatisfied with our decision or the way we dealt with your complaint, you can ask the Scottish Public Services Ombudsman (SPSO) to look at it.
27. The SPSO are an independent organisation that investigates complaints. They are not an advocacy or support service (but there are other organisations who can help you with advocacy or support).
28. You can ask the SPSO to look at your complaint if:
 - a. you have gone all the way through the EIJB's complaints handling procedure
 - b. it is less than 12 months after you became aware of the matter you want to complain about; and
 - c. the matter has not been (and is not being) considered in court.
29. The SPSO will ask you to complete a complaint form and provide a copy of our final response to your complaint. You can do this online at www.spsso.org.uk/complain/form or call them on Freephone 0800 377 7330.
30. You may wish to get independent support or advocacy to help you progress your complaint. See the section on Getting help to make your complaint below.
31. The SPSO's contact details are:

SPSO
Bridgeside House, 99 McDonald Road, Edinburgh, EH7 4NS

(if you would like to visit in person, you must make an appointment first)

32. Their freepost address is:

FREEPOST SPSO

Freephone: 0800 377 7330

Online contact: www.spsso.org.uk/contact-us

Website: www.spsso.org.uk

Getting help to make your complaint

33. We understand that you may be unable or reluctant to make a complaint yourself. We accept complaints from the representative of a person who is dissatisfied with our service. We can take complaints from a friend, relative, or an advocate, if you have given them your consent to complain on your behalf.
34. You can find out about advocates in your area by contacting the Scottish Independent Advocacy Alliance:
- Scottish Independent Advocacy Alliance
Tel: 0131 510 9410 Website: www.siaa.org.uk
35. You can find out about advisers in your area through Citizens Advice Scotland:
- Citizens Advice Scotland
 - Website: www.cas.org.uk or check your phone book for your local citizens advice bureau.
36. We are committed to making our service easy to use for all members of the community. In line with our statutory equalities' duties, we will always ensure that reasonable adjustments are made to help you access and use our services.
37. If you have trouble putting your complaint in writing, or want this information in another language or format, such as large font, or Braille, please tell us in person, contact us on 0131 529 4050 or email us at EHSCP@edinburgh.gov.uk.

Appendix A - Quick guide to our complaints procedure



Complaints procedure

You can make your complaint in person, by phone, by email or in writing. We have **a two-stage complaints procedure**. We will always try to deal with your complaint quickly. But if it is clear that the matter will need investigation, we will tell you and keep you updated on our progress.



Stage 1: Frontline response

We will always try to respond to your complaint quickly, within **five working days** if we can. If you are dissatisfied with our response, you can ask us to consider your complaint at stage 2.



Stage 2: Investigation

We will look at your complaint at this stage if you are dissatisfied with our response at stage 1. We also look at some complaints immediately at this stage, if it is clear that they need investigation.

We will acknowledge your complaint within **three working days**.

We will confirm the points of complaint to be investigated and what you want to achieve. We will investigate the complaint and give you our decision as soon as possible. This will be after no more than **20 working days** *unless* there is clearly a good reason for needing more time.



Scottish Public Services Ombudsman

If, after receiving our final decision on your complaint, you remain dissatisfied with our decision or the way we have handled your complaint, you can ask the SPSO to consider it. We will tell you how to do this when we send you our final decision.

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REPORT

EIJB Consultation Protocol

Edinburgh Integration Joint Board

27 April 2021

Executive Summary	The purpose of this report is to present the Edinburgh Integration Joint Board (EIJB) with an approach for agreeing consultation submissions.
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Recommendations	<p>It is recommended that the Edinburgh Integration Joint Board:</p> <ol style="list-style-type: none"> 1. Agree the EIJB Consultation Protocol (Appendix 1) 2. Agree to delegate the responsibility for responding to consultations on behalf of the EIJB to the Chief Officer in consultation with the Chair and Vice Chair where there is a small impact on the business of 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	

Report Circulation

1. This report has not been circulated to any committees prior to submission to the EIJB.

Main Report

2. As a public body, there may a range of consultation exercises that the EIJB may wish to respond to. Appendix 1 provide a protocol for responding to consultation exercises and provides details on the proposed approval mechanism.

3. If the proposed consultation would have a small impact on the business of the EIJB, this will be signed off by the Chief Officer, in consultation with the Chair and Vice Chair (e.g. IJB as a Category 1 responder).
4. If the consultation request will potentially have a significant impact on the business / operation of the EIJB, or deemed as high profile, the submission will be approved by the EIJB (e.g. Feeley Review). Draft submissions will be presented to the Board for approval prior to submission. However, as consultation deadlines are out-with the control of the EIJB, there may be occasions where the sequencing of Board meetings do not allow for EIJB to agree a submission prior to the deadline. In this instance, the EIJB will be asked to sign off the submission by email. The submission would be presented to the Board for retrospective agreement.

Implications for Edinburgh Integration Joint Board

Financial

5. There are no financial risks arising from this report.

Legal / risk implications

6. There are no legal or risk implications arising from this report.

Equality and integrated impact assessment

7. There is no requirement to undertake an Equalities Impact Assessment for this report.

Environment and sustainability impacts

8. There are no environment or sustainability impacts arising from this report.

Quality of care

9. The proposals contained in this report would have not negatively on quality of care.

Consultation

10. There are no requirements to consult on the proposals contained within this report.

Report Author

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Background Reports

None

Appendices

Appendix 1 EIJB Consultation Protocol

Appendix 1 - EIJB Consultation Protocol

1. Where there is a request for views as part of a consultation exercise and it is in the interests of the Edinburgh Integration Joint Board (EIJB) to provide a submission, the request should be submitted to chiefofficer-eijb@edinburgh.gov.uk for logging on the consultation log.
2. There will be a review of the consultation request to confirm the approval arrangements. The Operations Manager will co-ordinate the consultation submission. If the proposed consultation would have a small impact on the business of the EIJB, this will be signed off by the Chief Officer, in consultation with the Chair and Vice Chair.
3. If the consultation request will potentially have a significant impact on the business / operation of the EIJB, or is deemed a high-profile consultation exercise, the submission will be approved by the EIJB.
4. Draft submissions will be presented to the Board for approval. However, as consultation deadlines are out-with the control of the EIJB, there may be occasions where the sequencing of Board meetings do not allow for EIJB agreement prior to submission. In this instance, the EIJB will be asked to sign off the submission by email and the submission would be presented to the Board for retrospective agreement.
5. Consultation submissions approved by the Chief Officer will be included as part of the Board papers for awareness. All consultation submissions will be stored on the Edinburgh Health and Social Care Partnership website for information.

REPORT

Edinburgh Integration Joint Board and Committees Dates 2022

Edinburgh Integration Joint Board

27 April 2021

Executive Summary

The purpose of this report is to agree the proposed dates for the meetings of the Edinburgh Integration Joint Board, Development Sessions, Budget Working Groups and the Committees for 2022.

Recommendations

It is recommended that the Edinburgh Integration Joint Board:

1. Agree the proposed EIJB dates for 2022;
2. Agree the proposed Development Session and Budget Working Group Dates for 2022; and
3. Agree the proposed Committee dates for 2022.
4. Note that meetings are to remain virtual via Microsoft Teams until further notice.

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

This report has been circulated to the Chairs of the EIJB Committees prior to the submission to the EIJB.

Main Report

1. Following from the revision of the Development Sessions and Working Group dates and structure for the 2021 diary, the EIJB diary for 2022 incorporates the same meeting patterns for these sessions alongside a similar structure of Board meetings.
2. Unlike previous years, the 2022 diary aims to incorporate Committee meetings into the calendar, allowing Chairs and committee members clarity on dates relevant to the IJB meetings.
3. Committee dates follow meeting patterns set out in the Terms of Reference for each Committee, which are as follows;
 - a. Audit and Assurance – Quarterly (with an additional meeting in June to consider the annual accounts)
 - b. Clinical and Care Governance – Quarterly
 - c. Futures – Five meetings per year
 - d. Performance and Delivery – Bi-monthly – two weeks prior to the IJB
 - e. Strategic Planning Group – Six meetings per year.
4. Appendix 1 gives Board Members the proposed Diary for 2022. Recognising that the Board is made up of several elected members from the City of Edinburgh Council, no meeting dates are planned for the duration of the Local Government Election Recess throughout May to avoid quorate issues arising. The only exception to this is a Development Session scheduled for 3th May as this session is non-quorate.
5. With the Council Diary for 2022 completed up to the summer recess, Board members can take assurance that there are no membership clashes with Council committees for this period. After consultation with NHS Lothian, the Board and Committee dates are not agreed to until the autumn, therefore, NHSL members can take assurance that there are no conflicts in the Diary with NHSL dates.
6. Given the current social distancing constraints in place across the country, it is proposed to keep meeting virtually until further notice. It is not feasible nor practical to find a venue accommodative for all Board and Committee members and officers whilst social distancing remains in place. When the Scottish Government guidance changes in relation to social distancing and restricted-number indoor group meetings, this position will be reviewed.

Implications for Edinburgh Integration Joint Board

Financial

1. There are no financial implications arising from this report.

Legal / risk implications

2. There are no legal/risk arising from this report.

Equality and integrated impact assessment

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

Environment and sustainability impacts

4. There are no environment or sustainability implications arising from this report.

Quality of care

5. Not applicable.

Consultation

6. None.

Report Author

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Background Reports

None.

Appendices

Appendix 1 Edinburgh Integration Joint Board Diary 2022

Appendix 1 – Edinburgh Integration Joint Board Diary 2022

<i>(Christmas and New Year Recess until w/c 10 January 2022)</i>					
Wk1	Mon	10	January	a.m.	
				p.m.	
	Tue	11	January	a.m.	Edinburgh Integration Joint Board Development Session
				p.m.	
	Wed	12	January	a.m.	
				p.m.	
	Thu	13	January	a.m.	
				p.m.	
	Fri	14	January	a.m.	
				p.m.	
Wk2	Mon	17	January	a.m.	
				p.m.	
	Tue	18	January	a.m.	
				p.m.	
	Wed	19	January	a.m.	
				p.m.	Strategic Planning Group
	Thu	20	January	a.m.	
				p.m.	
	Fri	21	January	a.m.	
				p.m.	
Wk3	Mon	24	January	a.m.	
				p.m.	
	Tue	25	January	a.m.	Budget Working Group
				p.m.	



	Wed	26	January	a.m.	Performance and Delivery
				p.m.	
	Thu	27	January	a.m.	
				p.m.	
	Fri	28	January	a.m.	
				p.m.	
Wk4	Mon	31	January	a.m.	
				p.m.	
	Tue	1	February	a.m.	
				p.m.	
	Wed	2	February	a.m.	
				p.m.	
	Thu	3	February	a.m.	
				p.m.	Futures
	Fri	4	February	a.m.	
				p.m.	
Wk5	Mon	7	February	a.m.	
				p.m.	
	Tue	8	February	a.m.	Edinburgh Integration Joint Board
				p.m.	
	Wed	9	February	a.m.	
				p.m.	
	Thu	10	February	a.m.	
				p.m.	
	Fri	11	February	a.m.	
				p.m.	



Wk6	Mon	14	February	a.m.	
				p.m.	
	Tue	15	February	a.m.	
				p.m.	
	Wed	16	February	a.m.	
				p.m.	
	Thu	17	February	a.m.	
				p.m.	Clinical and Care Governance
	Fri	18	February	a.m.	
				p.m.	Audit and Assurance
Wk1	Mon	21	February	a.m.	
				p.m.	
	Tue	22	February	a.m.	Budget Working Group
				p.m.	
	Wed	23	February	a.m.	
				p.m.	
	Thu	24	February	a.m.	
				p.m.	
	Fri	25	February	a.m.	
				p.m.	
Wk2	Mon	28	February	a.m.	
				p.m.	
	Tue	1	March	a.m.	
				p.m.	
	Wed	2	March	a.m.	Performance and Delivery
				p.m.	
	Thu	3	March	a.m.	
				p.m.	
	Fri	4	March	a.m.	
				p.m.	
Wk3	Mon	7	March	a.m.	



				p.m.	
	Tue	8	March	a.m.	
				p.m.	
	Wed	9	March	a.m.	Budget Q&A
				p.m.	
	Thu	10	March	a.m.	
				p.m.	
	Fri	11	March	a.m.	
				p.m.	
Wk4	Mon	14	March	a.m.	
				p.m.	
	Tue	15	March	a.m.	
				p.m.	
	Wed	16	March	a.m.	
				p.m.	
	Thu	17	March	a.m.	
				p.m.	
	Fri	18	March	a.m.	
				p.m.	



Wk5	Mon	21	March	a.m.	
				p.m.	
	Tue	22	March	a.m.	Edinburgh Integration Joint Board (Budget)
				p.m.	
	Wed	23	March	a.m.	
				p.m.	Strategic Planning Group
	Th	24	March	a.m.	
				p.m.	
	Fri	25	March	a.m.	
				p.m.	
Wk6	Mon	28	March	a.m.	
				p.m.	
	Tue	29	March	a.m.	
				p.m.	
	Wed	30	March	a.m.	
				p.m.	
	Th	31	March	a.m.	
				p.m.	Futures
	Fri	1	April	a.m.	
				p.m.	
Wk1	Mon	4	April	a.m.	
				p.m.	
	Tues	5	April	a.m.	
				p.m.	
	Wed	6	April	a.m.	
				p.m.	
	Thu	7	April	a.m.	
				p.m.	
	Fri	8	April	a.m.	
				p.m.	
Wk2	Mon	11	April	a.m.	



				p.m.	
	Tue	12	April	a.m.	
				p.m.	
	Wed	13	April	a.m.	
				p.m.	
	Thu	14	April	a.m.	
				p.m.	
	Fri	15	April	a.m.	
				p.m.	
Wk3	Mon	18	April	a.m.	
				p.m.	
	Tue	19	April	a.m.	Edinburgh Integration Joint Board
				p.m.	
	Wed	20	April	a.m.	
				p.m.	
	Thu	21	April	a.m.	
				p.m.	
	Fri	22	April	a.m.	
				p.m.	



Wk4	Mon	25	April	a.m.	
				p.m.	
	Tue	26	April	a.m.	
				p.m.	
	Wed	27	April	a.m.	
				p.m.	Audit and Assurance
	Thu	28	April	a.m.	
				p.m.	
<i>(Scottish Local Government Election Recess until w/c 6 June 2022)</i>					
	Tues	3	May	a.m.	Edinburgh Integration Joint Board Development Session
Wk5	Mon	6	June	a.m.	
				p.m.	
	Tue	7	June	a.m.	
				p.m.	
	Wed	8	June	a.m.	Performance and Delivery
				p.m.	
	Thu	9	June	a.m.	
				p.m.	Clinical and Care Governance
Wk6	Fri	10	June	a.m.	
				p.m.	
	Mon	13	June	a.m.	
				p.m.	
	Tue	14	June	a.m.	
				p.m.	
	Wed	15	June	a.m.	
				p.m.	Strategic Planning Group
Wk6	Thu	16	June	a.m.	
				p.m.	
	Fri	17	June	a.m.	
				p.m.	



Wk1	Mon	20	June	a.m.	
				p.m.	
	Tue	21	June	a.m.	Edinburgh Integration Joint Board
				p.m.	
	Wed	22	June	a.m.	
				p.m.	
	Thu	23	June	a.m.	
				p.m.	Futures
	Fri	24	June	a.m.	
				p.m.	
Wk2	Mon	27	June	a.m.	
				p.m.	
	Tue	28	June	a.m.	
				p.m.	
	Wed	29	June	a.m.	
				p.m.	Audit and Assurance (accounts)
	Thu	30	June	a.m.	
				p.m.	
	Fri	1	July	a.m.	
				p.m.	



(Summer Recess until w/c 1 August 2022)

Wk3	Mon	1	August	a.m.	
				p.m.	
	Tue	2	August	a.m.	
				p.m.	
	Wed	3	August	a.m.	Performance and Delivery
				p.m.	
	Thu	4	August	a.m.	
				p.m.	
	Fri	5	August	a.m.	
				p.m.	
Wk4	Mon	8	August	a.m.	
				p.m.	
	Tue	9	August	a.m.	Edinburgh Integration Joint Board
				p.m.	
	Wed	10	August	a.m.	
				p.m.	
	Thu	11	August	a.m.	
				p.m.	
	Fri	12	August	a.m.	
				p.m.	
Wk5	Mon	15	August	a.m.	
				p.m.	
	Tue	16	August	a.m.	
				p.m.	
	Wed	17	August	a.m.	
				p.m.	Strategic Planning Group
	Thu	18	August	a.m.	
				p.m.	
	Fri	19	August	a.m.	
				p.m.	



Wk6	Mon	22	August	a.m.	
				p.m.	
	Tue	23	August	a.m.	
				p.m.	
	Wed	24	August	a.m.	
				p.m.	
	Thu	25	August	a.m.	
				p.m.	
	Fri	26	August	a.m.	
				p.m.	
Wk1	Mon	29	August	a.m.	
				p.m.	
	Tue	30	August	a.m.	
				p.m.	
	Wed	31	August	a.m.	
				p.m.	
	Thu	1	September	a.m.	
				p.m.	
	Fri	2	September	a.m.	
				p.m.	



Wk2	Mon	5	September	a.m.	
				p.m.	
	Tue	6	September	a.m.	
				p.m.	
	Wed	7	September	a.m.	
				p.m.	
	Thu	8	September	a.m.	
				p.m.	Clinical and Care Governance
	Fri	9	September	a.m.	
				p.m.	
Wk3	Mon	12	September	a.m.	
				p.m.	
	Tue	13	September	a.m.	Budget Working Group
				p.m.	
	Wed	14	September	a.m.	
				p.m.	
	Thu	15	September	a.m.	
				p.m.	
	Fri	16	September	a.m.	
				p.m.	Audit and Assurance
Wk4	Mon	19	September	a.m.	
				p.m.	
	Tue	20	September	a.m.	
				p.m.	
	Wed	21	September	a.m.	
				p.m.	
	Thu	22	September	a.m.	
				p.m.	Futures
	Fri	23	September	a.m.	
				p.m.	
Wk5	Mon	26	September	a.m.	



				p.m.	
	Tue	27	September	a.m.	Edinburgh Integration Joint Board Annual Accounts + Development Session
				p.m.	
	Wed	28	September	a.m.	
				p.m.	
	Thu	29	September	a.m.	
				p.m.	
	Fri	30	September	a.m.	
				p.m.	
Wk6	Mon	3	October	a.m.	
				p.m.	
	Tue	4	October	a.m.	
				p.m.	
	Wed	5	October	a.m.	Performance and Delivery
				p.m.	
	Thu	6	October	a.m.	
				p.m.	
	Fri	7	October	a.m.	
				p.m.	



Wk1	Mon	10	October	a.m.	
				p.m.	
	Tue	11	October	a.m.	
				p.m.	
	Wed	12	October	a.m.	
				p.m.	Strategic Planning Group
	Thu	13	October	a.m.	
				p.m.	
	Fri	14	October	a.m.	
				p.m.	
Wk2	Mon	17	October	a.m.	
				p.m.	
	Tue	18	October	a.m.	Edinburgh Integration Joint Board
				p.m.	
	Wed	19	October	a.m.	
				p.m.	
	Thu	20	October	a.m.	
				p.m.	
	Fri	21	October	a.m.	
				p.m.	
Wk3	Mon	24	October	a.m.	
				p.m.	
	Tue	25	October	a.m.	
				p.m.	
	Wed	26	October	a.m.	
				p.m.	
	Thu	27	October	a.m.	
				p.m.	
	Fri	28	October	a.m.	
				p.m.	
Wk4	Mon	31	October	a.m.	



				p.m.	
	Tue	1	November	a.m.	
				p.m.	
	Wed	2	November	a.m.	
				p.m.	
	Thu	3	November	a.m.	
				p.m.	Clinical and Care Governance
	Fri	4	November	a.m.	
				p.m.	
Wk5	Mon	7	November	a.m.	
				p.m.	
	Tue	8	November	a.m.	Budget Working Group
				p.m.	
	Wed	9	November	a.m.	
				p.m.	
	Thu	10	November	a.m.	
				p.m.	
	Fri	11	November	a.m.	
				p.m.	



Wk6	Mon	14	November	a.m.	
				p.m.	
	Tue	15	November	a.m.	
				p.m.	
	Wed	16	November	a.m.	
				p.m.	
	Thu	17	November	a.m.	
				p.m.	Futures
	Fri	18	November	a.m.	
				p.m.	
Wk1	Mon	21	November	a.m.	
				p.m.	
	Tue	22	November	a.m.	Edinburgh Integration Joint Board Development Session
				p.m.	
	Wed	23	November	a.m.	
				p.m.	
	Thu	24	November	a.m.	
				p.m.	
	Fri	25	November	a.m.	
				p.m.	Audit and Assurance
Wk2	Mon	28	November	a.m.	
				p.m.	
	Tue	29	November	a.m.	
				p.m.	
	Wed	30	November	a.m.	Performance and Delivery
				p.m.	
	Thu	1	December	a.m.	
				p.m.	
	Fri	2	December	a.m.	
				p.m.	



Wk3	Mon	5	December	a.m.	
				p.m.	
	Tue	6	December	a.m.	Edinburgh Integration Joint Board Development Session
				p.m.	
	Wed	7	December	a.m.	
				p.m.	Strategic Planning Group
	Thu	8	December	a.m.	
				p.m.	
	Fri	9	December	a.m.	
				p.m.	
Wk4	Mon	12	December	a.m.	
				p.m.	
	Tue	13	December	a.m.	Edinburgh Integration Joint Board
				p.m.	
	Wed	14	December	a.m.	
				p.m.	
	Thu	15	December	a.m.	
				p.m.	
	Fri	16	December	a.m.	
				p.m.	

Wk5	Mon	19	December	a.m.	
				p.m.	
	Tue	20	December	a.m.	
				p.m.	
	Wed	21	December	a.m.	
				p.m.	
	Thu	22	December	a.m.	
				p.m.	
	Fri	23	December	a.m.	
				p.m.	

REPORT

Appointments to the Edinburgh Integration Joint Board and Committees

Edinburgh Integration Joint Board

27 April 2021

Executive Summary

The purpose of this report is to inform the Board of changes to membership.

Recommendations

It is recommended that the Edinburgh Integration Joint Board:

1. Notes that the NHS Lothian Board has agreed to appoint Nancy McKenzie as a voting member of the Joint Board, with effect from 7 April 2021.
2. Appoints Nancy McKenzie to the Strategic Planning Group and the Performance and Delivery Committee as a voting member.
3. Appoints Heather Cameron as a non-voting member of the Joint Board and to the Futures Committee as the AHP Lead member.
4. Appoints Grant Macrae and Allister McKillop to the Strategic Planning Group as non-voting members, subject to the completion of satisfactory PVG checks.
5. Appoints Ruth Hendery to the Performance and Delivery Committee as a non-voting member, subject to the completion of satisfactory PVG checks.



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

This report has not been considered elsewhere.

Main Report

1. The Joint Board is responsible, in line with section 3 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (the Order), for appointing non-voting members to the Board. The City of Edinburgh Council and NHS Lothian are responsible, under the same Order, for appointing their own members to the Joint Board.
2. In line with section 7 of the Order, the term of office of a member of the Joint Board is not to exceed three years, but members can be reappointed for a further term of office.
3. Following the end of a previous member's term of office, there has been a voting member vacancy on the Board. The Chair of the NHS Lothian Board has informed the Chair of the IJB that it has agreed to appoint Nancy McKenzie as a voting member. This appointment fills the vacancy. It is also recommended that Nancy McKenzie be appointed to the Strategic Planning Group and the Performance and Delivery Committee to fill the vacancies on these committees.
4. There is currently a vacancy on the Board for a non-voting member, following the resignation of the previous Allied Healthcare Professional representative. The NHS Lothian Board has nominated Heather Cameron to be appointed to this vacancy. Should this be agreed, it is recommended that Heather Cameron is also appointed as a non-voting member to the Futures Committee to fill the AHP Lead vacancy.
5. The terms of reference and membership for each of the five IJB committees were approved at the Board's meeting on 21 July 2020. The Board agreed in March 2021 to



appoint Allister McKillop and Grant Macrae to the Joint Board as citizen representatives. There are two citizen representative vacancies on the Strategic Planning Group, and it is recommended that Allister McKillop and Grant Macrae are appointed to the Group as non-voting members, subject to the completion of satisfactory PVG checks.

6. At the meeting in March 2021, Ruth Hendery was also appointed as a carer representative. There are currently two non-voting member vacancies on the Performance and Delivery Committee. It is recommended that Ruth Hendery be appointed to one of these vacancies, subject to the completion of satisfactory PVG checks.
7. A report will be brought back in June for the Board to consider appointments to the remaining non-voting member vacancies on the Performance and Delivery Committee and the Clinical and Care Governance Committee.

Implications for Edinburgh Integration Joint Board

Financial

8. There are no financial implications arising from this report.

Legal / risk implications

9. Failure to appoint Joint Board members and members of the Strategic Planning Group would result in the Joint Board failing to meet the requirements of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

10. Equality and integrated impact assessment

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

Environment and sustainability impacts

12. There are no environment or sustainability implications arising from this report.

Quality of care

13. Not applicable.

Consultation

14. None.

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board

Contact for further information:

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Background Reports

1. [Edinburgh Integration Joint Board Governance Report](#), 21 July 2020
2. [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)
3. [Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Order 2014](#)
4. [Integration Scheme](#)

REPORT

Committee Update Report

Edinburgh Integration Joint Board

27 April 2021

Executive Summary

The purpose of this report is to provide the Edinburgh Integration Joint Board with an update on the business of all Committees in March 2021.

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 March 2021. 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.

Clinical and Care Governance - 16 March 2021

2. **NHS Lothian Health and Safety Committee (Q3 Update)** - the committee were presented with a report on Partnership health and safety activities.
3. **Care Homes Update** - the committee heard about the work ongoing in care homes.
4. **Vaccinations Update** - the committee were presented with a report on the COVID19 vaccination programme.
5. **Primary Care Deep Dive** - the committee undertook a deep dive of Primary Care clinical governance arrangements.

6. **Evaluation Report on Adult Flu Campaign** - the committee were presented with a report on the evaluation of the adult flu vaccination programme.

Strategic Planning Group - 17 March 2021

7. **Strategy Progress Update** - the committee had before it, a presentation on the next strategic planning cycle.
8. **Joint Strategic Needs Assessment** - the committee were presented with an update report on the Joint Strategic Needs Assessment.
9. **Transformation** - the committee were presented with an update report on transformation.
10. **Edinburgh Pact and Community Mobilisation** - the committee discussed progress with the development of the Edinburgh Pact and community mobilisation.

Forward Planning - June 2021 Committee Update Report

11. Performance and Delivery Committee - 14 April 2021
12. Strategic Planning Group - 12 May 2021
13. Clinical and Care Governance - 17 May 2021
14. Performance and Delivery Committee - 9 June 2021
15. Futures Committee - 10 June 2021
16. Audit and Assurance Committee - 11 June 2021

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board

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Minute

IJB Clinical and Care Governance Committee

2.30pm, Tuesday 16 March 2021

Microsoft Teams

Present:

Richard Williams (Chair), Councillor Robert Aldridge, Helen FitzGerald, Councillor George Gordon, Martin Hill, Jacqui Macrae and Ian McKay and Colin Beck.

In attendance: Matthew Brass, Tom Cowan, Helen Elder, Sheena Muir and David White.

Apologies: Jackie Irvine and Jon Ferrer.

1. Minutes

Decision

To approve the minute of the meeting of the Clinical Care and Governance Committee held on 23 November 2020 as a correct record.

2. Rolling Actions Log

Decision

To note the outstanding actions.

(Reference – Rolling Actions Log, submitted)

3. NHS Lothian Health and Safety Committee – EHSCP Quarter 3 Update

Committee were presented with the Edinburgh Health and Social Care Partnership Health and Safety report for Quarter 3 (Council Quarter 4). The report was referred to the Committee from NHS Lothian's Health and Safety Committee, and intended to

provide members with reassurance that the health, safety and wellbeing of staff is properly managed within the Partnership. The report also provided an update on recent Partnership Health and Safety Group activities and updated members on staff related occupational health and safety issues.

Members noted concerns surrounding the position of this Committee in relation to the paper, and felt that – especially with the serious nature of staff safety concerns – that the Committee should be playing a proactive governance role in contributing to the work done to protect staff and the report, rather than simply noting the report that is presented each meeting.

Going forward, members questioned the appropriateness of having such a detailed report on a wide range of issues presented at each meeting. Although certain aspects of the report were noted to be of interest to the Committee, member agreed that having a similar type of report presented at each meeting would be unnecessary. A shorter report detailing specific risks to integration and IJB services was agreed to be the recurring item on future agendas, with the position of this report to be considered further.

Decision

- 1) To note the content of the paper.
- 2) To note the progress made to implement the Partnership's integrated health and safety framework.
- 3) To provide a short report at subsequent committee meetings on any specific health and safety risks to services delivered by the IJB, or health and safety risks that pose a threat to integration in general.
- 4) To consider including the current report as an appendix to the short report for reference.

(Reference – Report by the Head of Operations, EHSCP, submitted).

4. Care Homes Update

Jacqui Macrae presented a verbal update to Committee on the ongoing work in care homes across Edinburgh.

Members were encouraged by the continuous improvement of Covid-19 cases throughout care homes, with two homes currently reporting cases, this was noted to be a significant improvement. Testament was paid to staff in the homes who have been able to adapt and evolve as the pandemic has progressed in order to reach this strengthened position.

Members also noted the next steps for care homes as a result of the pandemic. These included reflecting and building on the lessons learned through Covid, considering if the approaches adopted through the pandemic can be broadened and become part of the usual structure, and taking into consideration the recently published Feeley Report and taking any potential concerns or optimisms from that.

Decision

To note the update.

5. Vaccinations Update

A presentation updating members on the vaccination programme throughout Edinburgh was presented to Committee. The presentation updated members on the timeline of vaccination rollout to care homes, staff clinics and housebound patients, as well as the clinical governance of the programme.

Members were assured that the vaccination programme was running to schedule, with all care home residents and housebound patients expected to have their second dose by the end of May. The current position and planned timeline going forward with the vaccination programme hoped to provide assurance to the IJB.

Concerns were expressed surrounding the problems faced/still being faced as the vaccination programme continued, with elected members and NHS staff reporting that a number of complaints had been received relating to individuals not receiving their appointment letter, or having received their appointment letter, finding that their vaccination would take place in another part of the city. It was noted that the issue was a nation-wide problem with the 'National Service Now' programme and efforts were ongoing to resolve the matter at a national level.

Moving forward, members were assured that the relevant reflection on the programme would take place and valuable lessons would be learned in a range of areas, including:

- How adverse events (wrong dosages/types of vaccine) were recorded and dealt with;
- Communication with the general population to avoid spending a large amount of time answering queries;
- Problems with software/systems;
- The impact of Covid on standard vaccination practice and how this could affect future rollouts.

Decision

- 1) To note the presentation.
- 2) To discuss offline what form a paper could be brought back to Committee that explores the local successes, difficulties and local measures adopted that differ when compared to the national programme/other localities.
- 3) To consider the impact of the vaccination programme on health care programmes delegated to the IJB and if the programme has affected the Strategic Plan.
- 4) To circulate the NHS Lothian Member Brief on answering queries on the vaccination/vaccination programme and – if permitted to – circulate this paper to all elected members in the Council to aid the response to constituent queries.

6. Edinburgh Primary Care Deep Dive

A presentation that provided a deep dive on Primary care throughout Edinburgh was presented to Committee. Specifically, the presentation gave members information on performance assurance of GPs, Primary Health Care Teams (PHCTs) as well as potential gaps in the performance monitoring of these groups.

Members took encouragement from the fact that there were no significant outliers of concern for Primary Care throughout the city, however questioned surrounding the most deprived groups' experience of Primary Care were voiced. Members noted that there should be an effort to positively discriminate between groups in regard to rich/poor in deprived/wealthy areas. It was agreed that the IJB are in a good position to address these inequalities and delegate action accordingly.

Concerns were also expressed surrounding the management and number of available Primary Care Improvement Plan (PCIP) staff, with members noting that the funding is available for the staff, but it is the staffing shortage that is the issue.

Decision

- 1) To note the presentation.
- 2) To take assurance that there is a system of governance in Primary Health Care teams and that quality improvement was core.

7. Evaluation Report on the Adult Flu Campaign 2020

Committee were presented with the evaluation of the adult flu vaccination programme in 2020 – which had been delivered for the first time by the Edinburgh Health and Social Care Partnership.

The report gave an overview of the delivery of the vaccination programme and the challenges involved, as well as the learning points taken from the experience and the recommendations going forward for budgeting and administering the 2021 programme.

Members were encouraged by the quality of the planning and delivery of the programme, especially given it was the EHSCP's first time involved. The Drive-Thru vaccination campaign was noted to be a major success, and committee passed their thanks to Fiona Cowan and Eileen McGuire for their work on the programme. Members accepted that the flu vaccination programme was a strong example of transformative change, which has resulted in an improved outcome – the figures for this years' flu vaccination programme were better than previous years' when run by GP practices.

Decision

- 1) To note the experience of delivering the adult flu programme 2020.
- 2) To note the learning points from the experience of 2020.
- 3) To note the full cost and recommended budget for 2021.

- 4) To comment on the initial proposals (not yet included) for the 2021 programme and note that the first 2021 delivery group meeting has been organised.

(Reference – Report by David White, submitted).

8. Date of Next Meeting

The date of the next meeting was noted to be 17 May 2021 via Microsoft Teams.

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Minute

IJB Strategic Planning Group

2.00pm, Wednesday 17 March 2021

Virtual Meeting – Via Microsoft Teams

Present: Ricky Henderson (Chair), Angus McCann (Vice-Chair), Councillor Robert Aldridge, Bridie Ashrowan, Colin Beck, Philip Brown, Christine Farquhar, Stephanie-Anne Harris, Nigel Henderson, Linda Irvine-Fitzpatrick, Michele Mulvaney, Rene Rigby and Hazel Young.

In attendance: Matthew Brass, Jessica Brown, Sarah Bryson, Tony Duncan, Susan McMillan, Katie McWilliam, Moira Pringle, Catherine Stewart and Jay Sturgeon

Apologies: Belinda Hacking and Phillip McCormick

1. Minutes

Decision

To approve the minute of the Edinburgh Integration Joint Board Strategic Planning Group of 20 January 2021 as a correct record subject to the following amendments:

- To remove the date proposed to take the Community Investment Project to the IJB.
- To amend 'trance' to 'tranche' in the final sentence on section 7.

2. Rolling Actions Log

The Rolling Actions Log for March 2021 was presented to Committee.

Decision

- 1) To agree to close the following action:
 - Action 1 – Equalities Duties and Directions

- 2) To include a meeting with Christine Farquhar on Lay representation on the RAL and to note the meeting would be organised once the staff are formally appointed. The meeting should be held before the next SPG meeting.
- 3) 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. Strategy Progress Update

An update on the progress of the next strategic planning cycle was presented to Committee. Following from the previous meeting, it was noted that there was no changes to the strategy frameworks – with the Transition Programme still at the centre of the strategy – but the Edinburgh Integration Joint Board (EIJB) Strategic Priorities had been revised and members were asked to consider their new forms.

Members were largely supportive of the revised strategic priorities, with the new wording noted to be ‘smarter’ and easier to now link to specific means found through the ‘ends, ways and means’ of the wider Strategic Plan. Some potential changes to the wording of the strategic priorities were proposed as follows;

- Consider changing ‘adapt’ in the 3rd strategic priority as it is not clear type of action ‘adapt’ relates to – change to ‘Positively transform the quality of experience of services’.
- Consider changing ‘rebalance’ to ‘shift’ in the final strategic priority.
- Consider adding ‘Embedding’ at the beginning of the first strategic priority.

The importance of the language used throughout the priorities and wider strategic plan was not underestimated by members, with the wording needed to be accurate to ensure there is only one clear path of action, not multiple possibilities.

Members also noted the timeline going forward with the Strategic Plan, with this paper being the last update before the first draft of the Plan was presented to Committee in August. Members expressed desires to work with the third sector as well as the IJB’s partner organisations to gain valuable input before presenting a draft.

Decision

- 1) To note and guide the approach to the next planning cycle.
- 2) To provide comment on the refined strategic priorities.
- 3) To note the timeline and milestones for development and production of the next 3-year strategic commissioning plan 2022-25.

(Reference – Report by the Head of the Strategic Planning, EHSCP, submitted).

5. Joint Strategic Needs Assessment (JSNA) Update

An update on the Joint Strategic Needs Assessment was presented to committee. The report provided members with three draft topic papers for strategic consideration, and sought approval for publishing the draft papers on the Edinburgh Health and Social Care Partnership (EHSCP) website.

Members noted concerns of the data used throughout the Poverty in Edinburgh draft paper, with a lack of alignment with the City of Edinburgh Council's Poverty Commission – who's findings suggested that poverty was spread across the City, whereas the draft report appeared to take a regional approach. The city-wide vision would therefore be considered moving forward with a subsequent draft of the report.

Further concerns surrounding the data were voiced by members, with suggestions on how to improve the understanding of the vast datasets put forward. Members suggested the use of comparative data between certain areas (eg. Population, housing, poverty etc) to aid the analysis of data. Also, the interpretations of report authors were welcomed to be included in the report to further aid this analysis, as well as linking the data used to other partner's data on the same topics.

Given time constraints, the Head of Strategic Planning and his team welcomed any further comments or contributions after the meeting that would aid the development of the Joint Strategic Needs Assessment.

Decision

- 1) To note the update on progress in delivering a refreshed JSNA.
- 2) To consider the draft topic papers on population and demographics, poverty in Edinburgh and dementia, including the key issues highlighted within these.
- 3) Approves the publication of the topic papers on the Edinburgh Health and Social Care Partnership's website.

(Reference – Report by the Head of Strategic Planning, submitted).

6. Transformation Programme Update

A presentation that provided members with an update on the Transformation Programme was presented to the Group. The presentation was noted to be the last update before the Programme was presented to the EIJB in April. Following approval from the SPG, the report would include;

- The background, context and scope of the Transformation Programme;
- The progress to date in key transformation projects and identified dependencies, risks and issues;
- An update on benefits management and evaluation;
- Timelines for upcoming reports to EIJB and key milestones.

The presentation presented to the SPG specifically updated members on the progress of the Three Conversations; Listen and Connect, Work Intensively with People in Crisis and Build a Good Life, as well as 'Programme 4' – Cross-cutting Enablers.

Members asked questions surrounding data transformation, and were concerned of cyber security issues as well as the availability of patient/social care data held by unpaid carers. It was noted that the scope of data transformation (how far the data transformation will go) was still to be finalised. Jessica Brown was happy to have discussions offline with any member who required reassurance regarding the data transformation plans.

Members also questioned the impact of the recently published Feeley Review of Adult Social Care. The impacts on the Review on Party Manifestos running up to the Scottish Parliament Election in May 2021 would be monitored closely, however, members were encouraged that the 'spirit' of the Feeley Review was aligned with the Transformation Programme, with similar directions and aspirations. Members ultimately agreed that any sort of structural implications for the Programme taken from the Feeley Review would not happen quickly and would hopefully not be disruptive of the overall ambition of the Transformation Programme.

Decision

- 1) To note the presentation.

7. Edinburgh PACT and Community Mobilisation

Dr Linda IrvineFitzpatrick gave a presentation to the Group on the Edinburgh PACT and Community Mobilisation. The presentation provided members with an update on the development of the Edinburgh PACT

following from the last meeting, as well as efforts to move from disengagement to participation in community mobilisation.

Members were supportive of the work being done to promote and strengthen the PACT and were particularly supportive of the language used throughout the presentation. The language was noted to be strong in a health and social care setting, but also had to be understandable and available to Edinburgh citizens.

The language was also noted to be of importance when conveying the message and triggering action through the PACT. Members used the example of the 'stop smoking' campaign to highlight that, although the various legislations passed created a reduction in smokers, the language and messaging through the Stop Smoking campaign was sometimes harsh and did not provoke action. In relation to the PACT and community mobilisation, members noted that obviously no legislation was being passed, however, the language used in the PACT needed to be carefully chosen to not alienate citizens and promote healthier lifestyles – especially as there was no legislative change.

Members were encouraged that the presentation and PACT had been met with overwhelming support at the National HIS Event, and moving forward, were supportive in the plans to take the PACT to a stakeholder workshop before presenting it to the EIJB in due course.

Decision

- 1) To note the presentation.
- 2) To record the Group's thanks to Dr Linda IrvineFitzpatrick for her work on the Edinburgh PACT.

8. Date of Next Meeting

To note that the next Strategic Planning Group meeting would be held at 10.00am on Wednesday 12 May 2021.

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