

Notice of Meeting and Agenda

Edinburgh Integration Joint Board

10.00am, Tuesday, 22nd June, 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 Any items under "Private Business" will not be published, although the decisions will be recorded in the minute.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 27 April 2021 submitted for approval as a correct record 7 - 12

5. Forward Planning

- 5.1 Rolling Actions Log 13 - 14

6. Items of Governance

- 6.1 Appointments to the Edinburgh Integration Joint Board and Committees – Report by the Chief Officer, Edinburgh Integration Joint Board 15 - 18

- 6.2 Edinburgh Integration Joint Board Governance Handbook – Report by the Chief Officer, Edinburgh Integration Joint Board 19 - 64

7. Items of Strategy

- 7.1 Bed Based Care - Phase 1 Strategy – Report by the Chief Officer, Edinburgh Integration Joint Board 65 - 226

7.2	Edinburgh Integration Joint Board Risk Register - Referral from the Audit and Assurance Committee – Report by the Chief Finance Officer, Edinburgh Integration Joint Board	227 - 260
7.3	Communications and Engagement Strategy – Report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership	261 - 294
7.4	Financial Update – Report by the Chief Finance Officer, Edinburgh Integration Joint Board	295 - 312

8. Items of Performance

8.1	Annual Review of Directions 2021 – Report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership	313 - 326
8.2	Evaluation of Winter Planning 2020/21 – Report by the Chief Officer, Edinburgh Integration Joint Board	327 - 412

9. Papers for Noting

9.1	Committee Update Report – Report by Chief Officer, Edinburgh Integration Joint Board – submitted for noting	413 - 414
9.2	Draft minute of the Strategic Planning Group of 12 May 2021 – submitted for noting	415 - 420
9.3	Draft minute of the Performance and Delivery Committee of 14 April 2021 – submitted for noting	421 - 426
9.4	EIJB Consultation Response - Fairer Scotland Duty Guidance – Report by the Chief Officer, Edinburgh Integration Joint Board	427 - 442

10. Proposals

10.1	None.	
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11. Reflections from the Chair

11.1 Reflections from the Chair

Proposals

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, Heather Cameron, Andrew Coull, Christine Farquhar, Helen FitzGerald, Ruth Hendery, Kirsten Hey, Jackie Irvine, Grant Macrae, Jacqui Macrae, Ian McKay, Allister McKillop, Moira Pringle and Judith Proctor.

Webcasting of Integration Joint Board meetings

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Minute

Edinburgh Integration Joint Board

10.00am, Tuesday 27 April 2021

Held remotely by video conference

Present:

Board Members:

Angus McCann (Chair), Councillor Ricky Henderson (Vice-Chair), Councillor Robert Aldridge, Bridie Ashrowan, Carl Bickler, Heather Cameron, Andrew Coull, Councillor Phil Daggart, Christine Farquhar, Helen FitzGerald, Councillor George Gordon, Ruth Hendery, Kirsten Hey, Nancy Mackenzie, Ian Mackay, Jacqui Macrae, Councillor Melanie Main, Allister McKillop, Moira Pringle, Judith Proctor, Peter Murray and Richard Williams.

Officers: Matthew Brass, Jessica Brown, Sarah Bryson, Ann Duff, Nikki Conway, Tom Cowan, Tony Duncan, Rachel Gentleman, Lauren Howie, Linda Irvine-Fitzpatrick, Angela Ritchie and Hazel Stewart.

Apologies: Martin Hill

1. Minutes

Decision

To approve the minute of the Edinburgh Integration Joint Board of 24 March 2021, subject to the amendment of 'contacts' to 'contracts' in point 2 under Proposals 1 and 2 at Item 5 – Financial Plan 2021/22.

2. Rolling Actions Log

The Rolling Actions Log for March 2021 was presented.

Decision

- 1) To agree to close Action 2 – Finance Update.

- 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 changes in membership.

Decision

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

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

4. 2021/22 Financial Plan Update

Following approval of the 2021/22 Financial Plan in March 2021, the Board was presented with an update on progress.

Most significantly, the report updated members on the contract uplifts for 2021/22. In March, it was noted that the position was fluid, however, since then, it had been agreed nationally that there would be a 2.2% uplift to support providers to pay staff the real living wage. It was noted that the Chair, Vice-Chair and Chief Officer agreed to this position based on the advice of the Chief Finance Officer.

Decision

- 1) To note progress.
- 2) To homologate the decision made under urgency arrangements to implement the nationally agreed 2.2% contract uplift at an estimated cost of £4.7m.
- 3) 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.
- 4) To recirculate the Edinburgh Joint Carers Strategy Spending Plan paper from the February 2021 Board meeting.

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

5. Strategy Progress Report

An update on the progress of the next strategic planning cycle was presented. Members noted the prior development through the Strategic Planning Group and Futures Committee and the effort to align the strategic framework with the Scottish Government sponsored Review of Adult Social Care, The City of Edinburgh Council's Business Plan 2030 and the NHS Lothian emerging Strategic Framework.

Moving forward, members were assured that the Transformation Programme would become the core of the Strategic Plan, and although the Transformation Programme had been delayed as a result of the pandemic, the next stage was due to be completed by August 2021.

Decision

- 1) To note the progress of the current strategic planning cycle.
- 2) To agree the SPG approved strategic ENDS, WAYS and MEANS and refined strategic priorities.
- 3) To note the progress of the Transformation Programme and the plan to transition this work into the Strategic Core Programme.
- 4) To note the progress of the Joint Strategic Needs Assessment.
- 5) To note the progress and plan for engagement and consultation.
- 6) To note the timeline and milestones for development and production of the next 3-year strategic commissioning plan 2022-25.
- 7) To request that consideration was given to including a shorter summary of strategy reports.

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

6. The Edinburgh Pact: Formulation to Enactment

A summary of the creation and formulation of the Edinburgh Health and Social Care Pact was presented. The report defined the Pact and provided information on the extensive engagement and participation undertaken to date. The ways in which the Pact had been seen in action throughout different communities was highlighted and key milestone dates moving forward from now until 2024 were provided.

Decision

- 1) To 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) To support the formulation of the Pact framed on Wellbeing, in line with current policy and anticipating future policy direction.

- 3) To welcome the continuing and planned dialogue session with citizens and staff.
- 4) To agree to the enactment of a three-year community mobilisation plan which set out clear milestones which reflected the themes and policy drivers identified through the dialogue process.
- 5) To support the extension of the EIJB Grant Programme 2019-22 programme for a further year to 31 March 2023 recognising the need for a degree of stability as the third sector recovered from the Covid-19 pandemic and engaged in the community mobilisation programme.
- 6) To agree that the initial tranche of £1m new investment would be focused on creating a strong infrastructure to support community mobilisation and delivery in line with the evidence base.
- 7) To endorse the establishment of the Edinburgh Wellbeing Research into Action Community of Practice.

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

7. EIJB Climate Change Charter

The Climate Change Charter set out the EIJB's commitment to support the attainment of the Edinburgh 2030 net zero carbon emission target, following consideration by the Futures Committee in September 2020.

The report proposed the establishment of climate change champions, a pledge of support to NHS Lothian and the City of Edinburgh Council and changes to business practices to support this aim. Going forward, it was proposed that the Futures Committee would continue to sponsor the development of a higher level and longer-term strategic direction with a particular focus on environmental protection and climate change factors.

Decision

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

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

8. Revised EIJB Complaints Handling Procedure

A revised Model Complaints Handling Procedure (MCHP) was presented for approval.

In alignment with a Scottish Public Services Ombudsman's (SPSO) template and following a consultation conducted by the SPSO, the revised MCHP presented to the Board was made up of five parts set out in the report. It was noted that the Chair

had approved the Procedure in order for its implementation by the required date of 1 April 2021, with formal approval sought from the Board.

Decision

- 1) To approve the draft EIJB Complaints Handling Procedure (CHP) for immediate implementation.
- 2) To include an explanation of the SPSO and its role in the published procedure.
- 3) To delegate the role of reviewing complaints to the Clinical and Care Governance Committee and to report any trends or issues relating to the IJB back to the Board.
- 4) To continue an ongoing dialogue with SPSO to feedback any issues with the Complaints Handling Procedure framework.

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

9. EIJB Consultation Protocol

The Board was presented with a report that sought to agree an approach to consultation submissions.

The proposed approach suggested that, if the consultation request would have a significant impact on the business of the EIJB, or deemed as high profile, then it would be approved by the EIJB and a draft submission would be presented to the Board prior to actual submission.

Members noted that, as consultation deadlines were outwith the control of the EIJB, there may be occasions where the Board was not able to approve the consultation response prior to its submission. In these instances, the Board would be consulted via email and then presented at the next meeting for retrospective agreement.

Decision

- 1) To agree the EIJB Consultation Protocol.
- 2) To 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 was a small impact on the business of the EIJB.
- 3) To agree to inform members when consultations were received and whether a response would be submitted at the beginning of the process to allow member input.

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

10. Edinburgh Integration Joint Board and Committee Dates 2022

The proposed meeting dates for 2022 were presented for approval. These included Board meetings, Development Sessions, Budget Working Groups and Committee dates.

The report also advised that until there was a substantial easing of restrictions on indoor group gatherings due to the pandemic, meetings would remain virtual until further notice.

Decision

- 1) To agree the proposed EIJB dates for 2022.
- 2) To agree the proposed Development Session and Budget Working Group dates for 2022.
- 3) To agree the proposed Committee dates for 2022.
- 4) To review the proposed Performance and Delivery Committee dates for April and August 2022.
- 5) To note that meetings would remain virtual via Microsoft Teams until further notice.

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

11. Committee Updates

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 the Clinical and Care Governance Committee and Strategic Planning Group were submitted for noting.

Decision

To note the update and the draft minutes of the IJB Committees.

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

Rolling Actions Log

June 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	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	2021/22 Financial Plan Update		27-04-21	To recirculate the Edinburgh Joint Carers Strategy Spending Plan paper from the February 2021 Board meeting.	Chief Finance Officer	May 2021	Circulated on 31 May 2021.

REPORT

Appointments to the Edinburgh Integration Joint Board and Committees

Edinburgh Integration Joint Board

22 June 2021

Executive Summary

The purpose of this report is to inform members of changes to membership of the Board and its committees.

Recommendations

The Edinburgh Integration Joint Board is recommended to:

1. Note that the City of Edinburgh Council has appointed Councillor Ricky Henderson as the Chair of the IJB from 27 June 2021, when the current terms of office end.
2. Note that NHS Lothian has appointed Angus McCann to become the Vice-Chair of the IJB from 27 June 2021.
3. Note that Angus McCann will take up the position of Chair of the Strategic Planning Group and Councillor Ricky Henderson will take up the Vice-Chair position from 27 June 2021.
4. Appoint Angus McCann as the Chair of the Futures Committee, replacing Peter Murray.
5. Appoint Allister McKillop to take up the non-voting member vacancy on the Clinical and Care Governance Committee.
6. Appoint Grant Macrae to take up the non-voting member vacancy on the Audit and Assurance Committee.
7. Appoint Judith Stonebridge as a non-voting member of the Strategic Planning Group.



	<p>8. Note that NHS Lothian would confirm who would take up the non-voting member vacancy of the IJB in due course.</p> <p>9. Re-appoint the following non-voting members to the Board for a further three-year term:</p> <ul style="list-style-type: none"> • Carl Bickler • Christine Farquhar • Helen FitzGerald • Kirsten Hey
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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

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. Under Section 3.2 of the Edinburgh Integration Joint Board's Integration Scheme, the term of office for the chairperson and vice-chairperson is two years. The



right to appoint the chairperson and vice-chairperson alternates between each of the Parties (NHS Lothian and the City of Edinburgh Council) on a two-year cycle.

3. The position of Chair is currently held by NHS Lothian, and when the current term of office expires, it will be held by the Council with an NHS Lothian member assuming the Vice-Chair position. The City of Edinburgh Council agreed at its meeting on 27 May 2021 to appoint Councillor Ricky Henderson as Chair of the IJB with effect from 27 June 2021. As the Lead IJB member for NHS Lothian, Angus McCann will assume the Vice-Chair position with effect from 27 June 2021.
4. 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 Terms of Reference for the Strategic Planning Group (SPG) set out that the positions of Chair and Vice-Chair of the SPG are held by the Chair and Vice-Chair of the IJB in the opposite roles. With effect from 27 June 2021, Angus McCann will become the Chair of the SPG and Councillor Ricky Henderson will become the Vice-Chair.
5. Peter Murray is currently the Chair of the Futures Committee however due to increased work commitments; it is proposed that Angus McCann is appointed as the Chair.
6. There is currently one citizen representative vacancy (non-voting) on the Clinical and Care Governance Committee. The Board is asked to appoint Allister McKillop to this position.
7. NHS Lothian has recently appointed Judith Stonebridge as Head of Public Health and the Board is asked to appoint her as a non-voting member of the Strategic Planning Group.
8. There are a number of non-voting members whose terms of office expired during May 2021. Each non-voting member of the Board and its committees are appointed to bring specialist perspectives to the discussion and decision-making and to contribute to the work of the IJB. The Board is asked to consider the re-appointment of the following members:
 - Carl Bickler
 - Christine Farquhar
 - Helen FitzGerald
 - Kirsten Hey
9. The term of office of Andrew Coull also ended on 17 May 2021 and he has informed the Chair that he would not seek reappointment for a further term. NHS Lothian will confirm in due course who will be appointed to fill this vacancy. This creates a vacancy (non-voting) on the Audit and Assurance Committee and the Board is asked to appoint Grant Macrae to this position.

Implications for Edinburgh Integration Joint Board

Financial

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

Legal / risk implications

11. 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.

Equality and integrated impact assessment

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

Environment and sustainability impacts

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

Quality of care

14. Not applicable.

Consultation

15. 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

Edinburgh Integration Joint Board Governance Handbook

Edinburgh Integration Joint Board

22 June 2021

Executive Summary	The purpose of this report is for the Edinburgh Integration Joint Board (EIJB) to endorse its Governance Handbook.
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Recommendations	<p>The Edinburgh Integration Joint Board are asked to:</p> <ol style="list-style-type: none"> 1. Endorse the EIJB Governance handbook included at Appendix 1 as developed by EIJB members supported by the Good Governance Institute. 2. Agree to the Handbook being reviewed in 18 months as set out at 4 below.
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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 other governance committee prior to submission to the EIJB.

Main Report

2. GGI worked with the EIJB from September 2018 for a year in order to develop the Board's governance principles, systems and outcomes and develop its assurance processes. The EIJB have been involved through a number of development sessions to develop the outputs contained in the Governance Handbook.

3. The Handbook will act as a practical reference guide for the EIJB covering a range of governance themes designed in short sections, that can be used for continual board development. The themes include:
 - a. Section 1 - Introduction
 - b. Section 2 - National context
 - c. Section 3 - Local context
 - d. Section 4 - The Integration Joint Board
 - e. Section 5 - The Edinburgh Health and Social Care Partnership
 - f. Section 6 - Key Documentation
 - g. Section 7 - Governance and the IJB Members
 - h. Section 8 - Risk Management
 - i. Section 9 - Key Issues in Governance
 - j. Section 10 - Key Contacts

4. It is proposed that the handbook will be reviewed by the EIJB in 18 months and the handbook is included at appendix 1.

Implications for Edinburgh Integration Joint Board

Financial

5. The development of the governance structure has been undertaken within existing EIJB resources.

Legal / risk implications

6. The governance handbook ensures that the EIJB is maintaining good governance arrangements which will mitigate any exposure to legal challenge or risk to the EIJB.

Equality and integrated impact assessment

7. There are no equality or integrated impact assessments required as a result of the information contained within this report.

Environment and sustainability impacts

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

Quality of care

9. There are no quality of care issues arising from this report.

Consultation

10. The development of the handbook has been done in full collaboration with the EIJB. The outputs from a range of Board development sessions have shaped the content of the handbook.

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board

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Background Reports

None

Appendices

Appendix 1 Governance Handbook

Edinburgh Integration Joint Board (IJB)

Governance Handbook

CONTENTS

SECTION 1: INTRODUCTION

SECTION 2: NATIONAL CONTEXT: THE INTEGRATION LANDSCAPE

SECTION 3: LOCAL CONTEXT

SECTION 4: THE INTEGRATED JOINT BOARD

SECTION 5: THE EDINBURGH HEALTH AND SOCIAL CARE PARTNERSHIP

SECTION 6: KEY DOCUMENTATION

SECTION 7: GOVERNANCE AND THE IJB MEMBER

SECTION 8: RISK MANAGEMENT

SECTION 9: KEY ISSUES IN GOVERNANCE – SAMPLE ISSUES AND QUESTIONS

SECTION 10: KEY CONTACTS

SECTION 1: INTRODUCTION

1.1 Introduction from the Chair

Welcome to the Governance Handbook designed specifically for the Edinburgh Integration Joint Board (IJB). This is intended to be a living document of direct practical value, especially for members of the IJB Board and key staff.

Its primary purpose is to act as an up-to-date, authoritative, and dynamic reference point on the fundamentals of good governance thinking and practice for the IJB.

This means it has been designed in short sections to allow easy navigation around multiple themes, but also to provide easy-to-use material for the continuing development of both the Board and the executive team and for use in future induction and re-induction, as necessary to keep pace with a changing landscape.

The handbook reflects the outcome of eighteen months of investment by the Board in growing the culture and infrastructure on which its governance and future success depend. The aim has been to increase the maturity of governance for the IJB in support of a clear, shared intent to make a significant impact in the world, and especially in Edinburgh, as a capital city of huge potential.

This commitment by the Board has included a forward-looking, independent governance review whose recommendations have now been fully implemented. Important changes as a result have included new committee structures and terms of reference, with clearer roles and responsibilities for their chairs and members, sharper cycles of business, greater connection of core business to strategic risks and improved business and risk escalation processes. Equally importantly, Board and executive development programmes have been run in parallel, built around core themes of governance as well as issues specific to the IJB.

The handbook uses the same developmental approach, and includes all the essential elements of good governance, as well as relevant evidence of what works elsewhere. It represents the outcome of collective work by the Board, supported by the Good Governance Institute.

Attention to good governance is now well-established and central to the culture of the IJB. The handbook consolidates this progress and sets out the hallmarks of good governance which mark out how the IJB does its business. We want to encourage open discussion about issues of governance. If there is anything in this handbook which is unclear, or anything that you feel has been overlooked, it is important that these are raised with me as Chair.

We take governance extremely seriously at the IJB. This is our handbook and I hope you find it useful.

1.2 Introduction from the Chief Officer

The Edinburgh IJB is an ambitious organization, focused on transforming the planning and delivery of health and care in the City of Edinburgh. It has shown itself willing and keen as a Board to work on its culture and the way it works to best deliver these ambitions, creating a robust but agile decision making and governance structure that allows for appropriate scrutiny, as well as providing opportunity for debate in relation to innovation, strategic thinking and the future delivery of services that have the most positive impact on people's lives. The IJB is a maturing organisation and, through the work its members have undertaken with the Good Governance Institute, and through the development of this handbook, it has created a clear methodology of how it undertakes its work and supports its current, and future members to maintain and grow its ambitions and the pace of delivery of its transformation programme.

SECTION 2: NATIONAL CONTEXT: THE INTEGRATION LANDSCAPE

2.1 Why there is a need for health and social care integration

The need for integration is central not just to the sustainability of health and social care, but also to wider social and economic objectives.

The creation of IJBs reflects a shared belief, enshrined in law, that collaboration, between a range of statutory and non-statutory partners, provides the most effective way of meeting people's needs and for making sure the local health and care system is financially fit for the future.

Integration has moved forward as a centrepiece of public policy in the UK, reflected in Scotland in a framework of formal commitments and responsibilities intended to provide the foundation for greater impact from collaboration, and to overcome organisational and cultural barriers to improving health and care at scale and pace to meet population needs more effectively.

Integration is a cornerstone of national health and well-being policy in Scotland. Although IJBs have a specific and defined role in this overall policy context, the Edinburgh IJB has increasingly adopted a distinctive role as an active advocate for integration as the right model to achieve ambitious health and social outcomes for the local population, to which multiple organisations and individuals can and should contribute.

Aside from its statutory role, the Edinburgh IJB is committed to turning the potential positive impact of integration into a high-impact programme of transformation and change, which is shaped by local citizens, and which also leads to measurable improvement in provision in local services and outcomes for them. Integration is seen by the IJB as an important way of growing public confidence and trust by citizens in the "place" of Edinburgh and the way the public sector understands and responds to their needs.

The IJB's strategy and the Health and Social Partnership Transformation programme in 2020 set out the aspiration and impact for integration most directly. Many plans and strategies across the public sector and its partners share policy objectives and concepts to which the integration of services is seen as central:

- securing increased and continuing social and economic prosperity for the city/region
- improving population health – the next step in health and well-being driven by needs-assessment and evidence on impact
- growing the sustainability of both health and social care services and of the environment
- tackling inequality and poverty in practical ways which make a difference
- improving the lives of individuals, families, neighbourhoods, and communities.

The need for integration is therefore well-established and forms part of both the national and local policy and planning landscape. Indeed, The Public Bodies (Joint Working) (Scotland) Act 2014 ('the Act') puts in place arrangements for integrating health and social care, to improve outcomes for patients, service users, carers, and their families. The Act requires Health Boards and Local Authorities to work together effectively to agree a model of integration to deliver quality, sustainable care services.

Where a Health Board and a Local Authority agree to put in place a Body Corporate model (as is the case in Edinburgh), an Integration Joint Board will be established. This sees Health Boards and Local Authorities delegate a significant number of functions and resource to the Integration Joint Board, who are responsible for the planning of integrated arrangements and onward service delivery. The Health Board and Local Authority set out within their integration scheme which of their functions they intend to delegate to the Integration Joint Board. The scope of the delegated

functions will vary depending on local decision making but must adhere to the statutory minimum.

The Integration Scheme for Edinburgh IJB sets out the jointly prepared agreement between The City of Edinburgh Council (CEC) and Lothian Health Board (NHS Lothian) in line with the Act. CEC and NHS Lothian are referred to as 'the Parties' within the Integration Scheme.

The integration model for Edinburgh IJB involves the delegation of functions by each of the Parties to a body corporate (an "integration joint board").

The vision of the Parties for the IJB is to work together for a caring, healthier, safer Edinburgh. The work of the IJB will be guided by the integration delivery principles as stated in the Act and will contribute to the achievement of agreed health and wellbeing outcomes.

The Parties' ambition for the IJB is as follows:

- (a) In Edinburgh, the successful integration of health and social care will mean that people experience improved health and wellbeing; and those inequalities, including health inequalities, are reduced.
- (b) Services will become more focused on outcomes for individuals and will always be planned with and around people and local communities, who will be active partners in the design, delivery, and evaluation of these services.
- (c) The Parties will work collaboratively to embed the shared vision within staff teams, to develop, train and support staff from all organisations to work together to respond appropriately and to put the needs of people we work with first.
- (d) The Parties will deploy their shared resources in the most cost-effective way to achieve better outcomes for people, to maximise the efficiencies from coordination of care and to allow public funds to go further to meet demand.
- (e) The IJB will work in partnership with each of the Parties and their staff, with third sector organisations, independent sector providers and most importantly people and communities themselves, using best practice approaches in engagement and involvement, to deliver improved and fully integrated health and social care services for the people of Edinburgh.
- (f) The IJB will respect the principles of equality, human rights, and independent living, and will treat people fairly.

2.2 Health and social care integration: the vision

The EIJB vision remains to deliver together a ‘caring, healthier and safer Edinburgh.’

EIJB Strategic Framework



There are four key elements to the IJB’s strategic plan:

Edinburgh (health and social care) Pact

Our existing service delivery is largely transactional in nature, and often within rigid models of delivery. Inevitably, there may be certain areas of current care provision models that will no longer be viable, even if desirable. The Edinburgh Pact will 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. Key to this will be engagement with people across Edinburgh.

Home First

Whenever possible, in supporting individual choice, we must do what we can to assist an individual to stay at home, or in a homely setting, for as long as possible.

Three Conversations Approach

The Three Conversations Approach is an asset-based approach, centred on working differently, to achieve tangible benefit for people and families reducing bureaucracy, increasing self-direction, and supporting people to access natural supports within their communities. Its success is focused on growing spread from innovation sites, developing new practice, developed through coaching and mentoring, building a qualitative and quantitative evidence base.

Conversation 1 - listen and connect

Conversation 2 - work intensively with people in crisis

Conversation 3 – build a good life

Transformation

To build and maintain momentum and to deliver the EIJB strategic objectives, we will take a programmed approach to service redesign and transformation.

SECTION 3: LOCAL CONTEXT

Edinburgh is characterised by a rich landscape of stakeholders, organisations and service providers which contribute to health and social care outcomes. The City of Edinburgh Council and NHS Lothian are significant organisations in terms of their presence and influence as anchor organisations beyond the capital city, which also houses the Scottish Parliament, the core of the national civil service, an internationally important higher education sector and a thriving, high-employment and varied local economy.

Although there has been increasing commitment to collaborative approaches, seen not least in the successful city region bid and in other shared aspirations for the city, each organisation largely retains their own strategic priorities and separate governance arrangements.

This makes the role and structure of the IJB pioneering and potentially challenging to existing ways of thinking and working, as a formally constituted embodiment of integration across normal organisational and cultural boundaries.

This context is also important in terms of the challenge the IJB has, and is always likely to face, in establishing itself as an innovative agent of change through influence as well as by decision-making. Edinburgh IJB is the largest of four IJBs within the NHS Lothian geographical area with its responsibilities co-terminous with the City of Edinburgh Council area.

As set out in the Act, all the voting members of IJB are drawn from the two partner bodies; City of Edinburgh Council and NHS Lothian, with the IJB also including (as also set out in the Act) several other stakeholders, professional and public voices, critical to setting and achieving its goals as a transformative organisation.

The development of an effective partnership and collaboration approach has taken time. However, the IJB has, in the last two years, increased its visibility and impact and invested in moving forward the maturity of its governance to meet future ambitions.

The collective working of the IJB as a distinct entity with its own shared objectives and ways of working has developed significantly as a result. The handbook is in part designed to ensure the investment that has been made in development is captured so that current and new members joining the IJB are all able to understand and commit to the way the IJB works, and what their added value and contribution needs to look like, to an established and maturing organisation.

Members have worked through several challenging issues around their roles and the commitment of necessary time to the work of the IJB in the face of other demands, differences in culture and perception between partners and potential conflicts of interest. As with many IJBs the setting of a financial settlement each year continues to be time-consuming, complex, and distracting. These issues are common to many IJBs, caused in part by lack of clarity in the founding statutes of IJBs, emphasising the need for Edinburgh IJB to continue to strengthen its public profile and impact and to be attentive to the consistency of approach and commitment to purpose.

Most importantly the IJB has established its own culture and approach around strategy, prioritisation, accountability, and performance, supported by a strong committee structure. This has been crucial to removing any potential confusion about the independence of the IJB and any remaining misunderstandings that the IJB should operate as in effect a sub-committee of either NHS Lothian or the Council.

SECTION 4: THE INTEGRATED JOINT BOARD

4.1 The Board as the controlling mind

All legal entities should be controlled by identifiable individuals who can be brought to account for their actions. They should be competent to fulfil this role. Within an organisation, or in the case of Edinburgh IJB, the entity, it is important to be able to distinguish between those who are accountable for the entity and those who are not. This is important for both internal controls, and to ensure that all stakeholders and interested parties understand who is accountable for the control of the entity and who can enter into engagements and / or binding arrangements on the entity's behalf.

EIJB was established in 2016 under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 with full delegation of functions and resources to enable integration of primary and community health and social care services effective from 1 April 2016. The IJB is a separate legal organisation and acts as principal in its own right, having been established through a detailed Integration Scheme between City of Edinburgh (CEC) and NHS Lothian, as approved by the Scottish Government. The EIJB is the Board of governance responsible for setting the strategic direction and providing governance and scrutiny for the services delegated to it by its partner organisations.

Unlike a unitary Board where members of the senior leadership team also hold formal director responsibilities alongside Non-Executive Directors as equals in the Board, the IJB is not constituted in this way. However, the tone set by the Board should reflect a sense of joint enterprise whilst retaining the right level of separation of responsibilities.

Board members act *collectively* as the overall accountable group that comprises the '**controlling mind**'. As the controlling mind of the entity, the board is made up individuals who individually have the level of skills and experience to discharge that role, and collectively operate in a way that produces a board capable of being accountable. Boards add value by the very fact that they are not directly controlling the entity on a day-to-day, month on month basis. Through an agreed assurance system, the board holds the entity to account for delivering the strategy and meeting requirements (such as contractual obligations or legal compliances) of the organisation.

The Board and the leadership team of officers need to operate as the controlling mind of the IJB, as they would for any organisation. This is especially important now given the scale of the responsibilities and duties which fall to the IJB and the complex issues and choices which the Board will need to make and the consequences which result.

The King IV Report on corporate governance, the first outcomes-based governance code in the world, emphasises how important it is for organisations and institutions to be good 'corporate citizens', accountable to all stakeholders, current and future. According to the King IV Report, the primary governance roles and responsibilities for any board are:

- To steer and set strategy
- To approve policy and effective planning
- To oversee monitoring and performance
- To be accountable to stakeholders through effective and ethical leadership.

Other specific responsibilities more traditionally used to describe the function of the Board include:

- Establishing vision, mission, and values
- Setting strategy and structure
- Delegating to management
- Shaping the culture of the organisation
- Exercising accountability and being responsible to relevant stakeholders.

The creation of a committee structure is directly connected to discharging these responsibilities.

Effective leadership is results-driven, focused on achieving strategic objectives and positive outcomes. Ethical leadership is exemplified by integrity, competence, responsibility, accountability, fairness, and transparency. The King IV Report¹ offers a ready-made set of guiding principles, with codes that are non-legislative, based on ethical principles and practices.

The characteristics of the King IV model which make it most suitable to IJB is that it frames governance as a system, which delivers outcomes, is relevant to complex systems and promotes the taking of entrepreneurial risk within a system. It makes a compelling case for seeing the added value of governance as providing a dynamic framework for creating impact with ethics and transparency at its heart. Critically it also provides an encouragement for governance to provide the foundation for an assertive confidence to do what the organisation needs to do. This encouragement to be courageous and brave will be important for the IJB in working through how to achieve its vision over the coming years.

4.2 The role of IJB members

It is important to note that members of the IJB have a unique role, which is different to being an elected member within local government, or Board roles in the NHS. IJBs are not the same as scrutiny panels or Council Committees nor are they organised along an NHS unitary board structure. IJB members will of course have areas of experience and expertise to contribute, however, as with all effective Boards, their contribution cannot be limited to representation of allotted constituencies or groups.

Collegiality and shared intent are core aspects of IJB membership, which is about being part of a collective decision-making body of equal status. There is an expectation for Board members to collaborate to deliver contributions which help to further the strategic objectives of the IJB, not those of either of the partner organisations. Members do not 'represent' either NHS Lothian or City of Edinburgh Council when they sit on the IJB, rather they are there as IJB members. Participation is not limited to the meeting room, and IJB members can be always active in promoting the IJB and bringing insights from community engagement and elsewhere to the fore. This is not a straightforward role to navigate, and conflict of interest and other challenges can arise, which are recognised by IJB members. Collective support and regular open discussions of these issues are characteristics of an effective Board.

IJB membership is addressed further in section 4.4 of the Handbook.

4.3 The role of directions as the key mechanism of the IJB

The Act places a duty on Integration Authorities (also known as IJBs) to develop a strategic plan, also known as a strategic commissioning plan, for integrated functions and budgets under their control.

Each Integration Authority must produce a strategic commissioning plan that sets out how they will plan and deliver services for their area over the medium term, using integrated budgets under their control. Stakeholders must be fully engaged in the preparation, publication, and review of the strategic commissioning plan, to establish a meaningful co-production approach, to enable

¹ Institute of Directors, Southern Africa, King IV: report on corporate governance for South Africa 2016
<https://www.adams.africa/wp-content/uploads/2016/11/King-IV-Report.pdf>

Integration Authorities to deliver the national outcomes for health and wellbeing, and achieve the core aims of integration.

Integration Authorities require a mechanism to action their strategic commissioning plans, and this is laid out in sections 26 to 28 of the Act. This mechanism takes the form of binding directions from the Integration Authority to one or both Health Board and Local Authority. Directions are also the means by which a record is maintained of which body decided what and with what advice, which body is responsible for what, and which body should be audited for what, whether in financial or decision-making terms.

In the case of an Integration Joint Board (IJB), a direction must be given in respect of every function that has been delegated to the IJB. In a lead agency arrangement, the Integration Authority may issue directions or may opt to carry out the function itself. In either case, a direction must set out how each integrated function is to be exercised, and identify the budget associated with that. Not unexpectedly, only IJBs have made directions to delivery partners to date and this guidance is therefore mainly aimed at IJBs and their delivery partners in Health Boards and Local Authorities.

Put simply, directions are the means by which an IJB tells the Health Board and Local Authority what is to be delivered using the integrated budget and for the IJB to improve the quality and sustainability of care, as outlined in its strategic commissioning plan.

Directions are also the legal basis on which the Health Board and the Local Authority deliver services that are under the control of the IJB. If directions are not being provided or they lack sufficient detail, Health Boards and Local Authorities should be actively seeking directions to properly discharge their statutory duties under the Act.

4.4 Membership of the IJB

The IJB has the following voting members:

- 5 councillors nominated by CEC
- 5 non-executive director members nominated by NHS Lothian

In addition to Health Board and Local Authority representatives, the Integration Joint Board membership must also include:

- The Chief Social Work Officer of the constituent Local Authority
- A General Practitioner representative, appointed by NHS Lothian
- A Secondary Medical Care Practitioner representative, employed by NHS Lothian
- A Nurse representative, employed by NHS Lothian
- A staff-side representative from both partner organisations
- A third sector representative
- A carer representative
- A service user representative
- The Chief Officer of the Integration Joint Board
- The Section 95 Officer of the Integration Joint Board

The Chief Social Work Officer will be appointed by CEC and the health professionals will be appointed by NHS Lothian because of the role they fulfil. The Chief Officer is appointed by the IJB and provides a single point of accountability for integrated health and social care services. The IJB also appoints the Section 95 Officer who is the responsible officer for the financial arrangements of the Integration Joint Board.

The IJB has a chair and a vice-chair who are both voting members of the IJB. The term of office for the chair and the vice-chair is two years. The right to appoint the chair and vice-chair respectively alternates between CEC and NHS Lothian on a two-year cycle, on the basis that during any period when the power to appoint the chair is vested in one Party, the other Party shall have power to appoint the vice-chair.

All Integration Joint Board members have equal responsibility as Board members.

SECTION 5: THE EDINBURGH HEALTH AND SOCIAL CARE PARTNERSHIP

The Edinburgh Health and Social Care Partnership (EHSCP) is the operational delivery arm of the EIJB and is led by an integrated Executive Management team, led by the Chief Officer.

EHSCP delivers health and social care services across the city that are directed by the EIJB strategic plan.

The Partnership is supported to deliver services through:

- NHS Lothian
- CEC
- Third sector organisations from which it commissions services
- Independent care organisations from which it commissions services

EHSCP is responsible for community-based health and social care services in Edinburgh. It provides health and care services for adults and older people including those delivered through commissioned services from the third and independent sectors.

In Edinburgh, local health and social care responsibilities are mainly managed through four localities:

- North East (NE)
- North West (NW)
- South East (SE)
- South West (SW)

This fulfils the legislative requirement to work at locality level and supports the EHSCP in shaping services more responsive to the different characteristics and needs of the diverse and distinct Edinburgh communities which are a strength in the city.

The HSCP's hospital and care home services are delivered as a city-run function and the Primary Care Support Team supports the 70 general practices (GP) which deliver general medical services (GMS) across the city.



SECTION 6: KEY DOCUMENTATION

Integration Scheme:

<https://www.edinburghhsc.scot/wp-content/uploads/2019/11/Integration-Scheme-1.pdf>

Strategic Plan 2019 – 2022:

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

Standing orders:

<https://www.edinburghhsc.scot/wp-content/uploads/2019/11/Standing-orders-Accessible-1.pdf>

Direction from EIJB:

<https://democracy.edinburgh.gov.uk/mgConvert2PDF.aspx?ID=9780>

Code of Conduct for Board Members:

<https://www.edinburghhsc.scot/wp-content/uploads/2019/11/Code-of-Conduct-Accessible-1.pdf>

Public Bodies (Joint Working) (Scotland) Act 2014:

<http://www.legislation.gov.uk/asp/2014/9/contents/enacted>

Statutory guidance from Scottish Government:

<https://www.gov.scot/collections/public-bodies-joint-working-scotland-act-2014-statutory-guidance-and-advice/>

SECTION 7: GOVERNANCE AND THE IJB MEMBER

7.1 Principles of good governance and why they are important

Governance is a term and covers many different but related aspects of the leadership of an organisation or entity. Identified below are ten core principles of governance that illustrate key best practice considerations. These principles have been tested with boards and governing bodies of health and care organisations².

The principles described reflect the premise that principles should be of fundamental value, understood by users as the essential characteristics of the system, and reflect the system’s designed purpose, tested.³

The tables below use the term Director, and this may refer to the Board members and/or office holders for IJB. It is important that Board members and officers have a shared understanding about how director responsibilities are fulfilled.

Governance principle	Why it is important
<p>1. Entity</p> <p>An organisation is a discrete entity and a legal personality that owes duties of care and needs to observe responsibilities and compliances that are separate from those of the organisations owners or those controlling the organisation.</p>	<p>Often governance issues arise when one is uncertain about what entity one is dealing with, such as in a network, across a service continuum or when services are delivered through a partnership or contract arrangement. It is important to understand what the entity is and who is accountable, and that the entity concerned should be legally constituted, aware of its responsibilities and easy to identify.</p>
<p>2. Accountability: the ‘controlling mind’</p> <p>Directors have responsibilities in law for looking after the interests of the organisation and of all stakeholders. The balance of how this is executed will change as the organisation encounters opportunities and challenges. Directors act collectively as a board, this being the overall accountable group that comprises the ‘controlling mind’.</p>	<p>All legal entities should be controlled by identifiable individuals who can be brought to account for their actions. It is important to be able to distinguish between those who are accountable for the organisation and those who are not, to ensure that external parties understand with whom they can make binding arrangements on behalf of the organisation. Those controlling an organisation need to be formally required to look after all stakeholder interests and should have formal duties around their conduct and accountability.</p>
<p>3. Stakeholders</p> <p>Governance needs to consider all stakeholders, even those who may not be immediately apparent. Stakeholders will classically include owners of the enterprise, investors (who may or may not be the owners), customers, clients (who may be different from the customers), beneficiaries (who in healthcare organisations</p>	<p>The conduct of an organisation can have significant effects on many, and as such those controlling organisations need to pay formal consideration to those who their actions might affect. There are legal duties for public bodies to consider the views of stakeholders when taking decisions that extend beyond the usual governance requirements of boards. As in any high-risk industry, stakeholders increasingly</p>

² Good Governance Institute and HQIP, Good Governance Handbook, January 2015

³ Good Governance Institute and HQIP, Good Governance Handbook, January 2015

<p>may be different from customers and clients), those whose money the organisation uses or is steward to, including creditors and bankers, regulators, who increasingly use governance systems to help support their work, staff, the wider environment, and community etc.</p>	<p>rely on regulators to ensure that stakeholder interests are looked after and as such, regulators have a material interest in how an organisation is governed.</p>
<p>4. Governance and management</p> <p>Directors may in addition to their governance responsibilities also have a portfolio of management responsibilities (i.e., duties to manage and operate the enterprise from ‘day-to-day’). Directors need to separate themselves from their management role when they are acting as the ‘controlling mind’ of the organisation and are acting as overall guardian to stakeholder interests.</p> <p>Governance concerns of Directors include:</p> <ul style="list-style-type: none"> • Vision: being certain why the organisation exists in the first place – its purpose and what difference it intends to make • Strategy: the planned means by which the organisation delivers the vision • Leadership: how the organisation is able to deliver the strategy over time • Assurance: that the organisation does what it says it will do and behaves in the manner it has agreed • Probity: that the organisation meets standards of openness and transparency, acts with integrity and in good faith. In the public sector, taking note of the Nolan principles of public life (see section 7.2.1) • Stewardship: that the organisation is responsible with resources; especially other people’s resources 	<p>Governance works on the basis of a separation of powers, so that those running the organisation day-to-day are internally accountable to themselves and others who have a focused governing role. This ensures that the broader interests of the organisation, investors, owner, and other stakeholders are balanced, and that the organisation is not run in the interests of those staffing it. Those governing an organisation are additionally charged with ensuring that they recruit in a team most able to run the organisation successfully, to meet strategic aims and in the interests of stakeholders. The board has private knowledge of the organisation that is unique and so is the best system for ensuring that the performance of management meets the requirements of all stakeholders.</p>
<p>5. The Board and constructive challenge</p> <p>In order to take the best decisions, the board will need to be informed, and have to hand all relevant information and advice pertinent to a decision. The board will need to consider options and consequences. To do this efficiently and effectively the board will go through a process of constructive challenge,</p>	<p>A successful organisation needs to continually make informed decisions about direction, markets, resource allocation and capacity. Decisions need a form of internal testing to provide a transparent explanation as to why one course of action was agreed over others. Testing such decisions is best done through a form of constructive challenge whereby assumptions are not allowed to stand without</p>

<p>where ideas, beliefs, facts, and recommendations will be tested to verify, confirm or overturn as appropriate.</p> <p>Larger organisations with more complex accountabilities to multiple stakeholders will do this by having some directors who do not hold management positions as part of the board. These are termed ‘non-executive’ or ‘independent’ directors. Independent directors may be drawn from significant investors or recruited as holding skills and experience in order that they can usefully challenge and help the board arrive at sound decisions.</p>	<p>being tested, and partial views are tempered by considering alternatives.</p>
<p>6. Delegation and reservation</p> <p>Boards will set out how they govern through a system of delegation and reservation. The board will decide what decisions it reserves (or holds) to itself as a governance responsibility, and those it will delegate elsewhere. The most significant delegation is usually to the accountable officer, the executive directors and senior management. Boards may also delegate to sub-groups, advisors, and partners or through other controlled means. Boards will describe the limits and substance of all delegations and reservations in formal terms.</p> <p>Typical forms of delegation within an organisation, aside that of management, will include formally agreed delegation to board sub-committees. Ideally the programme of work for committees should be linked to the Board Assurance Framework (BAF) with the board commissioning the assurance functions of sub-committees and linking this to the strategic aims of the organisation.</p>	<p>Governing boards need to formally agree in a transparent way what role they will take in the detailed direction of an organisation. This will be different for each organisation and dependent on the level of risk, market forces, the detailed knowledge required to undertake tasks and the maturity of management.</p> <p>The controlling mind of the organisation needs to plan and be explicit about the level of direction it will need to exert itself, and that which it is comfortable to discharge to others, both within and outside the organisation. This will help other stakeholder assess risk and control for themselves.</p> <p>The board must be clear in the role and delegated authority of committees.</p>
<p>7. Openness and transparency</p> <p>Organisations should have the confidence that their business and decision-making processes would stand exposure to the public eye. This ensures that organisations meet important legal and compliance requirements, as well as fosters good business practice through building reputational and brand value. Decisions and conduct should be auditable and explainable.</p>	<p>It is a critical part of being an effective organisation that the public and service users should trust the organisation concerned, believe advice when it is given and feel confident to seek care for themselves and their families. Openness and transparency are essential components of building this trust.</p>
<p>8. Board supports</p>	<p>A board model of governance requires different individuals to take different roles to</p>

<p>To enable the board to work well, the board will need to work through the various roles and support systems it needs in place. These include the: chief accountable officer, directors, executive directors, independent members, chair, board/company secretary, senior independent director (SID)⁴</p>	<p>deliver on the preceding principles of governance. Different actors need to be charged with different parts of the accountability continuum, and there need to be managed systems to ensure that information, advice, and challenge are brought together to arrive at the best decisions for all stakeholders. It is important that the different individuals concerned understand their individual roles in making sure the board governance system works and can respond to future needs through appropriate challenge.</p>
<p>9. Knowing the organisation and the market</p> <p>Those acting as the controlling mind of an organisation have a duty to know and understand the organisation, they are responsible for, and the market in which the organisation operates. Within the organisation the board needs to understand and be assured those relevant compliances are being met, and that the organisation remains fit for purpose. Externally boards need to understand opportunities and risks.</p> <p>To do this, boards should have in place systematic processes so that they remain informed and assured at all times. The most significant of these will be the organised delegation to management, described above, and the setting of tolerances around when and how management should bring matters to the attention of the board, specific governance and information systems, such as performance reports, the board assurance framework, the risk register, decision tracker, audit plans and professional advice, the on-going assurance role of the audit committee to the board that all relevant governance systems are working and delivering added value.</p> <p>Finally, Boards and their members have a responsibility to anticipate and respond to their external environment. This is always dynamic, and a good board will spend time future proofing the organisation by paying attention to new (or newly appreciated) risks and opportunities. This can be done by directors rehearsing locally what has gone wrong (and right) elsewhere, boundary issues and</p>	<p>To provide constructive challenge directors need to understand more than generic business practice. In healthcare, when strategic decisions need to be taken the various options themselves will require a degree of professional insight and confidence to challenge and add to informed debate. Directors who do not familiarise themselves with the market they operate in are being derelict in regard to their overall responsibilities to stakeholder.</p>

⁴ Good Governance Institute, Good Governance Handbook, January 2015, p. 6-10

evaluating their own instincts.	
<p>10. Competence</p> <p>With regards to governance, competence requires a combination of relevant skills and experience to hold office, understand the market, possess the knowledge required, actively participate in debates, and challenge any key decision, declare, and manage any conflict of interest, and hold the decision-taking position itself.</p>	<p>In public bodies, it is important to enable the public and other stakeholders to understand who is accountable for decisions and have confidence that the correct process was followed when decisions are made. This includes ensuring that the right information was available to those making a decision, and that the context for any decision was properly taken into account. The decisions of public bodies are open to judicial review, and the process by which decisions are taken is one the organisation may need to demonstrate if challenged in this way.</p>

It is important that these principles of good governance are considered and applied in the specific and unique context of EIJB. In bringing these governance principles to life, IJB members may find it useful to reflect on the findings of the Christie Commission⁵, which remind us that in relation to public sector reform:

- public services are built around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience
- public service organisations work together effectively to achieve outcomes
- public service organisations prioritise prevention, reduce inequalities and promote equality
- all public services constantly seek to improve performance and reduce costs, and are open, transparent, and accountable

7.2 Behaviour and standards for public service

7.2.1 Constructive challenge

The presence of constructive challenge is a core aspect of a well-functioning Board and is critical to Board effectiveness. Members of the EIJB need to feel confident in their ability to discuss information and colleagues must present appropriate challenge to one another in order to take effective and transparent decisions. In order to consider options and consequences, and in doing so take the best decisions, the board must go through a process of **constructive challenge**, where ideas, facts and beliefs are scrutinised (or tested) in order to verify, confirm or overturn as

⁵ Christie Commission on the future delivery of public services (2011)

<https://www.gov.scot/publications/commission-future-delivery-public-services/>

appropriate. This ability to effectively scrutinise and challenge is critical to understanding the real issues and to ensuring consistently constructive and informed decision taking.

As outlined in Section 4, all IJB members have equal responsibility as Board members. It is best practice for constructive challenge to come from all board members, regardless of individual roles. In relation to constructive challenge, Board members should listen to what is being said during discussions and offer contributions which might include asking challenging questions that act to either clarify or expose gaps in the board's understanding of a given issue.

Constructive challenge should not be ignored or marginalised by members of the board. Similarly, it should not be automatically assumed that issues have been appropriately scrutinised and challenged elsewhere, outside the forum of the meeting (for example, in committee or management meetings). However, constructive challenge does not mean that Board members should adopt an oppositional stance, nor seek to 'catch out' other members or officers.

An appropriate level of trust amongst members, the provision of high-quality information in papers, and manageable meeting agendas are all critical factors to support effective constructive challenge. As organisations work more closely together across organisational boundaries, it is important to hold single and joint funders or providers to account, but with sensitivity.⁶ Challenge should always be independent and constructively critical in the interest of delivering the IJB's strategic objectives, as opposed to oppositional.

7.2.2 Codes of conduct and Board etiquette

i) Nolan and Scottish Governance Principles of Conduct

The Nolan Principles of Public Life

"The only way to be sure that they do the right thing is to keep an eye on them, to challenge them, to hold them to account and, above all, to take part in them."

Nolan (1996)

The Nolan Committee concluded that public bodies should draw up 'Codes of Conduct' incorporating the following principles, and that internal systems for maintaining standards should be supported by independent scrutiny.

The Seven Principles of Public Life outlined below are reflected in the key principles of the IJB's Code of Conduct:

1. **Selflessness:** Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.
2. **Integrity:** Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

⁶ Good Governance Institute and Centre for Public Scrutiny (2017), 'Scrutiny: the new assurance? A good governance discussion document', available at <https://www.good-governance.org.uk/services/scrutiny-the-new-assurance-a-good-governance-discussion-document/>

3. **Objectivity:** In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
4. **Accountability:** Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
5. **Openness:** Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
6. **Honesty:** Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
7. **Leadership:** Holders of public office should promote and support these principles by leadership and example.

The Scottish Executive took the Nolan Committee recommendations one step further with the introduction of the Ethical Standards in Public Life etc. (Scotland) Act 2000 which brought in a statutory Code of Conduct for Board Members of Devolved Public Bodies and set up a Standards Commission for Scotland to oversee the ethical standards framework.

The Scottish Executive also identified nine key principles underpinning public life in Scotland, which incorporated the seven Nolan Principles and introduced two further principles.

8. **Public Service** Holders of public office have a duty to act in the interests of the public body of which they are a Board member and to act in accordance with the core tasks of the body.
9. **Respect** Holders of public office must respect fellow members of their public body and employees of the body and the role they play, treating them with courtesy at all times.

ii) E IJB Code of Conduct

The Scottish public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. Members of the IJB must meet these expectations by ensuring that their conduct is above reproach.

The Ethical Standards in Public Life etc. (Scotland) Act 2000, “the 2000 Act”, requires the Scottish Ministers to lay before Parliament a Code of Conduct for Councillors and a Model Code for Members of Devolved Public Bodies. The Public Bodies (Joint Working) (Scotland) Act 2014 (Consequential Amendments & Savings) Order 2015 has determined that Integration Joint Boards are “devolved public bodies” for the purposes of the 2000 Act.

This Code for IJBs has been specifically developed using the Model Code and the statutory requirements of the 2000 Act. It is the responsibility of members of the Edinburgh IJB to make sure that they are familiar with, and that their actions comply with, the provisions of this Code of Conduct which has now been made by the IJB. This Code applies when members are acting as a member of the Edinburgh IJB and members may also be subject to another Code of Conduct.

The general principles upon which this Code is based are outlined above in Section 7.2.3 (i). Along with these key principles, the Code covers the following:

- Conduct at Meetings
- Relationship with IJB members and employees of related organisations
- Remuneration, allowances, and expenses
- Gifts and Hospitality
- Confidentiality Requirements
- Use of Health Board or local authority facilities by members of the IJB
- Appointment to partner organisations
- Registration of interests
- Declaration of interests
- Lobbying and access to members of public bodies

iii) Registration of interests

Guidance on the registration of interests can be found within the EIJB Code of Conduct. This sets out the kinds of interests, financial and otherwise, that members must register. These are called “Registerable Interests”. Members must, always, ensure that these interests are registered, both when they are appointed and whenever circumstances change in such a way as to require change or an addition to their entry in the IJB’s Register. It is the duty of all members to ensure any changes in circumstances are reported within one month of them changing.

The Regulations⁷ as amended describe the detail and timescale for registering interests. It is the personal responsibility of all members to comply with these regulations and members should review regularly, and at least once a year, their personal circumstances.

The interests which members are required to register are set out under the following:

- Category One: Remuneration
- Category Two: Related Undertakings
- Category Three: Contracts
- Category Four: Houses, Land and Buildings
- Category Five: Interest in Shares and Securities
- Category Six: Gifts and Hospitality
- Category Seven: Non-Financial Interests

These relate to members of the IJB. It is not necessary to register the interests of your spouse or cohabitee.

iv) The Standards Commission for Scotland

All councils and those devolved public bodies listed under Schedule 3 to the Ethical Standards in Public Life etc. (Scotland) Act 2000 (the Act) are obliged to have a Code of Conduct for their elected and appointed members. The Codes of Conduct have a key role in setting out, openly and clearly, the standards of conduct that must be adhered to by those in public office.

⁷ SSI - The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003 Number 135, as amended

Complaints about breaches of Codes of Conduct are investigated by the Commissioner of Ethical Standards in Public Life in Scotland (ESC). If the ESC considers there may have been a breach of a Code of Conduct, the ESC will report the matter to the Standards Commission for adjudication.

The Standards Commission for Scotland is an independent public body, responsible for encouraging high standards of behaviour by councillors and those appointed to boards of devolved public bodies. The role of the Standards Commission is to:

- Encourage high ethical standards in public life; including the promotion and enforcement of the Codes of Conduct and to issue guidance to councils and devolved public bodies to assist them in promoting high standards of conduct.
- Review reports from the ESC on the outcome of their investigations and determine whether to hold a Hearing or to take no action. The Standards Commission can also direct the ESC to carry out further investigations.

The Standards Commission will hold a Hearing to determine:

- Whether a councillor or member of a devolved public body has contravened the Councillors' or the Members' Code of Conduct.
- The sanction to be applied where, following a Hearing, the Panel find that a councillor or member has breached the relevant Code of Conduct.

The Standards Commission for Scotland covers Scottish local authorities, national and regional public bodies, NHS boards, health, and social care IJBs, further education colleges and regional transport partnerships.

More information is available here: <https://www.standardscommissionscotland.org.uk/>

v) Etiquette statement

This etiquette statement sets out the standards of conduct and behaviour that all IJB members, and those working with us, are expected to adhere to, in all that we do, in the name of the IJB.

We collectively take responsibility for holding ourselves to account. In addition, we look to the chair of the IJB, and also to the chairs of each meeting, to help us ensure that these standards are upheld.

We will

1. Commit to collective decision-making and abide by the decisions taken in formal business.
2. Contribute actively, participate where possible through being present, and not seek to re-run discussions or decisions made in our absence.
3. Commit to the IJB as a collective enterprise with a shared purpose, to which we are all contributing our skills, knowledge and responsibilities as full board members not representatives of specific interests.
4. Show respect, tolerance and sensitivity in our behaviour to each other and to those operating in the name of the IJB, without diminishing the need for rigour and challenge.
5. Show loyalty towards each other and to the IJB at all times, supporting colleagues in resolving conflicts, problems and issues that may arise from other roles and responsibilities they hold.
6. Be honest and open, framing any contributions constructively, respecting others' freedom to speak, disagree or remain silent, and seeking to resolve differences positively.
7. Observe the basic rules of business by reading all papers before meetings, seeking to clarify any points of detail in advance, arriving on time, and participating wholeheartedly.
8. Make the best use of time by keeping contributions as relevant and succinct as possible.
9. Operate at all times within the limits of delegated authority we have to take decisions, and be clear when we need to seek higher authority.
10. Contribute to the creation of a shared risk appetite and be guided by this collective understanding in our thinking and doing.
11. Respect confidentiality at all times, abiding by the communications protocols and practices agreed for the IJB.
12. Not become obsessed with detail at the expense of the bigger picture.

At the end of each meeting we will review performance against the above standards and identify any learning for ourselves and for colleagues not present. To help, we will ask the following questions:

- Were we able to do what we needed to do - did we use our time and resources well?
- Were the right people present - who else should have been here?
- What helped it go as well as it did - what could we have done better?

*April 2020
To be reviewed no later than April 2021.*

SECTION 8: RISK MANAGEMENT

All Boards handle risk. One hallmark of the maturity and effectiveness of governance is the approach taken by a Board to strategic risk. This is particularly important for any ambitious IJB, such as EIJB, that will be encouraging and enabling innovation, community engagement and participation, and joint working. The innovative nature of Health and Social Care Integration Schemes also requires governance systems which support complex arrangements, such as hosting of services on behalf of other IJBs, planning only of services delivered by other entities, accountability for assurance without delivery responsibility, and other models of care delivery and planning. It is important, therefore, for all members of the Edinburgh IJB to understand risk management and specifically, how risk should be considered in the boardroom.

Risk can be defined as:

‘The combination of the probability of an event and its consequences’⁸.

Risk is handled throughout all healthcare institutions and across all delivered health and care services, but one of the few places that risk can be comprehensively considered in the round is the boardroom. It is important that Boards are not overly focused on yesterday or today’s operational detail at the expense of defining and seeking the realisation of the strategic vision.⁹ Whilst the day-to-day risk management process in many clinical and care settings often focus on the reduction of risk in the pursuit of creating a safe environment and providing effective, high quality care, risk can generate significant opportunities. As such, the role of the Board or institutional leadership is not to always minimise risk¹⁰. To be effective, it is important for the Board to be explicit in its risk appetite and to clarify what tolerances it has set in its delegation of roles to management, committees, and partners and suppliers¹¹. In doing so, the following principles should be adhered to:

- **Principle One:** an engaged Board focuses the business on managing the things that matter
- **Principle Two:** the response to risk is most proportionate when the tolerance of risk is clearly defined and articulated
- **Principle Three:** risk management is most effective when ownership of, and accountability for, risks is clear
- **Principle Four:** effective decision-making is underpinned by good quality information
- **Principle Five:** decision-making is informed by a considered and rigorous evaluation and costing of risk
- **Principle Six:** future outcomes are improved by implementing lessons learnt.¹²

In essence, the Board should be **focused on its strategic objectives** and the **risks that might compromise their achievement**.

The Board should be aware of the current state of progress with regards to its strategic objectives at any point in time. Whilst there will always be elements of uncertainty, the Board needs to be assured (either positively or negatively) as to what is feasible and practicable with regard to the delivery of its core objectives.¹³ In order for the Board to receive the necessary assurance, the following governance components and processes are critical and must be in place:

- **Objectives** must be clear and measurable
- **Controls** (policies, procedures, structures, staffing etc.) should be put in place by management in order to achieve core objectives
- **Performance** against tangible measures of success should be regularly reviewed
- **Risks** to the achievement of objectives and individual tangible success measures should be identified. Risks should be assessed and graded in terms of their impact on a particular or specific objective and escalated for consideration against higher objectives as required

⁸ ISO/IEC Guide 73

⁹ Good Governance Institute, A simple guide to risk for members of boards and governing bodies (July 2017)

¹⁰ Ibid.

¹¹ Ibid.

¹² Ibid.

¹³ GGI and 360 Assurance: BAP: Board Assurance Framework: the need for assurance (February 2014)

- **Risk management** decisions should be taken in light of risk appetite; risk tolerance; and the cumulative impact and likelihood of any or all of the risks threatening achievement of a single objective.
- **Action** should be taken in response to risk, including additions or amendments to the control framework.¹⁴

Once these are embedded, the Board needs to be reliably assured that each component is operating effectively within an overall framework. The Board will also need to know the specific output from this process in relation to each strategic objective.¹⁵ Once reliable information and assurance in relation to each governance component described is available, in relation to a given strategic objective, the board can be confident about the delivery of that objective. Critically, the Board must have:

- **Clarity** about what the strategic objective is and what is being measured to demonstrate success.
- Assurance that **controls** are in place to help the organisation achieve the objective
- Assurance that those controls will lead to the desired **outcomes**
- Assurance that the **controls are implemented**/adhered to
- **Performance** information about current achievement
- Assurance regarding the **reliability** of the performance information
- Assurance that singular and cumulative risks are **graded consistently** in relation to each strategic objective
- **Knowledge** of the risk management decisions taken and why
- Assurance that the actions address the **root cause**
- Assurance that the actions agreed are being implemented and will be **monitored**
- Assurance that the systems used to generate the above assurances are **sound and robust**¹⁶

8.1 The Board Assurance Framework

To be confident that the systems of internal control are robust, Boards need to be able to provide evidence that they have systematically identified their objectives and managed the principal risks to achieving them. A good Board Assurance Framework (BAF) helps boards to undertake this duty.

To fulfil its statutory responsibilities, the Board must have a sound understanding of the principal risks facing the organisation or entity. Principal risks are defined as those that threaten the achievement of the organisation's strategic objectives and is essential that Boards understand that they need to manage potential principal risks, rather than reacting to the consequences of risk exposure.¹⁷

It is the role of the Board to determine the level of assurance that should be made available to them with regard to those risks. A BAF provides the organisation or entity with a simple but comprehensive means by which to effectively manage the principal risks to meeting the strategic objectives. It should record the Board's confidence in the achievement of each strategic objective at any given point in time, considering all information that has been made available to the Board. The BAF should then be maintained as a live tool to support effective decision taking and provide evidence and justification to underpin the decision-making process¹⁸.

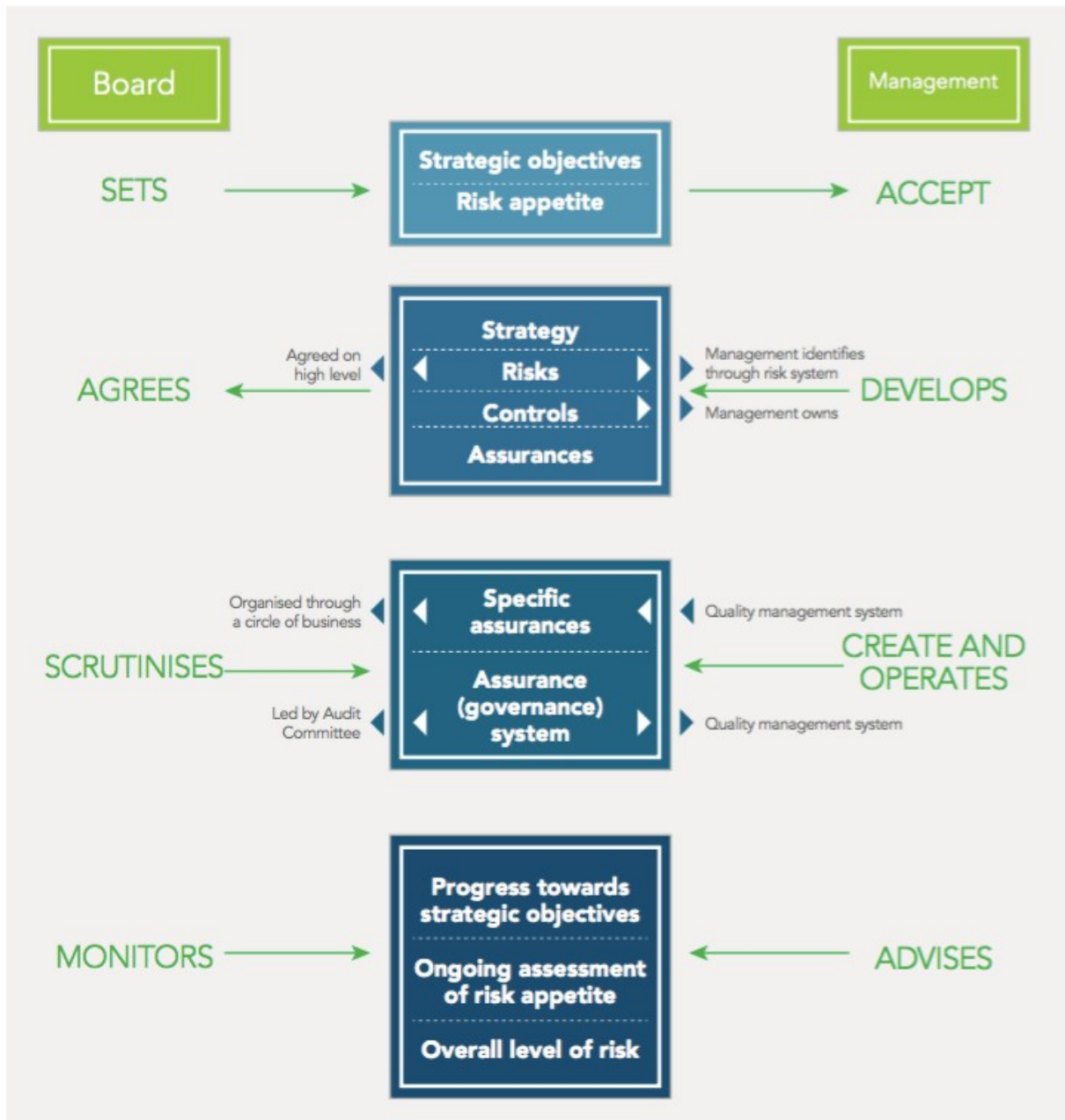
¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ DH, Building the assurance framework: a practical guide for NHS Trusts (March 2003)

¹⁸ Ibid



For the BAF to be effective, the process must be underpinned by a robust organisational governance process that provides adequate assurance that controls are effective and can withstand internal and external scrutiny. Internal scrutiny comes from the Board, where it should be used to hold the executive team to account. External scrutiny comes from the regulators and external auditors.

Guidance requires the BAF to:

- Establish the principle objectives
- Identify the principle risks that may threaten the achievement of these objectives
- Identify and examine the systems of internal control in place to manage the principle risks.
- Identify and examine the review and assurance mechanisms which relate to the effectiveness of control (e.g., management checks, Internal Audit, Clinical Audit, External Audit, other reviews)
- Identify positive assurances and areas where there are gaps in controls and / or assurances
- Put in place plans to take corrective action where gaps in controls and / or assurances have been identified in relation to principal risks

- Maintain dynamic risk management

Board and committee agendas should also engage with strategic risk. The Board can delegate some of the role of scrutiny of assurances to its committees to save time for the Board and make the most appropriate and efficient use of expertise. Boards may be able to place greater reliance on assurances if they are confident that they have been robustly scrutinised by one of their committees¹⁹. Therefore, the programme of work for committees of the Board should be linked to the BAF, with the board commissioning the assurance functions of committees and linking this to the strategic aims of the organisation.

As well as the document generated, the term ‘Board Assurance Framework’ should refer to the wider systems and processes of governance that are in place to provide the Board with assurance regarding the achievement of its strategic objectives.

8.2 Risk appetite²⁰

Risk appetite, defined as **‘the amount and type of risk that an organisation is prepared to pursue, retain or take’**²¹ in pursuit of its strategic objectives, is key to achieving effective risk management. It represents a balance between the potential benefits of innovation and the threats that change inevitably brings. It is essential that Boards understand and apply risk appetite because:

- If they do not know what their organisations collective appetite for risk is and the reasons for it, then this may lead to erratic or inopportune risk taking, exposing the organisation to a risk it cannot tolerate; or an overly cautious approach which may stifle growth and development.
- If they do not know the levels of risk that are legitimate for them to take, or do not take important opportunities when they arise, then service improvements may be compromised, and patient and user outcomes affected.
- It can serve as the basis for consistent and explicit communication at different levels, and to different stakeholders.

Risk appetite will be influenced by several factors including personal experience, political factors, and external events, among others. Risk can generate significant opportunities and therefore should be considered in terms of both opportunities and threats:

- When considering threats, the concept of risk appetite embraces the level of exposure that is considered tolerable and justifiable should it be realised.
- When considering opportunities, the concept embraces consideration of how much one is prepared to actively put at risk to obtain the benefits of the opportunity.
- It is important that Boards understand that to achieve their strategic objectives they may have to adopt a more assertive risk appetite, recognising that risk appetite should be forward looking.

¹⁹ GGI and 360 Assurance: BAP: Board Assurance Framework: the need for assurance (February 2014)

²⁰ GGI risk appetite matrix, Good Governance Institute, March 2020

²¹ ISO 31000

Risk tolerance is subtly different to risk appetite in that it reflects the boundaries within which the executive management are willing to allow the true day-to-day risk profile of the organisation to fluctuate, while they are executing strategic objectives in accordance with the Board's strategy and risk appetite. It is **the level of residual risk within which the Board expects committees to operate and management to manage**. Breaching the tolerance requires escalation to the Board for consideration of the impact on other objectives, competing resources, and timescales

At least once a year, the Board should set specific limits for the levels of risk the organisation is able to tolerate in the pursuit of its strategic objectives. The Board should also review these limits during periods of increased uncertainty or adverse changes in the business environment. In setting these risk appetite and tolerance levels, the board should consider risk factors in both the external and internal business environments. These levels could be measured quantitatively, qualitatively, or both, and should be specific to each of the relevant core activities and outcomes.

The Board should monitor and audit the management of significant risk undertaken by managers and clinical staff and satisfy itself that decisions balance performance within the defined appetite and tolerance limits. The Board should ensure that it understands the implications of risks taken by management in pursuit of better outcomes, as well as the potential impact of risk-taking by, and on, local communities, partner organisations, strategic providers, and other stakeholders.

Figure 2 below describes how boards can apply risk appetite.

Figure 2: applying risk appetite



8.3 Balancing risk and innovation

EIJB is moving rapidly towards an innovative transformation approach to drive forward its vision, based on citizen and stakeholder engagement. A key focus of the EIB is to increase the pace and focus for transformation and change efforts as a Health and Social Care Partnership and to increase efforts as they relate to the wider change in demand, demographics and to create and build a sustainable, high quality health and care system for the future in this city. There exists a significant opportunity to recast the offer to the public and shape services to be fit for the 21st Century. This will involve thinking and acting in radically different ways and in reframing the relationship with the public, partners and staff to deliver a new Edinburgh model of care and support across the city²²

With the mounting challenges that healthcare systems across the UK are increasingly experiencing, including here in Edinburgh, the risk landscape is changing, and institutions are increasingly recognising the need to develop more radical and disruptive strategies that require taking, and

²² Transformation and Change – Developing the Edinburgh Model dated 8 February 2019

embracing, risk. Indeed, a core priority of the E IJB is to transform health and social care services for the people of Edinburgh for the better. This involves engaging in transformational change, which, by its very nature, involves an inherent degree of risk taking. It is critical, therefore, to have in place a framework for risk appetite that allows the EIJB to use a common language in the deliberation of complex reputational, financial, outcomes, and regulatory risks, and to ensure that there is a collective appreciation of the levels of risk that the IJB is prepared to take.

Some examples of key questions for Board members to consider when further developing the EIJBs risk appetite are as follows:

- Is the IJB clear about the nature and extent of the significant risks it is prepared to take in achieving its strategic objectives? What are the significant risks the IJB is willing to take? What are the significant risks the IJB is not willing to take?
- Does the IJB have different appetite approaches for different types of risk?
- Which risks could seriously impact our strategic objectives and are we operating within our appetite for them?
- How well are these risks being managed and which areas require further improvement?
- What steps has the IJB taken to ensure oversight over the management of the risks?
- Does the risk data presented to the IJB improve its understanding of the risk exposure?
- What is the evidence that risk appetite has been implemented effectively? And has the IJB played an active role in the monitoring and learning from the risk appetite process?

SECTION 9: KEY ISSUES IN GOVERNANCE – SAMPLE ISSUES AND QUESTIONS

9.1 Sample questions for consideration by the IJB:

There is no “right” set of questions for a Board to consider. Each Board member will make a different contribution and bring different perspectives to bear. It is however important for Board members, and for the Board as whole, to take time to reflect on what they are seeking to achieve collectively and individually. This can be done systematically and be linked to development activities, but it does need to be done rigorously as a way of providing a framework for personal self- assessment and the assessment of the effectiveness and impact of the Board as a whole.

Common questions which the Board will need to spend time considering include:

- what do we as a Board need to do to:
 - ensure reporting routes are strong?
 - manage the amount and quality of information?
 - understand the nature of assurance?
 - ensure Board members know the business of the organisation
 - assess the real risks in the organisation?
 - ensure challenge is possible and robust within the terms of the etiquette?
 - ensure that our governance structure is based on sound, tested values?
- how and when do we assess our impact as a Board and our contribution as individuals?
- what is our agreed risk appetite and what does this mean for how we work?
- how effective is our governance in relation to both quality assurance and innovation?
- what is our collective role in relation to civic and place-based leadership and more broadly?

For individual Board members one simple and effective approach to help keep these issues in mind is to develop a “score card” which sets out clearly what contribution and outcomes are being aimed for by a particular date. The simple format below with prompt questions and guidance notes might be helpful. Ideally this would form part of a systematic approach to personal appraisal and

assessment, but the responsibility lies ultimately on each member to ensure they are effective in their role.

This process may be particularly helpful for IJB members as their role in the IJB makes different demands from those in other settings.

Score card elements	Prompt questions	Guidance notes
Outcomes	<p>What do I want the IJB to achieve by (insert date)?</p> <p>What specific outcomes matter most to me?</p> <p>How am I going to measure progress?</p>	<p>This is not easy to do and should involve an element of “stretch”. Your personal outcomes are unlikely to be the same as for the IJB. It is important to be as specific as possible on measurement.</p>
Contribution	<p>What specific contribution do I need/want to make to the IJB by (insert date)?</p> <p>How will I measure that contribution objectively?</p> <p>Who and what am I dependent on to achieve this?</p>	<p>Contribution can take many forms. Here it is about how you want to describe your contribution which may go beyond your role in meetings and formal business. Being clear and honest about measurement is an important part of making this of real value.</p>
Personal knowledge and learning	<p>What areas of knowledge and understanding do I need/want to grow to increase my contribution and effectiveness?</p> <p>How am I going to support other members of the Board during the year?</p>	<p>One area to focus on is about clarity on the way the governance of the IJB operates. This may help identify areas where you feel you would like to know more – for example, about assurance and reporting arrangements. Being specific and being timely in ensuring you act on the self-assessment is important here.</p>

9.2 Assurance and scrutiny

In health, when seeking to gain confidence that all is working well, Boards tend to talk about **challenging**, **probing**, and **assurance**, whilst in central and local government the term **scrutiny** is more frequently used. Despite differences in language between sectors, as we work more closely together across organisational boundaries, it is important we hold organisations to account but with

sensitivity.²³ The predominant intention of health scrutiny is to act as a lever to improve the health of local people, ensuring their needs are considered as an integral part of the commissioning, delivery, and development of health services. Health scrutiny also has a strategic role in taking an overview of how well integration of health, public health, and social care is working.²⁴

9.2.1 Scrutiny

'Scrutiny' of strategic direction and operational performance happens in different ways - for example through:

- Regulation and inspection
- Locally elected representatives
- Board member contribution
- Community and service user voice
- Print, broadcast, and social media
- The courts²⁵

The Centre for Public Scrutiny (CfPS) advocates four principles of good scrutiny:

- That it offers constructive 'critical friend' challenge
- That it amplifies the voices and concerns of the public
- That it is led by independent people who take responsibility for their role
- That it drives improvement in public services²⁶

Additional key features of good scrutiny may include:

- The separation of executive delivery and review roles
- A focus on improvement
- Independent and constructively critical rather than oppositional
- Engaged early enough to influence strategy and plans
- Scrutiny, audit, inspection, and regulation must become complementary, clearly aligned, and mutually reinforcing

Arrangements for joint service planning, commissioning, and delivery in Scotland provide opportunities for establishing both accountability and a focus on improved delivery through effective scrutiny at a pan-organisational level. It is important for Integration Authorities (IAs) to establish effective arrangements for scrutinising performance, monitoring progress towards their strategic objectives, and holding partners to account. The Accounts Commission argues that using the nine statutory outcome measures (listed in **Exhibit 1**) will help IAs to focus on the impact of health and care services. However, as well as monitoring performance, IJB members will need to use these statutory outcomes to help redesign services and ensure services become more effective.²⁷

Importantly, there is a need for regular reporting to partner organisations. This is particularly important where most members of the local authority or NHS Board are not directly involved in the IJB's work.

²³ The Good Governance Institute and Centre for Public Scrutiny, *Scrutiny: the new assurance? A good governance discussion document* (September 2017)

²⁴ Ibid.

²⁵ Ibid.

²⁶ Ibid.

²⁷ Ibid.

Exhibit 1: The Scottish Government, National Health and Wellbeing Outcomes (IAs are required to contribute to achieving nine national outcomes):

	By working with individuals and local authorities, integration authorities will support people to achieve the following outcomes
1	People are able to look after and improve their own health and we live in good health for longer.
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5	Health and social care services contribute to reducing health inequalities.
6	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 wellbeing.
7	People using health and social care services are safe from harm.
8	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.
9	Resources are used effectively and efficiently in the provision of health and social care

Since 2008, scrutiny bodies have worked together to identify and agree the key scrutiny risks in each of Scotland’s 32 local authorities and to develop a plan of scrutiny activity to respond to those specific risks. This approach, called Shared Risk Assessment (SRA), is designed to ensure proportionate and risk-based scrutiny in line with the recommendations of the Crerar Report. All 32 local authority areas have a Local Area Network (LAN), consisting of representatives of all the main scrutiny bodies for local government. The purpose of the LAN is to share intelligence and agree scrutiny risks for each council. Annually, each LAN prepares an Assurance and Improvement Plan which contains a scrutiny plan. This document captures agreed areas of risk and good practice, and the resulting scrutiny response for each council. It is the primary planning document for scrutiny bodies. These individual plans are aggregated each year to form the National Scrutiny Plan.²⁸

The CfPS have identified some common themes to overcome potential barriers to effective scrutiny when working across boundaries (see Exhibit 2).

²⁸ Ibid.

Overcoming potential barriers to effective scrutiny of integration

Potential barrier	Possible solution
Lack of clarity about roles and responsibilities causes tension between health and wellbeing boards, commissioners, providers and scrutiny	Agree a common statement of roles and responsibilities to help avoid duplication and help to plan scrutiny effectively
Scrutiny is not included at an early stage or does not get the information it needs leading to reactive and less influential scrutiny, rather than helping to improve integration plans	Agree a common approach that sets out clear arrangements for scrutiny to be built into the whole cycle of planning, commissioning, delivery and evaluation
Party politics leads to conflicts within scrutiny and between scrutiny, council, executives and partner bodies	Agree a non-partisan approach that separates councillor's scrutiny role and their representative role
Information about the way health and social care services are planned, operated and funded can be complex and proposals for changes are not always well received	Agree to support scrutiny so that councillors can navigate the health and social care system, appreciate its complexities and respond effectively to proposals for change
Lack of clarity about the policy development and 'holding to account' roles of scrutiny	Agree that scrutiny is a balance between collaboration and challenge about priorities and outcomes
Frequent changes in scrutiny arrangements, chairs or members leads to scrutiny becoming inconsistent	Agree a consistent approach to organising scrutiny to help long term effectiveness of the function

9.2.2 Assurance

Assurance is 'a positive declaration that a thing is true'. Assurances are therefore the information and evidence provided or presented which are intended to induce confidence that a thing is true amongst those who have not witnessed it for themselves. The Board must ensure that there are proper and independent assurances given on the soundness and effectiveness of the systems and processes in place for meeting its objectives and delivering appropriate outcomes. Assurance provides the confidence that what managers have instigated as controls work.³⁰ Scrutiny can bring a 'reality check' to assurance.

Audit and external reviews can provide independent assurance, but it is important that the board owns and has confidence in the assurance offered. Listing sources of assurance is not good enough. Instead, they should be actively engaged and subject to scrutiny, usually by the audit committee, that they are working. Financial scrutiny is important, combining not just the audit role, but also looking beyond formal compliance to consider outcomes and value achieved for the 'public pound'.

²⁹ The Good Governance Institute and Centre for Public Scrutiny, Scrutiny: the new assurance? A good governance discussion document (September 2017)

³⁰ Ibid.

9.2.3 The role of the IJB in assurance

The EIJB Audit and Assurance Committee is the committee established by the IJB to monitor, review and report to the Board on the suitability and efficacy of the Partnership's provisions for governance, risk management and internal control. Included within the purpose and function of the Committee is to provide assurance to the IJB that it is fulfilling all its statutory requirements and all systems are performing as required, with appropriate and consistent escalation of notice and action; and to review and continually re-assess their system of governance, risk management, and control, to ensure that it remains effective and fit for purpose.

9.3 Governing for quality improvement

9.3.1 Overview of clinical and quality governance

In 2013, the principles of good governance for both healthcare quality and for quality social care in Scotland were described.³¹ These stressed the importance of:

- Embedding continuous improvement
- Providing robust assurance of high quality, effective and safe clinical and care services
- The identification and management of risks to and failure in services and systems
- Involvement of service users / carers and the wider public in the development of services
- Ensuring appropriate staff support and training
- Ensuring clear accountability

The IJB has overall accountability for improvements, successful delivery, and equally failures, in the quality of delivered care across health and care organisations in Edinburgh. Accordingly, the IJB holds an important role in governing for quality.

The term **quality governance** refers to the established structures and processes to enable the IJB to be assured that health and care organisations within the partnership are effectively discharging their responsibilities for quality. Effective clinical governance is key to maintaining quality. Clinical and care governance can be described as **a system through which an organisation is accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.**³²

Clinical and quality governance, therefore, are terms that incorporate all activities that support health and care organisations and / or services to maintain high standards of patient care whilst continuously improving. It is concerned with ensuring that patients remain safe, that risks are effectively managed, and that structures and processes are in place to ensure oversight and assurance on the quality, safety, and effectiveness of delivered care. Effective clinical governance structures should provide focused forums where management of health and care organisations can analyse, understand, and scrutinise quality assurance and compliance data so as this can be acted upon.

A robust quality governance framework will:

- Ensure required standards are achieved, and that sub-standard performance is investigated, and appropriate action taken

³¹ Governance for Quality Healthcare, The Scottish Government, 2013. <http://www.gov.scot/Topics/Health/Policy/Quality-Strategy/GovernanceQualityHealthcareAgreement>

³² Scally G and Donaldson LJ (1998) Clinical governance and the drive for quality improvement in the new NHS in England. British Medical Journal 317(7150) 4 July pp.61-65

- Support in planning for, and driving continuous improvement in the quality of delivered care
- Enable the identification and sharing of learning, ensuring the delivery of best practice
- Enable the identification and management of risks to the quality of care and ensure such risks are appropriately escalated
- Ensure the promotion of a quality focused culture
- Ensure the IJB is assured on quality

9.3.2 The role of the IJB in clinical and quality governance

The **Clinical and Care Governance Committee** has been established by the IJB to monitor, review and report to the Board on the quality of care to the local population, specifically in relation to safety, quality of access and clinical effectiveness and experience.

Key responsibilities of the IJB in relation to quality are:

- To be assured that the Health and Social Care Standards are being met by every service
- To be assured that health and care organisations within the partnership strive for continuous quality improvement, and continuous improvements in patient outcomes
- To be assured that all staff are motivated and enabled to deliver effective, safe and person-centred care.³³

The role of the IJB is not to seek to duplicate the clinical and care governance arrangements which exist throughout the delivery of services across Edinburgh, but rather to ensure that an adequate control environment is in place to deliver assurance to the IJB.

9.3.3 Quality assurance versus quality improvement

It is important for the EIJB to understand the difference in focus between **quality assurance** and **quality improvement**. These are very different, but related, activities. Successful clinical and care organisations have disaggregated the two as their processes are very different.

- **Quality assurance** concerns the disciplining of work to meet designed standards. Management need assurance that work undertaken is complying with the set standards.
- **Quality improvement** is about redesigning work, often radically, to create a shift in performance by changing the rules. It can be a centrally supported activity, but by its nature needs to be a locally delivered one as the literature shows³⁴ that those with the best insight into redesigning work are the operational teams themselves.

It is important that organisations create different forums for each activity. Taking the example of serious incidents, one forum needs to be in place to support the proper conduct of investigation and the root cause analysis process, but the learning and sharing of lessons is best done otherwise and probably using different meeting techniques. To shoehorn the two together into an assurance committee format stultifies the learning and improvement environment.

³³ National Quality Board, Quality Governance in the NHS – A guide for provider boards (2011)

³⁴ Deming, W. Edwards; Statistical Adjustment of Data; Dover; (1964) [1943]. ISBN 0-486-64685-8

9.4 Quality regulation in Scotland

9.4.1 Care inspectorate

On 1 April 2018, Scotland's **Health and Social Care Standards** came into effect, replacing the National Care Standards. The Care Inspectorate is a scrutiny body that supports improvement and looks at the quality of care in Scotland to ensure that it meets high standards. Where improvement is needed, the Care Inspectorate supports services to make positive change and in doing so, to reach the highest standards. The Care Inspectorate registers around 14,000 registered care services in Scotland and inspects each one. Services are graded on key areas such as care and support, physical environment, quality of staffing and quality of management and leadership.

The Care Inspectorate also works with other scrutiny and improvement bodies to examine how local authorities, community planning partnerships and health and social care partnerships are delivering a range of services in their communities across Scotland, and how well services are working together to support positive experiences and outcomes for people.

9.4.2 Healthcare Improvement Scotland

Healthcare Improvement Scotland strives to achieve better quality health and social care for everyone in Scotland. Their broad work programme supports the healthcare priorities of the Scottish Government, for example, those of [NHS Scotland's Healthcare Quality Strategy](#), and helps health and social care services to improve. Its work programme includes the regulation of independent hospitals and clinics along with the following key parts of the organisation with specific functions:

- [The ihub](#): helps health and social care providers design and deliver better services for the people of Scotland.
- [Scottish Health Council](#): supports NHS boards and health and social care providers to involve patients and the public in the development of services.
- [Scottish Health Technologies Group](#): provides advice on the clinical and cost effectiveness of healthcare technologies that are likely to have significant implications for patient care in Scotland.
- [Scottish Intercollegiate Guidelines Network](#): develops evidence-based clinical practice guidelines for NHS Scotland.
- [Scottish Medicines Consortium](#): accepts for use those newly licensed medicines that clearly represent good value for money to NHS Scotland.
- [Scottish Patient Safety Programme](#): improves the safety and reliability of healthcare and reduces harm, whenever care is delivered.
- [Scottish Antimicrobial Prescribing Group \(SAPG\)](#): work with NHS boards across health and care settings in Scotland to improve antibiotic use, to optimise patient outcomes and to minimise harm to individuals and to wider society.

Clinical governance can be described as the system through which the NHS works to monitor and improve the quality of the care and services they deliver. As well as the above functions, Health Improvement Scotland work to ensure that NHS boards have a clear and consistent approach to clinical governance in healthcare across Scotland and make their findings public. Similarly, the body provides public assurance about the quality and safety of healthcare through the scrutiny of NHS hospitals and services and independent healthcare services. Findings on performance are published, which demonstrates accountability of these services to the people who use them. This makes a positive impact on the healthcare outcomes for patients, their families, and the public, and feeds the improvement cycle by providing further evidence for improvement.

9.5 Committee effectiveness

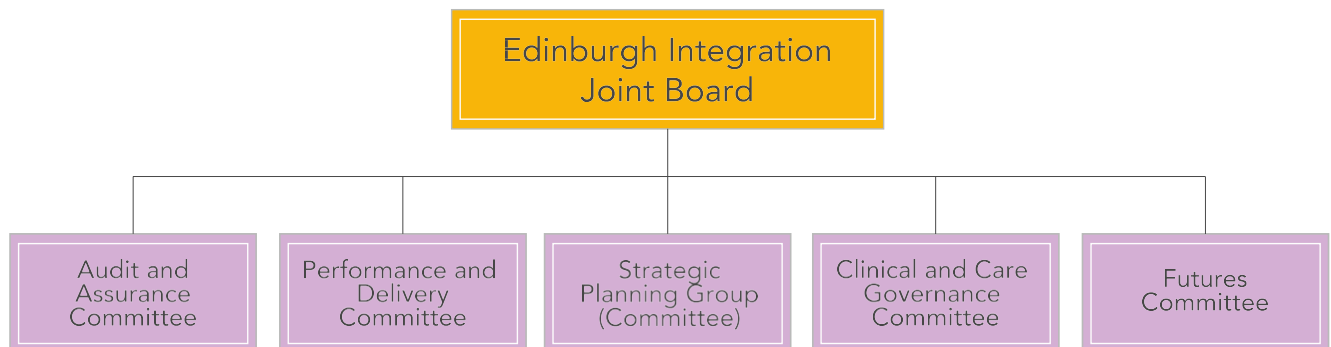
9.5.1 Committees of the IJB

The IJB does not operate in a vacuum and the ability of its committees to provide assurance that the decisions the IJB is being invited to take are grounded in evidence and are valid is essential. Indeed, the establishment of committees of the Board is intended to strengthen governance arrangements, strengthen the role of the IJB in strategic decision-making, and support the IJB in the achievement of its objectives. In essence, committees exist to help the IJB do its job.

The IJB must have in place a robust framework to support appropriate and transparent management and decision-making processes. This framework will enable the IJB to be assured of the quality of its services, the probity of its operations and of the effectiveness with which the board is alerted to risks to the achievement of its overall purpose and priorities.

The IJB has established five committees to undertake scrutiny in relation to the delivery of its plans and strategies. The established committees are as follows:

- Audit and Assurance Committee
- Performance and Delivery Committee
- Strategic Planning Group
- Clinical and Care Governance Committee
- Futures Committee.



These committees report back to the IJB with recommendations for decision. Delegated responsibilities are reviewed annually in line with best practice and as part of the risk appetite development.

It is important that the IJB creates opportunities to reflect on its own performance and its effectiveness. This should include a formal and rigorous annual evaluation of the performance of the IJB, and of the performance and effectiveness of its committees.

A critically important point to consider is the need to ensure that Board committees do not become muddled up with operational management and must not find themselves in a position where they end up, de facto, managing functions or creating assurances. The board, through its committees, needs to be assured that management is operating within whatever delegations the board has made and is operating agreed controls to mitigate or avoid risks. In terms of groups, we would explain the difference between a board sub-committee and a management group as follows:

- **Board committee:** the board of directors will delegate several its functions to committees, who are responsible for reporting to the board on the critical areas of business (for example, compliance, quality etc.) and for escalating risks as appropriate. Unlike management groups, board sub-committees are not responsible for the day-to-day running of the organisation but rather seek assurance that performance and systems are operating to the required standards.
- **Management group:** management groups are accountable for the day-to-day, month on month running of the Trust and for providing assurance to management, who in turn assure the board (often through sub-committees) that performance and systems are at the required standards

Good governance practice includes the programme of work for sub-committees of the board being linked to the board assurance framework, with the board commissioning the assurance function of the sub-committees and linking this to the strategic aims of the entity.

At the same time, a quality management system within management will itself be ensuring that the controls against risks identified in the assurance framework are being

9.5.2 Terms of Reference

It is important that all committees of the IJB have clarity on their role and that they are directly related to specific strategic and statutory responsibilities. Outcomes and performance management arrangements for each committee must be made clear, and there must be a clear separation of responsibilities and clarity on remits and reporting processes. This information is set out within the Terms of Reference for each committee of the IJB, which make clear the following:

- Constitution of the committee
- Purpose and function
- Authority
- Membership and quorum
- Duties
- Reporting and accountability, and
- Committee administration

In line with best practice, the Terms of Reference of committees of the IJB should be reviewed annually.

9.5.3 Frequency of meetings and membership

The frequency of meetings of committees of the IJB is kept to a minimum, and it is important that membership is active, and attendance regarded as a formal responsibility.

The membership of each committee is set out within its Terms of Reference and reflects expected contribution to the core purpose of each committee.

9.5.4 Agendas, cycle of business and quality of papers

The Board can delegate some of the role of scrutiny of assurances to its committees to save time for the Board and make the most appropriate and efficient use of expertise. The Board may be able to place greater reliance on assurances if it is confident that they have been robustly scrutinised by one of the committees.

The agenda and cycle of business for all committee meetings must form a continuum of business and reflect the strategic objectives, BAF contents and other mandatory aspects of the role and function of the committee, as set out in its Terms of Reference. Agendas should be populated from the annual work plan, not be overcrowded to allow sufficient time for debate and must offer the right mix of assurance and strategic discussion. Any carried forward items from preceding meetings (as recorded within the minutes) and / or action logs must be included within the appropriate meeting agenda, and agendas should incorporate an appropriate balance of items ‘for decision’, ‘for information’ and ‘for noting’. An imbalance towards the latter two would be indicative of an ineffective meeting that is not properly discharging its role. The most urgent items requiring the full attention of the committee should be high up on the agenda, to ensure sufficient time for debate.

Papers should be précised to provide clarity on context and purpose together with the key issues and risks arising from the paper and expectations in terms of decisions. Key points for consideration by the committee should be summarised in sufficient detail to enable informed discussion. An executive summary that effectively directs the readers’ attention to the most important aspects of the paper could be helpful. Information and data included within papers should be timely. Papers should be succinct and be of a quality that provides sufficient insight into action required in response to performance issues.

Papers should include an action log to support the committee to maintain a record of agreed actions. All actions agreed by the committee must be recorded, to include reference to the action owner, dates, and status of the action.

It is important that papers are circulated to committee members in a timely fashion to enable time for members to adequately digest and reflect on their content and establish areas requiring further exploration and / or clarity.

9.5.5 Summary table of Committee function and membership

Committee	Function	Membership
Strategic Planning Group	To monitor, review and report to the Board on the strategy, plans and Delivery of the delegated Partnership’s services	Members of the Committee shall be appointed by the Integrated Joint Board and shall be made up of four Voting Members of the IJB, drawn equally from NHS Lothian and The City of

		Edinburgh Council. Two non-voting members of the IJB will also be appointed by the Board as non-voting members of the Committee.
Clinical and Care Governance Committee	To monitor, review and report to the Board on the quality of care to the local population, specifically in relation to patient safety, clinical effectiveness, and patient experience.	Members of the Committee shall be appointed by the Integrated Joint Board and shall be made up of least four Voting Members of the IJB, drawn equally from NHS Lothian and The City of Edinburgh Council. Two non-voting members of the IJB will also be appointed by the Board as non-voting members of the Committee.
Audit and Assurance Committee	To monitor, review and report to the Board on the suitability and efficacy of the Partnership's provisions for governance, risk management and internal control.	Members of the Committee shall be appointed by the Integrated Joint Board and shall be made up of four Voting Members of the IJB, drawn equally from NHS Lothian and The City of Edinburgh Council. Two non-voting members of the IJB will also be appointed by the Board as non-voting members of the Committee
Performance and Delivery Committee	To provide advice and assurance to the Board on the effectiveness on the operational and financial performance of the Partnership.	Members of the Committee shall be appointed by the Integrated Joint Board and shall be made up of six Voting Members of the IJB, drawn equally from NHS Lothian and The City of Edinburgh Council. Four non-voting members of the IJB will also be appointed by the Board as non-voting members of the Committee
Futures Committee	To provide and evaluate the strategic focus of the Partnership over a ten-year period.	Members of the Committee shall be appointed by the Integrated Joint Board and shall be made up of four

		<p>Voting Members of the IJB, drawn equally from NHS Lothian and The City of Edinburgh Council. Two non-voting members of the IJB will also be appointed by the Board as non-voting members of the Committee</p>
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9.5.6 The role of the chair

The role of the chair is critical to ensuring the effective operation of the committee. A good chair should assume that all members of the committee come prepared for discussion, having read through the papers in advance of the meeting. The chair should not *direct* the meeting but should instead *steer* the discussion to ensure the meeting remains on track. The chair should be comfortable in allowing a free ranging debate on a given agenda item whilst using facilitation skills to keep the discussion on track, but at no time should a chair be seen to overly influence the outcome of a debate.

Where the committee is seeking assurance on a particular issue, the committee should be allowed sufficient time to debate and discuss any areas of concern prior to reaching an agreed decision. Following each agenda item, the chair should effectively summarise the discussion and ensure that actions and outcomes are clearly captured.

The chair has an important role in creating a meeting environment where all members of the committee feel comfortable to contribute to discussions. The chair should ensure that less forceful members of the committee are included by actively seeking their opinion and similarly, where a member of the committee appears to disengage from discussion, the chair should seek to re-engage them.

9.5.7 Etiquette

This etiquette statement set out in Section 7 describes the standards of conduct and behaviour that all IJB members, and those working with the IJB, are expected to adhere to. It is expected that all members of the committees of the IJB act in accordance with this etiquette statement.

9.5.8 Declaration of interest

Public confidence in the EIJB and its members depends on it being clearly understood that decisions are taken in the public interest and not for any other reason. It is therefore important for all Board and committee members to consider declaration of interest. Members must not act in a way that would compromise the reputation of the IJB. If declarations of interest are not managed effectively, confidence in the probity of decisions and the integrity of those involved could be seriously undermined. In considering whether to make a declaration in any proceedings, all Board and committee members must consider not only whether they will be influenced but whether anybody else would think that they might be influenced by the interest. Members must, however, always comply with the objective test (“the objective test”) which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your discussion or decision making in your role as a member of the EIJB. All members should familiarise themselves with the IJB’s standing orders and the “Roles, Responsibilities and Membership of the Integration Joint Board” guidance.

Failure to manage declarations of interest can result in a legal challenge to public bodies and / or criminal action, for example in relation to bribery, fraud, and corruption. EIJB is statutorily obliged to manage declarations of interest. Together with the rules on **registration of interests**, declaration of interest ensures transparency of interests that might influence, or be thought to influence, the action of a board member. Further detail on the declaration requirements of the Edinburgh IJB can be found by referring to the **IJB's Standing Orders**.

9.5.9 Effectiveness review

It is good practice for the effectiveness of the committees of the IJB to be reviewed annually to assess how they are operating in practice. There are various ways to do this, one of which could be to develop a survey for completion by members of each committee. Examples of areas to consider when reviewing the effectiveness of the committees of the IJB could include:

- Does the committee fulfil its remit, as set out within its Terms of Reference?
- Does the committee have sufficient membership, authority, influence, and resources to perform its role effectively?
- Do committee members, and those in an attendance capacity, provide the right balance of experience, knowledge, and skills to fulfil the duties set out in the Terms of Reference?
- Are assurance reporting arrangements from the committee to the Board sound?
- Is the committee chair's leadership appropriate? Is the committee meeting well led?
- Are committee agendas relevant and focused on the right matters, and do meetings allow sufficient time to enable the committee to undertake as full a discussion as may be required?
- Does the committee spend enough time on considering the strategic and emerging national agenda?
- Is the committee agenda related to risk and the board assurance framework? Does the committee regularly review relevant risks as appropriate and their impact on assurance?
- Is the committee decision-driven?
- Are papers of an appropriate quality (e.g., not overly lengthy, and clearly explain the key issues and priorities), focused on trends and enabling the effective management of relevant risks? Do they lead to a decision being taken by the committee? Are papers distributed in sufficient time for members to give them due consideration?
- Is there a sufficient focus on the patient voice and user / carer experience (*where appropriate*)?
- Does the committee add value to the overall governance arrangements?
- Is the way the committee relates to other committees of the IJB clear and well understood? Does the committee work well with other committees of the IJB? And is there evidence of cross fertilisation of ideas and thinking across and between committees?

SECTION 10: KEY CONTACTS

EIJB members can email eijbqueries@edinburgh.gov.uk and it will be picked up by a member of the Chief Officers Office and responded to accordingly.

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REPORT

Bed Based Care – Phase 1 Strategy

Edinburgh Integration Joint Board

22 June 2021

Executive Summary	<p>The purpose of this report is to provide the Edinburgh Integration Joint Board (EIJB) with an overview of the bed-based care strategy (phase 1) and to seek agreement to the key recommendations, set out as Directions, for approval.</p>
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Recommendations	<p>It is recommended that the Edinburgh Integration Joint Board:</p> <ol style="list-style-type: none"> 1. Approve the phase 1 approach as set out in the bed-based care strategy (Appendix 2). 2. Set direction to NHS Lothian in order to: <ol style="list-style-type: none"> a. Decommission intermediate care currently provided at the remaining wards at Liberton Hospital and to re-provide these within a reconfigured number of beds within the remaining Hospital Based Complex Clinical Care (HBCCC) estate. b. Decommission HBCCC beds provided at Findlay House and Ellen’s Glen House and re-provide these within the former residential care home facility in Drumbrae c. Commission Intermediate Care beds within the bed base remaining at Ellen’s Glen House and Findlay House d. Decommission the HBCCC beds provided at Ferryfield House, withdraw from the lease at intended break point and decommission service in October 2022 3. Set a direction to City of Edinburgh Council of the EIJB’s intention to: <ol style="list-style-type: none"> a. Decommission residential care currently provided at Clovenstone, Ford’s Road, Jewel House and Ferrylee care homes. b. Decommission the residential care model provided at Drumbrae Care Home and single intent to re-provide HBCCC services within that facility
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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	✓

Appendix 1 provides detail on the direction to be issued.

Report Circulation

1. This report has not been to any other Committee prior to submission to the Edinburgh Integration Joint Board (EIJB).

Main Report

2. The EIJB has set out a review of the bed-based services it commissions as part of the wider transformation of health and care in Edinburgh. They have now embarked on an ambitious change programme that will revolutionise health and social care services so that individuals can access the support they need to live healthy, independent lives.
3. In line with the vision of the EIJB to deliver ‘a caring, healthier and safer Edinburgh’, the ambition is to create a sustainable bed base that meets the needs of the citizens of Edinburgh by providing the right care, by the right professionals, at the right time, in the right place. The Edinburgh Health and Social Care Partnership’s (the Partnership) redesigned bed base will improve outcomes for people and support every citizen’s right to participate fully in society, whatever care and support they need.
4. The EIJB is on a journey to improve outcomes for people through integration of health and social care. Steady progress has been made across a wide range of services and in improving performance but there remains much to do.
5. The bed base redesign will support a system wide approach to continuous improvement. Through shifting the balance of care into the community, increasing prevention initiatives, adopting the Home First ethos and principles, working closely with partners in the third and independent sectors, involving communities and adopting a One Edinburgh approach, the Partnership can redesign its bed base to ensure that beds are used for those who cannot have their care, support and treatment provided in any other environment.
6. The Partnership are committed to enabling people to live as independently as possible for as long as possible at home or in a homely setting. Hospitals should not be used as long-term accommodation, and no-one should have to go into hospital and never return home.

7. The Partnership bed-base redesign (Appendix 2) focusses on the strategic priorities and four supporting elements:
 - a. The development of the Edinburgh Pact.
 - b. Adoption of Three Conversations.
 - c. Shifting the balance of care to communities through a Home First approach and
 - d. Wide scale transformation to deliver rapid redesign.

8. Progress has been made on shifting the balance of care from hospitals to community settings, targeted initiatives that focus on rehabilitation and reablement ensure people receive the right care at the right time to prepare them to return home and regain independence. Increased capacity within Edinburgh Hospital at Home is enabling more people to receive traditional hospital interventions at home and wide adoption of the Home First principles mean more people are being discharged home, to an environment that is familiar to continue their journey to recovery and independence.

9. Bed based services should only be used for those who cannot have their care needs met in any other environment. The existing bed base model was inherited and was not designed for future use with changes in demography and morbidity. The model in place was established based on the needs of the population at a point in time. We have an ageing population, many living with multi-morbidity which means the health and care requirements, especially in our older population, are more complex and challenging than previously experienced.

10. The bed base redesign is developing the optimum bed-based model across a wide range of bed types to ensure it is sustainable, right sized, and considerate of population and demography projections for the coming 5 to 10 years.

11. There are several complexities and interdependencies across bed types, meaning changes in one part of the system could directly affect capacity and flow in other bed types.

12. The Partnership has considered how to reconfigure existing infrastructure to support bed-based services in the future, maximising the existing estate to ensure services are provided in the right environment for their functions.

13. This proposal focuses on three priority areas identified for immediate action: Intermediate care; Hospital Based Complex Clinical Care (HBCCC) and care homes. These areas have been identified as a priority due to external and environmental factors, and because of the dependencies between each bed type.

14. The Partnership intermediate care service is provided across two sites in the north and south of the city with the majority of the service operated from Liberton Hospital.

15. There is increased demand for intermediate care with a growing trend of patients with greater complexity of need. Recent modelling suggests that the Partnership needs a larger proportion of intermediate care beds than they currently have, to meet future demand. Increasing intermediate care beds will enable more people to leave hospital settings earlier and begin their rehabilitation to enable them to return home. It will also reduce delays through right sizing the service, ensuring there is enough capacity to manage spikes in demand. The

introduction of direct referrals will reduce the number of preventable unnecessary hospital admissions by enabling the service to be accessible from the community.

16. NHS Lothian's strategic intent has been to decommission Liberton hospital and market the site for redevelopment. To allow this to happen, the Partnership must find alternative accommodation for the services located at Liberton Hospital. By reconfiguring the existing bed base estate, increasing intermediate care bed numbers to meet demand based on population and demographic projections and the introduction of direct referrals from the community to avoid unnecessary hospital admissions, the Partnership can improve outcomes for people, ensuring they have access to the service in a timely manner, reducing the time between referral and admission and therefore, reducing the number of days people wait in hospital settings unnecessarily, without the intensity and frequency of rehabilitation at the right point in their journey.
17. Edinburgh has the highest number of HBCCC beds per head of population and has more than double the projected number of beds required. Prior to the introduction of complex care assessment, 40% of patients occupying an HBCCC bed did not need that level of support and could have had their care needs met elsewhere. Complex care assessment is used to assess the level of care patients require long term and should ensure only those who cannot have their care needs met in any other environment are accepted to HBCCC.
18. The Partnership aims to reduce the number of HBCCC beds in line with projections over time and proposes to redesign the existing HBCCC estate to accommodate an increase in intermediate care bed numbers and relocate the existing intermediate care service based at Liberton. The buildings that accommodate HBCCC currently, have suitable space for rehabilitation and therapy areas and have long lease terms ensuring they are sustainable and viable.
19. To allow for the redesign of intermediate care, we have to relocate our HBCCC service. With minimal adaptations, we can move the service into one of our larger care homes, changing the function to only provide HBCCC. After reviewing the care home estate in its entirety, considering the current occupancy rates, staffing establishments and admission status, the Partnership propose that Drumbrae care home changes to accommodate the HBCCC service. This will allow the existing HBCCC estate to change function to accommodate the increased intermediate care service whilst ensuring there is enough capacity within the system to meet the current demand.
20. The Partnership manage several care homes across the city that offer residential care. Furthermore, the Partnership commissions care from Four Seasons Healthcare which is provided within two City of Edinburgh Council owned buildings.
21. The majority of delays relating to care home places are for nursing homes and not for residential care. Nursing homes have registered nurses within their staffing establishment and can look after residents with complex care needs and challenging behaviours relating to dementia.
22. The care homes managed by the Partnership do not have registered nurses and therefore, they are unable to accept residents awaiting hospital discharge that require complex care. By



changing the staffing model, investing in the workforce and their development and, ensuring they have the relevant skills, expertise, tools, and training, the Partnership can provide accessible care and support to those who are most vulnerable in our society and deliver better quality care and support for those with dementia.

23. A high-level complexity of need is reflected in the people who are assessed as requiring care homes. This level of need is not best suited to, nor easy to deliver in older, non-purpose-built environments. There are four care homes within the Partnership care home estate that are not best suited to delivering good outcomes for people. They have surpassed their design life expectancy and do not meet the Care Inspectorate design guidance for building better homes. The older care homes are:
 - a. Clovenstone (SW)
 - b. Ford's Road (SW)
 - c. Jewel House (NE)
 - d. Ferrylee (NE)
24. An asset analysis, based on condition rating, assessed that it would not be value for money to refurbish, alter or extend these care homes. Due to the environmental limitations within these homes they can only accept people with low level need and cannot support the most vulnerable in our society. This proposal seeks to decommission the care provided in each of these settings

Implications for Edinburgh Integration Joint Board

Financial

25. The proposal has been fully costed as far as possible using existing data, the remodelled care home staffing establishment and applying assumptions clearly outlined in the accompanying strategy.
26. Through the redesign of all three bed types outlined above, applying prudent assumptions, and incorporating regular checkpoints throughout the implementation process we anticipate an overall saving of c.£1.46m.
27. Within the financial modelling we have included a contingency to allow for increased care at home provision, which equates to £3.79m. We will regularly monitor the impact of these recommendations throughout the implementation process to ascertain if this contingency will be required.

Legal / risk implications

28. There is a risk that additional care at home capacity will be required to care for people who may have received residential level care with low level need. We have added a contingency into the financial modelling to mitigate this risk and will continuously monitor the impact of the changes throughout the phased implementation to understand if this is required.
29. There is a risk that Drumbrae care home does not meet the standards required to become HBCCC, and we are in discussions with both Partners with regards to this.

30. There is a risk of reduced intermediate care bed numbers due to the adaptations required to incorporate rehabilitation areas. To mitigate this, the modelling for intermediate care has included several uplifts to incorporate waiting list numbers, demography projections and optimum occupancy to ensure flow.

Equality and integrated impact assessment

31. An interim Integrated Impact Assessment (IIA) has been carried out for the Care homes and an IIA is planned for the HBCCC and Intermediate Care and is attached at Appendix 3.

Environment and sustainability impacts

32. Through a redesigned estate, the Partnership would reduce our overall carbon footprint by reducing the number of buildings in use therefore, reducing the associated energy consumption, waste generated, and water used.
33. A smaller estate of newer buildings would be more energy efficient, there would be reduced running costs and all buildings would have regulated climate control systems ensuring optimum heating and air flow.

Quality of care

34. Through the introduction of a new model of care in Care Homes to include registered nurses, the Partnership can improve the quality of care provided to support those with the most complex needs and challenging behaviours related to dementia and older people's mental health conditions.
35. The Partnership can support people to live as independently as possible at home for as long as possible and shift the balance of care into communities through initiatives such as Three Conversations, Home First and One Edinburgh.
36. By introducing a new model of care into care homes, the Partnership can support those currently within HBCCC in the community (where it is safe and appropriate to do so) and improving outcomes for people and families. No one should have to be in a hospital setting if they do not need to be. Having registered nurses within the care home staffing establishment means that the Partnership can provide care to those currently occupying HBCCC beds that do not need that level of support and the excellent care being delivered in homes can be enhanced by having registered nurses, instead of having to rely heavily on visiting district nurse services. This would then free up the community district nurses to deliver care to those in need at home through increasing intermediate care capacity, more people can be offered intense and frequent rehabilitation, at the right time, in the right environment to help them prepare to return home. Through targeted outcomes focused, goal-oriented rehabilitation and reablement, the Partnership can support more people to return to independence in their own home.

Report Author

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Background Reports

1. References included in main document

Appendices

Appendix 1	Directions Template
Appendix 2	Bed based care (Phase 1) strategy and outline implementation plan
Appendix 3	Interim IIA

DIRECTIONS FROM THE EDINBURGH INTEGRATION JOINT BOARD

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Reference number	EIJB-22/06/21-1		
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	N/A		
Approval date			
Services / functions covered	Intermediate care, Hospital Based Complex Clinical Care (HBCCC) and Care Homes		
Full text of direction	<ul style="list-style-type: none"> a. Decommission intermediate care currently provided at the remaining wards at Liberton Hospital and to re-provide these within a reconfigured number of beds within the remaining Hospital Based Complex Clinical Care estate. b. Decommission HBCCC beds provided at Findlay House and Ellen's Glen House and re-provide these within the former residential care home facility in Drumbrae c. Commission Intermediate Care beds within the bed base remaining at Ellen's Glen House and Findlay House d. Decommission the HBCCC beds provided at Ferryfield House, withdraw from the lease at intended break point and decommission service in October 2022 e. Decommission residential care currently provided at Clovenstone, Ford's Road, Jewel House and Ferrylee care homes. f. Decommission the residential care model provided at Drumbrae Care Home and single intent to re-provide HBCCC services within that facility 		
Direction to	NHS Lothian (a-d); City of Edinburgh Council (e-f)		
Link to relevant EIJB report / reports			
Budget / finances allocated to carry out the detail		NHS Lothian	City of Edinburgh Council
		£9.4m	£20.2m

		Phasing to be agreed		
Performance measures	Monitoring and reporting on delayed discharges; waiting list monitoring for each bed type considered; length of stay data; care home delays; occupancy rates across bed types; care at home / homecare demand			
Date direction will be reviewed				

Bed Based Care – Phase 1 Strategy

1. Executive summary

The Edinburgh Integration Joint Board (EIJB) is continuing its journey to improve outcomes for people through the integration of health and social care in the city. The Edinburgh Health and Social Care Partnership (the Partnership) has embarked upon a large scale, radical transformation programme across a wide range of services to support the EIJB in the delivery of their Strategic Plan.

Through our strategic priorities, our ambition is to create a health and social care system that is accessible, caring, person centred, safe and sustainable. We need to ensure we can continue to provide health and social services to those who need them most, at the appropriate time, in the appropriate place.

We want to revolutionise the way we do things so that more people can access the support they need to live healthy, independent lives. We are reshaping our services to ensure they are fit for the future, working with citizens and communities to create a new relationship with the people of Edinburgh, to improve outcomes for individuals and their families.

We have a number of initiatives underway that will help us to achieve our strategic ambitions. Our Three Conversations model will facilitate and support people who need our help and empower our staff. Our Home First approach will ensure that home is always considered first, supporting people to get home from hospital and supporting people through times of crisis to regain their independence. Through the Edinburgh Pact and Community Mobilisation we will work with our citizen's and communities to develop and enact a new relationship with the people of Edinburgh, supporting third sector and independent organisations to work within local communities and supporting the 20-minute neighbourhood concept. Developing our One Edinburgh ethos with a city-wide approach to homecare that will maximise care at home and community capacity, working collaboratively with our partners and providers to ensure the right care is provided, in the right place, at the right time.

Part of our transformation includes a review and redesign of our bed-based services across Edinburgh. We want to ensure we can support our citizens to lead good lives, as independently as possible, at home or in a homely environment, within or near to their communities.

Our bed-based services should be available to those who need them most, who cannot have their care and support needs met in any other environment. Hospitals should be used for episodic care and treatment, not as long-term accommodation options. Our community-based beds need to provide the right level of care for those who are the most vulnerable in our society and our intermediate care beds need to provide targeted, outcome focussed, rehabilitation goals that support and prepare people to return to their home.

Our bed base is not designed to cope with the level of need and complexity of care that we are currently seeing. We have an ageing population, many people are living longer with, at times, multi-morbidity meaning their care and support requirements are more complex and challenging to what we have seen in the past.

Our goal is to create an optimised, sustainable bed base that is fit for the future. We need to ensure we have the right number of beds, in the right environments to deliver the high quality, excellent care our citizens deserve. Our bed base redesign is looking to establish the bed base required to meet the current and future demand of the population in the coming 5-10 years. Our long-term ambition is to offer care and support to as many people as possible at home or in a homely setting and we are well on our way to delivering initiatives that support us in achieving that goal.

In this bed base strategy, we have focused on key priority areas that require immediate action in the coming 18 -24 months to sustain existing services and create the foundations to build our future bed base on.

By working together as a Partnership, we can build a sustainable health and social care model for Edinburgh which includes our bed base services. We have set out an ambition's direction of travel, which builds on our strengths and improves outcomes for the people we care for and support. By working together, across our health and social care system, we can provide the best possible health and social care outcomes for the citizens of Edinburgh.

2. Vision

In line with the Edinburgh Integration Joint Board's (EIJB) vision to deliver together a 'caring, healthier and safer Edinburgh', our vision is to design a bed base that meets the needs of the citizens of Edinburgh by offering the right care, in the right place, at the right time. Our bed base will improve outcomes for people and will support every citizen's right to participate fully in society, whatever care and support they need.

a. Intent

Our intent is to create a bed base that:

- improves outcomes for people and is person centred
- responds to people's needs and respects their human rights
- enables people to be supported and cared for at home or in a homely setting for as long as possible
- is sustainable and can adapt to the demographic evolution of the city
- is flexible with the ability to react to any changes in demand
- is provided in an appropriate environment for its function
- uses technology to enable care where possible
- supports integration and collaboration across the system

b. Where do we want to be?

- A right sized bed base that meets known and projected demand
- A bed base that enables recovery, rehabilitation and reablement
- A bed base that supports the principles of Home First
- A bed base that is outcomes focused and person centred
- A bed base with a motivated, skilled and valued workforce
- A bed base that works in collaboration with the voluntary, independent and third sectors
- A bed base that supports continuous improvement

c. Enablers

The key enablers to deliver our redesigned bed base are:

- **Workforce:** Our workforce are our most valuable assets and will be essential in successfully implementing our redesigned bed base. We must ensure that we have the optimum number of staff who are equipped with the knowledge and skills required to deliver excellent safe and effective care and support to our citizens. Staff must have the necessary tools and equipment to deliver their service and, they must be valued and invested in.
- **Infrastructure:** We must ensure our bed-based services are accommodated in buildings that meet modern day building design standards for their function and that provide a suitable environment to meet the needs of our bed-based population.

- **Technology:** Where appropriate we should support the use of digital tools and technology to help deliver bed-based services.
- **Communication:** We should encourage collaboration between all bed-based services, especially between hospital and community services to enable better information sharing
- **Finance:** We must disinvest to reinvest to successfully redesign our bed-based services¹

3. Background

The Bed Based Care (BBC) project forms part of the Edinburgh Integration Joint Board’s (EIJB) Transformation programme. It sits within Programme 3 which is aligned to Conversation 3 of the Three Conversations model and is centred around enabling people requiring long term care and support to “Build a Good Life”. The project’s objectives are to transform and redesign a broad range of bed-based services across the Partnership, taking into consideration demand and capacity and, to design and implement the optimum model for the provision of sustainable bed-based services. This project focuses on 8 bed-based care services (definitions of each bed type can be found in [appendix 3](#)):

- Intermediate Care beds
- Hospital Based Complex Clinical Care (HBCCC) beds
- Care Homes
- Specialist Inpatient Rehabilitation beds
- Respite / Breaks from caring
- Palliative & end of life care
- Mental Health beds
- Supported Accommodation

This strategy provides an understanding of the current bed base in Edinburgh and aims to describe the assumptions associated with the modelling for the bed base required to meet future demand. The strategy will focus on the short (12-24 months), medium (2–5 years) and long term (5–10 years) requirements however, due to the size and complexity of the project, a phased approach to project activity has been adopted. This document will focus on the immediate short term priority areas, specifically in relation to the following bed types:

- Intermediate care
- Hospital Based Complex Clinical Care (HBCCC)
- Care Homes
- Specialist Inpatient Rehabilitation

The specialist inpatient rehabilitation workstream has been initiated but is at the early stages of design. Therefore, within this strategy we have detailed the learning to date however, there are no recommendations related to these beds at this point. A working group has been established to consider the options relating to these beds and detailed recommendations will be developed for future consideration.

An interim Integrated Impact Assessment (IIA) has been completed for the care home recommendations within this paper. A further IIA is planned to understand the impact on

¹ A full financial model of the proposed changes is included at [appendix 1](#)

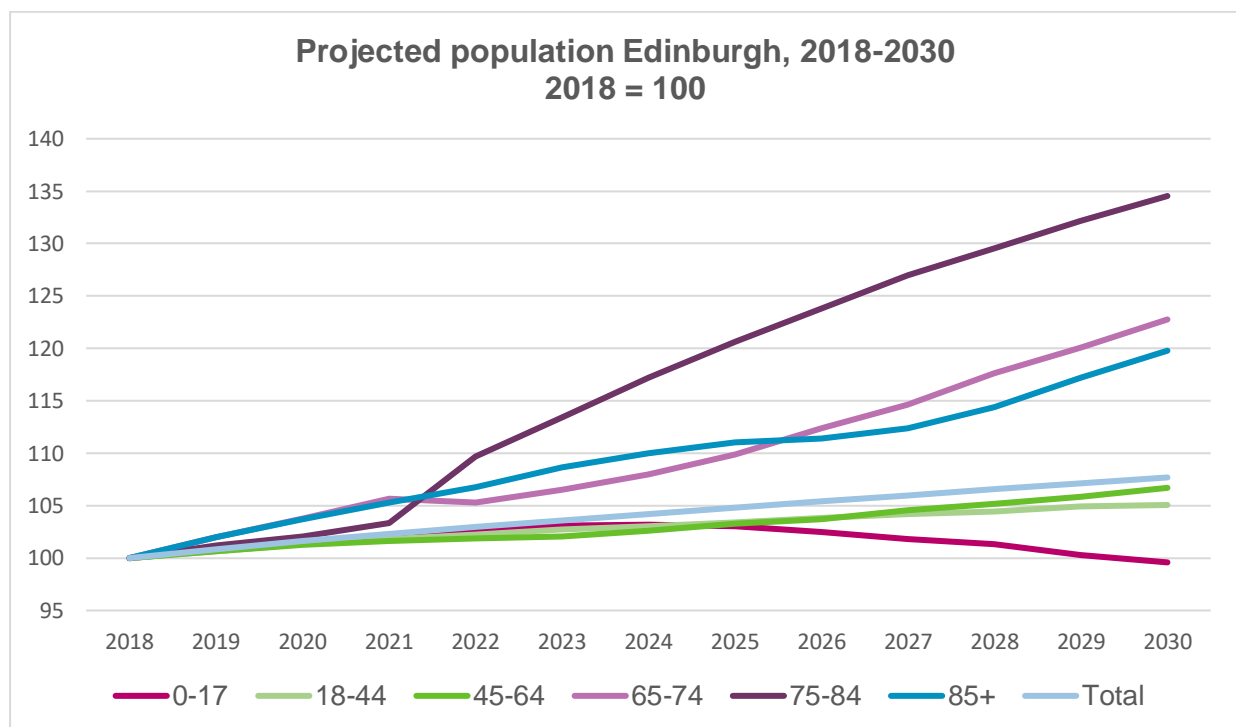
intermediate care and HBCCC services. Once a decision is reached on these proposals, a wider stakeholder group will undertake the final IIA considering all bed types affected by the recommendations in this paper.

4. Population and demographics

The City of Edinburgh is expected to grow by 7.7%² from 2018 - 2030, creating a larger population with a greater proportion dependant on health and social care services. The graph below shows the greatest expected population increase in those aged 65 or over, with the largest increase occurring in the 75-84 age category.

Table 1: Population projections, Edinburgh 2018-2030

Source: [NRS Population projections for Scottish Areas \(2018\)](#)



Although it is recognised that the majority of older people live healthy, long lives, contributing positively to communities, it is acknowledged across Scotland that health and social care services must evolve to meet the challenges and anticipated demand from our ageing population, many who have multi morbidities. We must find new ways to meet the often complex needs of people as they become frailer. This strategy aims to address how bed-based services are delivered across the city and how the Partnership can create a sustainable bed base model that is fit for the future.

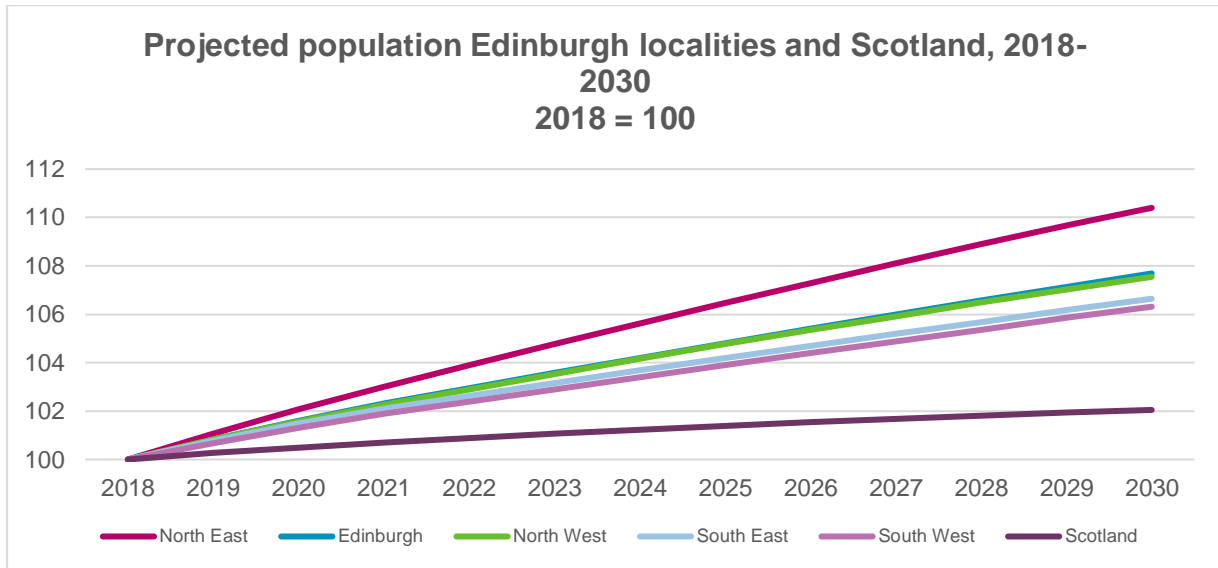
The Joint Strategic Need Assessment (JSNA) undertaken in 2021 highlighted the following trends in Edinburgh:

- The population of Edinburgh in mid-2019 was estimated to be 524,930.
 - **15.1%** of the population are over 65.
- The North West is the largest locality accounting for **28.5%** of the population of Edinburgh.

² Joint strategic needs assessment – March 2021

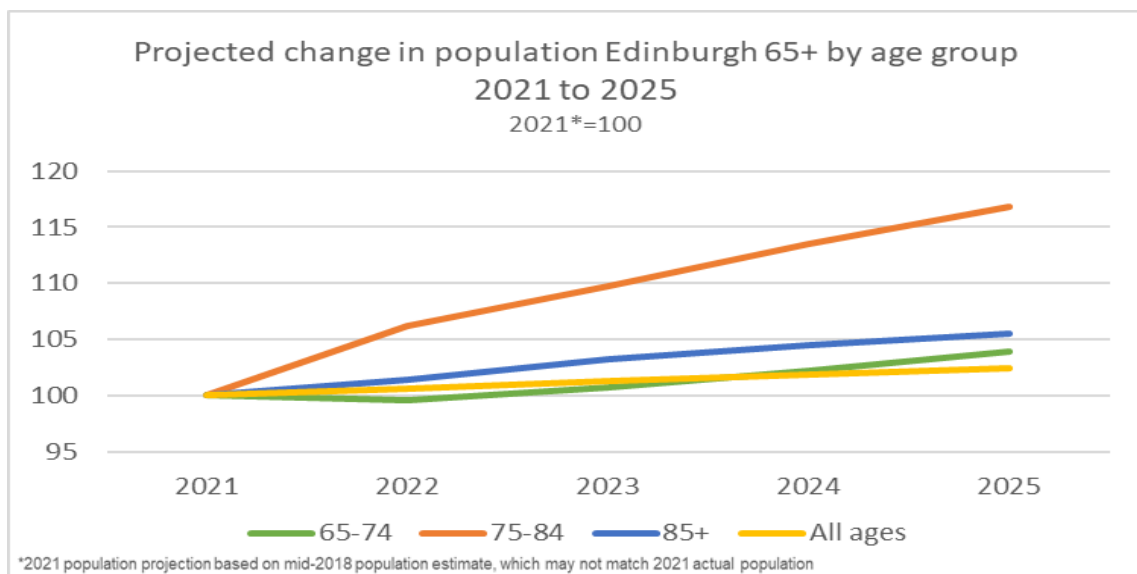
- The overall population of Edinburgh is expected to grow by **7.7%** between 2018 and 2030.
 - The largest growth overall is expected in the **North East** locality.
 - The largest growth for older people aged 65+ is expected in the **North East (33.4%)**
 - The largest growth for older people aged 90+ is expected in the **South West (57.7%)**
- Of the 238,269 households, two fifths (**40.2%**; 95,824) were estimated to be single person households. It is estimated that 28,399 people aged over 65 are living in single person households. This represents approximately 36% of the over 65 population.

Table 2: Projected population Edinburgh localities and Scotland 2018-2030
Source: [NRS Population projections for Scottish Areas \(2018\)](#)



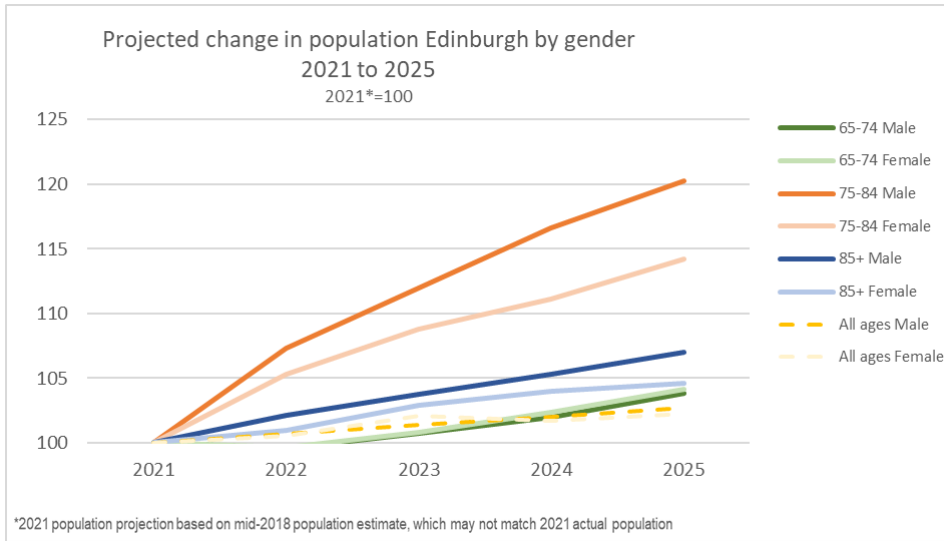
Further to the overall projections, we have also calculated the population increase in the over 65 categories between now and 2025 for modelling purposes.

Table 3: Projected change in population Edinburgh 65+ by age group 2021-2025
Source: [NRS Population projections for Scottish Areas \(2018\)](#)



In addition, we have projected the change in population by gender for each of the over 65 categories:

Table 4: Projected change in population Edinburgh 65+ by age group 2021-2025
 Source: [NRS Population projections for Scottish Areas \(2018\)](#)



This data shows that health and social care services need to prepare now to be able to respond to the future increased pressure due to a growing and ageing population. It will also be critical to ensure that this response considers the geographical disparities between localities to ensure citizens receive the care and support they need as close to home as possible.

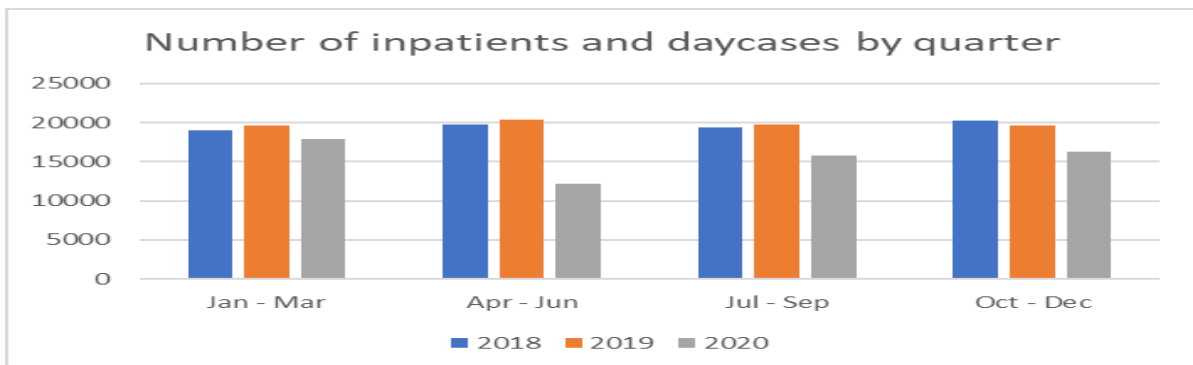
5. COVID-19 impact

The redesign of bed-based services during the COVID-19 pandemic means we must consider the exceptional circumstances we find ourselves in as well as considering the position prior to the pandemic. How beds were used during this time further reiterated the requirement to consider capacity and demand and the pattern of use throughout and in the longer term.

We know that during 2020, hospital attendances and admissions were much lower than they were in recent years.

Table 5: Number of inpatients and day cases by quarter

Source: [Public Health Scotland acute hospital activity and NHS Board information \(Quarterly\) ending 31 December 2020](#)



The data shows that there was approximately a 40% decrease in inpatients and day cases between April and June 2020 when compared to previous years and a 20% decrease between July and September. When considering this within the modelling, we have added a 7% uplift to demand due

to reduced hospital stays. We have proportioned this number as not all admissions to an acute hospital setting would need the services of the bed types considered in this paper. We have proportioned this number considering the average percentage decrease in admissions, the age categories of people who would need these bed services (over 65s) and the bed types.

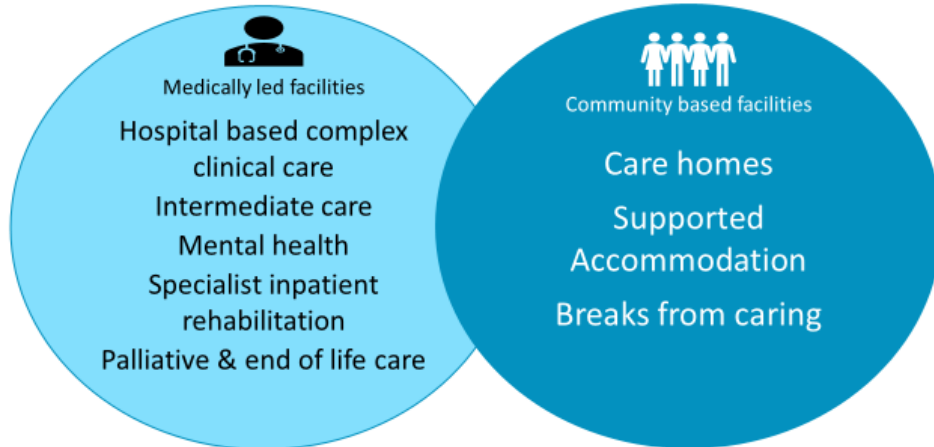
Each bed-based service has been affected differently by the pandemic and it will be crucial to keep assessing and monitoring services to understand any long-term impact. It is also vital to understand the effect of the pandemic on the wider external market for internal bed-based services that are dependent on, or strongly linked to external provision.

6. Edinburgh’s Bed Base

Edinburgh’s budgeted bed base is delivered across the city in several different settings. The following table outlines the current bed functions, numbers and the localities they are based in:

Bed Function	Number of sites	Locality	Number of beds
Intermediate care	2	South East / North East	64
Hospital based complex clinical care	4	South East / North West	144
Care homes	8	ALL	385
Specialist inpatient rehabilitation	1	South East	75
Short breaks	2	South West / North West	23
Palliative care	2	South West / North West	50
Mental health	1	South East	48
Supported Accommodation	Various	ALL	Various
Total			789

The diagram below shows the bed-based services delivered with a medical and multidisciplinary team focus, and those in community-based facilities, supported by General Practitioners, Community Nursing, multidisciplinary teams, and wider community and voluntary provision:



The long-term ambition is to shift the balance of care from hospital settings into more appropriate community settings, from crisis management into prevention and early intervention. We aim to work across our partnership to mobilise our community assets and build capacity to support people to remain at home for as long as possible. Work underway within the Partnership is enabling this shift. This includes large scale transformation which has introduced the Three Conversations approach, as well as through our focus on community mobilisation and the development of the Edinburgh Pact, the adoption and delivery of Home First, Hospital at Home and the redesign of Homebased Care and Support. It is evident that alongside our bed base redesign, more services, care and supports are being offered in community settings.

All these initiatives are being progressed at pace and will all contribute to a cared for, healthier and safer Edinburgh but they will need time to embed and grow. Community capacity needs to increase to support increased demand and, services and supports need to be accessible to people within their communities. These are long term aims, in the short term, the infrastructure required to relocate existing hospital-based services into new community settings are just not available. By working with capital planners and housing colleagues at the design stage of development, the Partnership can influence the developments across the city to incorporate more care and support provision within new build housing complexes and to have multifunctioning, multi-purpose community-based buildings where services can be accommodated.

7. Interdependencies

There are several projects underway within our Transformation programme that will enable and support our redesigned bed base.

a. The Edinburgh Pact

The “Edinburgh Pact” will provide the framework to deliver a refined relationship with the public which will include consideration not just of services provided by the Edinburgh Health and Social Care Partnership but also how third and independent sector services are commissioned, accessed and provided.

b. Community mobilisation

Community mobilisation aims to enable enactment of the Edinburgh Pact, by delivering an approach that includes whole system investment in communities, stimulating activities across local organisations and working collaboratively to support and fund local need in a sustainable way. The approach will be developed and delivered in collaboration with a wide range of key stakeholders, including the voluntary and independent sector, faith-based organisations, other partners and staff. It will take a place-based approach to understand need and will work with anchor organisations and networks and will support the concept of 20-minute neighbourhoods, with services and supports closer to home, contributing to building individual and community resilience.

c. Three Conversations

Historically, people have waited too long for care, assessment and review within Edinburgh. We recognised the need to address this and also increase our efforts to respond to the wider change in demand and demographics, in order to create and build a sustainable, high quality health and care system for Edinburgh's future.

To deliver these changes, a different approach to working with people, communities, care teams and professionals within our organisation was required, which would focus on connecting people with wider community resources, reducing and reshaping demand for provision and improving people's health, wellbeing, and independence, whilst supporting professionals and teams to work in a far more joined up and integrated way. To this end, the Partnership decided to implement the Three Conversations model, to add capacity and confidence to our change programme, working in partnership with Partners 4 Change (P4C)³, a change consultancy who have successfully implemented this approach in over 75 organisations across the UK.

Three Conversations is a model for achieving cultural change. It enables and empowers staff to work with individuals more closely and identify innovative, asset-based and person-centred support solutions. It moves away from the presumption of paid-for formal services as the best method of support and focuses on connecting individuals into their communities, helping them to build good lives. Three Conversations is already demonstrating impacts in relation to how quickly we respond to people and reducing the number of people who require paid-for packages of care.

d. Community Frailty

Ageing is gradual, continuous process of natural change. It is usually associated with a loss of physiological reserve. Frailty is not equivalent with age. Frailty refers to a person's mental and physical resilience, or their ability to recover from events like illness and injury.

Around 10% of people aged over 65 years have frailty, rising to between a quarter and a half of those aged over 85 years. Increasingly, people under 65 years are presenting in acute hospitals, with multi morbidities, with additional complexities associated with deprivation, homelessness and drug and alcohol problems.

³ <http://partners4change.co.uk/the-three-conversations/>

Older people living with frailty are at risk of adverse outcomes such as dramatic changes in their physical and mental wellbeing after an apparently minor event which challenges their health, such as an infection or new medication.

We are working with GPs to identify frailty and provide appropriate interventions for prevention and early intervention, to sustain people in a supported way at home.

Furthermore, our medical day hospital review will see a more integrated comprehensive geriatric assessment community model supporting people on discharge and preventing admission, with only those with the most complex needs requiring hospital-based assessment and interventions.

e. Home First

Home First will support people to maintain as much independence as possible at home or in a homely setting through a new model of assessment, rehabilitation and recovery led by Home First Edinburgh.

Home First is transforming pathways between hospital and community settings. It includes the transformation of services to better support people to remain at home, preventing unnecessary admission to hospital.

Delays in discharge from hospital affects patients, their families and staff working within Health and Social Care. This impacts financially on the Health and Social Care system as well as limiting the capacity available within hospital-based services, affecting the best pathway for people and the most effective flow of patients through the system. Although performance has improved recently, with less people experiencing delays, and the delays being shorter, there are still many patients who are clinically ready to leave hospital but are unable to do so due to health and/or social care reasons. As of 29th April 2021, 121 people from Edinburgh had delays in their discharge from hospital noted. This number compares to an average of 88 at each census point throughout 2020-21 and an average of 167 across 2019-20. For the month of April 2021, this equates to 3,815⁴ bed days lost to delayed discharge. Calculated at 2018/19 Scotland average cost per day of (£257), this would cost approximately £980,000⁵.

Home First will provide Health and Social Care services, where it is safe and appropriate to do so, in an alternative to a hospital setting. The Home First approach will ensure that assessments for interim or longer-term care will be undertaken in the most appropriate setting at the right time for the person and will actively avoid asking people to make decisions about long term care whilst in a crisis situation.

f. Homebased care and support

Homebased care and support will transform the approach to supporting people in their own homes. It is considering both internally provided and externally commissioned home care services, along with other specialist support provided within the home. Homebased care and support are focusing

⁴ Data taken from [ISD Delayed Discharge data – Occupied bed days](#) data tables up to April 2021

⁵ Data taken from [Delayed Discharge in NHSScotland – Annual report](#) (18th May 2021)

on capacity and redesigned services to improve outcomes and increase efficiency. This workstream is considering both day and night time supports.

The Partnership commissions approximately 5 million hours of care at home or care and support services each year between internal and external services. Externally commissioned services are supplied by 112 providers through a variety of frameworks, block contracts and arrangements including individual service funds (ISFs) and spot contracts. Historically, services have been commissioned reactively and have been transactional in nature. Work is underway to develop new, flexible and collaborative contract arrangements, moving away from “time and task” models and focusing on working in partnership with providers to deliver better outcomes for the individuals we support.

Homebased care and support are a key enabler to people remaining as independent as possible at home within their communities. With sufficient, effective homebased care and support in place, reliance on bed based services may reduce or could be supplemented ensuring that only those who cannot have their care needs met in a wider community setting have access to a bed based service.

g. Future Focused Infrastructure

The future focused infrastructure project will plan the Edinburgh Health and Social Care Partnership’s future buildings and infrastructure requirements in collaboration with partners in the City of Edinburgh Council. It will identify the future needs of the city with an emphasis on shifting the balance of care from hospital to community settings and will support the 20-minute neighbourhood concept.

h. Transformation summary

With a focus on prevention and early intervention and through a move to shift the balance of care from acute settings into the community, we will redesign our bed base in a system wide approach. By all areas working together to transform our services, with greater community capacity and resource we can embed a new culture where home is best, keeping people within or as close to their communities for as long as possible. Our bed-based services should be available for the most vulnerable in our society who cannot have their care needs met in any other setting.

Transformation on this scale takes time to deliver and embed which is why we have phased project activity to ensure adequate time is allowed to evaluate the impact of any changes not just within bed settings but across the wider health and social care landscape.

8. External factors

Further to adopting a system wide approach to health and social care, there are several external factors that have implications for our bed-based services and have influenced the phasing of bed-based redesign.

a. Liberton Hospital

Our existing intermediate care service is partly delivered in the south of the city with wards located within Liberton Hospital. NHS Lothian's strategic intent is to decommission the Liberton Hospital site, this was initially agreed in 2012. In 2017, the Partnership took over responsibility for inpatient services located at Liberton and the site itself. The site is also home to Liberton Medical Day Hospital co-located with Edinburgh's Hospital at Home service, also managed by the Partnership. Physiotherapy and occupational therapy services associated with the services mentioned above and facilities management are also based there.

NHS Lothian are in discussions with the City of Edinburgh Council to sell the Liberton hospital site for redevelopment therefore, the services currently based there need accommodated elsewhere. There is an urgency to vacate the wards from the site by late 2021 to ensure the beds are not used to increase capacity over the winter period, ultimately delaying redevelopment of the site further. The work indicated above on the review of medical day hospitals will also see a new community model evolve.

b. Private Finance Initiative (PFI) buildings

Our Hospital Based Complex Clinical Care (HBCCC) service is mostly accommodated within 3 PFI buildings in both the north and south of the city. The PFI lease terms are very long with some lease agreements lasting 20 – 30 years.

When the lease on Ferryfield House expired in 2017, it was extended for an additional 10 years with the option to break at 5 years. Therefore, there is an opportunity to withdraw from this property in October 2022. To do this we would need to serve notice on the contract in October 2021.

c. Care home estate

The Partnership manage care homes across the city, four of the buildings have been deemed unfit for long term use; they have surpassed their design life expectancy and do not meet the Care Inspectorate design guidance for building better homes. These care homes are located in two localities (South West and North East) and accommodate 146 beds in total. An asset analysis based on condition rating assessed that it would not be value for money to refurbish, alter or extend these care homes.

From a [property assessment review conducted in 2019](#), the following was noted:

“Beds remain operational in the 4 older care homes that were deemed not fit for purpose over 10 years ago. With the exception of: - ongoing asset management works, routine repairs and maintenance and minor cosmetic improvements, the standard of accommodation has remained largely the same over the 10-year period.”

9. Priority areas

We have identified four priority areas of focus within our bed base which will form phase 1 of redesign. The remaining four workstreams will be initiated with a further paper planned for later in the year with key findings and recommendations. The phase 1 redesign will focus on:

a. Intermediate care

Edinburgh's intermediate care service is provided across two sites in the north and south of the city. In the north, there are 24 beds which are co-located in Findlay House with old age psychiatry hospital based complex clinical care (HBCCC). In the south, 40 intermediate care beds are located in Liberton Hospital. The Liberton Hospital site is being decommissioned and services are required to vacate the premises as soon as possible, the objective is to be off site by the end of 2021 however, to encourage wider community, non-bed based winter additional capacity and support options we aim to vacate the site in Oct / Nov 2021. This includes determining new options for providing the medical day hospital function, through more integrated community comprehensive geriatric assessment.

Our acute services are stretched – never more so than in the last year, with particular impact on those awaiting planned interventions. Following a hospital admission, once a patient no longer requires acute interventions, they should leave acute hospital. Intermediate care offers people a move from hospital to a more appropriate setting that prepares them for home through targeted rehabilitation and reablement.

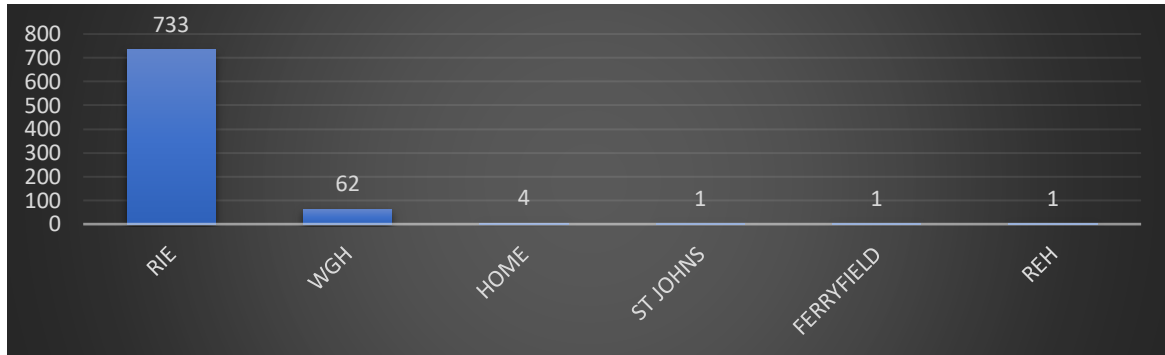
At present, the Partnership manages 64 intermediate care beds across the city however, with demand growing and waiting lists increasing the Partnership needs to increase its intermediate care capacity. Recently, we are seeing a shift in the complexity of need of intermediate care patients and it is thought this is a direct consequence of Home First. Historically, intermediate care was used for those with low medical and high rehabilitation needs however, more people are receiving rehabilitation at home following a hospital admission and therefore, the medical and rehabilitation complexity of need of people referred to intermediate care has increased.

We urgently need to find alternative accommodation for our intermediate care service, to replace current provision located within the Liberton hospital site, to allow the site to be decommissioned as planned. To find alternative accommodation for this service the Partnership needs to consider how to maximise the use of buildings within the existing bed base estate and, given the time pressures associated with this, we have to redesign some of our remaining estate to accommodate intermediate care. The buildings which currently accommodate hospital based complex clinical care (HBCCC), are most suited to this redesign and have adequate space for adaptations to accommodate therapy space and rehabilitation areas. This is aligned to our ambition to rebalance our HBCCC capacity.

In Edinburgh, since March 2020, all referrals to intermediate care are screened by Home First Navigators to ensure the patient is on the best pathway to meet their needs. The screening process has improved patient outcomes by ensuring the patient receives the care and support they need in the right place. Between April 2020 and March 2021, there were 802 referrals to intermediate care with the vast majority originating from the Royal Infirmary of Edinburgh. Data indicates there are minimal referrals from the Western General Hospital (WGH) to our intermediate care facilities.

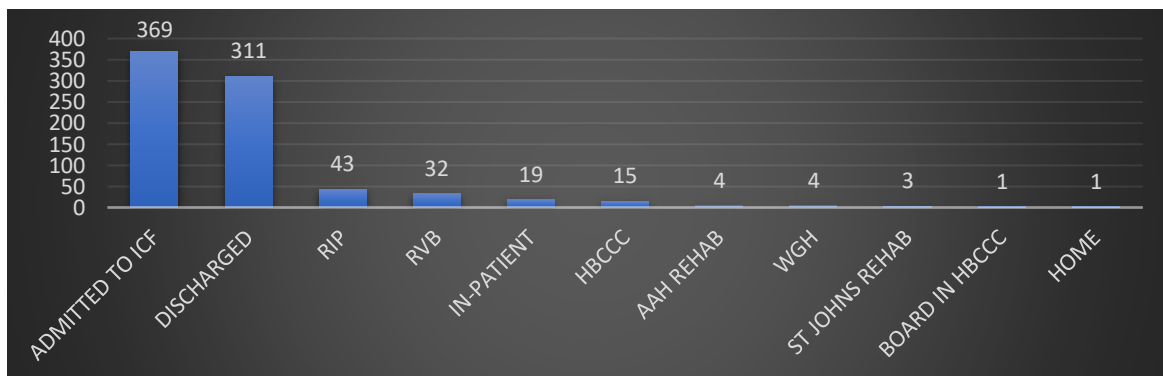
Those patients within the Royal Victoria Building (RVB) at the Western General Hospital predominantly complete their whole episode of treatment and rehabilitation within that setting.

Table 5: Intermediate care referrals by referring site (Apr 20 – Mar 21)
Source: Home First intermediate care dashboard



Of the 802 referrals and, following the screening process, 369 patients were admitted to intermediate care equating to 46%. The table below shows the destination of all patients referred, with the majority otherwise going directly home.

Table 6: Intermediate care referrals – Destination data (Apr 20 – Mar 21)
Source: Home First intermediate care dashboard



The data set available from implementation of the screening process shows a time frame during the initial wave of COVID-19 and subsequent lock down restrictions. The table below shows the referrals, admissions and average length of stay for each month, in intermediate care, which highlights the impact on demand during this time.

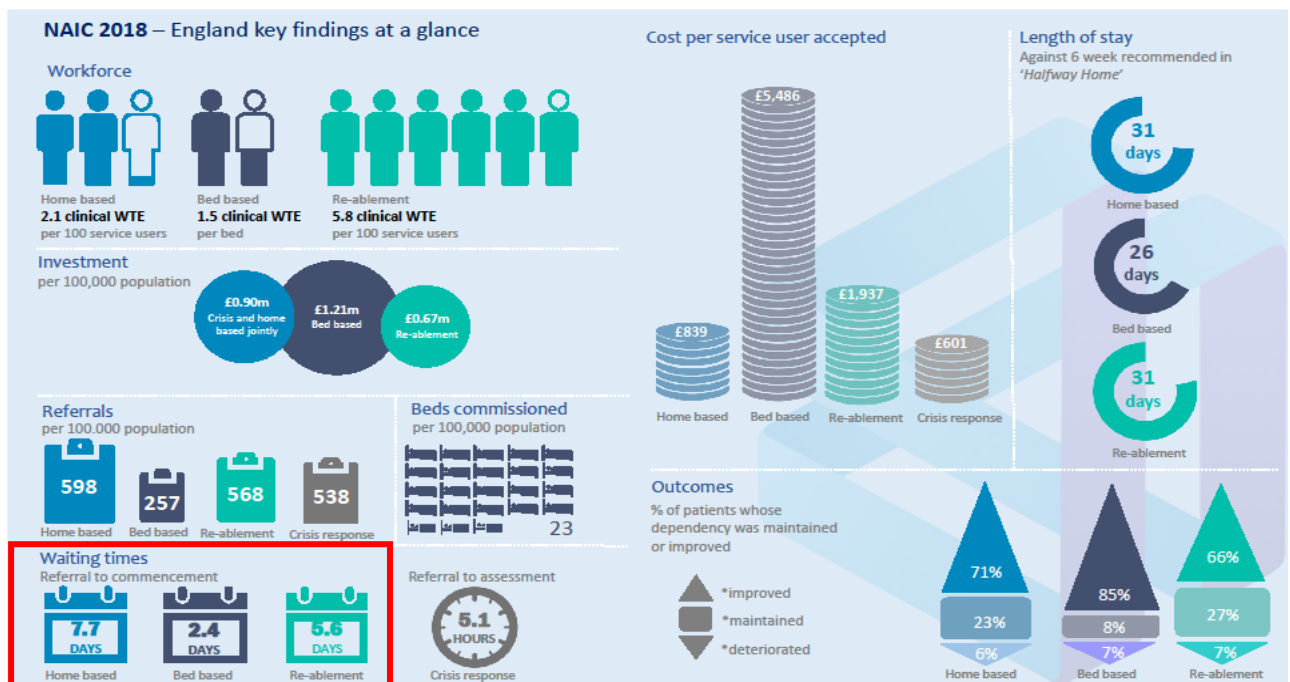
Table 7: Intermediate care referrals (numbers / admissions and length of stay) (Apr 20 – Mar 21)
Source: Home First intermediate care dashboard

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Referred	69	66	54	56	49	63	81	74	84	84	75	90
Admitted	34	30	29	30	30	37	35	34	36	36	35	36
Av. LoS	43.04	53.97	62.76	55.63	50.77	52.40	45.41	56.06	40.96	35.21	25.29	TBC

Ideally, services should operate at around 85% occupancy to allow flex in the system and encourage flow. By operating at 100% occupancy, waiting lists grow, delays increase, and patients may deteriorate if they are not receiving the frequency and intensity of rehabilitation they need. From the data gathered, patients spend on average 15.06 days in hospital receiving acute treatment and interventions before being well enough for discharge or transfer. Once referred to intermediate

care, a patient waits approx. 7.7 days before admission. Between April 2020 and March 2021, this equates to approx. 2,841 bed days lost in acute settings. Not only does this add to the patient’s stay in hospital, it increases risks associated with prolonged hospital stays and puts additional pressure on wards, limiting their capacity to deal with acutely unwell patients. The [National Audit of Intermediate Care \(NAIC\) England and Wales](#), completed in 2018 highlighted that the time between referral to commencement of bed based intermediate care was 2.4 days as shown on the infographic below, and indicates that going forward, we should aim for a maximum of 48 – 72 hours transition from referral to intermediate care admission.

Table 8: National audit of intermediate care (NAIC) England and Wales – Key findings at a glance (2018)
Source: [National Audit of Intermediate care \(NAIC\) England and Wales](#)



There is also the potential to use a small proportion of intermediate care beds as step up beds to prevent unnecessary acute hospital admissions. By enabling direct referrals from the community, intermediate care could be accessible without an acute hospital attendance. This supports the principles of right care, right place, right time and person-centred care, through outcomes focused, targeting interventions based on need that are accessible and prevent unnecessary admission to acute services.

Modelling

Modelling completed using the admission data highlighted above (between April 2020 to March 2021) suggests that Edinburgh needs 130 intermediate care beds. A detailed breakdown of the calculations can be found in [appendix 5](#).

Several factors have been included in the modelling:

- Occupancy of 85% to ensure flow
- 7% uplift to compensate for reduced hospital use for planned activity during the pandemic
- Waiting list demand (modelled using the number of patients who were referred for intermediate care but discharged from acute to home based rehabilitation after 14 days)

from the referral date – these patients would have been appropriately considered for intermediate care)⁶

- 8% uplift to incorporate growth
- 10% uplift to accommodate direct referrals into the service

With regards to waiting list demand, it is recognised that if the waiting list is too long, people won't be referred, therefore there are a hidden number who would benefit from intermediate care however, due to existing capacity challenges, were not referred. There is also a real anxiety that patients on acute sites, once referred to intermediate care, are deprioritised for rehabilitation in acute wards and ultimately arrive at intermediate care with greater needs than they would have if rehabilitation was continued during the acute stay.

The pathways into intermediate care are being reviewed and as a result, there could be increased demand from different referral sources. Due to this, an uplift has been applied to support direct referrals into the service even though this pathway is not available at present.

Staff

Relocating existing intermediate care services to be accommodated within different locations may constitute as major organisational change. A full consultation would be needed, in that event for all staff located in the Liberton hospital wards. It is anticipated that staff would move with the service to the alternative accommodation however, as with every organisational change, the process indicates that staff have the option not to go with the service and can choose to work in a role elsewhere within NHS Lothian. The overall intermediate care capacity will also require an enhanced staffing establishment therefore, recruitment will be required. The staffing establishment for a 30-bed unit can be found in [appendix 6](#), we would need this replicated across the sites providing intermediate care in addition to the staff currently based in Fillieside ward.

i. Key themes - stakeholder engagement

Stakeholder engagement workshops were held between November 2020 and January 2021 and engagement activity has continued throughout the year with key stakeholders involved in the priority workstreams. The key themes from the engagement activities relating to intermediate care are summarised below:

- Although rehabilitation can often be provided at home or within the community, short term bed-based rehabilitation is required for frequent and intense interventions and for those requiring 24-hour care
- More intermediate care beds are needed, demand outstrips capacity leading to delays in acute sites. Current demand and waiting lists indicate the projection of beds above is considered robust.

⁶Patients discharged between 7 and 13 days have also been modelled to show the number of beds needed if the referral to admission process was shorter in line with the NAIC data

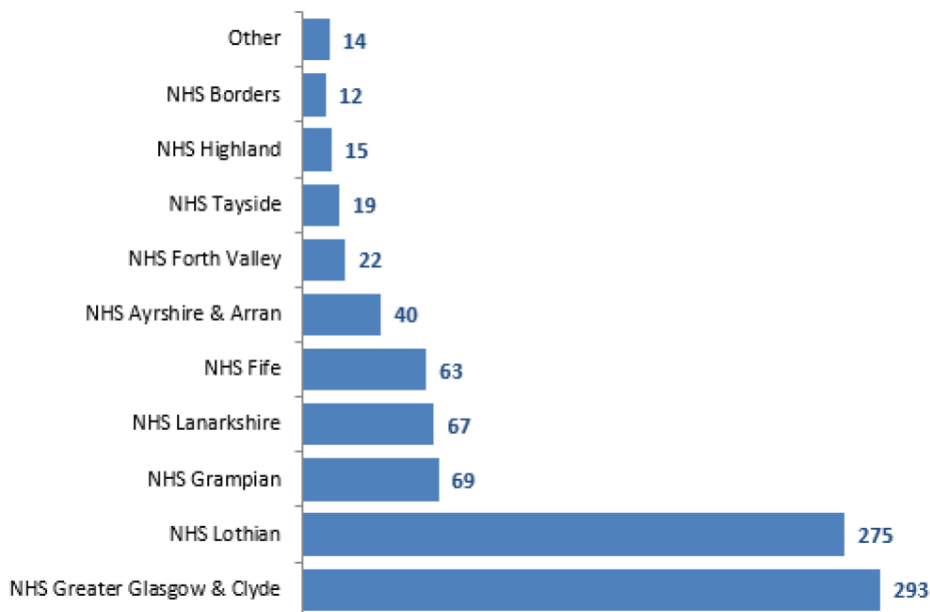
- Home First is impacting on the level and complexity of need of intermediate care patients through more people having their care needs met in the community. Furthermore, the triage of referrals now provides consistency in the appropriate level of need being met in the bed base and community settings.
- Intermediate care was historically characterised as patients with low medical and high rehabilitation needs but the proportion of complex patients has increased, the medical nursing model has changed accordingly
- The service is not sustainable in its current form so doing nothing is not an option
- Consideration should be given to accessing Intermediate care directly to avoid unnecessary admissions to hospital

b. Hospital Based Complex Clinical Care (HBCCC)

It is widely recognised, as far as possible, hospitals should not be places where people go to live - even people who have ongoing clinical needs. Hospitals are places to go for people who need specialist short-term or episodic care. The Partnership has the highest number of HBCCC beds in Scotland per head of population.

Table 8: Hospital Based Complex Clinical Care & Long Stay, NHS Scotland, March 2019 Census
Source: [Scottish Government inpatient census 2019](#)

Hospital Based Complex Clinical Care & Long Stay, NHS Scotland, March 2019 Census



Our HBCCC service is operated out of four sites in the north and south of the city. There are 144 beds in total across four categories:

Building name	Ward/Function	Number of beds
Findlay House	Prospect Bank ward – Old Age Psychiatry	21
Ferryfield House	Willow ward – Old Age Psychiatry	26
Ellen's Glen	Thistle ward – Functional Psychiatry	27
Ferryfield House	Rowan ward – Frail Elderly	28
Ellen's Glen	Hawthorn ward – Frail Elderly	27
Royal Edinburgh Hospital	Old Comiston / Pentland – Male only dementia	15*
Total		144

* 15 beds in Pentland ward decanted in Dec 2019 for refurbishment of Jardine Clinic, currently in Old Comiston which has a capacity of 8

Guidance issued by the [Scottish Government in 2015](#) changed the eligibility criteria for referral to HBCCC, with the primary eligibility question being “Can this individual’s care needs be properly met in any setting other than a hospital?” In Edinburgh, since February 2020, all patients referred to HBCCC undergo a complex care assessment (CCA) over 6 weeks to ascertain whether their care needs can be met in any setting other than a hospital. If care could be provided in an alternative setting, the patient doesn’t meet the criteria for HBCCC. Prior to the introduction of complex care assessment, a day of care audit (completed in 2019) indicated that 40% of patients occupying an HBCCC bed could have their care needs met elsewhere. Additional day of care⁷ audits are planned in all HBCCC settings to understand the impact of CCA and to identify the number of patients at this point in time, that could be cared for in an alternative setting.

To withdraw from the Liberton Hospital site and relocate our intermediate care service, we have to redesign our HBCCC estate. As indicated, most of our HBCCC services are operated out of PFI buildings with the exception of Pentland ward based at the Royal Edinburgh Hospital (REH). As there are no suitable community alternatives to move intermediate care into, we have to maximise the potential of our existing estate.

HBCCC is an expensive service to provide with beds costing on average £2,246 per week per patient. Including overheads such as estate/property costs, staff, catering, cleaning etc, the full cost of providing these beds per annum is in the region of £16.8m.

It is the strategic intent to achieve a reduction in HBCCC capacity consistent with benchmarking and modelling indications, but consideration is needed on viable alternative care options. There is a lack of suitable alternatives to care for those who have challenging stressed or distressed behaviour

⁷ Planned for early July 2021

associated with dementia. All our internal care homes are registered as residential at present and the staffing model has been established to support this level of care. We have found that residents, who on admission require residential care as opposed to nursing care, may deteriorate and progress to having very complex care requirements, often being cared for to end of life by our care staff who have built relationships with them and their families, with this being, in many cases by our community nursing and wider teams. We have limited staff with the necessary skills, experience and confidence to care for people who have psychiatric conditions and may present with stressed and distressed behaviours. However, learning from the enhanced professional clinical and care oversight of care homes, introduced from May 2020 by the Scottish Government⁸, has provided an opportunity to consider enhancing the existing staffing model, to incorporate nursing staff with training in this area, allowing us to optimise our care home capacity to care for people with a range of needs and therefore, providing appropriate care for people who may be inappropriately placed in HBCCC facilities.

The table below (accurate 4th June 2021) shows the number of beds for each HBCCC speciality, the average length of stay in another hospital setting between referral and admission to HBCCC, the average length of stay once in HBCCC, and the average delay for people who are currently ready for discharge, awaiting alternative provision, and remain in HBCCC facility in the meantime, and the associated HBCCC beds days lost.

	No of beds	Occupied beds	Av. LOS between referral and admission	Av. Length of stay	Patients ready for discharge	Av. length of delay for patients ready for discharge	Lost bed days due to delayed discharge
Frail / Elderly	55	54	5.58d	362d	13	53.2d	692d
Old age psychiatry	47	38	33.05d	678d	5	146.6d	733d
Functional psychiatry	27	26	102.7d	1068d	2	50d	100d
Male only psychiatry	8	7	48.1d	599d	1	254d	254d

Of the data reviewed, people who were discharged from HBCCC frail / elderly wards to care homes all required nursing care. No-one was discharged to care homes requiring residential care.

To enable the redesign of the intermediate care estate and to support an overall reduction in HBCCC capacity, it is recommended to change the function of one of the existing low occupancy care homes to an NHS led Complex Care Assessment facility. This would offer 60 complex care assessment beds and would create capacity to start to transition from existing HBCCC wards to intermediate care

⁸ <https://www.gov.scot/publications/coronavirus-covid-19-care-home-oversight/>

provision. The new community based complex care assessment facility would offer stability through the transition process and would allow for ongoing evaluation at regular intervals to understand the impact of any changes made and to allow for the model to be adapted, if required.

Modelling

Using the data shown above 21 people currently in HBCCC could have their care needs met appropriately elsewhere, equating to 1,779 lost bed days.

For modelling purposes, only HBCCC referrals made between April 2020 and May 2021 were included in the calculations, the data set used changes the length of stay (LOS) figures as people who have stayed a very long time (one LOS is 12.9 years) have been discounted as they were referred and admitted outwith the timeframe of the introduction of complex care assessment and regular review of people in HBCCC, which now sees people moving on from this function. Several factors have been included in the modelling:

- Occupancy of 85% to ensure flow
- 7% uplift to compensate for reduced hospital use during the pandemic
- 8% uplift to incorporate growth
- 30% uplift due to extended length of stay

The modelling suggests that Edinburgh needs approximately 55.07 HBCCC beds, it must be noted that the complex care assessment process could have impacted on this number and therefore further day of care audits are planned. Due to the length of stay in each HBCCC ward we would recommend 30 beds each for complex frail/elderly and old age psychiatry. For old age psychiatry we would recommend that there are no more than 15 – 18 beds per unit in line with the Transforming specialist dementia hospital care: independent report (published 26 Jun 2018)⁹ recommendations. We would suggest that functional psychiatry bed numbers remain as they are until further work is completed and, we would recommend continuing with the reduced capacity in Pentland ward of 8 beds.

From a review of the data currently held on record, demand for HBCCC is well managed and can be met in the frail/elderly wards and the old age psychiatry wards, recognising that guardianship cases (code 100s) add to length of stay. There is an extended waiting list in the functional psychiatry ward (Thistle) in Ellen's Glen House. The length of stay of functional psychiatry patients is on average 1068 days or 2.9 years. With the service running at capacity there is very little flow through the system and waiting lists can be extensive adding to delayed discharges. An in-depth review is required of functional psychiatry to understand how many, if any, patients could be cared for in wider community settings. Any redesign of the HBCCC estate would need to factor in time for this review to conclude before making any changes to Thistle ward, in discussion with the Royal Edinburgh and Associated Services (REAS).

⁹ <https://www.gov.scot/publications/transforming-specialist-dementia-hospital-care/pages/7/>

Staff

Relocating existing HBCCC services to be accommodated within different locations may constitute as major organisational change. A full consultation would be needed, in that event for all staff located in each affected HBCCC area. It is anticipated that staff would move with the service to the new accommodation however, as with every organisational change, the process indicates that staff have the option not to go with the service and can choose to work in a role elsewhere within NHS Lothian, a reduction in overall bed numbers means that some staff will need redeployed to other roles within NHS Lothian. There is a no redundancy policy and so, there won't be redundancies due to the proposed changes. We are confident that there are enough vacancies across the organisations to absorb staff who require redeployment. The staffing establishment for the redesigned HBCCC estate can be found in [appendix 7](#).

i. Key themes – stakeholder engagement

The recommendations above are consistent with the things we learned from the stakeholder engagement sessions, including:

- There are too many HBCCC beds in Edinburgh. A national benchmarking exercise completed in 2017 indicated that Edinburgh needed c.60 HBCCC beds split by speciality. It is the strategic intent to achieve this level of provision, but consideration is needed on viable alternative care options for those who do not require HBCCC levels of care
- From day of care audits, we know approximately 40% of HBCCC patients could have their care needs met elsewhere (completed prior to the introduction of complex care assessments)
- An increasing number of patients admitted in HBCCC have palliative care/end of life needs
- An increasing number of patients admitted in HBCCC need access to Allied Health Professional (AHP) support
- A continuum of Home First in HBCCC and social work input at the start of the 6 weeks assessment is needed
- Any move to redesign our HBCCC estate needs to occur in sequence with other changes proposed, particularly in relation to intermediate care and our care home estate.
- There is an opportunity to withdraw from the lease of one of the existing HBCCC PFI buildings in October 2022 however, to do so the Partnership must service notice on the lease by October 2021.

c. Care Homes

The care home census for adults in Scotland 2019¹⁰ shows that Edinburgh's older people's care home provision compares very favourably in numbers with other Partnership areas, having the 2nd highest registered bed numbers relative to the population (3,151 at point of census, only exceeded by Glasgow¹¹ on 4,253). Edinburgh has the 3rd highest number of care homes in Scotland (66 at

¹⁰ <https://beta.isdscotland.org/find-publications-and-data/health-and-social-care/social-and-community-care/care-home-census-for-adults-in-scotland/>

¹¹ Includes intermediate care provision

point of census, only exceeded by Glasgow – 71 and Fife – 73) but one of the lowest occupancy rates (82% compared with a national average of 87%).

The census data also highlights that the majority of people who live in a care homes do so for around 1 to 3 years and, the majority of residents within care homes at the time of the census were in that category. However, anecdotal evidence suggests that more recent thinking is that, care homes are no longer seen as long term accommodation choices, instead they are seen as provision for people who are the most vulnerable in our society and who need a level of care and support, as required over 24 hours and often when needs go beyond provision available in a person’s own home. They are also recognised as resident’s homes, not hospitals or institutions, they are safe and friendly environments that should be comforting and familiar and should offer families peace of mind that their loved one is well looked after. Care homes should offer the best standard of accommodation available and give residents the most modern standards possible.

The Partnership manages eight care homes across the city and commissions the provision of care in two further CEC owned properties. Six care homes within the estate are accommodated in purpose built facilities (including the additional two CEC owned properties, managed by a third party) and the remaining four are accommodated in older buildings that no longer meet modern day design standards for their function¹².

The four older care homes are in the north and south of the city and in totality have 146 beds. One of these homes also accommodates our respite provision equating to 15 beds (included in overall bed numbers).

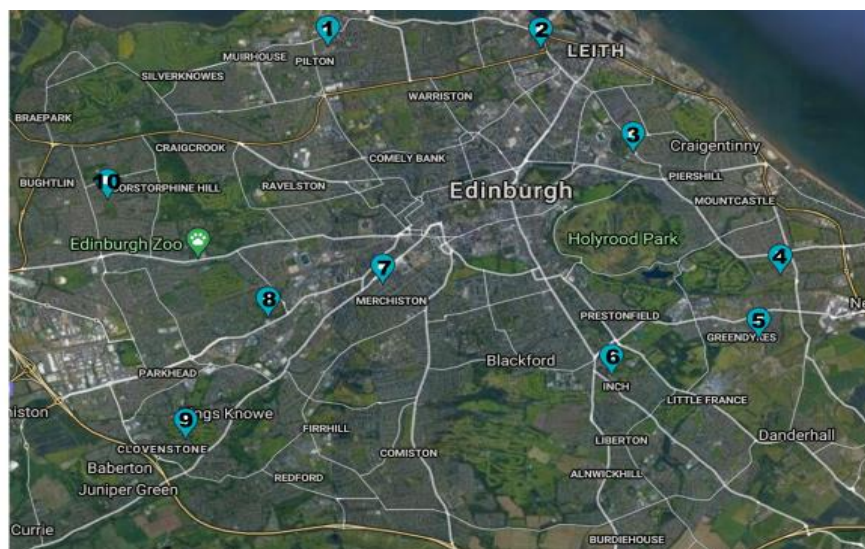
- Clovenstone (SW) = 35 beds, 12 vacancies
- Fords Road (SW) = 36 beds, 11 vacancies
- Ferrylee (NE) = 43 beds, 29 vacancies
- Jewel House (NE) = 32 beds, 13 vacancies

**data accurate on 6th June 2021*

Condition reports for all older care homes can be found in [appendix 11](#).

Care homes shown geographically below:

1. Royston Court (60 bed)
2. Ferrylee (43 bed inc. 15 respite)
3. Marionville Court (60 bed)
4. Jewel House (32 bed)
5. Castlegreen – Four Seasons Healthcare (60 bed)
6. Inch View (60 bed)
7. North Merchiston – Four Seasons Healthcare (60 bed)
8. Ford’s Road (36 bed)
9. Clovenstone (35 bed)
10. Drumrae (60 bed)



¹² <https://www.careinspectorate.com/images/documents/4293/Building%20better%20care%20homes%20for%20adults%202017.pdf>

From a [property assessment review conducted in 2019](#), the following was noted:

“Beds remain operational in the 4 older care homes that were deemed not fit for purpose over 10 years ago. With the exception of: - ongoing asset management works, routine repairs and maintenance and minor cosmetic improvements, the standard of accommodation has remained largely the same over the 10-year period.”

The table below highlights the age of the properties and where they no longer meet the design expectancy of modern care homes:

Property	Occ	Age	En-suite Min 3.5m incl shower/bath	Single room Min 12.5–13 m2	Shared / Double room Min 16 m2
Ford’s Rd	38	1986 33 years	No	No -10.5m2	Yes - 17m2
Clovenstone	37	1987 32 years	No	No - 11m2	No - 15.8m2
Ferrylee	44	1987 32 years	No	No – 10.92m2	Yes – 16m2
Jewel House	32	1991 28 years	No – toilet only	No -11 m2	None

The key issues noted in the property assessment review were:

- **Age:** Property have exceeded or reaching design life expectancy.
- **Statutory Compliance:** these homes do not meet Care Inspectorate Design Guidance for Building Better Homes - Health and Social Care Standard Care: 520 (Sizes) – insufficient physical space bedroom sizes fall below: single room min 12.5-13m2, double room 16m2/ and Care Standard 5.28 en-suite facilities with a shower 3.5m2 plus)
- **Suitability Assessment – Care Inspectorate:** A quality framework for care homes for older people is a self-evaluation tool which requires to be completed for each facility.
- **Condition Rating:** These are good/satisfactory due to the recent level of investment required to avoid the risk of plant and fabric failure for this vulnerable client group.

The recommendations / opportunities highlighted in the report were:

“Previous assessments have determined it would not be value for money to refurbish alter or extend the older care home stock to meet current minimum standards and would be even more costly to meet City of Edinburgh Council’s own design standards and quality criteria.

However, the future aspiration for older people’s services is to provide a greater share of homes for life within client’s local community. Therefore, the recommendation would be to replace the older care home stock with suitable homes with assistive technology, in each of the localities.”

There is pressure on housing in Edinburgh and the IJB remains ambitious to support the development of new models of housing with support. There is therefore great potential, working with City of Edinburgh Council to develop these sites to meet our requirements for supported housing, housing and care, and housing with assistive technology.

The care homes managed by the Partnership are registered with the Care Inspectorate to provide residential care, they are managed and staffed by a range of social care workers and care for older

people with low to moderate need. The model of care provided in the Partnership managed care homes is appropriate for the registration status as residential. We do not have nursing provision within our care home estate even though the majority of delays in hospital relating to care home places exist for people waiting on a nursing home placement. The older people's care home market in Edinburgh is made up of mainly residential places and they are readily available, there are 3,007 care home beds in Edinburgh for older adults within 63 care homes, there is an 80% occupancy rate with 591 vacancies overall, a detailed breakdown can be found in [appendix 8](#). Reviewing delayed discharges over the past 24 weeks shows that the greatest demand is for nursing home places however, there is a lack of nursing care across the city meaning the most vulnerable in our society find it increasingly difficult to find appropriate care home care. Further details on delays relating to care home places can be found in [appendix 9](#).

Work underway in the care home transformation, improving care and experience programme is considering a new model of care for our internal care homes, breakdown can be found at [appendix 10](#). The new model of care includes registered nurses within the staffing establishment to ensure we can provide care to those who need it most.

With a new model of care and the introduction of nursing provision within our more modern, purpose-built care homes we can improve experience and outcomes for residents. We need to ensure the care we provide is high quality, delivered in an appropriate environment with adequate room for enabling equipment, by a skilled multidisciplinary team with close links to the communities they are within.

Our older care homes no longer offer the best possible accommodation for residents and they limit our ability to offer care to those with the greatest care needs. Due to limitations in the environment, these homes can only accept residents with low level care needs who require minimum interventions and associated equipment. As population estimates suggest, we have an ageing population that is set to increase in the coming years, especially in the over 65, 75 and 85 age ranges. Care needs will increase in complexity and we need to ensure our care homes are equipped to meet demand for those who need us most. For over ten years, we have known that these older homes no longer meet desired standards, but we are still operating out of them. It is testament to the staff that they have continued to provide high standards of care to residents and receive good grades from the Care Inspectorate. However, these care home must be decommissioned to ensure good quality of care, good standards of living and the best outcomes for our residents.

One of our older care homes in the north of the city, Ferrylee currently accommodates all the Partnership respite provision. There are 15 beds within Ferrylee dedicated to respite, although the service has been closed during the pandemic in line with Scottish Government guidance. A respite working group has been established to review the respite offered by the Partnership and to identify innovative, flexible respite provision that is accessible when carer's, families and cared for people need it. This group will also consider our bed-based respite and the best model to deliver that service in the future. The [proposed implementation plan outline](#) has taken this into consideration and suggests that Ferrylee remains open until the model for bed based respite provision has been developed, ensuring no respite capacity is lost during the transition period.

Building additional resilience across our system, the Partnership has the opportunity to review the care provision at the two CEC owned properties where care is commissioned by a third party at present. The contract arrangements for these homes allow the Partnership to break from the contract in March 2022 or continue to the contract end point in March 2023. A commissioning and

procurement exercise is planned in the latter part of this calendar year to test the market for interest in providing this care, with the specification being informed by this bed based strategy, allowing us to shape future provision against demand. Going forward, a full appraisal of the options available to the Partnership will be undertaken, that will consider a range of options for these two care homes, including taking care provision in-house.

Modelling

The data available on the number of people admitted to our internal care homes and the level of care they require is limited for the previous year, so day of care audits are planned across all our care homes to ascertain the current level of need of our residents. The financial modelling ([appendix 1](#)) has been based on the loss in capacity and the potential costs associated with purchasing the lost capacity through care at home support. An additional 10% has been included in the financial model assuming that we may need to purchase some residential places however, we are confident that residential care can be provided at home, especially the level of residential care provided in our older care homes.

In addition to this, using data gathered from March 2021 to present day on referrals to our internal care homes, we know that 40% of referrals require nursing or dementia care. As we don't have this provision in our internally managed homes, these referrals are sent directly to the homes where we commission care. Of these referrals, 72% were accepted.

Of the remaining referrals to our internally managed homes (26 referrals), 50% were accepted. Of these, 3 referrals were emergency placements and could not be provisioned elsewhere. Of all the referrals received, 75% came from a hospital environment (including intermediate care and HBCCC units), which goes against the Home First principle of not making decisions about long term care in a crisis situation.

Our modelling has reviewed all care home activity in Edinburgh between January 2019 and March 2021¹³. For older people, overall, there has been 10% reduction in those seeking care home places from January 2019. This equates to a 5% reduction in nursing care and a 20% reduction in residential care overall. There has been a 41% reduction in our internal occupancy since January 2019.

There are on average 30 admissions to older people's care homes per month in Edinburgh, around 60% of these admissions are for nursing care with the remaining 40% for residential care. There are approximately 71 discharges per month, again with 60% of these coming from nursing care homes.

Through consultation with the discharge manager responsible for placing people into our internal care homes, we identified that a very small number of people were accepted to our internal care homes in the last year. There is very little demand for the level of residential care that we provide, we do not offer nursing care, we can't accept anyone who has complex needs, advanced dementia, anyone who presents with behaviours which challenge, or people who walk with purpose. Through changing our staffing model to include registered nurses, we can offer care and support to the most vulnerable of our citizens who cannot have their care needs met elsewhere.

¹³ Data source CEC Residential report

This proposal would see significantly smaller internal care home capacity and estate to that which we have at present. Overall, the Partnership would reduce to 3 care homes with 180 beds (290 when including the commissioned care in our other two care homes). We would not offer residential care, which is widely available across Edinburgh, but we would specialise in nursing and dementia care for those with the most complex needs and challenging behaviors. Therefore, we would gain 180 nursing and dementia beds which is where the demand is and this would support the strategic direction of enabling people to remain as independent as possible at home, through providing residential level care and support through Care at Home.

As this is a large-scale change, a phased approach to any decommissioning of our care homes would be adopted to ensure there remains sufficient capacity within the system and to provide resilience during the transition period. An outline implementation proposal can be found in [appendix 2](#).

Staff

The changes proposed in this paper will have an impact on staff and may constitute as major organisational change. By reducing our care home estate and changing the model of care, existing staff would need to be redeployed from the four decommissioned older homes and there would be further internal changes through the introduction of the new staffing model in the remaining homes. We want to encourage best practice and peer to peer support. Therefore, until the new model has had time to embed, there may be opportunities to identify champions and potentially enhance staffing until there is confidence in delivery of the new model of care. It's important to us to note that the revised model of care is no reflection on the dedication and care of the staff working in our care homes and much of our ambition is also focused on creating sustainable recruitment and retention of a highly skilled and well supported care workforce.

We are confident that there are enough vacancies within the organisation for all staff to be redeployed to a similar role to that which they are in now especially by adopting a phased approach to changes. This may not be within the care home sector but could be within our homecare and reablement teams or other community-based teams. Staff will be fully consulted during the process and we will work closely with the unions to ensure their members are kept up to date and informed throughout. Details of the existing staffing establishments can be found in [appendix 12](#).

i. Key themes – stakeholder engagement

- There are unprecedented vacancies within our care home estate, an unintended consequence of the COVID-19 pandemic
- The existing model of care in our internal care homes doesn't support people who cannot have their care needs met elsewhere, those who are the most vulnerable with the most complex level of need
- Our focus should be to provide care that complements that which is readily available from the external market, such as:
 - Complex care
 - Dementia care
 - Care for Under 65s with continuing complex needs
 - End of Life care

- The care home sector has been severely impacted by the pandemic which could result in long lasting changes in care homes in the future

d. Specialist inpatient rehabilitation

Specialist inpatient rehabilitation is provided from the Astley Ainslie Hospital (AAH) and offers rehabilitation to patients who are predominantly under 65. The beds are configured into three categories for the purpose of this workstream: Amputee Rehabilitation, Neurorehabilitation and orthopaedic rehabilitation. It should also be noted that the Lanfine Service (provides a multidisciplinary service for adults with progressive neurological conditions living in Lothian) is also operated out of the Astley Ainslie but is not considered as part of this workstream. An important consideration with regards to this service is that it is not only provided to Edinburgh citizens but also to the wider population of the Lothians as well as nationally.

The service is operated out of the Astley Ainslie Hospital, it is spread across several buildings and wards, the buildings which are older and do not meet modern day standards. Work is underway to identify the number of beds required for specialist inpatient rehabilitation, once defined, suitable accommodation can then be sourced to house the service in the future.

As stated previously, the working group for Specialist inpatient rehabilitation has only recently been established and needs time to complete the work required before any recommendations on the future of the service can be made.

i. Key themes – stakeholder engagement

- There is a requirement for bed-based rehabilitation as some rehabilitation cannot be delivered in the community:
 - People are not clinically fit, or they are undergoing treatment.
 - People may need 24hr care or supervision.
 - They need intensity and/or a combination of therapy.
 - They need specific equipment that cannot be provided easily elsewhere.
- Rehabilitation dose and frequency is key to maximising recovery
- A single point of access and a joined-up triage system, as well as an understanding of what services do
- The patient's discharge pathway should be planned direct from acute as moving patients to different environments can be detrimental to their recovery
- There is insufficient OT and Physio resources and capacity in the community at present
- A community-based facility could deliver the intensity required via a whole day programme
- The lack of suitable housing is one of the main reasons why people stay for a long time in AAH
- A multi-disciplinary team that work to the Home First principles is needed to give people the best chance to get home

10. Summary

In phase one of our bed-based redesign we wish to focus on three bed types, intermediate care, hospital based complex clinical care and care homes. Several options were considered by a short life working group in relation to these bed types and the recommended changes within this paper scored highest overall. The full options appraisal report can be found in [appendix 13](#).

Although, the changes that are proposed within this strategy are bold when considered in their entirety, through phased implementation and continuous evaluation, any unintended consequences will be identified quickly and the model adapted accordingly, if required. Enough capacity will remain in the system throughout the transition period to meet existing demand – [appendix 2](#) offers an outline of how the Partnership would phase the redesign activity and shows a potential timeline for changes to be completed. Phase 1 of our bed base redesign recommends the following:

1. Move services out of Liberton hospital urgently.
2. Increase our intermediate care capacity.
3. Reduce our HBCCC capacity overall, creating a new complex care assessment facility within the existing Drumbrae care home.
4. Redesign the PFI buildings to accommodate intermediate care.
5. Withdraw from the lease at Ferryfield house at the break point in Oct 2022 (submitting notice in Oct 2021).
6. Introduce a new, more specialised model of care within our care homes to include registered nurses.
7. Reduce our care home capacity by decommissioning the four older care homes in our estate and redesign the model of care to provide care to those with the most complex needs.
8. Register all remaining care homes as nursing homes.

Appendix 1

Notes	Financial model			CEC £
(1)	Current Gross budget envelope			22,259,207
(2)	Current gross contract budget			5,099,403
(3)	Current income budgets			- 6,933,642
(4)	NHS financial contribution to HBCCC (Ferryfield)			3,800,000
(4)	NHS financial envelope for Ellen's Glen House			3,746,000
(4)	NHS financial envelope for Findlay House			4,161,000
(4)	NHS financial envelope for Liberton			2,689,000
NET financial envelope				34,820,967
(5)	Staffing cost of a 60-bed care home	£ 3,429,459		
(6)	Non staff costs of 60 bed care home	£ 248,654		
	Gross Costs	£ 3,678,113		
(7)	Assumed Income	-£ 782,000		
	Estimated NET cost of 60 bed care home (new staffing model)	£ 2,896,113		
	Number of 60 bed care home units			5
	Estimated cost of Drumbrae complex care assessment facility	£4,498,654		
	Estimated cost of intermediate care facilities	£9,361,000		
	Purchased respite places	15	£1,575	£1,231,808
	Estimated cost of internal provision			29,572,027
	Balance of financial envelope before re-provisioning			5,248,940

Notes	Financial model			CEC £
(8)	Estimated cost of residential re-provisioning		10%	
	Lost capacity = 138 places			
		Places	PPPW £	
	Residential places	14	1,250	898,112
	Care at home provision	111	500	2,893,770
	Estimated cost of re-provisioning lost capacity			3,791,882
	Under / over committed			1,457,059

Notes

(1)	<i>Gross expenditure budgets for internal care homes</i>
(2)	<i>Gross contract value for Four seasons care homes</i>
(3)	<i>Income budgets for care homes and Four seasons contract</i>
(4)	<i>Financial Contribution from NHS (data received 2/06/2021)</i>
(5)	<i>Staffing model based on revised 60 bed staffing adjusted for unknown operational factors</i>
(5)	<i>Assumes identical staffing model in each of the 60 bed homes</i>
(6)	<i>Based on current non staff costs of a 60-bed unit</i>
(7)	<i>Income assumptions reduced due to NHS staffing mix</i>
(8)	<i>Based on required percentage of capacity utilised in suite pre covid-19</i>

Outline implementation plan – phase 1 bed base redesign activities

The recommendations proposed as part of phase 1 (P1) bed base redesign are bold when considered in their entirety and they will have an impact on the wider system. To ensure enough capacity remains in the system throughout the transition period to meet existing demand we propose a phased approach to delivery. Some of these changes need to happen sequentially in order to create capacity within the estate to transition services from their existing accommodation to their new accommodation. This is our proposed outline implementation plan for the phase 1 activities. We have considered this carefully; however, the plan is subject to change if any unintended consequences come to light and we need to adapt the model. A phased approach to delivery allows us to amend the implementation plan if required without having a negative impact on the wider bed base system.

We have developed the implementation plan in 3 month increments to schedule activity. An overview of the planned activities can be found in the table below:

0–3 months July – Sept	3–6 months Oct – Dec	6–9 months Jan – Mar 22
Consultation with Drumbrae staff	Diver admissions away from Liberton to alternative locations	Evaluate changes made to date to ensure there are no unintended consequences
Consultation with Drumbrae residents and families	Withdraw from Liberton hospital site	Redesign model if required
Remove Drumbrae registration with the Care Inspectorate	Complete resident moves (P1 care home residents)	Implement new staffing model to 2 nd 60 bed care home (pending evaluation)
Close Drumbrae as a care home	Complete staff moves (P1 care home staff)	Consultation with care home staff (2 care homes in P2)
Consultation with HBCCC staff	Complete staff moves (HBCCC)	Consultation with residents and families within P2 CHs
Reopen Drumbrae as Complex Care Assessment facility	Complete staff moves (IC)	Transition to new care arrangements in care homes where care is commissioned
Consultation with IC staff	Close 2 x care homes (P1)	Agree future requirements for Thistle ward
Agree with PFI lease holders on change in function	Submit notice on lease for Ferryfield house	Phase 2 bed base redesign activity

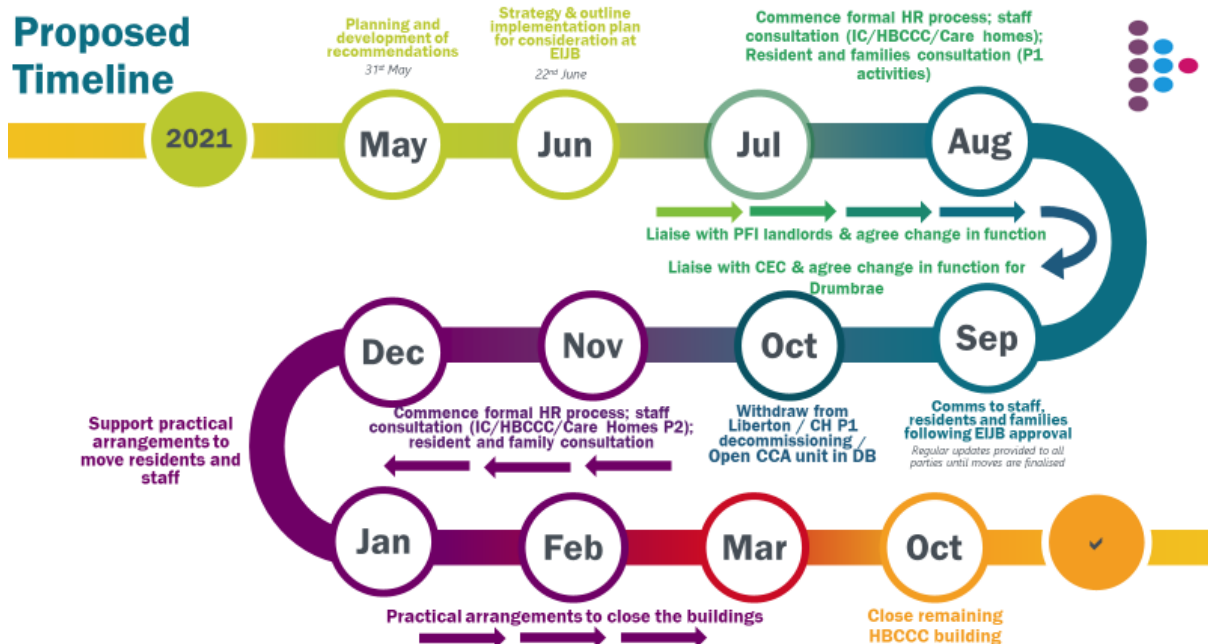
Begin adaptations for IC spaces	Undertake options appraisal on care homes where care is commissioned	
Complete resident moves (DB residents)	Change registration in identified newer 60 bed home to nursing care	
Complete staff moves (DB staff)	Implement new care home staffing model in one 60 bed care home	
Consultation with care home staff (2 care homes in P1)	Recruit to additional IC beds	
Consultation with residents and families within P1 CHs	Phase 2 bed base redesign recommendations to EIJB	
Tender closure notice with Care Inspectorate	Respite options agreed and approved	
Recruit to new care home staffing model		
Issue a PIN to test the market for care provision at two CEC Care homes where care is currently commissioned		

9-12 months Apr – Jun 22	12-15 months Jun – Aug 22	15-18 months Sep – Nov 22
Complete resident moves (P2 care home residents)	Prepare for withdrawal from Ferryfield house	Move out of Ferryfield House
Complete staff moves (P2 care home staff)	Transition out of Thistle ward and redesign as intermediate care	Fully evaluate the phase 1 redesign and report to management teams
Close 2 x care homes (P2)	Phase 2 bed base redesign activity	Phase 2 bed base redesign activity
Implement new staffing model to 3 rd 60 bed care home		
Prepare to transition Thistle ward		
Phase 2 bed base redesign activity		

Our phase 1 redesign activities are planned on a large scale, many of the changes will impact on other bed-based services and therefore, a phased approach to redesign is essential. By phasing activity, we can ensure resilience throughout the transition with adequate time to evaluate changes iteratively to ensure there are no unintended consequences, if there are any unintended consequences the model can be adapted to ensure stability and minimise risk. Any change on this scale does require some acceptance of risk however, through planning and evaluation we are confident that we can be responsive to the impact and adapt if necessary.

This is not a financially driven proposal; it is a proposal that has the best interests of people at its heart. We want to ensure we can provide the very best outcomes for people, at the right time, in the right place and the proposals in this plan start to enable that shift. In relation to both intermediate care and our care homes, doing nothing is not an option. We must vacate the Liberton Hospital site and our care home estate is unsustainable. Our HBCCC estate has too many HBCCC beds and is not being used to its maximum potential. We have a real opportunity through transformation and redesign to optimise our estate and our bed base in these three areas, these changes will form phase 1 of the bed base redesign with the remaining bed types the focus of phase 2 activities. Once the project is complete, the Partnership will have the optimum bed base for the coming 10 years that is sustainable, practical and outcomes focused.

A high-level timeline for the phase 1 project delivery can be found below:



Bed Based Care – Definitions

Each of the bed-based care project workstreams has been based on the function of beds. The definitions of these functions are as follows:

Intermediate Care Facilities (ICFs)

Intermediate Care Facilities (ICFs) provide services which are therapy orientated with assessment and interventions for people identified as clinically ready for transfer to a bed-based service, at the point at which treatment, assessment and care can safely be continued in a non-acute setting. These services are usually for patients aged over 65 who no longer require care and treatment in an acute setting however, intensive, and frequent rehabilitation and reablement is required to enable them to return home. A bed-based setting continues to be needed for short term interventions of up to 6 weeks.

Hospital Based Complex Clinical Care (HBCCC)

Patients receive HBCCC if they cannot have their care needs met in any setting other than hospital and require long-term complex clinical care. This includes patients within NHS Scotland facilities (e.g. acute general hospitals, community hospitals and psychiatric hospitals) as well as those patients funded by NHS Scotland but treated in non-NHS Scotland facilities (e.g. private facilities or NHS facilities elsewhere in the UK). By definition, patients in receipt of HBCCC cannot be classed as a Delayed Discharge.

Care Homes

A Care Home is where people live and have their care needs met in homely surroundings. They can also be called:

- Residential care
- Residential care homes
- Nursing homes
- Retirement homes

They are usually for people needing more care than they could get in their own home or in supported accommodation. In care homes, staff are trained to provide care that meets the [Health and Social Care standards](#). Care homes in Scotland are regulated by the [Care Inspectorate](#).

Specialist inpatient Rehabilitation

For the purposes of this project, Specialist inpatient Rehabilitation is rehabilitation provided at the Astley Ainslie Hospital across three specialities: Neurorehabilitation; Amputee rehabilitation and Orthopaedic rehabilitation. The service does serve older people but is predominately for those aged under 65, it is also a hosted service for all of Lothian not just Edinburgh.

Rehabilitation in general is care that can help people get back, keep or, improve abilities that they need for daily life. These abilities may be physical, mental and/or cognitive. People can lose these abilities because of disease or trauma, or as a side effect from medical treatment. Rehabilitation can improve daily life and functioning to enable patients to regain independence.

Respite / Breaks from caring

Respite care provides the opportunity for carers and the people they care for to have a break away from the normal routine and demands of their caring situation. People without a carer can also benefit from a break from their home circumstances. These short breaks are an essential part of the overall support that families and carers need to help them care for a family member, partner, or friend. Short breaks should provide positive outcomes for all those involved in the caring relationship.

Short Breaks definition by Shared Care Scotland: *“A short break is any form of service or assistance which enables the carer(s) to have periods away from their caring routines or responsibilities”.*

Palliative and end of life care¹⁴

Palliative care is treatment, care, and support for people with life-limiting illness, and their family and friends. It is sometimes called “supportive care”. The aim of Palliative care is to help people have a good quality of life, this includes being as well and active as possible in the time they have remaining. It can involve:

- Managing physical symptoms such as pain.
- Emotional, psychological, and spiritual support.
- Social care, including help with washing, dressing, and eating.
- Support for family and friends.

End of life care involves treatment and support for people nearing the end of their life. It’s an important part of Palliative care. It is for people who are thought to be in their last year of life, but this timeframe is difficult to predict. Some people may only receive end of life care in their last weeks or days.

Mental Health Beds

Inpatient services form a critical component of mental health provision, providing clinicians with a means of rapidly reducing the risk of suicide, self-harm, and harm to others. They provide an environment in which complex treatment regimes can be safely initiated and regulated. Mental health beds accommodate inpatients for psychiatric purposes including substance abuse therapy.

Supported Accommodation

Supported accommodation is any housing scheme where housing, support and sometimes care services are provided to help residents to live as independently as possible within the community.

¹⁴ From [Marie Curie webpage](#)

Supported accommodation is available to older people aged over 55, people with learning disabilities and physical disabilities and Mental Health conditions. Support can include:

- Assessment of ongoing care needs
- Hands on care and practical assistance
- Skills training
- Escort to community settings
- Advice and support

OLDER PEOPLES ACCOMMODATION ASSESSMENT – 8th August 2019

Background:

The accommodation strategy approved in 2008 was to replace the 17 care homes for older people (14 owned and 3 leased) that were no longer fit for purpose. At that time, it concluded (based on demography, balance of care, market share future changes in the independent care sector and opportunities presented by housing association activity) that the Councils should continue to own care homes and to move from a market share of 22% to 15% by 2018. Agreeing that the 652 beds in older care homes should be replaced with 500 beds in new care homes.

To date the Council has opened 6 new care homes, providing 360 places where accommodation is fit for purpose and suitable for residents with higher and more complex needs. 151 beds remain operational in the 4 older care homes that were deemed not fit for purpose over 10 years ago. With the exception of ongoing asset management works, routine repairs and maintenance and minor cosmetic improvements, the standard of accommodation has remained largely the same over the 10year period. Appendix 1 – Older People list all the CEC care homes, their running cost and recommended 5year investment cost and condition rating.

Key Criteria for accommodation

Key principles and documents

Scotland's New Health & Care Standards 2018 More person led, and outcome focused.

In particular Standard 5 provides '...an appropriate mix of private and communal areas, including accessible outdoor space, that have been designed or adapted for high quality care and support'

Building Better Care Homes for Adults Guidance –

key elements: building design and room sizes

A Quality Framework for care homes for older people – Self Assessment: Q4 How good is our setting: high quality facilities in a setting that promotes people's independence and where residents can be connected and involved in the wider community

Safety – statutory compliance Fire safety, Building Standards. Food Safety and Health and Safety.

Location -integration with the local community, access to local facilities and public transport, with attractive and stimulating outlooks, in areas that minimised noise/air pollution, have accessible and quality outdoor spaces. In areas that promotes positive intergenerational experiences and opportunities.

Size and layout – preference for small group living units (fewer than 10 places – tended to have the highest quality/satisfaction ratings), are domestic in scale, have more familiarity and staff have a greater knowledge of individuals, helps promotes independence, and provides sufficient space to meet resident's needs.

The layout promotes physical activity and movement.

Spaces are suitable for people with complex needs and dementia friendly – meets good practice lighting, garden, and interior design criteria.

Bedrooms - single minimum 12.5-13 m², shared minimum 16m², excluding 3.5m² en-suites. Note that CEC new care homes standards are above the statutory requirement with minimum bedroom sizes 16-18m², en-suites 5m², communal space, assisted bathing 15m².

En-suites – generally all bedrooms should have en-suites, consisting of a toilet, wash hand basin and a shower or bath – minimum size for a wet floor facility 3.5m², alternatives facilities should be greater than 3.5m²

Communal toilets/bathrooms/showers – proximity to bedrooms/sitting and dining areas, protects privacy and dignity of residents, sufficient space for staff assistance if required. 1 bath to every 10 people

Communal space: sitting area, lounges, and dining. Minimum 3.9m² per resident excluding circulation, in the individual residential units as well as a range of large communal areas, quite areas, cafes.

Dining and Eating: kitchen areas that provides a familiar domestic setting and localised supplies of food and equipment. Dining area should have sufficient seating area for staff to provide support if needed, free from noise and distractions.

Supports Physical Activity: promotes physical activity and well-being in the daily life of the home, avoiding risks of trips and falls

Outdoor facilities: for most is an important part of a person’s wellbeing – available on every level, accessible, variety of seating and activity spaces, themed, with children’s play area for visitors.

Current Establishment Assessment

The current service is delivered from the following properties in a mix of council run and private run facilities.

Homes for Older people

Property	Occ	Age	Day Care	En-suite Min 3.5m incl shower/bath	Single room Min 12.5–13 m ²	Shared / Double room Min 16 m ²	Communal Space 3.9m ² per person in each unit
Marionville	60	2007 - 12 years	Yes	Yes	Yes	n/a	Yes
Castle Green	60	2008 11 years	Yes	Yes	Yes	n/a	Yes
North Merchiston	60	2009 10 years	Yes	Yes	Yes	n/a	Yes
Inchview	60	2011 - 8 years		Yes	Yes	n/a	Yes

Drumbrae	60	2014 - 5 years		Yes	Yes	n/a	Yes
Royston	60	2017 – 2 years		Yes	Yes	n/a	Yes
Ford's Rd	38	1986 - 33 years	Yes?	No	No -10.5m2	Yes - 17m2	Further assessment required
Clovenstone	37	1987 - 32 years	Yes?	No	No - 11m2	No - 15.8m2	Further assessment required
Ferrylee	44	1987 – 32 years	Yes?	No	No – 10.92m2	Yes – 16m2	Further assessment required
Jewel House	32	1991 -28 years	No?	No – toilet only	No -11 m2	None	Further assessment required

Note: Cherry Oak Care Home for Older People (no of beds?) leased in at £135k p.a. for 3 to 5 years, as replacement beds for Oaklands Care Home. (the capital receipt is part of the funding for the new Castle Craggs Autism Service) – is there existing capacity within the existing care homes to reduce the need for these leased in beds?

There are four buildings whose suitability has not addressed to date, set out below.

Older Care Homes	Capacity	Age 30 years +	Care Inspectorate Compliance	Suitability Rating	Condition rating	5yr Investment costs	Annual Running costs
Clovenstone (1987)	37	Yes	No		B - satisfactory	£182,463	£154,141
Ferrylee (1987)	44	Yes	No		B- satisfactory	£408,364	£126,631
Ford's Road (1986)	38	Yes	No		A- good	£83,099	£126,754
Jewel House (1991)	32	No (nearly)	No		A- good	£249,193	£197,211
TOTALS	151					£923,119	£604,737

Key issues

- **Age:** Property have exceeded or reaching design life expectancy.
- **Statutory Compliance:** these homes do not meet Care Inspectorate Design Guidance for Building Better Homes - Health and Social Care Standard Care: 520 (Sizes) – insufficient physical space bedroom sizes fall below: single room min 12.5-13m², double room 16m²/ and Care Standard 5.28 en-suite facilities with a shower 3.5m² plus)
- **Suitability Assessment** – Care Inspectorate, A quality framework for care homes for older people is a self-evaluation tool which requires to be completed for each facility.
- **Condition Rating** – The these are good/satisfactory due to the recent level of investment required to avoid the risk of plant and fabric failure for this vulnerable client group.

Recommendation/ Opportunities:

Previous assessments have determined it would not be value for money to refurbish alter or extend the older care home stock to meet current minimum standards and would be even more costly to meet City of Edinburgh Council’s own design standards and quality criteria.

Do nothing option: would be to retain all the existing care homes assets if the suitability assessment deemed them ‘satisfactory’ and there is continued demand for these bed spaces.

However, the future aspiration for older people’s services is to provide a greater share of homes for life within client’s local community. Therefore, the recommendation would be to replace the older care home stock with suitable homes with assistive technology, in each of the localities.

South West Locality (Clovenstone & Ford’s Road Care Homes)

There are several potential housing development opportunities in the South West area where significant change is anticipated over the next few years: Murryburn depots site, Gate 55 (former Westburn Primary School) site, where part of the site has already been transferred to HRA account. The existing Clovenstone Care home is already on HRA account and could also be redeveloped with a number of homes for life (older people, disabilities, transient stock for people with mental health issues)

North East (Ferrylee) & Jewel House

The existing care home sites are adjacent to park land and a feasibility /capacity study could be undertaken to redevelop the site with housing and replace the poor-quality wasteland with something of greater value to the local community. Subject to consultation with planning??

The financial model would need to be looked at in more detail to develop full business cases.

Modelling

Intermediate care – referral data used between April 2020 and March 2021

	Patients on waiting list	Total patients	Average LoS	Bed days required overall	No of beds in use/required	No of beds available	inc 85% occupancy uplift	inc 8% for growth	inc 10% uplift for direct refs	inc 7% uplift for reduced hospital use
Patients admitted to IC (Apr 20 - Mar 21)		369	49.76	18,361	50.31	64	59	64		
Patients d/c Acute with over 7 days stay from ref	107	476	49.76	23,686	64.89	64	76	82	91	97
Patients d/c Acute with over 14 days stay from ref	161	637	49.76	31,697	86.84	64	102	110	121	130
Combined patients d/c Acute with over 7 days stay from ref (C5 and D5 combined)		744	49.76	37,021	101.43	64	119	129	142	152

HBCCC – referral data used between April 2020 and June 2021

	Patients on waiting list	Total patients	Average LoS	Bed days required overall	No of beds in use/required	No of beds available	inc 85% occupancy uplift	inc 8% for growth	inc 7% uplift for reduced hospital use
Thistle	8	16	127.70	2,043	5.60	27	7	7	7.61
Frail /Elderly	5	48	98.25	4,716	12.92	54	15	16	17.57
Old Age Psychiatry	1	39	203.00	7,917	21.69	47	26	28	29.49
Pentland*		1	109.00	109	0.30	64	0	0	0.41
* not enough data available - only 1 referral in 2020/21									

Notes:

Total patients include all patients currently on the wards plus the waiting lists.

Average LOS for HBCCC patients is calculated using those referred and admitted from Apr 2020 to Jun 2021

The data for Thistle ward is calculated using all referrals from January 2020 to June 2021

STAFFING MODEL – INTERMEDIATE CARE (30 BED UNIT)

Role	Band	No req per shift
Admin / discharge co-ordinator	7	1
Registered nurse	7	1
Registered nurse	6	2
Registered nurse	5	9.87
Non registered nurse	3	1
Non registered nurse	2	7.8
Team leader	6	3
Community Care assistant	5	1
Business support assistant	4	1
Admin support	2	0.8
Occupational therapist	7	1
Occupational therapist	6	1
Occupational therapist	5	1
Occupational therapist	3	1
Physiotherapist	7	1
Physiotherapist	6	1
Physiotherapist	5	1
Physiotherapist	3	1
Medical out of hours cover?		

The medical model for intermediate care has 0.5 WTE consultants, plus 2 WTE junior medical staff.

STAFFING MODEL – HBCCC (60 BED UNIT)

Description	Category	Role	Band	WTE
Nursing	Permanent Nursing	Permanent nurse	Band 2	45.99
			Band 5	31.21
			Band 6	4.00
			Band 7	2.00
Administrative services	Finance	Finance officer	Band 2	2.00
	Patient services	Patient services	Band 2	2.70
				87.9

Description	Category	Role	Band	WTE
Medical	Medicine of the Elderly	Consultant	n/a	2 PA = 0.2
	Specialty Doctors	Specialty Doctors	n/a	2.4
Nursing	Nursing	Advanced Nurse practitioners	TBC	0.61
				3.21

CARE HOME OCCUPANCY – AS AT 6TH JUNE 2021

	Care home	Bed no's	Residents	Vacancies
1	Ashley Court	54	43	11
2	Belleville Lodge	22	15	7
3	Braeburn Home	18	17	1
4	Braid Hills Nursing Home	119	77	42
5	Cairdean	90	69	21
6	Cameron Park	24	24	0
7	Camilla House	39	34	5
8	Castlegreen	60	37	23
9	Chamberlain Road	29	27	2
10	Claremont Park	30	24	6
11	Clovenstone	35	23	12
12	Colinton	53	48	5
13	Craighall House	12	9	3
14	Crammond Residence	74	23	51
15	Davidson House	40	22	18
16	Drumbrae	60	13	47
17	Eildon House	21	18	3
18	Erskine Edinburgh Home	72	69	3
19	Ferrylee	43	14	29
20	Ford's Road	36	25	11
21	Forthland Lodge	47	46	1
22	Gilmerton	60	58	2
23	Gilmerton Neuro disability	15	15	0
24	Glencairn	26	17	9
25	Guthrie House	88	59	29
26	Haugh House	10	8	2
27	Inch View	60	50	10
28	Jewel House	32	19	13
29	Lauder Lodge	60	57	3
30	Lennox House	34	32	2
31	Letham Park	70	57	13
32	Manor grange nursing home	83	76	7
33	Marian House	34	30	4
34	Marionville Court	60	37	23
35	Morlich House	23	21	2
36	Morningside Manor	42	42	0
37	Murrayfield House	96	78	18
38	Murrayside	63	55	8
39	North Merchiston	60	50	10
40	Northcare Suites	76	69	7
41	Northcare Manor	74	73	1

42	Queens Bay Lodge	24	22	2
43	Queens Manor	60	51	9
44	Royal Blind Allermuir	4	4	0
45	Royston Court	60	36	24
46	Sir James McKay House	20	15	5
47	Southpark	32	29	3
48	Spring Gardens	18	17	1
49	St Margaret's	60	57	3
50	St Raphael's	63	62	1
51	Strachan House	83	75	8
52	Struan Lodge	30	29	1
53	Thorburn Manor	34	33	1
54	Trinity House	55	37	18
55	Tweed Lodge	5	4	1
56	Victoria Manor	118	101	17
57	Viewpark	20	20	0
58	Belgrave	33	22	11
59	Blenham House	60	58	2
60	Cluny Lodge	72	65	7
61	Eagle Lodge	35	33	2
62	Lorimer House	37	35	2
63	The Elms	40	31	9

3,007	2,416	591	80% occupancy
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CEC delays for care homes¹⁵

	CH LA delays (24A)	NH Delays (24C)	Spec. Residential >65 (24E)	Dementia Bed (24F)
15/12/2020	0	9	1	5
21/12/2020	0	8	1	4
28/12/2020	0	9	1	4
04/01/2021	0	6	1	1
11/01/2021	0	10	1	1
19/01/2021	2	19	1	3
26/01/2021	1	8	0	3
02/02/2021	1	5	0	4
09/02/2021	3	11	0	4
16/02/2021	0	13	1	5
23/02/2021	2	12	1	7
02/03/2021	1	16	1	3
09/03/2021	2	12	1	6
16/03/2021	2	14	1	9
23/03/2021	2	18	1	6
30/03/2021	3	16	1	6
06/04/2021	5	16	1	8
13/04/2021	5	27	1	6
20/04/2021	5	21	1	5
27/04/2021	6	18	1	6
04/05/2021	2	13	1	3
11/05/2021	2	15	1	4
18/05/2021	1	18	1	5
25/05/2021	0	16	1	4
01/06/2021	1	20	1	4
Average delays p/w	2	14	1	5
Average delays p/m	8	61	4	20
av. Refs	4	2		1
av. Admits p/m	2.14	1		1
av. Admits p/w	0.49	0.3		0.19
Average Cost p/w	£2,917.03	£22,891.93		£7,246.54
Average p/a	£152,094.00	£1,193,585.28		£377,834.40

Cost of purchasing this care externally.

¹⁵ Data taken from the daily CEC delayed discharge report



Proposed new staffing model for care homes

		Drumbrae		20/21 FY		
		60 Beds				
Post	Grade	FTE	Gross Cost per post £	Enhancements	Salary + Enhancements + Agency	Total Cost
Manager	Grade 9	1.00	69,393.56	0.00	69,393.56	69,393.56
Depute Manager	Grade 7	1.00	48,196.11	1,257.88	49,453.99	49,453.99
Depute Manager (NHS)	Band 6	1.22	45,284.00	9,056.80	54,340.80	66,295.78
Business Support Officer	Grade 6	1.00	40,164.70	0.00	40,164.70	40,164.70
Business Support Administrator	Grade 4	1.00	27,483.03	0.00	27,483.03	27,483.03
Team Leader (D)	Grade 6	6.33	40,164.70	1,126.44	41,291.14	261,372.93
Nurse (D)	Band 5	8.20	36,524.00	9,131.00	45,655.00	374,371.00
Social Care Workers day	Grade 4	11.33	27,483.03	1,125.80	28,608.83	324,138.08
Social Care Worker (N)	Grade 4	6.33	27,483.03	6,974.16	34,457.19	218,114.01
Activity Co-ordinator	Grade 4	1.00	27,483.03	1,125.80	28,608.83	28,608.83
Social Care Assistants day	Grade 3	24.33	23,543.10	1,125.80	24,668.90	600,194.26
Social care Assistants night	Grade 3	18.33	23,543.10	6,974.16	30,517.26	559,381.32
Senior Cook	Grade 4	1.22	27,483.03	1,052.80	28,535.83	34,813.72
Cook	Grade 3	1.83	23,543.10	1,052.80	24,595.90	45,010.49
Kitchen Assistant	Grade 2	3.66	20,849.27	875.84	21,725.11	79,513.92
Domestic	Grade 2	8.54	20,849.27	1,052.80	21,902.07	187,043.71
Laundry	Grade 2	2.44	20,849.27	1,052.80	21,902.07	53,441.06
Handyman	Grade 3	2.44	23,543.10	0.00	23,543.10	57,445.16
Total Staffing Costs		101.20				3,076,239.55
Non Staff Costs						
V200 Premises Costs						£8,951
V250 Transport Costs						£9,942
V300 Supplies & Services						£194,732
V400 Third Party Payments						£9,794
V500 Transfer Payments						£1,356
Total Non Staff Costs						£224,776
Total Gross Cost						£3,301,015.66
Income Budget						-£782,000.00
Total Net Cost						£2,519,015.66
Total Budget						£2,451,495.72
Difference						-£67,519.94

Condition reports – older care homes

Clovenstone condition report – completed 2nd August 2019



Edinburgh - City Of Edinburgh Council

CS001423

Survey Description	Survey Date	Survey Status	Surveyor	Organisation
Site	02/08/2019	COMPLETE	Gavin Alston	CEC
Address	SIT0211 CLOVENSTONE GARDENS HOME FOR OLDER PEOPLE 27 EDINBURGH CITY OF EDINBURGH EH14 3EX			
Number of Buildings	2			
Number of Rooms	119			
Score	B			
General Summary				
Mechanical Summary	Interim Report after LTHW and DHWS Plant upgrade works Desktop Exercise			
Electrical Summary				



Edinburgh - City Of Edinburgh Council

Identified Work Summary

Idwork Element	Not Selected	Identified Work Element Total by Priority				Total
		01	02	03	04	
01 Roofs	0	0	11,064	1,844	0	12,908
02 Floors and stairs	0	0	92	395	0	487
03 Ceilings	0	0	0	5,268	0	5,268
04 External walls windows and doors	0	0	0	3,951	0	3,951
05 Internal walls and doors	0	0	0	0	10,537	10,537
06 Sanitary services	0	0	0	13,171	0	13,171
07 Mechanical services	0	100,000	1,000	2,000	0	103,000
08 Electrical services	0	200	1,001	0	0	1,201
09 Redecorations	0	0	0	5,268	0	5,268
10 Fixed internal furniture and fittings	0	0	0	0	0	0
11 External Areas	0	0	2,634	10,537	0	13,171
12 Outdoor sports facilities and fixed furniture	0	0	0	0	0	0
XX General Comments	0	0	0	0	0	0
Totals	0	0	0	0	0	168,964

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Edinburgh - City Of Edinburgh Council

Building Summary BLD00426 CLOVENSTONE GARDENS HOME FOR OLDER PEOPLE

Idwork Element	Not Selected	Identified Work Element Total by Priority				Total
		01	02	03	04	
01 Roofs	0	0	11,064	1,844	0	12,908
02 Floors and stairs	0	0	92	395	0	487
03 Ceilings	0	0	0	5,268	0	5,268
04 External walls windows and doors	0	0	0	3,951	0	3,951
05 Internal walls and doors	0	0	0	0	10,537	10,537
06 Sanitary services	0	0	0	13,171	0	13,171
07 Mechanical services	0	100,000	1,000	2,000	0	103,000
08 Electrical services	0	200	1,001	0	0	1,201
09 Redecorations	0	0	0	5,268	0	5,268
10 Fixed internal furniture and fittings	0	0	0	0	0	0
11 External Areas	0	0	0	0	0	0
12 Outdoor sports facilities and fixed furniture	0	0	0	0	0	0
XX General Comments	0	0	0	0	0	0
Totals	0	100,200	13,157	31,899	10,537	155,793

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Site Condition Scores

Site: SIT0211 (CLOVENSTONE GARDENS HOME FOR OLDER PEOPLE)

Survey Date: 02/08/2019

Address: 27

EDINBURGH
CITY OF EDINBURGH
EH14 3EX

Type:

Listed Usage:

Usage:

GEA (m2):

GIA (m2):

NIA (m2):

Ward:

Number of Idwork:

Total Cost:

Site Element Summary

Overall Score:

Score comment:

Element	Score	Comment
01	C	
02	A	
03	A	
04	A	
05	A	
06	A	
07	D	Score remains D after upgrade to hot water services
08	A	

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09	B	
10	A	
11	B	All in very good condition though some external fencing is needed and the perimeter cannot be considered secure. Fencing merely denotes the property boundary.
12		
XX		

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Building Condition Scores

Site: SIT0211 (BLD00426)
 Survey Date: 02/08/2019
 Building: BLD00426 CLOVENSTONE GARDENS HOME FOR OLDER PEOPLE
 Address: 27

EDINBURGH
 LOTHIAN
 EH14 3EX
 Type: 04 BUILDING
 Year Built:
 Listed Usage:
 Usage: 09 HOME FOR THE ELDERLY
 GEA (m2): 1782.78
 GIA (m2): 1657.33
 NIA (m2):
 Ward: 2 Pentland Hills
 Number of Idwork: 0
 Total Cost: 0

Building Element Summary

Overall Score: B - Satisfactory

Score comment: Building would need significant alteration were it required to meet latest Care Commission requirements retrospectively, although remodeling would be significantly less costly than demolition/new build.

Element	Score	Comment
01	C	Some very minor faults to be addressed at features over doorways. Flashband has been used as a temporary fix.
02	A	Floors are structurally sound and finishes 50% worn. Minor repairs needed in kitchen where weld has failed in vinyl
03	A	

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04	A	External walls are generally very good but some repointing is needed.
05	A	All very good but will need redcorated within 5 years and perhaps should be fitted with fingerguards.
06	A	All good but does not comply with latest Care Commission standards that recommend en suit facilities. These could be introduced but would be disruptive and lead to loss of two rooms per wing.
07	D	Score remains D after upgrade to hot water services
08	A	
09	B	Cyclical and will need repaint in year 5.
10	A	All good
11	A	
12		Not applicable
XX		


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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00024597	Site:	SIT0211 CLOVENSTONE GARDENS HOME FOR OLDER PEOPLE
Element:	11 External Areas	Building:	
Subelement:	11.01 Paths and Paved Pedestrian Areas	Room:	
Item:	11.01.01 All surfaces (for minor defect)	Cost:	£6585.60
Condition:	B Satisfactory	Remedy:	Redesign courtyard with waste high planters made of timber, better ramp and paving design. Target year: 2021
Priority:	03 Desirable - Within 3 to 5 years	Defect:	Courtyard is a nice tidy external space but the type of paving, tripping hazards, sharp arris, seem incongruous with elderly residents.
Manufacturer:		Defect Location:	Courtyard
Date of Manufacture:		Model Number:	
Capital:	Y	usertext6:	
Comments:	These are more suitability (equalities act) rather than condition issues.	Revenue:	N
Photo:			


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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00024591	Site:	SIT0211 CLOVENSTONE GARDENS HOME FOR OLDER PEOPLE
Element:	11 External Areas	Building:	
Subelement:	11.01 Paths and Paved Pedestrian Areas	Room:	
Item:	11.01.04 Concrete flagstone surface	Cost:	£2634.24
Condition:	C Poor	Remedy:	Some concrete flagstones need replaced and joints need weed kill/repointing. Adjust ground levels to suit CI covers. Target year: 2018
Priority:	02 Essential - Within 2 years	Defect:	Broken or uneven slabs in places and weed growth between slabs will eventually lead to tripping hazards. Raised manholes on grassed areas make grasscutting more difficult.
Manufacturer:		Defect Location:	Entire perimeter
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:			

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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code: IW00024592 **Site:** SIT0211 CLOVENSTONE GARDENS HOME FOR OLDER PEOPLE

Element: 11 External Areas **Building:**

Subelement: 11.03 Walls, fences and gates **Room:**

Item: 11.03.04 Timber Gates/Fencing **Cost:** £3951.36

Condition: B Satisfactory **Remedy:** Repair fencing of differing styles or alternatively consider black palstic coated anticlimb to allow perimeter to be secured at night.
Target year: 2021

Priority: 03 Desirable - Within 3 to 5 years **Defect:** Fencing style varies around perimeter and some is not in good condition including car impact damage and decayed timber.
Perimeter of site

Manufacturer:

Date of Manufacture:

Capital: N **Defect Location:**

Comments: **Model Number:**

Photo: **usertext6:** Y **Revenue:**



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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code: IW00024588 **Site:** SIT0211 CLOVENSTONE GARDENS HOME FOR OLDER PEOPLE

Element: 01 Roofs **Building:** BLD00426

Subelement: 01.01 Drainage (including rainwater goods and pipes) **Room:**

Item: 01.01.01 Cast Iron/Alumin etc rainwater goods **Cost:** £526.85

Condition: C Poor **Remedy:** Clear, paint, and replace hand access covers including new gaskets.
Target year: 2018

Priority: 02 Essential - Within 2 years **Defect:** Gutters need cleared, CI to be repainted and hand access covers are missing.
At eaves level and at foot of rainwater conductors.

Manufacturer:

Date of Manufacture:

Capital: N **Defect Location:**

Comments: **Model Number:**

Photo: No idwork image found. **usertext6:** Y **Revenue:**


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Identified Work (by location)

Code:	IW00024595	Site:	SIT0211 CLOVENSTONE GARDENS HOME FOR OLDER PEOPLE
Element:	01 Roofs	Building:	BLD00426
Subelement:	01.05 Coverings (incl. glazed roof lights)	Room:	
Item:	01.05.03 Clay Tile Pitched	Cost:	£1448.83
Condition:	B Satisfactory	Remedy:	Replace damaged panel and check lead is intact. Target year: 2021
Priority:	03 Desirable - Within 3 to 5 years	Defect:	Cladding panel damaged and roof flashing is very tall. Appears that someone has tried to steal lead at some point and damaged panel as a result.
Manufacturer:		Defect Location:	Vertical face of roof panels.
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:			

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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00024598	Site:	SIT0211 CLOVENSTONE GARDENS HOME FOR OLDER PEOPLE
Element:	01 Roofs	Building:	BLD00426
Subelement:	01.05 Coverings (incl. glazed roof lights)	Room:	
Item:	01.05.03 Clay Tile Pitched	Cost:	£395.14
Condition:	B Satisfactory	Remedy:	Pressure wash moss off roof tiles and possibly treat with silicone based wash. Target year: 2021
Priority:	03 Desirable - Within 3 to 5 years	Defect:	The roof is generally in excellent condition. Some minor discolouration as a result of a build up of moss and some minor cracking in cement bedding along ridge tiles. Although currently weather tight.
Manufacturer:		Defect Location:	Ridge and eaves
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:			

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Identified Work (by location)

Code:	IW00024587	Site:	SIT0211 CLOVENSTONE GARDENS HOME FOR OLDER PEOPLE
Element:	01 Roofs	Building:	BLD00426
Subelement:	01.05 Coverings (incl. glazed roof lights)	Room:	
Item:	01.05.10 Metal profile roof cladding/decking	Cost:	£10536.96
Condition:	C Poor	Remedy:	Redesign lead roof to wall detail and dress lead over stone. Target year: 2018
Priority:	02 Essential - Within 2 years	Defect:	There is a faux stone gable feature above all external doors and the roof over each of these features is lead. Detailing poor and needs revision to prevent water ingress.
Manufacturer:		Defect Location:	Above all single external doorways.
Date of Manufacture:		Model Number:	
Capital:	Y	usertext6:	
Comments:	Rather than a stright repair to replace temporary flashband a slight redesign is needed to make the detail work effectively.		
Photo:			



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Identified Work (by location)

Code:	IW00024600	Site:	SIT0211 CLOVENSTONE GARDENS HOME FOR OLDER PEOPLE
Element:	02 Floors and stairs	Building:	BLD00426
Subelement:	02.01 Floor Finishes	Room:	
Item:	02.01.11 Vinyl	Cost:	£131.71
Condition:	B Satisfactory	Remedy:	Reweld open joins Target year: 2021
Priority:	03 Desirable - Within 3 to 5 years	Defect:	Seam welding in kitchen needs redone
Manufacturer:		Defect Location:	Kitchen
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:			
Photo:			




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Identified Work (by location)

Code:	IW00024596	Site:	SIT0211 CLOVENSTONE GARDENS HOME FOR OLDER PEOPLE
Element:	02 Floors and stairs	Building:	BLD00426
Subelement:	02.04 Staircases	Room:	
Item:	02.04.01 Concrete Stairs	Cost:	£92.20
Condition:	C Poor	Remedy:	Replace chain with better defined barrier with quick release catch. Target year: 2018
Priority:	02 Essential - Within 2 years	Defect:	Chain is effective in preventing residents from attempting to scale stairway but is not visual very obvious and could lead to someone with visual impairment falling. Foot of stairs
Manufacturer:		Defect Location:	
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	Y
Comments:	There must be a proprietary system that would serve this purpose yet be more easily seen.		
Photo:			

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Identified Work (by location)

Code:	IW00024599	Site:	SIT0211 CLOVENSTONE GARDENS HOME FOR OLDER PEOPLE
Element:	02 Floors and stairs	Building:	BLD00426
Subelement:	02.04 Staircases	Room:	
Item:	02.04.02 Handrails	Cost:	£263.42
Condition:	B Satisfactory	Remedy:	Install new handrail Target year: 2021
Priority:	03 Desirable - Within 3 to 5 years	Defect:	Stairs should have handrails both sides.
Manufacturer:		Defect Location:	Upper level
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Suitability rather than condition, but if you have an injury to your right hand or missing limb this stair will be difficult to use safely.		
Photo:			


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Identified Work (by location)

Code:	IW00024594	Site:	SIT0211 CLOVENSTONE GARDENS HOME FOR OLDER PEOPLE
Element:	03 Ceilings	Building:	BLD00426
Subelement:	03.01 Ceiling Finish	Room:	
Item:	03.01.04 Plasterboard	Cost:	£5268.48
Condition:	B Satisfactory	Remedy:	Tape, plaster, prime, and paint to nearest sharp edge. Target year: 2021
Priority:	03 Desirable - Within 3 to 5 years	Defect:	Ceilings are generally good but will need redecorated in year 4. Some plaster repairs are needed at positions that coincided with roof leaks.
Manufacturer:		Defect Location:	Fire escape stair from 1st floor staff accommodation
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:			

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Identified Work (by location)

Code:	IW00024589	Site:	SIT0211 CLOVENSTONE GARDENS HOME FOR OLDER PEOPLE
Element:	04 External walls windows and doors	Building:	BLD00426
Subelement:	04.04 Ext Walls Structure & Foundations	Room:	
Item:	04.04.04 Solid Brick	Cost:	£3951.36
Condition:	B Satisfactory	Remedy:	Repoint in colour impregnated sand/cement mortar to match original pointing Target year: 2021
Priority:	03 Desirable - Within 3 to 5 years	Defect:	Numerous brick joints are devoid of mortar
Manufacturer:		Defect Location:	Entire perimeter of building mainly to solier course of bricks.
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:			


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Identified Work (by location)

Code:	IW00024601	Site:	SIT0211 CLOVENSTONE GARDENS HOME FOR OLDER PEOPLE
Element:	05 Internal walls and doors	Building:	BLD00426
Subelement:	05.03 Internal Wall Finish	Room:	
Item:	05.03.02 Linings/finishes on internal walls (wall finish)	Cost:	£10536.96
Condition:	A Good	Remedy:	Target year: 2021
Priority:	04 Long Term - Beyond 5 years	Defect:	There are no defects in residents rooms and no large scale decor is anticipated to be required within 5 years.
Manufacturer:		Model Number:	
Date of Manufacture:		usertext6:	
Capital:	N	Revenue:	Y
Comments:			
Photo:			


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Identified Work (by location)

Code:	IW00024593	Site:	SIT0211 CLOVENSTONE GARDENS HOME FOR OLDER PEOPLE
Element:	06 Sanitary services	Building:	BLD00426
Subelement:	06.03 Toilets	Room:	
Item:	06.03.03 WC	Cost:	£13171.20
Condition:	B Satisfactory	Remedy:	Reattach panels and redecorate in year 4. Target year: 2021
Priority:	03 Desirable - Within 3 to 5 years	Defect:	Toilets are generally in good condition with only minor improvements needed. IP panels are loose in places and need reattached.
Manufacturer:		Defect Location:	There are 4 identical resident areas and all are in a similar condition.
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:			

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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00024607	Site:	SIT0211 CLOVENSTONE GARDENS HOME FOR OLDER PEOPLE
Element:	07 Mechanical services	Building:	BLD00426
Subelement:	07.05 Heat source and equipment (e.g. boilers, including flues)	Room:	
Item:	07.05.01 Boilers	Cost:	£100000.02
Condition:	D Bad	Remedy:	Remove existing heating system and replace with new efficient, effective and appropriate heating system. Target year: 2018
Priority:	01 Urgent	Defect:	Heating system in poor condition.
Manufacturer:		Model Number:	
Date of Manufacture:		usertext6:	
Capital:	Y	Revenue:	N
Comments:			
Photo:	No idwork image found.		

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Identified Work (by location)

Code:	IW00024605	Site:	SIT0211 CLOVENSTONE GARDENS HOME FOR OLDER PEOPLE
Element:	07 Mechanical services	Building:	BLD00426
Subelement:	07.05 Heat source and equipment (e.g. boilers, including flues)	Room:	
Item:	07.05.02 Radiator	Cost:	£2000.03
Condition:	B Satisfactory	Remedy:	Dismantle and remove 10% of the existing radiators and replace with a new water filled radiant panel of appropriate type and size including support brackets, lock shield and thermostatic control valves. Target year: 2021
Priority:	03 Desirable - Within 3 to 5 years	Defect:	10% of the existing radiators are in poor condition and need to be replaced.
Manufacturer:		Model Number:	
Date of Manufacture:		usertext6:	
Capital:	N	Revenue:	Y
Comments:			
Photo:	No idwork image found.		

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Identified Work (by location)

Code:	IW00024606	Site:	SIT0211 CLOVENSTONE GARDENS HOME FOR OLDER PEOPLE
Element:	07 Mechanical services	Building:	BLD00426
Subelement:	07.08 Water Services	Room:	
Item:	07.08.01 Pipework	Cost:	£1000.03
Condition:	C Poor	Remedy:	Survey/inspect all hot, cold and drainage pipework and remove or replace any sections of pipework that are found to be in poor condition, nearing or at the end of their CIBSE Economic Life of 30 years or identified sections of abandoned pipework. Target year: 2018
Priority:	02 Essential - Within 2 years	Defect:	hot, cold and drainage pipework in poor condition, nearing or at the end of their CIBSE Economic Life.
Manufacturer:		Model Number:	
Date of Manufacture:		usertext6:	
Capital:	N	Revenue:	Y
Comments:			
Photo:	No idwork image found.		

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Identified Work (by location)

Code:	IW00024608	Site:	SIT0211 CLOVENSTONE GARDENS HOME FOR OLDER PEOPLE
Element:	07 Mechanical services	Building:	BLD00426
Subelement:	07.08 Water Services	Room:	
Item:	07.08.02 Water Heater	Cost:	£0.00
Condition:	A Good	Remedy:	Interim Report after DHWS Plant upgrade works Desktop Exercise Target year: 2018
Priority:	04 Long Term - Beyond 5 years	Defect:	Calorifier 1 in plant room has been replaced.
Manufacturer:		Defect Location:	Plant Room
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:	No idwork image found.		

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Identified Work (by location)

Code:	IW00024602	Site:	SIT0211 CLOVENSTONE GARDENS HOME FOR OLDER PEOPLE
Element:	08 Electrical services	Building:	BLD00426
Subelement:	08.03 Electrical Power	Room:	
Item:	08.03.05 Small Power	Cost:	£100.11
Condition:	C Poor	Remedy:	Replace faulty single RCD socket Target year: 2017
Priority:	01 Urgent	Defect:	Faulty single RCD socket outlet.
Manufacturer:		Defect Location:	Main Kitchen
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:	No idwork image found.		

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Identified Work (by location)

Code:	IW00024603	Site:	SIT0211 CLOVENSTONE GARDENS HOME FOR OLDER PEOPLE
Element:	08 Electrical services	Building:	BLD00426
Subelement:	08.03 Electrical Power	Room:	
Item:	08.03.05 Small Power	Cost:	£100.11
Condition:	C Poor	Remedy:	Replace faulty socket. Target year: 2017
Priority:	01 Urgent	Defect:	Faulty 13 amp single RCD socket outlet.
Manufacturer:		Defect Location:	Main commercial kitchen 031.
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:	No idwork image found.		

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Identified Work (by location)

Code:	IW00024604	Site:	SIT0211 CLOVENSTONE GARDENS HOME FOR OLDER PEOPLE
Element:	08 Electrical services	Building:	BLD00426
Subelement:	08.03 Electrical Power	Room:	
Item:	08.03.05 Small Power	Cost:	£1001.01
Condition:	C Poor	Remedy:	Install 1meter section of 3 compartment trunking complete with 6nr 13 amp sockets. Target year: 2018
Priority:	02 Essential - Within 2 years	Defect:	Multiple extension leads in use.
Manufacturer:		Defect Location:	First Floor room 114.
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:	No idwork image found.		

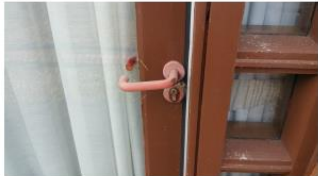
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Identified Work (by location)

Code:	IW00024590	Site:	SIT0211 CLOVENSTONE GARDENS HOME FOR OLDER PEOPLE
Element:	09 Redecorations	Building:	BLD00426
Subelement:	09.01 External Decoration	Room:	
Item:	09.01.05 Woodwork	Cost:	£5268.48
Condition:	B Satisfactory	Remedy:	Repaint/stain timber and replace tired ironmongery. Target year: 2021
Priority:	03 Desirable - Within 3 to 5 years	Defect:	Windows and doors are still in good condition but plastic coated aluminium has faded and timber needs re-stained.
Manufacturer:		Defect Location:	Entire perimeter
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:			

Total Idwork Cost: £168964.10

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Ferrylee condition report – completed 28th January 2019



Edinburgh - City Of Edinburgh Council

CS001342

Survey Description	The property is a 44 bedroom Care Home built circa 1988 (153 rooms in total) and is of traditional construction on a cruciform plan shape with three identical layout wings around a central double height lounge, stair/lift well, and one wing containing staff facilities and offices. It has facing brick external walls and timber double glazed window units. The roof is steeply pitched timber trussed rafters with SW close boarded sarking, sarking felt and scotch slate. Rainwater disposal goods are square section, brown uPVC. Internal partitions are plastered brick with fair faced brick features.	Survey Date 28/01/2019	Survey Status COMPLETE	Surveyor Jim McLellan	Organisation CEC
Site	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE				
Address	24 EDINBURGH CITY OF EDINBURGH EH6 6HR				
Number of Buildings	1				
Number of Rooms	151				
Score	B				
General Summary	A programme of window replacement or extensive overhaul of existing is needed in year 4. Internal doors are poorly specified, very light weight with poor ironmongery specification. Extensive renewal should be considered. Fixed furniture is very low cost and quality and should be replaced.				
Mechanical Summary	New boiler project on site.				



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Electrical Summary The electrical system is operating satisfactorily. There are some adjustments required to power and lighting installation.

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Identified Work Summary

Idwork Element	Not Selected	Identified Work Element Total by Priority				Total
		01	02	03	04	
01 Roofs	0	0	2,634	2,371	0	5,005
02 Floors and stairs	0	0	5,662	0	0	5,662
03 Ceilings	0	0	2,160	0	0	2,160
04 External walls windows and doors	0	0	74,233	0	0	74,233
05 Internal walls and doors	0	0	67,173	0	0	67,173
06 Sanitary services	0	0	10,537	0	0	10,537
07 Mechanical services	0	0	27,263	0	0	27,263
08 Electrical services	0	0	65,757	88,247	0	154,004
09 Redecorations	0	0	0	14,488	0	14,488
10 Fixed internal furniture and fittings	0	0	29,635	0	0	29,635
11 External Areas	0	0	18,203	0	0	18,203
12 Outdoor sports facilities and fixed furniture	0	0	0	0	0	0
XX General Comments	0	0	0	0	0	0
Totals	0	0	0	0	0	408,364

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Building Summary BLD00742 FERRYLEE HOME FOR OLDER PEOPLE MAIN BUILDING

Idwork Element	Not Selected	Identified Work Element Total by Priority				Total
		01	02	03	04	
01 Roofs	0	0	2,634	2,371	0	5,005
02 Floors and stairs	0	0	5,662	0	0	5,662
03 Ceilings	0	0	2,160	0	0	2,160
04 External walls windows and doors	0	0	74,233	0	0	74,233
05 Internal walls and doors	0	0	67,173	0	0	67,173
06 Sanitary services	0	0	10,537	0	0	10,537
07 Mechanical services	0	0	27,263	0	0	27,263
08 Electrical services	0	0	65,757	88,247	0	154,004
09 Redecorations	0	0	0	14,488	0	14,488
10 Fixed internal furniture and fittings	0	0	29,635	0	0	29,635
11 External Areas	0	0	10,932	0	0	10,932
12 Outdoor sports facilities and fixed furniture	0	0	0	0	0	0
XX General Comments	0	0	0	0	0	0
Totals	0	0	295,988	105,106	0	401,094

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Edinburgh - City Of Edinburgh Council

Site Condition Scores

Site: SIT0416 (FERRYLEE HOME FOR OLDER PEOPLE)

Survey Date: 28/01/2019

Address: 24

EDINBURGH
CITY OF EDINBURGH
EH6 6HR

Type:

Listed Usage:

Usage:

GEA (m2):

GIA (m2):

NIA (m2):

Ward:

Number of Idwork:

Total Cost:

Site Element Summary

Overall Score:

Score comment: No major Asset expenditure required during this maintenance cycle (boiler replacement on site) but ongoing Revenue and Planned Maintenance will be necessary to maintain current condition.

Element	Score	Comment
01	A	Has some moss build up and two slates need replaced.
02	A	All currently in good condition. Programmed renewal of finishes is recommended from year 5 onwards.
03	B	All good but finishes dated. Timber boarding is not best finish for reflectance/fire resistance.
04	B	All walls in very good condition. Windows need overhaul or replacement.

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Edinburgh - City Of Edinburgh Council

05	B	All walls are in good condition, some are dated, door replacement is needed.
06	B	All sanitary areas are good. Some wall finishes would be better if covered with Respotex or similar.
07	D	Most of the major items of mechanical plant in the main building is, or will soon become beyond its expected useful efficient life span and are in the process of being replaced.
08	B	
09	B	Decor is currently OK but will need redecoration in year 5
10	C	Poor quality with doors and drawers easily detached/falling off.
11	B	All very good but some minor tripping hazards on pathways need addressed. Main driveway needs some resurfacing works.
12		N/A
XX		

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Edinburgh - City Of Edinburgh Council

Building Condition Scores

Site: SIT0416 (BLD00742)
 Survey Date: 28/01/2019
 Building: BLD00742 FERRYLEE HOME FOR OLDER PEOPLE MAIN BUILDING
 Address: 33
 EDINBURGH
 EH6 6HR
 Type: 04 BUILDING
 Year Built:
 Listed Usage: No
 Usage: 09 HOME FOR THE ELDERLY
 GEA (m2): 1816.42
 GIA (m2): 1671.97
 NIA (m2):
 Ward: 13 Leith
 Number of Idwork: 0
 Total Cost: 0

Building Element Summary

Overall Score: B - Satisfactory

Score comment:

Element	Score	Comment
01	A	30 years old slate finish need some minor maintenance, moss removal. Otherwise good and watertight.
02	A	All good but will need renewal programme from year 5
03	B	All good but dated in appearance T&G boarding is not best for light reflectance, spread of flame.
04	B	Walling is in excellent condition, windows/doors need overhaul.

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Edinburgh - City Of Edinburgh Council

05	B	All walls are good but some door refurbishment is needed.
06	B	All sanitary ware is in good condition although wall finish would be better
07	D	Currently being renewed
08	B	The electrical system is operating satisfactorily. There are some adjustments required to power and lighting installation.
09	B	Will need redecorated in year 5. Interior design group should advise.
10	C	Look to be OK but are very flimsy and cheap units unlikely to last a further 5 years. Replacement recommended.
11	B	OK but need some concrete slabs realigned and some resurfacing. Pedestrian ways need revision.
12		
XX		

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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00022798	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	11 External Areas	Building:	
Subelement:	11.01 Paths and Paved Pedestrian Areas	Room:	
Item:	11.01.04 Concrete flagstone surface	Cost:	£3951.36
Condition:	C Poor	Remedy:	Renew/repair as required. Remove all weeds and moss from tarmac to prevent trip/slip hazards occurring. Target year: 2018
Priority:	02 Essential - Within 2 years	Defect:	The slabs to the concrete paved pathways are cracked and uneven, these will deteriorate further in time. Cracked and uneven slabs, tripping hazards, unsuitable cobbled pavement surface.
Manufacturer:		Defect Location:	Grounds and pedestrian access
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	The pedestrian route to the main entrance from the main external pavements needs some thought to make progress easy and absolutely safe.	Revenue:	Y
Photo:			

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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00022803	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	11 External Areas	Building:	
Subelement:	11.01 Paths and Paved Pedestrian Areas	Room:	
Item:	11.01.04 Concrete flagstone surface	Cost:	£158.05
Condition:	C Poor	Remedy:	Remove weeds and re-point open joints, jet-wash moss away Target year: 2019
Priority:	02 Essential - Within 2 years	Defect:	Open joints, weeds, moss build up.
Manufacturer:		Defect Location:	Various areas
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Pedestrian routes to main entrance need some additional thought/design.		
Photo:			



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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00022802	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	11 External Areas	Building:	
Subelement:	11.01 Paths and Paved Pedestrian Areas	Room:	
Item:	11.01.05 Tarmac surface	Cost:	£263.42
Condition:	C Poor	Remedy:	Remove moss and weeds Target year: 2018
Priority:	02 Essential - Within 2 years	Defect:	Trip/slip hazard
Manufacturer:		Defect Location:	North Fire Exit
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:			
Photo:			



North Fire Exit door
Moss and weeds should be removed from tarmac


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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00022799	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	11 External Areas	Building:	
Subelement:	11.03 Walls, fences and gates	Room:	
Item:	11.03.01 Brick wall	Cost:	£526.85
Condition:	C Poor	Remedy:	not clear what the intention of this feature is but it would be better demolished and SW sleepers used to recreate retaining wall, instead of concrete/brick which presents increased impact risk to anyone falling. Target year: 2020
Priority:	02 Essential - Within 2 years	Defect:	Defective pointing and bedding mortar
Manufacturer:		Defect Location:	Dwarf brick wall
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Investigate use and perhaps dispense with the feature. If its a bin store it should have a cage to prevent vandals using contents as fuel for possible arson attacks, or using bins themselves to gain access to roof.		
Photo:			



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Identified Work (by location)

Code:	IW00022800	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	11 External Areas	Building:	
Subelement:	11.03 Walls, fences and gates	Room:	
Item:	11.03.02 Stone wall	Cost:	£1317.12
Condition:	C Poor	Remedy:	Remove vegetation, apply suitable herbicide and re-point open joints Target year: 2018
Priority:	02 Essential - Within 2 years	Defect:	Vegetation distorting masonry
Manufacturer:		Defect Location:	North boundary walls
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:			

North boundary walls
Vegetation removal required from masonry



Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00022801	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	11 External Areas	Building:	
Subelement:	11.03 Walls, fences and gates	Room:	
Item:	11.03.02 Stone wall	Cost:	£1053.70
Condition:	C Poor	Remedy:	Walling is mainly robust and vertical. Remove loose friable joints and re-point open mortar joints to stone walling with lime based mortar. Target year: 2020
Priority:	02 Essential - Within 2 years	Defect:	Open joints and friable mortar in stonework.
Manufacturer:		Defect Location:	North boundary wall
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Little risk of imminent collapse but deterioration of the wall will accelerate if ignored.		
Photo:			



Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00022793	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	01 Roofs	Building:	BLD00742
Subelement:	01.01 Drainage (including rainwater goods and pipes)	Room:	
Item:	01.01.04 uPVC rainwater goods	Cost:	£2634.24
Condition:	C Poor	Remedy:	Clean out leaves, debris, moss growth, check all junctions and remake defective joints found to be leaking - renew any defective lengths found. Target year: 2022
Priority:	02 Essential - Within 2 years	Defect:	Defective sections and joints to various lines of gutters and down-pipes
Manufacturer:		Defect Location:	Perimeter of site
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	uPVC rainwater disposal goods have faded and are not that durable, suggesting lower quality specification.		
Photo:			



Vegetation should be removed from gutters ensuring free disposal of rainwater



Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00022794	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	01 Roofs	Building:	BLD00742
Subelement:	01.05 Coverings (incl. glazed roof lights)	Room:	
Item:	01.05.14 Slate Pitched	Cost:	£2370.82
Condition:	B Satisfactory	Remedy:	Hands on inspection of roof coverings replacing any missing or defective slate by rope access, High level survey. Target year: 2020 Planned overhaul required to remove moss build up and replace two slipped slates with matching scotch slate. Entire area of slate covering
Priority:	03 Desirable - Within 3 to 5 years	Defect:	
Manufacturer:		Defect Location:	
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	No leaks were evident or reported at the time of the survey. The roofs were not accessible and viewed from ground level and various vantage points only. The pitched areas are clad with scotch slate which is the original 30 year old covering. The overall condition of the roof is good but regular maintenance will be required, to ensure the roof remains in a good state of repair. High Level survey may reveal additional requirements.		

Photo:



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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00022805	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	02 Floors and stairs	Building:	BLD00742
Subelement:	02.01 Floor Finishes	Room:	
Item:	02.01.01 Carpet	Cost:	£5268.48
Condition:	C Poor	Remedy:	Uplift and renew with good quality heavy duty vinyl in year 4-5. Target year: 2022 Carpets are OK for a further 4 years but are not of best quality and are gradually being replaced with more hygienic vinyl floor finishes. Lounge areas
Priority:	02 Essential - Within 2 years	Defect:	
Manufacturer:		Defect Location:	
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Description :Concrete floors finished with carpet or heavy duty non slip sheet vinyl or tiles. Most floor finishes are recent but an allowance should be considered for renewal of floor finishes in order to spread the financial burden over several years.		

Photo:



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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00022807	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	02 Floors and stairs	Building:	BLD00742
Subelement:	02.01 Floor Finishes	Room:	
Item:	02.01.10 Tiled	Cost:	£196.25
Condition:	B Satisfactory	Remedy:	Renew floor coverings with heavy duty vinyl with compatible covered skirting. Target year: 2018
Priority:	02 Essential - Within 2 years	Defect:	Dated floor coverings with poor colour choices and junction to skirting boards do not facilitate easy mopping.
Manufacturer:		Defect Location:	Store room, switch room and staff changing room
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Old style tiles and adhesive may be ACM but log book suggests OK.	Revenue:	Y
Photo:			



Staff changing room
New flooring advised

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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00022806	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	02 Floors and stairs	Building:	BLD00742
Subelement:	02.01 Floor Finishes	Room:	
Item:	02.01.11 Vinyl	Cost:	£197.57
Condition:	C Poor	Remedy:	Deep clean in short term and renewal Target year: 2022
Priority:	02 Essential - Within 2 years	Defect:	Stained and marked floor covering as a result of non slip finish.
Manufacturer:		Defect Location:	Commercial kitchen
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Commercial kitchen Some areas are stained and marked from footings of equipment, Deep clean advised	Revenue:	Y
Photo:			



Commercial kitchen
Some areas are stained and marked from footings of equipment, Deep clean advised

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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00022808	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	03 Ceilings	Building:	BLD00742
Subelement:	03.01 Ceiling Finish	Room:	
Item:	03.01.04 Plasterboard	Cost:	£395.14
Condition:	C Poor	Remedy:	Patch plaster and redecorate Target year: 2022
Priority:	02 Essential - Within 2 years	Defect:	Most ceilings remain in good condition but have a dated appearance and some light fittings are missing. Damaged plasterboard
Manufacturer:		Defect Location:	Staff room
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:			


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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00022809	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	03 Ceilings	Building:	BLD00742
Subelement:	03.01 Ceiling Finish	Room:	
Item:	03.01.04 Plasterboard	Cost:	£658.56
Condition:	C Poor	Remedy:	Redecoration required Target year: 2018
Priority:	02 Essential - Within 2 years	Defect:	Staining from defective plumbing above.
Manufacturer:		Defect Location:	Isolated areas throughout the building
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Description Plasterboard ceilings throughout which are painted, Some textured "artex" type areas are present . Defects :Ceilings in general in good condition with only minor area repair and redecoration required as a result of defective internal plumbing or services		
Photo:			

Staining from defective plumbing above. Redecoration required


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Identified Work (by location)

Code:	IW00022846	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	03 Ceilings	Building:	BLD00742
Subelement:	03.01 Ceiling Finish	Room:	
Item:	03.01.06 SW timber tongue and grooved channel lining	Cost:	£1106.38
Condition:	C Poor	Remedy:	Redecoration required with light colour and low surface spread of flame performance to assist light reflectance and reduce combustability. Target year: 2018
Priority:	02 Essential - Within 2 years	Defect:	Dark brown T&G ceilings are a dated finish and does not perform well in the event of fire. Isolated areas throughout the building
Manufacturer:		Defect Location:	
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	More a Suitability issue than Condition.	Revenue:	Y
Photo:			


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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00022797	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	04 External walls windows and doors	Building:	BLD00742
Subelement:	04.01 Ext Doors Glazing & Framing	Room:	
Item:	04.01.09 Timber External Door (Glazed or Solid)	Cost:	£658.56
Condition:	C Poor	Remedy:	Renew as required Target year: 2018
Priority:	02 Essential - Within 2 years	Defect:	Mastic seals beginning to show wear
Manufacturer:		Defect Location:	External doors
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:			


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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00022847	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	04 External walls windows and doors	Building:	BLD00742
Subelement:	04.01 Ext Doors Glazing & Framing	Room:	
Item:	04.01.09 Timber External Door (Glazed or Solid)	Cost:	£9483.26
Condition:	C Poor	Remedy:	Redesign all escape doors to suit wheelchairs, flush threshold details, tactile finish at head and foot of ramps. Target year: 2021
Priority:	02 Essential - Within 2 years	Defect:	Door configuration not ideal for all patients, wheelchair users, two narrow leaf doors are not as good as one single wide leaf door, also not good for bariatric residents or security. Throughout
Manufacturer:		Defect Location:	
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Vision panels do not extend as far as required for wheelchair users.	Revenue:	Y
Photo:			


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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00022817	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	04 External walls windows and doors	Building:	BLD00742
Subelement:	04.04 Ext Walls Structure & Foundations	Room:	
Item:	04.04.04 Solid Brick	Cost:	£184.40
Condition:	B Satisfactory	Remedy:	Minor defects to external facing brickwork need to be re-pointed using mortar with pigment to match brick. Target year: 2018
Priority:	02 Essential - Within 2 years	Defect:	Brickwork damaged by light/sensor fitting.
Manufacturer:		Defect Location:	Gable end
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:			

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Identified Work (by location)

Code:	IW00022796	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	04 External walls windows and doors	Building:	BLD00742
Subelement:	04.07 Window Framing & Glazing	Room:	
Item:	04.07.05 Timber framed, double glazed	Cost:	£395.14
Condition:	C Poor	Remedy:	Renew as required Target year: 2018
Priority:	02 Essential - Within 2 years	Defect:	Minor repairs to timber glazing beads
Manufacturer:		Defect Location:	Ground floor windows
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:			



Timber repairs required to glazing bead

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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00022795	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	04 External walls windows and doors	Building:	BLD00742
Subelement:	04.07 Window Framing & Glazing	Room:	
Item:	04.07.05 Timber framed, double glazed	Cost:	£62800.28
Condition:	C Poor	Remedy:	Replace in phases, with colour matched UPVC DG units, or repair each individual unit. Target year: 2022
Priority:	02 Essential - Within 2 years	Defect:	Some timber units beginning to show signs of wood rot, seals no longer effective, ironmongery difficult to use. Ground and first floor levels all rooms.
Manufacturer:		Defect Location:	
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Original timber double glazed units are at end of life expectancy. There are two options, undertake a major overhaul of the existing units including replacement draft stripping, trickle vents, and ironmongery. Replacement with modern, low maintenance, efficient replacements would improve thermal performance and probably not cost much more than refurbishment.		
Photo:			



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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code: IW00022816
Element: 04 External walls windows and doors
Subelement: 04.07 Window Framing & Glazing
Item: 04.07.07 Vent Grills
Condition: C Poor
Priority: 02 Essential - Within 2 years
Manufacturer:
Date of Manufacture:
Capital: N
Comments: Check compliance with Food Safety Act
Photo:

Site: SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Building: BLD00742
Room: E711.24
Cost: £711.24
Remedy: Replace with proprietary kitchen vent with controlled rate of ventilation
 Target year: 2018
Defect: Open louvres with fine mesh over are uncomfortably present drafts and mesh is impossible to clean.
Defect Location: Kitchen
Model Number:
usertext6:
Revenue: Y



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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code: IW00022804
Element: 05 Internal walls and doors
Subelement: 05.02 Internal Doors and glazed screens
Item: 05.02.04 Timber Internal Door
Condition: C Poor
Priority: 02 Essential - Within 2 years
Manufacturer:
Date of Manufacture:
Capital: N
Comments: Some doors/glazing do not look to have correct fire rating for purpose. Vision panels do not extend as far as required for wheelchair users.
Photo:

Site: SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Building: BLD00742
Room:
Cost: £66382.85
Remedy: Redesign all door requirements, renew format, finishes, hold open devices etc.
 Target year: 2022
Defect: Door ironmongery is inconstant, noise activated closer's are unreliable, doors lightweight for purpose, door finish is varied, door configuration not ideal for all patients ie. for wheelchair users, No finger guards.
Defect Location: Throughout
Model Number:
usertext6:
Revenue: Y



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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00022848	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	05 Internal walls and doors	Building:	BLD00742
Subelement:	05.02 Internal Doors and glazed screens	Room:	
Item:	05.02.04 Timber Internal Door	Cost:	£790.27
Condition:	C Poor	Remedy:	Check specification and replace with "PYRAN" or similar. Target year: 2021
Priority:	02 Essential - Within 2 years	Defect:	Internal stair 020 has glazed windows within walling. These need to be fire resistant to protect the stair well, near main entrance
Manufacturer:		Defect Location:	
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Some glazing do not look to have correct fire rating for purpose.		
Photo:			



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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00022810	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	06 Sanitary services	Building:	BLD00742
Subelement:	06.03 Toilets	Room:	
Item:	06.03.03 WC	Cost:	£10536.96
Condition:	B Satisfactory	Remedy:	Upgrade recommended on a phased basis. Strip ceramic tiling and replace with modern Hygiene boarding to all wall surfaces. Install new colour contrasting grab rails etc. Target year: 2018
Priority:	02 Essential - Within 2 years	Defect:	Appliances vary in quality. Some still have their original ceramic tiled walling and are due for upgrade to full hygiene wall boarded finish. Toilets throughout.
Manufacturer:		Defect Location:	
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	There is a general lack of storage areas throughout the Care Home as evidenced by the way every space is utilised. This is generally a Suitability issue.		
Photo:			



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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00022789	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	07 Mechanical services	Building:	BLD00742
Subelement:	07.04 General Notes & Observations	Room:	
Item:	07.04.01 Supplies	Cost:	£131.71
Condition:	C Poor	Remedy:	Remove emergency stop pull cord to gas supply in kitchen. Target year: 2019
Priority:	02 Essential - Within 2 years	Defect:	emergency stop pull cord to gas supply in kitchen is being used instead of interlock device.
Manufacturer:		Defect Location:	Kitchen
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:	No idwork image found.		

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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00022790	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	07 Mechanical services	Building:	BLD00742
Subelement:	07.04 General Notes & Observations	Room:	
Item:	07.04.01 Supplies	Cost:	£131.71
Condition:	C Poor	Remedy:	Add identification label to emergency stop button in plant room. Target year: 2019
Priority:	02 Essential - Within 2 years	Defect:	No identification label to emergency stop button in plant room.
Manufacturer:		Defect Location:	Plant Room
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:	No idwork image found.		

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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00022792	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	07 Mechanical services	Building:	BLD00742
Subelement:	07.08 Water Services	Room:	
Item:	07.08.02 Water Heater	Cost:	£27000.02
Condition:	D Bad	Remedy:	Remove all of the existing calorifier plant and associated plant. Replace all Calorifiers, flues, pumps, pipework, controls and associated equipment with suitable calorifier plant. Target year: 2018 Existing Calorifiers are beyond expected life span.
Priority:	02 Essential - Within 2 years	Defect:	
Manufacturer:		Defect Location:	Plant Room
Date of Manufacture:		Model Number:	
Capital:	Y	usertext6:	
Comments:		Revenue:	N
Photo:	No idwork image found.		

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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00022786	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	08 Electrical services	Building:	BLD00742
Subelement:	08.03 Electrical Power	Room:	
Item:	08.03.02 Electrical Signage	Cost:	£658.56
Condition:	C Poor	Remedy:	Supply relevant warning notices throughout. Target year: 2021 There are few or no warning signs to indicate location of electrical equipment, mixed wiring colours, and resuscitation notices are required.
Priority:	02 Essential - Within 2 years	Defect:	
Manufacturer:		Defect Location:	Throughout
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:	No idwork image found.		

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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00022784	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	08 Electrical services	Building:	BLD00742
Subelement:	08.03 Electrical Power	Room:	
Item:	08.03.04 Generation and distribution equipment (including distribution boards, panels and switchgear)	Cost:	£64150.33
Condition:	B Satisfactory	Remedy:	Replace Dorman Smith Series 15 Distribution Boards with Hagar or MEM metal clad. Include circuit wiring to emergency stops systems in Kitchen and Laundry. Test all circuit wiring and record results if results are satisfactory reconnect to new distribution boards. Target year: 2020
Priority:	02 Essential - Within 2 years	Defect:	Replace existing distribution boards..
Manufacturer:		Defect Location:	Linen rooms 017,051 ground floor,092,128 first floor and store room 060 ground floor and 150 first floor. Laundry and Main Commercial Kitchen
Date of Manufacture:		Model Number:	
Capital:	Y	usertext6:	
Comments:		Revenue:	N
Photo:	No idwork image found.		

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Identified Work (by location)

Code:	IW00022785	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	08 Electrical services	Building:	BLD00742
Subelement:	08.04 Fire precaution	Room:	
Item:	08.04.01 Fire Alarm	Cost:	£0.00
Condition:	C Poor	Remedy:	Move smoke and heat detectors to highest point in attic spaces approximate number 10nr. Carry out alterations 1.5mm2 red sheathed FP200 cables. Target year: 2017
Priority:	02 Essential - Within 2 years	Defect:	Location of Smoke/Heat detectors in attic spaces.
Manufacturer:		Defect Location:	Attic spaces.
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:	No idwork image found.		

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Identified Work (by location)

Code:	IW00022788	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	08 Electrical services	Building:	BLD00742
Subelement:	08.05 Lighting	Room:	
Item:	08.05.01 Emergency Lighting	Cost:	£948.33
Condition:	C Poor	Remedy:	Install additional emergency lighting. 6 @ 120.00 each Target year: 2021
Priority:	02 Essential - Within 2 years	Defect:	There is no or inadequate emergency lighting at emergency exits(external) and in plant and switch rooms.
Manufacturer:		Defect Location:	Throughout
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:	No idwork image found.		


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Identified Work (by location)

Code:	IW00022857	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	08 Electrical services	Building:	BLD00742
Subelement:	08.05 Lighting	Room:	
Item:	08.05.02 External Lighting	Cost:	£0.00
Condition:	C Poor	Remedy:	Replace damaged lamp-standards and install protective bollards at kerbside to prevent future vehicular damage. Target year: 2018
Priority:	03 Desirable - Within 3 to 5 years	Defect:	Carefully remove existing damaged lamp standards and replace.
Manufacturer:		Defect Location:	Driveway areas.
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Reversing cars from tight car parking area has resulted in impact damage.	Revenue:	Y
Photo:			

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Identified Work (by location)

Code:	IW00022787	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	08 Electrical services	Building:	BLD00742
Subelement:	08.05 Lighting	Room:	
Item:	08.05.03 Light fittings and switching (Internal Lighting Only)	Cost:	£88247.04
Condition:	B Satisfactory	Remedy:	Carefully disconnect and remove fluorescent fittings and install LED fittings. Target year: 2020
Priority:	03 Desirable - Within 3 to 5 years	Defect:	Poor lighting.
Manufacturer:		Defect Location:	Throughout
Date of Manufacture:		Model Number:	
Capital:	Y	usertext6:	
Comments:		Revenue:	N
Photo:	No idwork image found.		


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Identified Work (by location)

Code:	IW00022811	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	09 Redecorations	Building:	BLD00742
Subelement:	09.02 Internal Decoration	Room:	
Item:	09.02.08 Internal Decoration Package	Cost:	£14488.32
Condition:	B Satisfactory	Remedy:	Redecorate timber ceilings or replace with plasterboard, plaster fair faced exposed brickwork. Target year: 2019
Priority:	03 Desirable - Within 3 to 5 years	Defect:	Decor is very dated and tired.
Manufacturer:		Defect Location:	All areas
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Because of the nature of use of the building any refresh will need to be on a phased basis. Some design input is needed rather than merely repainting.		
Photo:			


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Identified Work (by location)

Code:	IW00022818	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	10 Fixed internal furniture and fittings	Building:	BLD00742
Subelement:	10.01 Fixed Furniture	Room:	
Item:	10.01.03 Kitchen Furniture	Cost:	£29635.20
Condition:	C Poor	Remedy:	Replace all kitchen furniture and improve shelving in all storage areas. Target year: 2022
Priority:	02 Essential - Within 2 years	Defect:	Appears superficially good but all kitchen furniture is very low spec, drawers don't operate as they should, doors fall off, hinges fragile.
Manufacturer:		Defect Location:	All areas
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Because of the nature of use of the building any refresh will need to be on a phased basis. Some design input is needed to ensure best configuration and specification to suit user group. Flimsy nature of existing means that they are unlikely to remain serviceable beyond.		
Photo:			



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Identified Work (by location)

Code:	IW00022819	Site:	SIT0416 FERRYLEE HOME FOR OLDER PEOPLE
Element:	11 External Areas	Building:	BLD00742
Subelement:	11.04 Roads and Car Parks	Room:	
Item:	11.04.05 Tarmac surface	Cost:	£10932.10
Condition:	C Poor	Remedy:	Scarify surface, apply tack coat, lay minimum of 40 mm fine textured bitumen macadam ensuring all falls are towards road gullies and all ironware is appropriately reset. Apply new line markings. Target year: 2021
Priority:	02 Essential - Within 2 years	Defect:	Macadam breaking up, uneven, scarred, tripping hazards.
Manufacturer:		Defect Location:	All areas of driveway and part of car park.
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Because of the nature of use of the building any area frequented by pedestrian traffic must be wheelchair friendly and free of tripping hazards.		
Photo:			

Total Idwork Cost: £408364.22

Fords Road condition report – completed 29th February 2020



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CS001479

Survey Description	Survey Date	Survey Status	Surveyor	Organisation
<p>BLD00762 - Staff Base. Constructed circa 1976, building is a two story traditionally built house designed to accommodate key staff overnight. Currently used to accommodate one person. Walls are dry-dash rendered brick/block cavity walling, pitched concrete tiled roofing, UPVC windows and timber doors.</p> <p>BLD02284 - Homes for Older People. The main HOP constructed 1976 is similar to the domestic Staff base in construction but has a mix of render and stained timber lapped boarding as a cladding treatment. Features a cooking Kitchen to Food Hygiene act standards, and a small sun room.</p>	29/02/2020	COMPLETE	Jim McLellan	CEC
Site	SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE			
Address	FORD'S ROAD HOME FOR OLDER PEOPLE			
	EDINBURGH CITY OF EDINBURGH EH11 3HP			
Number of Buildings	3			
Number of Rooms	126			
Score	B			
General Summary	BLD02284 - Care Home building is generally sound with only minor Revenue repairs required over 5 years. Considerable improvement works are required externally to roads/pathways. The building is however dated and does not comply with some Care Commission standards. BLD00762 (former Staff base) is fairly sound and robust			

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externally but entire interior needs extensive refurbishment and redecoration.

- Mechanical Summary** Home for the Elderly - Most of the mechanical plant in the main building is nearing or at the end of its expected life span and will require to be replaced over the next 5 years. Staff Base Bldg - Much of the major items mechanical equipment installed in this building is in fair condition but will require to be replaced over the next 5 to 10 years.
- Electrical Summary** The electrical system is operating satisfactorily. There are some adjustments required to the power and lighting installation.



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Identified Work Summary

Idwork Element	Not Selected	Identified Work Element Total by Priority				Total
		01	02	03	04	
01 Roofs	0	0	0	2,108	0	2,108
02 Floors and stairs	0	0	0	18,611	0	18,611
03 Ceilings	0	0	0	8,653	0	8,653
04 External walls windows and doors	0	0	0	36,498	0	36,498
05 Internal walls and doors	0	0	0	29,891	0	29,891
06 Sanitary services	0	0	0	17,305	0	17,305
07 Mechanical services	0	314,640	157	188,831	0	503,629
08 Electrical services	0	0	0	1,573	0	1,573
09 Redecorations	0	0	0	16,770	0	16,770
10 Fixed internal furniture and fittings	0	0	0	12,114	0	12,114
11 External Areas	0	0	42,476	13,703	0	56,179
12 Outdoor sports facilities and fixed furniture	0	0	0	0	0	0
XX General Comments	0	0	0	0	0	0
Totals	0	0	0	0	0	703,331



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Building Summary BLD00762 FORD'S ROAD STAFF BASE

Idwork Element	Not Selected	Identified Work Element Total by Priority				Total
		01	02	03	04	
01 Roofs	0	0	0	1,180	0	1,180
02 Floors and stairs	0	0	0	8,259	0	8,259
03 Ceilings	0	0	0	8,653	0	8,653
04 External walls windows and doors	0	0	0	24,212	0	24,212
05 Internal walls and doors	0	0	0	12,586	0	12,586
06 Sanitary services	0	0	0	15,732	0	15,732
07 Mechanical services	0	0	0	0	0	0
08 Electrical services	0	0	0	0	0	0
09 Redecorations	0	0	0	4,499	0	4,499
10 Fixed internal furniture and fittings	0	0	0	11,799	0	11,799
11 External Areas	0	0	0	3,162	0	3,162
12 Outdoor sports facilities and fixed furniture	0	0	0	0	0	0
XX General Comments	0	0	0	0	0	0
Totals	0	0	0	90,081	0	90,081

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Building Summary BLD02284 FORD'S ROAD HOME FOR OLDER PEOPLE

Idwork Element	Not Selected	Identified Work Element Total by Priority				Total
		01	02	03	04	
01 Roofs	0	0	0	928	0	928
02 Floors and stairs	0	0	0	10,352	0	10,352
03 Ceilings	0	0	0	0	0	0
04 External walls windows and doors	0	0	0	6,324	0	6,324
05 Internal walls and doors	0	0	0	17,305	0	17,305
06 Sanitary services	0	0	0	1,573	0	1,573
07 Mechanical services	0	314,640	157	188,831	0	503,629
08 Electrical services	0	0	0	1,573	0	1,573
09 Redecorations	0	0	0	12,271	0	12,271
10 Fixed internal furniture and fittings	0	0	0	315	0	315
11 External Areas	0	0	42,476	10,540	0	53,017
12 Outdoor sports facilities and fixed furniture	0	0	0	0	0	0
XX General Comments	0	0	0	0	0	0
Totals	0	314,640	42,634	250,013	0	607,287

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Building Summary BLD02935 FORD'S ROAD STAFF BASE - EXTERNAL STORE

Idwork Element	Not Selected	Identified Work Element Total by Priority				Total
		01	02	03	04	
01 Roofs	0	0	0	0	0	0
02 Floors and stairs	0	0	0	0	0	0
03 Ceilings	0	0	0	0	0	0
04 External walls windows and doors	0	0	0	5,962	0	5,962
05 Internal walls and doors	0	0	0	0	0	0
06 Sanitary services	0	0	0	0	0	0
07 Mechanical services	0	0	0	0	0	0
08 Electrical services	0	0	0	0	0	0
09 Redecorations	0	0	0	0	0	0
10 Fixed internal furniture and fittings	0	0	0	0	0	0
11 External Areas	0	0	0	0	0	0
12 Outdoor sports facilities and fixed furniture	0	0	0	0	0	0
XX General Comments	0	0	0	0	0	0
Totals	0	0	0	5,962	0	5,962

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Site Condition Scores

Site: SIT0426 (FORD'S ROAD HOME FOR OLDER PEOPLE)

Survey Date: 29/02/2020

Address: FORD'S ROAD HOME FOR OLDER PEOPLE

EDINBURGH
CITY OF EDINBURGH
EH11 3HP

Type:

Listed Usage:

Usage:

GEA (m2):

GIA (m2):

NIA (m2):

Ward:

Number of Idwork:

Total Cost:

Site Element Summary

Overall Score:

Score comment: A fundamentally sound structure that requires extensive modernisation and redecoration. NB: Major works are required to the Mechanical elements of the main building

Element	Score	Comment
01	B	basically sound, edge details need renewal, new paint to fascias, gutters need regular clearing and rainwater goods need overhaul.
02	B	Dated appearance with very poor quality worn finishes. Structurally OK.
03	B	Holed, rough, with poor decor.
04	B	walls only need minor works, windows and doors need renewal.
05	B	Walls are rough and and decoratively poor, doors all need replaced.

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06	B	Unhygienic, dated, and in need of renewal.
07	D	see building scores.
08	B	The electrical system is operating satisfactorily. There are some adjustments required to the power and lighting installation.
09	B	Entire interior needs redecoration.
10	C	Kitchen and all shelving need renewal.
11	C	All circulation routes and landscaping are poor.
12		
XX		

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Building Condition Scores

Site: SIT0426 (BLD02284)
 Survey Date: 29/02/2020
 Building: BLD02284 FORD'S ROAD HOME FOR OLDER PEOPLE
 Address: 8

EDINBURGH
 LOTHIAN
 EH11 3HP
 Type: 04 BUILDING
 Year Built:
 Listed Usage:
 Usage: 09 HOME FOR THE ELDERLY
 GEA (m2): 1516.03
 GIA (m2): 1412.65
 NIA (m2):
 Ward: 7 Sighthill/Gorgie
 Number of Idwork: 0
 Total Cost: 0

Building Element Summary

Overall Score: B - Satisfactory

Score comment: The building is in fairly good condition considering its age. Dated interior requires redecoration, external pathways have many tripping hazards.

Element	Score	Comment
01	B	Concrete tiles , lead flashings, CI rainwater goods. Some soffits look like asbestos sheet
02	B	All intact but dated and worn with some staining evident in many rooms. Will need replaced by year 5
03	B	All sound but dated and in need of paint.
04	B	some minor cracking, spalling and poorly executed past repairs.

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05	B	Flashing to sun room. does not look convincing. All sound but dated and in need of minor pre-decoration repairs. Some door-sets are very narrow.
06	B	Dated and finishes not to high standard but otherwise in good condition.
07	D	Life expired boilers and calorifiers
08	B	The electrical system is operating satisfactorily. There are some adjustments required to the power and lighting installation.
09	B	Most rooms are redecorated at each change of occupant. Upgrade and redecoration is required throughout by year 5.
10	C	Kitchens are all OK but are in need of minor improvements to get best out of low spec fittings.
11	C	External gardens offer a serene environment to walk around but pathways are poor with many tripping hazards that present a particular danger to the clientele.
12		N/A
XX		N/A

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Building Condition Scores

Site: SIT0426 (BLD02935)
 Survey Date: 29/02/2020
 Building: BLD02935 FORD'S ROAD STAFF BASE - EXTERNAL STORE
 Address:

Type:
 Year Built:
 Listed Usage:
 Usage: 20 Ancillary - GARAGE/STORE/SHELTER/PLANT
 GEA (m2):
 GIA (m2):
 NIA (m2):
 Ward:
 Number of Idwork: 0
 Total Cost: 0

Building Element Summary

Overall Score: B - Satisfactory

Score comment: External Store is a timber hut to accommodate a standby generator. Most element scores are not applicable as this is not serviced or habitable accommodation.

Element	Score	Comment
01	B	
02	B	
03		
04	B	
05		
06		

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07
08
09
10
11
12
XX

No mechanical equipment

B

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Building Condition Scores

Site: SIT0426 (BLD00762)
Survey Date: 29/02/2020
Building: BLD00762 FORD'S ROAD STAFF BASE
Address: 4

EDINBURGH
LOTHIAN
EH11 3HP
Type: 04 BUILDING
Year Built:
Listed Usage:
Usage: 09 HOME FOR THE ELDERLY
GEA (m2):
GIA (m2):
NIA (m2):
Ward: 7 Sighthill/Gorgie
Number of Idwork: 0
Total Cost: 0

Building Element Summary

Overall Score: B - Satisfactory

Score comment: Fundamentally sound building in need of complete refurbishment. Investment appraisal and user requirement consideration should be undertaken prior to authorisation of any works.

Element	Score	Comment
01	B	Only minor works needed to roof edges and rainwater goods
02	B	Structurally sound
03	C	Rough and in need of some repairs to most areas
04	C	All vertical and robust. Render repairs needed and new windows/doors.

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05	C	All need refurbished/modernised
06	C	All need refurbished/modernised
07	A	Much of the major items mechanical equipment installed in this building is in fair condition but will require to be replaced over the next 5 to 10 years.
08	B	The electrical system is operating satisfactorily. There are some adjustments required to the power and lighting installation.
09	C	Decor is poor and all needs redone
10	D	Kitchen needs replaced.
11	C	All needs landscaped. Ramps should comply, tripping hazards to address.
12		
XX		


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Identified Work (by location)

Code:	IW00026014	Site:	SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
Element:	01 Roofs	Building:	BLD00762
Subelement:	01.05 Coverings (incl. glazed roof lights)	Room:	
Item:	01.05.04 Concrete Tile Pitched	Cost:	£1179.90
Condition:	C Poor	Remedy:	Roof is generally sound but verges need renewal and all exposed timber treated. Target year: 2022
Priority:	03 Desirable - Within 3 to 5 years	Defect:	Concrete edgings have spalled, fascias beginning to rot.
Manufacturer:		Defect Location:	Entire house.
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	Y
Comments:	Routine maintenance needs to be carried out to gutters at 6 monthly intervals.		
Photo:			

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Identified Work (by location)

Code:	IW00026067	Site:	SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
Element:	02 Floors and stairs	Building:	BLD00762
Subelement:	02.01 Floor Finishes	Room:	
Item:	02.01.11 Vinyl	Cost:	£8259.30
Condition:	B Satisfactory	Remedy:	Renew finishes throughout with suitable finishes to suit each rooms use. Target year: 2022
Priority:	03 Desirable - Within 3 to 5 years	Defect:	Floors are all structurally sound but finishes are all poor. Floor to skirting details in all wet areas are dated and poorly designed for adequate hygiene cleansing. All floor areas associated with house.
Manufacturer:		Defect Location:	
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Some interior design expertise might be required to select the correct slip/stain/wear/cleansing characteristics for flooring as well as good appearance.	Revenue:	Y
Photo:	No idwork image found.		



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Identified Work (by location)

Code:	IW00026012	Site:	SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
Element:	03 Ceilings	Building:	BLD00762
Subelement:	03.01 Ceiling Finish	Room:	
Item:	03.01.04 Plasterboard	Cost:	£8652.60
Condition:	C Poor	Remedy:	Renew all ceilings throughout. Install modern replacement hatch complete with Ramsey ladder. Target year: 2022
Priority:	03 Desirable - Within 3 to 5 years	Defect:	All ceilings are holed, bowed, discoloured, with varied finishes including Artex. Hatch is poor. Entire house.
Manufacturer:		Defect Location:	
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Timber Ceilings that are deemed to be in good condition should be painted with fire resistant paint.	Revenue:	Y
Photo:			



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Identified Work (by location)

Code:	IW00025995	Site:	SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
Element:	04 External walls windows and doors	Building:	BLD00762
Subelement:	04.01 Ext Doors Glazing & Framing	Room:	
Item:	04.01.09 Timber External Door (Glazed or Solid)	Cost:	£9439.20
Condition:	C Poor	Remedy:	Remove existing doors/frames and replace with new, including new secure ironmongery. Target year: 2022
Priority:	03 Desirable - Within 3 to 5 years	Defect:	External doors and frames and associated ironmongery are all in poor condition. Would originally feature some patterned glazing to allow light to interior. Immediate step at threshold is a trip hazard and ramp is too steep and none compliant with standards. All external doors associated with house.
Manufacturer:		Defect Location:	
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Low maintenance finishes should be selected for replacement doors/windows.		
Photo:			


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Identified Work (by location)

Code:	IW00026008	Site:	SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
Element:	04 External walls windows and doors	Building:	BLD00762
Subelement:	04.05 External Wall Finish	Room:	
Item:	04.05.05 Render Finish	Cost:	£613.55
Condition:	B Satisfactory	Remedy:	Cracks that need to be filled with matching render. Some minor repairs also required mainly along the bell-cast stop at DPC level. Target year: 2022
Priority:	03 Desirable - Within 3 to 5 years	Defect:	Wet dash render is generally good but has some minor defects including impact damage and minor movement cracks.
Manufacturer:		Defect Location:	All walls associated with house.
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	It is important to get a good render match and a test board should be approved prior to applying to wall. Works should not be approved for payment without at least photographic proof of their successful completion.		
Photo:			

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Identified Work (by location)

Code: IW00026000
Element: 04 External walls windows and doors
Subelement: 04.07 Window Framing & Glazing
Item: 04.07.06 uPVC framed, double glazed
Condition: C Poor

Site: SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
Building: BLD00762
Room:
Cost: £14158.80
Remedy:

Priority: 03 Desirable - Within 3 to 5 years

Defect: Single glazed SW windows have timber rot in frames, are fixed shut in some instances, have no trickle vents, and are roughly boarded up of covered in perspex.
Defect Location: All windows associated with house.

Manufacturer:
Date of Manufacture:
Capital:
Comments:
Photo:

Y
 Low maintenance finishes should be selected for replacement windows.

Model Number:
usertext6:
Revenue: N



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Identified Work (by location)

Code: IW00026009
Element: 05 Internal walls and doors
Subelement: 05.02 Internal Doors and glazed screens
Item: 05.02.04 Timber Internal Door
Condition: C Poor

Site: SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
Building: BLD00762
Room:
Cost: £12585.60
Remedy:

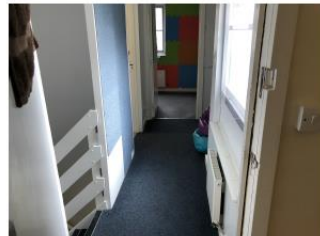
Priority: 03 Desirable - Within 3 to 5 years

Defect: Internal doors/frames are all poor quality, damaged, with poor ironmongery.
Defect Location: Internal doors associated with house.

Manufacturer:
Date of Manufacture:
Capital:
Comments:
Photo:

N

Model Number:
usertext6:
Revenue: Y




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Identified Work (by location)

Code:	IW00026010	Site:	SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
Element:	06 Sanitary services	Building:	BLD00762
Subelement:	06.03 Toilets	Room:	
Item:	06.03.04 full installation	Cost:	£15732.00
Condition:	C Poor	Remedy:	Replace all toilet fittings and sanitary ware Target year: 2022
Priority:	03 Desirable - Within 3 to 5 years	Defect:	Sanitary ware is dated, poorly fitted and unhygienic.
Manufacturer:		Defect Location:	All sanitary ware associated with house.
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:			

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Identified Work (by location)

Code:	IW00026011	Site:	SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
Element:	09 Redecorations	Building:	BLD00762
Subelement:	09.02 Internal Decoration	Room:	
Item:	09.02.09 Full internal decoration package	Cost:	£4499.35
Condition:	C Poor	Remedy:	Redecorate all walls timber and ceilings throughout. Target year: 2022
Priority:	03 Desirable - Within 3 to 5 years	Defect:	All decor is poor and has not been decorated for many years.
Manufacturer:		Defect Location:	Entire house.
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:			

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Identified Work (by location)

Code:	IW00026013	Site:	SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
Element:	10 Fixed internal furniture and fittings	Building:	BLD00762
Subelement:	10.01 Fixed Furniture	Room:	
Item:	10.01.03 Kitchen Furniture	Cost:	£11799.00
Condition:	C Poor	Remedy:	Renew entire kitchen Target year: 2022
Priority:	03 Desirable - Within 3 to 5 years	Defect:	Entire kitchen is very poor and in need of complete renewal.
Manufacturer:		Defect Location:	Ground floor.
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	This work should only be completed after an investment appraisal and should be timed to coincide with redecoration and floor finish renewals.		
Photo:			



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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00025975	Site:	SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
Element:	11 External Areas	Building:	BLD00762
Subelement:	11.01 Paths and Paved Pedestrian Areas	Room:	
Item:	11.01.01 All surfaces (for minor defect)	Cost:	£3162.13
Condition:	C Poor	Remedy:	Remove fittings, lay new concrete edging, scarify surface, apply tack coat, lay new fine textured bitumen macadam 75 MM thick. Reset all fittings flush with new surface. New landscaping is needed and only perimeter fencing/walling is in reasonably sound condition. Target year: 2022
Priority:	03 Desirable - Within 3 to 5 years	Defect:	Macadam is lifting, fractured, moss covered, manholes not sitting flush, and tripping hazards present. Landscaping is needed.
Manufacturer:		Defect Location:	Perimeter paths
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	This is perhaps not a priority if the area is not in use. Perhaps merely a "WARNING TRIPPING HAZARDS" notice would suffice to alert anyone entering the grounds.		
Photo:			



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Identified Work (by location)

Code: IW00026016
Element: 01 Roofs
Subelement: 01.02 Fascia/Soffit/Bargeboard
Item: 01.02.02 Fascia/Soffit/Bargeboard (all materials)
Condition: B Satisfactory

Priority: 03 Desirable - Within 3 to 5 years

Manufacturer:
Date of Manufacture:
Capital: N
Comments:
Photo:



Site: SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
Building: BLD02284
Room:
Cost: £566.35
Remedy: Re-coat with good quality preservative stain to match existing.
 Target year: 2024

Defect: Timber externally has exposed grain
Defect Location: All roofing timbers
Model Number:
usertext6:
Revenue: Y

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Identified Work (by location)

Code: IW00026017
Element: 01 Roofs
Subelement: 01.05 Coverings (incl. glazed roof lights)
Item: 01.05.04 Concrete Tile Pitched
Condition: B Satisfactory

Priority: 03 Desirable - Within 3 to 5 years

Manufacturer:
Date of Manufacture:
Capital: N
Comments:
Photo:



Site: SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
Building: BLD02284
Room:
Cost: £361.84
Remedy: Occasional cleansing of shaded areas of roof tiles affected by moss. Any sign of water ingress at sun room would suggest that flashing only catches surface water from gable end and not persistent rain that might run down inner face of outer leaf.
 Target year: 2024

Defect: No evident or reported leaks, all tiles are intact and appear to be in good condition. Moss growth and flashing at sun room does not seem to include cavity closers.

Model Number:
usertext6:
Revenue: Y

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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00026069	Site:	SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
Element:	02 Floors and stairs	Building:	BLD02284
Subelement:	02.01 Floor Finishes	Room:	
Item:	02.01.11 Vinyl	Cost:	£298.91
Condition:	B Satisfactory	Remedy:	Upgrade finishes when they are renewed on a cyclical basis. Target year: 2025
Priority:	03 Desirable - Within 3 to 5 years	Defect:	All stairs are in good condition. Space under stair cannot be used as a storage area and SW timber is perhaps not the best material selection for hygiene cleansing. Nosing contrast should be changed to yellow when finishes are renewed. All stairs associated with HOP.
Manufacturer:		Defect Location:	
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Hygiene cleansing, slip resistance, are of greater significance in a Home for Older persons.	Revenue:	Y
Photo:			


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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00026066	Site:	SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
Element:	02 Floors and stairs	Building:	BLD02284
Subelement:	02.01 Floor Finishes	Room:	
Item:	02.01.11 Vinyl	Cost:	£10052.75
Condition:	B Satisfactory	Remedy:	Identify poor areas and renew finishes on a cyclical basis throughout. Select suitable finishes, substrate, skirting detail, colour choice, to suit each individual rooms use. Target year: 2025
Priority:	03 Desirable - Within 3 to 5 years	Defect:	All floors are structurally sound but some finishes are poor. Carpets stained and floor to skirting details in all wet areas are dated and poorly designed for adequate hygiene cleansing. Most vinyl is in good condition. All floor associated with HOP.
Manufacturer:		Defect Location:	
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Hygiene cleansing, slip resistance, are of greater significance in Homes for Older people . It is also their home so comfort and acoustic performance is also important Design expertise is required to ensure floor finishes are optimised. The specification of some of the most recently designed Care Homes should be replicated.	Revenue:	Y
Photo:			

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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code: IW00026065
Element: 04 External walls windows and doors
Subelement: 04.04 Ext Walls Structure & Foundations
Item: 04.04.04 Solid Brick
Condition: B Satisfactory

Site: SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
Building: BLD02284
Room:
Cost: £361.84
Remedy: Install drip and redecorate unsightly staining with primer/top coat. Possibly remove asbestos and replace with modern equivalent.
 Target year: 2025

Priority: 03 Desirable - Within 3 to 5 years
Defect: External lintel has no preformed or designed drip causing water to run back and stain under-croft. Possible asbestos material to under-croft soffit. Ingoe to North facing elevation.

Defect Location:
Model Number:
usertext6:
Revenue: Y

Manufacturer:
Date of Manufacture:
Capital: N
Comments: Mainly cosmetic works.
Photo:



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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code: IW00026062
Element: 04 External walls windows and doors
Subelement: 04.05 External Wall Finish
Item: 04.05.05 Render Finish
Condition: B Satisfactory

Site: SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
Building: BLD02284
Room:
Cost: £5962.43
Remedy: Cracks that need to be filled with matching render. Some minor repairs also required mainly along the bell-cast stop at DPC level.
 Target year: 2025

Priority: 03 Desirable - Within 3 to 5 years
Defect: Render is generally good but has age related faults and faults as a result of poor workmanship. Some minor defects including impact damage freeze/thaw cyclical damage and minor movement cracks. some minor horizontal hairline cracks might be evidence of wall ties expanding as of a result of corrosion but intrusive survey will be necessary to determine cause.

Defect Location: All external walls to Care Home building.
Model Number:
usertext6:
Revenue: Y

Manufacturer:
Date of Manufacture:
Capital: N
Comments: Walls are all vertical and robust and faults are mainly cosmetic. It is important to get a good render match and a test board should be approved prior to applying to wall.
Photo:




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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00026072	Site:	SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
Element:	05 Internal walls and doors	Building:	BLD02284
Subelement:	05.03 Internal Wall Finish	Room:	
Item:	05.03.02 Linings/finishes on internal walls (wall finish)	Cost:	£17305.20
Condition:	B Satisfactory	Remedy:	Upgrade finishes when they are due to be renewed. Recent new build facilities could offer a better specification to follow. Standards have moved on considerably in 40 years. Target year: 2025
Priority:	03 Desirable - Within 3 to 5 years	Defect:	All wall finishes are in good condition. Ablution areas, kitchen and dining areas are not being decorated as often as they should be, in the interests of hygiene, and for this reason a change to Respatex or similar wet wall hygienic boards should be considered.
Manufacturer:		Defect Location:	All hygiene sensitive areas within Care Home
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Hygiene cleansing is of greater significance in a Home for Older persons. Perhaps more of a Suitability issue.		
Photo:			

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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00026074	Site:	SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
Element:	06 Sanitary services	Building:	BLD02284
Subelement:	06.03 Toilets	Room:	
Item:	06.03.03 WC	Cost:	£1573.20
Condition:	B Satisfactory	Remedy:	Upgrade finishes when they are due to be renewed. Hygiene wall board already allowed for. Decoration of all remaining areas such as ceilings etc. Target year: 2025
Priority:	03 Desirable - Within 3 to 5 years	Defect:	All sanitary services remain in good condition but some are very dated, have confusing patterned glazed ceramic wall tiles, with difficult to clean grouted joints. Not been redecorated as regularly as regulation/Care Commission recommends ie every 5 years.
Manufacturer:		Defect Location:	All hygiene sensitive areas within HOP.
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Hygiene cleansing is of greater significance in a Home for Older persons. Perhaps more of a Suitability issue. WC seats need replaced regularly.		
Photo:			

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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00026094	Site:	SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
Element:	07 Mechanical services	Building:	BLD02284
Subelement:	07.05 Heat source and equipment (e.g. boilers, including flues)	Room:	
Item:	07.05.01 Boilers	Cost:	£314640.00
Condition:	D Bad	Remedy:	Remove all existing plant (excluding radiators). Replace all boilers, flues, pumps, pipework, controls and associated equipment with suitable heating system or boiler plant. Target year: 2020 Existing boilers beyond expected life span Plant Room
Priority:	01 Urgent	Defect:	
Manufacturer:		Defect Location:	Plant Room
Date of Manufacture:		Model Number:	
Capital:	Y	usertext6:	
Comments:		Revenue:	N
Photo:	No idwork image found.		

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Identified Work (by location)

Code:	IW00026095	Site:	SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
Element:	07 Mechanical services	Building:	BLD02284
Subelement:	07.05 Heat source and equipment (e.g. boilers, including flues)	Room:	
Item:	07.05.02 Radiator	Cost:	£31464.00
Condition:	B Satisfactory	Remedy:	Remove the existing and replace all LST covers to all radiators which are loose fitting or in poor condition (as necessary). Target year: 2023 Existing LST Covers to radiators are in poor condition All heated Rooms
Priority:	03 Desirable - Within 3 to 5 years	Defect:	
Manufacturer:		Defect Location:	All heated Rooms
Date of Manufacture:		Model Number:	
Capital:	Y	usertext6:	
Comments:		Revenue:	N
Photo:	No idwork image found.		

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Identified Work (by location)

Code:	IW00026093	Site:	SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
Element:	07 Mechanical services	Building:	BLD02284
Subelement:	07.06 Safety & Security Equipment	Room:	
Item:	07.06.01 Interlock Device	Cost:	£157.32
Condition:	C Poor	Remedy:	Disconnect and remove existing red emergency stop button (for Gas Supplies) to boiler room. Target year: 2020
Priority:	02 Essential - Within 2 years	Defect:	Redundant red emergency stop button found in boiler room.
Manufacturer:		Defect Location:	Plant Room
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:	No idwork image found.		

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Identified Work (by location)

Code:	IW00026096	Site:	SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
Element:	07 Mechanical services	Building:	BLD02284
Subelement:	07.08 Water Services	Room:	
Item:	07.08.02 Water Heater	Cost:	£157320.00
Condition:	B Satisfactory	Remedy:	Remove all existing plant & Replace all hot water calorifiers. Survey prior to replacement and recommend replacement of the pumps, pipework, controls and associated equipment with suitable water heating system. Target year: 2023
Priority:	03 Desirable - Within 3 to 5 years	Defect:	Existing hot water calorifiers are age expired.
Manufacturer:		Defect Location:	Plant room
Date of Manufacture:		Model Number:	
Capital:	Y	usertext6:	
Comments:		Revenue:	N
Photo:	No idwork image found.		

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Identified Work (by location)

Code: IW00026064
 Element: 07 Mechanical services
 Subelement: 07.08 Water Services
 Item: 07.08.03 Water Supplies
 Condition: B Satisfactory
 Priority: 03 Desirable - Within 3 to 5 years

Site: SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
 Building: BLD02284
 Room:
 Cost: £47.20
 Remedy: Fit proprietary insulated tap cover
 Target year: 2025
 Defect: External tap for watering garden is exposed and likely to freeze/burst in winter conditions.
 Defect Location: East gable of HOP.
 Model Number:
 usertext6:
 Revenue: Y

Manufacturer:
 Date of Manufacture:
 Capital: N
 Comments:
 Photo:



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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code: IW00026071
 Element: 08 Electrical services
 Subelement: 08.03 Electrical Power
 Item: 08.03.05 Small Power
 Condition: B Satisfactory
 Priority: 03 Desirable - Within 3 to 5 years

Site: SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
 Building: BLD02284
 Room:
 Cost: £1573.20
 Remedy: Installation of three compartment dado trunking or alteration to existing trunking system.
 Target year: 2024
 Defect: Multiway extension leads in use.
 Defect Location: Throughout
 Model Number:
 usertext6:
 Revenue: Y

Manufacturer:
 Date of Manufacture:
 Capital: N
 Comments:
 Photo: No idwork image found.

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Identified Work (by location)

Code: IW00026075
Element: 09 Redecorations
Subelement: 09.02 Internal Decoration
Item: 09.02.09 Full internal decoration package
Condition: B Satisfactory

Priority: 03 Desirable - Within 3 to 5 years

Manufacturer:
Date of Manufacture:
Capital:
Comments:
Photo:

N



Site: SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
Building: BLD02284
Room:
Cost: £12270.96
Remedy: The entire Home will need redecorated within the 5 years.
 Target year: 2025
Defect: Individual rooms are decorated every time there is a change of resident but overall the entire home should be redecorated every 7 years with hygiene sensitive areas such as dining room, toilets, kitchen more frequently @5 yearly intervals.
 All hygiene sensitive areas within HOP.

Defect Location:
Model Number: usertext6
Revenue: Y

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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code: IW00026076
Element: 10 Fixed internal furniture and fittings
Subelement: 10.01 Fixed Furniture
Item: 10.01.03 Kitchen Furniture
Condition: C Poor

Priority: 03 Desirable - Within 3 to 5 years

Manufacturer:
Date of Manufacture:
Capital:
Comments:
Photo:

N



Site: SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
Building: BLD02284
Room:
Cost: £314.64
Remedy: Renew all skirting's associated with units. Agree wording and replace paper signs with perspex.
 Target year: 2025
Defect: Internal kitchen/tea points and laundry room cupboards are all in reasonably good condition. They are however low quality fittings and installation is not well detailed. Unprotected chipboard at floor level is absorbing moisture from mopping, silicone sealant joint between splash-back and worktop is unnecessarily large and likely to be poor with regard to infection control. Paper signage should be replaced with more lasting cleanable signs. Commercial cooking kitchen is in good condition. Entire HOP.

Defect Location:
Model Number: usertext6
Revenue: Y

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Identified Work (by location)

Code:	IW00026082	Site:	SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
Element:	11 External Areas	Building:	BLD02284
Subelement:	11.01 Paths and Paved Pedestrian Areas	Room:	
Item:	11.01.05 Tarmac surface	Cost:	£42476.40
Condition:	C Poor	Remedy:	Design works are required and liaison with Parks & Green-space staff. Remove any trees that may cause issue with undermining pathways or re-plan pathway layouts away from trees. Lay new flush concrete edging, scarify surface, apply tack coat, lay new fine textured bitumen macadam 75 MM thick. Reset all fittings flush with new surface. Improve landscaping to provide some raised beds/shelter from wind, interest. Target year: 2022
Priority:	02 Essential - Within 2 years	Defect:	Macadam is broken, tree roots undermining pathways, poor concrete patch repairs, ramps do not comply with equalities act recommendations. SW timber edgings have short life and don't support macadam well. Pathways too narrow for wheelchair users.
Manufacturer:		Defect Location:	Footpaths around the grounds where elderly clients might want to take a walk.
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	There should be no tripping hazards within grounds of any HOP. Landscaping is uninspiring. "TRIPPING HAZARDS" take on a new significance at HOP as many residents do not walk as confidently as when they were young and many may not survive a fall.		
Revenue:		Revenue:	Y

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Photo:



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Identified Work (by location)

Code:	IW00026077	Site:	SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
Element:	11 External Areas	Building:	BLD02284
Subelement:	11.04 Roads and Car Parks	Room:	
Item:	11.04.05 Tarmac surface	Cost:	£10540.44
Condition:	C Poor	Remedy:	Remove fittings, lay new concrete edging, scarify surface, apply tack coat, lay new fine textured bitumen macadam 75 MM thick. Reset all fittings flush with new surface. New landscaping is needed and only perimeter fencing/walling is in reasonably sound condition. Ensure drains are set at low points and runs are toward outlets. Plan layout and mark out with suitable line markings. Target year: 2022
Priority:	03 Desirable - Within 3 to 5 years	Defect:	No line markings to aid efficient parking and set out safe pedestrian ways. Macadam is lifting, fractured, moss covered, manholes not sitting flush, and tripping hazards present. Landscaping is needed.
Manufacturer:		Defect Location:	Vehicular access and main pedestrian routes to HOP Main entrance.
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	"TRIPPING HAZARDS" take on a new significance at HOP as many residents do not walk as confidently as when they were young and many may not survive a fall.		
Revenue:		Revenue:	Y

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Photo:



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Identified Work (by location)

Code:	IW00026083	Site:	SIT0426 FORD'S ROAD HOME FOR OLDER PEOPLE
Element:	04 External walls windows and doors	Building:	BLD02935
Subelement:	04.05 External Wall Finish	Room:	
Item:	04.05.11 Timber Weatherboard	Cost:	£5962.43
Condition:	B Satisfactory	Remedy:	Determine if this building is still required and if not (relocate generator) and demolish. Prepare and re-stain all external timber faces with matching finish. Finish door repair and ensure that it is well secured.

Priority:	03 Desirable - Within 3 to 5 years	Defect:	Stain or protective paint is failing, doors has be forced and only partially repaired.
		Defect Location:	All external walls

Manufacturer:		Model Number:	
Date of Manufacture:		usertext6:	
Capital:	N	Revenue:	Y
Comments:	Walls are all vertical and robust and faults are mainly cosmetic. Not a habitable building and is best described as a timber weatherproof housing to accommodate a standby generator. It remains in solid condition but stains is beginning to fail and door needs minor repair.		

Photo:



Total Idwork Cost: £703330.54

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Jewel House condition report – completed 31st May 2019



Edinburgh - City Of Edinburgh Council

CS001389

Survey Description	Single storey purpose built, circa 1980, Home for older people. The structure is of cavity construction with facing brick external finish. The roof is timber pitched and clad with concrete interlocking tiles; large areas of the roof comprise timber patent glazing roof-lights with lead flashings . The rainwater disposal goods are cast iron and the double glazed windows and screens are timber.	Survey Date 31/05/2019	Survey Status COMPLETE	Surveyor Janey Flucker	Organisation CEC
Site	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE				
Address	15 EDINBURGH CITY OF EDINBURGH EH15 3JZ				
Number of Buildings	2				
Number of Rooms	132				
Score	A				
General Summary	The building is in good condition and performing well and operating efficiently . No major Asset expenditure is anticipated for the next 1-5 years. Improvements to the patent glazing,at roof level, however should be considered if funding is available. A Planned Preventative Maintenance scheme should be implemented as well as Cyclical redecoration to communal areas and residents rooms.				
Mechanical Summary	Most of the mechanical equipment installed in this building has recently been replaced and is in good condition which is expected to remain in A or B condition over the next 5 years.				
Electrical Summary	System is operating satisfactorily although it has exceeded its life expectancy. There are some adjustments required to power and lighting installation. The installation has passed its life expectancy, a refurbishment of the electrical installation is recommended.				

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Edinburgh - City Of Edinburgh Council

Identified Work Summary

Idwork Element	Not Selected	Identified Work Element Total by Priority				Total
		01	02	03	04	
01 Roofs	0	0	70,325	1,352	0	71,677
02 Floors and stairs	0	270	0	6,762	0	7,032
03 Ceilings	0	0	0	0	676	676
04 External walls windows and doors	0	0	0	0	0	0
05 Internal walls and doors	0	0	5,139	0	0	5,139
06 Sanitary services	0	0	1,352	0	0	1,352
07 Mechanical services	0	0	135	0	0	135
08 Electrical services	0	0	6,194	93,153	0	99,347
09 Redecorations	0	0	0	47,334	0	47,334
10 Fixed internal furniture and fittings	0	0	4,057	0	0	4,057
11 External Areas	0	0	12,442	0	0	12,442
12 Outdoor sports facilities and fixed furniture	0	0	0	0	0	0
XX General Comments	0	0	0	0	0	0
Totals	0	0	0	0	0	249,193

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Edinburgh - City Of Edinburgh Council

Building Summary BLD01085 JEWEL HOUSE HOME FOR OLDER PEOPLE MAIN BUILDING

Idwork Element	Not Selected	Identified Work Element Total by Priority				Total
		01	02	03	04	
01 Roofs	0	0	70,325	1,352	0	71,677
02 Floors and stairs	0	270	0	6,762	0	7,032
03 Ceilings	0	0	0	0	676	676
04 External walls windows and doors	0	0	0	0	0	0
05 Internal walls and doors	0	0	5,139	0	0	5,139
06 Sanitary services	0	0	1,352	0	0	1,352
07 Mechanical services	0	0	135	0	0	135
08 Electrical services	0	0	4,815	93,153	0	97,968
09 Redecorations	0	0	0	47,334	0	47,334
10 Fixed internal furniture and fittings	0	0	4,057	0	0	4,057
11 External Areas	0	0	0	0	0	0
12 Outdoor sports facilities and fixed furniture	0	0	0	0	0	0
XX General Comments	0	0	0	0	0	0
Totals	0	270	85,823	148,602	676	235,372

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Edinburgh - City Of Edinburgh Council

Building Summary BLD02536 JEWEL HOUSE HOME FOR OLDER PEOPLE EXTERNAL STORE

Idwork Element	Not Selected	Identified Work Element Total by Priority				Total
		01	02	03	04	
01 Roofs	0	0	0	0	0	0
02 Floors and stairs	0	0	0	0	0	0
03 Ceilings	0	0	0	0	0	0
04 External walls windows and doors	0	0	0	0	0	0
05 Internal walls and doors	0	0	0	0	0	0
06 Sanitary services	0	0	0	0	0	0
07 Mechanical services	0	0	0	0	0	0
08 Electrical services	0	0	1,379	0	0	1,379
09 Redecorations	0	0	0	0	0	0
10 Fixed internal furniture and fittings	0	0	0	0	0	0
11 External Areas	0	0	0	0	0	0
12 Outdoor sports facilities and fixed furniture	0	0	0	0	0	0
XX General Comments	0	0	0	0	0	0
Totals	0	0	1,379	0	0	1,379

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Site Condition Scores

Site: SIT0586 (JEWEL HOUSE HOME FOR OLDER PEOPLE)

Survey Date: 31/05/2019

Address: 15

EDINBURGH
CITY OF EDINBURGH
EH15 3JZ

Type:

Listed Usage:

Usage:

GEA (m2):

GIA (m2):

NIA (m2):

Ward:

Number of Idwork:

Total Cost:

Site Element Summary

Overall Score:

Score comment: The building has recently undergone considerable upgrading of the Mechanical elements which has raised the previous survey score from B to A The building is in good condition and performing well and operating efficiently . No major Asset expenditure is anticipated for the next 1-5 years. Improvements to the patent glazing,at roof level, however should be considered if funding is available. A Planned Preventative Maintenance scheme should be implemented as well as Cyclical redecoration to communal areas and residents rooms.

Element	Score	Comment
01	A	Roof in good condition with only minor Revenue repairs and PPM required. Maintenance to large areas roof lights should be carried out during this Maintenance Cycle. If not carried out this will reduce score significantly.
02	A	Floor coverings in good condition with only minor areas requiring repair or renewal.
03	A	Ceilings in good condition. No major defects identified

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04	A	External walls, timber windows and doors in good condition. No Asset expenditure required.
05	A	Minor repairs to internal walls and doors. Fire Stopping Survey and Fire Safety Audit should be undertaken and recommendations implemented
06	A	Sanitary facilities are in good condition and no major upgrades required.
07	A	All plant in good condition
08	C	System is operating satisfactorily although it has exceeded its life expectancy. There are some adjustments required to power and lighting installation. The installation has passed its life expectancy, a refurbishment of the electrical installation is recommended.
09	A	Recent redecoration works have been undertaken
10	B	Improvements to former daycare area and storage solutions required
11	B	External areas are in satisfactory condition but some improvements would be beneficial
12		
XX		

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Building Condition Scores

Site: SIT0586 (BLD01085)
 Survey Date: 31/05/2019
 Building: BLD01085 JEWEL HOUSE HOME FOR OLDER PEOPLE MAIN BUILDING
 Address: 15

EDINBURGH
 LOTHIAN
 EH15 3JZ
 Type: 04 BUILDING
 Year Built:
 Listed Usage:
 Usage: 09 HOME FOR THE ELDERLY
 GEA (m2): 1828.46
 GIA (m2): 1721.93
 NIA (m2):
 Ward: 17 Portobello/Craigmillar
 Number of Idwork: 0
 Total Cost: 0

Building Element Summary

Overall Score: A - Good

Score comment: The building has recently undergone considerable upgrading of the Mechanical elements which has raised the previous survey score from B to A. The building is in good condition and performing well and operating efficiently. No major Asset expenditure is anticipated for the next 1-5 years. Improvements to the patent glazing, at roof level, however should be considered if funding is available. A Planned Preventative Maintenance scheme should be implemented as well as Cyclical redecoration to communal areas and residents rooms.

Element	Score	Comment
01	A	Roof in good condition with only minor Revenue repairs and PPM required. Maintenance to large areas roof lights should be carried out during this Maintenance Cycle. If not carried out this will reduce score significantly.

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02	A	Floor coverings in good condition with only minor areas requiring repair or renewal.
03	A	Ceilings in good condition. No major defects identified
04	A	External walls, timber windows and doors in good condition. No Asset expenditure required.
05	A	Minor repairs to internal walls and doors. Fire Stopping Survey and Fire Safety Audit should be undertaken and recommendations implemented
06	A	Sanitary facilities are in good condition and no major upgrades are required.
07	A	All plant in good condition
08	B	System is operating satisfactorily although it has exceeded its life expectancy. There are some adjustments required to power and lighting installation. The installation has passed its life expectancy, a refurbishment of the electrical installation is recommended.
09	A	Recent redecoration works have been undertaken
10	B	Minor improvements to former daycare area and storage solutions required
11	B	External areas in satisfactory condition but some improvements would be beneficial
12		
XX		

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Building Condition Scores

Site: SIT0586 (BLD02536)
 Survey Date: 31/05/2019
 Building: BLD02536 JEWEL HOUSE HOME FOR OLDER PEOPLE EXTERNAL STORE
 Address: 15

EDINBURGH
 MIDLOTHIAN
 EH15 3JZ
 Type: 04 BUILDING
 Year Built:
 Listed Usage:
 Usage: 20 Ancillary - GARAGE/STORE/SHELTER/PLANT
 GEA (m2): 12.53
 GIA (m2): 7.04
 NIA (m2):
 Ward: 17 Portobello/Craigmillar
 Number of Idwork: 0
 Total Cost: 0

Building Element Summary

Overall Score: A - Good

Score comment: External store is performing well and in good condition with only minor Revenue maintenance required at roof level.

Element	Score	Comment
01	A	minor overhaul required
02	A	
03		
04	A	
05		
06		

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07		
08	A	
09	A	
10		
11	A	
12		
XX		

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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00024207	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	11 External Areas	Building:	
Subelement:	11.01 Paths and Paved Pedestrian Areas	Room:	
Item:	11.01.03 Concrete block surface	Cost:	£946.68
Condition:	C Poor	Remedy:	Eradication of weeds required Target year: 2019
Priority:	02 Essential - Within 2 years	Defect:	Weeds and shrubs growing through paving
Manufacturer:		Defect Location:	External grounds
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	If left untreated these will cause slabs to uplift and this will become a tripping hazard for residents and visitors.		
Photo:			



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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00024205	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	11 External Areas	Building:	
Subelement:	11.01 Paths and Paved Pedestrian Areas	Room:	
Item:	11.01.04 Concrete flagstone surface	Cost:	£1352.40
Condition:	C Poor	Remedy:	Make good/level as required Target year: 2019
Priority:	02 Essential - Within 2 years	Defect:	Minor repairs to slabs and kerbs
Manufacturer:		Defect Location:	External perimeter
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:			
Photo:			




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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00024203	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	11 External Areas	Building:	
Subelement:	11.01 Paths and Paved Pedestrian Areas	Room:	
Item:	11.01.05 Tarmac surface	Cost:	£1352.40
Condition:	C Poor	Remedy:	Clean out and ensure surface water is draining freely Target year: 2019
Priority:	02 Essential - Within 2 years	Defect:	Blocked Gullies
Manufacturer:		Defect Location:	External grounds
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:			


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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00024206	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	11 External Areas	Building:	
Subelement:	11.03 Walls, fences and gates	Room:	
Item:	11.03.01 Brick wall	Cost:	£1352.40
Condition:	C Poor	Remedy:	Re-point open joints and re-bed loose bricks on end Target year: 2019
Priority:	02 Essential - Within 2 years	Defect:	Minor repairs to brick copes
Manufacturer:		Defect Location:	External perimeter; dwarf walls
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:			

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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00024210	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	11 External Areas	Building:	
Subelement:	11.03 Walls, fences and gates	Room:	
Item:	11.03.01 Brick wall	Cost:	£676.20
Condition:	C Poor	Remedy:	Make good if found defective Target year: 2019
Priority:	02 Essential - Within 2 years	Defect:	Contractor to check brickwork to planters External grounds including front entrance
Manufacturer:		Defect Location:	
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Hands on check to brickwork required to confirm bedding and pointing mortar is sound		
Photo:			



Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00024236	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	11 External Areas	Building:	
Subelement:	11.03 Walls, fences and gates	Room:	
Item:	11.03.01 Brick wall	Cost:	£1352.40
Condition:	C Poor	Remedy:	Re-point open joints and re-bed loose bricks on end Target year: 2019
Priority:	02 Essential - Within 2 years	Defect:	Spalling brickwork ; minor repairs to brickwork and copes External perimeter walls
Manufacturer:		Defect Location:	
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:			





Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code: IW00024204
 Element: 11 External Areas
 Subelement: 11.03 Walls, fences and gates
 Item: 11.03.03 Steel Gate/fencing
 Condition: C Poor
 Priority: 02 Essential - Within 2 years
 Manufacturer:
 Date of Manufacture:
 Capital: N
 Comments:
 Photo:

Site: SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
 Building:
 Room:
 Cost: £2028.60
 Remedy: Make good defective panels
 Target year: 2019
 Defect: Impact damage to Palisade fence
 Defect Location: External grounds/ Plant room
 Model Number:
 usertext6:
 Revenue: Y



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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code: IW00024234
 Element: 11 External Areas
 Subelement: 11.03 Walls, fences and gates
 Item: 11.03.05 Chain Link Fencing
 Condition: C Poor
 Priority: 02 Essential - Within 2 years
 Manufacturer:
 Date of Manufacture:
 Capital: N
 Comments:
 Photo:

Site: SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
 Building:
 Room:
 Cost: £2704.80
 Remedy: Make good or renew defective areas as required
 Target year: 2019
 Defect: Re-tension areas of chain link fencing
 Defect Location: External grounds
 Model Number:
 usertext6:
 Revenue: Y



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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00024235	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	11 External Areas	Building:	
Subelement:	11.04 Roads and Car Parks	Room:	
Item:	11.04.05 Tarmac surface	Cost:	£676.20
Condition:	C Poor	Remedy:	Resurface as required Target year: 2019
Priority:	02 Essential - Within 2 years	Defect:	Defective areas of tarmac
Manufacturer:		Defect Location:	Entrance to carpark
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:			

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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00024039	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	01 Roofs	Building:	BLD01085
Subelement:	01.01 Drainage (including rainwater goods and pipes)	Room:	
Item:	01.01.01 Cast Iron/Alumin etc rainwater goods	Cost:	£2704.80
Condition:	C Poor	Remedy:	Clean out gutters and make good defective joints Target year: 2020
Priority:	02 Essential - Within 2 years	Defect:	Leaking joints to half round cast iron gutters
Manufacturer:		Defect Location:	Eaves level
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Routine PPM required to clean out gutters and downpipes ensuring rainwater is disposed of freely. There are a considerable amount of trees on this site and leaves and debris will block outlets.		
Photo:	No idwork image found.		

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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

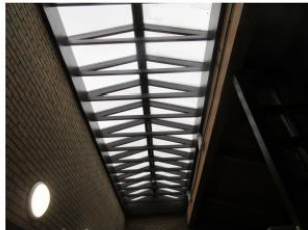
Code:	IW00024037	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	01 Roofs	Building:	BLD01085
Subelement:	01.05 Coverings (incl. glazed roof lights)	Room:	
Item:	01.05.04 Concrete Tile Pitched	Cost:	£1352.40
Condition:	B Satisfactory	Remedy:	Ensure cement fillets and tiles are sound Target year: 2020
Priority:	03 Desirable - Within 3 to 5 years	Defect:	Minor defects noted
Manufacturer:		Defect Location:	Verges and valleys
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	The roof coverings were viewed from ground level but appeared to be in good condition with no internal signs of water ingress .With a Planned Preventative Maintenance regime in place should continue to perform satisfactorily throughout this Maintenance Cycle		
Photo:			



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Identified Work (by location)

Code:	IW00024038	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	01 Roofs	Building:	BLD01085
Subelement:	01.05 Coverings (incl. glazed roof lights)	Room:	
Item:	01.05.11 Roof glazing	Cost:	£67620.00
Condition:	C Poor	Remedy:	Specialist advice to be sought from glazier regarding repair/renewal Target year: 2020
Priority:	02 Essential - Within 2 years	Defect:	Defective seals to glazing units
Manufacturer:		Defect Location:	Roof level
Date of Manufacture:		Model Number:	
Capital:	Y	usertext6:	
Comments:	The entire area of roof lights are beginning to showing signs of failure. If on further investigation it is not possible to repair these units ; renewal with an improved design should be considered incorporating natural ventilation . This would enhance the building's appearance and environment significantly for the residents. Renewals could be prioritised according to availability budget with the initial repairs to the main lounge/ foyer area.		
Photo:			





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Identified Work (by location)

Code:	IW00024196	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	02 Floors and stairs	Building:	BLD01085
Subelement:	02.01 Floor Finishes	Room:	
Item:	02.01.11 Vinyl	Cost:	£270.48
Condition:	D Bad	Remedy:	Reseal as required Target year: 2019
Priority:	01 Urgent	Defect:	Up-stand to vinyl detaching from backing as a result of poor detailing; blisters in floor covering are also present
Manufacturer:		Defect Location:	Wet room floor in Shamrock wing
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	The wet wall boarding should have been extended down over the upstand of the flooring		
Photo:			



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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00024177	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	02 Floors and stairs	Building:	BLD01085
Subelement:	02.01 Floor Finishes	Room:	
Item:	02.01.11 Vinyl	Cost:	£6762.00
Condition:	B Satisfactory	Remedy:	Some renewals will be likely during this maintenance cycle Renewals to floor finishes in former day centre will be required. Target year: 2022
Priority:	03 Desirable - Within 3 to 5 years	Defect:	Carpet and vinyl finishes currently in good condition
Manufacturer:		Defect Location:	All areas forming communal and residents rooms
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Due to the heavy usage of flooring and renewals for hygiene reasons. A provisional allowance for renewing floor screeds and floor coverings has been made		
Photo:			




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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00024182	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	03 Ceilings	Building:	BLD01085
Subelement:	03.01 Ceiling Finish	Room:	
Item:	03.01.04 Plasterboard	Cost:	£676.20
Condition:	A Good	Remedy:	No major repairs required Target year: 2022
Priority:	04 Long Term - Beyond 5 years	Defect:	No defects noted
Manufacturer:		Defect Location:	Ceilings to communal and residents rooms
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Minor repairs prior to redecoration to some areas will be required		
Photo:			


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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00024183	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	04 External walls windows and doors	Building:	BLD01085
Subelement:	04.04 Ext Walls Structure & Foundations	Room:	
Item:	04.04.04 Solid Brick	Cost:	£0.00
Condition:	A Good	Remedy:	Visual inspection from ground level Target year: 2022
Priority:	04 Long Term - Beyond 5 years	Defect:	No defects noted
Manufacturer:		Defect Location:	External walls
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Cavity wall construction ; CPT to confirm results of intrusive Structural Survey with regard to wall ties and header restraints.		
Photo:			


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Identified Work (by location)

Code:	IW00024185	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	04 External walls windows and doors	Building:	BLD01085
Subelement:	04.07 Window Framing & Glazing	Room:	
Item:	04.07.05 Timber framed, double glazed	Cost:	£0.00
Condition:	A Good	Remedy:	No improvements or repairs envisaged during this maintenance cycle. Target year: 2023
Priority:	04 Long Term - Beyond 5 years	Defect:	No defects noted
Manufacturer:		Defect Location:	External Timber double glazed windows and screens
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	On going maintenance will be required to maintain condition	Revenue:	Y
Photo:			


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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00024202	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	05 Internal walls and doors	Building:	BLD01085
Subelement:	05.01 Door Ironmongery & Access Controls	Room:	
Item:	05.01.01 Door Furniture	Cost:	£3381.00
Condition:	C Poor	Remedy:	Ensure doors and ironmongery are performing and operating efficiently Target year: 2020
Priority:	02 Essential - Within 2 years	Defect:	Adjustments and maintenance required to doors and ironmongery
Manufacturer:		Defect Location:	Internal corridor and Fire Exit doors
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Fire Safety Audit should include inspection of doors and ironmongery	Revenue:	Y
Photo:			

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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00024187	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	05 Internal walls and doors	Building:	BLD01085
Subelement:	05.03 Internal Wall Finish	Room:	
Item:	05.03.02 Linings/finishes on internal walls (wall finish)	Cost:	£1352.40
Condition:	C Poor	Remedy:	Fire stopping survey to be carried out to all areas and recommendations to be implemented Target year: 2019
Priority:	02 Essential - Within 2 years	Defect:	Fire Stopping may be missing or inadequate
Manufacturer:		Defect Location:	Various areas throughout the building including, attic areas, plant and switch rooms
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Refer to recent Fire Safety Audit for further details.	Revenue:	Y
Photo:	No idwork image found.		


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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00024197	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	05 Internal walls and doors	Building:	BLD01085
Subelement:	05.03 Internal Wall Finish	Room:	
Item:	05.03.02 Linings/finishes on internal walls (wall finish)	Cost:	£405.72
Condition:	C Poor	Remedy:	Patch repair prior to redecoration and apply corner protection Target year: 2023
Priority:	02 Essential - Within 2 years	Defect:	Impact damage to plaster
Manufacturer:		Defect Location:	Internal corners of circulation areas
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Cyclical redecoration of internal walls will be required to maintain condition. Patch repairing to some plaster will be required prior to redecoration En-suite bathrooms are finished with hygienic wet wall which is performing well Corner protection applied to some corridors is effective.		
Photo:			


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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00024186	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	05 Internal walls and doors	Building:	BLD01085
Subelement:	05.03 Internal Wall Finish	Room:	
Item:	05.03.02 Linings/finishes on internal walls (wall finish)	Cost:	£0.00
Condition:	A Good	Remedy:	No improvements or repairs envisaged during this maintenance cycle. Target year: 2023
Priority:	04 Long Term - Beyond 5 years	Defect:	No major defects noted
Manufacturer:		Defect Location:	Internal walls throughout the building
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	Cyclical redecoration of internal walls will be required to maintain condition. Patch repairing to some plaster will be required prior to redecoration En-suite bathrooms are finished with hygienic wet wall which is performing well Corner protection applied to some corridors is effective.		
Photo:			


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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00024188	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	06 Sanitary services	Building:	BLD01085
Subelement:	06.03 Toilets	Room:	
Item:	06.03.04 full installation	Cost:	£0.00
Condition:	A Good	Remedy:	Facilities in good condition and no works are envisaged during this maintenance cycle Target year: 2023
Priority:	04 Long Term - Beyond 5 years	Defect:	No defects noted
Manufacturer:		Defect Location:	Toilets and en-suite facilities
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:			
Photo:			


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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00024194	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	06 Sanitary services	Building:	BLD01085
Subelement:	06.04 Showers	Room:	
Item:	06.04.01 Shower	Cost:	£1352.40
Condition:	C Poor	Remedy:	CCTV survey to be instructed Target year: 2019
Priority:	02 Essential - Within 2 years	Defect:	Odour noted in shower room (Shamrock wing) Condition of underground drainage should be investigated for blockages or breakages
Manufacturer:		Defect Location:	Underground drainage system
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:			

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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00023959	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	07 Mechanical services	Building:	BLD01085
Subelement:	07.03 Gas / Oil / Fuel Services	Room:	
Item:	07.03.03 Gas Supplies	Cost:	£135.24
Condition:	C Poor	Remedy:	Install an emergency stop button to the gas supply pipework in the boiler room. Label the EM stop button. Target year: 2020
Priority:	02 Essential - Within 2 years	Defect:	No emergency stop for gas supply in plant room
Manufacturer:		Defect Location:	plant room
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:	No idwork image found.		

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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00024047	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	08 Electrical services	Building:	BLD01085
Subelement:	08.03 Electrical Power	Room:	
Item:	08.03.02 Electrical Signage	Cost:	£676.20
Condition:	C Poor	Remedy:	Supply and install relevant warning notices throughout. Target year: 2020
Priority:	02 Essential - Within 2 years	Defect:	There are few or no warning signs to indicate location of electrical equipment, mixed wiring colours warning labels, resuscitation notices and electrical circuit charts are required.
Manufacturer:		Defect Location:	Throughout
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:	No idwork image found.		



Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00024049	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	08 Electrical services	Building:	BLD01085
Subelement:	08.03 Electrical Power	Room:	
Item:	08.03.05 Small Power	Cost:	£4138.34
Condition:	C Poor	Remedy:	Installation of three compartment dado trunking. Target year: 2020
Priority:	02 Essential - Within 2 years	Defect:	Multiway extension leads in use.
Manufacturer:		Defect Location:	Throughout
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:	No idwork image found.		



Edinburgh - City Of Edinburgh Council


Identified Work (by location)

Code:	IW00024050	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	08 Electrical services	Building:	BLD01085
Subelement:	08.05 Lighting	Room:	
Item:	08.05.03 Light fittings and switching (Internal Lighting Only)	Cost:	£93153.31
Condition:	C Poor	Remedy:	Carefully disconnect and remove fluorescent fittings and install LED fittings. Target year: 2023
Priority:	03 Desirable - Within 3 to 5 years	Defect:	Poor lighting.
Manufacturer:		Defect Location:	Throughout
Date of Manufacture:		Model Number:	
Capital:	Y	usertext6:	
Comments:		Revenue:	N
Photo:	No idwork image found.		



Edinburgh - City Of Edinburgh Council


Identified Work (by location)

Code:	IW00024198	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	09 Redecorations	Building:	BLD01085
Subelement:	09.01 External Decoration	Room:	
Item:	09.01.05 Woodwork	Cost:	£20286.00
Condition:	B Satisfactory	Remedy:	Provision to redecorate within this maintenance cycle should be made to maintain condition Target year: 2021
Priority:	03 Desirable - Within 3 to 5 years	Defect:	Currently in satisfactory condition
Manufacturer:		Defect Location:	External roof details , facia ,soffits and window timbers
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	The overall decoration is in good condition but cyclical redecoration will be required to maintain condition.		
Photo:			



Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00024195	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	09 Redecorations	Building:	BLD01085
Subelement:	09.02 Internal Decoration	Room:	
Item:	09.02.08 Internal Decoration Package	Cost:	£27048.00
Condition:	B Satisfactory	Remedy:	Redecorate as required Target year: 2023
Priority:	03 Desirable - Within 3 to 5 years	Defect:	Some areas would benefit from being redecorated
Manufacturer:		Defect Location:	Doors, woodwork and circulation areas
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	The overall decoration is in good condition but cyclical redecoration will be required to maintain condition. Residents rooms and communal areas should be redecorated on regular basis. Provisional allowance made		
Photo:			

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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00024201	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	10 Fixed internal furniture and fittings	Building:	BLD01085
Subelement:	10.01 Fixed Furniture	Room:	
Item:	10.01.03 Kitchen Furniture	Cost:	£4057.20
Condition:	C Poor	Remedy:	Upgrade requird Target year: 2020
Priority:	02 Essential - Within 2 years	Defect:	Dated units and work tops
Manufacturer:		Defect Location:	Former Day Care area
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:	The former day care centre is tired and would benefit from being upgraded. Storage is a premium and the area should be remodelled,utilised and new storage solutions installed		
Photo:			


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Identified Work (by location)

Code:	IW00024199	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	10 Fixed internal furniture and fittings	Building:	BLD01085
Subelement:	10.01 Fixed Furniture	Room:	
Item:	10.01.03 Kitchen Furniture	Cost:	£0.00
Condition:	A Good	Remedy:	Operating efficiently and no defects noted Target year: 2023
Priority:	04 Long Term - Beyond 5 years	Defect:	New kitchen installed
Manufacturer:		Defect Location:	Commercial kitchen
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:			


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Edinburgh - City Of Edinburgh Council

Identified Work (by location)

Code:	IW00024200	Site:	SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
Element:	10 Fixed internal furniture and fittings	Building:	BLD01085
Subelement:	10.01 Fixed Furniture	Room:	
Item:	10.01.03 Kitchen Furniture	Cost:	£0.00
Condition:	A Good	Remedy:	Operating efficiently and no defects noted Target year: 2023
Priority:	04 Long Term - Beyond 5 years	Defect:	New kitchens installed
Manufacturer:		Defect Location:	Lounge areas
Date of Manufacture:		Model Number:	
Capital:	N	usertext6:	
Comments:		Revenue:	Y
Photo:			

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Identified Work (by location)

Code: IW00024048
 Element: 08 Electrical services
 Subelement: 08.05 Lighting
 Item: 08.05.01 Emergency Lighting
 Condition: B Satisfactory
 Priority: 02 Essential - Within 2 years

Manufacturer:
 Date of Manufacture:
 Capital: N
 Comments:
 Photo: No idwork image found.

Total Idwork Cost: £249193.22

Site: SIT0586 JEWEL HOUSE HOME FOR OLDER PEOPLE
 Building: BLD02536
 Room:
 Cost: £1379.45
 Remedy: Install additional emergency lighting.
 Target year: 2020
 Defect: There is no or inadequate emergency lighting at emergency exits(external) and in plant and switch rooms.
 Defect Location: Throughout
 Model Number:
 usertext6:
 Revenue: Y

Staff establishment – care homes (existing)

Capacity 35	Grade	Establishment
Clovenstone Care Home		
Manager	Grade 9	1.00
Depute Manager	Grade 7	1.00
Business Support Officer	Grade 6	1.00
Business Support Administrator	Grade 4	1.00
Team Leader (D)	Grade 6	3.00
Team Leader (N)	Grade 6	0.50
SCW (D)	Grade 4	8.33
SCW (N)	Grade 4	4.00
SCA (D)	Grade 3	12.55
SCA (N)	Grade 3	3.00
Senior Cook	Grade 4	1.00
Cook	Grade 3	1.00
Kitchen Assistant	Grade 2	2.50
Domestic	Grade 2	3.75
Laundry	Grade 2	1.50
Handyman	Grade 3	1.00

46.13

	Grade	Establishment
Ferrylee Care Home		
Manager	Grade 9	1.00
Depute Manager	Grade 7	1.00
Business Support Officer	Grade 6	1.00
Business Support Administrator	Grade 4	1.00
Team Leader (D)	Grade 6	5.00
Team Leader (N)	Grade 6	0.50
SCW (D)	Grade 4	14.00
SCW (N)	Grade 4	7.00
SCA (D)	Grade 3	17.89
SCA (N)	Grade 3	6.00
Senior Cook	Grade 4	1.00
Cook	Grade 3	1.00
Kitchen Assistant	Grade 2	3.00
Domestic	Grade 2	5.66
Laundry	Grade 2	2.00
Handyman	Grade 3	1.00

68.05



Capacity 36	Grade	Establishment
Fords Road Care Home		
Manager	Grade 9	1.00
Depute Manager	Grade 7	1.00
Business Support Officer	Grade 6	1.00
Business Support Administrator	Grade 4	1.00
Team Leader (D)	Grade 6	3.00
Team Leader (N)	Grade 6	0.50
SCW (D)	Grade 4	8.33
SCW (N)	Grade 4	4.00
SCA (D)	Grade 3	12.55
SCA (N)	Grade 3	7.66
Senior Cook	Grade 4	1.00
Cook	Grade 3	1.00
Kitchen Assistant	Grade 2	2.50
Domestic	Grade 2	3.75
Laundry	Grade 2	1.50
Handyman	Grade 3	1.00

50.79

Capacity 32	Grade	Establishment
Jewel House Care Home		
Manager	Grade 9	1.00
Depute Manager	Grade 7	1.00
Business Support Officer	Grade 6	1.00
Business Support Administrator	Grade 4	1.00
Team Leader (D)	Grade 6	3.00
Team Leader (N)	Grade 6	0.50
SCW (D)	Grade 4	8.00
SCW (N)	Grade 4	4.00
SCA (D)	Grade 3	7.55
SCA (N)	Grade 3	3.00
Senior Cook	Grade 4	1.00
Cook	Grade 3	1.00
Kitchen Assistant	Grade 2	2.50
Domestic	Grade 2	3.75
Laundry	Grade 2	1.50
Handyman	Grade 3	1.00

40.80

Capacity 60	Grade	Establishment
Drumbrae Care Home		
Manager	Grade 9	1.00
Depute Manager	Grade 7	1.00
Business Support Officer	Grade 6	1.00
Business Support Administrator	Grade 4	1.00
Team Leader (D)	Grade 6	6.00
Team Leader (N)	Grade 6	0.50
SCW (D)	Grade 4	12.89
SCW (N)	Grade 4	7.00
SCA (D)	Grade 3	25.00
SCA (N)	Grade 3	11.33
Additional Demand Allocation		
Senior Cook	Grade 4	1.00
Cook	Grade 3	1.50
Kitchen Assistant	Grade 2	3.00
Domestic	Grade 2	7.00
Laundry	Grade 2	2.00
Handyman	Grade 3	2.00

83.22

Capacity 60	Grade	Establishment
Marionville Care Home		
Manager	Grade 9	1.00
Depute Manager	Grade 7	1.00
Business Support Officer	Grade 6	1.00
Business Support Administrator	Grade 4	1.00
Team Leader (D)	Grade 6	6.00
Team Leader (N)	Grade 6	0.50
SCW (D)	Grade 4	12.89
SCW (N)	Grade 4	7.00
SCA (D)	Grade 3	25.00
SCA (N)	Grade 3	11.33
Additional Demand Allocation		
Senior Cook	Grade 4	1.00
Cook	Grade 3	1.50
Kitchen Assistant	Grade 2	3.00
Domestic	Grade 2	7.00
Laundry	Grade 2	2.00
Handyman	Grade 3	2.00

83.22

Capacity 60	Grade	Establishment
Inchview Care Home		
Manager	Grade 9	1.00
Depute Manager	Grade 7	1.00
Business Support Officer	Grade 6	1.00
Business Support Administrator	Grade 4	1.00
Team Leader (D)	Grade 6	6.00
Team Leader (N)	Grade 6	0.50
SCW (D)	Grade 4	12.89
SCW (N)	Grade 4	7.00
SCA (D)	Grade 3	25.00
SCA (N)	Grade 3	11.33
Additional Demand Allocation		
Senior Cook	Grade 4	1.00
Cook	Grade 3	1.50
Kitchen Assistant	Grade 2	3.00
Domestic	Grade 2	7.00
Laundry	Grade 2	2.00
Handyman	Grade 3	2.00

83.22

Capacity 60	Grade	Establishment
Royston Care Home		
Manager	Grade 9	1.00
Depute Manager	Grade 7	1.00
Business Support Officer	Grade 6	1.00
Business Support Administrator	Grade 4	1.00
Team Leader (D)	Grade 6	6.00
Team Leader (N)	Grade 6	0.50
SCW (D)	Grade 4	12.89
SCW (N)	Grade 4	7.00
SCA (D)	Grade 3	29.66
SCA (N)	Grade 3	14.33
Senior Cook	Grade 4	1.00
Cook	Grade 3	1.50
Kitchen Assistant	Grade 2	3.00
Domestic	Grade 2	7.00
Laundry	Grade 2	2.00
Handyman	Grade 3	2.00

90.88

Bed Based Care – Intermediate Care / Hospital Based Complex Clinical Care and Care Homes Options Appraisal Summary

1. Report Purpose

This report provides an overview of the Partnership (PARTNERSHIP/THE PARTNERSHIP) Bed Based Review and Option Appraisal undertaken in 2020/21. The aim of the Option Appraisal is to consider how best to redesign three areas of our bed base:

- Intermediate Care
- Hospital Based Complex Clinical Care
- Care Homes

2. Background

The bed-based care project forms part of the Edinburgh Integration Joint Board's (EIJB) Transformation programme. The project is looking to redesign a broad range of bed-based services across the city, taking into consideration demand and capacity and will implement the optimum model for the future provision of sustainable bed-based services. Due to size and scale of the project, activity has been phased to ensure delivery is achievable. The first phase of the project will consider the three bed types listed above as well as specialist in-patient rehabilitation.

The project phasing has been agreed due to the strategic drivers. Our intermediate care service is currently located across two sites, with one service operating out of Liberton Hospital. This site is due to be decommissioned and there is an urgent requirement to vacate the premises to allow the site to be sold for redevelopment. In order to withdraw from the site, alternative accommodation is required for our intermediate care beds. Consideration is needed to where this could be as the environment is very important, there needs to be adequate space for therapy areas and a dedicated area for a staff base.

Our Hospital Based Complex Clinical Care (HBCCC) service is provided across three sites and focuses on the specialties of Old Age Psychiatry, Functional Psychiatry and Frail / Elderly. Per head of population, Edinburgh has the most HBCCC beds. Benchmarking completed in 2017 predicted that Edinburgh required c.50% fewer beds than we currently have. Our HBCCC service is accommodated within PFI buildings with long lease terms. In line with the benchmarking predictions we want to reduce the number of HBCCC beds we have, by redesigning the HBCCC estate we can accommodate our Intermediate care beds within the PFI buildings as they have adequate space for therapy areas.

In order for us to redesign our HBCCC estate to accommodate our intermediate care service we require care home capacity to accept former HBCCC patients who have been assessed as no longer requiring the level of care received in an HBCCC setting. We know from day of care audits that around 40%¹⁶ of people currently in an HBCCC bed could have their care needs met elsewhere. At present, the model of care within our care homes is not designed to support people with highly specialist and complex needs. We have no nursing provision in our care homes and those who no

¹⁶ These were completed prior to the introduction of Complex Care Assessments and therefore the day of care audits will be repeated in both HBCCC and Care Homes to validate the numbers.

longer need HBCCC care will require nursing care in their onward accommodation. Therefore, patients remain in an HBCCC bed as it is difficult to source appropriate care elsewhere.

The Edinburgh Health and Social Care Partnership manages eight care homes across the city. These homes are a mixture of new, purpose-built facilities and older care homes that no longer meet modern day building design standards for their function. There are four homes that are older, two in the North East and two in the South West. A property assessment review completed in 2019 indicated there would be no value in refurbishing, repurposing, or continuing to maintain these properties. The environments are not ideal for their function and they do not offer the best outcomes for residents. It is testament to the staff that the care homes continue to operate safely and continue to offer quality care to their residents however, they are not suitable or sustainable and should be decommissioned at the earliest opportunity.

These three bed types are being considered in phase 1 due to the unintended consequences of any changes made in isolation. In order to withdraw from the Liberton Hospital site we must redesign our HBCCC estate, in order to do that we must have care home capacity (either internal or external) to accommodate those patients that no longer are assessed as requiring the level of care provided in an HBCCC bed.

3. Strategic Vision

The approach and governance of EIJB's Transformation Programme is structured on the three distinct conversation stages, whilst the fourth will deliver a range of cross-cutting and enabling improvements:

Conversation 1 – the programme is focused on a range of projects and initiatives which will help strengthen prevention and early intervention approaches, build community capacity and resilience, and transform the 'front door' to our services.

Conversation 2 – the programme will focus on projects which transform our approaches to dealing with crisis management, including the implementation of a 'Home First' model and the redesign of the way we deal with adult support and protection issues.

Conversation 3 – the programme is focused on the transformation of services and supports for those who require longer term support to build a good life. This includes transformation of care at home options and bed-based care services.

Implementation of the Bed Based Care Review contributes to EIJB's six Strategic priorities:

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

It is anticipated that the outcome of the review will gain citizen, system, staff, and financial benefits in its desire to deliver the optimum model for bed-based services.

4. Option Appraisal Process

When project activity phasing was confirmed, it was agreed that relevant working groups were established to identify the options available to each bed type. Initially, these groups met independently, in confidence, due to the sensitive nature of the subject areas. An HBCCC/Intermediate Care group was established (Membership [Appendix 1](#)) and a Care Home group (Membership [Appendix 2](#)). The Partnership Executive Management Team (EMT) were kept informed of progress and a workshop was held in April 2021 to review the identified options and their potential implications. Following that workshop, it was agreed to get a small working group established that was made up of key stakeholders from both the HBCCC/Intermediate Care group and the Care Home group to undertake the options appraisal process (Membership [Appendix 3](#)).

The methodology applied by the group considered the relative desirability, viability, and sustainability of the different options (and the dependencies), and addressed the following questions:

- Where could the three bed services be provided within the existing estate?
- What are the strategic drivers for change?
- Are there better ways to achieve the strategic objectives?
- Are there better ways to use the resources available?
- Are there better ways to achieve the desired outcomes?
- What options are to be considered?
- What is the impact on whole-system capacity?

The individual groups identified the options available for their respective services over a period of time. The options presented by each group were submitted to the EMT and Project Board (where appropriate) over the course of a number of meetings. The criteria and weighting for scoring the options was agreed by the EMT and the combined appraisal group in May 2021 ([Appendix 4](#)). Members of the combined appraisal group collectively reviewed each option and, scored and identified their preferred option. This process provides a clear outcome by identifying a preferred model of delivery, which will then be developed in greater detail in consultation with stakeholders following EIJB approval to proceed. The scoring document can be found in [Appendix 5](#).

5. Evidence

Throughout the life cycle of the bed-based project, a range of supporting evidence has been gathered to help inform the options.

Collated data will be used to populate the evidence table that will form part of the Integrated Impact Assessment planned for May 2021.

Integrated Impact Assessments have been completed for some of the bed types being considered. A further assessment will be carried out by the combined group to help shape the preferred option.

6. STEERING GROUP RECOMMENDATIONS

The outcome of the Option Appraisal scoring was agreed with the combined group on 11th May 2020 and recommendations for next steps agreed; Following the Option Appraisal process, **Option 1B** was selected as the preferred option. The next stages are:

Next stages	
Identify Preferred Option	11 th May 2021
Summary report drafted and issued to EMT	13 th May 2021
EMT sign off summary report	14 th May 2021
Development session with EIJB	18 th May 2021
Present to Bed Based strategy and preferred option to EIJB	22 nd June 2021
Implementation plan developed	May/June 2021

APPENDIX 1

HBCCC/IC working group

NAME	TITLE
Dr Andrew Coull	Clinical lead for the Partnership and Associate Medical Director, Medicine of the Elderly and Stroke Services
Billie Flynn	Deputy Chief Nurse, The Partnership
Hazel Stewart	Programme Manager for Conversation 3, The Partnership
Sheena Muir	Hospital and Hosted Services Manager
Lesley Clark	Clinical Nurse Manager
Jane Shiels	Physiotherapy Rehabilitation Service Lead
Jenny MacKenzie	Delayed Discharge Manager
Dr Tom Russ	Consultant Psychiatrist
Dr Olayinka Ogundipe	Consultant Physician, Medicine of the Elderly
Dr Andrew Pearson	Consultant Physician, Medicine of the Elderly
Emma Barnes	Occupational Therapy Rehabilitation Service Lead
Garry Todd	Principal Pharmacist
Jane Brown	The Partnership Senior Care Home Manager
Helen Fitzgerald	NHS Partnership Representative

APPENDIX 2

Care home working group

NAME	TITLE
Jacqui Macrae	Chief Nurse, T the Partnership
Jane Brown	The Partnership Senior Care Home Manager
Nikki Conway	Southeast Locality Manager, The Partnership
Deborah Mackle	South West Locality Manager, The Partnership
Hazel Stewart	Programme Manager for Conversation 3, The Partnership

APPENDIX 3

Combined working group for options appraisal for HBCCC/IC/Care home review

NAME	TITLE
Jacqui Macrae	Chief Nurse, he Partnership
Dr Andrew Coull	Clinical lead for the Partnership and Associate Medical Director, Medicine of the Elderly and Stroke Services
Billie Flynn	Deputy Chief Nurse, the Partnership
Jane Brown	The Partnership Senior Care Home Manager
Nikki Conway	South East Locality Manager, The Partnership
Deborah Mackle	South West Locality Manager, The Partnership

Hazel Stewart	Programme Manager for Conversation 3, The Partnership
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Working group for options appraisal for HBCCC & IC

NAME	TITLE
Dr Andrew Coull	Clinical lead for the Partnership and Associate Medical Director, Medicine of the Elderly and Stroke Services
Billie Flynn	Deputy Chief Nurse, The Partnership
Jane Brown	The Partnership Senior Care Home Manager
Jane Shiels	Physiotherapy Rehabilitation Service Lead
Dr Olayinka Ogundipe	Consultant Physician, Medicine of the Elderly
Dr Andrew Pearson	Consultant Physician, Medicine of the Elderly
Emma Barnes	Occupational Therapy Rehabilitation Service Lead
Lesley Clark	Clinical Nurse Manager
Jenny MacKenzie	Delayed Discharge Manager
Dr Tom Russ	Consultant Psychiatrist
Sheena Muir	Hospital and Hosted services manager
Helen Fitzgerald	NHS Partnership representative
Siobhan Keay	Dementia Nurse Consultant
Garry Todd	Principal Pharmacist
Hazel Stewart	Programme Manager for Conversation 3, The Partnership

Appendix 4

HBCCC/IC/CH Review Option Appraisal Scoring Guidance

The following criteria should be used to inform the decision making of how best to deliver the optimum model of bed based care services for HBCCC/IC and CHs currently provided across four sites in Edinburgh. Scoring should be recorded on the scoring spreadsheet circulated with this document.

CRITERIA	WEIGHTING (adds up to 100)
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Supports the closure of Liberton and retains existing service capacity	20%
Reduces HBCCC beds and provides suitable environment(s) for those with complex care needs	20%
Supports a new model of care within care homes and optimises the internal care home estate	20%
Supports the withdrawal from Ferryfield house in October 2022	10%
Supports the provision of a skilled workforce with expertise in the assessment, rehabilitation and recovery of frail elderly patients with complex care needs including dementia	10%
Supports the delivery of high quality experience and good outcomes in appropriate bed based services	10%
Supports the provision of sustainable and efficient bed based services – specifically that the model is sustainable and supports known/predicted demographic changes	10%

Scoring

Score	1	2	3	4
Definition	Will not/unlikely to deliver optimal, effective and efficient bed based services	Moderately delivers optimal, effective and efficient bed based services	Mostly delivers optimal, effective and efficient bed based services	Fully delivers optimal, effective and efficient bed based services

Each member of the group should score the listed criteria 1-7 for all options in the options appraisal (below). The scoring excel sheet has separate tabs to note comments about reasons for very high or very low scores.

Appendix 5

HBCCC&IC REVIEW OPTION APPRAISAL 							
1= Will not/unlikely to deliver optimal, effective and efficient bed based services (when you click on 1-4 the weighting will automatically calculate) 2 = Moderately delivers optimal, effective and efficient bed based services 3 = Mostly delivers optimal, effective and efficient bed based services 4 = Fully delivers optimal, effective and efficient bed based services							
Please score each of the options under the following criteria (the weighting % will automatically calculate). You can change your 1-4 scoring at any time but please don't try to change the weighting as this will remove the formula.		OPTION 1A: Withdraw from Liberton; Close 4 older care homes in one go; reprovision Drumbrae as NHS led HBCCC; Reprovision Findaly House to all IC; Reprovision EGH to all IC; Recommission care at CG&NM (or bring in house); Close Ferryfield house in October 2022		OPTION 1B: Withdraw from Liberton; Close 4 older care homes in a phased approach; reprovision Drumbrae as NHS led HBCCC; Reprovision Findaly House to all IC; Reprovision EGH to all IC; Recommission care at CG&NM (or bring in house); Close Ferryfield house in October 2022		OPTION 2: Withdraw from Liberton; Close 4 older care homes in one go; change function of Findlay House to all IC; change function of Hawthorn ward to IC; Recommission care at CG&NM (or bring in house)	
		Weighting - please do not delete these numbers		Weighting - please do not delete these numbers		Weighting - please do not delete these numbers	
Supports the closure of Liberton and retains existing service capacity (20%)		4	80	4	80	4	80
Reduces HBCCC beds and provides suitable environment(s) for those with complex care needs (20%)		4	80	4	80	4	80
Supports a new model of care within care homes and optimises the internal care home estate (20%)		3	60	4	80	4	80
Supports the withdrawal from Ferryfield house in October 2022 (10%)		4	40	4	40	1	10
Supports the provision of a skilled workforce with expertise in the assessment, rehabilitation and recovery of frail elderly patients with complex care needs including dementia (10%)		3	30	4	40	4	40
Supports the delivery of high quality experience and good outcomes in appropriate bed based services (10%)		2	20	3	30	3	30
Supports the provision of sustainable and efficient bed based services – specifically that the model is sustainable and supports known/predicted demographic changes (10%)		2	20	3	30	3	30
			330		380		350
	Any Comments on Option 1A for high or low scores (Please add to corresponding tab)			Any Comments on Option 1B for high or low scores (Please add to corresponding tab)		Any Comments on Option 2 for high or low scores (Please add to corresponding tab)	

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Section 4 Integrated Impact Assessment

Summary Report Template

Each of the numbered sections below must be completed

Interim report	x	Final report	
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 (Tick as appropriate)

1. Bed based redesign – closure of care homes

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

This proposal seeks to withdraw from four of our older care homes South West and North East of the city and to change the function of Drumbrae care home in the North West of the city. Due to the environmental limitations of four of the older care homes in our estate we recommend decommissioning these in a phased implementation plan. To remodel other beds within our wider bed base we need to maximise the use of our remaining estate by changing the function of one of the larger care homes to provide complex care assessment beds, after reviewing the full care home estate, we recommend that Drumbrae care home is used for this function. In total (as of the 6th June) there are 94 residents accommodated within these care homes. These residents will need onward accommodation either within our internal care home estate or within the private marketplace. The Residential Review Team (RRT) will work with the residents and their families to assess the best options for them. The staff of these care homes will also need consulted and an organisational change process will need to be followed. We aim to ask the EIJB to issue a direction to the City of Edinburgh Council to decommission the residential care currently provided at Clovenstone, Ford's Road, Jewel House and Ferrylee, returning the buildings to the CEC. We will also ask the EIJB to decommission the residential care model provided at Drumbrae care home and single intent to re-provide complex care assessment (HBCCC) within that facility.

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

Due to the extremely sensitive nature of this proposal there has been very little public involvement to date. The IIA was conducted with a small group of internal staff that have insight into the staff and residents within the care homes. Once the decision has been finalised and due process followed, consultation activities will begin with the residents and their families and the staff onsite. Once these activities are underway, we will revisit the IIA to finalise the process.

4. Is the proposal considered strategic under the [Fairer Scotland Duty](#)?

No – it will improve outcomes and provide a better environment for people

5. Date of IIA

18th February 2021

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

Name	Job Title	Date of IIA training
Alice Dréano (Lead facilitator, officer and report writer)	Project Manager (Bed base care)	July 2020
Nikki Conway	Locality manager (SE)	
Deborah Mackle	Locality manager (SW)	
Anna Duff	Cluster Manager	
Siobhan Murtagh	HR representative CEC	
Catherine Mathieson	Cluster Manager	
Jane Brown	Care Home Manager	

7. Evidence available at the time of the IIA

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected?
Data on populations in need	Resident profile and CH registration	Over 65s with overall capacity for 206 people
Data on service uptake/access	Resident profiles and staffing establishment inc staff vacancy list	109 residents and 288.99 FTE staff
Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.	Finance data	Mix of LA funded residents and self-funders
Data on equality outcomes		
Research/literature evidence	Condition reports for all care homes	Evidence of older homes and current condition status which could impact on residents (Over 65s but mostly over 75s)
	Care Inspectorate: Building better care homes for adults	Evidence of standards for care homes including room size, en-suite requirements etc
	Care home census report 2009 - 2019	Number of care homes, split by residential and nursing for older adults, trend analysis, local authority care homes, market share, demographic profile, average length of stay
Public/patient/client experience information	Resident profiles required;	Gives insight into capacity, guardianship and POA arrangements, frailty
	Day of care audits planned	To understand level of need across all homes
Evidence of inclusive engagement of people who use the service and involvement findings	Not as yet – this will be completed once decision is reached	Aim to get wider stakeholder group with carers, resident representatives and patients – could get user experience from Cherry Oak residents.
Evidence of unmet need	Health delay list; CEC delay list;	Reviewed over an extended period to understand waiting lists and pressure areas

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected?
Good practice guidelines	Care inspectorate guidance on building better homes Cosla - Good Practice Guidance on the Closure of a Care Home	Guidance (to complement any HSCP guidance in place) to help plan for the closure of a care home.
Carbon emissions generated/reduced data	Condition reports of buildings available	
Environmental data	As above	Buildings are unsuitable for their designated functions – the age of the buildings is cause for concern and the internal layout across the older four homes is challenging. Difficult to place people here due to environment limitations.
	As above	DB care home is a purpose built home that does meet standards however, it has never functioned at optimal occupancy. At present there are 14 residents in a 60 bed care home which means that energy and environmental usage is out of line with the number of residents
Risk from cumulative impacts	High level risks have been identified	
Other (please specify)		
Additional evidence required		

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

<p>Equality, Health and Wellbeing and Human Rights</p> <p>Advantages: For those in older homes:</p> <ul style="list-style-type: none"> - Improved service offering more accessibility; environmental improvements; safer in relation to wellbeing (residents and staff); safer overall environment; better infection, prevention & control, 	<p>Affected populations</p> <p>Older people over 65; both men and women; people with age related impairments, older people’s mental health</p>
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<p>potential to be more inclusive due to nature of environment; builds sustainability across estate; promotes healthier lifestyles and continuity of existing relationships where possible</p> <p>For those in Drumbrae:</p> <ul style="list-style-type: none"> - Safer in relation to wellbeing (residents and staff); safer overall environment due to occupancy risks; More inclusive due to social contact aspect; promotes continuity of existing relationships where possible; <p>Risks, issues and mitigations:</p> <p>ALL: Moving older, frail residents has an element of risk however, this could be mitigated by offering better outcomes and a safer environment. Additionally, where possible (and if approved), we would try to locate residents in friend groups to ensure stability and consistency and further to that, we would aim to move staff (either permanently or temporarily – depending on preferences) to support residents in their transition and provide familiarity whilst they settle in to their new home.</p> <p>Furthermore, especially during the ongoing COVID-19 pandemic, innovative methods to support moves could be introduced (similar to that which was applied in the transition from Cherry Oak). Virtual tours and meets, slideshows of new accommodation, staff introductions and possible group meetings with residents could be conducted virtually in the first instance. The introduction of getting to know me booklets for each resident indicating their likes and dislikes, favourite meal options, favourite activities and their preferences would also support the transition. Both staff and residents could benefit from this information whilst new members of their care home got used to their new home.</p> <p>Drumbrae: Some residents may have moved previously from other care homes and this proposal will be disruptive as they may have to move to alternative accommodation again. We will aim to mitigate this as outlined above by offering moves in friendship groups and having familiar staff accompany them through the transition.</p> <p>Staff may feel undervalued and that these proposals are directed at them at a point in time where they are exhausted and have already had to deal with the negative media stories during the pandemic. We are committed to working with staff individually to get the best possible outcomes for them. We value our workforce and</p>	<p>(OPMH), frailty and old age; Staff of all ages both full and part time</p>
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<p>recognise the skills and experience they bring to their role, we also recognise the extraordinary circumstances that staff have continued to work through and commend them for their professionalism and dedication during this period. We fully appreciate that these proposals could cause stress and anxiety to our care staff. We want to retain our workforce and have a policy of no compulsory redundancies, we want to keep the skills and experience of these staff and ultimately provide a career path with opportunities to upskill, learn and develop.</p>	
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<p>Environment and Sustainability including climate change emissions and impacts</p> <p>Positive: Rationalised estate; less buildings; remaining estate more energy efficient; better climate control; adapted for climate change; less packaging due to more space and having the option to buy in bulk or by adopting a smart purchasing policy for all remaining care homes; modern, Older care homes: Regulated fire safety systems; better fire compartmentalisation; better infection, prevention and control management; improved evacuation routes; improved physical environment; improve living space for residents; improved circulation space in corridors and hallways; separate changing and cooking areas for staff</p> <p>Risks, issues and mitigations: May have travel implications for some staff or service providers such as GPs/DNs etc however, this won't be clear until full consultation has taken place</p> <p>May have travel implications for staff and resident's families depending on onward accommodation and redeployment.</p>	<p>Affected populations</p> <p>Older people over 65; both men and women; staff of all ages both full and part time</p>
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<p>Economic including socio-economic disadvantage</p> <p>Positive: There are good community links around the remaining care homes in our estate; there is opportunity to support local businesses; and for staff working in our older homes, there would be improved working conditions due to the environmental layout;</p>	<p>Affected populations</p> <p>Older people over 65; both men and women; staff of all ages both full and part time</p>
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<p>Risks, issues and mitigations: There are potential cost of living increases for residents due to the charging structure across our estate. This has been highlighted as an issue and will be reviewed through the care home transformation programme to ensure the charging structure is equitable and fair for the care we provide.</p> <p>Increased travel may be required by resident's families and friends and also staff. This could incur additional charges or lengthy journeys however, the remaining homes in our estate are within 3 or 4 localities so should be broadly accessible to most.</p> <p>Older care homes: Ferrylee accommodates our respite provision which is managed as a rolling programme. Respite beds are currently not in use due to the pandemic but we and carers expect it to return once restrictions have been lifted and it is safe to operate again. It is a popular service and the care home manager has been receiving enquiries daily to understand when this will be operational again. Closing Ferrylee would have a significant impact for carers and could potentially create reputational issues for the EHSCP as well. This can be mitigated in part through the establishment of the respite working group (part of the bed based care project) who are considering the respite provision offered to our carer's and cared for people. In addition to bed based respite (either internally provided or commissioned), this group are considering the range of innovative options we add to our existing provision that could move away from traditional bed based respite however, we recognise that bed base respite will always be needed in some circumstances.</p>	
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9. Is any part of this policy/ service to be carried out wholly or partly by contractors and if so, how will equality, human rights including children's rights, environmental and sustainability issues be addressed?

No

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

The communications plan will be developed in tandem with the plan for decommissioning, the provider will follow specific CoSLA guidance when communicating with residents and their families. Residents will be supported in the move through review and

oversight by the Residential Review Team (RRT). Staff will be communicated to by the provider with HR support throughout in line with the workforce organisational change policy.

11. Is the policy likely to result in significant environmental effects, either positive or negative? If yes, it is likely that a [Strategic Environmental Assessment](#) (SEA) will be required and the impacts identified in the IIA should be included in this.

No

12. Additional Information and Evidence Required

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

Once agreement has been reached we will underway with residents, families and staff we will revise the IIA to incorporate their comments and thoughts

13. Specific to this IIA only, what recommended actions have been, or will be, undertaken and by when? (these should be drawn from 7 – 11 above) Please complete:

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and job title)	Deadline for progressing	Review date
Consultation with residents and families	Residential Review Team (to be assigned)	Following agreement	
Consultation with staff	HR / CEC Union leads	Following agreement	

14. Are there any negative impacts in section 8 for which there are no identified mitigating actions?

15. How will you monitor how this proposal affects different groups, including people with protected characteristics?

Through ongoing dialogue and discussion via consultation activities, and by follow up at designated times once moves have been completed.

16. Sign off by Head of Service/ NHS Project Lead

Name Hazel Stewart

Name Nikki Conway

Date 18/02/2021

Date 18/02/2021

17. Publication

Completed and signed IIAs should be sent to strategyandbusinessplanning@edinburgh.gov.uk to be published on the IIA directory on the Council website www.edinburgh.gov.uk/impactassessments

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REFERRAL REPORT

Edinburgh Integration Joint Board Risk Register – Referral from the Audit and Assurance Committee

Edinburgh Integration Joint Board

22 June 2021

Executive Summary

The purpose of this report is to refer the attached report on the Edinburgh Integration Joint Board Risk Register from the Audit and Assurance Committee to the Edinburgh Integration Joint Board for approval/consideration with the Committee's recommendations detailed below.

Recommendations

The Audit and Assurance Committee recommends that the Edinburgh Integration Joint Board:

1. Notes the further development of the risk register with the adoption of a new process to ensure regular Executive Management Team (EMT) involved in assessing and managing risk.
2. Considers the updated risk profile cards for 'medium' and 'high' level risks noting that these have been reviewed by the Executive Management Team in May 2021.
3. Determines if the mitigating controls identified against these current risks are adequate; and
4. Considers the need for further risks to be added to the register.

Terms of Referral

1. The Audit and Assurance Committee on 11 June 2021 considered a report on the Edinburgh Integration Joint Board (EIJB) Risk Register, which provided an update on the activity to manage, mitigate and escalate EIJB risks.
2. During consideration of the report, the Committee discussed the following:
 - The governance process for scrutinising risks, which included a new process adopted by the Executive Management Team (EMT) in March 2021;
 - The layout and format of the Risk Register, and recorded their thanks to Julie Tickle and other officers responsible for the clear, concise and user-friendly layout apparent throughout the Register, and;
 - Risk 1.3, and the proposal to have the risk's target set at 'high'. Members questioned the appropriateness of this and would have liked to have seen a more ambitious target of medium or low.

The Committee also noted the legal/risk implications in the report; with the Register being an integral component of the EIJB's internal control system, using a systematic and structured method of recording all risks that threaten the EIJB's strategic objectives/priorities.

3. The Committee agreed:
 - 3.1 To note the further development of the risk register with the adoption of a new process to ensure regular Executive Management Team (EMT) involvement in assessing and managing risk.
 - 3.2 To consider the updated risk profile cards for 'medium' and 'high' level risks noting that these have been reviewed by the Executive Management Team in May 2021.
 - 3.3 To formally refer the paper to the EIJB for consideration and highlight Risk 1.3 and its target risk rating of 'high' as a potential problem in the delivery of Delegated Services and hence, the Strategic Plan.
 - 3.4 To determine that the mitigating controls identified against these current risks are adequate
 - 3.5 To consider the need for further risks to be added to the agenda.
4. The Integration Joint Board is asked to consider the recommendations of the Audit and Assurance Committee, particularly in relation to 3.3 above where the Committee expressed concerns of the Risk's target rating.

Report Author

Councillor Phil Daggart

Chair, Audit and Assurance Committee

Contact for further information:

Name: Matthew Brass, Committee Services

Email: matthew.brass@edinburgh.gov.uk

Appendices

Appendix 1 Edinburgh Integration Joint Board Risk Register

REPORT

Edinburgh Integration Joint Board Risk Register

Audit and Assurance Committee

11 June 2021

Executive Summary

The purpose of this report is to update the Audit and Assurance Committee on activity to manage, mitigate and escalate Edinburgh Integration Joint Board (EIJB) risks by providing the most up-to-date version of EIJB risk register.

Recommendations

It is recommended that the Audit and Assurance Committee:

- a. Notes the further development of the risk register with the adoption of a new process to ensure regular Executive Management Team (EMT) involved in assessing and managing risk.
- b. Considers the updated risk profile cards for 'medium' and 'high' level risks noting that these have been reviewed by the Executive Management Team in May 2021.
- c. Determines if the mitigating controls identified against these current risks are adequate; and
- d. Considers the need for further risks to be added to the register.

Directions

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

Main Report

Background

1. As a key part of its governance process, the risk register examines the risks that impact the Edinburgh Integration Joint Board's (EIJB) ability to deliver its objectives. Members of the EIJB Audit and Assurance Committee (AAC) are responsible for the oversight of risk management arrangements; this includes receipt, review and scrutiny of reports on strategic risks and escalation of any issues that require to be brought to the EIJB's attention.
2. The risk register sets out the cornerstones of a comprehensive risk process that identifies and assesses risks and associates their owners and controls to manage them. The AAC reviews the EIJB risk register quarterly and refers it to the EIJB twice yearly.

Risk update

3. The Executive Management Team (EMT) considered the risk register and associated management processes at its meeting on 18 March 2021. This resulted in the adoption of enhanced governance arrangements, including a commitment to regular EMT engagement on risk prior to consideration by AAC. A summary of the adopted governance process is provided at Appendix 1
4. In accordance with the approved process, EMT reviewed the risk profile cards in May, prior to completion of this AAC report. The outcome of this process is to recommend to AAC that risk 1.1 which relates to strategic planning changes from 'very high' to 'high' to reflect the decreased risk of the COVID-19 pandemic impacting on the delivery of strategic objectives through implementation of the mobilisation plan. The new risk rating also reflects the significant activity that is being undertaken to support the new strategic plan and implementation of the transformation programme which is picking up pace.
5. Although there has been adjustment to other risk profile cards, this overall risk assessment has remained the same. Appendix 2 provides the overall risk assessment with detailed profile cards provided at Appendix 3.
6. These risk profile cards also update on risk management activity undertaken since the last AAC meeting. In addition to the work that has been undertaken in support of risk 1.1, action around budget management and sustainability (risk 1.3) and workforce strategy and planning (risk 2.2) should also be noted.
7. Further work is required to review risk 1.2, influencing decision-making over services that are not managed by the Partnership, to capture risks associated with City of Edinburgh Council services and to identify additional mitigating actions as appropriate.

Next steps

8. EMT discussions on 14 May focused on the fact that risks remain higher than target levels in key areas, for example around asset planning and in respect of the infrastructure and resource required to deliver integration. The need to continue to develop risk management activity was emphasised, in particular the identification of further ongoing or additional controls aimed at reducing the level of risk. To this end a dedicated workshop will be set up involving all risk owners to enable a review of target risk levels, a further in-depth analysis of actions required to mitigate risk, and to identify if any further risks need to be captured with the register. The outcomes of this work and corresponding recommendations will be reported to a future meeting of the AAC.

Implications for Edinburgh Integration Joint Board

Financial

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

Legal / risk implications

10. The risk register included in this report as Appendix 2 and 3 highlights current EIJB risks. The register is a core component of the EIJB's internal control system and is used a systematic and structured method of recording all risks that threaten the EIJB's strategic objectives/priorities.

Equality and integrated impact assessment

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

Environment and sustainability impacts

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

Quality of care

13. The management and mitigation of risks in key areas including strategic planning and commissioning and the issuing of directions should impact positively on the quality of care delivered.

Consultation

14. The EIJB risks were developed following consultation with the EHSCP EMT, EIJB AAC members, Chief Internal Auditor, representatives from the three Lothian EIJBs and the Council's Risk Officer.

Report Author

Moira Pringle
Chief Finance Officer

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Telephone: 07778 884320

Background Reports

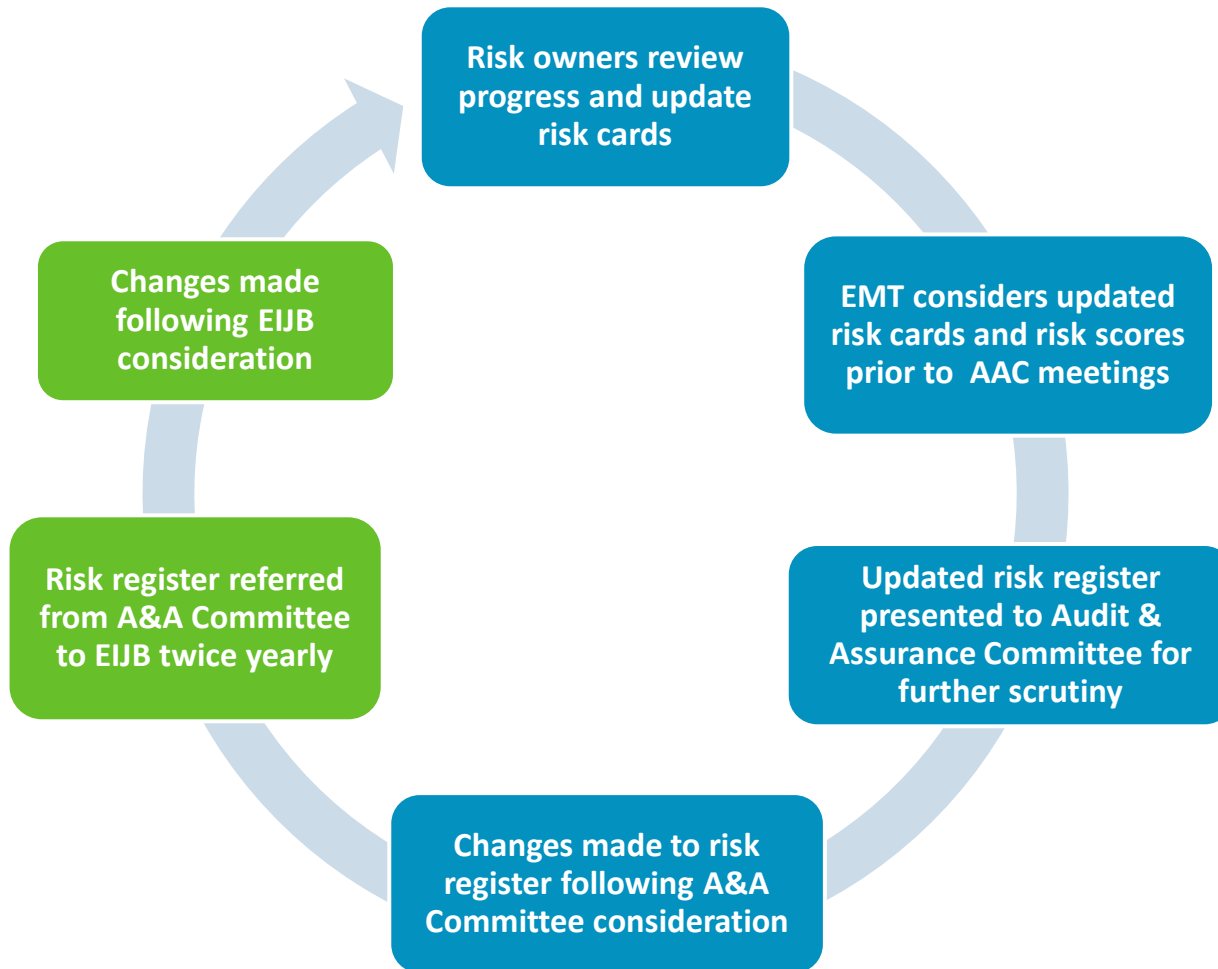
None

Appendices

Appendix 1	Governance process for risk
Appendix 2	EIJB risk register – June 2021
Appendix 3	Risk profile cards for 'medium', 'high' and 'very high' risks

Appendix 1 – Governance process for scrutinising risk

The following process was adopted by the Executive Management Team in March 2021.



Appendix 2 - EIJB Risk Register – June 2021

ID	Risk	Rating
1.	Strategic Planning and Commissioning	
1.1	Failure to deliver EIJB strategic objectives leading to a requirement to revise the strategic plan.	High
1.2	Failure to influence decision-making over services that are not managed by the EHSCP leading to the inability to review service delivery and drive strategy.	High
1.3	Failure to deliver delegated services within available budgets leading to a requirement to revise the strategic plan.	High
1.4	Insufficient asset planning arrangements leading to failure or delays in delivering the strategic plan.	High
2.	Issuing of Directions	
2.1	Failure of NHS Lothian and The City of Edinburgh Council to deliver directions leading to services not aligned to strategic intentions.	High
2.2	Failure to deliver EIJB directions leading to a mismatch between workforce requirements and availability.	High
3.	Management and Role of the EIJB	
3.1	Inability to operate effectively as a separate entity leading to a failure to deliver the benefits of integration.	Medium
3.2	Failure to make best use of the expertise, experience and creativity of its partners leading to a negative impact on the delivery of the strategic outcomes and poor relationships.	Medium
3.3	EIJB infrastructure lacks the professional, administrative and technical infrastructure to operate effectively leading to failures in governance, scrutiny and performance arrangements.	High
3.4	Insufficient or poor-quality assurance from assurance providers to support effective delivery of their scrutiny responsibilities.	Medium
3.5	Non-compliance with applicable legislative and regulatory requirements leading to legal breaches, fines and/or prosecution.	Low
3.6	Officers with operational responsibilities are being asked to scrutinise performance in areas where they are not totally independent leading to inadequate oversight of delegated EIJB functions.	Low
3.7	Insufficient or poor-quality assurance from assurance providers to support effective delivery of their scrutiny responsibilities.	Low

Appendix 3 - Risk Profile Cards for 'Medium', 'High' and 'Very High' Risks

1. Strategic Planning and Commissioning

Risk 1.1 Failure to deliver EIJB strategic objectives leading to a requirement to revise the strategic plan.

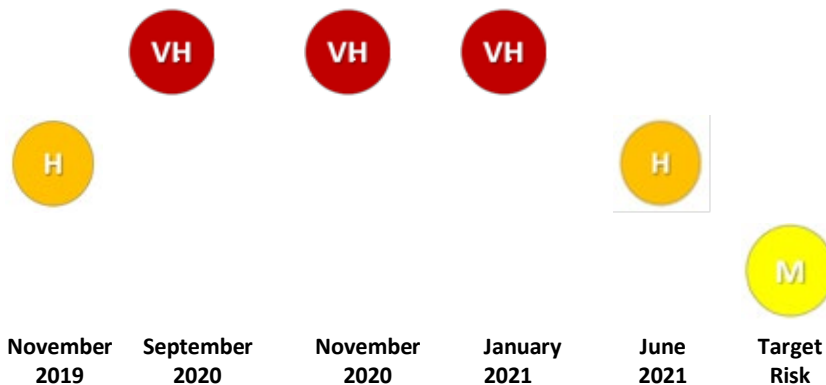
Objective:
Delivery of EIJB strategic priorities designed to help achieve an affordable, sustainable and trusted health and social care system for Edinburgh.

Source of objective:
EIJB Strategic Plan, Financial reporting and engagement framework with stakeholders

Risk Owner:
Chief Officer

Risk Contributor:
Head of Strategic Planning

Historical Risk Score



Current Risk Score

Current Risk Score	Likelihood	Consequence	Risk Rating	Date assessed
	Possible	Major	High	May 2021

Current Risk Score

Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH
	Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext
		Consequence				

Target Risk Score

Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH
	Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext
		Consequence				

Activity undertaken since last Audit and Assurance Committee meeting

- EIJB agreed to a higher-level strategic direction to be led initially by Futures Committee. This direction will guide future 3-year strategic commissioning plans.
- Significant progress in developing the Edinburgh Wellbeing Pact and associated mobilisation plan.
- Comprehensive consultation and engagement programme began in Feb 21 and will run throughout this year to inform the new strategic plan 2022-25.
- Initial Joint Strategic Needs Assessment topic papers (population and demographics, poverty and dementia) completed and due to be published online in May 2021. More topic papers in the pipeline.
- Work commenced on the Annual Performance Report 2020-21 and new performance framework
- Current strategy including the transformation programme continuing to develop with progress report to EIJB in April 21.

Risk Assessment

Likelihood

- The EIJB has agreed a savings and recovery programme because the income delegated by partners is less than the projected cost of services. The impact could mean that we fail to meet our strategic objectives.

Consequence

- The current Strategic Plan's four key elements (Edinburgh Pact, Three Conversations, Home First and Transformation) are key parts of mitigating this risk. The pace of implementation has been previously compromised by the impact of the COVID-19 pandemic but is picking up speed again. The next three-year strategic commissioning plan will build on the existing plan, refine priorities and close existing gaps.

How would this risk happen?

- Insufficient resources (finances, workforce, infrastructure, etc.) delegated by the Council and/or NHS Lothian.
- Strategic priorities beyond current organisational experience.
- Lack of stakeholder support.
- Underestimated complexity of issues.
- Irregular assessment of objectives leading to unidentified impact of operational effectiveness.
- New regulations changing direction of travel.
- External forces (major incidents) presenting unexpected threats /opportunities (e.g. pandemic).
- Impact of leaving the EU.
- Impact of Scotland leaving the UK
- Impact of independent review of adult social care or similar resulting in a need to change

What would the potential outcome be?

- If strategic priorities (prevention and early intervention; tackling inequalities; person-centred care; managing resources effectively; best use of capacity; and right care, right place, right time) are not adequately managed, the planned improvements in health and wellbeing of people in Edinburgh would be negatively impacted.
- Reputational damage to the EIJB.

priorities / direction of travel				
What are we doing to currently manage the risk? (controls in place)				
1.	Published updated Strategic Plan 2019-2022 following wider consultation which included both NHS Lothian and Council partners. Partners are then fully aware of the EIJB's requirements.			
2.	Performance is regularly reported to the Performance and Delivery Committee and annually to the EIJB. Most of the Good Governance Institute recommendations have been implemented - we established a new committee structure including Strategic Planning Group, Performance and Delivery, Audit and Assurance, Clinical Care Governance, and Futures.			
3.	Publication of Annual Performance Report 2019-2020 - captures areas of progress that the EIJB and EHSCP have made over the last year. It measures performance against the Ministerial Strategic Group priorities, national suite of indicators and six strategic priorities set out in the EIJB Strategic Plan. Report is discussed annually at EIJB.			
4.	Governance arrangement for Financial plan is place. Financial plan is approved annually by the EIJB following the annual due diligence process on the budget offers from NHS Lothian and the Council.			
5.	Risks and potential approaches are highlighted to EIJB Chair at regular 1:1 with Chief Officer			
6.	Budget Setting Protocol agreed by EIJB, NHS Lothian and the Council in place (move to 1.2)			
7.	Timetable of engagement meetings with key stakeholders (EIJB, CEC Head of Finance, NHS Lothian Director of Finance, Chief Executives from both Council and NHS Lothian). Fostering good relationships and better understanding of other organisations' perspectives.			
8.	Covid-19- Mobilisation plan with an action plan in place to minimise impact of Covid-19.			
9.	Ongoing reporting (via NHS Lothian) of financial impact of COVID-19 to Scottish Government			
10.	Revised transformation programme agreed and infrastructure now in place – first transformation portfolio board met in early September. Over the next 12 months projects within the transformation programme will transition into the core strategic programme.			
11.	Phased work programme underway to refresh the Joint Strategic Needs Assessment (JSNA) which will underpin the next Strategic Plan 2022-25.			
Additional controls or actions needed to manage this risk		Action Owner	Delivery Date	Update
1.	Strategic Planning Group to give early consideration to next iteration of strategic plan	HoSP	Sept 20	Completed
2.	Financial strategy, aligned to the strategic plan, and building on the financial framework (presented to the EIJB in October 2019), is under development. The budget for 2021/22 will be agreed by March 2021.	CFO	March 21	Completed
3.	Financial plan, and associated savings and recovery programme, for 2021/22 is being progressed. Initial financial plan to be presented to EIJB in October 2020.	CFO	Oct 20	Completed
4.	Review of extant directions to be scrutinised by P&D	HoSP	Sept 20	Completed
5.	EIJB developing approach to engagement and involvement with wider stakeholders	HoSP	Dec 20	Completed
6.	First stakeholder 'event' to take place	HoSP	Nov 20	Completed

7.	Review of extant directions to be presented to EIJB.	HoSP	Dec 20	Completed
8.	Re-instatement of Strategic Operational Forum (paused during pandemic). Among the terms of reference is the translation of strategic priorities into operational delivery.	HoSP	Nov 20	Completed

1. Strategic Planning and Commissioning

Risk 1.2

Failure to influence decision-making over services that are not managed by the Partnership leading to the inability to review service delivery and drive strategy.

Objective:

Ensure that the Edinburgh element of delegated Pan-Lothian services are delivered in line with EIJB's Directions.

Source of objective:

EIJB Directions, Integration Scheme, EIJB Strategic Plan, Financial Plan, Annual Performance Report, Review of Directions.

Risk Owner:

Chief Officer

Risk Contributor:
Head of Strategic Planning

Historical Risk Score



Current Risk Score: High

Current Risk Score	Likelihood	Consequence	Risk Rating	Date assessed
	Likely	Moderate	High	May 2021

Current Risk Score

Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH
	Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext
	Consequence					

Target Risk Score

Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH
	Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext
	Consequence					

Activity undertaken since last Audit and Assurance Committee meeting

- Hosted services and set aside identified as specific operational / grip and control project within the 2021/22 Savings and Recovery Programme agreed by EIJB in March 2021.
- Established process to review directions via Performance and Development Committee. Initial recommendations regarding directions in place April 2020-March 2021 made to P&D Committee in April 21.

Risk Assessment

Likelihood

- Gaps remain in how the EIJB plans for hosted and set aside services.

Consequence

- Hosted and set aside services represent a moderate proportion of overall delegated services.
- Elements of planning for hosted and set aside services are currently in place.

How would this risk happen?

- Conflicting priorities between managers of services and EIJB requirements/Directions.
- Conflicting priorities between the four EIJBs.
- Unclear communication between relevant parties.
- Lack of clarity in Directions.
- Impact of external forces such as new regulations; unexpected threats or opportunities; and major incidents (e.g. pandemic)
- Impact of leaving the EU.
- Impact of Scotland leaving the UK.
- Impact of independent review of adult social care or similar on financial planning.

What would the potential outcome be?

- Outcome for people in Edinburgh are poorer.
- Resources are not the right place to deliver the EIJB's objectives.
- Pathways are confused due the different requirements of four EIJBs.

What are we doing to currently manage the risk? (Controls in place)

1.	Pan-Lothian consultation carried out on Draft Strategic Plan in September 2019.
2.	Regular (monthly) Chief Officer meetings attended by all four EIJBs and officers from NHS Lothian provide a forum to reach consensus and raise any relevant issues.
3.	Specific service forums are established to consider and agree major service changes which impact on more than one EIJB.
4.	The EIJB agreed and implemented a revised Directions Policy compliant with national guidelines in August 2019.
5.	Ongoing monitoring of the delivery of directions through maintenance of the directions tracker and regular progress reporting through Performance and Delivery Committee.
6.	Established process to review directions via Performance and Development Committee with onward referral to EIJB
7.	Financial reporting mechanisms in place for hosted and set aside services.
8.	New terms of reference have been agreed for the Lothian Chief Officer group which is attended by all four EIJB Chief Officers and Chief Finance Officers.
9.	Programme Recovery Board for unscheduled care and Mental Health and Learning Disability Services has been established by NHS Lothian. These groups have cross cutting representation and are chaired by EIJB Chief Officers.
10.	Redesigning urgent care project

Additional controls or actions needed to manage this risk		Action Owner	Delivery Date	Update
1.	Implications for hosted and set aside services will be picked up through the Transformation Programme as required.	HoSP	Ongoing	
2.	Structural gaps in hosted and set aside services planning to be addressed through the Partnership's new management structure.	CO	Dec 21	
3.	Annual review of Directions will be presented to the EIJB.	HoSP	Dec 20	Completed

1. Strategic Planning and Commissioning

Risk 1.3

Failure to deliver delegated services within available budgets leading to a requirement to revise the Strategic Plan.

Objective:

Using available resources to maximise outcomes for the people of Edinburgh.

Source of objective:

EIJB Strategic Plan, Financial Plans, Financial Updates, Annual Performance Report

Risk Owner:

Chief Officer

Risk Contributor: Chief Finance Officer

Historical Risk Score



November 2019 September 2020 November 2020 January 2021 June 2021 Target Risk

Current Risk Score: High

Current Risk Score	Likelihood	Consequence	Risk Rating	Date assessed
	Likely	Major	High	May 2021

Current Risk Score

Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH
	Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext
		Consequence				

Target Risk Score

Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH
	Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext
		Consequence				

Activity undertaken since last Audit and Assurance Committee meeting

- Indicative break-even outturn position for 19/20, with full funding received to offset the financial impact of COVID-19.
- 2021/22 Savings and Recovery Programme agreed by EIJB in March 2021.
- Ongoing dialogue about how to best ensure the sustainability of the Edinburgh Heath and Social Care system. New approach agreed re ensuring sustainability with work commencing on the Integration and Sustainability Framework.

- Financial performance of Partnership services scrutinised at Joint performance review meeting with Council Chief Executive and NHS Lothian Deputy Chief Executive

Risk Assessment

Likelihood

- The projected costs for delegated services in 2021/22 outstrip the budget offers from CEC and NHS Lothian leading to a continued savings requirement. Although a comprehensive Savings and Recovery Programme has been adopted and will assist in mitigating the risk, the financial plan remains unbalanced at the current time. The EIJB recognised that the additional measures which would be required to balance the plan would have a significant negative impact on performance gains and outcomes for people.

Consequence

- The EIJB and its partners face a significant financial challenge over the next few years. Driven by growing demand, higher costs, increasing expectations for the delivery of health and social care, and a reduction of financial resources available.

How would this risk happen?

- Unanticipated increase in costs of delegated services.
- Failure to deliver agreed savings programmes.
- Poor budget management
- Full financial impact of COVID-19 not fully reimbursed by Scottish Government.
- In year reduction in funding due to need of Council and/or NHS Lothian requirement to balance their overall budgets.
- Unanticipated financial impacts other external forces such as new regulations; unexpected threats or opportunities; and major incidents (e.g. pandemic).
- Impact of leaving the EU.
- Impact of Scotland leaving the UK.
- Impact of independent review of adult social care or similar review

What would the potential outcome be?

- Reprioritising spending
- Strengthen budgetary control.
- Identify additional savings and recovery schemes
- Fail to maximise outcomes for people in Edinburgh.

What are we doing to currently manage the risk? (Controls in place)

1.	Performance and Delivery Committee scrutinise financial performance. Approach to monitoring progress with savings and recovery plan agreed with P&D.
2.	Finance is a standing item on the EIJB agenda.
3.	Regular financial reports to EIJB, partnership executive team and the various governance forums in the Council and NHS Lothian.
4.	Operational financial monitoring undertaken monthly by both NHS Lothian and the Council.
5.	Regular dialogue between operational budget holders and the finance teams in NHS Lothian and The City of Edinburgh Council.
6.	Savings Governance Framework in place in line with requirements highlighted in recent Internal Audit Reports
7.	Partnership Savings Governance Group chaired by Chief Officer meets monthly to scrutinise progress against the savings and recovery programme.
8.	Regular tripartite meetings in place. Attended by: CO, CFO CEC Head of Finance, NHS Lothian Head of Finance)

9.	Additional funding allocated for financial impact of COVID-19 following regular submissions to SG on via the mobilisation planning process. This will continue for financial year 2021/22.
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Additional controls or actions needed to manage this risk		Action Owner	Delivery Date
1.	Performance and Delivery Committee refining formatting content of Financial reporting.	CFO	Completed
2.	Enhance support for CFO built into proposed new structural arrangements	CO	Dec 21
3.	Finalise position with Scottish Government for financial impact of COVID-19 for 19/20	CFO	Completed

1. Strategic Planning and Commissioning

Risk 1.4

Insufficient asset planning arrangements leading to failure or delays in delivering the strategic plan.

Objective:

Comprehensive capital and asset strategy, aligned to the Strategic Plan agreed by the EIJB.

Source of objective:

Strategic Plan, transformation programme

Risk Owner:

Chief Officer

Risk Contributor:

Head of Strategic Planning

Historical Risk Score



Current Risk Score: High

Current Risk Score	Likelihood	Consequence	Risk Rating	Date assessed
	Likely	Major	High	May 2021

Current Risk Rating

Likelihood	Consequence				
	Neg	Min	Mod	Maj	Ext
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Target Risk Rating

Likelihood	Consequence				
	Neg	Min	Mod	Maj	Ext
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Activity undertaken since last Audit and Assurance Committee meeting

- Panmure St Ann's redevelopment for the Inclusive Homelessness Service on schedule and due open by November 2021.
- Continuing progression of Primary Care development projects including South East Edinburgh Initial Agreement, West Edinburgh (Maybury) Joint development with CEC primary school, and General Medical Services Edinburgh South.
- Ongoing bed-based review work - recommendations for phase 1 due to EIJB in June 21.
- Future focus infrastructure work programme has commenced.

Risk Assessment

Likelihood

Although several individual pieces of work are underway, some of which are well advanced, no overarching strategy is in place.

Consequence

Lack of a cohesive strategy could result in missed opportunities to attract funding and, consequently, delay implementation of plans which are dependent on capital monies.

How would this risk happen?		What would the potential outcome be?	
<ul style="list-style-type: none"> • Lack of an overarching asset strategy • Failure to develop business cases timeously and in line with partners' differing governance processes • Insufficient capital resources available • Negative impact of COVID-19 on infrastructure costs meaning fewer schemes can be delivered • Under-developed links with infrastructure partners (eg housing) 		<ul style="list-style-type: none"> • Failure to deliver infrastructure required to fulfil strategic objectives • Consequential impact on outcomes for the people of Edinburgh 	
What are we doing to currently manage the risk? (controls in place)			
1.	Asset Management Group established with membership from the Council, NHS Lothian and the Partnership to agree on priorities.		
2.	Representation on the Council Asset Management Board and NHS Capital Investment Group.		
3.	Primary care developments progressing through the appropriate stages of the NHS Lothian and EIJB governance processes.		
4.	Housing contribution statement fundamental part of the Strategic Plan.		
5.	Bed based review underway with project board launched. Bed numbers agreed for phase 2 of the Royal Edinburgh Hospital campus reprovision.		
6.	Progressing provision to replace 2 care homes in South West Edinburgh.		
7.	Future focus infrastructure work programme has commenced. First meeting held.		
8.	HSCP representation on the Edinburgh Affordable Housing Partnership (EAHP) to address future housing needs.		
Additional controls or actions needed to manage this risk		Action Owner	Delivery Date
1.	Overarching asset strategy agreed by the EIJB which pulls together the capital priorities.	HoSP	Mar 2022
2.	Amended remit for Asset Management Group agreed to shift emphasis to the strategic.	HoSP	July 2021

2. Issuing of Directions

Risk 2.1

Failure of NHS Lothian and the Council to deliver directions leading to services not aligned to strategic intentions.

Objective:

Clear, concise and measurable directions in place which cover all services and which are routinely monitored with corrective action taken where necessary.

Source of objective:

EIJB directions policy, EIJB directions, directions tracker, Strategic Plan

Risk Owner:

Chief Officer

Risk Contributor:

Head of Strategic Planning

Historical Risk Score



Current Risk Score: High

Current Risk Score	Likelihood	Consequence	Risk Rating	Date assessed
	Possible	Major	High	May 2021

Current Risk Rating

Likelihood	Consequence				
	Neg	Min	Mod	Maj	Ext
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Target Risk Rating

Likelihood	Consequence				
	Neg	Min	Mod	Maj	Ext
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Activity undertaken since last Audit and Assurance Committee meeting

- Established process to review directions annually. Initial review of directions in place April 2020- March 2021 presented to P&D Committee in April 2021.

Risk Assessment

Likelihood

Although much progress has been made in respect of the directions policy and approach, further work is required to ensure that directions are clearly articulated, particularly in terms of performance measures. The current directions policy will be reviewed in the second half of 2021.

Impact

If services are not delivered as intended the consequences could be material. Risk relates mainly to services not delivered by the Partnership.

How would this risk happen?

- Because directions are not:
 - well-articulated
 - properly understood
 - realistic/achievable
 - non-SMART performance targets
 - issued timeously
- Failure of partners to implement directions as intended because of conflicting priorities.

What would the potential outcome be?

- Failure to deliver delegated services in line with strategic objectives
- Overspends against delegated budgets
- Consequential impact on outcomes for the people of Edinburgh

What are we doing to currently manage the risk? (controls in place)

1.	EIJB approved new directions Policy in August 2019.
2.	Directions emerge from the strategic plan which has been developed in collaboration with NHS Lothian, the Council and other partners.
3.	Directions themselves are also developed in collaboration with NHS Lothian and the Council – this reduces the likelihood of misunderstanding.
4.	Regular monitoring of directions via the Performance and Delivery Committee.
5.	Directions can be withdrawn or amended at any time if they are no longer to be appropriate/realistic/achievable.
6.	In line with the policy, directions are required for any service changes agreed by the EIJB.
7.	Annual review of directions process established

Additional controls or actions needed to manage this risk

		Action Owner	Delivery Date	Update
1.	Review of directions policy to ensure it remains aligned with Scottish Government guidance and emerging best practice.	HoSP	Oct 21	
2.	An annual review of directions which will report to the Performance and Delivery Committee in September.	HoSP	Sept 20	Completed
3.	Ongoing refinement of directions and expansion to cover wider range of delegated services.	HoSP	Ongoing	
4.	Directions to be considered / formulated as part of the developing the new Strategic Plan 2022-25	HoSP	April 2022	

2. Issuing of Directions

Risk 2.2

Failure to deliver EIJB directions leading to a mismatch between workforce requirements and availability.

Objective:

Matching future service demand with future workforce supply.

Source of objective:

EIJB Directions, Strategic Plan, National Integrated Health and Social Care Workforce Plan and Associated Guidance, Workforce Strategy

Risk Owner:

Chief Officer

Risk Contributor:

Chief Nurse (Workforce Plan)

Historical Risk Score



Current Risk Score: High

Current Risk Score	Likelihood	Consequence	Risk Rating	Date assessed
	Likely	Moderate	High	May 2021

Current Score

Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH
Possible	L	M	M	H	H	
Unlikely	L	M	M	M	H	
Rare	L	L	L	M	M	
	Neg	Min	Mod	Maj	Ext	

Target Score

Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH
Possible	L	M	M	H	H	
Unlikely	L	M	M	M	H	
Rare	L	L	L	M	M	
	Neg	Min	Mod	Maj	Ext	

Activity undertaken since last Audit and Assurance Committee meeting

- The Scottish Government's interim workforce plan template for all Boards and Health and Social Care Partnerships submitted by the deadline of 30 April. (Additional control 4 now completed).
- Ongoing work to develop three-year workforce plan due for submission to the Scottish Government by 31 March 2022.
- Continuing work to develop inaugural workforce strategy 'Working Together' due for completion by summer 2021.
- Partnership's Wider Leadership Team involved in shaping engagement on strategy with wider workforce

Risk Assessment

Likelihood

The probability of achieving a comprehensive workforce plan has improved however further work is still needed to ensure that sufficient resource and appropriate support arrangements and are in place to deliver this piece of work.

Consequence

Not meeting the challenges of demographic changes (both population and staff) could lead to unbearable pressure on services. There's a need to attract or retain the right people and have an engaged and resilient workforce to ensure that the people of Edinburgh needs are met. Emergencies including the COVID-19 pandemic put enormous pressure on our services, however it did provide an opportunity in revealing functional problems in the organisation that will be addressed through workforce planning.

How would this risk happen?

- Lack of a Workforce Plan
- Lack of a Workforce Strategy
- Lack of capacity and capability to lead on workforce and workforce planning (local level)
- Lack of consultation with key stakeholders
- Added complexities from unanticipated workforce impacts other external forces such as new regulations; unexpected threats or opportunities; and major incidents (e.g. pandemic)
- New workforce policies or other workforce impacts related to the UK leaving the EU or Scotland leaving the UK.
- Poor horizon scanning.
- Impact of COVID-19 pandemic

What would the potential outcome be?

- Inability to deliver against strategic priorities
- Additional pressures on financial budgets due to unanticipated increase in staffing pressures (e.g. costs, vacancies, agency costs, etc.)
- Poorer outcomes for people of Edinburgh
- Negative perception of EHSCP as an employer

What are we doing to currently manage the risk? (controls in place)

1.	The Transformation Programme Board / Programme 4 – “Cross cutting enablers” is leading on the development of the Workforce Strategy (First Programme Board 18 September 2020)
2.	Workforce planning programme has begun on a series of workshops with professional and service groups to review their experience during Covid-19.
3.	Bi-monthly Workforce Core group in place to lead on development of interim and three-year workforce plan.
4.	Workforce Core Group membership includes all key partners/stakeholders to support the development of the workforce plan.
5.	Continuing work to monitor and assess the impacts of leaving the EU in respect of workforce planning.
6.	Workforce Planning representation at EHSCP COVID-19 Command Centre and Operational Coordination Group.

Additional controls or actions needed to manage this risk		Action Owner	Delivery Date
1.	Delivery of EHSCP Workforce Plan	Chief Nurse	Mar 2022
2.	Delivery of Workforce Strategy	CFO	July 2021
3.	Review into capacity for workforce planning	Chief Nurse	June 2021
4.	Workforce Planning Manager will be attending the National Weekly Short Life Working Group in November 2020 to agree design and content of the new short and concise workforce plan (unlike 3-year plan).	Chief Nurse	Completed

3. Management and Role of the EIJB

Risk 3.1

Inability to operate effectively as a separate entity leading to a failure to deliver the benefits of integration.

Objective:

EIJB is recognised as the sole body responsible for the strategic oversight and planning of delegated services.

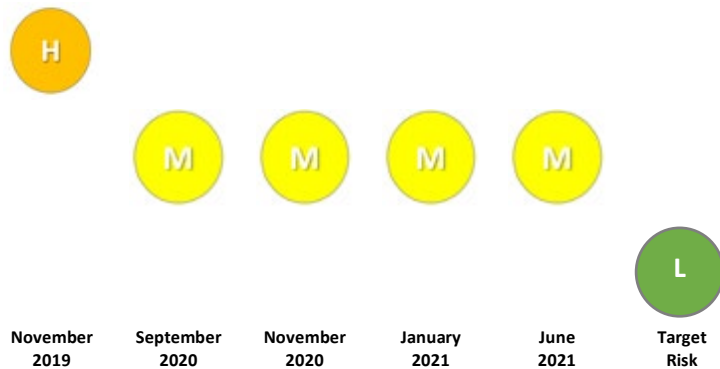
Source of objective:

Public Bodies (Joint Working) (Scotland) Act 2014, Scheme of Integration, Strategic Plan, Engagement Framework with Stakeholders

Risk Owner:

Chief Officer

Historical Risk Score



Current Risk Score: High

Current Risk Score	Likelihood	Consequence	Risk Rating	Date assessed
	Possible	Moderate	Medium	May 2021

Current Risk Score

Likelihood	Consequence				
	Neg	Min	Mod	Maj	Ext
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Target Risk Score

Likelihood	Consequence				
	Neg	Min	Mod	Maj	Ext
Almost Certain	M	H	H	VH	VH
Likely	M	M	H	H	VH
Possible	L	M	M	H	H
Unlikely	L	M	M	M	H
Rare	L	L	L	M	M

Activity undertaken since last Audit and Assurance Committee meeting

- New appointments to the EIJB confirmed in March 2021 with service user/citizen representatives and carer representative vacancies filled.
- Induction and training for new board members.

Risk Assessment

Likelihood

Although the EIJB has had to mature in the last five years, there are still issues that need to be teased out in terms of the role and management of the EIJB.

Consequence

Risk relates mainly to services not delivered by the Partnership. There could be delays in implementing Strategic decisions.

How would this risk happen?

- There is a lack of clarity about the separate roles of the EIJB, Partnership, Council and NHS Lothian
- Lack of buy-in from partners into the benefits of integration
- Board Members lack the necessary skills, knowledge and experience to undertake their role.
- Lack of public identity/understanding of the EIJB

What would the potential outcome be?

- Duplication of decision making.
- Gaps in decision making.
- Contradictory decision making.
- Poorer outcomes for the people of Edinburgh.

What are we doing to currently manage the risk? (controls in place)

1.	Regular development sessions for EIJB members
2.	Induction session for new EIJB members
3.	Members are encouraged to actively engage with the Executive Team.
4.	Members are advised that they can meet with Partnership Officers/ report owners prior to meetings to discuss the report content. Board members chair subgroups and reference boards which aids to broaden members knowledge, understanding, and decision making.
5.	EIJB Standing Order / Code of Conduct
6.	'Declaration of Interest' - members are responsible for declaring certain interest in EIJB proceedings.
7.	The EIJB Chair monitors the quality of the debates and if necessary, will ask the Partnership Chief Officer for additional information if the subject matter requires further clarification for members.
8.	Regular EIJB Newsletter to Board Members from EIJB Chair

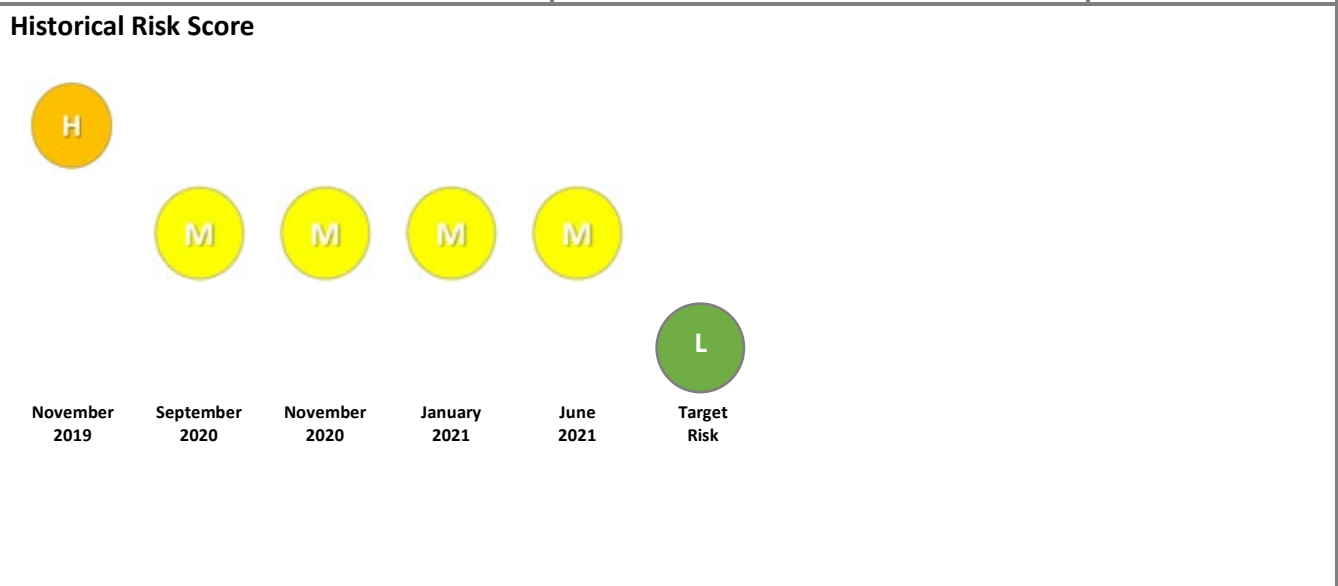
Additional controls or actions needed to manage this risk

		Action Owner	Delivery Date
1.	Further review of into the Scheme of Integration	CO	Oct 21

3. Management and Role of the EIJB

Risk 3.2	Failure to make best use of the expertise, experience and creativity of its partners leading to a negative impact on the delivery of the strategic outcomes and poor relationships.
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Objective: Effective engagement and collaboration with EIJB partners.	Source of objective: Strategic Plan, transformation programme	Risk Owner: Chief Officer
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Current Risk Score: High

Current Risk Score	Likelihood	Consequence	Risk Rating	Date assessed
	Possible	Moderate	Medium	May 2021

Current Risk Score						Target Risk Score							
Likelihood	Almost Certain	M	H	H	VH	VH	Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH		Likely	M	M	H	H	VH
	Possible	L	M	M	H	H		Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H		Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M		Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext			Neg	Min	Mod	Maj	Ext
	Consequence						Consequence						

Activity undertaken since last Audit and Assurance Committee meeting

- Transformation programme picking up pace with phase 2 projects commencing in line with the report to EIJB in July 2020. Appropriate stakeholders involved in programme boards. EIJB was updated on progress in April 21.
- New appointments to the EIJB confirmed in March 2021 with service user/citizen representatives and carer representative vacancies filled.

Risk Assessment

Likelihood

- The EIJB has a wide range of stakeholders with differing objectives, which can pose problems in ensuring appropriate/adequate representation.

Consequence

- Would be a factor of the scale of the service(s) impacted

How would this risk happen?

- Failure to engage and collaborate appropriately with third, independent and housing sectors and other parties.
- Not involving appropriate stakeholders in strategy/policy development.
- Insufficient or ineffective representation from stakeholders on the EIJB and its committees and failure to meet legislative requirements
- Poor relationships with providers in either the private or 3rd sectors.

What would the potential outcome be?

- Failure to maximise outcomes for the people of Edinburgh
- Failure to meet legislative requirements for representation as determined by the Integration Scheme

What are we doing to currently manage the risk?

1.	Carers and service users represented on the EIJB and its committees to ensure we are compliant with legislation
2.	The third, independent and housing sectors represented on EIJB committees and transformation programme boards.
3.	EVOG acts as an interface between the 3 rd sector and the EIJB.
4.	Significant engagement undertaken as integral part of developing the strategic plan.
5.	The third, independent and housing sectors involved in the development of the strategic plan and all will have an integral role as the plan is implemented.
6.	Ongoing engagement with providers through a variety of fora.
7.	Regular communication from Chief Officer via newsletter and vlogs.

Additional controls or actions needed to manage this risk

		Action Owner	Delivery Date
1.	Communications and Engagement strategy to be developed	HoSP	Q2
2.	Urgent attention to be given to the recruitment of carer/service user representatives as a matter of priority with more work undertaken to understand why these roles are proving difficult to fill and to overcome any barriers to participation	HoSP	Completed
3.	New contract with EVOG to be in place	CFO	Completed
4.	Clarification of the relationship between, and responsibilities of, EIJB and the Edinburgh Alcohol and Drugs Partnership (EADP)	HoSP	August 2021

3. Management and Role of the EIJB

Risk 3.3 EIJB infrastructure lacks the professional, administrative and technical infrastructure to operate effectively leading to failures in governance, scrutiny and performance arrangements.

Objective:
Sufficient and appropriate infrastructure in place to support the EIJB to develop and achieve its strategic objectives.

Source of objective:
Scheme of Integration

Risk Owner:
Chief Officer

Historical Risk Score



Current Risk Score: High

Current Risk Score	Likelihood	Consequence	Risk Rating	Date assessed
	Likely	Moderate	High	May 2021

Current Risk Rating

Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH
	Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext
Consequence						

Target Risk Rating

Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH
	Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext
Consequence						

Activity undertaken since last Audit and Assurance Committee meeting

- New Performance and Evaluation Manager commenced employment.
- Initial review of support to the IJB undertaken by Chief Officer, linked to the Scheme of Integration and legislation

Risk Assessment

Likelihood

The EIJB does not physical own any assets or have direct managerial responsibilities for staff through a pre-

determined budget. It is reliant on the resources allocated to it for both NHS Lothian and The City of Edinburgh Council – as detailed in the Integration Scheme. Partners, who each have their own resourcing issues, are not consistently able to provide an appropriate calibre and level of resource.

Lack of staffing resource for key support functions as a result of structural changes and/or organisational review within partner organisations.

Risk has occurred due to legal advice sought from one of its partners for MoUs. This risk has been accepted.

Impact

Without adequate resource the EIJB will be unable to develop and deliver against its strategic objectives.

<p>How would this risk happen?</p> <ul style="list-style-type: none"> • Failure by NHS Lothian and the Council to meet their obligations under the integration scheme to provide adequate professional, administrative and technical support. • Impact of organisational restructures/staffing reviews within partner organisations leading to the deletion of posts • Lack of sufficient independent professional, administrative and technical infrastructure. • Lack of clarity over EIJB requirements • Conflict between partner and EIJB priorities • Inefficiencies in delivery 	<p>What would the potential outcome be?</p> <ul style="list-style-type: none"> • Compromised efficiency of the EIJB. • Ability to deliver change at desired pace. • Ultimately poorer outcomes for the people of Edinburgh. • Conflict of interest for one or more partner organisation within its governance, scrutiny and performance arrangements.
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What are we doing to currently manage the risk? (controls in place)

1.	The Chief Officer is a member of the senior management teams in both NHS Lothian and The City of Edinburgh Council, thus in a position to influence decision-making.
2.	Through regular 1:1 with each respective Chief Executive, the Chief Officer is able to raise any issues and seek solutions.
3.	Comprehensive audit plan in place to understand the quantum of the risk.
4.	Transformation team established.
5.	GGI governance review agreed by the EIJB and recommendations implemented
6.	For legal conflicts of interest: <ul style="list-style-type: none"> • Partner Legal Team made aware of potential risk of conflict of interest. • When a conflict has been identified, discussion with Chief Officer/Executive Team on best approach which may result in obtaining external advisers or formal risk acceptance (noted in risk register). • Legal team must be clear when they are advising the EIJB as opposed to the Council/NHSL side of EHSCP.

Additional controls or actions needed to manage this risk		Action Owner	Delivery Date
1.	Lobby partners as they review integration scheme to ensure appropriate account is taken of EIJB requirements	CO	Ongoing
2.	Remaining vacancies in transformation team to be filled.	HoSP	Completed
3.	Work with partners to formalise levels of support including resolution of outstanding issue of EIJB Chief Risk Officer.	CO	Ongoing

Risk Acceptance		Owner	Date
1.	<i>Risk acceptance for MoU between EIJ, NHS Lothian and Council that were drafted by Council Legal team – given that they are not a commercial agreement. (See Mitigating control item 6. for other legal conflicts of interest.).</i>	CO	<i>Risk accepted December 2020.</i>

3. Management and Role of the EIJB

Risk 3.4

Insufficient or poor-quality assurance from assurance providers to support effective delivery of their scrutiny responsibilities.

Objective:

Reliable and effective assurance quality from assurance providers.

Source of objective:

Annual Audit Opinion

Risk Owner:

Chief Officer

Historical Risk Score



Current Risk Score: High

Current Risk Score	Likelihood	Consequence	Risk Rating	Date assessed
	Possible	Moderate	Medium	May 2021

Current Risk Score

Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH
	Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext
	Consequence					

Target Risk Score

Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH
	Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext
	Consequence					

Activity undertaken since last Audit and Assurance Committee meeting

- IJB agreed board assurance framework

How would this risk happen?

- Sole reliance of assurance provision from partner organisation’s Internal Audit Teams
- Gaps between EIJB risks and Annual Internal Audit Plan
- Lack of review and follow-up process for EIJB & EHSCP Internal Audits
- Lack of Independent external review of Internal Audits
- Lack of EIJB oversight of Internal Audits activities

What would the potential outcome be?

- Poor quality assurance that would compromise effective EIJB governance.
- Inadequate risk management, internal controls – increase in risk exposure.
- Limited growth and improvement of EIJB processes

What are we doing to currently manage the risk?			
1.	The EIJB has both internal and external audit assurance providers: Internal - NHS Lothian & Council; External - Scott-Moncrieff.		
2.	Internal Audit (IA) delivers four EIJB Audits per year – one from NHS Lothian IA and three from the Council IA.		
3.	The EIJB risks in the risk register are mapped to the annual IA plan to ensure that all key risks are covered.		
4.	Annual IA plans of NHS Lothian and the Council are subject to review and scrutiny by the EIJB Audit and Assurance Committee.		
5.	Clear internal review process for all audits completed on behalf of the EIJB and the Partnership		
6.	Independent external review of IA is performed every 5 years in line with Public Sector Internal Audit Standards (PSIAS) requirements (last review was performed 2016/17).		
7.	Annual Internal Audit opinion for the EIJB is required to highlight any instance of non-compliance with the PSIAS.		
8.	The governance statement (incorporated in the annual accounts) and the annual IA opinion is subject to review and scrutiny by the EIJB Audit and Assurance Committee.		
9.	A clearly established follow-up process to ensure that all IA findings raised are appropriately closed and risks mitigated – an area of non PSIAS compliance for 2017/18.		
10.	IA progress reports provided to the Audit and Assurance Committee quarterly, updating progress on the audit plan and also the status of open and overdue IA findings.		
11.	Established IA system that records and retains the audit work performed by the IA team. Also includes 'layered' levels of review and sign off that are linked to the roles in the team.		
12.	Each year, external audit will perform a sample-based review of IA work to determine whether they can rely on the outcomes in relation to best value. A comment will be included in the annual accounts to reflect this.		
Additional controls or actions needed to manage this risk		Action Owner	Delivery Date
1.	<i>Under Review</i>		



REPORT

Communications and Engagement Strategy

Edinburgh Integration Joint Board

22 June 2021

Executive Summary

1. The purpose of this report is to present the revised Communications and Engagement Strategy (the C&E Strategy) to the Edinburgh Integration Joint Board (EIJB).
2. The revised C&E Strategy has been developed in response to the EIJB and the Edinburgh Health and Social Care Partnership (EHSCP) ambition to engage and communicate with the widest range of audiences to increase visibility and awareness.
3. The C&E Strategy includes communications and engagement objectives, approaches and an action plan for both the EIJB and EHSCP.
4. The C&E Strategy was presented to the Strategic Planning Group (SPG) on 12 May 2021. Following amendment, the SPG has referred the strategy to the EIJB for noting.
5. The EIJB Public Facing Working Group will lead on the EIJB Event planning and continue to monitor the C&E Strategy implementation and further development as it affects the EIJB.

Recommendations

It is recommended that the EIJB notes:

1. The content of the C&E Strategy.
2. That monitoring and development of the C&E Strategy will be supported by the EIJB Public Facing Working Group.

	3. That the C&E Strategy will be formally refreshed every 3 years, in line with the Strategic Commissioning Planning cycle.
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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. Amended and approved by the SPG on 12 May 2021.

Main Report

2. The previous C&E Strategy was presented to the EIJB in January 2016. Further communications action plans were then agreed in 2018 and 2019 respectively. Despite these publications and level of ambition, EIJB reach and visibility continued to fall short of expectations.
3. In April 2020, a new post, Communications and Engagement Manager, was established in EHSCP. This post was created to provide dedicated support to the communications and engagement needs of both the EIJB and EHSCP and to supplement the level of support provided by our Partners; City of Edinburgh Council and NHS Lothian. A reorganisation of existing EHSCP posts then created an additional two communications posts to support the Communications and Engagement Manager.
4. A new EHSCP website was launched in early December 2019. Prior to that, a new EIJB and EHSCP brand logo was approved and continues to be embedded across EHSCP and to support our external messaging.
5. The EHSCP Communications and Engagement Manager has prepared a new C&E strategy which is at Appendix 1. the C&E Strategy will be formally refreshed every 3 years, in line with the Strategic Commissioning Planning cycle.
6. The refreshed strategy reflects the many views and ideas that were shared during the formulation of the Edinburgh Wellbeing Pact and through the EHSCP and EIJB's continuous means of gathering feedback through regular communications and engagement channels, including the first EIJB Events

which were held in November 2020. The EIJB Public Facing Working Group has also assisted in shaping the strategy.

7. As this is the first C&E Strategy which will be published on the new website, it focuses on how the EHSCP will approach communication and engagement with key external and internal audiences and sets out engagement activity with our staff. There is also a dedicated section which outlines how the EHSCP will respond to the individual needs of the EIJB and its members and support the EIJB's communications and engagement needs.
8. As a significant degree of communications and engagement activity takes place in our EHSCP's localities and at an individual level – with external stakeholders including patients, service users, carers and their families, local communities and partner/ external groups and organisations – this detailed engagement is not noted within the strategy document and is managed locally within the respective EHSCP teams.
9. The C&E Strategy was presented to the SPG on 12 May 2021, was well received and then referred to the EIJB for noting. A few amendments were requested and have been actioned:
 - Reference face to face engagement in the accessibility section.
 - Include housing and support and local volunteers and charities as stakeholders.
 - Use community and voluntary organisations rather than Third Sector.
 - Include advocacy in the objectives.
10. The EIJB Public Facing Working Group will lead on the preparations for the next EIJB engagement Event expected in November 2021 and will assist in monitoring the implementation and further development of the EIJB element of the C&E Strategy.

Implications for EIJB

Financial

11. There are no financial risks associated with this report.

Legal / risk implications

12. There are no legal implications associated with this report.

Equality and integrated impact assessment

13. There are no equalities implications and an integrated impact assessment is not required

Environment and sustainability impacts

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

Quality of care

15. There are no quality of care issues arising from this report.

Consultation

16. EHSCP, City of Edinburgh Council and NHS Lothian colleagues were consulted in the development and production of the C&E Strategy.

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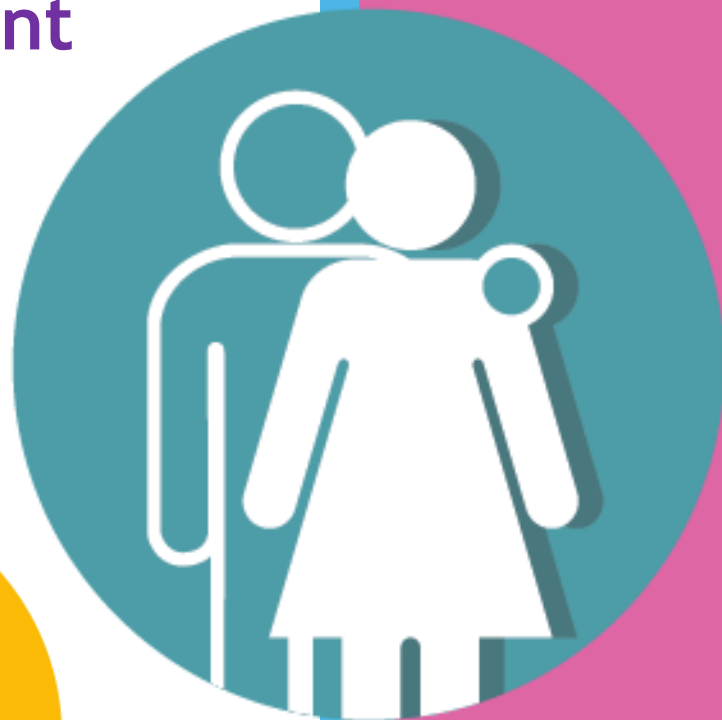
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Appendices

Appendix 1 Communications and Engagement Strategy



Communications and Engagement Strategy



Published May 2021

Introduction

Transforming our services and how we communicate and engage

In Edinburgh, our vision for a caring, healthier and safer Edinburgh centres around our Edinburgh Integration Joint Board (EIJB)'s strategic priorities, delivered through an ambitious transformation programme. Although change is constant, our strategic priorities focus on significant changes to how our services are structured, delivered, planned and supported. This includes how they are supported by clear, concise and considered communications and engagement activity.

Both our strategic priorities and ensuring that we continue to keep our key audiences engaged and informed are critical to ensuring that those who use our services get the right care, at the right time and at the right place. And that people continue to believe and trust that our services will meet their individual needs and continue to focus on improving health and wellbeing and reducing health inequalities. For us to achieve this, we need to better understand the views and ideas of the people who are supported by our services or who may have a role or interest in them. We are constantly looking for ways to engage our key stakeholders - including patients, service users, carers, colleagues, the Government, NHS Lothian, City of Edinburgh Council, third and independent sector and contractors, and more. And ensuring that we have the right mix of channels and the right number of engagements is key to keeping our audience interested and building advocacy.

Refreshing our strategy

We use our communications and engagement channels and deliverables to help people, communities and organisations be aware of, understand and engage in our work and services. But for our communications and engagement to work well and support the ambition, planning and delivery of our services, they need to be underpinned by a framework. They also need to continually evolve and improve to meet the range of communications needs of our stakeholders.

In February 2020 a communications and engagement strategy was presented to the EIJB and since this time, a dedicated communications and engagement team - led by the Edinburgh Health and Social Care Partnership (EHSCP) communications and engagement manager - has been established to drive forward and continue to improve how the EHSCP and EIJB engage with their audiences on a regular basis, supported by the media and communications teams from our partner organisations NHS Lothian and City of Edinburgh Council.

In 2021, we have reviewed our holistic communications and engagement approach and they are presented within this document. The refreshed strategy reflects the many views and ideas that were shared with us during the formulation of the Edinburgh (Wellbeing) Pact - at the end of 2020 - and through our continuous means of gathering feedback through our regular communications and engagement channels.

As this is the EHSCP's first published communications and engagement strategy, it focuses on communications with large internal and external audiences, and it sets out engagement activity with our staff.

As a significant degree of communications and engagement activity takes place in our EHSCP's localities and at an individual level - with external stakeholders including patients, service users, carers and their families, local communities and partner / external groups and organisations among others - this detailed engagement is not noted within the strategy document and is managed locally within the respective EHSCP teams.

Purpose and overview

The EHSCP and EIJB use communications to support our delivery of a caring, healthier and safer Edinburgh. We use our established channels to help our people, service users, communities and organisations to be aware of us and understand what we do, and how we support the City.

Communications play an important role in the planning and delivery of our services and supporting the EIJB by enabling two-way conversations with key audiences, including the Edinburgh public. And by using communications and engagement effectively, it also helps the EHSCP to improve our services and achieve our vision alongside our partners for health and social care across the City.

As the health and social care partnership for the Capital of Scotland, it is important that our work and services continue to be underpinned by a communication and engagement strategy, so that the people, communities and organisations who we support, work with in partnership or have an interest in us are kept up to date and engaged.

This plan sets out how integrated communications and engagement will be delivered to support the ongoing aims and work of the EHSCP and EIJB.

In order to remain flexible and responsive to changes in the external and internal environment, this strategic communications plan will be reviewed and updated yearly, and formally refreshed in line with the EHSCP Strategic Plan on a three-year cycle. Campaign-specific communications and engagement plans will also be created through the year, using co-production and joint working both internally and externally with partners.





Our communications and engagement strategy includes:

- Communications and engagement principles and objectives
- Our high-level key messages for the EHSCP and EIJB
- The communications and engagement journey we aim to take over the next year
- A high level internal and external stakeholder map and the desired stakeholder outcomes we hope to achieve
- Our external communications and engagement approach for the EHSCP and the EIJB respectively
- Our internal communications and engagement approach and the channels we will use to deliver it
- How we will continue to measure success

Our communications & engagement vision

Partnership working is at the very centre of what we do. In all our communications, we aim to build and cement confidence in the vision and strategic direction, as outlined in the Strategic Plan.

As the EHSCP also work closely with the public, private and community and voluntary organisations, we also share responsibility for providing services to meet public health and social care priorities and needs, and delivery of meaningful communications and engagement to our key audiences. Good communication from the EHSCP and EIJB is vital in making this happen, and we have developed a communications and engagement vision to this end.

Key to our vision is that we all have a part to play in good communication and engagement to support the planning and delivery of our services. Communication and engagement activity is not just the responsibility of one person or staff group, partners who work with us or people who are supported by us. We have a shared responsibility to move our communications vision from just being a vision to something real.



Our communications and engagement vision:

“We support a caring, healthier and safer Edinburgh by helping people understand and engage with our work and services. We do this by raising awareness, building trust and confidence and involving the people, communities and organisations who are supported by us, work with us or are interested in us.”



Communications and engagement objectives

Build awareness

- Build public and professional awareness about what the EHSCP is, what we do and why we do it so we can reach hard to reach groups.
- Build public and professional awareness of the EIJB, who they are, what they do and why they do it - with the aim of creating advocacy.
- Ensure that the EHSCP and its activities are fairly and accurately represented on our owned channels, by the media and on social media.

Involve

- Build continuous and meaningful dialogue with key audience groups to influence service design and improve outcomes.
- Ensure our audiences have easy access to the information they need in a way they would choose to access it.
- Use direct experience and feedback to improve quality of services and achieve stakeholder participation in key decision-making processes and tell people how their input has made a difference.
- Use new and creative ways to engage with people who are seldom heard.

Build trust and confidence

- Share stories of how we've helped people, how we've made a difference and how people's contribution has impacted our successes.
- Empower people to feel confident sharing their opinions and contributing.

5 Communications and engagement principles

To ensure that our communications and engagement activity continues to meet our objectives, and to hold ourselves to account, 5 communications and engagement principles have been developed. All activity created or managed by the communications and engagement team adhere to the 5 principles below.



Clear and accessible

Information and publications will be made widely accessible to our audiences (where appropriate).

We will use language and images that reflect diversity and differing levels of engagement.

We will be open and honest.

Consistent

Branding will be consistent across all communications.

A set of core key messages will be developed and used in both internal and external communications.

The communications plan will align to the EIJB's strategic priorities and strategic plan, including room for flexibility.

Co-production

The plan will be created by working closely with stakeholders in the EIJB, EHSCP and the C&E team.

The communications plan will seek to address questions and concerns gathered from citizens and colleagues.

Regular assessment of communication will be carried out to ensure resources are well targeted and the target audience has been reached.

Cost effective

Emphasis will be on communications and engagement activity that has minimal cost.

Where possible, communications will be created internally.

Collaborative

The Executive Management Team (EMT) should be briefed regularly on engagement levels and media interest/coverage.

Members of the EMT will be kept informed about the issues and responses to reduce misunderstandings.

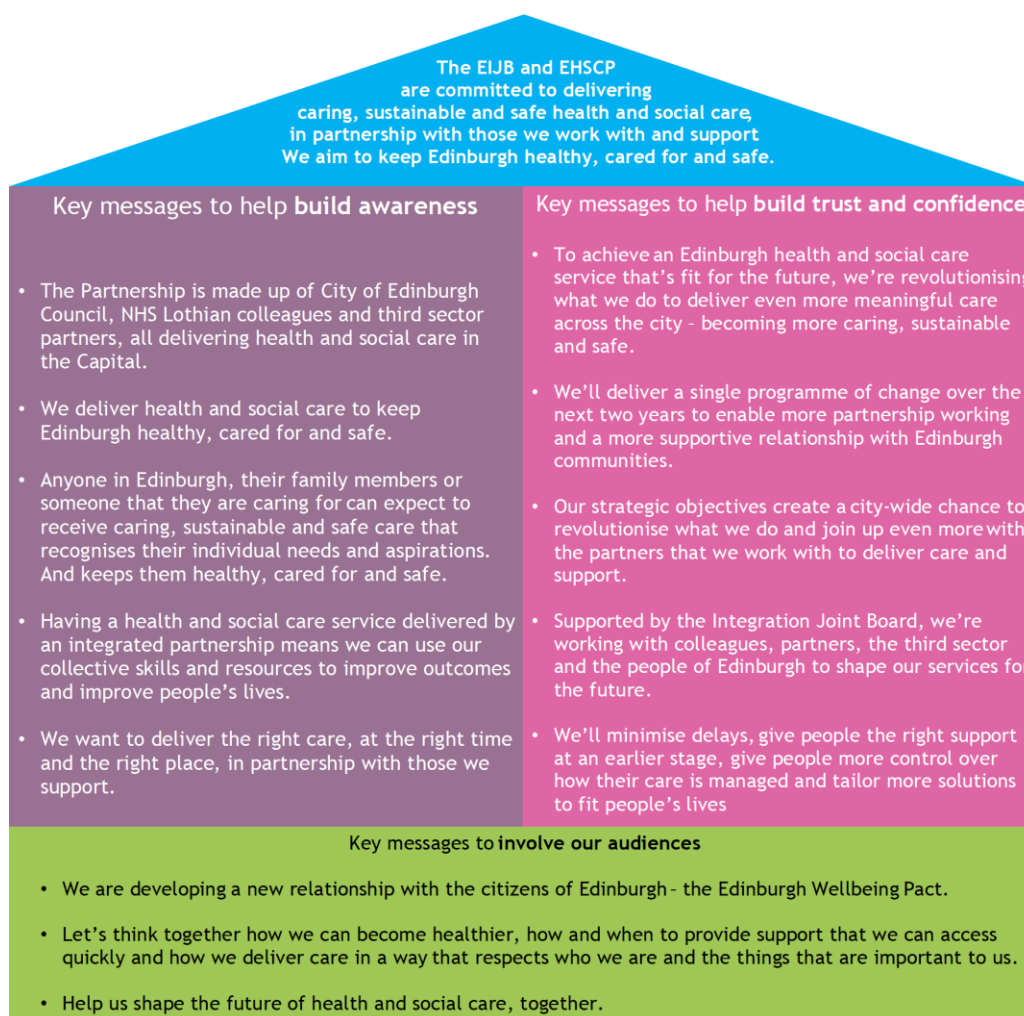
Staff should be kept informed through relevant internal communications through a differentiated approach aligned to their relevant needs.



High level key messages

The key messages below have been created with our communications and engagement objectives and our target audiences in mind.

Although each specific communications and engagement initiative will have its own set of key messages, the message house below notes our high-level messages and themes, which are seeded throughout any narrative relating to the EHSCP or EIJB to support achieving our communications and engagement objectives.



Communications and engagement journey

As not all our audiences will be at the same stage of the communications and engagement journey, we have outlined how we will take either an individual or group on a journey with us, with the aim of turning them into brand advocates, using a range of tools and channels.



Communications and engagement standards

Our communications and engagement activity is underpinned by robust standards, policies and guidelines

- Our brand
- Accessible communications and engagement activity
- A robust media and social media approach, supported by NHS Lothian and City of Edinburgh Council, that operates within the wider context of information management and security.



Our brand

In 2019 the EHSCP and EIJB developed a brand identity with guidelines.

We use our brand identity to:

- Communicate our shared culture, including our vision and priorities for health and social care in Edinburgh
- Demonstrate our continued commitment to partnership working
- Increase awareness and recognition of the EHSCP with the people who we support and work within partnership, or with anyone who may have an interest in us.

Our brand guidelines

Our brand identity guidelines include the standards by which our brand identity (including our EHSCP and EIJB logo) is used in our communications. The guidelines help us to communicate a clear, consistent and quality message and image with our stakeholders, as well as the public, communities and external organisations.

Any use of our brand identity must adhere to our guidelines, and colleagues must follow City of Edinburgh Council's and NHS Lothian / NHS Scotland's corporate identity guidelines when using their organisational branding. This includes all printed and digital materials.

Where our brand identity is used by an external stakeholder for the promotion of a joint initiative with us, this should be by permission only and with guidance. Permission to use the logo and brand assets is moderated and granted by the Communications and Engagement team.

Our logos

Edinburgh Health and Social Care Partnership

When a piece of communications or engagement material is being issued from the Partnership, to Partnership stakeholders, the logo below is used:



Edinburgh Integration Joint Board

When a piece of communications or engagement material is being issued from the Board, to Board stakeholders, the logo below is used:



Accessible communications and engagement

Adhering to our principles to protect those we engage

Those that the EHSCP support and work with include people from wide-ranging backgrounds with one or more protected characteristics. These include age, sex, gender identity, race, ethnicity, religion and belief, sexual orientation, marriage and civil partnership, pregnancy and maternity, disability and socio-economic status and social class.

As reflected in our communications principles, it is essential that we communicate in clear, concise and accessible language, which is also inclusive, and that we tailor our communications appropriately to the communications needs of their intended audience. This includes the use of terms, styles of communication, layout, formats and languages and access to events - among other areas. Over the last year, the communications and engagement team have been focused on ensuring that content we create - our events, website, social media, blogs - adheres to these principles.

Accessibility guidelines

Both our partner organisations (City of Edinburgh Council and NHS Lothian) have policies and guidelines on accessible communications, and these are adhered to in all communications and face-to-face engagements, except where there is an overwhelming technical reason not to.

The UK government has also published accessibility guidelines for public sector websites and applications which we endeavour to apply to our digital channels. Only in exceptional circumstances are these guidelines not met and we are always clear on the reason for this on the site, if applicable. As the website was published before the communications and engagement team was established, the team are now retrospectively ensuring that this channel, and all future communications, meet the required guidance.

EHSCP's approach to accessible and inclusive communications is within the wider context of equalities and human rights as set out by the Equalities (Scotland) Act 2010. When planning and delivering our services, we are committed to equalities and human rights legislation, and meeting requirements to eliminate unlawful discrimination, advance equality of opportunity and promote good relations.

Media

We have developed a media approach for external communications with support from our partner organisations.

When a media enquiry comes in, this is managed by the EHSCP communications and engagement team with support provided by the NHS Lothian and City of Edinburgh Council media teams if required. If an enquiry relates to an NHS Lothian matter, their communications team are kept informed. The same is true for the City of Edinburgh Council media team. The EHSCP communications and engagement manager regularly attends both City of Edinburgh Council and NHS Lothian Communications team meetings, alongside having regular 1:1s with both department heads to ensure a consistent flow of information between the EHSCP and partner organisations.

Media statements relating to the EHSCP are normally attributed to the EHSCP unless there are operational reasons for them to be attributed to a named individual. Where there is a decision to do so, this is normally the Chief Officer (or their delegate), Chair of the Integration Joint Board (or their delegate) or, in appropriate circumstances where the subject matter would benefit from it, the lead Executive voice such as the Chief Nurse or Head of Strategic Planning and Communications.

Sign off for media enquiries is granted by a member of the EHSCP Executive Management Team (EMT) and shared with the Head of Communications for a partner organisation if appropriate given the context of the enquiry.

Social Media

Social media continues to be increasingly used by the people who we support or work with, as well as the public, communities and external organisations. In addition, EHSCP staff are increasingly using social media platforms to consume information - both externally and from the EHSCP itself.

Whilst social media provides further opportunities for us to communicate and engage with a range of audiences, it does come with risks. The misuse of social media can carry significant reputational, technical and legal risks for both the EHSCP, EIJB and our partner organisations.

Both the City of Edinburgh Council and NHS Lothian have policies and guidelines on the acceptable use of social media in a professional capacity, within the wider context of information management and security including data protection. EHSCP staff must ensure that they adhere to them.

In addition, and specific to the EHSCP, colleagues working for the Partnership are encouraged not to post about work on their own personal accounts. They are also discouraged from creating 'team' or 'work' social media accounts. Instead, staff are strongly encouraged to share content with the communications and engagement team so that it can be shared on the 'blue tick verified' official @EdinburghHSCP Twitter and Facebook accounts instead.



Communications Governance

The ultimate responsibility for approval of communications for the EHSCP rests with the Head of Strategic Planning and Communications, the Chief Officer or the Chair of the Integration Joint Board (or their delegate). The approval process and approver is dictated by the nature of the media enquiry or the communications campaign.

To ensure that our communications are timely, accurate and consistent, they are always approved by a relevant member of our EMT for the service area that they relate to.

Any service area content should be approved by the relevant member of the EMT in the first instance. If a communication cuts across service areas, the Chief Officer gives final approval. Members of the EHSCP's Wider Leadership Team (WLT) also have the authority to approve media statements in relation to the service areas they lead on but final EMT sign off will always be obtained.

Should an issue be the subject of on-going media interest, then previously agreed statements can be modified and released without further reference to the EMT so long as the media enquiry does not make a substantive difference to the general understanding of that issue.

The guiding principle is that communications activity, including media responses, should be collaboratively created and reflect the work and services of the EHSCP or EIJB as a whole.



Our audiences

We regularly communicate with a range of stakeholders: patients, service users, carers and their families; EHSCP, Council and Health Board staff; IJB Members; Council and Health Board Members and third and independent sector providers/contractors of services to name just a few.

This is extended to the public, local communities and external organisations as well, as they too are likely to have an interest in our work and services, if not now, then potentially in the future.

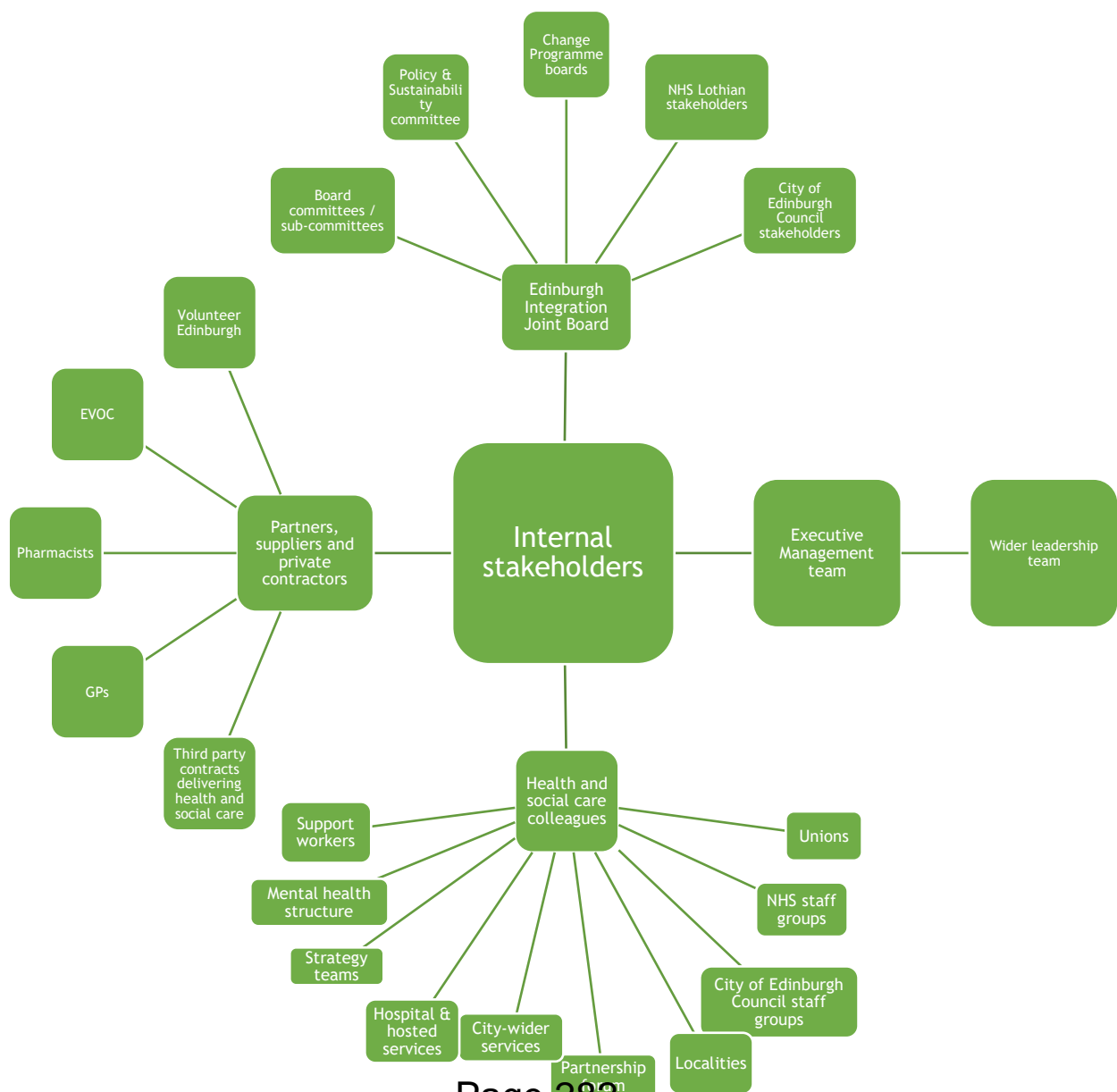
A detailed internal and external stakeholder mapping exercise has been carried out in 2020/21 and the outputs of this exercise can be seen on the following pages.

Key audience groups are summarised in the box below.

The key audience groups we communicate to and engage with include:

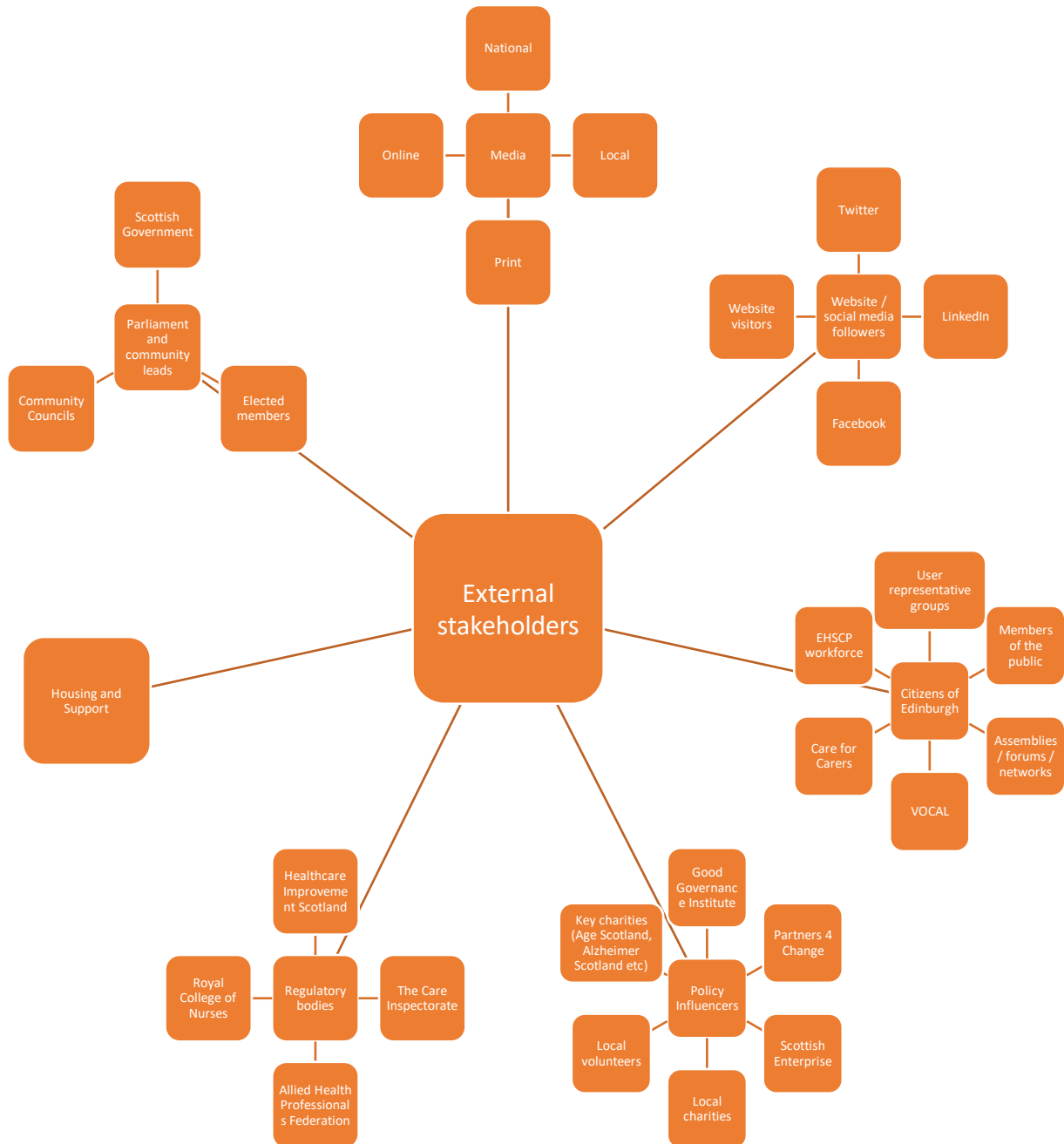
The public	MPs/MSPs within Edinburgh or who have a health and social care remit
Service users and their families	Trade Unions
Carers	Providers/contractors of health and social care services
EHSCP colleagues	Public, third and independent sector organisations and networks who have a health and social care remit or interest
GPs	Edinburgh Community Councils
City of Edinburgh Council colleagues	Edinburgh Community Planning Partners
NHS Lothian colleagues	Housing and support
Edinburgh IJB Members	
Edinburgh Elected Members	
The media	
Local volunteers and charities	

Detailed audience mapping: Internal



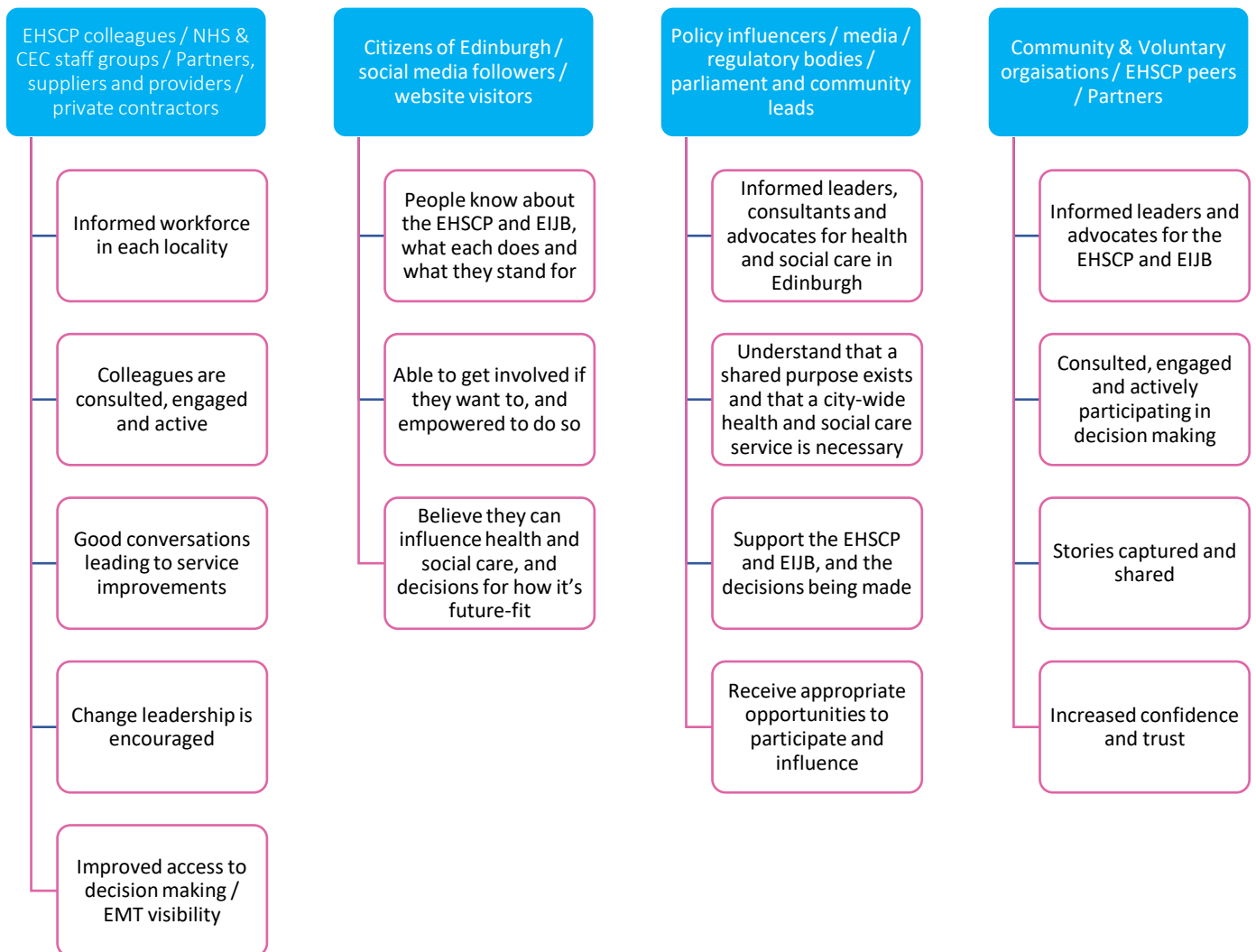
Detailed audience mapping:

External



Key audience aims

Depending on the audience group, we aim to achieve difference outcomes with our communications and engagement initiatives. The groups below have been identified as our focus audience areas. What we want to achieve with each audience grouping is noted below as part of the diagram.



Communications and engagement channels

Ensuring that our communications are relevant, timely and well understood by our target audiences is paramount. Our EHSCP communication channels are the tools and methods we use to send information and messages to our internal and external audiences. We use a range of channels to send information, and to receive feedback and continue to two-way conversation too.

Communications channels can be print, digital or face-to-face, and they can include presentations, briefings, reports, minutes of meetings, newsletters, podcasts, video / vlogs, animation, webpages, social media, team meetings and events.

Our communication channels are endorsed by the EHSCP Executive Management Team (EMT) and EIJB and we have worked hard over the last two years to ensure that our audience groups are aware of the channels that we can use to reach them, so that we ensure we get the correct information and messages to the correct people at the correct time.

Choosing which channel we use for which audience group depends on a number of variables, for example: the subject matter of the communication, what it seeks to achieve, its urgency, its intended audience and their communications needs. Because there may also be different target audiences for a communication and audiences will engage differently, we often use a variety of channels as part of a single campaign / to achieve a single objective.














Encouraging two-way communication and engagement

It's important to note that communications and engagement activity is more likely to work if it's not 'one way,' where an organisation only uses their channels to tell their audiences things and communicate internally from the top to the bottom. It's why we are committed to ensuring there is always an opportunity for audiences to share their questions, views, ideas, concerns or issues on what is being communicated. As demonstrated through the extensive engagement that has taken place as part of the Edinburgh Pact work, this two-way conversation approach enables people to shape the information that they hear, and what the EHSCP and EIJB do.















As the collective responsibility of everyone in the EHSCP, communication and engagement channels are embedded at all levels, with meaningful buy-in and visibility from our leadership. To embed this further within our staff structure, we regularly create internal staff engagement opportunities to engage with our EMT, senior managers and team managers/leads, and contribute to key projects focused on delivering our strategic priorities.

The following pages outline the internal communications channels used to engage with and communicate to EHSCP staff. They also detail the external communications and engagement channels that we aspire to use to promote messages from the EIJB and the EHSCP. Although most of the channels detailed on the next pages are already in place, the team are continuing to work towards implementing them all by the end of the next Strategic Planning cycle.

Internal communications channels





























	Internal communications activity managed within the team	Frequency	Q1	Q2	Q3	Q4
	Colleague communications campaign management Managing specific campaigns targeted at boosting morale, engaging colleagues and fulfilling the communications and engagement strategy objectives.	Ongoing as required				
	Colleague Town Halls A bi-monthly webinar / face-to-face session to apprise employees of the transformation programme / strategic plan / general EHSCP activity.	Quarterly				
	Weekly / Bi-weekly colleague newsletter A regular drumbeat of relevant organisational information, issued every Friday and titled "Colleague News"	Weekly Every Friday				
	Acting as a 'communications consultant' for the EHSCP Managing the content calendar, establishing a team of 'brand champions' to advocate the brand externally and internally, consulting on communications projects across the partnership and managing the brand.	Ongoing				
	Colleague Intranet Developing a safe internal site for colleagues on both NHS and CEC T&Cs to access, allowing us a one-stop-shop for all key messages and communications (and allowing us to reduce email traffic).	Daily				

Internal engagement channels

	Internal engagement activity managed within the team	Frequency	Q1	Q2	Q3	Q4
	Strategic and statutory public engagement Managing integrated internal campaigns that run for a period of time, sharing key information with core audience groups via a range of channels.	Ongoing as required				
	Colleague engagement campaign management Managing specific campaigns targeted at boosting morale, engaging colleagues and fulfilling the communications engagement strategy objectives.	Ongoing as required				
	Weekly wellbeing aid for colleagues A weekly "Wellbeing Wednesday" bulletin giving practical tips for staying mentally and physically well, and offering easy access to support if needed.	Weekly Every Wednesday				
	Bi-annual colleague engagement survey A check-point on colleagues wellbeing and feelings about work	Bi-Annual				
	Lunch and learn sessions Focus group-style sessions with <10 attendees and one EMT member, aimed at engaging colleagues on an intimate level and raising EMT profiles.	Monthly				



External communications and engagement channels

	External communications activity managed within the team		Frequency			
			Q1	Q2	Q3	Q4
	Strategic and statutory campaign management / public engagement Managing integrated external campaigns that run for a period of time, sharing key information with core audience groups via a range of channels.	<i>Ongoing as required</i>				
	Targeted communications to providers Ensuring that the required communications support is provided to the providers to ensure that key messages are conveyed. This may be in the form of a dedicated website page / blog or regular bulletin.	<i>As required when IJB meetings and committee meetings take place</i>				
	Website and YouTube site management Weekly management of content on the external website and YouTube.	<i>Ongoing as required</i>				
	Media management and proactive press releases Protecting, enhancing and promoting our brand in the media, with local and national journalists.	<i>Ongoing as required</i>				
	Social media management (LinkedIn / Twitter / Facebook) Ensuring a drumbeat of daily activity.	<i>Daily</i>				
	Creation of video content and quality print materials to support campaigns Managing the creation of high quality video content to illustrate strategic messages and campaigns. Creating posters, leaflets and brochures as required – maintain brand advocacy.	<i>Minimum of 1 per month</i>				
	Partnership podcasts Managing and creating a series of public-facing podcasts on key strategic and operational issues	<i>1 per month</i>				
	Quarterly newsletter A regular update on EHSCP and EIJB activity emailed to our engaged population (e.g. they have subscribed to us)	<i>Quarterly</i>				



Supporting the EIJB


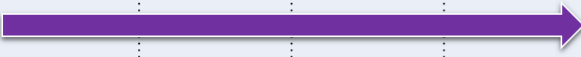





A key part of the Communications and Engagement Strategy is to support the Edinburgh Integration Joint Board with their communications and engagement needs. In the last year we have increased board engagement with the public by hosting the inaugural 'Your Health. Your Care. Your future' event digitally. The event had over 200 attendees and marked the start of an ongoing engagement journey between the EIJB and citizens of Edinburgh.

This involves supporting regular communications between the board and their key stakeholders; enabling the board to effectively use their own channels to share key messages, managing a schedule of events throughout the year and supporting an on-going two-way conversation and consultation between the board and the citizens of Edinburgh.

Building a relationship of trust and encouraging the belief that the board will act on feedback and the best wishes of the Edinburgh population, is the aim of the EIJB communications. The suite of communications and engagement channels used to support the board are outlined on the next page. Alongside these channels and support from the Communications and Engagement team, the board are actively encouraged to use their own networks and social media to disseminate key messages.



EIJB external communications and engagement channels

External engagement activity managed within the team		Frequency	Q1	Q2	Q3	Q4
	Strategic and statutory public engagement Managing integrated external campaigns that run for a period of time, sharing key information with core audience groups via a range of channels.	Ongoing as required				
	Annual engagement event – Your health. Your care. Your future. A digital or face-to-face event that invites members of the public, interested parties and citizens to help shape the future of health and social care together	Annual			●	
	EIJB member blog A regular blog from a member of the Board, sharing an update on what's front of mind for the team, and health and social care.	Quarterly	●	●	●	●
	Board member vlog A regular video from a member / members of the Board sharing an update on what's front of mind for them	Quarterly	●	●	●	●
	EIJB engagement forums Bi-annual series of focus groups with the public (digital or F2f) to engage directly with members of the public	Bi-Annual		●		●
	Engagement survey Annual survey to members of the public to engage them on health and social care / temperature check on general knowledge and feelings towards the industry in Edinburgh.	Annual			●	

Measuring success

Outputs

We will monitor the activity that the team have delivered:

- Social posts published
- Website updates
- Events scheduled
- Videos shared
- Press releases issued
- Newsletters sent

Outcomes

We will monitor campaign performance, feedback and sentiment:

- Positive vs negative media sentiment
- Audience perception of the brand and verbatim comments
- Volume of coverage
- Volume of keywords used
- Social media monitoring
- Two-way feedback
- Internal surveys

Outtakes

We will look at resulting audience behaviour:

- Video views
- Shares on social media
- Engagement with campaigns
- Use of hashtags
- Campaign objectives achieved
- Correct audience demographic demonstrating desired response
- Website traffic

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REPORT

Financial Update

Edinburgh Integration Joint Board

22 June 2021

Executive Summary	This report confirms the out turn position for 2020/21 and provides the Integration Joint Board with an update on progress with balancing the 2021/22 financial plan.
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Recommendations	<p>It is recommended that the Board:</p> <ol style="list-style-type: none"> 1. Note that, subject to audit, a surplus of £1.0m is reported for financial year 2020/21; and 2. Agree that the additional funding of £2.5m agreed by the Council is applied to reduce the 2021/22 budget deficit.
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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 & NHS Lothian	

Report Circulation

1. The 2020/21 outturn report (attached as appendix 1) was discussed by the Performance and Delivery Committee on 9th June 2021.

Main Report

2020/21 outturn

2. The Integration Joint Board (IJB) is reporting an overall **surplus of £1.0m** on delegated services for 2020/21. This position is summarised in table 1 below with more detail in the paper on this subject presented to the Performance and Delivery Committee included at appendix 1.

	Budget £k	Actual £k	Variance £k
NHS services			
Core	329,721	329,197	524
Hosted	102,380	101,701	678
Set aside	100,576	100,754	(178)
Other	67,285	67,285	0
Reserves	21,679	21,679	0
Sub total NHS services	621,642	620,618	1,025
CEC services	228,157	228,157	0
Total	849,800	848,775	1,025

Table 1: IJB year end outturn 20/21

3. Included in the above are net additional costs of £40.5m which were incurred as a direct result of Covid-19. The main categories of associated expenditure being: sustainability payments made to support providers during the pandemic; purchase of additional capacity; slippage in savings delivery; additional staffing and reimbursement of independent contractors; increased prescribing costs; and slippage in the delivery of the savings and recovery programme. As above, further information is included in appendix 1.
4. In line with their commitment, Covid-19 related costs were met in full by the Scottish Government (SG) via the mobilisation planning (LMP) process in 2020/21. Reflecting that such costs will span across financial years, we received funding of £2.9m in excess of the costs incurred. This will be transferred to an earmarked reserve and carried forward to 2021/22. This sum will be added to the reserves which the IJB will carry forward to next financial

year. These are detailed in the paper attached at appendix 1 and summarised in table 2 below:

	£k
Earmarked reserves	
Balance of Covid funding	2,909
Further integration authority support	8,724
Community Living Change Fund	1,925
Action 15	157
Seek keep and treat/drug death taskforce	1,929
PCIF/P	2,814
Unscheduled care	2,223
Transformation	1,736
Other	1,967
Total earmarked reserves	24,385
General reserve	1,025
Total reserves	25,410

Table 2: IJB reserves as at 31st March 2021

5. These reserves fall into the following categories:
- Funding received in 2020/21 for Covid pressures. As well as the monies discussed in paragraph 4 above, the IJB received a share of £100m provided nationally to support ongoing Covid costs, including new ways of working developed in year, and additional capacity requirements;
 - Edinburgh's share of a £20m investment in a community living change funding to facilitate discharge from hospital of people with complex needs. This fund will support the return to Scotland of those placed in care in the rest of the UK and costs associated with the redesign of service provision in order to avoid future hospitalisation and inappropriate placements;
 - Funding for specific initiatives (e.g. action 15, primary care improvement funding) in full. In previous years funding was released to match only the actual costs incurred in year;
 - Unscheduled care monies which would historically been carried forward by SG on behalf of NHS Lothian;
 - Other balances including the provision for transformation previously agreed by the IJB; and

- The surplus for the year discussed in paragraph 2 above.
6. These sums will be carried forward to 21/22 via the board's reserves and, with the exception of the in year surplus, will all be treated as earmarked (or ring fenced) reserves. 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 in the application of these monies in the current financial year.

2021/22 financial plan update

7. In March 2021 the IJB agreed the 2021/22 financial plan and associated savings and recovery programme. 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 and the Chief Office and Chief Finance Officer were supported to continue tripartite efforts with colleagues in the City of Edinburgh Council and NHS Lothian to bridge this shortfall.
8. Following the receipt of significant additional revenue funding late in 2020/21 and after taking account of estimated Covid-related financial impacts over the next two financial years, the Council was in a position to agree a range of additional investments. Proposals were sought from officers and, on behalf of the IJB, the Chief Officer submitted a bid to secure additional budget for the IJB. At its meeting of 27th May the Council supported the proposals, including a further contribution of £2.5m for the IJB. It is **recommended** that this funding is
9. The Chief Officer and Chief Finance Officer continue their dialogue with Scottish Government officials to explore the extent to which the IJB's earmarked reserves can be applied to support the range of financial pressures and challenges we face. These discussions are fast moving and a verbal update will be given at the IJB meeting on 22nd June.

Implications for Edinburgh Integration Joint Board

Financial

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

Legal/risk implications

11. 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

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

Environment and sustainability impacts

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

Quality of care

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

Consultation

15. 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	Finance update – financial outturn 2020/21 (report to Performance and Delivery Committee)
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REPORT

Finance update – 2020/21 outturn

Performance and Delivery Committee

9th June 2021

Executive Summary

The purpose of this report is to provide the Performance and Deliver Committee with the year end financial position.

Recommendations

It is recommended that the committee note that:

- a. subject to audit, a surplus of £1.0m is reported for the 2020/21 financial year; and
- b. the Integration Joint Board will carry reserves totalling £25.4m into 2021/22, £24.4m of these reserves will be earmarked for specific purposes and the final £1.0m will be a general reserve.

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 considered elsewhere. The figures contained within this report will be considered by the Integration Joint Board (IJB) on 22nd June 2021.

Main Report

Background

2. At its meeting in July 2020 the IJB agreed the 2020/21 financial plan, which set out how financial balance could be achieved in year. This position assumed that the financial impact of the Covid-19 pandemic would be funded in full. In August 2020, the board agreed to implement the nationally agreed contract uplift to support providers to pay all employees the Scottish Living Wage. This led to a £3.4m gap in the previously balanced financial plan.
3. During the year, the board received regular updates on the financial position and the status of any additional funding made available by the Scottish Government (SG) to meet the financial pressures brought about by the pandemic.
4. In February 2020 the Chief Finance Officer provided the IJB with moderate assurance that a breakeven position would be achieved across the range of delegated services. This paper provides an update, now that both partner organisations have closed their books for the year.

Overview of financial position

5. As members are aware, the IJB “directs” budgets back to our partner organisations, the Council and NHS Lothian, who in turn provide the associated services. The majority of these services are delivered through the Partnership, with the balance being managed by NHS Lothian under the strategic direction of the IJB. Management of financial performance is undertaken through the governance arrangements in the 2 partner organisations and the Partnership.
6. Financial reporting throughout the year, to both this committee and the IJB, highlighted the challenges inherent in providing meaningful, consistent and relevant financial information in the context of prevailing uncertainty arising from the Covid-19 pandemic.
7. The information in this report is based on the period 12 (March 2021) monitoring reports from the Council and NHS Lothian. These show an overall **surplus of £1.0m** for 2020/21, as summarised in table 1 below. Further detail is included in appendices 1 (the Council) and 2 (NHS Lothian).

	Budget £k	Actual £k	Variance £k
NHS services			
Core	329,721	329,197	524
Hosted	102,380	101,701	678
Set aside	100,576	100,754	(178)
Other	67,285	67,285	0
Reserves	21,679	21,679	0
Sub total NHS services	621,642	620,618	1,025
CEC services	228,157	228,157	0
Total	849,800	848,775	1,025

Table 1: IJB year end outturn 20/21

8. The reported position incorporates net additional costs of £40.5m as a direct result of Covid-19. A breakdown of these costs, which were funded in full by the Scottish Government, is attached at appendix 3.

City of Edinburgh Council

9. Council delegated services are reporting a break even position for the year, after the application of £29.0m of Covid-19 funding (see paragraphs 15 to 16 below and appendix 3). In line with the accounting practice adopted for all Council services, expenditure budgets were not created for these costs. Where possible, Covid costs were captured separately and reported on the appropriate expenditure lines. For other areas of expenditure, a degree of estimation was required, taking into account any offsetting cost reductions. The detail is included in appendix 1 and summarised in table 2:

	£k
Externally purchased services	(7,277)
Services delivered internally	1,697
Income	(3,612)
Sub total	(9,192)
Service wide Covid costs	(19,780)
Total Covid impact	(28,972)
Covid funding	28,972
Net position	0

Table 2: Summary outturn for Council run services 20/21

10. Headline issues are in line with those reported throughout the year, namely:
- *External services* (£7.3m over) – in the main can be attributed to spot purchasing, predominantly care at home/care and support, residential

services and direct payments. Although we have seen significant growth during 20/21 this was largely in line with assumptions. The variance therefore relates to slippage in delivery of savings as the workforce was focused on continuity of service during the pandemic. Accordingly, the in year savings target attributed to purchasing has been recognised in the 2021/22 financial plan and the savings target rolled over to 21/22.

- *Internal services* (£1.7m under) – continued vacancy levels across a range of services, predominantly homecare, and reduced costs in services which have not been fully operational (e.g. day services). These reductions offset Covid related costs which are also shown against this heading.
- *Income* (£3.6m over) – this is where the funding shortfall in relation to the living wage is shown. Also included is reduced income due to a lower use of residential and day care services during the pandemic offset by an increased recovery of income for the equipment store.

NHS Lothian

11. The outturn position for delegated services operated by NHS Lothian is a net underspend of £1.0m. This has been transferred to general reserve and will be carried forward to 2021/22 for prioritisation by the IJB.
12. As with the Council position, interpretation is complicated by the impact of Covid-19 costs, offsets and funding. Where possible NHS Lothian has distributed the Covid-19 funding allocation across the relevant expenditure budgets and, where the appropriate breakdown was not available, centralised budgets were created. Thus the variances reported generally exclude any impact of the pandemic.
13. As with the Council, the key variances remain largely as previously reported and include:
 - *Mental health* (£1.1m under) - continuing high levels of vacancies, particularly in nursing. A briefing has been provided to board members on this subject.
 - *Hosted services* (£0.2m over) – 3 main Covid-19 related pressures: increased issues of community equipment; additional costs of the pan

Lothian out of hours GP service (LUCS); and pressures in the Royal Edinburgh Hospital. Funding was not claimed for these issues as offsetting cost reductions were identified in other services.

14. Previous areas of pressure (GMS, prescribing and set aside) have benefited from in year Covid funding.

Funding for the financial impact of Covid-19

15. In 2020/21 Covid-19 related costs were met in full by the Scottish Government (SG) via the mobilisation planning (LMP) process. Funding was released by the Government at various points during the year with the final allocation confirmed in February 2021. Details were shared with the IJB via the financial plan (attached [here](#)) and financial plan update ([here](#)) papers presented to the board in March and April 2021 respectively. Specifically, the March paper highlighted that the funding received was significantly above the level requested via the LMP process. Reflecting the fact that Covid related costs will span across financial years, the surplus of £2.9m will be transferred to an earmarked reserve and carried forward to 2021/22. This position is replicated across Scotland and the SG has written to integration authorities to confirm that these funds should be carried in an earmarked reserve for Covid-19 purposes into 2021/22. Further, this funding should be used before further allocations are made through LMP returns.
16. The allocations received and associated costs are summarised in table 3 below with the detail provided in appendix 3.

	£k
Covid funding	43,386
Additional costs	
City of Edinburgh Council	28,972
NHS Lothian	11,505
Total	40,477
Net position (transferred to reserves)	2,909

Table 3: Summary Covid-19 funding and costs - 20/21

Integration Joint Board Reserves

17. The final piece of the financial jigsaw is the reserves which the IJB will carry forward to next financial year. These are summarised in appendix 4 and, at £25.4m, these are clearly considerable. Of the total the vast majority (£24.4m) are earmarked for specific purposes. These reserves fall into the following categories:
- Funding received in 2020/21 for Covid pressures. As well as the monies discussed in paragraph 15 above, the IJB received a share of £100m provided nationally to support ongoing Covid costs, including new ways of working developed in year, and additional capacity requirements;
 - Edinburgh's share of a £20m investment in a community living change funding to facilitate discharge from hospital of people with complex needs. This fund will support the return to Scotland of those placed in care in the rest of the UK and costs associated with the redesign of service provision in order to avoid future hospitalisation and inappropriate placements;
 - Funding for specific initiatives (e.g. action 15, primary care improvement funding) in full. In previous years funding was released to match only the actual costs incurred in year;
 - Unscheduled care monies which would historically been carried forward by SG on behalf of NHS Lothian;
 - Other balances including the provision for transformation previously agreed by the IJB; and
 - The surplus for the year discussed in paragraph 7 above.
18. These sums will be carried forward to 21/22 via the board's reserves and, with the exception of the in year surplus, will all be treated as earmarked (or ring fenced) reserves. 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 in the application of these monies in the current financial year.

Savings and recovery programme

19. Progress against the programme is the subject of a separate report to this committee.

Implications for Edinburgh Integration Joint Board

Financial

20. Outlined elsewhere in this report

Legal/risk implications

21. The key risk associated with the position as set out in this paper is that the figures quoted are subject to audit.

Equality and integrated impact assessment

22. There is no direct additional impact of the report's contents.

Environment and sustainability impacts

23. There is no direct additional impact of the report's contents.

Quality of care

24. There is no direct additional impact of the report's contents.

Consultation

25. There is no direct additional impact of the report's contents.

Report Author

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Appendices

- | | |
|------------|--|
| Appendix 1 | Financial outturn for Council delegated services for 2020/21 |
| Appendix 2 | Financial outturn for NHS delegated services for 2020/21 |
| Appendix 3 | Covid funding and related expenditure for 2020/21 |
| Appendix 4 | Edinburgh Integration Joint Board reserves as at 31 st March 2021 |
| Appendix 5 | Glossary of terms |

FINANCIAL OUTTURN FOR COUNCIL DELEGATED SERVICES FOR 2020/21

	Budget £k	Actual £k	Variance £k	%
External				
Assessment and care management	410	410	(1)	0%
Care at home	57,608	59,157	(1,549)	-3%
Care and support	32,473	33,542	(1,069)	-3%
Day services	13,736	12,823	913	7%
Direct payments/individual service funds	37,238	39,430	(2,192)	-6%
Other services	12,260	12,027	233	2%
Residential services	65,743	69,615	(3,872)	-6%
Transport services	1,044	783	260	25%
Total external services	220,511	227,788	(7,277)	-3%
Internal				
Assessment and care management	14,375	14,390	(16)	0%
Care and support	7,177	7,650	(473)	-7%
Care at home	25,394	24,185	1,209	5%
Day services	10,657	8,925	1,732	16%
Equipment services	8,380	10,292	(1,911)	-23%
Management	2,409	1,916	494	20%
Other operating costs	519	367	152	29%
Other services	5,527	4,547	980	18%
Residential services	28,006	27,948	58	0%
Strategy/contract/support services	2,821	3,468	(646)	-23%
Therapy services	3,655	3,537	119	3%
Pension costs	439	438	1	0%
Total internal services	109,360	107,662	1,697	2%
Service wide COVID costs				
Additional care home beds	0	2,957	(2,957)	N/A
Additional care at home packages	0	367	(367)	N/A
Personal protective equipment	0	308	(308)	N/A
Provider sustainability payments	0	16,033	(16,033)	N/A
Other community care costs	0	32	(32)	N/A
Additional travel costs	0	1	(1)	N/A
Digital, it & telephony costs	0	83	(83)	N/A
Total service wide COVID costs	0	19,780	(19,780)	N/A
Total costs	329,870	355,231	(25,360)	-8%
Income and funding				
Government grants	496	496	0	0%
Funding and cost recovery	81,103	79,406	(1,697)	-2%
Customer and client receipts	20,115	18,200	(1,915)	-10%
COVID LMP funding	0	28,972	28,972	N/A
Total income and funding	101,713	127,074	25,360	25%
Net position	228,157	228,157	0	0%

FINANCIAL OUTTURN FOR NHS DELEGATED SERVICES FOR 2020/21

Service	Budget £k	Actual £k	Variance £k	%
Core services				
Community Hospitals	12,925	12,699	226	2%
District Nursing	12,023	11,750	273	2%
Geriatric Medicine	2,788	3,020	(232)	-8%
GMS	95,775	95,849	(74)	0%
Learning Disabilities	1,185	1,058	128	11%
Mental Health	7,900	6,837	1,063	13%
PC Management	2,728	3,102	(374)	-14%
PC Services	8,287	8,410	(122)	-1%
Prescribing	78,835	78,467	369	0%
Resource Transfer	99,043	99,043	0	0%
Substance Misuse	4,452	4,586	(135)	-3%
Therapy Services	9,067	8,906	160	2%
Other	772	610	162	21%
Sub total core	335,780	334,336	1,444	0%
Hosted services				
Community Equipment	1,860	2,925	(1,066)	-57%
Complex Care	1,048	954	94	9%
Hospices & Palliative Care	2,504	2,507	(3)	0%
Learning Disabilities	7,754	7,708	46	1%
LUCS	6,614	7,207	(593)	-9%
Mental Health	30,645	31,177	(532)	-2%
Oral Health Services	9,966	9,786	180	2%
Primary Care Services	2,957	2,810	147	5%
Psychology Services	5,590	5,614	(24)	0%
Public Health	1,047	987	59	6%
Rehabilitation Medicine	5,051	4,399	652	13%
Sexual Health	3,807	3,554	253	7%
Substance Misuse	2,189	2,212	(23)	-1%
Therapy Services	8,014	7,416	599	7%
UNPAC	3,746	3,771	(25)	-1%
Other	3,530	3,537	(6)	0%
Sub total hosted	96,322	96,563	(241)	0%
Other				
Set aside services	100,576	100,754	(178)	0%
Non cash limited	62,856	62,856	0	0%
Staff bonus and pay award	4,429	4,429	0	0%
Sub total other	167,862	168,039	(178)	0%
Reserves	21,679	21,679	0	0%
Net position	621,642	620,618	1,025	0%

COVID FUNDING AND RELATED EXPENDITURE FOR 2020/21

INCOME

	£k
Sustainability in social care - tranche 1	4,056
Sustainability in social care - tranche 2	2,028
Adult social care winter plan - tranche 1	4,090
Adult social care winter plan - tranche 2	2,460
Covid allocation - tranche 1	10,564
Covid allocation - tranche 2	11,456
GP payments	1,629
Hospices	792
Set aside allocation	3,986
Staff bonus payment allocation	2,324
Total funding	43,385

EXPENDITURE

	£k
<i>Additional costs - Council services</i>	
Delayed discharge reduction- additional care home beds	2,957
Delayed discharge reduction- additional care at home packages	367
Personal protective equipment	1,045
Additional staff overtime and enhancements	423
Additional temporary staff spend - health and support care workers	1,398
Social care provider sustainability payments	16,033
Other community care costs	127
Loss of income	2,159
Additional travel costs	151
Digital, it & telephony costs	119
Equipment & sundries	1,224
Chief Social Work Officer	50
Underachievement of savings (net of offsets)	2,919
Sub total Council costs	28,972
<i>Additional costs - NHS services</i>	
Hospices - loss of income	792
Other NHS costs	45
Additional payments to FHS contractors	1,882
Additional FHS prescribing	2,475
Additional set aside costs	3,986
Staff bonus payment	2,324
Sub total NHS costs	11,505
Grand total additional costs	40,477
Balance transferred to reserves	2,908

EDINBURGH INTEGRATION JOINT BOARD RESERVES AS AT 31ST MARCH 2021

	£k
Earmarked reserves	
Balance of Covid funding	2,909
Further integration authority support	8,724
Community Living Change Fund	1,925
Action 15	157
Seek keep and treat/drug death taskforce	1,929
PCIF/P	2,814
Unscheduled care	2,223
Transformation	1,736
Other	1,967
Total earmarked reserves	24,385
General reserve	1,025
Total reserves	25,410

GLOSSARY OF TERMS

TERM	EXPLANATION
ASSESSMENT AND CARE MANAGEMENT	Predominantly social work, mental health and substance misuse teams
CARE AT HOME	Services provided to over 65s in their homes.
CARE AND SUPPORT DAY SERVICES	Services provided to under 65s in their homes.
DIRECT PAYMENTS	Option 1 of self directed support where the client has chosen to be responsible for organising their care.
GMS	General medical services – largely the costs of reimbursing GPs who, in the main, are independent contractors carrying out work on behalf of the NHS as opposed to being employees.
HOSTED SERVICES	Services which are operationally managed on a pan Lothian basis either through one of the 4 Health and Social Care Partnerships or Royal Edinburgh and Associated Services (REAS).
INDIVIDUAL SERVICE FUNDS	Option 2 of self directed support where the client has chosen for a 3rd party (not the Council) to organise their care.
LUCS	Lothian Unscheduled Care Service – provides out of hours GP services
RESIDENTIAL SERVICES	Services provided to clients in care homes.
SET ASIDE SERVICES	Acute hospital based services managed on a pan Lothian basis by NHS Lothian
THERAPY SERVICES	Mainly occupational therapy teams.

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REPORT

Annual review of directions 2021

Edinburgh Integration Joint Board

22 June 2021

Executive Summary	<ol style="list-style-type: none"> 1. The purpose of this report is to present the outcome of the annual review of directions 2021. 2. On 14 April 2021, the Performance and Delivery (P&D) Committee considered the progress of directions covering the period April 2020 – March 2021. This included consideration of retaining, varying or closing directions. 3. The P&D Committee has referred the annual review of directions report to the Edinburgh Integration Joint Board (EIJB). 4. The EIJB's Directions Policy is due to be reviewed and revised in autumn 2021.
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Recommendations	<p>It is recommended that the EIJB:</p> <ol style="list-style-type: none"> 5. Notes that P&D Committee has reviewed the directions covering the period April 2020 – March 2021. 6. Notes that P&D Committee considered initial proposals for retaining, varying or closing directions at Appendix 1. 7. Approves the varied directions provided at Appendix 2, which were considered by P&D Committee as part of the review.
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Directions

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

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

1. The 'Annual Review of Directions' report 2021 was considered by the P&D Committee on 14 April 2021 prior to referral to the EIJB.

Main Report

2. The EIJB approved a new Directions Policy at its meeting held on 20 August 2019. The approved Directions Policy makes provision for all directions to be reviewed annually through the work of the P&D Committee with recommendations about whether directions should be retained, revoked, varied or superseded being brought to the EIJB at the start of each financial year. The EIJB's Directions Policy is due to be reviewed and revised in autumn 2021.
3. On 14 April 2021 P&D Committee considered an update on the progress of directions and specific proposals to retain, vary or close existing directions covering the period April 2020 – March 2021.
4. P&D Committee members were content with the proposals to retain or vary specific directions. However, concerns were expressed about the proposed closure of certain directions. Specifically, those directions where finance remained allocated to the project (for example, sensory support services) or in the absence of follow-on actions in terms of performance management or financial monitoring. In summary, out of a total 14 directions, the recommendations are for 7 to be retained, 5 varied, and 2 closed. The directions to be retained are at Appendix 1.
5. Although direction EIJB-10/12/2019-1 which relates to alcohol and drug services is proposed for retention this is on the understanding and expectation that the direction will be superseded when an Edinburgh Alcohol and Drugs Partnership (EADP) update report is considered by the EIJB in September 2021.
6. Two directions are recommended for closure as they have been scrutinised and delivered in full.
 - Direction EIJB-24/08/20-1 has been actioned with all relevant block and spot contracts uplifted by the nationally agreed 3.3%. The direction is therefore proposed for closure.
 - Direction EIJB-14/04/20-1 was approved in April 2020 in direct response to the COVID-19 pandemic. As the mobilisation plan has now been implemented in line with the funding supplied by the Scottish Government, this direction is recommended for closure.

7. All recommendations for variance (5 directions) relate to an update to the financial information provided in the direction. This has involved removing historical financial information (from 2019/20) and reconfirmation of the allocation amounts for financial years 2020/21 and 2021/22 taking account of any carry-forward or change to programme delivery schedules.
8. For those directions recommended for variance, new draft directions have been formulated. These can be found at Appendix 2 to this report.

Implications for Edinburgh Integration Joint Board

Financial

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

Legal / risk implications

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

Equality and integrated impact assessment

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

Environment and sustainability impacts

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

Quality of care

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

Consultation

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

Report Author

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Background Reports

- 1 [EIJB Directions Policy](#)

Appendices

- Appendix 1 Review of directions and recommendations: updated following P&D meeting of 14 April 2021.
- Appendix 2 Varied directions.

Review of current directions - progress update and recommendations from P&D

Reference	Services covered	Direction	Relevant report	Budget allocation			Performance measures	Issued to	Approval date	Status	Recommendation
EIJB-22/10/2019-1	All	For those services that are not covered by a specific direction, the City of Edinburgh Council and NHS Lothian will continue to provide services within current budgets, and in accordance with statutory and regulatory obligations, policies and procedures, endeavouring to meet national and local targets and the strategic objectives laid out in the Strategic Plan.	EIJB Strategic Plan 2019-22, EIJB 20 August 2019	The Financial Schedule sets out financial allocations for all delegated services.			Relevant national and local targets, reported on through annual performance report	CEC & NHSL	22/10/2019	On track. Financial schedule maintained by the Chief Financial Officer and updated regularly.	Retain direction and review in April 2022
EIJB-22/10/2019-2	All	Set up and implement the outputs from the transformation programme as approved by the EIJB on 8 February 2019 and set out in the Strategic Plan 2019-22.	<ul style="list-style-type: none"> EIJB Strategic Plan 2019-22, EIJB 20 August 2019 Transformation and Service Redesign, EIJB 8 February 2019 	19/20	NHSL £0	CEC £2.788m	Contained in the report to the EIJB and to be further developed by the EHSCP	CEC & NHSL	22/10/2019	On track. Programme established on a 2-phase basis as set out in report to EIJB in July 2020 and delivery of key projects underway. Programme will continue to run over the current Strategic Plan cycle 2019-2022.	Retain direction and review in April 2022
EIJB-22/10/2019-8	Primary care / general medical services	Expand the Primary Care Workforce in line with the 6 clinical areas set out in the National 2018 New GMS Contract	<ul style="list-style-type: none"> Edinburgh Primary Care Improvement Plan (PCIP), EIJB 15 June 2018 Primary Care Transformation Programme, EIJB 24 May 2019 Primary Care Improvement Plan, EIJB, October 2020 	19/20	NHSL £5.3m	CEC £0	Growth of staffing resource to target of c230wte spread across City practices by April 2022	NHSL	22/10/2019	On track. <ul style="list-style-type: none"> Recruited c45WTE to make total c165WTE. Adult Flu vaccination programme delivered. Testing online diagnose / direct / guide system (e Consult) with few practices (10-12) 2021/22 Recruitment strategy agreed with workstream leads. 	Variation required to update financial information
EIJB-22/10/2019-9	Primary care / general medical services	Work with EHSCP to produce business cases to support priorities for capital investment beyond the current year taking account of the anticipated population expansion in each locality	<ul style="list-style-type: none"> Primary Care Population and Premises, EIJB, 22 September 2017 	Capital allocation as identified in each business case			Delivery of Primary Care Infrastructure to meet identified need	NHSL	22/10/2019	On track <ul style="list-style-type: none"> Panmure St Ann's redevelopment for the Inclusive Homelessness Service started on site Nov 2020. South East Edinburgh Initial Agreement – approved through EIJB/NHS Lothian and with Scottish Government for approval. West Edinburgh (Maybury) Joint development with CEC primary school approved through EIJB/NHS Lothian. Standard business case in governance General Medical Services Edinburgh South- business case approved, provisional site start April 2021 	Retain direction and review in April 2022

EIJB-10/12/2019 - 1	Alcohol & Drugs Services	Implement the Seek, Keep and Treat components of the national strategy 'Rights, Respect and Recovery' to improve health by preventing and reducing alcohol and drug use, harm and related deaths, through the delivery of services outlined in the investment plans. A local delivery and performance plan will measure engagement and outcomes for people and will be informed by the national framework to be issued shortly for Rights, Respect and Recovery.	·Scottish Government - Seek, Keep and Treat Funding, EIJB 21 June 2019 ·Edinburgh Alcohol and Drug Partnership - Seek, Keep and Treat Funding 2018/19	19/20 20/21 21/22	NHSL £1.1m £1.1m	CEC £0.3m £0.3m	In line with Scottish Government national outcomes and targets	CEC & NHSL	10/12/2019	On track. All spending plans now implemented in line with original intentions. External funding has been secured for temporary additional support team capacity to maximise the impact of the investments	Retain direction on the understanding that an update report is scheduled to be considered by the EIJB in September which will lead to this direction being superseded.
				20/21	Plus £1.074m previously unallocated from 2018/19. Further work required to determine allocation across partners						
EIJB-10/12/2019-2	Disability Services	In response to the development of a 'step down' resource for adults with a learning disability that NHS Lothian decommission three beds within the Royal Edinburgh	Learning Disability - Step Down - Royal Edinburgh Hospital, EIJB 10 December 2019	19/20 20/21 21/22	NHSL £0 £0	CEC £0.075m £0.3m £0.3m	The outcomes of this direction will be measured by: - Three people successfully move from hospital to a community step down resource - That three people move from the step down resource into their own tenancies - That community teams continue to provide support to these people to ensure a successful community placement - That the step down resource can offer the same outcomes to more people as people transition to a community placement.	CEC & NHSL	10/12/2019	On track • The Step down resource has been operational from April 2020. • It currently has two people who have left hospital and ready to move into their own tenancies. • One person has a new tenancy ready and will be moving in April 2021 • Once the remaining person has moved a further three people can be considered for the resource	Retain direction and review in April 2022.

EIJB-10/12/2019-3	Adult Sensory Support Services	Commission and redistribute a revised suite of services for meeting the needs of adults with a sensory impairment on a three-year basis (from October 2020) with an option for 1+1 year extensions to take account of proposals for a pan-Lothian sensory impairment service	Adult Sensory Impairment Services Contracts - Extension and Awards Policy and Sustainability Committee, 25 June 2020	19/20 20/21 21/22	NHSL £0 £0 £0	CEC £0 £0.235m £0.471m	Each commissioned service will have its own KPIs developed as part of the commissioning process. Outcomes for people using the service to be delivered within the locality teams (social work assessment and care management with people with a vision impairment) will be monitored.	CEC	10/12/2019	On track Contracts for specialist Deaf Social Work/BSL duty service and equipment commenced 1 October 2020. Current RNIB contract extended for all sight loss services to 31 March 2021. From 1 April 2021, Sight Scotland will deliver sight loss rehabilitation and Visibility Scotland will deliver the Eye Clinic Support Service at Princess Alexandra Eye Pavilion with EHSCP locality teams delivering social work assessment and care management for people with sight loss. Update report on all adult sensory support services will be presented to the IJB in October 2021 as per Rolling Action Log.	Retain direction and review in April 2022
EIJB-14/04/20-1	Various	Implement the Edinburgh Health and Social Care Partnership mobilisation plan in line with the funding supplied by the Scottish Government.	Response to COVID-19. Paper taken in private, EIJB, 14 April 2020				TBC as mobilisation plan agreed	NHSL and CEC	14/04/2020	Achieved. Mobilisation plan implemented and delivered as evidenced in the regular SITREP reports to EIJB.	Direction recommended for closure.
EIJB-24/08/20-1	<ul style="list-style-type: none"> All purchased services (with the exception of residential accommodation for over 65s where the uplift has already been applied) All direct payments, individual service funds and payments to personal assistants 	Implement a 3.3% contractual uplift in line with the letter of 10 April 2020 from the Cabinet Secretary and the COSLA Health & Social Care Spokesperson letter to Local Authority Chief Executives and IJB Chief Officers and Chief Finance Officers	<ul style="list-style-type: none"> Fair work and the living wage in adult social care, EIJB, 24 August 2020 	20/21 21/22	NHSL £0 £0	CEC £6.0m £6.0m	Uplift to be actioned	CEC	24/08/2020	Achieved. <ul style="list-style-type: none"> Following EIJB approval, full Council agreed to implement the uplifts EHSCP officers agreed an implementation plan All relevant block and spot contracts have now been uplifted by the nationally agreed 3.3% 	Direction recommended for closure.

EIJB-15/12/2020-1	Disabilities	Provide more support in the community by decommissioning Glenlomond wards in the Royal Edinburgh Campus and commissioning eight tenancies for adults with forensic support needs	<ul style="list-style-type: none"> Royal Edinburgh Campus, EIJB 18 May 2018 EIJB Strategic Plan 2019-22, EIJB 20 August 2019 	19/20 20/21 21/22	NHSL £0.7m £0.5m £0	CEC £0 £0.2m £0.8m	6 people move from hospital to live in the community by June 2021	CEC & NHSL	15/12/2020	<p>On track.</p> <ul style="list-style-type: none"> Three people have moved from REH to community forensic support Staff are now supporting patients in Glen Lomond ward in preparation for their move to their own tenancies Properties are being identified to support this move 	Variation required to update financial information.
EIJB-15/12/2020-2	Disabilities	Increase support options in the community by decommissioning wards in the Royal Edinburgh Campus and commissioning sixteen tenancies for adults with complex support needs, Specifically, commission 9 flats from Lifeways, plus other new accommodation options.	<ul style="list-style-type: none"> Royal Edinburgh Campus IJB report 18 May 2018 EIJB Strategic Plan 2019-22, 20 August 2019 	19/20 20/21 21/22	NHSL £3.2m £2.6m £2.0m	CEC £0 £0.6m £1.2m	16 people are living in the community by December 2023	CEC & NHSL	15/12/2020	<p>On track to be delivered by December 2023.</p> <ul style="list-style-type: none"> 9 tenancies with support were commissioned as a new build property. This has been delayed by Covid, but will be operational by Spring 2021 5 new build houses have been agreed by 21st century homes in Silverknowes. These should be built and operational by 2023 1 person will be considered for Hillview, a small resource which is being refurbished. Delayed due to Covid. Aiming to be operational by Autumn 2021. 1 person will be supported from existing tenancies to be agreed in 2021. 	Variation required to update financial information
EIJB-15/12/2020-3	Mental health	Implement the Scottish Government's National Mental Health Strategic commitment to support the employment of 800 additional mental health workers to improve access in key settings such as Accident and Emergency departments, GP practices, police station custody suites and prisons. For Edinburgh this equates to 8.2% which is equivalent to 66.56 WTE.	<ul style="list-style-type: none"> Action 15 funding, EIJB 21 June 2019 Psychological Therapies Additional Investment, EIJB 20 August 2019 	19/20 20/21 21/22	NHSL £1.4m £2.0m £2.7m	CEC £0 £0 £0	Additional staffing as detailed in the report to the EIJB in June 2019. Reduction in waiting lists / waiting times. Establishment of the Thrive open access centres. Each development will have its own outcomes and KPIs	CEC & NHSL	15/12/2020	<p>On track.</p> <ul style="list-style-type: none"> Edinburgh Thrive Welcome Teams Prototyping Teams established. Thrive Collective 3rd Sector commissioned services in place from 1 December 2020 with referral access to Primary Care Teams. Additional staff in place at A&E, Edinburgh Prison and custody. 	Variation required to update financial information.

EIJB-15/12/2020-4	Mental health	NHS Lothian to recruit 17 WTE additional temporary staff to deliver psychological therapies.	<ul style="list-style-type: none"> Action 15 funding, EIJB 21 June 2019 Psychological Therapies Additional Investment, EIJB 20 August 2019 	19/20 20/21 21/22	NHSL £0 £1.0m £0.6m	CEC £0 £0 £0	Number of staff in post Increase in number of patients seen who have waited over 18 weeks Decrease in number of patients waiting longer than 18 weeks	NHSL	15/12/2020	<p>Delayed in respect of recruitment and reducing waiting time</p> <ul style="list-style-type: none"> 17 WTE temporary staff for pan-Lothian initiative led by the Director of Psychology for NHS Lothian. For Edinburgh this was 6 WTE: 3.1 recruited; 2.9 still vacant. Non-recurring funding ends in September 2021. Staff recruitment and retention remain an issue. A new Lothian Psychological Therapies website will launch in Jan 2021. The site will be accessible to patients to provide education, self-management advice and information on alternative statutory and third sector services. It will also provide the route to access a wide range of licensed online therapy modules. Discussions underway with Director Psychology and Senior HSCP Leads to accelerate Thrive Welcome team to offer alternative approaches 	Variation required to update financial information
EIJB-02/02/2021-1	Carers	Implement the Edinburgh Joint Carers Strategy 2019-22 and associated implementation plans.	<ul style="list-style-type: none"> EIJB Strategic Plan 2019-22, EIJB 20 August 2019 Edinburgh's Joint Carers Strategy and implementation plans, EIJB 20 August 2019 EIJB report, 2 February 2021 	20/21 21/22	NHSL £0.53m £0.54m	CEC £5.31m £6.97m	6 priority areas will have services provided and commissioned to support improvement across the identified outcomes as per the timeline included with the EIJB report of 20 August 2019.	CEC & NHSL	02/02/2021	<p>On track</p> <ul style="list-style-type: none"> Award of Carer Support Contracts aligned to the 6 Carer strategic commence 1 Jan 2021 with annual value of £2.2m – approved at Policy and sustainability committee 20 Aug 2020. Carer 5 year Spending proposal being developed with a view to presenting to EMT Jan and IJB March 2021 Adult carer support plan review undertaken September 2020 and plan to establish Short life working group to implement changes and scale up use of the plan across EHSCP and third sector organisations. Performance framework agreed by P&D on 16 November 2020. 	Retain direction and review in April 2022.

DRAFT DIRECTIONS FROM THE EDINBURGH INTEGRATION JOINT BOARD
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Reference number	EIJB-tbc		
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	Yes This varies direction EIJB-22/10/2019-8 agreed by the EIJB on 22 October 2019 by providing updated financial information.		
Approval date			
Services / functions covered	Primary care / general medical services		
Full text of direction	Expand the Primary Care Workforce in line with the 6 clinical areas set out in the National 2018 New GMS Contract		
Direction to	NHS Lothian		
Link to relevant EIJB report / reports	EIJB Strategic Plan 2019-22, EIJB, 20 August 2019 Edinburgh Primary Care Improvement Plan (PCIP), EIJB 15 June 2018 Primary Care Transformation Programme, EIJB 24 May 2019		
Budget / finances allocated to carry out the detail		<i>NHS Lothian</i>	<i>City of Edinburgh Council</i>
	2021/22	£15.5m	£0
Performance measures	Growth of staffing resource to target of c230wte spread across City practices by April 2022		
Date direction will be reviewed	April 2022		

Reference number	EIJB-tbc		
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	Yes This varies direction EIJB-15/12/2020-1 agreed by the EIJB on 15 December 2020 by providing updated financial information. Changes to the timescale for delivery has impacted on the finance schedule.		
Approval date			
Services / functions covered	Disability services		
Full text of direction	Provide more support in the community by decommissioning Glenlomond wards in the Royal Edinburgh Campus and commissioning eight tenancies for adults with forensic support needs		
Direction to	NHS Lothian The City of Edinburgh Council		
Link to relevant EIJB report / reports	EIJB Strategic Plan 2019-22, EIJB, 20 August 2019 Royal Edinburgh Campus and St Stephen's Court, EIJB, 18 May 2018		
Budget / finances allocated to carry out the detail		<i>NHS Lothian</i>	City of Edinburgh Council
	2021/22	£0.7m	£0
	2022/23	£0.5m	£0.2m
	2023/24	£0	£0.8m
Performance measures	6 people move from hospital to live in the community by June 2021		
Date direction will be reviewed	April 2022		

APPENDIX 2

Reference number	EIJB- tbc		
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing Direction	<p>Yes</p> <p>This varies direction EIJB-15/12/2020-2 which was agreed by the EIJB on 15 December 2020 by providing updated financial information. Changes to the timescale for delivery has impacted on the finance schedule.</p>		
Approval date			
Services / functions covered	Disability services		
Full text of direction	Increase support options in the community by decommissioning wards in the Royal Edinburgh Campus and commissioning sixteen tenancies for adults with complex support needs, Specifically, commission 9 flats from Lifeways, plus other new accommodation options.		
Direction to	<p>NHS Lothian</p> <p>The City of Edinburgh Council</p>		
Link to relevant EIJB report / reports	<p>EIJB Strategic Plan 2019-22, EIJB, 20 August 2019</p> <p>Royal Edinburgh Campus and St Stephen's Court, EIJB, 18 May 2018</p>		
Budget / finances allocated to carry out the detail		NHS Lothian	City of Edinburgh Council
	2021/22	£3.2m	£0
	2022/23	£2.6m	£0.6m
	2023/24	£2.0m	£1.2m
Performance measures	16 people are living in the community by December 2023		
Date direction will be reviewed	April 2022		

Reference number	EIJB- tbc		
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	Yes This varies EIJB-15/12/2020-3 agreed at the EIJB on 15 December 2020. Financial information has been updated to reflect allocation across NHS Lothian and City of Edinburgh Council in 2020/21.		
Approval date			
Services / functions covered	Mental health services		
Full text of direction	Implement the Scottish Government's National Mental Health Strategic commitment to support the employment of 800 additional mental health workers to improve access in key settings such as Accident and Emergency departments, GP practices, police station custody suites and prisons. For Edinburgh this equates to 8.2% which is equivalent to 66.56 WTE.		
Direction to	NHS Lothian The City of Edinburgh Council		
Link to relevant EIJB report / reports	EIJB Strategic Plan 2019-22, EIJB, 20 August 2019 Action 15 funding, EIJB, 21 June 2019		
Budget / finances allocated to carry out the detail		NHS Lothian	City of Edinburgh Council
	2021/22	£2.9m	£0
Performance measures	Additional staffing as detailed in the report to the EIJB in June 2019. Reduction in waiting lists / waiting times Establishment of the Thrive open access centres. Each development will have its own outcomes and KPIs		
Date direction will be reviewed	April 2022		

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APPENDIX 2

Reference number	EIJB- (tbc)		
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	Yes This varies direction EIJB-22/10/2019-5 agreed at the EIJB on 15 December 2020 by providing updated financial information.		
Approval date			
Services / functions covered	Mental health services		
Full text of direction	NHS Lothian to recruit 17 WTE additional temporary staff to deliver psychological therapies.		
Direction to	NHS Lothian		
Link to relevant EIJB report / reports	EIJB Strategic Plan 2019-22, EIJB, 20 August 2019 Psychological Therapies Additional Investment, EIJB, 20 August 2019		
Budget / finances allocated to carry out the detail		NHS Lothian	City of Edinburgh Council
	2021/22	£0.85m	£0
Performance measures	Number of staff in post Increase in number of patients seen who have waited over 18 weeks Decrease in number of patients waiting longer than 18 weeks		
Date direction will be reviewed	April 2022		



REPORT

Evaluation of Winter Planning 2020/21

Edinburgh Integration Joint Board

22 June 2021

Executive Summary

The purpose of this report is to provide the Edinburgh Integration Joint Board (IJB) with an update on performance over Winter 2020/21

1. Scottish Government DL (2017)19 guidance on Preparing for Winter 2017/18 is the most recent government circular outlining the requirement for Health and Social Care Partnerships to produce an action plan to ensure health and social care services are well prepared for winter. Further to this John Connaghan, Interim Chief Executive, NHS Scotland, wrote to the Chief Officers of Health & Social Care Partnerships and the Chief Executive of NHS Lothian on 22 October 2020 regarding preparing for Winter 2020/21
2. Preparations for Winter 2020/21 were outlined at the IJB meeting on 15 December 2020
3. This report and appendices provide an overview of the suite of winter planning actions and services, and an evaluation of their impact.
4. The plan sets this in the context of the Partnership's performance for key performance indicators, compared to last winter.

Recommendations

It is recommended that the Edinburgh Joint Integration Board:

1. Note the evaluation of Winter 2020/21 contained within this paper
2. Note that a number of the successful winter initiatives have been funded recurrently
3. Note that planning is underway with regards to our key priorities for Winter 2021/22

Directions

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

Report Circulation

1. The report will be circulated to the Edinburgh Integration Joint Board for the meeting on 22 June 2021.

Main Report

2. Planning for winter is an important part of the Partnership's service delivery, given the additional pressures placed on local systems from seasonal influenza, norovirus, severe weather and public holidays. This was amplified this year with the onset of the COVID-19 pandemic and the prospects of resurgence during the winter period alongside a potential no deal EU Exit.
3. John Connaghan, Interim Chief Executive NHS Scotland, wrote to the Chief Officers of Health & Social Care Partnerships and the Chief Executive of NHS Lothian on 22 October 2020 confirming the additional funding that would be made available to NHS Lothian for winter 2020/21. This was to be used to support the costs of ensuring that health and social care services were positioned to respond to these challenges, focussing on the following priorities:
 - Optimising discharge home as first choice ensuring patients are discharged as soon as they are medically fit, wherever appropriate and enhancing care in the community.



- Avoiding admission with services developed to provide care at home across seven days, hospital at home, discharge to assess, specialty review at rapid access clinics and a single point of access for social care.
 - Reducing attendances by managing care closer to home or at home wherever possible including step-up facilities for assessment, reablement and rehabilitation, professional-to-professional referral services, support out-of-hours, managing long-term conditions to avoid unnecessary exacerbation utilising digital and remote monitoring where possible
 - Sufficient staffing across acute, primary and social care settings including over the weekends and festive period with access to senior decision makers to prevent delays in discharge and ensure patient flow
 - Surge capacity with the ability to flex up capacity when required.
4. The letter requested that NHS Boards and HSCPs submit a self-assessment against a checklist of winter preparedness by 2 November 2020 incorporating:
- Resilience
 - Unscheduled/Elective Care
 - Out of Hours
 - Norovirus
 - COVID-19, seasonal Flu, staff protection and outbreak resourcing
 - Respiratory pathway
 - Integration of key partners/services.
5. A copy of the completed Edinburgh HSCP self-assessment is included at Appendix 1.
6. The Partnership was invited by Lothian Unscheduled Care Committee to develop a prioritised list of no more than three proposals for additional winter funding. These were to be submitted by 19 June 2020 and prioritised according to set criteria including:
- Joint working

- Home First approach
 - Seven-day working/discharge
 - Admission avoidance
 - Patient safety/person-centred approach to care
 - Essential in the delivery of red and green pathways for COVID-19.
7. Subsequent to this, the Partnership was asked to submit any other bids for funding by 1 July 2020. A communication was sent to targeted stakeholders including operational managers, locality managers, members of the Partnership’s Winter Planning Group, the Carer Support Team, Strategic Planning Managers and the Chief Nurse asking that they liaise with staff and partners to generate proposals.
8. As a result of this two-stage process, five out of the eight proposals submitted by the Partnership were successfully funded and these are outlined below along with a summary of their evaluation and impacts.

Title	Achievements and impact
Discharge to Assess(D2A) – Occupational Therapy £61,179	There was a total of 843 referrals across Edinburgh during winter, an average of 211 per month. The D2A North team had a 55% increase in referrals compared to the previous winter. The South team started in March 2020 therefore it is not possible to provide a full comparison with Winter 2019/20, but there was a 95% increase in referrals in March 2021. There was an increase in referrals for both teams of over 20% during winter from the previous 18-week period.
Home First Therapists – RIE/WGH £60,379	<p>A total of 98 patients were supported at the RIE (six home visits) and 74 patients at the WGH (13 home visits). Data shows that for the 172 patients supported, 18% had a positive adjustment to their length of stay and 6% had a reduction in length of stay greater than four days. Activity had the intended consequence of increasing D2A referrals.</p> <p>A four-week test of change in March 2021 integrated 1 WTE Physiotherapist and 1 WTE Occupational Therapist into the boarders ward round, the aim being to reduce unnecessary bed days by improving flow and access to the best discharge pathway available. Ten patients that were case managed returned to their homes with a reduced length of stay of more than four days in 90% of cases. There were no readmissions at 7 or 14 days.</p>

	<p>A Home First therapist led an ICF triage list test of change for the four months of the project, working with the AAH discharge hub to establish a robust and effective process. The evaluation of this is awaited.</p>
<p>Social Worker Enhancement £88,965</p>	<p>Data shows a reduction in 11 codes compared to Winter 2019/20 although this may be due in part to the implementation of the Discharge Hub team in 2020, with a dedicated team ensuring all referrals are validated and coded correctly. 11a codes show a reduced number of patients waiting for a community worker to be allocated, resulting in reduced length of stay. In addition, there was a reduction in average weekly delays with 11b coding. It is not possible to gauge how much of this change was attributable to COVID-19 impact.</p> <p>Part of the resource was used to provide support for rehabilitation needs in intermediate care facilities in five wards across Liberton Hospital and Findlay House (Fillieside) with 40 funded beds in Liberton Hospital and 24 in Fillieside. Winter funding provided 1 WTE Home First Navigator to support early discharge planning for a 12-week period. Of the 47 patients supported, 84% were not readmitted following discharge. Data also shows a 37% reduction in delayed discharge patients in Liberton Hospital, and a reduction of 32% in occupied bed days, with 54% of individuals being discharged to a care home placement. The reduction in occupied bed days would indicate success in supporting early discharge, this in the face of wider challenges arising from COVID-19: closure of wards due to infection, and testing requirements for transfer to a care home particularly as an average of 60% of care home capacity was unavailable in any given week.</p>
<p>CRT+ & Long-COVID Single Point of Access (SPOA) £50,188</p>	<p>During the service period, 23 referrals were received, 16 of which were deemed to be at risk of hospital admission (70%). This is a slight reduction compared to previous winters which may be due to the second period of lockdown and patients shielding. This mirrors the reduced number of respiratory-related presentations throughout the healthcare system this winter. Of those referrals received, the CRT+ service successfully supported 100% admission avoidance at 48hrs and 83% at 7 days. A proposal will be prepared to make these posts substantive moving forward.</p> <p>The Single Point of Access provided a triage point to AHP rehabilitation services for people recovering from COVID-19, with 290 referrals being received in the period from November 2020 to end of March 2021. There were 314 onward referrals made (some individuals require the input of more than one service), primarily to pulmonary rehabilitation and the Lothian Work Support Service. This project has demonstrated the success of utilising a single pathway to access existing AHP rehabilitation services for people experiencing ongoing</p>

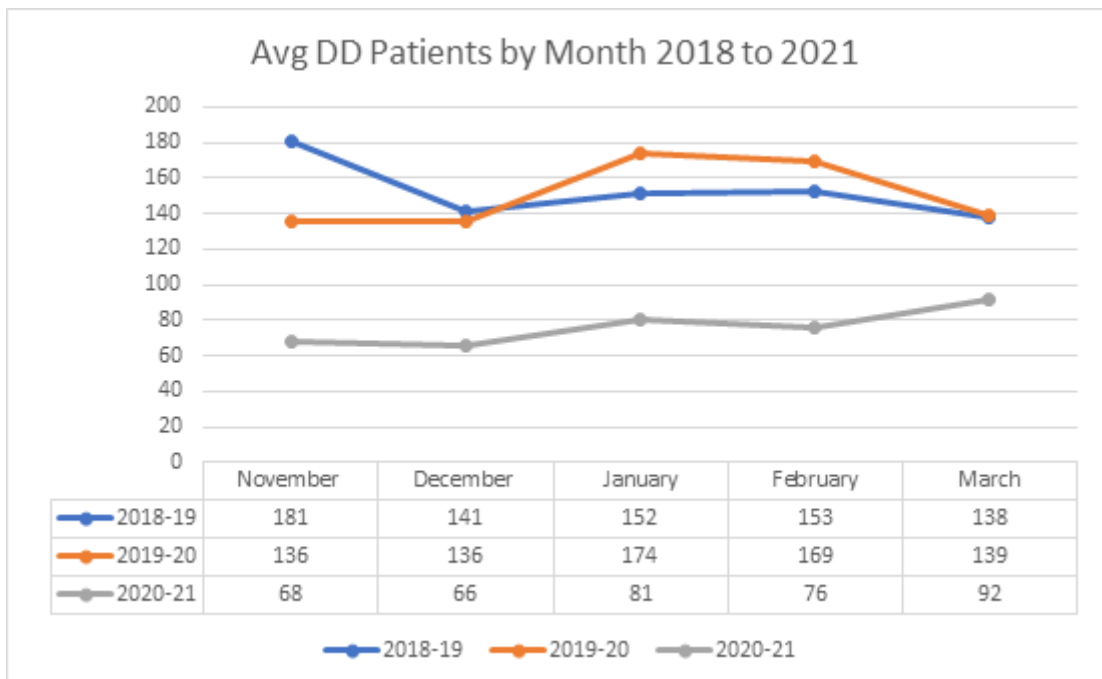
	symptoms post-COVID. It has, however, resulted in a significant increase in referrals to these services, compounded by the second lockdown period, increasing waiting times and making remobilisation a challenge.
Reablement Coordinators £29,211	Two Home Care Coordinator posts were funded to support early assessment, care planning and scheduling. The project was terminated at the end of January due to evidence of it having a limited impact. The initiative reduced 1 to 2 delayed discharges per week with no significant increase in weekend discharges. Over the 10 weekends the additional staff were in place, 15 discharges were completed. The needs of patients were instead met by other service pathways. It has been acknowledged by the Lothian Unscheduled Care Committee that weekend discharges remain an issue and this will be picked up a Lothian level going forward.

9. In addition to the above, the Partnership funded third sector organisations to provide support for vulnerable residents at risk of admission and readmission, and unpaid carers who whom the festive period can be a challenging time.

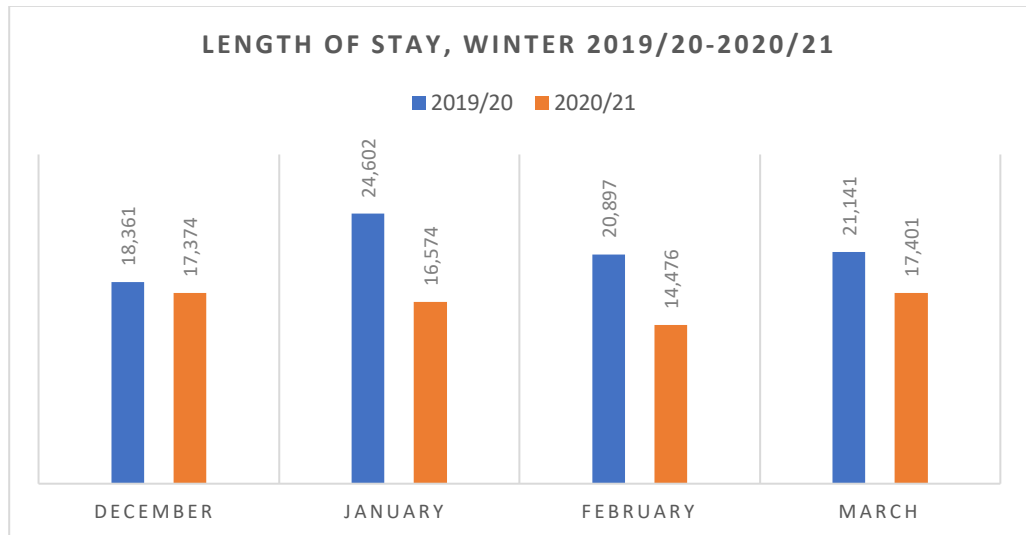
Bids	Achievements and Impact																		
Discharge to Assess (D2A) - Assistant Practitioners £43,401	Additional assistant practitioner capacity in D2A has contributed to the skill mix within the team, enabling therapists to assess patients in a more timely manner and deliver more intensive rehabilitation. The achievements and impact of D2A during winter are detailed in Section 8 above.																		
Open House £28,139.50	<p>There were 46 referrals into the core programme (not including those supported by The Stafford Centre). These individuals were referred to a total of 50 activities. 59% of those supported were female, and 41% male. Support was offered to all adult age-groups, the majority being over the age of 65. This reflects a change of focus from the previous year where support to older people was prioritised. This change was made in acknowledgement of the universal financial, mental health and social challenges arising as a result of the pandemic</p> <p>Uptake across providers is detailed below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>ORGANISATION</th> <th>PLACES AVAILABLE</th> <th>UPTAKE</th> </tr> </thead> <tbody> <tr> <td>Artlink</td> <td>20</td> <td>6</td> </tr> <tr> <td>LifeCare Edinburgh</td> <td>5</td> <td>7</td> </tr> <tr> <td>Caring in Craigmillar (Phonelink)</td> <td>44</td> <td>17</td> </tr> <tr> <td>Health all Round</td> <td>35</td> <td>16</td> </tr> <tr> <td>SPACE Hub at Broomhouse</td> <td>10</td> <td>13</td> </tr> </tbody> </table>	ORGANISATION	PLACES AVAILABLE	UPTAKE	Artlink	20	6	LifeCare Edinburgh	5	7	Caring in Craigmillar (Phonelink)	44	17	Health all Round	35	16	SPACE Hub at Broomhouse	10	13
ORGANISATION	PLACES AVAILABLE	UPTAKE																	
Artlink	20	6																	
LifeCare Edinburgh	5	7																	
Caring in Craigmillar (Phonelink)	44	17																	
Health all Round	35	16																	
SPACE Hub at Broomhouse	10	13																	

	The Stafford Centre*	26 additional sessions	Average attendance of 11
VOCAL Carers Hub Surviving Christmas Programme £3,927	<p>VOCAL had a target of 110 carer beneficiaries, and achieved a total of 112.</p> <p>An online survey went sent to all recipients with 21 responses received:</p> <ul style="list-style-type: none"> • 95% improved physical and mental wellbeing • 74% improved relationships • 86% improved social wellbeing • 57% improved safety in relation to caring role • 30% improved economic wellbeing • 57% better informed about issues linked to caring role • 62% improved confidence in caring role • 71% ability to continue caring 		

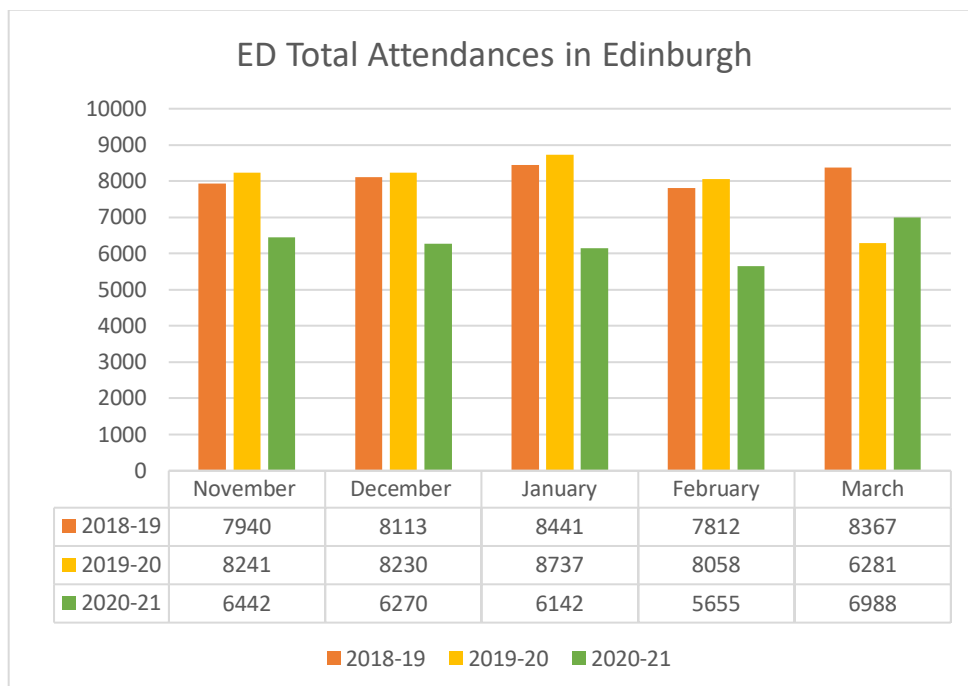
10. A comparison of delayed discharge numbers across hospitals in Edinburgh for Winter 2020/21 shows that levels are lower than in the previous two years. Delayed discharges in the City of Edinburgh for those aged 18+ and 75+ also fell below the Scottish average in November 2020.



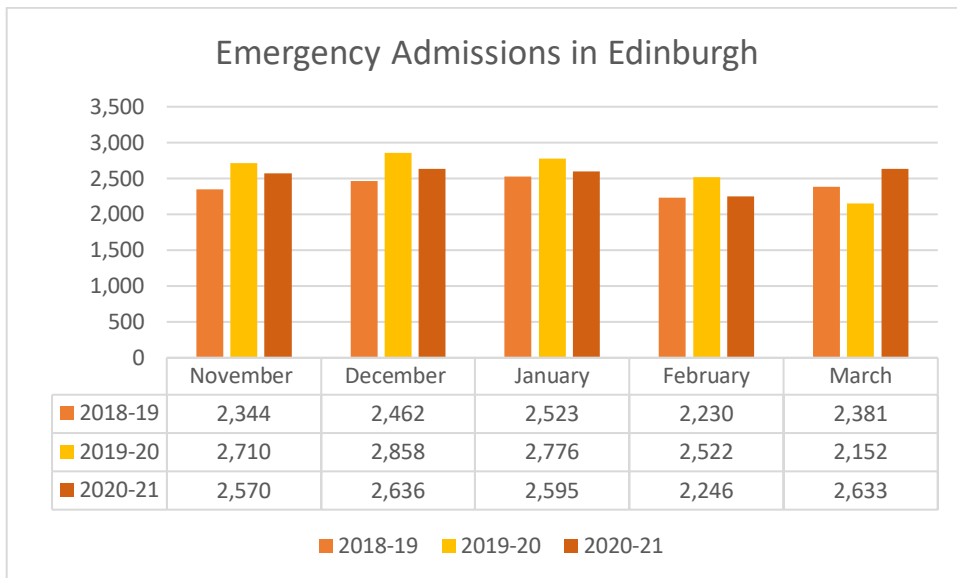
11. Length of stay was also reduced during Winter 2020/21 compared to the previous year.



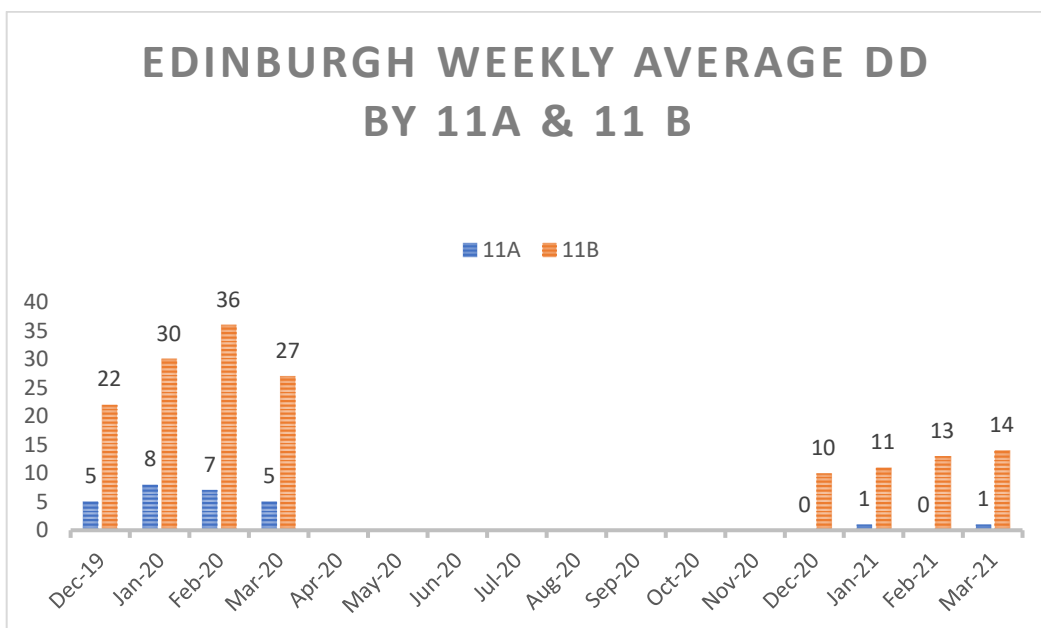
12. Emergency Department attendances were lower this year than in the previous two winters. A comparison of the past three winter periods from 2018-19 to 2020-21 is shown below:



13. Emergency admission in 2020/21 were lower than in 2019/20, but generally higher than in 2018/19. The graph below shows emergency admissions by month, for both the RIE and WGH sites, across the last three winters:



14. Weekly average delayed discharges by 11a and 11b codes for 2020/21 are shown below, compared to those for 2019/20:



15. The Unscheduled Care Committee requested evidence of impact for funded proposals in April 2021. A copy of this completed report can be found in Appendix 2.

16. In addition, the Partnership was asked to provide more limited feedback than in previous years around alignment of services and staffing levels for inclusion in the Lothian Winter Planning and Response review which was submitted to Scottish Government in May 2021. A copy of the Partnership's contribution is included at Appendix 3.
17. Phase 2 of the National Programme for Redesign of Urgent Care (RUC) was launched at the start of winter 2020. In a direct response to this national programme, pathways were developed or enhanced to ensure that an individual gets the right care by the right person at the right time and in the right place. Collaborative work was undertaken with the Flow Centre to develop a single point of access for those needing access to urgent 4 hour response in order to prevent admission. Pathways through the Flow Centre include Hospital @ Home, CRT and Urgent Therapy and Social Care (Home First). These pathways were operational in December 2020. The Home First RUC/POA workstream will further identify areas of focus that can prevent unnecessary admissions including enabling the Scottish Ambulance Service to access community pathways.
18. A request was made via the NHS Lothian Gold Command Team in December 2020 for Edinburgh HSCP to open 12 additional intermediate care beds at Liberton Hospital to support flow from acute services. 6 beds were opened in December 2020 as this was manageable within the existing 3 wards by flexing the use of beds. The remaining 6 beds could not come on stream without an additional ward being opened and this was not possible until safe staffing was in place and was achieved towards the end of January 2021 when a total of 10 extra beds were open. Safe staffing was difficult to sustain and a decision was made towards the end of March 2021 to close the extra ward as it was a more sustainable situation to have a total 46 beds over 3 wards than 50 beds across 4 wards. No additional AHP resource was sought for the additional beds which was gap given that the purpose of intermediate care is rehabilitation and reablement. Going forward early planning including all workforce requirements should take place if additional bed capacity is required.

Ensuring Business Continuity

19. Consideration was given to concurrent resilience events such as severe weather and a further lockdown period as a result of COVID-19, as came to fruition. The Edinburgh HSCP Severe Weather Resilience Plan was updated including escalation protocols, key contacts and transport arrangements made to ensure continuity of service.
20. Resilience plans were in place for all Edinburgh HSCP services, which were of good quality, robust and able to meet the needs of urgent changes over the season. These plans are being revisited at a Partnership level and winter resilience will form part of this exercise.
21. Issues did arise, however, relating to transportation. Despite being agreed, provision of 4x4 vehicles did not happen as expected during the period of bad weather. Third sector organisations were able to step into the gap but this is being investigated to ensure it does not happen again in winter 2021/22. Secondly, there was some miscommunication around the process for road clearances, possibly following on from two milder winters, but this is also being addressed with the relevant services.
22. It is intended that resilience plans for Winter 2021/22 will be finalised and in place well ahead of start of the season.

Adult Flu Vaccination Campaign

23. Responsibility for delivering the Flu Vaccination Programme was expected to move from local medical practices to the HSCPs in 2021 under the new GMS contract (2018) but this was accelerated by Edinburgh HSCP due to the COVID-19 pandemic.
24. This brought about two advertising campaigns to raise awareness of the new process for vaccinations
 - The first online campaign featured advertising on Facebook, Twitter, Google Display Network and Evening News/Scotland online which achieved 23,000 link clicks, 132,000 views and 110,000 full views of the short video explanation.
 - The second campaign focussed on advertising on Facebook and Twitter and received 6,000 link clicks, 33,000 views and 8,500 full views.

- Videos explaining the new process were commissioned in a range of languages and made available on You Tube, receiving 2,090 views.
 - There was significant media coverage including BBC News, STV website, Herald, Forth One News, Telegraph, The Times, Scotsman, Evening News, Edinburgh Reporter and Edinburgh Live.
 - A full breakdown of the communication campaign around the flu vaccination programme can be found in Appendix 4.
25. The Scottish Government set an ambitious target in 2020 of 75% uptake for both the 65 year and over and the 'At Risk' groups. The 'At Risk' group is defined as age 18 to 64 years with specified underlying health conditions. This gave Edinburgh a combined target of approximately 105,000 vaccinations in these two core groups.
26. Previous Lothian uptake in the 'At Risk' group was approximately 43%, and when the targets were set it was unknown whether this was realistic. The reported uptake for those aged over 65 was 73.6% and for those 'At risk' it was 47.0%. A breakdown of how these vaccinations were delivered is given below.

EHSCP Clinics	66,601
Community Pharmacy est.	20,000
Practices Opportunistic est.	10,000
Total Vaccine Delivered	96,601

27. In addition to the two main priority groups, three new groups were initially added by the government; Social Care workers, people living in same household as shielding patients and people aged 55-64 years. Data on uptake in these groups is not readily available due to coding problems but this will be addressed as part of future planning
28. A full evaluation report of the Adult Flu Campaign for 2020 is available on request

Communications

29. Over winter 2020/21 the Partnership had an extended range of audiences and messages focussing on:
- Informing Edinburgh's citizens that there is a new way of getting flu vaccinations, informing people how to get a flu vaccination, and removing barriers and encourage people to get their flu vaccination
 - Encouraging and informing the EHSCP workforce about the staff flu vaccination programme
 - Communicating with the vulnerable people we support via the people that support them on hospital avoidance/signposting, falls prevention, anticipatory care plans, keeping safe and healthy over winter
 - Communicate festive support, flu vaccinations and winter health messages to unpaid carers
 - Using social media to promote messaging around staying healthy over winter, keeping active overwinter, and staying safe in snowy and icy weather.
30. Winter 2020/21 communications ran from August 2020 to March, with a series of targeted communications for:
- People aged over 60 and with long term health conditions on how to get a flu vaccine
 - Frontline colleagues about getting the flu vaccine
 - Frontline colleagues on keeping themselves and clients safe and healthy over winter
 - Those most at risk of falling
 - Unpaid carers
31. A full evaluation of the communications which were undertaken and delivery against campaign objectives is available on request

Forward Planning for Winter 2021/22

32. Planning is already underway around priority actions which need to be in place for winter 2021/21. These include:
- Enhancing hospital based social work capacity to deliver on Planned Date of Discharge ambitions and eliminate Code 11 breaches.
 - Enhance the Home Care Prevention Team realigned to localities to prevent hospital admissions where intermediate social care support is required.
 - Proactive identification of frequent attendees in each locality (via MATTs or equivalent) to offer assessment and support to frequent fallers, develop social care anticipatory care plans and identify any other opportunities to prevent ED presentations.
 - Sustainability of CRT+ if the business case for all year funding is not forthcoming.
 - Provision of Long-COVID Single Point of Access and rehabilitation if ongoing funding is not forthcoming.

Implications for Edinburgh Integration Joint Board

Financial

33. NHS Lothian was allocated a total of £1.451 million to support the costs of ensuring health and social care services are prepared for winter 2020/21.
34. A total of £289,922 was awarded to five winter proposals put forward by the Partnership as outlined earlier in this report, with a total of £198,042 committed.
35. It should be noted that some proposals did not utilise the full amount of allocated funding. There was slippage in the Discharge to Assess start date due to difficulties recruiting on a short-term basis. The Reablement initiative was discontinued as it was deemed to not be an efficient use of monies due to the limited impact. A detailed breakdown of funding can be found in Appendix 4.
36. An additional £75,467 was made available by the Partnership to other initiatives to support caring for vulnerable residents and unpaid carers over the winter period.

Legal/Risk Implications

37. Ability to recruit to short-term posts that are required only for surge capacity and do not require permanency remains an issue. In some cases it has been possible to move staff from elsewhere in the organisation, although this does present the possibility of destabilising existing services if it is not possible to backfill those posts.

Equality and integrated impact assessment

38. An integrated impact assessment was undertaken in November 2020 to consider both the positive and negative outcomes for people with protected characteristics and other groups.
39. The provision of language translation videos has greatly increased reach into BME and BSL communities. The involvement of MEHIS has been key to the willingness of others to share messages around winter. Videos have been picked up by third sector organisation as a tool to inform or use with their service users, and some are being used as part of English language classes for refugees and other groups. Some medical practices added videos to their websites or Facebook pages as a means to reach groups not attending in person.
40. Contact has been made with the Black and Minority Ethnic Forum to discuss how the organisation might link with them and other staff equality networks such as the BAME Corporate Network, STRIDE (LGBT), SPARC (Disabilities) and other smaller, newly formed groups, around future winter planning.

Environment and sustainability impacts

41. Gold Command delayed discharge funding has been utilised for 2WTE Occupational Therapists and 4WTE Assistant Practitioners for Discharge to Assess, a net benefit of 6 additional staff. This funding has also been utilised for three posts for Home First, however, EHSCP will work with acute services to articulate the model of care going forward, and this will be discussed with each site individually due to their differing needs.

42. A business case for permanent funding for CRT+ is being developed to take to the Lothian Unscheduled Care Programme Board, and a costed SBAR for the Long-COVID SPOA and a dedicated multidisciplinary team to support recovery from COVID-19, which would be in keeping with national guidance and recommendations, is being considered by EHSCP EMT in June 2021. It is envisaged that this would need to be in place for 12-18 months. Both will be put forward for winter funding in 2021/22 in the event that they are not supported.
43. There may be sustainability implications in maintaining improved flow post-winter. Many individuals being discharged from hospital are presenting with significant deconditioning, complexity and need. In tandem with this, the remobilisation of the hospitality sector is already having an impact on recruitment into the care sector.
44. Sustainability of CRT+ if the business case for all year funding is not forthcoming

Quality of care

45. Provision of Long-COVID Single Point of Access and rehabilitation if ongoing funding is not forthcoming
46. Increasing pressure on AHP and mental health services if dedicated service for Long-COVID is not established

Consultation

47. Winter plans were developed in close consultation with relevant parties through the NHS Lothian Unscheduled Care Committee and the EHSCP Winter Planning Group.
48. A communication plan was developed for the Partnership to ensure that health and social care staff, partner organisations, and local residents were aware of the services available over the festive period and how to access them.
49. Key target groups included people using the largest proportion of healthcare resources, primarily vulnerable older people, people who receive care at home, people with long-term health conditions, and unpaid carers.

Report Author

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Background Reports

1.

Appendices

Appendix 1	EHSCP Winter Self-Assessment
Appendix 2	Unscheduled Care Committee Evidence of Impact
Appendix 3	Lothian Winter Planning & Response Review – EHSCP Contribution
Appendix 4	Financial Breakdown

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

Priorities

1. Resilience

2. Unscheduled / Elective Care

3. Out of Hours

4. Norovirus

5. Covid -19, Seasonal Flu, Staff Protection & Outbreak Resourcing

6. Respiratory Pathway

7. Integration of Key Partners / Services

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

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

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

Winter Preparedness: Self-Assessment Guidance

- Local governance groups can use these checklists to self-assess the quality of overall winter preparations and to identify where further action may be required. This should link to the guidance available for continual provision of service available on the associated web links highlighted on the accompanying paper.
- The following RAG status definitions are offered as a guide to help you evaluate the status of your overall winter preparedness.

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

3	<p>The NHS Board and HSCPs have appropriate policies in place should winter risks arise. These cover:</p> <ul style="list-style-type: none"> • what staff should do in the event of severe weather or other issues hindering access to work, and • how the appropriate travel and other advice will be communicated to staff and patients • how to access local resources (including voluntary groups) that can support a) the transport of staff to and from their places of work during periods of severe weather and b) augment staffing to directly or indirectly maintain key services. Policies should be communicated to all staff and partners on a regular basis. <p><i>Resilience officers and HR departments will need to develop a staff travel advice and communications protocol to ensure that travel advice and messages to the public are consistent with those issued by Local /Regional Resilience Partnerships to avoid confusion. This should be communicated to all staff.</i></p>	<input type="checkbox"/>		CEC and NHS have adverse weather policies. This is included in the Severe Weather plan
	The NHS Board's and HSCPs websites will be used to advise on changes to access arrangements during Covid-19, travel to appointments during severe weather and prospective cancellation of clinics.	<input type="checkbox"/>		Communication plans and contacts are in place to alert staff, patients and service users of any disruption.
6	The NHS Board, HSCPs and relevant local authorities have created a capacity plan to manage any potential increase in demand for mortuary services over the winter period; this process has involved funeral directors.	<input type="checkbox"/>		This is included the Council's Severe Weather plan.
7	The NHS Board and HSCPs have considered the additional impacts that a 'no deal' EU withdrawal on 1 January 2021 might have on service delivery across the winter period.	<input type="checkbox"/>		EHSCP has considered the impacts of service delivery across the winter period. This is listed in a Brexit Risk Register that is regular updated and shared with both NHS Lothian and Council partners.

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

All escalation plans should have clearly identified points of contact and should be comprehensively tested and adjusted to ensure their effectiveness.

about capacity in private care homes is also utilised to match service users to places dependant on price and funding available. Should exceptional pressures develop these will be escalated to EMT.

Sheena Muir is in regular contact with the AAH Discharge Hub throughout the day especially over winter and has knowledge/early sight of any specific issues which could impact on flow and assist the team in finding solutions. There are no plans to increase the capacity in Liberton over winter. Any escalations will be via Tom Cowan to the EMT/Chief Officer.

2 Undertake detailed analysis and planning to effectively manage scheduled elective, unscheduled and COVID activity (both short and medium-term) based on forecast emergency and elective demand and trends in infection rates, to optimise whole systems business continuity. This has specifically taken into account the surge in unscheduled activity in the first week of January.

2.1 Pre-planning and modelling has optimised demand, capacity, and activity plans across urgent, emergency and elective provision are fully integrated, including identification of winter surge beds for emergency admissions

Weekly projections for scheduled and unscheduled demand and the capacity required to meet this demand are in place.

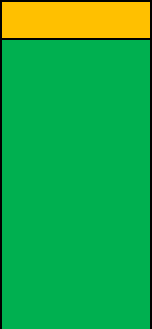
Weekly projections for Covid demand and the capacity required to meet this demand including an ICU surge plan with the ability to double capacity in one week and treble in two weeks and confirm plans to quadruple ICU beds as a maximum surge capacity.



Not applicable – NHS Lothian to complete

	<p><i>Plans in place for the delivery of safe and segregated COVID care at all times.</i></p> <p><i>Plans for scheduled services include a specific 'buffering range' for scheduled queue size, such that the scheduled queue size for any speciality/sub-speciality can fluctuate to take account of any increases in unscheduled demand without resulting in scheduled waiting times deteriorating. This requires scheduled queue size for specific specialities to be comparatively low at the beginning of the winter period.</i></p> <p><i>NHS Boards can evidence that for critical specialities scheduled queue size and shape are such that a winter or COVID surge in unscheduled demand can be managed at all times ensuring patient safety and clinical effectiveness without materially disadvantaging scheduled waiting times.</i></p>			
<p>2.2</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 349</p>	<p>Pre-planning has optimised the use of capacity for the delivery of emergency and elective treatment, including identification of winter / COVID surge beds for emergency admissions and recovery plans to minimise the impact of winter peaks in demand on the delivery of routine elective work.</p> <p><i>This will be best achieved through the use of structured analysis and tools to understand and manage all aspects of variation that impact on services, by developing metrics and escalation plans around flexing or cancelling electives, and by covering longer term contingencies around frontloading activity for autumn and spring. Where electives are cancelled consideration should be given on whether the Scottish Government Access Support team should be informed in order to seek support and facilitate a solution.</i></p> <p><i>Ensure that IP/DC capacity in December/January is planned to take account of conversions from OPD during Autumn to minimise the risk of adverse impact on waiting times for patients waiting for elective Inpatient/Day-case procedures, especially for patients who are identified as requiring urgent treatment.</i></p> <p><i>Management plans should be in place for the backlog of patients waiting for planned care in particular diagnostic endoscopy or radiology set in the context of clinical prioritisation and planning assumptions</i></p>	<input type="checkbox"/>		<p>Not applicable – NHS Lothian to complete</p>

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

<p>3.4</p>	<p>Out of Hours services, GP, Dental and Pharmacy provision over festive period will be communicated to clinicians and managers including on call to ensure alternatives to attendance are considered.</p> <p><i>Dental and pharmacy provision should be communicated to all Health and Social Care practitioners across the winter period to support alternatives to attendance at hospital.</i></p>	<input type="checkbox"/>		<p>This is communicated via NHS Lothian Primary Care Contracts Office (PCCO) at Waverley Gate. PCCO communicate community pharmacy hours of service to relevant parties, including updating NHS Inform.</p>
<p>Page 351</p>	<p>Develop whole-system pathways which deliver a planned approach to urgent care ensuring patients are seen in the most appropriate clinical environment, minimising the risk of healthcare associated infection and crowded Emergency Departments.</p> <p>Please note regular readiness assessments should be provided to the SG Unscheduled Care team including updates on progress and challenges.</p>			
<p>Page 351</p>	<p>To ensure controlled attendance to A&E services a 24/7 Health Board Flow Navigation Centre will offer rapid access to a senior clinical decision maker and be staffed by a multi-disciplinary team, optimising digital health when possible in the clinical consultation and should have the ability to signpost to available local services, such as MIU, AEC, GP (in and out of hours), pharmacy and ED if required. Self-care / NHS inform should be promoted where appropriate.</p> <p>Referrals to the flow centre will come from:</p> <ul style="list-style-type: none"> • NHS 24 • GPs and Primary and community care • SAS • A range of other community healthcare professionals. <p>If a face to face consultation is required, this will be a scheduled appointment with the right person and at the right time in the right place based on clinical care needs. Technology should be available to book appointments for patients and provide visible appointments / timeslots at A&E services.</p>	<input type="checkbox"/>		<p>Not applicable – NHS Lothian to complete (under the Redesign of Urgent Care workstream)</p>

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

	<p>proactive approach to discharge. Discharges should be made early in the day, over all 7 days, and should involve key members of the multidisciplinary team, including social work. Criteria Led Discharge should be used wherever appropriate.</p> <p><i>Ward rounds should follow the 'golden hour' format – sick and unwell patients first, patients going home and then early assessment and review. Test scheduling and the availability of results, discharge medication, transport requirements and availability of medical and nursing staff to undertake discharge should all be considered during this process to optimise discharge pre-noon on the estimated date of discharge. Criteria Led Discharge should be used wherever appropriate.</i></p>			<p>discharges take place as early in the day as possible. As long as the discharge takes place in day time hours then the bed can be utilised on the same day. Many of the patients being discharged require SAS transport so morning discharges cannot always be guaranteed. Discharges can take place over the weekend if planned in advance to allow for discharge medications to be prepared (no on site pharmacy staff or medical staff at Liberton at the weekend) but this is dependent on ongoing care arrangements being in place if required.</p>
3	<p>Discharge lounges should be fully utilised to optimise capacity. This is especially important prior to noon.</p> <p><i>Processes should be in place to support morning discharge at all times (e.g.) breakfast club, medication, pull policy to DL, default end point of discharge. Utilisation should be monitored for uptake and discharge compliance.</i></p> <p><i>Extended opening hours during festive period over public Holiday and weekend</i></p>	<input type="checkbox"/>		<p>Not applicable – NHS Lothian to complete</p>
4.4	<p>Key partners such as: pharmacy, transport and support services, including social care services, will have determined capacity and demand for services and be able to provide adequate capacity to support the discharge process over winter period. These services should be aware of any initiatives that impact on increased provision being required and communication processes are in place to support this. e.g. surge in pre-Christmas discharge</p> <p><i>There should be a monitoring and communication process in place to avoid delays, remove bottlenecks and smooth patient discharge processes</i></p>	<input type="checkbox"/>		<p>The NHS Lothian Community Pharmacy Core Group review demand and adjust Community Pharmacy opening hours accordingly. Pharmacists and Technicians are deployed across GP Practices to support pharmacotherapy services,</p>

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

				<p>Home First Prevention Care will support people at home as an alternative to hospital for up to 72 hours.</p> <p>Reablement will run over the festive period and will prepare for surge actions for the post Festive Surge.</p> <p>Patients will be considered for all pathways, discharge to assess, reablement, hospital at home as alternative to a lengthy admission and to prevent a delayed discharge</p> <p>We will work with our independent providers to move as many cases onto to create capacity in the reablement team so that we can respond to the winter surge.</p>
<p>5.3</p>	<p>Patients identified as being at high risk of admission from, both the SPARRA register and local intelligence, and who have a care manager allocated to them, will be identifiable on contact with OOH and acute services to help prevent admissions and facilitate appropriate early discharge.</p> <p><i>Key Information Summaries (KIS) will include Anticipatory Care Planning that is utilised to manage care at all stages of the pathways.</i></p>	<input type="checkbox"/>		<p>The Long Term Conditions (LTC) Programme have collaborated with Effective Communication for Health, third sector organisations and H&SCP staff to support ACP conversations and models for sharing information across the integrated system.</p> <p>Covid-19 ACP guidance and resources have been developed for healthcare professionals, GP practice teams and care homes.</p> <ul style="list-style-type: none"> • <u>ACPs in Care Homes 7 Steps to ACP</u>

				<ul style="list-style-type: none"> • COVID-19: Effective communication for professionals (RED-MAP resources) • ACP and Coronavirus: for GP practices (Update) <p>A suite of ACP resources have been developed to support health teams working in the community to create Covid19 ACP/KIS ACP Community Bundle A working group has been set up to establish a community bundle for social care teams.</p> <p>People with COPD who are at high risk of hospital admission/ readmission are proactively identified and reviewed within a multi-disciplinary team – KIS request created and shared with their GP. Jan 2019 COPD KIS Audit carried out-763 people with COPD, known to CRT audited. 304 who did not have a KIS - requested strapline in KIS special notes to share across the system – that first point of contact is community respiratory team.</p>
5.4	<p>All plans for Anticipatory Care Planning will be implemented, in advance of the winter period, to ensure continuity of care and avoid unnecessary emergency admissions / attendances.</p> <p><i>KIS and ACPs should be utilised at all stages of the patient journey from GP / NHS 24, SAS, ED contact. If attendances or admissions occur Anticipatory Care Plans and key information summaries should be used as part of discharge process to inform home circumstances, alternative health care practitioners and assess if fit for discharge.</i></p>	<input type="checkbox"/>		<p>There are 141,985 Key Information Summaries (KIS) in place for high risk individuals in Edinburgh, an increase of 200% compared to March 2019.</p>

				<p>260 third sector and health and social care staff have been trained to improve ACP during this period.</p> <p>Long Term Conditions Programme are currently supporting VOCAL, Edinburgh Carer Support Team, Genetics, Homecare, Medicine of Elderly, district nursing teams and the Flow Centre to improve ACP pathways. This includes adopting a 'Think Ahead' approach, identifying high risk individuals that would benefit from an ACP/KIS, resulting in increased quality, quantity and access to ACPs via KIS. 400 KEY magnets and wallet cards were issued to people who are at risk of hospital admission to prompt emergency services that they have a KIS. Emergency cards were issued to patients and carers by the carer support team to alert that a KIS is in place.</p>
5.5	Covid-19 Regional Hubs fully operational by end November. Additional lab capacity in place through partner nodes and commercial partners by November. Turnaround times for processing tests results within 24/48 hours.			Not applicable – NHS Lothian to complete
6.0	Ensure that communications between key partners, staff, patients and the public are effective and that key messages are consistent.			
6.1	Effective communication protocols are in place between key partners, particularly across emergency and elective provision, local authority housing, equipment and adaptation services, Mental Health Services, and the independent sector and into the Scottish Government.	<input type="checkbox"/>		EHSCP Communications Plan is being developed and will include this

	<p><i>Collaboration between partners, including NHS 24, Locality Partnerships, Scottish Ambulance Service, SNBTS through to A&E departments, OOH services, hospital wards and critical care, is vital in ensuring that winter plans are developed as part of a whole systems approach.</i></p> <p><i>Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.</i></p>			
6.2	<p>Communications with the public, patients and staff will make use of all available mediums, including social media, and that key messages will be accurate and consistent.</p> <p><i>SG Health Performance & Delivery Directorate is working with partners and policy colleagues to ensure that key winter messages, around direction to the appropriate service are effectively communicated to the public.</i></p> <p><i>The public facing website http://www.readyscotland.org/ will continue to provide a one stop shop for information and advice on how to prepare for and mitigate against the consequences from a range of risks and emergencies. This information can also be accessed via a smartphone app accessible through Google play or iTunes.</i></p> <p><i>The Met Office National Severe Weather Warning System provides information on the localised impact of severe weather events.</i></p> <p><i>Promote use of NHS Inform, NHS self-help app and local KWTTT campaigns</i></p>	<input type="checkbox"/>		<p>This will be included within EHSCP's Communications Plan.</p> <p>NHS Lothian will lead on external communications for messaging to avoid hospital admissions and reduce impact on acute sites.</p> <p>Partnership communications will focus primarily on the workforce, which supports the most vulnerable service users, to promote targeted preventative messages (e.g. care at home workers, care homes, long term conditions etc). Both partner organisations will be heavily involved in resilience communications.</p>

3	Out of Hours Preparedness <i>(Assessment of overall winter preparations and further actions required)</i>		RAG	Further Action/Comments
1	<p>The OOH plan covers the full winter period and pays particular attention to the festive period and public holidays.</p> <p><i>This should include an agreed escalation process.</i></p> <p><i>Have you considered local processes with NHS 24 on providing pre-prioritised calls during OOH periods?</i></p>	<input type="checkbox"/>		Not applicable – NHS Lothian to complete

2	The plan clearly demonstrates how the Board will manage both predicted and unpredicted demand from NHS 24 and includes measures to ensure that pressures during weekends, public holidays are operating effectively. The plan demonstrates that resource planning and demand management are prioritised over the festive period.	<input type="checkbox"/>		Not applicable – NHS Lothian to complete
3	There is evidence of attempts at enabling and effecting innovation around how the partnership will predict and manage pressures on public holidays/Saturday mornings and over the festive period. The plan sets out options, mitigations and solutions considered and employed.	<input type="checkbox"/>		Additional capacity has been put in place provide 7-day working in areas of key demand Operational managers will ensure that there is sufficient capacity to provide front-line services over the festive period.
Page 360	There is reference to direct referrals between services. <i>For example, are direct contact arrangements in place, for example between Primary Care Emergency Centres (PCECs)/Accident & Emergency (A&E) Departments/Minor Injuries Units (MIUs) and other relevant services? Are efforts being made to encourage greater use of special notes, where appropriate?</i>	<input type="checkbox"/>		Not applicable. Edinburgh HSCP has no OOH other than the emergency social work. Other services will link with LUCS.
5	The plan encourages good record management practices relevant to maintaining good management information including presentations, dispositions and referrals; as well as good patient records.	<input type="checkbox"/>		Processes are in place to enable safe information governance and referral
6	There is reference to provision of pharmacy services, including details of the professional line, where pharmacists can contact the out of hours centres directly with patient/prescription queries and vice versa	<input type="checkbox"/>		Pharmacists have established professional to professional lines in place and LUCS has access to the Community Pharmacy Palliative Care Network of pharmacies providing an emergency call out service. NHS24 algorithms updated to include details of the community pharmacy first service, treating UTI and impetigo infections.
7	In conjunction with HSCPs, ensure that clear arrangements are in place to enable access to mental health crisis teams/services, particularly during the festive period.	<input type="checkbox"/>		Emergency mental health assessment is provided 24/7 via MHAS at REH. Referral is via phone call; and includes self-referral.

				<p>Intensive Homecare Treatment Team can provide intensive crisis service into people's homes following an MHAS referral. The crisis centre is a Third sector commissioned service that is operational 52 weeks of the year and provides people with advice and support, it also has the capacity for people to stay over in the building.</p> <p>This service is accessed by people in distress, services can refer but it is a not clinical area and people need to be self-determined</p>
	<p>Ensure there is reference to provision of dental services, that services are in place either via general dental practices or out of hours centres</p> <p><i>This should include an agreed escalation process for emergency dental cases; i.e. trauma, uncontrolled bleeding and increasing swelling.</i></p>	<input type="checkbox"/>		PCCO lead on this for HSCPs
9	<p>The plan displays a confidence that staff will be available to work the planned rotas.</p> <p><i>While it is unlikely that all shifts will be filled at the moment, the plan should reflect a confidence that shifts will be filled nearer the time. If partnerships believe that there may be a problem for example, in relation to a particular profession, this should be highlighted.</i></p>	<input type="checkbox"/>		Currently in process of booking festive shifts. Work underway with LUCs to determine medical staffing
10	<p>There is evidence of what the Board is doing to communicate to the public how their out of hours services will work over the winter period and how that complements the national communications being led by NHS 24.</p> <p><i>This should include reference to a public communications strategy covering surgery hours, access arrangements, location and hours of PCECs, MIUs, pharmacy opening, etc.</i></p>	<input type="checkbox"/>		Not applicable – NHS Lothian to complete
11	<p>There is evidence of joint working between the HSCP, the Board and the SAS in how this plan will be delivered through joint mechanisms, particularly in relation to</p>	<input type="checkbox"/>		Discharge to Assess team hours of operation will be expanded to cver 7-

discharge planning, along with examples of innovation involving the use of ambulance services.

day working, facilitating weekend discharges

Home First navigator posts have been established within the RIE and WGH (2) who work closely with the In-Reach Nurses (4) in a Home First Team. This winter the teams will be enhanced by 6 staff who will work closely with the Discharge Hubs, the Locality Hubs and Ward Based staff, supporting weekend discharges. Social work capacity will be enhanced by 8WTE (4 social workers per locality). This will support winter surge, enable social worker to link with patients, their families and clinical staff to carry out an assessment earlier in the hospital pathway to facilitate discharge or in the community to avoid admission. The social workers would ensure that there are still discharges over weekends and provide cover over the public holiday period

Hospital at Home team is collaborating with SAS and acute services to develop a pathway for the frail elderly, enabling assessment to be carried out closer to home. This will help avoid admissions in a group that may have a poor experience within acute settings associated with their underlying frailty, dementia and co-

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

4	<p align="center">Prepare for & Implement Norovirus Outbreak Control Measures</p> <p align="center"><i>(Assessment of overall winter preparations and further actions required)</i></p>		RAG	Further Action/Comments
1	<p>NHS Boards must ensure that staff have access to and are adhering to the national guidelines on Preparing for and Managing Norovirus in Care Settings</p> <p><i>This includes Norovirus guidance and resources for specific healthcare and non-healthcare settings.</i></p>	<input type="checkbox"/>		<p>All EHSCP staff have access to appropriate guidance depending on care setting and report cases via local reporting systems e.g. huddles, Care Inspectorate reporting.</p> <p>Norovirus to be added to daily care home SitRep reporting.</p>
Page 364	<p>Infection Prevention and Control Teams (IPCTs) will be supported in the execution of a Norovirus Preparedness Plan before the season starts.</p> <p><i>Boards should ensure that their Health Protection Teams (HPTs) support the advance planning which nursing and care homes are undertaking to help keep people out of hospital this winter and provide advice and guidance to ensure that norovirus patients are well looked after in these settings.</i></p>	<input type="checkbox"/>		Not applicable – NHS Lothian to complete
3	<p>PHS Norovirus Control Measures (or locally amended control measures) are easily accessible to all staff, e.g. available on ward computer desk tops, or in A4 folders on the wards and that frontline staff are aware of their responsibilities with regards prevention of infection.</p>	<input type="checkbox"/>		<p>In hospital settings staff are required to access most up-to-date information on line with the exception of daily outbreak records which are kept as paper copies through the course of the outbreak.</p> <p>In other settings paper copies may be held locally for ease of access.</p>
4	<p>NHS Board communications regarding bed pressures, ward closures, etc are optimal and everyone will be kept up to date in real time.</p> <p><i>Boards should consider how their Communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of a norovirus outbreak.</i></p>	<input type="checkbox"/>		Local SitRep reporting is in place detailing capacity and any pressures.

				Staff also have access to NHS Lothian Infection Control SitRep which is circulated at least twice a day or more frequently if necessary. This advises on ward closures.
5	<p>Debriefs will be provided following individual outbreaks or at the end of season to ensure system modifications to reduce the risk of future outbreaks.</p> <p><i>Multiple ward outbreaks at one point in time at a single hospital will also merit an evaluation.</i></p>	<input type="checkbox"/>		Outbreak management systems in place for all settings – Problem Assessment Groups (PAG), Incident Management Teams (IMT). These are led by the Infection, Prevention and Control Team.
6	IPCTs will ensure that the partnership and NHS Board are kept up to date regarding the national norovirus situation via the PHS Norovirus Activity Tracker .	<input type="checkbox"/>		This information is available and shared as appropriate
Page 365	Before the norovirus season has begun, staff in emergency medical receiving areas will confirm with the IPCTs the appropriateness of procedures to prevent outbreaks when individual patients have norovirus symptoms, e.g. patient placement, patient admission and environmental decontamination post discharge.	<input type="checkbox"/>		Not applicable – NHS Lothian to complete
8	<p>NHS Boards must ensure arrangements are in place to provide adequate cover across the whole of the festive holiday period.</p> <p><i>While there is no national requirement to have 7 day IPCT cover, outwith the festive holiday period, Boards should consider their local IPC arrangements.</i></p>	<input type="checkbox"/>		Not applicable – NHS Lothian to complete
9	<p>The NHS Board is prepared for rapidly changing norovirus situations, e.g. the closure of multiple bays / wards over a couple of days.</p> <p><i>As part of their surge capacity plan, Boards should consider how wards will maintain capacity in the event that wards are closed due to norovirus.</i></p>	<input type="checkbox"/>		Surge capacity planning is incorporated in EHSCP resilience plans

10	<p>There will be effective liaison between the IPCTs and the HPTs to optimise resources and response to the rapidly changing norovirus situation.</p> <p><i>HPT/IPCT and hospital management colleagues should ensure that they are all aware of their internal processes and that they are still current.</i></p>	<input type="checkbox"/>		Not applicable – NHS Lothian to complete
11	<p>The partnership is aware of norovirus publicity materials and is prepared to deploy information internally and locally as appropriate, to spread key messages around norovirus.</p>	<input type="checkbox"/>		<p>Materials are available on NHS Lothian intranet and CEC Orb for staff to access.</p> <p>Any communications are cascaded through the operational and professional lines to front line staff.</p>
Page 366	<p>Boards should consider how their Communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of a norovirus outbreak Boards should consider how their communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of Covid-19.</p>	<input type="checkbox"/>		Not applicable – NHS Lothian to complete

5	<p>Covid-19, Seasonal Flu, Staff Protection & Outbreak Resourcing</p> <p><i>(Assessment of overall winter preparations and further actions required)</i></p>		RAG	Further Action/Comments
1	<p>Staff, particularly those working in areas with high risk patients such as paediatric, oncology, maternity, care of the elderly, haematology, ICUs, etc., have been vaccinated to prevent the potential spread of infection to patients and other staff, as recommended in the CMO's seasonal flu vaccination letter published on 07 Aug 20 https://www.sehd.scot.nhs.uk/cmo/CMO(2020)19.pdf</p> <p><i>This will be evidenced through end of season vaccine uptake submitted to PHS by each NHS board. Local trajectories have been agreed and put in place to support and track progress.</i></p>	<input type="checkbox"/>		<p>It has been recommended that all health and social care staff are vaccinated and this has been offered via peer vaccination within wards / departments and booked appointments.</p>

2	<p>All of our staff have easy and convenient access to the seasonal flu vaccine. In line with recommendations in CMO Letter clinics are available at the place of work and include clinics during early, late and night shifts, at convenient locations. Drop-in clinics are also available for staff unable to make their designated appointment and peer vaccination is facilitated to bring vaccine as close to the place of work for staff as possible.</p> <p><i>It is the responsibility of health care staff to get vaccinated to protect themselves from seasonal flu and in turn protect their vulnerable patients, but NHS Boards have responsibility for ensuring vaccine is easily and conveniently available; that sufficient vaccine is available for staff vaccination programmes; that staff fully understand the role flu vaccination plays in preventing transmission of the flu virus and that senior management and clinical leaders with NHS Boards fully support vaccine delivery and uptake.</i></p> <p><i>Vaccine uptake will be monitored weekly by performance & delivery division.</i></p>	<input type="checkbox"/>		<p>There are a range of drive-through and walk-in clinics being held on sites across the city, working seven-days a week for a period of eight weeks. NHS and Social Care staff are able to attend the drive-through and walk-in clinics but are not limited to a particular date or time, providing flexibility around work commitments</p> <p>There are also a number of peer vaccinators (nursing staff) who are able to administer the vaccination to any staff, regardless of whether they are employed by the NHS or CEC, within their teams</p>
Page 367	<p>Workforce in place to deliver expanded programme and cope with higher demand, including staff to deliver vaccines, and resource phone lines and booking appointment systems.</p>			<p>The Partnership has sufficient vaccinators in place who have received appropriate training.</p>
Page 367	<p>Delivery model(s) in place which:</p> <ul style="list-style-type: none"> • Has capacity and capability to deal with increased demand for the seasonal flu vaccine generated by the expansion of eligibility as well as public awareness being increased around infectious disease as a result of the Covid-19 pandemic. • Is Covid-safe, preventing the spread of Covid-19 as far as possible with social distancing and hygiene measures. • Have been assessed in terms of equality and accessibility impacts <p><i>There should be a detailed communications plan for engaging with patients, both in terms of call and recall and communicating if there are any changes to the delivery plan.</i></p>			<p>The programme for winter 2020/21 is being delivered in a variety of ways depending on the nature and needs of the group being targeted and it is expected that approximately 90% of vaccinations will be carried out by the Partnership:</p> <ul style="list-style-type: none"> ○ There are a range of drive-through and walk-in clinics being held on sites across the city, working seven-days a week for a period of eight weeks ○ People in Edinburgh who are eligible for vaccination are being contacted by letter and/or text message to advise them of the benefits and that they can find

out about arrangements in their area by calling NHS Inform, on the NHS Inform website, or by calling their local practice

- General practices in Edinburgh have been allocated dates when registered patients who fall into the categories eligible for vaccination may attend. To limit queues and facilitate social distancing there are hour-long slots across the day with patients attending in groups by surname. In addition, there will be opportunistic testing carried out for any patients attending the practice in person
- In addition to the above, pregnant women may also receive their vaccination through maternity services and unpaid carers are being encouraged to contact their local practice to ensure they receive their vaccinations
- Vaccinations for the housebound and care home residents are being carried out by the district nursing teams in the city
- Children of primary school age will be vaccinated through the community vaccination team, and those aged two to five years through the Children's Partnership although some who cannot have the nasal flu

				<p>vaccination may need to attend their GP practice</p> <ul style="list-style-type: none"> ○ In addition, vaccinations are also available through pharmacies but clinics are the preferred route in most cases ○ The vaccination programme is being supported by Volunteer Edinburgh.
5	<p>The winter plan takes into account the predicted surge of seasonal flu activity that can happen between October and March and we have adequate resources in place to deal with potential flu outbreaks across this period.</p> <p><i>If there are reported flu outbreaks during the season, where evidence shows that vaccination uptake rates are not particularly high, NHS Boards may undertake targeted immunisation. In addition, the centralised contingency stock of influenza vaccine, purchased by the Scottish Government can be utilised if required. Antiviral prescribing for seasonal influenza may also be undertaken when influenza rates circulating in the community reach a trigger level (advice on this is generated by a CMO letter to health professionals)</i></p>	<input type="checkbox"/>		<p>Regular updates from NHS Lothian Public Health and Infection Prevention and Control Teams regarding outbreaks and availability of flu vaccines to enable us to target activity.</p>
	<p>PHS weekly updates, showing the current epidemiological picture on Covid-19 and influenza infections across Scotland, will be routinely monitored over the winter period to help us detect early warning of imminent surges in activity.</p> <p><i>PHS and the Health Protection Team within the Scottish Government monitor influenza rates during the season and take action where necessary, The Outbreak Management and Health Protection Team brief Ministers of outbreak/peaks in influenza activity where necessary. PHS produce a weekly influenza bulletin and a distillate of this is included in the PHS Winter Pressures Bulletin.</i></p>	<input type="checkbox"/>		<p>Regular updates from NHS Lothian Public Health and Infection Prevention and Control Teams regarding outbreaks and availability of flu vaccines.</p>
7	<p>NHS Health Boards have outlined performance trajectory for each of the eligible cohort for seasonal flu vaccine (2020/2021) which will allow for monitoring of take up against targets and performance reporting on a weekly basis. The eligible cohorts are as follows:</p> <ul style="list-style-type: none"> ● Adults aged over 65 ● Those under 65 at risk ● Healthcare workers 	<input type="checkbox"/>		<p>Not applicable – NHS Lothian to complete</p>

	<ul style="list-style-type: none"> • Unpaid and young carers • Pregnant women (no additional risk factors) • Pregnant women (additional risk factors) • Children aged 2-5 • Primary School aged children • Frontline social care workers • 55-64 year olds in Scotland who are not already eligible for flu vaccine and not a member of shielding household • Eligible shielding households <p>The vaccinations are expected to start this week (week commencing 28th September), and we will be working with Boards to monitor vaccine uptake. This will include regular reporting that will commence from the end of week commencing 12th October. We will adopt a the Public Health Scotland model, which is a pre-existing manual return mechanism that has been used in previous seasons with NHS Boards to collate Flu vaccine uptake data when vaccination is out with GP practices.</p>			
9	<p>Adequate resources are in place to manage potential outbreaks of Covid-19 and seasonal flu that might coincide with norovirus, severe weather and festive holiday periods.</p> <p><i>NHS board contingency plans have a specific entry on plans to mitigate the potential impact of potential outbreaks of seasonal influenza to include infection control, staff vaccination and antiviral treatment and prophylaxis. Contingency planning to also address patient management, bed management, staff redeployment and use of reserve bank staff and include plans for deferral of elective admissions and plans for alternative use of existing estate or opening of reserve capacity to offset the pressures.</i></p>	<input type="checkbox"/>		<p>Resilience planning is in place to mitigate the risk of multiple events occurring simultaneously. This includes prioritisation to essential services only.</p>
9	<p>Tested appointment booking system in place which has capacity and capability to deal with increased demand generated by the expansion of eligibility and increased demand expected due to public awareness around infectious disease as a result of the Covid-19 pandemic.</p>			<p>Edinburgh HSCP has tested appointment systems with the Community Covid-19 Testing Centres and Drive Through Flu Vaccination Programme. Full evaluation still required.</p>

<p>10</p>	<p>NHS Boards must ensure that all staff have access to and are adhering to the national COVID-19 IPC and PPE guidance and have received up to date training in the use of appropriate PPE for the safe management of patients.</p> <p><u>Aerosol Generating Procedures (AGPs)</u> In addition to this above, Boards must ensure that staff working in areas where Aerosol Generating Procedures (AGPs) are likely to be undertaken - such as Emergency Department, Assessment Units, ID units, Intensive Care Units and respiratory wards (as a minimum) - are fully aware of all IPC policies and guidance relating to AGPs; are FFP3 fit-tested; are trained in the use of this PPE for the safe management of suspected Covid-19 and flu cases; and that this training is up-to-date.</p> <p><i>Colleagues are reminded of the legal responsibility to control substances hazardous to health in the workplace, and to prevent and adequately control employees' exposure to those substances under all the Regulations listed in the HSE's 'Respiratory protective equipment at work' of HSG53 (Fourth edition, published 2013). https://www.hse.gov.uk/pUbns/priced/hsg53.pdf</i></p>	<input type="checkbox"/>		<p>All staff have access to PPE and training. This is monitored via safety huddles, Care Inspectorate, care home support teams, PQIs, IPCTs and informally by team leads, senior charge nurses, care home managers.</p>
<p>Page 371</p>	<p>NHS Boards must ensure that the additional IPC measures set out in the CNO letter on 29 June staff have been implemented. This includes but is not limited to:</p> <ul style="list-style-type: none"> • Adherence to the updated extended of use of face mask guidance issued on 18 September and available here. • Testing during an incident or outbreak investigation at ward level when unexpected cases are identified (see point 9). • Routine weekly testing of certain groups of healthcare workers in line with national healthcare worker testing guidance available here (see point 9). • Testing on admission of patients aged 70 and over. Testing after admission should continue to be provided where clinically appropriate for example where the person becomes symptomatic or is part of a COVID-19 cluster. • Implementation of COVID-19 pathways (high, medium and low risk) in line with national IPC guidance. • Additional cleaning of areas of high volume of patients or areas that are frequently touched. • Adherence to physical distancing requirements as per CNO letter of 29 June and 22 September. 	<input type="checkbox"/>		<p>All requirements and measures are in place throughout the Partnership</p>

	<ul style="list-style-type: none"> • Consideration given to staff movement and rostering to minimise staff to staff transmission and staff to patient transmission. • Management and testing of the built environment (e.g. water systems) that have had reduced activity or no activity since service reduction / lockdown – in line with extant guidance. 			
12	<p>Staff should be offered testing when asymptomatic as part of a COVID-19 incident or outbreak investigation at ward level when unexpected cases are identified. This will be carried out in line with existing staff screening policy for healthcare associated infection: https://www.sehd.scot.nhs.uk/dl/DL(2020)01.pdf</p> <p>In addition to this, key healthcare workers in the following specialities should be tested on a weekly basis: oncology and haemato-oncology in wards and day patient areas including radiotherapy; staff in wards caring for people over 65 years of age where the length of stay for the area is over three months; and wards within mental health services where the anticipated length of stay is also over three months.</p> <p><i>Current guidance on healthcare worker testing is available here, including full operational definitions: https://www.gov.scot/publications/coronavirus-covid-19-healthcare-worker-testing/</i></p>	<input type="checkbox"/>		<p>This is discussed as part of the Problem Assessment Group (PAG) / Incident Management Team (IMT) processes and implemented accordingly.</p> <p>Testing is in place in all identified areas within EHSCP.</p>
13	<p>The PHS COVID-19 checklist must be used in the event of a COVID-19 incident or outbreak in a healthcare setting. The checklist is available here: https://www.hps.scot.nhs.uk/web-resources-container/covid-19-outbreak-checklist/</p> <p>The checklist can be used within a COVID ward or when there is an individual case or multiple cases in non-COVID wards.</p>	<input type="checkbox"/>		<p>IPCT lead the use of this checklist and feed into PAGs</p>

14	<p>Ensure continued support for routine weekly Care home staff testing</p> <p>This also involves the transition of routine weekly care home staff testing from NHS Lighthouse Lab to NHS Labs. Support will be required for transfer to NHS by end of November, including maintaining current turnaround time targets for providing staff results.</p>	<input type="checkbox"/>		<p>Weekly testing remains in place via Lighthouse Lab for Edinburgh care homes.</p> <p>There are currently tests underway in East Lothian and Midlothian to transfer to NHS Labs. This has a requirement for significant admin resource but the intention is to roll out within Edinburgh care homes too.</p>
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6	<p>Respiratory Pathway <i>(Assessment of overall winter preparations and further actions required)</i></p>		RAG	Further Action/Comments
Page 373	<p>There is an effective, co-ordinated respiratory service provided by the NHS board.</p> <p>Clinicians (GP's, Out of Hours services, A/E departments and hospital units) are familiar with their local pathway for patients with different levels of severity of exacerbation in their area.</p>	<input type="checkbox"/>		<p>Multi-disciplinary Community Respiratory Hub is well established in Edinburgh. Annually, GPs, Out of Hours, SAS receive winter reminder of service available supplemented by mouse mats and dashboard stickers to prompt clinicians to access this highly effective community service. Fortnightly MDT meetings held in two hospital sites to discuss patients at risk and strengthen links between hospital units and community services.</p> <p>Between April 2019– March 2020 704 people who were at immediate high risk of hospital admission were assessed by the Community Respiratory Team within the hub. 90%of these people were able to be safely kept at home</p>

1.2	Plans are in place to extend and enhance home support respiratory services over a 7 day period where appropriate.	<input type="checkbox"/>		<p>Multi-disciplinary Community Respiratory Hub operates 7 day week, 8am-6pm weekdays and 9am-4pm weekends with acute response to COPD exacerbations. 90min response pathway in place for COPD exacerbations referred from Scottish Ambulance Service and Flow Centre. Prof to Prof support line set up with Respiratory Consultant for Community Respiratory Hub to escalate decision making if necessary and/or fast track to hot clinic during winter period.</p> <p>The community Respiratory Hub will increase staffing capacity to support a larger group of patients to include those with acute respiratory illness over the winter period, including at the weekend. Enhanced staffing is also planned for over the festive weekend periods to support respiratory care in the community.</p>

<p>1.3</p>	<p>Anticipatory Care/ Palliative care plans for such patients are available to all staff at all times.</p> <p><i>Consider use of an effective pre admission assessment/checklist i.e. appropriate medication prescribed, correct inhaler technique, appropriate O2 prescription, referred to the right hospital/right department, referred directly to acute respiratory assessment service where in place..</i></p> <p><i>Consider use of self-management tools including anticipatory care plans/asthma care plans and that patients have advice information on action to take/who to contact in the event of an exacerbation.</i></p> <p><i>Patients should have their regular and emergency medication to hand, their care needs are supported and additional care needs identified (should they have an exacerbation).</i></p>	<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 10px;"></div> <div style="background-color: green; width: 50px; height: 600px; margin-bottom: 10px;"></div> <p>Individuals at high risk of admission identified via COPD frequent attender database. High risk patients reviewed at consultant led multi-disciplinary team meeting (two hospital sites) using care bundle checklist.</p> <p>ACP/KIS generated for high risk patients shared across the health system via TRAK alert and ACP created using KIS. Special notes of KIS created to alert all staff across the health system to contact Community Respiratory Team for COPD exacerbation.</p> <p>Patients issued with self management ACP and 'Think COPD Think CRT' fridge magnet to prompt them to</p> <p>'MyCOPD' is an app to support people living with Chronic Obstructive Pulmonary Disease (COPD) to remotely self-manage their condition. 20 patients are being supported by our pulmonary rehab team to manage their condition using this app.</p>
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1.4	<p>Simple messages around keeping warm etc. are well displayed at points of contact, and are covered as part of any clinical review. This is an important part of 'preparing for winter for HCPs and patients.</p> <p><i>Simple measures are important in winter for patients with chronic disease/COPD. For example, keeping warm during cold weather and avoiding where possible family and friends with current illness can reduce the risk of exacerbation and hospitalisation.</i></p>	<input type="checkbox"/>		<p>Key messages are sent to all patients with COPD known to CRT including fridge magnet of CRT contact details as first point of contact should the patient feel unwell with their COPD. Simple advice given by all HCPs to keep warm and hydrated over the winter period</p>
2	There is effective discharge planning in place for people with chronic respiratory disease including COPD			
2.1	<p>Discharge planning includes medication review, ensuring correct usage/dosage (including O2), checking received appropriate immunisation, good inhaler technique, advice on support available from community pharmacy, general advice on keeping well e.g. keeping warm, eating well, smoking cessation.</p> <p><i>Local arrangements should be made to ensure that the actions described are done in the case of all admissions, either in hospital, before discharge, or in Primary Care soon after discharge, by a clinician with sufficient knowledge and skills to perform the review and make necessary clinical decisions (specifically including teaching or correcting inhaler technique).</i></p>	<input type="checkbox"/>		<p>Community respiratory Hub will support the discharge plan by ensuring a holistic assessment and management plan is put in place, This may include medication review, ensuring correct usage/dosage (including O2), checking received appropriate immunisation, good inhaler technique, advice on support available from community pharmacy, general advice on keeping well e.g. keeping warm, eating well, smoking cessation.</p> <p>High risk individuals identified proactively using Frequent Attender database. Care bundle checklist in place to prompt for support required for stop smoking, pharmacy review (including inhaler technique), psychology support. Dedicated third sector COPD co-ordinator in post to support house bound patients and provide support on wider issues such as housing, financial support, keeping warm, disability information.</p>

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

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

Covid Surge Bed Capacity Template

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

PART B: CPAP	Please set out the maximum number of COVID patients (at any one time) that could be provided CPAP in your NHS Board, should it be required	
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PART C: Acute	Please set out the maximum number of acute beds that your NHS Board would re-provision for COVID patients (share of 3,000 nationally), should it be required	
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Infection Prevention and Control COVID-19 Outbreak Checklist
(Refer to the National Infection Prevention and Control Manual (NIPCM) for further information
<http://www.nipcm.hps.scot.nhs.uk/>)

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

Definitions: 2 or more confirmed or suspected cases of COVID within the same area within 14 days where cross transmission has been identified.

Confirmed case: anyone testing positive for COVID

Suspected case: anyone experiencing [symptoms](#) indicative of COVID (not yet confirmed by virology)

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

Standard Infection Control Precautions;

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

Patient Placement/Assessment of risk/Cohort area

Date

Patient placement is prioritised in a suitable area pending investigation such as for a single case i.e. single room with clinical wash hand basin and en-suite facilities					
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Cohort areas are established for multiple cases of confirmed COVID (if single rooms are unavailable). Suspected cases should be cohorted separately until confirmed. Patients should be separated by at least 2 metres if cohorted.					
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Doors to isolation/cohort rooms/areas are closed and signage is clear (undertake a patient safety risk assessment for door closure).					
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If failure to isolate, inform IPCT. Ensure all patient placement decisions and assessment of infection risk (including isolation requirements) is clearly documented in the patient notes and reviewed throughout patient stay.					
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Patient placement is reviewed as the care pathway changes. NB: Patients may be moved into suspected or confirmed COVID-19 cohorts or wards to support bed management.					
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Personal Protective Clothing (PPE)

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

Winter Planning Proposals - Performance Report (19/04/2021)

Context

As part of winter planning for the Edinburgh Health and Social Care Partnership (EHSCP), a number of winter projects to support the Home First (HF) pathway were undertaken. These projects included:

- Additional D2A capacity (Occupational Therapists and Healthcare Support Workers).
- Embedding HF therapists in acute sites (WGH and RIE) to support effective discharge planning in secondary care.
- A Social Worker enhancement initiative aimed at reducing delayed discharges by processing referrals and completing assessments within target timescales to reduce the length of stay (LOS) for individuals.
- An enhanced service to complement the Community Respiratory Team, CRT+, to support patients with acute chest infections to remain in the community and prevent hospital admission.
- Reablement Coordinators to enable 7-day discharge.
- A Single Point of Access (SPOA) for post-COVID rehabilitation was established to provide access to support using existing Allied Health Profession (AHP) services which provide rehabilitation to people recovering from COVID 19.

1. Additional Discharge to Assess Occupational Therapists

Project/Service	D2A Enhancement
Reporting Period	1/12/20 to 31/03/2021
Project Improvement Aims	Increased Hospital Discharge

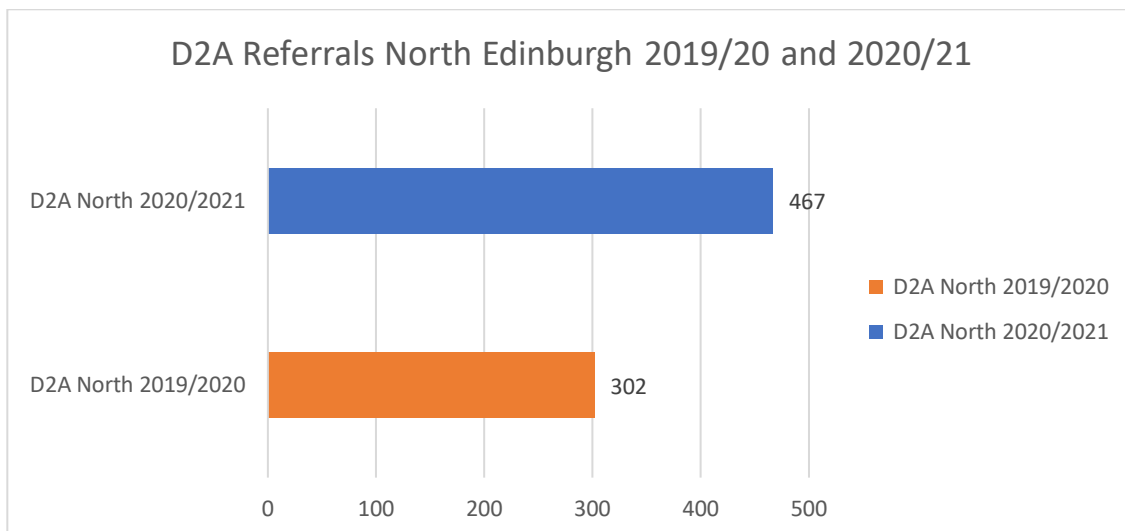
The Discharge to Assess (D2A) service within EHSCP was augmented. The service aimed to facilitate discharge with ongoing rehabilitation in the person's own home as an alternative to bed-based rehabilitation, which potentially could result in a longer stay in hospital and increased risk of hospital acquired infection. The D2A service within EHSCP consisted of a South and a North team that, prior to 1 December 2020, had 8 Occupational Therapists and 8 Physiotherapists. Through the additional winter capacity, 2 Occupational Therapists to support the North and South D2A team were recruited.

D2A Total number of referrals accepted between December 2020 and March 2021

Team	D2A Referrals 2019/20	D2A Referrals 2020/21	% Increase	Average D2A referrals per month
D2A North	302	467	55%	117
D2A South	N/A*	376	N/A*	94
Total		843		

**D2A South started in March 2020; therefore, we are not able to provide a full comparison across both years.*

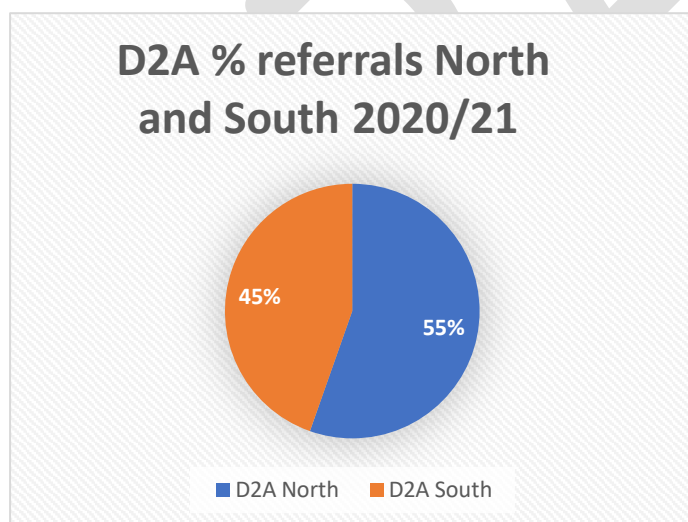
D2A North team number of referrals accepted- A comparison of 2019/20 and 2020/21



(Source: D2A local data)

D2A North has had an increase of **55%** with **165** additional referrals during the winter period November 2020 – March 2021.

Edinburgh D2A % referrals to each team 2020/21

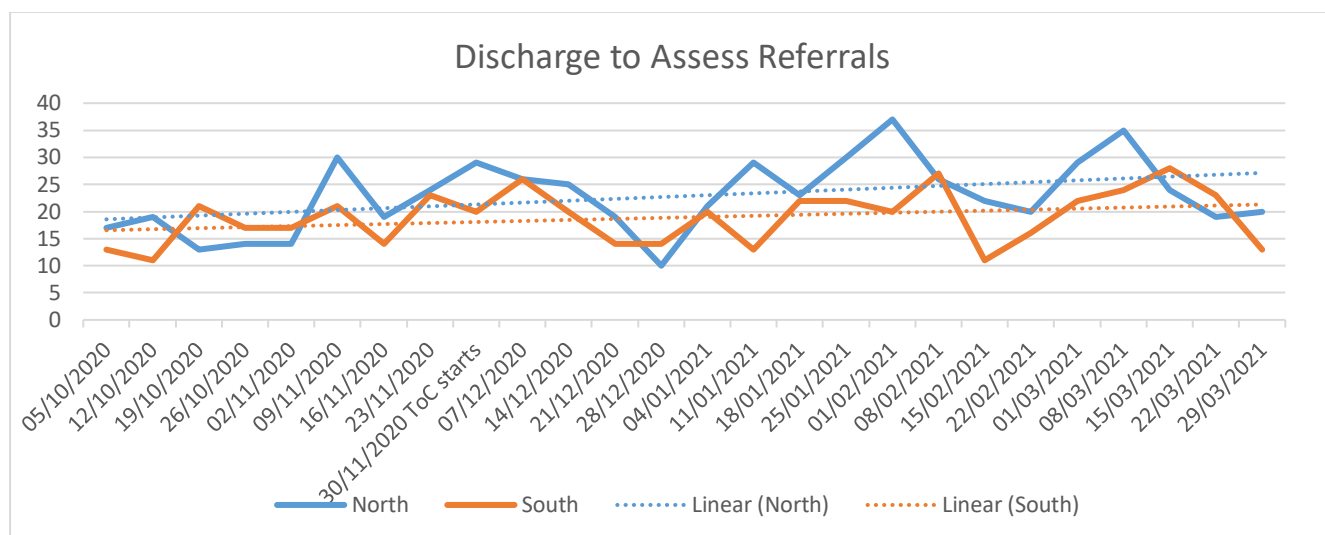


A comparison of D2A South team for March 2020 and 2021

Team	D2A Referrals
D2A South March 2020	56
D2A South March 2021	109

D2A South has seen an increase of **95%** with **53** additional referrals in March 2021 compared to March 2020. (Note: due to the D2A South team commencing service on 1 March 2020 the data is only available to compare the month of March)

D2A Performance measures 10/2020 to March 2021



Discharge to Assess Demand

The table below compares D2A demand between the winter period (30/22/20-29/03/21) and the 18-week period prior to November 2020.

D2A Demand			
NORTH	Test of Change 18 weeks	Previous 18 weeks	% Increase
D2A Referrals (N)	444	355	
Weekly Average	25	20	25%
SOUTH	Test of Change 18 weeks	Previous 18 weeks	
D2A Referrals (S)	337	274	
Weekly Average	19	15	21%

The data shows an increase in referrals for both teams of over 20% over the winter period from the previous 18 weeks.

It should also be noted that the Partnership has, since the end of January 2021, supported the addition of 4 x Assistant Practitioners for the D2A service. Early indication shows that this capacity has, as well as contributing to the skill mix within D2A, enabled the therapists

to assess patients in a timelier manner and deliver more intensive rehabilitation. The impact on activity is minimal/negligible at this stage.

2. Home First Therapists - RIE and WGH Sites

Project/Service	Home First Therapists
Reporting Period	1/12/20 to 31/03/2021
Project Improvement Aims	Enhance the adoption of the Home First Principles within acute therapy teams at RIE and WGH. Increase number of people supported by D2A and other community teams

2 WTE therapists (1 PT and 1 OT) working within RIE Wards 104 and 202 and WGH (throughout site).

The aim was to support acute hospital staff planning a patient discharge. The therapists provided specialist advice on community therapy/resource options to support timely discharge. They promoted knowledge and confidence in positive risk taking with planning discharges and, together with the wider Home First team and acute staff, worked to enhance the Home First ethos within the acute setting. They also took a lead role in the triage of the Intermediate Care (bed based) list (Test of Change 3).

Direct Performance Measures for Home First therapists

Site	Number of patients supported	Predicted impact on LOS	Number of supported home visits	Time spent gathering collateral information (on AIS) that supports discharge planning
WGH	74	For 16 patients: 10 < 4 days 6 > 4 days	13	Not collecting
RIE*	98	15 patients 10 < 4days 5 > 4 days	6	Average = 47 min per patients. Range 20mins – 110mins

**stopped data collection on this Feb 28th as they moved to test of change 2*

The data shows for both sites, for the 172 patients supported, 18% had an adjustment to their LOS and 6% had a reduction in LOS greater than 4 days. By the nature of supporting acute staff to support discharge planning it was an intended consequence that D2A referral activity would increase. Evidence of this can be seen in D2A activity data shown in section 1. Please also refer to D2A performance measures.

2.1 Home First Therapist supporting Boarders Ward Round RIE

2 WTE therapists (1 PT and 1 OT) were integrated into the Boarders Ward Round for a period of 4 weeks.

The aim was to reduce unnecessary hospital bed days by improving patient access to the best discharge pathway available, encouraging improved patient flow whilst embedding HF principles within the MDT.

HF Performance Measures

HF Boarders WR Test of Change 01/03/21 to 26/03/21 (4 weeks)							
Total referrals	Week 1	Week 2	Week 3	Week 4	Source		
17	6	6	3	2	16	Boarders WR	92%
					1	AMU WR	8%
Bed days saved					Presentation		
9	>4 days	90%			14	Falls	92%
1	<4 days	10%			3	Frailty	8%
					HF Input		
					40hrs	Direct: Involved in PT/OT Ax and intervention	49%
					42hrs	Indirect: Facilitating discharge planning with Ward PT/OT	51%
					Readmission		
At 7 days	0/17	0%					
At 14 days	0/17	0%					

In the 4-week Test of Change, 10 patients that were case managed by HF therapists went home. The data shows all patients had an estimated reduced LOS with 90% estimated at >4 days and 10% < 4 bed days saved. The data also shows that no patients had been readmitted at 7 or 14 days.

2.2 Intermediate Care Facility Triage list (Test of Change 3)

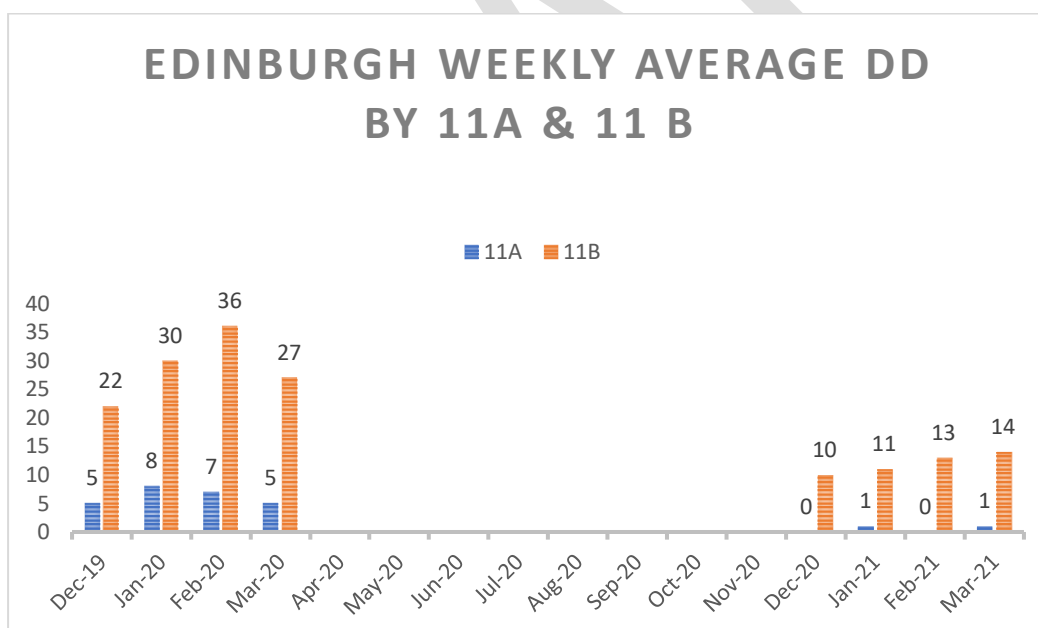
The HF therapist led this process for the 4 months of the project and in this time worked with the AAH Discharge Hub to make a robust and effective process. Our early data shows that, as this staff group gain competency, they can take on non-complex new patient assessments, in addition to following up with rehabilitation sessions. This allowed for an increase in collective capacity for D2A. A full 4-month evaluation report will be available in May 2021.

3. Social Worker Enhancement

Project/Service	Hub Social Worker Enhancement
Reporting Period	1/12/20 to 31/03/2021
Project Improvement Aims	Hospital Discharge and community admission prevention

Additional Social Workers were based across the Community Hub/Cluster and Acute Hospital Social Work Teams to prevent hospital admissions and to reduce delayed discharges. The hospital-based Social Work team have a duty service, which is a responsive service to any Adult Support and Protection concern being raised by colleagues in acute care. The aim was to reduce delayed discharges by processing referrals and completing assessment within target timescales to reduce length of stay for individuals. The Social Workers also facilitated discharge to the person's own home with a package of care or to interim or permanent placement in a Care Home.

Weekly average Delayed Discharge by 11a and 11b in Edinburgh during Winter 2019/20 – 2020/21

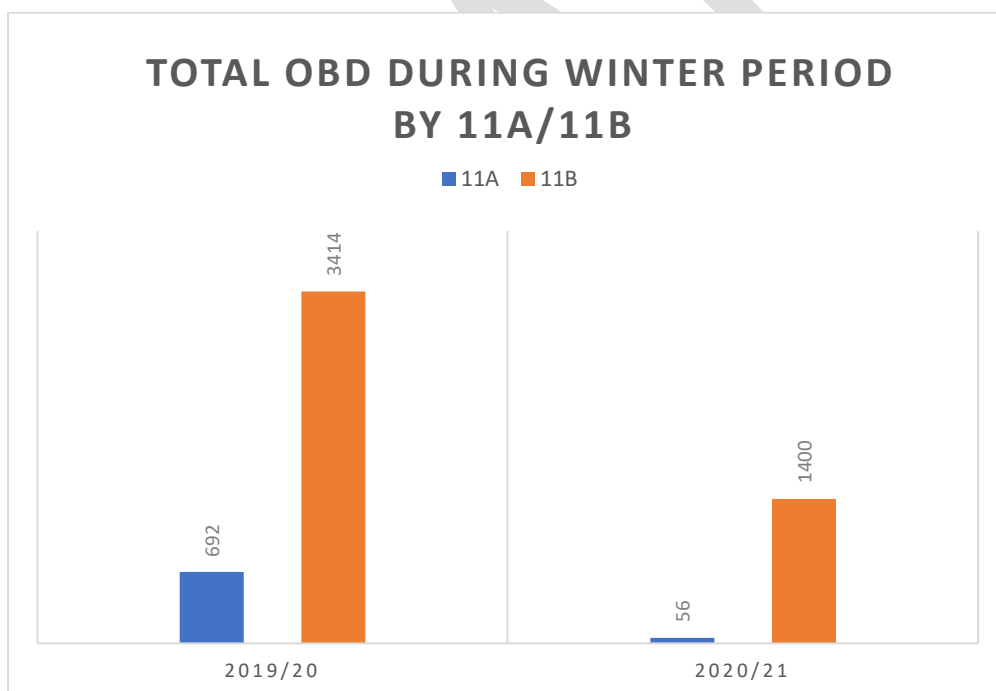
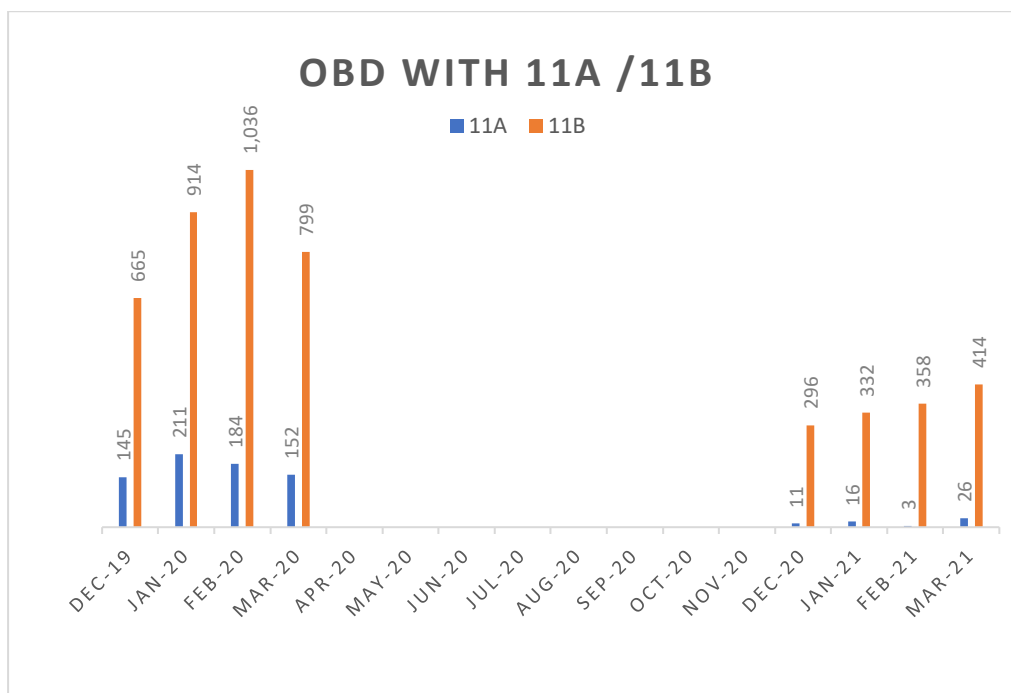


(Source: Tableau DD dashboards data)

The data shows a reduction in 11a codes compared to 2019/20. This may be, in part, due to the implementation of the Discharge Hub team in 2020, with a dedicated team that ensures all referrals are validated and coded correctly. The 11a codes show a reduced number of patients waiting for a community worker to be allocated to them, resulting in reduced LOS.

In addition, the data shows a reduction of weekly average of delays by 11b codes. This may be due to the COVID- 19 pandemic impact.

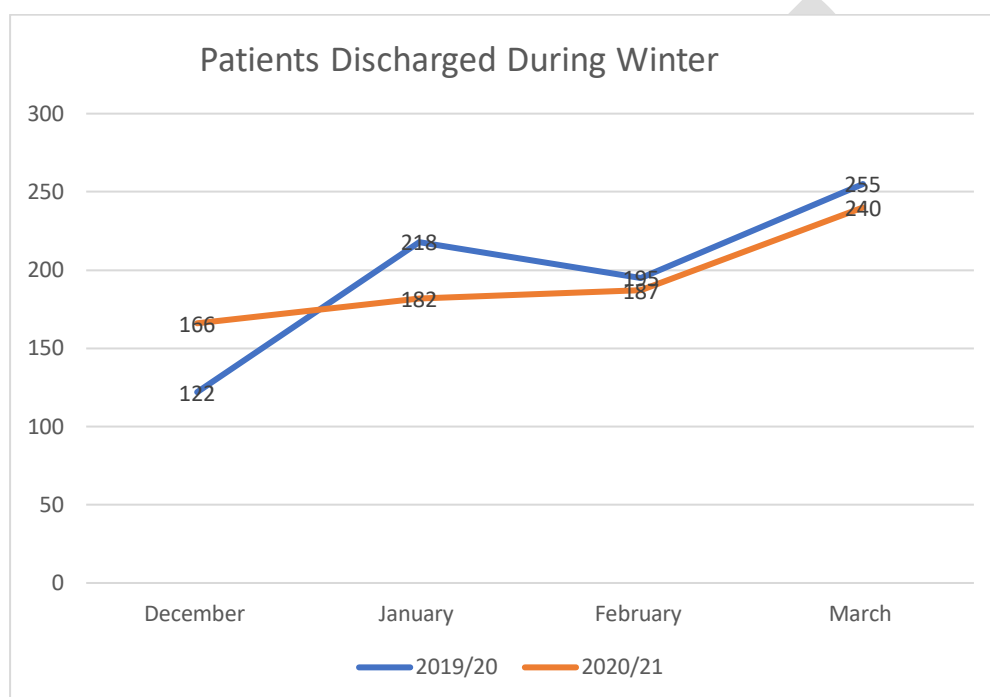
Comparison by Occupied Bed Days



The graphs above show that the number of Occupied Bed Days (OBD) due to 11a and 11b, were significantly lower for 2020/21 than winter 2019/20.

Patients discharged from 01/12/2019 to 31/03/2021 across the four Edinburgh localities (SE/SW/NE/NW)

Month	Total	Month	Total
Dec 2019	122	Dec 20	166
Jan 20	218	Jan 21	182
Feb 20	195	Feb 21	187
Mar 20	255	Mar 21	240



(Source: CEC discharges data)

The data shows performance during both winters was similar, with slightly better performance at the start of the winter 2021.

The Social Worker enhancement in winter 20/21 was 20% higher, thus, if all things could be considered equal, the Partnership performance has been enhanced this winter.

3.1 The Intermediate Care Facility Service (ICF)

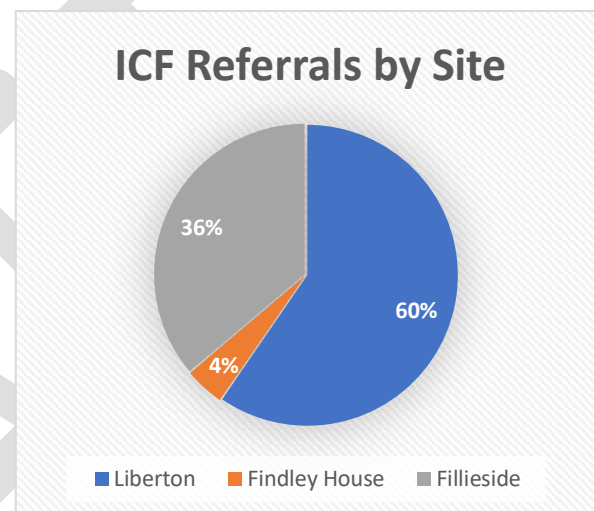
(Reporting period from 05 January 2021 to 30 March 2021)

Part of the additional Social Work staffing resource was used to provide support for rehabilitation needs in intermediate care facilities situated in 5 wards across two sites: Liberton Hospital and Findlay House – Fillieside.

There were 24 funded beds within Fillieside and 40 funded beds in Liberton Hospital. Winter funding provided 1 WTE Home First Navigator to support earlier discharge planning. This post was filled from 05/01/2021 – 30/03/2021. The data range provided is for the full 12 weeks.

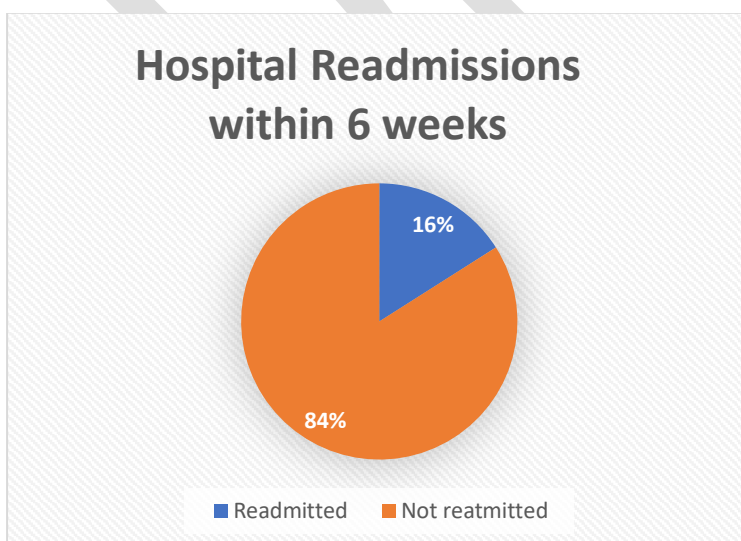
ICF Referrals by site

Site	Referrals
Liberton Hospital	28
Findley House	2
Fillieside	17
Total patients supported	47



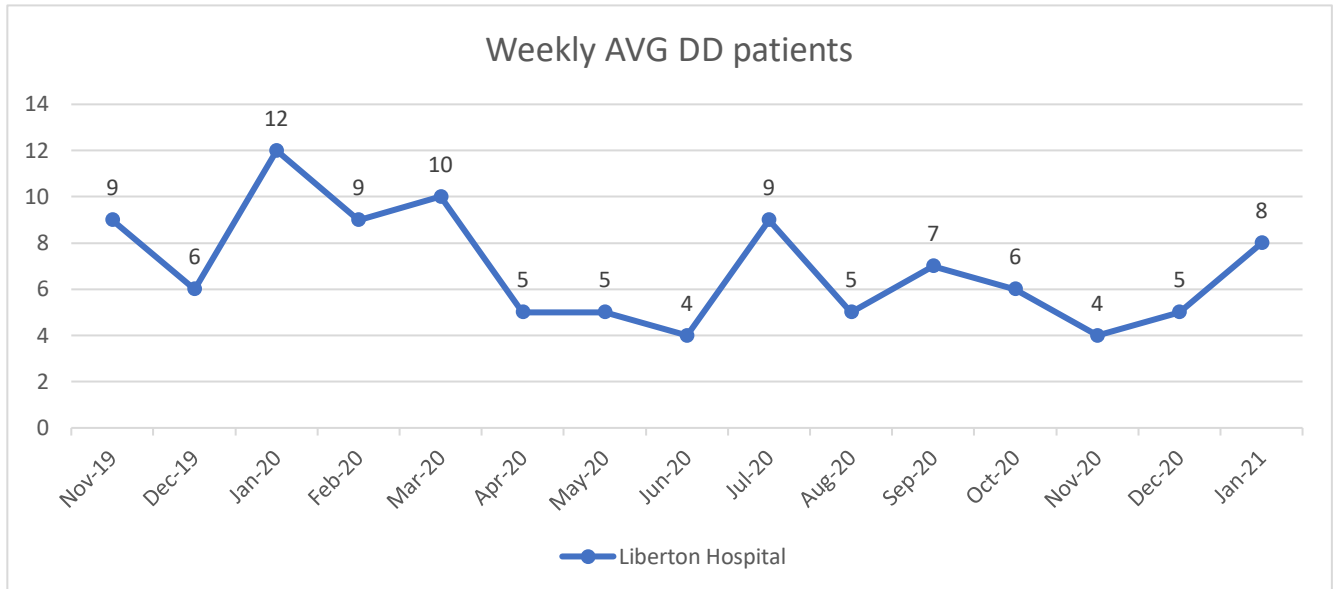
The data shows that most referrals were to the ICF in Liberton Hospital.

Readmissions to Hospital within 6 weeks

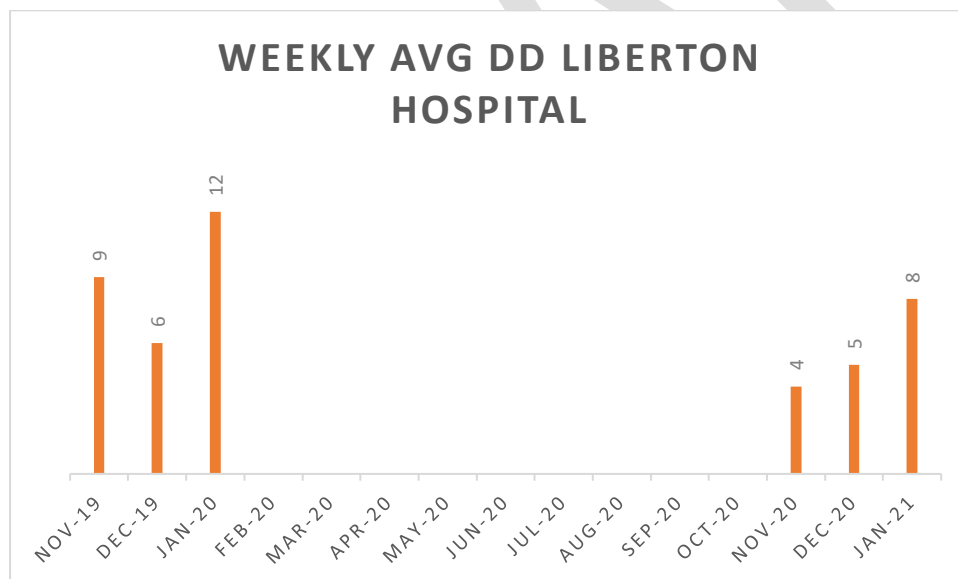


Of the total 47 patients supported, the data shows 16% were readmitted into hospital within 6 weeks, with the majority (84%) remaining in their usual home.

Average Delayed Discharged patients in Liberton Hospital

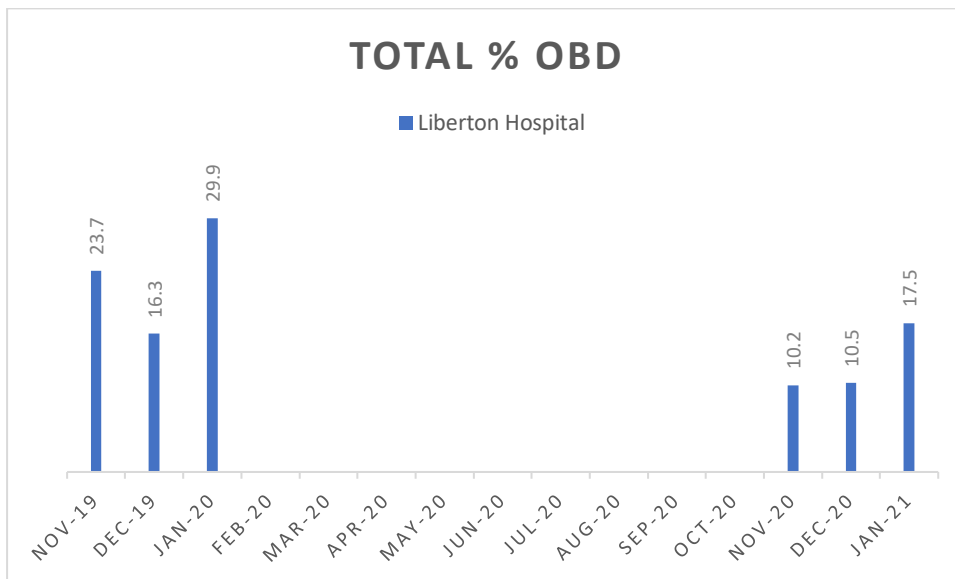


(Source: Tableau dashboard)



The data shows a 37% reduction of delayed discharge patients in Liberton Hospital during the months of the test of change (November to January).

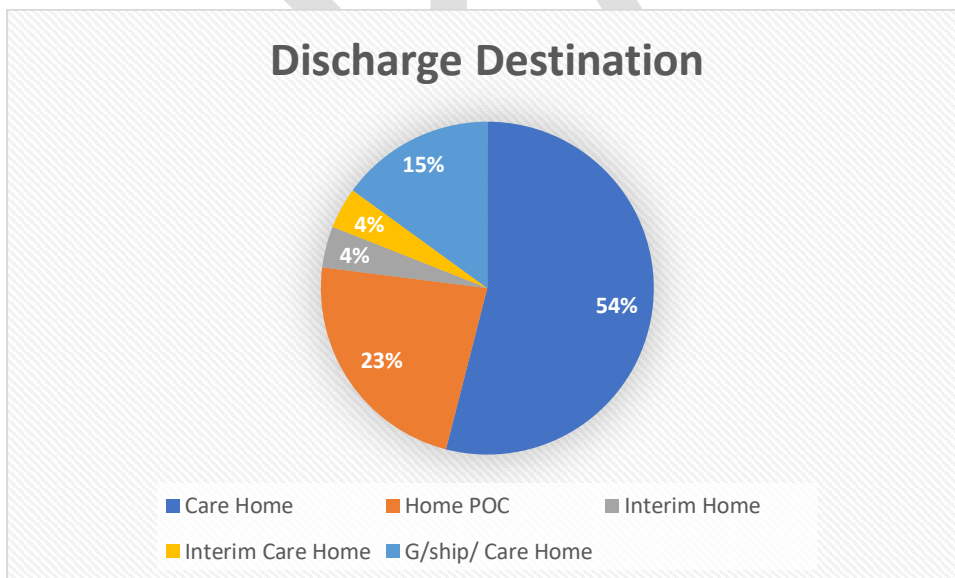
Total Occupied Bed Days Liberton Hospital



(Source: Tableau dashboards)

According to the data, for the period of the test of change, there has been a reduction of OBD of 32%.

Discharge destination from ICF



The data shows that most patients seen by the team (54%) were discharged to a Care Home. The evaluation of the full impact of this post is still underway. The reduction in OBD would indicate success in supporting earlier discharge, despite the wider challenges of COVID-19, in relation to flow into and out of intermediate care beds, closure of wards due to infection,

testing requirements for destination to care home and the fact that an average of 60% of our City wide care home capacity was unavailable in any given week.

4. Reablement Coordinators

Project/Service	Reablement Coordinators
Reporting Period	28/11/ 2020 to 31/01/2021
Project Improvement Aims	7- day discharge

(Reporting period from 28/11/ 2020 to 31/01/2021)

A decision was made to end the service due to its limited impact.

Reduced delayed discharge numbers: 15 weekend discharges over 10 weekends across WGH/RIE for patients across North and South. On average this was only reducing delay numbers by 1-2 a week across the whole of the city. There was no significant increase in weekend discharges with additional staff.

LOS for the people discharged was a mixture of long delays to short delays, with LOS varying: 73 days, 10 days, and 144 days.

LOS (days)
73
10
144

5. Enhanced Community Respiratory Team (CRT+) Service and Single Point of Access (SPOA)

Project/Service	Community Respiratory Team Enhancement CRT+ Single Point of Access (SPOA) for Post COVID rehabilitation
Reporting Period	1/12/20 to 31/03/2021
Project Improvement Aims	<u>CRT +</u> An enhanced CRT service to support patients with acute chest infections to remain in the community and prevent hospital admission. <u>SPOA</u> provided support and rehabilitation through existing AHP services to provide rehabilitation to people recovering from COVID 19.

Our proposal was to enhance staffing within Edinburgh Community Respiratory Team to deliver CRT+ (within CRT) and a single point of access to provide support through existing AHP services and provide rehabilitation to people recovering from COVID 19. CRT+ has been successfully delivered for 3 winters. The service enables GPs and secondary care to refer patients who have acute chest infections to be supported and managed by the team. Our aim was to reduce the demand on GPs by CRT+ taking a lead role in the management of these patients and aiming to prevent admission to secondary care. CRT+ has also supported patients being discharged from hospital if admission has been required.

This year we have also proposed to support patients with respiratory conditions beyond COPD and supported patients with post-COVID 19 infection, with access to AHP rehabilitation services. Our staffing proposal for CRT+ allowed for clinical leadership (Band 7) and specialist skills (Band 6).

CRT+ Referrals by year

Year	Referrals
2018/2019	48
2019/2020	58
2020/2021	23

CRT+ referrals have been down this year compared to the previous 3 winters. Some possible causes of reduced referrals may include the second lockdown, shielding, and GPs doing remote consultations with more confidence therefore not referring as much. The lower CRT+ numbers mirrors the reduced respiratory presentations throughout health systems this winter.

CRT+ Source of referrals

Acute Chest infection referrals to CRT+						
Source	Nov'20	Dec'20	Jan'21	Feb'21	March'21	Total
GP	3	4	2	6	4	19
Hospital	1	0	0	0	2	3
Other	1	0	0	0	0	1
Total						23

The table above shows most referrals for CRT+ are from GPs, suggesting engagement of primary care with the CRT+ service.

CRT+ Activity

Indicator	Number	Comments
Average time to contact	0.8	Most patients contacted on the day of referral
Average number of home visits per patient	1	
Average number of telephone consultations per patient	4.4	

Number of patients at risk of admission	16 of 23	70% of all referred
Patients remaining at home at 48hrs	100%	
Patients remaining at home at one week	83%	
Number of supported discharge patients	3	

COVID -19 Referrals to CRT+

COVID – 19 Referrals to CRT+						
Source	Nov'20	Dec'20	Jan'21	Feb'21	March'21	Total
SPOA	7	4	9	5	4	29

Indicator	Number
Average time to contact	2.9 days
Average number of HV per patient	0.5
Average number of telephone consultations per patient	3.3

The tables above show 52 referrals were made to the CRT+ service between November 2020 and March 2021, suggesting a level of awareness of this additional capacity in the CRT.

5.1 Single Point of Access for Post COVID AHP (Rehabilitation) (SPOA)

(Reporting period from November 2020/ to March 2021)

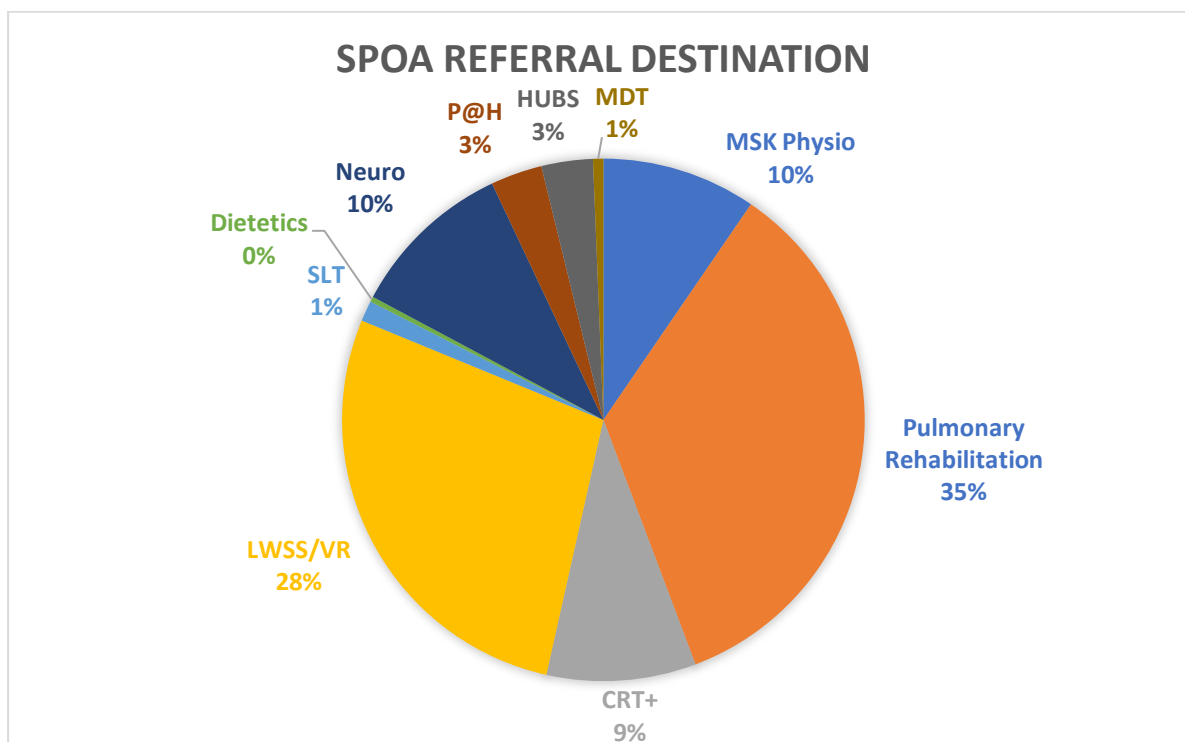
SPOA Referrals

SPOA	Referrals
Referrals into SPOA	290
Referrals from SPOA to appropriate teams (some referrals require 2 services)	314

Onward referrals from SPOA by destination

Ref. Destination	Nov20	Dec'20	Jan'21	Feb'21	Mar'21*	Total
MSK Physiotherapy	10	9	5	4	2	30
Pulmonary Rehab	33	15	22	25	14	109
CRT+	7	3	9	5	5	29
Lothian Workers Support Services WSS/VR	19	12	15	22	19	87
Speech and Language Therapy	1	1	0	1	1	4
Dietetics	0	0	0	0	1	1
Neuro OT/PT	1	0	0	5	26	32
Physio at Home	3	3	1	3	0	10

HUBS	9	1	0	0	0	10
Multi-Disciplinary Team	0	1	0	1	0	2
TOTAL	83	45	52	66	68	314



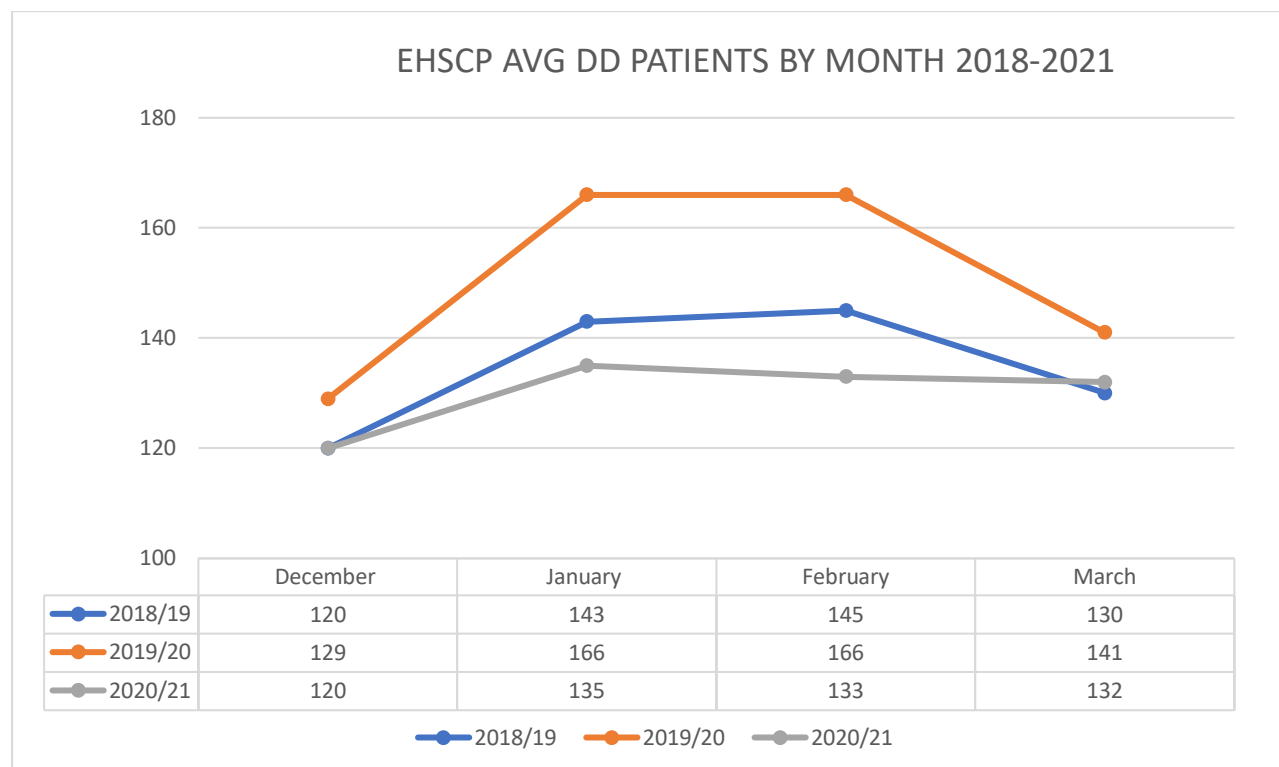
The chart above shows the majority of onward referrals (35%) were for pulmonary rehabilitation (plus an additional 9% to CRT+) with a smaller but similar number (28%) going to the Lothian Workers Support Services, meaning 63% of onward referrals were to two specific services.

The SPOA demonstrated the success of utilising a single pathway to access existing AHP rehabilitation services for patient suffering ongoing symptoms 'Post-COVID'. It is recognised, however, that these AHP services are experiencing a significant increase in referrals as a consequence, making the remobilisation of services challenging. The SPOA does not provide a comprehensive multidisciplinary model of patient centred care.

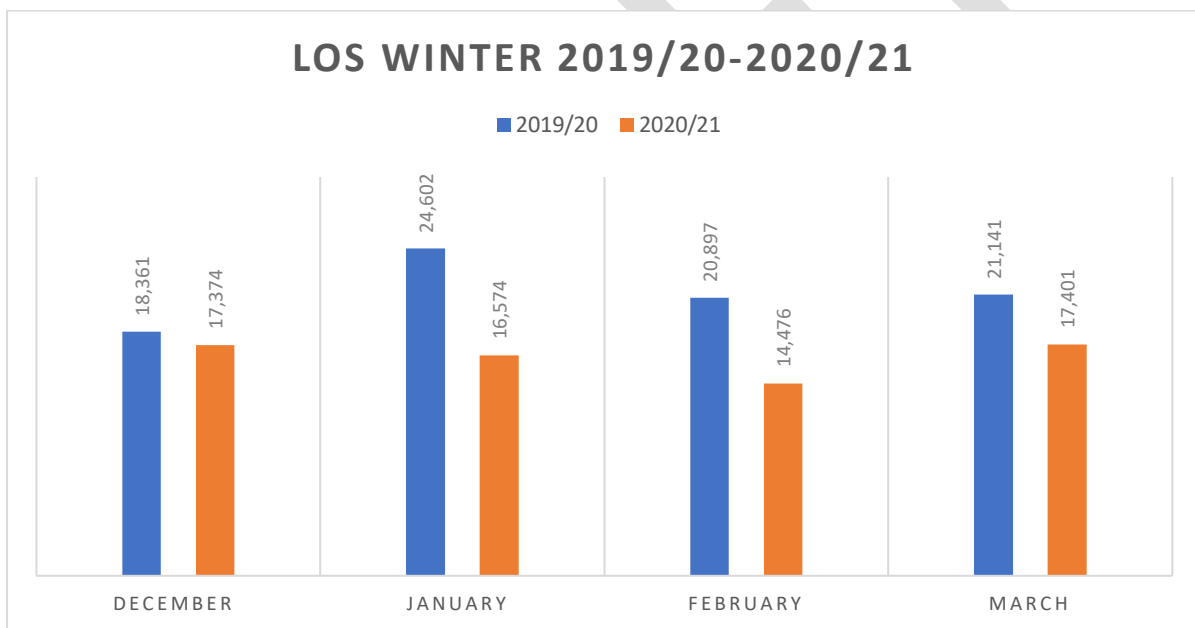
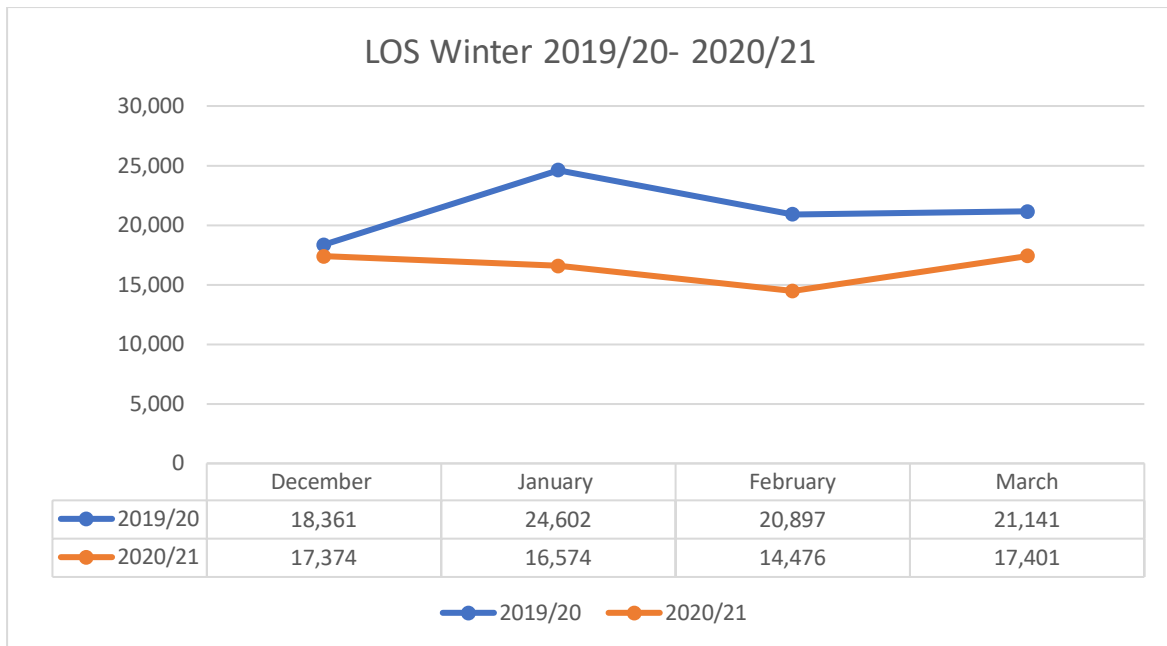
Collaboration and discussions are underway with key stakeholders across Lothian to explore feedback funding for a dedicated 'Long Covid' Service. Engagement with service users is also underway.

6. Overall Key Performance Indicators

A comparison of delayed discharges by month across Edinburgh hospitals (RIE and WGH) December-March for 2018/19, 2019/20, 2020/21 is shown in the table below:



The two tables below show the LOS during winter months December to March - 2019/20-2020/21 across Edinburgh hospitals (RIE and WGH).



2020/21 Winter Planning & Response Review (Local System)

Introduction

The 2020/21 Winter Planning and Response review aims to capture lessons identified through an assessment and evaluation of the following elements:

1. Local Health and Social Care winter planning and response arrangements at NHS Board / HSCP level.
2. Scottish Government, Health and Social Care Directorate, support, governance and assurance arrangements.
3. Role of the Winter Planning and Response Group (WPRG)

This short survey is focused on the first element and provides local systems at NHS Board / HSCP level with an opportunity to evaluate the effectiveness of their winter planning and response arrangements and to identify key areas for improvement ahead of next winter.

Local systems are asked to complete and lodge a copy of their local winter review using this template as a guide to inform that process. Local reviews should have senior joint sign-off reflecting local governance arrangements across NHS Boards and their associated Health and Social Care Partnerships. We expect that your Chairs and Chief Executives will be fully engaged in this year's review which should include:

- the named executive leading on winter across the local system who will coordinate and produce the local plan for 2021/22
- key learning points and planned actions which should be linked to the winter component of Board Remobilisation Plan's where appropriate
- top 5 local priorities that you intend to address through the 2021/22 winter planning process

Completed reviews should be sent to Winter_Planning_Team_Mailbox@gov.scot by no later than close of play on **Friday 21 May 2021**.

Thank you for your continuing support.

Winter Programme Team
Directorate for Performance & Delivery
Scottish Government

NHS Board:	NHS Lothian
Linked HSCP/s:	Edinburgh, West Lothian, East Lothian and Midlothian
Winter Executive Lead:	Alison MacDonald, Chief Officer, East Lothian Health and Social Care Partnership

1	Risk Assessment and Business Continuity Planning (BCP)
	<i>Consider rigour of risk assessments, BCP testing and implementation, communication protocols across NHS Board and HSCP/s</i>

1.1	What went well?
	•

1.2	What could have gone better?
	•

1.3	Did you implement any learning points from the Health Board Support event around EU Exit and Concurrency Planning held in Sept 2020?
	•

1.4	Key lessons / Actions planned
	•

2	Alignment of services across the sector
	<i>Consider alignment and support between Acute Hospital, Primary and Social Care services, contribution to avoidance of unnecessary admissions, reducing length of stay, reducing attendances and optimising discharge.</i>

2.1	What went well?
	<ul style="list-style-type: none"> • The CRT+ service ran from December 2020 to the end of March 2021 and offered community patients respiratory assessment, treatment and management from specialist physiotherapists embedded in CRT. The service enables GPs and secondary care to refer patients who have acute chest infections to be supported and managed by the team. The aim was to reduce the demand on GPs by CRT+ taking a lead role in the management of these patients, aiming to prevent admission to secondary care. CRT+ has also supported patients being discharged from hospital if an admission has been required. Sources of referrals were primarily GPs but also Secondary Care. During the service period, 23 referrals were received, 16 of these were deemed at risk of hospital admission (70%). The service successfully supported a prevention of admission of 100% at 48 hours and 83% at 7 days. • Phase 2 of the national Redesign of Urgent Care programmes aims to develop pathways that provide the right care in the right place at the right time, improving patient and professional experience and providing care closer to home to reduce hospital admissions. In Edinburgh HSCP, we developed new and strengthened existing pathways to provide a 4-hour response through the Flow Centre's single point of access. This response is for Home First (Urgent Therapy and Social Care), Hospital at Home and Respiratory pathways. In order to support the Home First Pathway and develop a prof to prof option for referrers, we are testing a Home First Navigator (OT) role in the Flow Centre. This allows for people most in need to be one the most appropriate pathway as quick as possible. • 4 WTE Therapists (2WTE Physiotherapists and 2WTE Occupational Therapists) were embedded within acute therapy teams in the RIE (Wards 104 and 202) and WGH (whole site) to enhance the adoption of the Home First principles and increase the number of people supported by D2A and other community teams. The aim was to support acute hospital staff planning a patient discharge. The therapists provided specialist advice on community therapy/resource options to support timely discharge. They promoted knowledge and confidence in positive risk taking with planning discharges and, together with the wider Home First team and acute staff, worked to enhance the Home First ethos within the acute setting. A total of 74 patients were supported on the WGH site, along with 13 supported home visits. 98 patients were supported on the RIE site, and the team undertook 6 supported home visits. The data shows, for both sites, for the 172 patients supported, 18% had an adjustment to their LOS and 6% had a reduction in LOS greater than 4 days. By the nature of supporting acute staff to support discharge planning it was an intended consequence that D2A referral activity would increase. • Promoting and supporting D2A teams resulted in a total of 843 referrals across Edinburgh during winter. The D2A north team had a 55% increase in referrals compared to the previous winter. There was an increase in referrals for both teams of over 20% during winter from the previous 18 weeks. • Part of the additional Social Work staffing resource funded by winter monies was used to provide support for rehabilitation needs in intermediate care facilities situated in 5 wards across two sites: Liberton Hospital and Findlay House (Fillieside). There were 24 funded beds within Fillieside and 40 funded beds in Liberton Hospital. Winter funding provided 1 WTE Home First Navigator to support earlier discharge planning. This post was filled for 12 weeks from 05/01/2021. A total of 47 patients were supported (28 at Liberton, 2 at Findlay House and 17 at Fillieside). Only 16% of patients were readmitted to hospital within 6 weeks. There has been a 32% reduction in occupied bed days.

2.2	What could have gone better?
	<ul style="list-style-type: none"> A Hospital at Home (H@H) pilot pathway for the frail elderly was developed in conjunction with Scottish Ambulance Service and Medicine of the Elderly. The aim was to help avoid admission in a group that may have a poor experience within an acute care setting in addition to the risk of infection, deconditioning, loss of independence and high mortality. The pilot started in November 2020 for people in particular Edinburgh postcodes, however, the test saw limited success with only a small number of referrals generated.

2.3	Key lessons / Actions planned
	<ul style="list-style-type: none"> The learning from the H@H pilot pathway allowed the H@H Team to focus on developing a prof to prof pathway from ED to H@H thereby increasing referrals to H@H and reducing the number of ED attendances converted to admissions

3	Demand and Capacity Planning
	<i>Consider accuracy and limitations of demand and capacity projections used to inform planning assumptions around Elective, Unscheduled and Covid-19 activity, including the development of surge capacity</i>

3.1	What went well?
	<ul style="list-style-type: none">

3.2	What could have gone better?
	<ul style="list-style-type: none">

3.3	Key lessons / Actions planned
	<ul style="list-style-type: none">

4	Testing Escalation and Surge Plans
	<i>Consider effectiveness of testing escalation and surge plans based on anticipated Unscheduled and Covid-19, stakeholders involved in scenario testing, responsiveness of plans under actual pressure</i>

4.1	What went well?
	<ul style="list-style-type: none">

4.2	What could have gone better?
	•

4.3	Did you implement any learning points from the Health Board Support event around Escalation and Surge Planning held in Oct 2020?
	•

4.4	Key lessons / Actions planned
	•

5	Staffing Levels
	<i>Consider staffing levels across all partners to facilitate optimal and consistent discharge rates, particularly across weekends and holiday periods, wider resilience of staffing across departments, impact of critical gaps in Medical / Clinical / Nursing / AHP / Social Care / Support staff capacity.</i>

5.1	What went well?
	<ul style="list-style-type: none"> • For the third year, a spreadsheet was developed mapping the annual leave arrangements during the 2-week festive period for all managers and team leads in the 4 localities, hospital and hosted services, and the Executive Management Team. This provided a quick reference tool for cover arrangements and points of contact in each service. Managers and Team Leads were also asked to provide assurance about the level of staffing in place throughout this period, particularly on the weekends and public holidays. • Local arrangements for managed annual leave plans ensured bank/agency staff were not being used to provide cover. • Social Work presence on both RIE and WGH sites to facilitate discharge planning, particularly with regards to the interim bed base, over the New Year public holidays and festive period weekends. Hub Managers were also available on-call. • The NE Locality Manager was on-call on 03/01/2021, providing an additional point of contact during the New Year weekend. • Chief Officer and Head of Operations attended Gold Command meetings • The Command Centre function was available for the escalation of any risks/issues • Staff sickness was lower this year due to the reduction in the usual winter illnesses, likely as a result of social distancing

5.2	What could have gone better?
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	<ul style="list-style-type: none"> • Reablement Coordinators were funded to support 7-day discharge by providing cover at weekends. A decision was made to end the service due to its limited impact. Reduced delayed discharge numbers: 15 weekend discharges over 10 weekends across WGH/RIE for patients across the North and South of the city. On average this only reduced delay numbers by 1-2 a week across the whole of the city. There was no significant increase in weekend discharges with the additional staff in place. • There was a request to open 12 additional beds in Intermediate Care at Liberton Hospital earlier in the year in response to unscheduled care pressure in winter. 6 additional beds in the existing 3 wards were opened but to open the full 12 beds another ward had to be opened, giving a total of 10 additional beds in 4 wards. The only extra staffing was nursing – there were no additional AHP or medical staff. 4 substantive staff from Liberton and HBCCC were rostered to the additional ward and regular bank staff that worked within Liberton were allocated to Ward 3. Due to competing demands for staff from other partnerships and services it was deemed unsafe to continue to keep ward open. With the Chief Officer's approval, we reduced to the 6 again in the existing 3 wards.
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5.3	Key lessons / Actions planned
	<ul style="list-style-type: none"> • It has been recognised that weekend discharges are a priority area for development in NHS Lothian. There will be a greater focus on weekend discharge as part of the Planned Date of Discharge (PDD) workstream this year.

6	Elective Activity
	<i>Consider steps taken to maximise elective activity over winter (including protection of same day surgery capacity) in line with Remobilisation Plans and challenges experienced</i>

6.1	What went well?
	•

6.2	What could have gone better?
	•

6.3	Key lessons / Actions planned
	•

7	Infection Prevention & Control (IPC)
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	<i>Consider IPC measures relating to Covid-19, Norovirus and Seasonal Influenza within acute, primary and community care settings, including any challenges around Personal Protective Equipment (PPE).</i>
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7.1	What went well?
	<ul style="list-style-type: none">•

7.2	What could have gone better?
	<ul style="list-style-type: none">•

7.3	Did you implement any learning points from the Health Board Support event around PPE held in Sept 2020?
	<ul style="list-style-type: none">•

7.4	Key lessons / Actions planned
	<ul style="list-style-type: none">•

8	Vaccination Programmes <i>Consider logistical and clinical aspects of delivering Covid-19 and Seasonal Flu Vaccination Programmes to public and staff across Acute, Primary and Social Care settings over the winter period</i>
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8.1	What went well?
	<ul style="list-style-type: none">•

8.2	What could have gone better?
	<ul style="list-style-type: none">•

8.3	Key lessons / Actions planned
	<ul style="list-style-type: none">•

9	Test and Protect – Wendy MacMillan
	<i>Consider logistical and clinical aspects of delivering the Test and Protect Programme to public and staff across Acute, Primary and Social Care settings over the winter period</i>

9.1	What went well?
	•

9.2	What could have gone better?
	•

9.3	Key lessons / Actions planned
	•

10	Top Five Local Priorities for Winter Planning 2021/22
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10.1	<ol style="list-style-type: none"> 1. Enhance hospital based social work capacity to deliver on Planned Date of Discharge ambitions and eliminate Code 11 breaches. 2. Enhance the Home Care Prevention Team realigned to localities to prevent hospital admissions where intermediate social care support is required 3. Proactive identification of frequent attendees in each locality (via MATTs or equivalent) to offer assessment and support to frequent fallers, develop social care anticipatory care plans and identify any other opportunities to prevent ED presentations 4. CRT+ if the business case for all year funding is unsuccessful 5. Provision of Long-COVID Single Point of Contact and rehabilitation if ongoing funding is not successful
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**Edinburgh Health Social Care Partnership
Winter Planning Submissions 2019/20**

Title	Lead	Amount Requested	Amount Awarded	Amount Spent	NHS Spend	CEC Spend	Slippage
Home First Acute Site Therapy	Orla Prowse	£60,379.00	£60,379	£38,049	£25,962	£12,087	£22,330
Discharge to Assess Occupational Therapy	Gail James	£61,179.00	£61,179	£16,111		£16,111	£45,068
Hub Social Work	Steph Craig	£88,965.00	£88,965	£86,029		£86,029	£2,936
Reablement Coordinators	Vicki Murray	£29,211.00	£29,211	£9,248		£9,248	£19,963
CRT+ and Long-COVID SPOA	Laura Groom	£50,188.00	£50,188	£48,604	£48,604		£1,584
TOTAL		£289,922.00	£289,922	£198,041	£74,566	£123,475	£91,881
						Available	£91,881.00

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REPORT

Committee Update Report

Edinburgh Integration Joint Board

22 June 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 May 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 April and May 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.

Performance and Delivery Committee - 14 April 2021

2. **Performance Report**- the committee were presented with a report on Partnership health and safety activities.
3. **EIJB Annual Performance Report** - the committee heard about the timeline and proposed content for the EIJB Annual Performance Report for 2020-21
4. **Annual Review of Directions**- the committee discussed the annual review of directions.
5. **Transitions Briefing Note** - the committee were presented with a briefing note on transitions within learning disabilities from children to adult services.

Strategic Planning Group - 12 May 2021

6. **Strategy Progress Update** - the committee had before it, a report on progress with the current strategic planning cycle.
7. **Market Facilitation Strategy**- the committee were presented with a report on the current thinking in relation to Market Facilitation.
8. **Joint Strategic Needs Assessment**- the committee discussed the draft topic paper of Carer as part of the Joint Strategic Needs Assessment.
9. **Communications and Engagement Strategy** - the committee were presented with a report on the communications and engagement strategy for the EIJB and the Edinburgh Health and Social Care Partnership.

Forward Planning – August 2021 Committee Update Report

10. Performance and Delivery Committee – 9 June 2021
11. Futures Committee- 10 June 2021
12. Audit and Assurance Committee – 11 June 2021
13. Clinical and Care Governance – 28 June 2021
14. Performance and Delivery Committee – 28 July 2021

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board

Contact for further information:

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Telephone: 0131 529 4050



Minute

IJB Strategic Planning Group

10.00am, Wednesday 12 May 2021

Virtual Meeting – Via Microsoft Teams

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

In attendance: Matthew Brass, Jessica Brown, Sarah Bryson, Tony Duncan, Lauren Howie, Nancy McKenzie, Susan McMillan, Katie McWilliam, Rebecca Miller, Moira Pringle, Jay Sturgeon and David White.

Apologies: Peter McCormick

1. Minutes

Decision

- 1) To approve the minute of the Edinburgh Integration Board Strategic Planning Group of 17 March 2021 as a correct record.
- 2) To note that the meeting between Lay representatives and Christine Farquhar minuted under Rolling Actions Log was no longer required.

2. Rolling Actions Log

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

Decision

To note the 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

The SPG were presented with an update on the current development of NHS Lothian's (NHSL) emerging Strategic Framework. The pandemic had notably sharpened and added to the existing challenges faced in achieving desired outcomes, but also offered positive opportunities for redesign. The update presented to the SPG on the Strategic Framework centred around these new elements and the potential implications for the EIJB.

Members were broadly supportive of the framework and were particularly encouraged with the collaborative and cooperative approach being suggested, however, there were concerns about the timeframe being proposed (1-3-5) with some members considering the timeframe to be too short to be truly strategic. Although acknowledging these concerns, officers noted that NHSL's planning cycle was restricted to a Parliamentary cycle – with changing Governments and Health Secretary's bringing changing policies and funding. However, assurance was given that the principles and processes established over the 5-year period would continue to be developed as time progressed. There was also clarification from EHSCP Head of Strategy on the EIJB planning horizons which go further (0-6, 7-18 and 18+). The 1-3-5-year planning would fit within the EIJB first planning horizon which captured two 3-year strategic planning cycles.

Members also expressed concerns over engagement in the development process of the Strategic Framework. Although there has been improvement – particularly with hard to reach groups – members noted that public engagement should be an ongoing, transparent process, with the Third Sector developing to become an equal partner, not an area to just be engaged with.

Members were encouraged by the ongoing effort to align and collaborate with partners and were also supportive of EIJB's linkage to NHSL and the City of Edinburgh Council's (CEC) strategic business plan including the 20 Minute Neighbourhood.

Decision

- 1) To note the NHSL briefing and direction of travel
- 2) To consider the implications to EIJB strategic planning

- 3) To support collaboration and cooperation in the development of this framework.

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

5. Market Facilitation Strategy Update

Committee were presented with an update on Market Facilitation as requested in the RAL. Since the last update in March 2020, this report noted the most significant development being the expansion of the Care@Home project within the transformation programme and the linkage to Home Care and the One Edinburgh concept.

Although there had been progress, members noted delays due to the impact of the pandemic, as well as the departure of the Contracts Manager in early 2021. Although progress had been made and elements of the Market Facilitation Framework had been incorporated into the transformation programme, a formal Market Facilitation Strategy had yet to be completed. This strategy is being developed alongside the next strategic commissioning plan.

Members expressed some concern over gaps in the report in relation to data. It was agreed that accurate data was key in understanding the decision-making behind changes in direction from March 2020 to now, and members welcomed further policy papers etc. to help explain this change.

Decision

- 1) To note the status of the Market Facilitation work.
- 2) To acknowledge the proposal to establish a Market Facilitation project within the transformation programme.
- 3) To agree to an SPG update on 27 October 2021.

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

6. Joint Strategic Needs Assessment Update

An update on the Joint Strategic Needs Assessment (JSNA) was presented to the committee. Following from the March meeting, this update gave further information on how the analysis undertaken so far can support the development of the higher-level EIJB Strategic Directive.

Members were supportive of the STEEPLED analysis and were supportive of the development of this in order to identify gaps in needs analysis and keep the wider strategic plan 'robust'.

Moving forward, members noted the role of the Futures Committee in the development of the high-level strategy and were eager to receive an update on prioritised needs analysis at the August Committee meeting.

Decision

- 1) To note the update on progress in delivering a refreshed JSNA
- 2) To consider the additional draft topic paper on Carers, including the key issues highlighted and whether this can be approved for publication.
- 3) To extend an invite to Judith Stonebridge, our new Public Health Consultant, to join the SPG as a member in accordance with ToRs.

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

7. Communications and Engagement Strategy

The SPG were provided with an update on the development of the Communications and Engagement (C&E) Strategy for the EIJB and EHSCP.

The appointment of a C&E manager and a newly formulated C&E team led to the production of the strategy, which aims at communicating and engaging with a range of audiences, objectives and communications needs. It was noted that – as a complimentary to the Strategic Plan – the C&E Plan will refresh every 3 years in line with the Planning Cycle.

Members were supportive of the new strategy and commended officers responsible on the improvements made over the last year. Moving forward, members gave suggestions as to how to improve the strategy, which included;

1. Add stakeholders in the target audiences, such as housing providers, independent sector, unpaid carers etc.
2. To communicate back with engagement groups in order to detail how their involvement has made a difference.
3. To use organisations such as EVOG as a vehicle for communicating with hard to reach groups – promoting more face-to-face meetings instead of relying on digital media channels which may not be accessible to all.

Decision

- 1) To approve the contents of the C&E Strategy in Appendix 1.
- 2) To agree that the C&E Strategy will evolve but will be formally refreshed every 3 years, in line with the Strategic Planning cycle.
- 3) To change ‘compromises’ to a more suitable word in paragraph 5 of the Executive Summary.

4) To seek input from Bridie Ashrowan on how EVOC can provide the outreach needed for audiences that may not have access to digital communication.

5) To refer the Report to the next EIJB meeting for noting.

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

8. Date of Next Meeting

To note that the next Strategic Planning Group meeting would be held at 10.00am on Wednesday 18 August 2021.

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Minute

IJB Performance and Delivery Committee

10.00am, Wednesday 14 April 2021

Microsoft Teams

Voting Members:

Councillor Melanie Main (Chair), Councillor Phil Doggart and Richard Williams.

Non-Voting Members:

Colin Beck, Helen Fitzgerald

In Attendance:

Matthew Brass (Clerk)

Ian Brooke (EVOG)

Tony Duncan (Head of Strategic Planning, EHSCP)

Helen Elder (Executive Management Support, EHSCP)

Mark Grierson (Disability Support and Strategy Manager, EHSCP)

Ruth Hendery (Carer Representative)

Scott Jackson (Principle Information Analyst, Public Health Scotland)

Deborah Mackle (Locality manager – South West Edinburgh, EHSCP)

Nancy Mackenzie (NHS Lothian)

Graeme McGuire (NHS Lothian – Assistant Finance Manager)

Susan McMillan (Performance and Evaluation Manager, EHSCP)

Moira Pringle (Chief Finance Officer, IJB)

David Walker (CEC Senior Accountant)

Philip Brown (CEC Strategy & Communications)

1. Minute

The minute of the Performance and Delivery Committee from 20 January 2021 was presented for approval and any matters arising.

Decision

- 1) To approve the minute as a correct record subject to the amendment of 'from' to 'by' in paragraph 3 of Section 5.
- 2) To agree to presenting a report on deep dives at the next meeting as agreed to at decision 5 of Item 2 of the minute.

2. Work Programme

The Work Programme for April 2021 was presented to Committee.

Decision

To note the Work Programme.

(Reference – Work Programme, submitted).

3. Outstanding Actions

The Outstanding Actions updated for this meeting were submitted.

Decision

- 1) To agree to close the following outstanding actions:
 - a. Action 2 (2) – Transitions for Young People with a Disability from Children's Services to Adult Services.
 - b. Action 3 – Annual Performance Report.
 - c. Action 5 – Health and Social Care Grant Programme Evaluation 2019-20.
- 2) To note the remaining outstanding actions.

(Reference – Outstanding Actions, submitted).

4. Performance Report

Susan McMillan presented an overview of the activity and performance of the Edinburgh Health and Social Care Partnership. The report outlined and explained fluctuations in the social care performance data, as well as data surrounding the Ministerial Strategic Group indicators and TRAK data. As requested at the September committee meeting, appendix 3 of the report provided data and analysis of Edinburgh's readmission rate. This was Susan's first report to the committee and she outlined her thoughts on development of the data framework.

Members expressed concerns relating to gaps in the report, most notably, with the report focused on data surrounding social care, with no data presented on health care. GP practice data, set aside services and other major factions of the Health and Social Care Partnership were agreed to be crucial in understanding the performance

of the whole partnership, and members felt they could not take assurance on the overall performance of the Partnership solely based on data relating to one side of it. Further gaps in SDS Payment data and the impact of the Three Conversation approach throughout the paper were also noted to raise concerns with members.

Concerns were noted relating to the high levels of readmissions throughout not just Edinburgh but the Lothians too – with the area having one of the highest readmissions rates in the country. Addition information was requested for the next report for those areas identified as having issues, including what the right support is being offered and whether it is effective, A collaborative approach with other IJBs to find what is failing in making readmission rate so high was agreed moving forward.

The differences between waiting times across locality areas within Edinburgh left members questioning how such variances could occur, and further data and explanation was requested going forward to better understand how and why these variances could be explained.

The role of the Performance and Delivery Committee in relation to the report was questioned by members, and members sought clarity on the governance and scrutiny role this committee played in relation to the role NHSL and the full IJB play, with duplicating work noted to be ideally avoided where possible.

Decision

- 1) To consider the performance of the Partnership as detailed in the report and appendices.
- 2) To include lived examples to better explain data as well as comparative datasets across Scotland.
- 3) To consult other IJB Chairs to seek clarity and a mutual way forward on the pan-Lothian issue of high readmission rates across the region.
- 4) To include the following in the Performance Report being presented to committee in the Autumn:
 - a. Work duplication concerns between the IJB, CEC and NHS Lothian – include after consultation with NHSL.
 - b. Who is responsible for the scrutiny of the performance of the Health and Social Care Partnership and how scrutiny done by NHSL and CEC differs to that of this committee/IJB.
 - c. Where do concerns go and how is action actioned following scrutiny from the IJB/NHSL/CEC.
- 5) To invite a locality manager to speak to the following Performance Report presented at committee to explain the differences in waiting times between different areas of the city.

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

5. EIJB Annual Performance Report

Committee was presented with an update on the timeline and proposed content framework for the EIJB Annual Performance Report (APR) for 2020-21.

The report noted the difficulties in publishing the APR by 31 July 2021 – which is required under the Public Bodies (Joint Working) (Scotland) Act 2014 – due to the restricted time between this date and the availability of the entire year-end data, worsened by delays as a result of the pandemic. Members were supportive of Officer's pressure on the Scottish Government to get this date extended potentially up to November, which would avoid a draft needing published by 31 July.

Members were also supportive of the overall content of the APR, but were keen to strike a neutral balance of areas that performed strongly as well as areas that were not able to have been managed as effectively throughout the report. Although reporting on the negative side of performance, members noted that this would positively encourage Partnership staff through recognition of their work.

Decision

- 1) To agree the extension to the timeline for production of the APR 2020-21.
- 2) To Confirm the proposed content framework for the APR 2020-21.
- 3) To thank and recognise staff at the beginning of the report.
- 4) To continue to support the IJB Chair/Chief Officer Groups in their attempts to change the timescales given by the Scottish Government for the publication of the APR. to align with publication of data.

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

6. Annual Review of Directions

The Annual Review of Directions was presented to Committee. The report gave members an update on the progress of directions in place during the period April 2020 – March 2021, as well as new proposals for retaining, varying, closing or superseding existing directions.

Members expressed concerns regarding the closure of directions with two separate issues. Firstly, closing a direction that is still ongoing/ in receipt of funding was a cause for concern for members, with the result of the direction unknown whilst funding was ongoing. Although funding had been agreed to, closing whilst the funding was ongoing was considered 'bad practice'. Secondly, closing actions without the knowledge of the follow-on actions was noted to be a concern. This left members ambiguous to the outcomes or next steps of the direction they agreed to close – resulting in a lack of assurance over the process.

Members questioned specific directions and their progress, most notably, the 'Step down' resource which fed into concerns relating to the above point of how care is achieved once the direction is complete and the patient is back in the community. The Clinical and Care Governance Chair agreed to take this scrutiny up at his Committee.

Decision

- 1) To consider the update on progress of directions in place during the period April 2020 – March 2021 provided at Appendix 1.
- 2) To consider the recommendations for retaining, varying, closing or superseding existing directions (also provided at Appendix 1) prior to referral to the Edinburgh Integration Joint Board (EIJB).
- 3) To consider revised draft directions provided at Appendix 2 prior to referral to the EIJB.
- 4) To review the closure of directions process with Julie Tickle to ensure before closure clarity over the next steps in performance management and financial monitoring is clear if direction is closed.
- 5) To circulate the Mental Health report to committee members for comments after it's consideration at the management meeting and before its presentation at the August committee.
- 6) To agree to close directions which have been delivered and scrutinized in full: 24/08/20-1 and 14/4/20-1 and leave remaining open until there is clarity on scrutiny of performance of contracts.
- 7) To include information on the next steps within the status of the direction as well as where scrutiny lies moving forward.

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

7. Transitions Briefing Note

Following from a request at a previous committee meeting, a briefing note on Transitions within learning disabilities from children to adult services was presented. The paper updated members with the work of the Transitions Project - which sits in the scope of the Transformation Programme – as well as updated IIAs on transitions from June 2008 to June 2020.

Members were concerned over the lack of information on the impact on health services, with only social care mentioned throughout the paper, however, assurance was given that discussions and efforts are currently ongoing to include health in transitions work.

The lack of information throughout the paper on consultation with users and that no ends users had taken part in the IIA concerned members. , It was noted that that it is best practice that service users p take part in any IIA, regardless of scope. Assurance was given that the first IIA surrounded the working relationship between the HSCP and the Children and Families division of the Council and did not concern users, however, moving forward, it was agreed to include user consultation in future IIAs.

Decision

- 1) To note the IIA and numbers of children transitioning to adult learning disabilities from June 2008 to June 2020 at Appendices 1 and 2 respectively.
- 2) To note the proposal to advance the start date of the Transitions project within the Transformation Programme.

- 3) To acknowledge that the timeframe for completion will be clarified once the project has formally commenced.
- 4) To agree to the redefinition of the action regarding Transitions within the RAL.
- 5) To circulate initial IIAs on Transitions and definitions and update the definitions once circulated.

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

8. Urgent Business

The Chair discussed the Annual Assurance Statement with members. Members agreed to complete the questionnaires, and send to Matthew Brass, and engage by email if needed in order to have a draft summary report of the responses for discussion at the next Committee meeting.

9. Date of Next Meeting

Wednesday 9th June 2021.

REPORT

EIJB Consultation Response – Fairer Scotland Duty Guidance

Edinburgh Integration Joint Board

22 June 2021

Executive Summary	The purpose of this report is to update the Edinburgh Integration Joint Board (EIJB) on the consultation response on the Fairer Scotland Duty Guidance
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Recommendations	<p>It is recommended that the Edinburgh Integration Joint Board:</p> <ol style="list-style-type: none"> Note the EIJB consultation response which has been approved and submitted by the Chief Officer in line with the agreed consultation protocol.
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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

- This report has not been circulated to any other governance committee prior to submission to the EIJB.

Main Report

- The Scottish Government published interim guidance for Public Bodies in March 2018 that outlines that the Fairer Scotland Duty is subject to a three-year implementation phase. Therefore, finalised guidance has now been drafted, reflecting learning and practice since 2018.

3. The two main changes in the finalised guidance, include the addition of new public bodies that have been established since 2018 and further examples of what constitutes a strategic decision.
4. The Scottish Government requested views on the revised Fairer Scotland Duty: guidance for Public Bodies. The consultation opened on the 24 March 2021 and closed on 7 May 2021.
5. It was determined that the response would have a small impact on the business of the EIJB. In line with the consultation protocol agreed at the EIJB on 27 May 2021, the consultation response was signed off by the Chief Officer in consultation with the Chair and Vice Chair. The finalised version of the consultation response is included at appendix 1 for awareness and submitted to Scottish Government on the 7 May 2021.

Implications for Edinburgh Integration Joint Board

Financial

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

Legal / risk implications

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

Equality and integrated impact assessment

8. There are no equality or integrated impact assessments required as a result of the information contained within this report.

Environment and sustainability impacts

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

Quality of care

10. There are no quality of care issues arising from this report.

Consultation

11. Key stakeholders have been involved in the development of the consultation response.

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board

Contact for further information:

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Background Reports

None

Appendices

Appendix 1 Fairer Scotland Duty Consultation Response

FAIRER SCOTLAND DUTY GUIDANCE FOR PUBLIC BODIES
RESPONSE DOCUMENT

INTRODUCTION

Please use this document to submit your response to the Scottish Government.

This document brings together all of the questions proposed in the 'Fairer Scotland Duty: Paper for Stakeholders' into one document. Each header represents a section in the stakeholder paper related to a proposed change or addition to the guidance.

As per the covering email, this document should be returned by Friday 7 May 2021.

Please send your replies to: sjsu@gov.scot

QUESTIONS

1. Two new public bodies added to the list of bodies covered by the Duty: Scottish National Investment Bank and South of Scotland Enterprise

- Are there any other new public bodies that you think should be covered by the Duty?

No

- If you answered yes to the question above, please name them and outline why you think they should be covered by the Duty.

N/a

2. Further examples of what constitutes a 'strategic' decision

- Could the definition of a 'strategic decision' be clearer?

The definition of a 'strategic decision' is helpful and provides guidance to individuals in what circumstances a Fairer Scotland Duty (FSD) assessment should be undertaken.

FAIRER SCOTLAND DUTY GUIDANCE FOR PUBLIC BODIES
RESPONSE DOCUMENT

- If you answered yes to the question above, please tell us why and how you think it could be improved?

N/a

- Do you consider all the types of decisions listed to be strategic in nature?

No

- If you answered no to the question above, please tell us which one(s) you think are NOT strategic and why?

- Although Community Benefit Clauses can help reduce socio-economic disadvantage, I don't think a community benefit clause is strategic – a Community Benefit Strategy may however be strategic
- Disinvestment – at any level. This may have impacts on socio-economic disadvantage however I would not say that all disinvestment is necessarily strategic
- Commissioning and decommissioning of service. A strategy around these could be classified as strategic however I do not feel that all commissioning nor decommissioning of services are strategic
- Not clear what – “During service redesign/ transformation and within project management processes”, mean

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RESPONSE DOCUMENT

- Are there other types of decision that you think should be included here?

Yes

- If you answered yes to the question above, please tell us what they are and why you think they should be included?

Sustainable/Environmental/Climate Change Strategies

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RESPONSE DOCUMENT

3. New section: 'organisational readiness'

- Do you think that the new section on organisational readiness is useful?

Yes

- If you answered no to the question above, please tell us why, and how it might be improved?

Agree that positive buy-in from senior managers etc is important. Is Scottish Government proposing to take any steps to improve leadership/awareness at senior level and achieving positive buy-in from senior managers etc?

The Awareness Raising section refers to director/chief executive however the Leadership section does not. Director/chief executive should be included in both.

Accessing the training tools etc on the Knowledge Hub is not the easiest – the group is a closed group and so immediate access is not always possible.

It is not clear what a "Fairer Scotland Duty Framework" consists of – I do not think there has been mention of this elsewhere in the guidance – could a good example be provided?

- Are there any other components that you think should be included in this section?

No

- If you answered yes to the question above, please tell us what they are and why you think they are critical to successful delivery of the Duty?

N/a

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- Are there any components that you think should be removed from this section?

No

- If you answered yes to the question above, please tell us what they are and why you think they should be removed?

N/a

4. Demonstrating 'due regard'

- Do you think that the six questions listed above are helpful when considering 'due regard'?

Yes

- If you answered no to the question above, please tell us why and how they might be made more helpful?

N/a

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RESPONSE DOCUMENT

- Are there any other questions that you think it would be helpful to include here?

Yes

- If you answered yes to the question above, please tell us what they are and why you think they should be included?

VI – How could the proposal/decision be improved so it **reduces or further reduces** inequalities of outcome?

- Do you think any of the six questions should be removed from this section?

No

- If you answered yes to the question above, please tell us what question(s) and why you think it should be removed?

N/a

5. Two new templates: Evaluation tool to help bodies demonstrate they have met the Duty and Assessment Not Required Declaration Template

Evaluation Tool

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RESPONSE DOCUMENT

- Do you think that the Evaluation Tool is useful?

No - It could be but is too lengthy, and onerous in its current form.

- If you answered no to the question above, please tell us why?

The purpose of the Evaluation Tool is slightly ambiguous – is it a quality assurance tool or the FSD assessment? If it is a quality assurance tool, perhaps this would be a better name.

If it is a QA tool, consideration needs to be given to the length of it. As it stands, it would be a significant time commitment for staff to undertake the QA tool alongside the FSD assessment. It also involves a lot of duplication of the FSD assessment. Staff capacity would be an issue.

- Are there any other questions or text that it would be helpful to include here?

Yes

- If you answered yes, please tell us what the questions and/or text are and why you think they should be included?

If this is expected to be completed for every FSD assessment, then there should be reference to it in the Guidance document – it is first mentioned in the Appendix. The Evaluation tool is not included in any of the key stages.

A completed example would be useful.

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RESPONSE DOCUMENT

- Is there anything that you think should be removed from the Evaluation Tool?

Yes

- If you answered yes to the question above, please tell us what that is and why it should be removed?

I am not clear what the “please provide evidence/ positive examples” is actually requesting in some of the sections.

Assessment Not Required Declaration Template

- Do you think that the Assessment Not Required Declaration Template would be useful?

Yes

- If you answered no to the question above, please tell us why?

- Is there any other information that is would be helpful to include or ask for here?

No

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RESPONSE DOCUMENT

- If you answered yes to the question above, please tell us what that information is and why you think it should be included?

N/a

- Is there anything that you think should be removed from the Template?

No

- If you answered yes to the question above, please tell us what that is and why it should be removed?

N/a

6. Data sources section updated

- Are the groupings and evidence identified helpful?

Yes – they could prove useful

- If you answered no to the question above, please tell us why?

N/a

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RESPONSE DOCUMENT

- Are you aware of any other data sources that should be included?

No

- If you answered yes to the question above, please tell us what that data source is and why you think it should be included.

N/a

7. New case studies

- Are the new case studies useful?

Yes, but could be improved

- Please tell us why you think this?

I think that it would be of more use if the actual assessments were provided rather than case studies

- Do you have a case study that could be included in the guidance?

No

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RESPONSE DOCUMENT

- If you answered yes to the question above, please send us a brief overview of the case study.

N/a

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RESPONSE DOCUMENT

Any other comments?

- How do you think the revisions to the Guidance will influence assessments produced under the Fairer Scotland Duty?

I don't think the revisions will influence assessments as, although the new guidance aims to provide clarity, there is no material change to the guidance nor to the requirements of the FSD

- Do you have any other general views or comments on the revised guidance?

I do not feel that the Guidance flows very well and could lead to confusion, for example the section on *Preparing to meet the Duty* outlines what you should do in order to meet the FSD and then there is a further section on *Meeting the Duty Day to Day* which covers what was said in the previous section but in a different way.

The section on Due Regard covers what should be considered in an assessment – could the whole document be simplified down to these basics?

Page numbers and date of document should be put on the document

It should be noted in the document that assessments should be proportionate

The 2010 Act specifies that in deciding how to fulfil the Duty, a body must take **into account any guidance issued.**'

However the Guidance states that "The Scottish Government continues to encourage innovation in how public bodies meet the Duty and welcomes different approaches." This may lead to confusion as to whether you must follow the guidance or not?

Further clarity is required whether the templates provided (e.g., assessment tool and assessment not required tool) are guidance tools for organisations to use as appropriate, or do they need to be implemented.

Contractions such as "can't" should not be used.

Would prefer 'Fairer Scotland Duty' to be abbreviated to 'the FSD' rather than 'the Duty' to differentiate from equality duty.

The Guidance abbreviates Public Sector equality Duty to PSED and therefore it would be consistent to abbreviate Fairer Scotland Duty to FSD.

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Proposal by Angus McCann

Edinburgh Integration Joint Board

22 June 2021

Item 7.1 – Bed Based Care - Phase 1 Strategy

“that the EIJB –

1. notes the recommendations
2. notes that the Bed Based Review proposals are designed to meet the strategic intention of the IJB to deliver the right care, in the right place, at the right time
3. notes that the four care homes proposed for decommissioning no longer meet Care Inspectorate standards and that the consequences of a reduction in care homes beds in the city needs to be connected to a commensurate reinvestment in alternative care provision
4. agrees to delay making a final decision, with the exception of preparation towards the time critical elements of recommendations 2.a. (Liberton Hospital) , 2.d. (Ferryfield House lease withdrawal) and 3.b. (Drumbrae change to HBCCC), until the following actions have been completed / progressed and reported to the next EIJB meeting on 17 August for further consideration.
 - i. A final Integrated Impact Assessment
 - ii. Engagement with trade unions regarding the impact on Council Health and Social Care staff
 - iii. Consultation with key stakeholders including City of Edinburgh Council about decommissioning four care homes
 - iv. A plan detailing what investment will be required to ensure that people are supported to live independently in their own homes for as long as possible, including home care, community infrastructure and Primary Care services
 - v. An update on workforce planning for each type of care and location and the measures to be taken to support the recruitment, retention and development of key staff “



Proposed by Angus McCann (Chair)

Seconded by Councillor Ricky Henderson (Vice-Chair)