

Notice of Meeting and Agenda

Edinburgh Integration Joint Board

10.00 am, Tuesday, 7th December, 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 Any items under "Private Business" will not be published, although the decisions will be recorded in the minute.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 26 October 2021 submitted for approval as a correct record 5 - 10

5. Forward Planning

- 5.1 Rolling Actions Log 11 - 12

6. Items of Strategy

- 6.1 System Pressures – Report by the Chief Officer, Edinburgh Integration Joint Board 13 - 30

- 6.2 Proposal to Continue Programme Management Resource within the Edinburgh Health and Social Care Partnership – Report by the Chief Officer, Edinburgh Integration Joint Board 31 - 38

7. Items of Performance

- 7.1 Finance Update – Report by the Chief Finance Officer, Edinburgh Integration Joint Board 39 - 52

8. Items of Governance

8.1 None

9. Committee Updates

9.1	Committee Update Report – Report by the Chief Officer, Edinburgh Integration Joint Board – submitted for noting	53 - 56
9.2	Draft Minute of the Strategic Planning Group of 27 October 2021 – submitted for noting	57 - 60
9.3	Draft Minute of the Clinical and Care Governance Committee of 11 November 2021 – submitted for noting	61 - 66
9.4	Draft Minute of the Audit and Assurance Committee of 12.11.21 – submitted for noting	67 - 70

Board Members

Voting

Councillor Ricky Henderson (Chair), Angus McCann (Vice-Chair), Councillor Robert Aldridge, Siddharthan Chandran, Councillor Phil Daggart, Councillor George Gordon, Martin Hill, Councillor Melanie Main, Peter Murray and Richard Williams.

Non-Voting

Bridie Ashrowan, Colin Beck, Carl Bickler, Heather Cameron, Christine Farquhar, Helen FitzGerald, Ruth Hendery, Kirsten Hey, Jackie Irvine, Grant Macrae, Jacqui Macrae, Ian McKay, Allister McKillop, Moira Pringle, Judith Proctor and Emma Reynish.

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Minute

Edinburgh Integration Joint Board

10am, Tuesday 26 October 2021

Held remotely by video conference

Present:

Board Members:

Councillor Ricky Henderson (Chair), Angus McCann (Vice-Chair), Councillor Robert Aldridge, Bridie Ashrowan, Colin Beck, Carl Bickler, Heather Cameron, Siddharthan Chandran, Councillor Phil Doggart, Christine Farquhar, Councillor George Gordon, Ruth Hendery, Kirsten Hey, Grant Macrae, Councillor Melanie Main, Ian McKay Peter Murray, Moira Pringle, Judith Proctor.

Officers: Matthew Brass, Jessica Brown, Sarah Bryson, Cleo Comerford, Tom Cowan, Tony Duncan, Gavin King, Ramon McDermott, Hazel Stewart and David White.

Apologies: Martin Hill, Helen Fitzgerald and Allister McKillop

1. Minutes

The minute of the Edinburgh Integration Joint Board of 20 August 2021 and the 28 September 2021 were submitted for approval as a correct record.

Decision

To approve the minutes as a correct record.

2. Rolling Actions Log

The Rolling Actions Log updated to October 2021 was presented.

Decision

- 1) To agree to close the following actions
 - Action 1 – Adult Sensory Support
 - Action 2 – Bed Based Care – Phase 1 Strategy

- Action 3 – Royal Edinburgh Hospital – Initial Agreement for the Intellectual Disability and National Intellectual Disability Adolescent Inpatient Unit and the Initial Agreement for an Integrated Mental Health Rehabilitation and Low Secure Unit
- Action 4 (2) – Membership Proposal – Referral from the Strategic Planning Group

2) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted)

3. Edinburgh Primary Care Improvement Plan Update

The progress of the Primary Care Improvement Plan (PCIP) was presented to the Board. The report updated members on the implementation of the Plan that had previously been reported to the NHS Lothian Local Medical Committee/GP Sub Committee and the NHS Lothian New Contract Oversight Group.

Decision

- 1) To endorse the attached report which was consulted on across the City as a fair reflection of the current status of PCIP implementation, before being finalised through the Edinburgh Primary Care Leadership and Resources Group in August 2021.
- 2) To note that the progress was previously reported to Lothian GP Sub/Lothian Medical Committee and the City progress supported.
- 3) To approve the Report and SG template to be reported to the SG.
- 4) To formally record the Board's thanks to the Primary Care Team

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

4. System Pressures – Edinburgh Health and Social Care Partnership

Members of the Board were asked to consider the report on the significant operational and capacity pressures being experienced by the social care sector throughout Edinburgh. The report also provided details on the increasing levels of unmet need and the risk to people relating to this.

As a result of the pressures, members were asked to postpone IJB Committee work in order to ensure staff efforts were focused on the operational emergency.

Decision

- 1) To note the position of the Edinburgh Health and Social Care Partnership (EHSCP) in relation to system pressures.

- 2) To recognise the EHSCP and City of Edinburgh Council (CEC) have raised their risk rating in regard to support for vulnerable people to the highest category of 'critical'.
- 3) To note that the EHSCP System Pressures status has been report to the City of Edinburgh Council (CEC) Policy and Sustainability committee, Lothian Resilience Partnership, Regional Resilience Partnership and through both CEC and NHS management forums to keep partners appraised.
- 4) To note the measures being taken to address this within the EHSCP and with its partners and the escalation of risk.
- 5) To note that the wider pan-Lothian Gold meeting held a desktop exercise in relation to concurrent risk on 1 October.
- 6) To note that the Scottish Government has made available £300m for this year, nationally to address these pressures and that further guidance on its allocation locally is expected.
- 7) To agree, given the extent of the pressures and the pace officers are required to work at that emergency powers will be invoked so that the Chair and Vice Chair, with advice from the Chief Officer and Chief Finance Officer can agree any mobilisation plan using the EIJB share of the funding in advance of the next EIJB meeting, should this be required.
- 8) To agree that the December EIJB go ahead as scheduled and the agenda be restricted to deal with current service issues, including availability and deployment of resources and a financial update on current year budget monitoring and preparations for next year's budget.
- 9) To instruct the Chairs of all committees to similarly engage with Officers to update the Committees' work programmes.

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

5. Preparations for Winter 2021/22

An update on the preparations for winter 2021/22 was presented to the Board. The Plans were noted to be well underway and had already been approved at the NHS Lothian Performance Overview Board. The report included information on the Scottish Government funding for winter pressures as well as updates on community mobilisation plans and the annual flu vaccination programme.

Decision

- 1) To note progress with the preparations being made for Winter 2021/22.
- 2) To accept this report as a source of reassurance that the Partnership has developed a robust winter strategy, taking on board learning from our evaluation of the previous winter campaign.

- 3) To note that the preparations for Winter 2021/22 are interlinked with other aligned workstreams such as the Redesign of Urgent Care, Home First, Partnership remobilisation plans and capacity planning in response to system pressures.

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

6. Public Bodies Climate Change Return

Approval was sought for the Public Bodies Climate Change Return prior to its submission to the Scottish Government.

Decision

To approve the draft EIJB Public Bodies Climate Change Duties (PBCCD) return 2020/21 at Appendix 1.

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

7. Edinburgh Integration Joint Board Audited Annual Accounts for 2020/21

The Edinburgh Integration Joint Board's Audited Annual Accounts for 2020/21 were presented to the Board for approval. The Accounts had been considered alongside the external audit annual report and the internal audit annual opinion at the Audit and Assurance Committee on 1 October 2021.

Decision

- 1) To note the 'amber' rated Internal Audit opinion for the year ended 31 March 2021.
- 2) To approve and adopt the annual accounts for 2020/21.
- 3) To delegate authority to the Chief Finance Officer to resolve and amend any minor textual issues in the annual report up to the date of sign off with Audit Scotland.
- 4) To authorise the designated signatories (Chair, Chief Officer and Chief Finance Officer) to sign the annual report & accounts on behalf of the Board.
- 5) To authorise the Chief Finance Officer to sign the representation letter to the auditors, on behalf of the Board.

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

8. Annual Performance Report 2020-21

A draft version of the 2020-21 Annual Performance Report (APR) was submitted to the Board for approval. The APR had been reviewed by the Performance and Delivery Committee before its presentation at the Board

and was noted to follow a more streamlined approach that focused on the performance of the EIJB in relation to the pandemic.

Following approval, the APR would be submitted to the Scottish Government and would be published on the EIJB website.

Decision

To approve the publication of the APR 2020-21.

(Reference – Report by the Service Director, Strategic Planning, Edinburgh Health and Social Care Partnership, submitted)

9. Finance Update

An update on the financial performance of delegated services for the first five months of the year was presented to the Board. The Board noted the position and the Chair of the Performance and Delivery Committee raised concerns that arose from their consideration of the paper at their October meeting.

Decision

- 1) To note the financial position for delegated services to 31 August 2021.
- 2) To note the ongoing tripartite discussions, led by the Chief Officer, to deliver financial balance.

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

10. Annual Assurance Statement

An overview of the Committee annual assurance process was presented to the Board. The Chair of the Audit and Assurance Committee presented the paper which included an overview of the process as a whole as well as specific issues that arose from each Committee's own statements.

Decision

- 1) To note the moderate assurance offered by the Audit and Assurance Committee following their review of the committee assurance statements attached at appendices 1 to 5.
- 2) To consider the issues raised by the committees as summarised in paragraph 6.

(Reference – Report by the Chair, EIJB Audit and Assurance Committee, submitted)

11. Membership Proposal – Referral from the Strategic Planning Group

The Board were asked to consider the appointment of an Edinburgh Association of Community Councils (EACC) representative to the Strategic

Planning Group (SPG). The report had been continued from the September meeting following requests for more information on how representative the EACC were of all community councils in Edinburgh.

Decision

To defer the decision of appointing an EACC member to the Strategic Planning Group until concerns on representation, the EACC membership, reporting from the SPG to the EACC and the contribution the member could bring to the SPG were addressed and reported back to the Board.

(Reference – Report by the Chair, Strategic Planning Group, submitted)

12. 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 Strategic Planning Group, Audit and Assurance Committee and Performance and Delivery Committee were submitted for noting.

Decision

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

13. EIJB Consultation Response – Ethical Standards Commissioner

The Board were presented with an update on the EIJB's consultation response on the Ethical Standards Commissioners Strategic Plan.

Decision

To note the EIJB consultation response which has been approved by the Chair and Vice Chair of the EIJB and submitted by the Chief Officer in line with the agreed consultation protocol.

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

Rolling Actions Log

December 2021

No	Agenda item	Subject	Date	Action	Action Owner	Expected completion date	Comments
1	Membership Proposal – Referral from the Strategic Planning Group		28-09-21	To agree to continue the report to the October 2021 Board meeting in order to seek further information on how the EACC would involve, represent and communicate to communities throughout Edinburgh.	Service Director, Strategic Planning	October 2021 Ongoing	<p>Recommended for closure</p> <p>The EACC referral report from the SPG is to be reconsidered at the October EIJB</p> <p>Service Director Strategy has confirmed that the EACC represents all 44 community councils in Edinburgh. A steering group is in place to ensure engagement and geographical representation including expansion options as required. The EACC holds meetings monthly and</p>

Page 11

Agenda Item 5.1

No	Agenda item	Subject	Date	Action	Action Owner	Expected completion date	Comments
							has established a website.
			26-10-21	To defer the decision of appointing an EACC member to the Strategic Planning Group until concerns on representation, the EACC membership, reporting from the SPG to the EACC and the contribution the member could bring to the SPG were addressed and reported back to the Board.	Service Director – Strategic Planning	April 2022	An update on the appointment of a representative of the EACC to the SPG has been deferred as a result of the decision to run a reduced agenda due to system pressures.

REPORT

System Pressures

Edinburgh Integration Joint Board

7 December 2021

Executive Summary

The purpose of this report is to update the Board on the actions being undertaken in relation to alleviating current systems pressures and appraise it of the Scottish Government funding package and its known relationship with the plan. It also seeks approval for a decision made under urgency in support of addressing the significant pressure within the system.

Recommendations

It is recommended that the Integration Joint Board (IJB):

1. Note the significant, ongoing pressure and demand being seen within the Health and Care System;
2. Welcome the additional funding which acknowledges these pressures, being allocated by the Scottish Government;
3. Approve the high level allocation plan as set out in paragraph 17;
4. Homologate the decision made under urgency in relation to progressing the purchase of interim care provision and in terms of progressing the One Edinburgh approach, the paper considering the urgent;
5. Note that the detailed paper on which the decision was made under Urgency by the Chief Officer, Chair and Vice Chair of the IJB is provided separately under the B agenda, given the commercial sensitivities contained within it; and
6. Through the Chief Officer issue relevant Directions to both NHS Lothian and City of Edinburgh Council in relation to the delivery of actions under this spend.

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.

Main Report

Context

2. At its meeting on the 26th October 2021, the board received an update on the extent of the current system pressures affecting the whole of the Health and social care system. The paper presented that day outlined the extent of the demand and supply pressures as well as providing some broad indicators of actions being taken by ourselves and our partners to mitigate the challenges.
3. Pressures in the system have been much reported upon and the Edinburgh Health and Social Care Partnership (EHSCP) has escalated the level of risk arising from these pressures from Very High to Critical.
4. The reasons for these pressures are well understood and have also been widely reported:
 - a. Loss of staff – to other industries and arising from the EU Exit
 - b. Staff sickness absence and Covid related absences
 - c. Increasing need of service from people who have increasingly complex needs and frailties
5. This paper will provide a brief update on the challenges and provide a more detailed action plan on activity we, and the wider sector, are undertaking to address these serious challenges. It will also update on the announced SG funding package for system pressures and correlate, where currently possible, the relationship between the announced funding for Edinburgh and the activity being undertaken.

Update on System Pressures

6. Since the report to the IJB on the 26th October, the whole health and social care system has remained under intense pressure:

- a. Pressures within Acute have continued to escalate, with increasing numbers of ‘front door’ presentation being beyond what the system can safely handle, a large number of scheduled operations and clinical interventions having to be postponed, and delays within acute sites have not improved due to limited options to discharge patients safely;
- b. Capacity within community care at home remains very fragile, with many Providers asking for reprovisioning of care packages and/ or expressing concern over their continued sustainability to provide at current levels. Even the larger organisations, although not themselves at this stage expressing any risk of business failure, are unable to extend their capacity due to workforce supply issues.
- c. The internal Care at Home service remains stable in terms of overall capacity but is now under considerable strain due to the extent of reprovisioning work which must be absorbed, as there are no options with the external market.

Scottish Government Support

7. Scottish Government have set out areas of priority aimed at supporting local system work to address the pressures collaboratively and a funding for a package of measures which include:
 - Partnerships sanding up interim care provision to support significant reductions in the number of people delayed in their discharge from hospital;
 - Enhancing multi-disciplinary working including strengthening Multi-Disciplinary Teams and recruiting 1,000 Healthcare Support Workers into the NHS at a band 3 and 4 level; and
 - Expanding care at home capacity.
8. £300m has been made available across Scotland for the remainder of this financial year to address these areas of effort with some elements of this being recurring in the following year.
9. The allocation for the Edinburgh IJB is as follows:

Table 1 – Winter 2021-22: System Pressures – additional funding

Local Authority	All Adult Social Work GAE	Interim Care (£)	Care at home capacity (£)	Multi-disciplinary Teams (£)	Total (£)
City of Edinburgh	8.92%	3,567,000	5,530,000	1,784,000	10,881,000



10. A range of key performance indicators in relation to these will be measured across, for example and among others; reduction in delayed discharges, reduction in length of stay, reduced waits for assessment, reduced levels of unmet need and reduced waits for care once assessed.
11. A joint letter from the Director of Health Finance and Director of Mental Wellbeing was issued on the 4th of November setting out the allocations and a range of schedules relating to guidance on their use against the measures. The letter is at **Appendix 1**.
12. We have not, as yet, had any specific criteria beyond these broad headings, but they do serve as a helpful recognisable framework for the key areas of activity we are targeting.

Contextual Challenges to programme delivery

13. We require to be mindful of some of the contextual challenges to delivering within an Edinburgh context:
 - a. The increase in pay rates will have some effect but the scale of better-paid alternatives within the City's buoyant employment market diminishes the potential impact;
 - b. The complexity of our provision model and its heavy reliance on a large number of external providers means it is challenging to have a truly shared platform of progress and sustainability;
 - c. New recruitment initiatives within the care at home sector run the risk of just moving around existing capacity rather than adding new capacity;
 - d. A reliance on bed-based provisioning – however understandable in the circumstances – runs the risk that the whole bed capacity quite quickly becomes fully utilised, particularly when there is little by way of throughput to the community at present, and further system backlogs as more demand arrives and we have no bed outlet left. This might, for example impact people waiting in the community for a care home placement but who become unable to secure one due to exceptionally high occupancy levels. Similarly, fewer people would be able to be discharged to a care home from the community.

Health and Social Care Partnership Responses

14. Since the last report to the IJB, the EHSCP has stepped up its formal mobilisation approach, with the intention to align the approach with the stated:



- a. Tom Cowan, Service Director, has stepped into a specific 'Sustainability' portfolio, for the next six months. This work reflects the immediacy of our 'keeping going and optimising' challenges, along with connecting current system emergency actions to our broader more strategic ambitions of making the whole system sustainable beyond the Covid/ post-Covid challenges;
- b. A System Sustainability Board has been established which aligns, tasks and co-ordinates the range of activity connected to system pressures, as well as mapping the impact, individually and collectively across the activity;
- c. We have mobilised our task force teams to concentrate on flow and impact, and this has been supported by dedicated data and analytics capacity;
- d. We have in place a governance arrangement that reflects the focus on the system pressures, with the SSB ensuring the Executive-level Incident Management Team (IMT) is well and proportionately sighted on activity and is able to monitor the financial, operational and strategic impact of the measures being undertaken;
- e. The IMT in turn ensures that the CEC and NHSL respective Gold Commands are kept apprised of the progress and impact of its measures to address system pressures. Similarly, regular updates are in place to ensure the IJB remains updated on pressures and activities.

Opportunities

15. Whilst acknowledging the outlined contextual challenges, the HSCP have set out an ambitious programme to address the current system challenges, as well as providing the basis for longer term sustainability.
16. It is important to emphasise that at this stage we only have headline investment figures rather than for any individual activities. There is some refinement required to capture any additional expenditure linked to addressing immediate system pressures against existing expenditure. In some instances, there may be an immediate correlation, for example recruiting additional professionals beyond existing establishments, but with other activity there may already be activity in the same direction but are able to accelerate the programme with this additional money. Consequently, we require to separate these elements off in relation to the new funding for system pressures.

17. This programme has been reframed to reflect the priority areas identified by the Government. The figures are at this stage indicative and will require refining:

Funding and Spending Plan

Category of Spend	21/22 £m	Comment
Interim Care	3.6	Expansion of interim care capacity – limited by availability
Care At Home	1.0	Progress OneEdinburgh initiative with PwC
	0.4	Infrastructure to support change (analysis, business support, project management)
	2.9	Additional capacity programme (in house recruitment, targeting of ‘hard to reach’ students, provider portal)
	0.2	Optimising existing capacity programme
	1.0	Prevention Programme (community navigators, community helpline, ‘community taskforce’, developing capacity)
	5.5	
MDTs	0.3	Test of change initiative at Ward 70 WGH, planning for discharge at admission and safely reducing PoC size expectation
	0.2	HomeFirst system optimisation (embedding PDD, enhancing D2A, hub weekend working)
	0.3	Expansion of in-reach/bridging teams, high impact 2-3 week model
	0.2	Infrastructure to support change (business support etc.)
	0.8	Additional recruitment
	1.8	
Grand Total	10.9	

18. The above measures are in progress and targeted at a system supporting trajectory over the next six months, but also many are designed to support the move from that current focus to supporting a more sustainable future delivery. We are trying to avoid a set of crisis decisions derailing the strategic direction of the Board, and so are attempting, where possible, to align actions we are taking to that programme to support our sustainability beyond the current crisis.
19. Given the growing pressures and risk in relation to the delivery of care for people, the Chief Officer, in consultation with the Chair and Vice Chair of the EIJB approved a decision under urgency to secure interim care capacity from the external care home market. The Chief Officer, Chair and Vice Chair also approved a proposal to secure external support in relation to starting work on the One Edinburgh approach and to fund a direct award to PwC for this. The proposal has also subsequently been approved under urgency procedures by the Convenor and Vice Convenor of the Finance and Resources Committee of the City of Edinburgh Council.



Additional Measures

20. In developing this response to system pressures programme, we recognise that there remains a risk that this programme, combined with the actions of our key partners, may not be enough to contain the pressures over the next six months. There are a couple of factors here:
- a. We may not be able to fully deliver on all programmes that rely upon further capacity being added through recruitment. The recruitment market is very challenging, and there remains a risk of us merely moving the same resources around the system;
 - b. Pressures on the system may worsen as the weather creates a further potential dynamic and all existing measures are not enough;
 - c. Key aspects of flow being already very challenged, there is a significant risk that the use of existing bed capacity across the city for interim beds will become blocked due to a lack of throughput into communities, and new system pressures will build up behind that.
21. Consequently, as part of the OneEdinburgh approach, we are working with partners to prepare options around the whole system capacity within the community as we may 'in extremis' have to consider moving to a single direct care at home delivery model for the city. We will be working with Providers, community organisations – formal and informal – over the next month to shape this single service option should the trajectory and projections from the existing mitigations programme indicate more escalated actions are needed.
22. Other actions we are taking relate to a full-system internal review of service delivery and capacity, to ensure that we have considered what potential capacity we could redirect to help support system pressures. Examples of this are clinical (nursing/ AHP etc.) capacity we may have associated with specialist services and Primary Care.

Implications for Edinburgh Integration Joint Board

Financial

23. Officers will continue to refine the plan set out in paragraph 17 above within the levels of funding available. This paper discusses the extreme pressure the health and social care system is currently under and the requirement for a robust and speedy response. In particular, there is an expectation from the SG that all available beds will be purchased for interim care and that people are supported to move to this accommodation while waiting for either a package of care or a care home placement. The associated financial risk has been the subject of discussion between the Leader of the Council, the Cabinet Secretary

and the IJB Chief Officer. As a result, the SG has now confirmed that, if necessary, further funding would be made available to Edinburgh to support the purchase of this capacity and that next year's costs would be considered and a subsequent letter of comfort has been issued by the Cabinet Secretary and accepted by the Council.

Legal/risk implications

24. We are in the process of reviewing and updating the Partnership and IJB risk registers to ensure they appropriately reflect the mitigations in place.
25. Colleagues are also working closely with the risk teams in the Council and NHS Lothian. The Council in particular having developed and agreed an approach to managing the new and emerging risks associated with the current system pressures environment, whilst implementing appropriate responses to mitigate these risks that will support ongoing delivery critical services and the safety and wellbeing of citizens, visitors, and colleagues. This approach recognises that we are working within an unprecedented and dynamically changing environment and that the risk management approach applied must be intuitive; agile; and sufficiently informative to support decision making, with limited impact on first and second line teams focusing on key operational resilience activities.

Equality and integrated impact assessment

26. No separate assessment has been undertaken at this time.

Environment and sustainability impacts

27. No separate assessment has been undertaken at this time.

Quality of care

28. In common with the global pandemic, the extent of pressures on the HSC system is without recent comparable precedent. The underlying causes are multi-factorial, the extent to which it could worsen is unknown, and the resolution is very challenging. It requires concerted and resolute action across a number of fronts. Our response will always take account of the latest standards and guidance and we will continue to run our services in ways which minimise the risk of harm to people. It should be recognised however that, during these unprecedented times, there are likely to be occasions where the level of the demand we are facing temporarily overwhelms our ability to run services safely. We will ensure that we are clearly communicating that fact, and any available options to mitigate the impact, to our service users, patients and the wider community so that they may assist in preventative and supportive measures where possible.

Consultation

29. As outlined elsewhere in this report.

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board

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Appendices

Appendix 1 Joint letter from the Director of Health Finance and Director of Mental Wellbeing was issued on 4 November



Mental Wellbeing, Social Care and NCS
Directorate

Donna Bell, Director

Local Authority Chief Executives
HSCP Chief Officers
Chief Social Work Officers
COSLA
Chairs, NHS Territorial Boards
Chief Executives, NHS Territorial Boards
Directors of Finance, NHS Territorial Boards
Nurse Directors, NHS
HSCP Chief Finance Officers
Local Government Directors of Finance

via email

4th November, 2021

Colleagues

Further to John Burns' letter of 5 October, and following discussion at the Settlement and Distribution Group meeting on 18 October, this letter provides further detail on key components of the additional winter 2021-22 funding announced. Specifically it covers:

- £40 million for interim care arrangements,
- £62 million for enhancing care at home capacity,
- Up to £48 million for social care staff hourly rate of pay increases, and
- £20 million for enhancing Multi-Disciplinary Teams (MDTs).

Purpose of Funding

The funding is part of measures being put in place to support current system pressures. It is expected that NHS Boards, Integration Authorities and Local Authorities will work collaboratively to ensure a whole system response. In particular, this funding is available for the following purposes:

- i. standing up interim care provision to support significant reductions in the number of people delayed in their discharge from hospital;
- ii. enhancing multi-disciplinary working, including strengthening Multi-Disciplinary Teams and recruiting 1,000 band 3s and 4s; and,
- iii. expanding Care at Home capacity.

The spend will be monitored against the above measures in the form of expected quarterly reports using outcomes and Key Performance Indicators contained in the **Schedule 1-3** attached to this letter. A template will be provided to enable this to be done consistently and as easily as possible.



Ministers are seeking significant reductions in delayed discharge, with an early return to the levels that were sustained in the nine-month period up to August this year.

Distribution of Funding 2021-22

Annex A to this letter sets out the distribution of £40 million for interim care, £62 million for expansion of care at home capacity and £20 million to enhance multi-disciplinary teams to cover the period from 1 October 2021 to 31 March 2022. This additional funding will be distributed to local authorities on a GAE basis and will require to be passed in full to Integration Authorities. Distributions will be made as redeterminations of the General Revenue Grant in March 2022.

In addition, we plan to make up to £20 million available for providing interim care in 2022-23, while support for expansion of care at home capacity will be made available on a recurring basis to support permanent recruitment and longer term planning. Further detail will be set out as part the Scottish Budget for 2022-23 to be published on 9 December.

Funding for pay uplifts for staff will be discussed further with HSCP CFOs to agree the most appropriate distribution method, with the final distribution methodology and guidance to be covered in a separate note.

It will be up to Chief Officers, working with colleagues, to ensure this additional funding meets the immediate priorities to maximise the outcomes for their local populations according to the most pressing needs. The overarching aim must be managing a reduction in risks in community settings and supporting flow through acute hospitals. Advice provided in **Schedule 2** is intended to provide further detail on how that funding should be utilised.

Yours sincerely



Richard McCallum
Director of Health Finance and Governance

Donna Bell
Director of Mental Wellbeing, Social Care and NCS

Annex A – Winter 2021-22: System Pressures – additional funding

Local Authority	All Adult Social Work GAE %	Interim care (£)	Care at home capacity (£)	Multi-Disciplinary Teams (£)	Total (£)
Aberdeen City	3.77%	1,507,000	2,337,000	754,000	4,598,000
Aberdeenshire	4.24%	1,698,000	2,632,000	848,000	5,178,000
Angus	2.39%	954,000	1,479,000	477,000	2,910,000
Argyll & Bute	1.82%	728,000	1,129,000	364,000	2,221,000
Clackmannanshire	0.90%	359,000	556,000	179,000	1,094,000
Dumfries & Galloway	3.27%	1,306,000	2,025,000	653,000	3,984,000
Dundee City	2.88%	1,153,000	1,787,000	577,000	3,517,000
East Ayrshire	2.32%	929,000	1,439,000	464,000	2,832,000
East Dunbartonshire	2.04%	816,000	1,265,000	408,000	2,489,000
East Lothian	1.92%	767,000	1,188,000	383,000	2,338,000
East Renfrewshire	1.76%	703,000	1,089,000	351,000	2,143,000
City of Edinburgh	8.92%	3,567,000	5,530,000	1,784,000	10,881,000
Na h-Eileanan Siar	0.62%	248,000	384,000	124,000	756,000
Falkirk	2.84%	1,134,000	1,758,000	567,000	3,459,000
Fife	6.92%	2,768,000	4,291,000	1,384,000	8,443,000
Glasgow City	11.16%	4,464,000	6,919,000	2,232,000	13,615,000
Highland	4.40%	1,761,000	2,730,000	881,000	5,372,000
Inverclyde	1.68%	670,000	1,039,000	335,000	2,044,000
Midlothian	1.51%	603,000	934,000	302,000	1,839,000
Moray	1.83%	734,000	1,137,000	367,000	2,238,000
North Ayrshire	2.77%	1,109,000	1,719,000	555,000	3,383,000
North Lanarkshire	5.80%	2,321,000	3,597,000	1,160,000	7,078,000
Orkney Islands	0.44%	175,000	271,000	88,000	534,000
Perth & Kinross	3.18%	1,271,000	1,969,000	635,000	3,875,000
Renfrewshire	3.31%	1,323,000	2,051,000	662,000	4,036,000
Scottish Borders	2.35%	938,000	1,454,000	469,000	2,861,000
Shetland Islands	0.38%	151,000	234,000	76,000	461,000
South Ayrshire	2.51%	1,002,000	1,554,000	501,000	3,057,000
South Lanarkshire	5.91%	2,362,000	3,661,000	1,181,000	7,204,000
Stirling	1.66%	666,000	1,032,000	333,000	2,031,000
West Dunbartonshire	1.68%	673,000	1,043,000	336,000	2,052,000
West Lothian	2.85%	1,140,000	1,767,000	570,000	3,477,000
Totals	100.00%	40,000,000	62,000,000	20,000,000	102,000,000

Schedule 1

Interim Care

Overview: Delayed discharges are rising to unacceptable levels due to care, primarily care at home, being unavailable. Remaining unnecessarily in hospital after treatment is complete can lead to rapid deterioration in physical and mental well-being among older people, particularly people with dementia. In addition, the occupancy of acute hospital beds by those who no longer need clinical care means these beds will not be available to those who do need them.

Funding allocation: £40 million for 2021-22

Outcome: More appropriate care and support for people who are unnecessarily delayed in hospital. An interim solution should be provided until the optimum care and support is available (noting that remaining in hospital cannot be one of the options). Short-term capacity issues are affecting care at home services and long-term care home placements, (meaning an individual's choice of care home might not readily be available). People should not remain inappropriately in hospital after treatment is complete. This is detrimental to their own health and well-being as well as unnecessarily occupying a hospital bed. Partnerships must come up with alternative short-term solutions that provide an appropriate level of care and support for people until their long-term assessed needs can be fully met. These should include alternative care and support at home (alternative to formal care at home services), including extended use of self-directed support options or short-term interim placements in a care home. Either scenario should provide a reabling element with a professionally led rehabilitation programme.

In achieving this outcome:

- There will be no financial liability for the cost of care to the individual, with interim care services provided free of charge to the service recipient.
- Each individual should have a care plan that takes account of the interim arrangements, with expected timescales for moving on.
- Interim care should have a clear focus on rehabilitation, recovery and recuperation.
- Where appropriate, each individual should have a professionally led rehabilitation plan. Professional input will be required from Allied Health Professionals so that care home staff are able to follow a programme of rehabilitation aimed at improving physical and cognitive abilities, particularly focussed on activities for daily living (ADLs).
- Individuals should not be forced to move to an interim placement and must consent to a move. Where individuals do not have capacity to give consent but have someone who can do that for them such as Powers of Attorney or court-appointed guardians the consent of that person should be sought.
- Existing guidance on choice of accommodation should be followed for those assessed as needing a care home placement.
https://www.sehd.scot.nhs.uk/mels/CEL2013_32.pdf
- Under this guidance, individuals are expected to make three choices of care homes, which must be suitable, available and willing to accept the person. Under normal circumstances, they must also be at the usual weekly rate, but partnerships may choose to pay a supplement for a short period.
- No one should be moved from hospital to a care home on an interim basis against their explicit wishes. Where someone lacks capacity to consent, the views of those with lawful authority to make decisions on their behalf should be consulted.

- Choosing to remain in hospital is not an option.
- Leaving hospital and not going home can be a very emotive issue and should be carefully and sensitively managed in discussion with families. Staff should be supported to carry out these discussions.
- Ideally, interim beds will be in dedicated sections of care homes and block booked for this purpose, although it is acknowledged that some partnerships will need to spot purchase individual beds where available.
- Interim placements should be accessible, flexible and responsive to the needs of families to visit and remain in close contact with their relative.
- Multi-Disciplinary Teams should conduct regular reviews of each individual in interim care to ensure that individuals are able to be discharged home or to their care home of choice as quickly as possible
- If a patient is assessed as requiring a permanent placement in a care home after the initial 6 week period, then the normal financial assessment should be undertaken and the Local Authority and/or individual will become liable for payment of care home fees in the usual manner, with the initial 6 week period wholly disregarded from the usual procedures set out in [CCD 1/2021 - Revised guidance on charging for residential accommodation \(scot.nhs.uk\)](https://www.scot.nhs.uk/ccd/1/2021-revised-guidance-on-charging-for-residential-accommodation)
- If the interim care home placement goes beyond 6 weeks and the person is ready to go home but cannot safely be discharged home due to a lack of a care package, then the Integration Authority will remain liable for all care home fees.

Key Performance Indicators:

- Number of people delayed in their discharge from hospital.
- Hospital bed days associated with delays and overall length of stay in hospital.
- Number of people who have been discharged to an interim care home.
- Number of people who have moved on from the interim placement by the agreed date for the placement to end.
- Average length of interim care placements.



Schedule 2

Multi-Disciplinary Working

Overview: The development of Multi-Disciplinary Team has been a key factor of integration, bringing together members of different professional groups to improve person centred planning and increase efficiency in assessment, review and resource allocation. Members generally include Social Workers, Healthcare Professionals, Occupational Therapists, as well as voluntary sector organisations who bring an additional level of local expertise, particularly in the art of the possible. Good MDTs will also have effective links with other relevant teams such as housing and telecare colleagues.

Territorial health boards are being asked to recruit 1,000 staff at AfC bands 3 - 4 over the next 3-4 months, to provide additional capacity across a variety of health and care services.

Boards are being asked to recruit staff, to assist with the national programme of significantly reducing the number of delayed discharges. New recruits, principally at bands 3 and 4, can be allocated to roles across acute and community services, working as part of multi-disciplinary teams providing hospital-to-home, support with care assessment and bridging care services. Where required, Boards can take forward some Band 2 roles to support acute health care services.

Recurrent funding is being provided to support and strengthen multi-disciplinary working across the health and social care system, to support timely discharge from hospital and prevent avoidable admissions to hospital, ensuring people can be cared for at home or as close to home as possible.

Funding allocation: £20 million for MDTs, and £15m for Band 3&4 recruitment for 2021-22

Outcome: Expanding a fully integrated MDT approach to reduce delayed discharges from hospital and to meet the current high levels of demand in the community and alleviate the pressure on unpaid carers.

In achieving this outcome:

- MDTs should support social care assessments and augment hospital-to-home, transition and rapid response teams in the community.
- Integrated Discharge Teams and Hubs should be established to support hospital discharge.
- Dedicated hospital-to-home teams, involving third sector organisations where appropriate, to support older people home to be assessed in familiar surroundings, avoiding assessing people's long-term needs in an acute hospital.
- Integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers
- Enable additional resources for social work to support complex care assessments and reviews.
- Additional support to speed up the process associated adults with incapacity legislation.
- Creating or expanding a rapid community response to prevent avoidable presentation to hospital.
- Provide support to care homes and care at home services so that they are responsive to changing needs.

Key Performance Indicators:

- Significant reductions in delayed discharge and occupied bed days
- Number of NHS staff recruited at bands 3 and 4, to roles across community services and acute.
- Increase in assessments carried out at home rather than hospital.
- Evidence of a reduction in the number of people waiting for an assessment.
- Evidence of a reduction in the length of time people are waiting for an assessment.



Schedule 3

Expanding Care at Home Capacity

Overview: The current pressures on social care support are caused in part by increased need and acuity. It is important that this funding also supports services and interventions to prevent this trend from continuing, supporting people to maintain or even reduce their current levels of need. This will also help to ease the pressure on unpaid carers and prevent their caring roles intensifying.

Funding allocation: £62 million for 2021-22

Outcome: To decrease the number of people who are waiting for a care at home service, ensuring people have the correct level and types of provision to meet their need in a safe and person centred way.

In achieving this outcome:

- Existing services should be expanded by measures including, recruiting internal staff; providing long-term security to existing staff; enabling additional resources for social work to support complex assessments, reviews and rehabilitation; enabling unpaid carers to have breaks.
- Resource should be put into a range of preventative and proactive approaches as rehabilitation, re-enablement and community based support.
- Increasing the use of community equipment and Technology-Enabled Care (TEC) where appropriate supporting prevention and early intervention.

Key Performance Indicators:

Reductions in:

- Those waiting for an assessment for care.
- Those waiting for a care at home service.
- Unmet hours of care
- Evidence of the types of services and activity funded, and the number of people supported by these.
- % increase in the use of community equipment and technology to enable care, or other digital resources to support care provision.
- Evidence of resource to support the use of technology and digital resources.

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REPORT

Proposal to continue Programme Management Resource within the Edinburgh Health and Social Care Partnership.

Edinburgh Integration Joint Board

7 December 2021

Executive Summary

1. In February 2019, the Edinburgh Integration Joint Board (EIJB) accepted a proposal from the Chief Officer to fund, at a cost of £2M, the establishment of a transformation team to accelerate its strategic ambitions over a nominal period of two years.
2. A transformation programme was then developed that underpinned the EIJB Strategic Plan 2019 to 2022, which was approved by the EIJB in August 2019.
3. The transformation team was established at c75% strength in early 2020. Although the programme was affected by the COVID-19 pandemic, significant progress has nonetheless been achieved in the highest priority strategic projects.
4. The Edinburgh Health and Social Care Partnership (EHSCP) is not provided with programme management expertise through the integration scheme. Nor does it have a planning and programming resource out with commissioned contracted services within the existing structure.
5. As we deal with the consequences of COVID, continue our transformation programme and prepare for the creation of a National Care Service, there is an enduring need for skilled project management resource to complement the work of operational managers and strategic leads to develop and deliver future innovation, change and financial sustainability.
6. As part of the organisational review, it is proposed to transition the temporary programme/project management capability into an enduring EHSCP capability held within the strategic planning area.

Recommendations	<p>It is recommended that the EIJB:</p> <ol style="list-style-type: none"> 1. Agrees in principle to the establishment of a permanent structure of programme/project management within EHSCP as part of wider organisational change. 2. Agrees in principle that recurring funding of c£700k is made available to support this proposal. Funding options in the short term are being scoped. In the longer term, costs are expected to be met over time through the savings generated by the delivery of major change projects. 3. Notes that further detail on the proposal will come back to the EIJB in due course.
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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 group or committees.

Main Report

Context and Background

2. The transformation team was initially recruited in December 2019/January 2020, following an EIJB decision to commit £2 million from reserves to fund the development and delivery of a programme of major change to accelerate and begin to deliver on its strategic intent.
3. Transformation team members have been employed either on fixed term temporary contracts, or on a seconded basis from the City of Edinburgh Council. Contracts were in place until the end of March 2022 but have since been extended to December 2022 within the existing budget.

4. Due to the temporary nature of the offer, the team has experienced a degree of 'churn' and posts have only been filled at c75% for the duration of the programme. As a result, several projects identified in the programme have been delayed or are yet to begin. Specifically, the tech/digital, transitions and future focused infrastructure projects.
5. Prior to the establishment of the team, there was no dedicated resource in place to support major change and transformation. The EHSCP is not provided with project and programme management expertise through the Integration Scheme and does not have any planning and programming resource, other than for commissioned services.
6. A wider organisational review was suspended during the height of the COVID-19 pandemic and has only recently been reinstated. Options are being re-scoped and refined as part of lessons learned from the pandemic. The formal process is expected to start in the New Year and on current plans will be completed by the end of 2022.

Transformation Programme Key Achievements

7. The transformation programme is the key mechanism through which the EHSCP is delivering on the ambitions set out in the Strategic Plan 2019 – 2022. The dedicated additional capacity and expertise provided by the transformation team has allowed the EHSCP to make significant progress in this regard over the last two years. This includes:
 - The development and initial roll out of the 3 Conversations model within locality assessment and care management teams. The approach has significantly reduced the length of time that people wait to see a worker, from a pre-innovation average of approximately 40 days, to just 2.5 days. 3 Conversations is also allowing us to support more people early on, connecting them to community supports and delivering good outcomes without the presumption that formal paid-for services are always the best or only solution. Innovation sites are now supporting the majority of people without the need to progress to formal paid for services (81%), and only 7.5% of new people who contact us go on to receive long term paid for support. A plan is in place to ensure 3 Conversations practice is embedded in all locality assessment and care management teams by April 2022.
 - Extensive engagement and co-production to develop the Edinburgh Wellbeing Pact, along with the development and EIJB approval of a 3-year Community Mobilisation Plan, as part of the enactment of the Pact. Community Mobilisation is driving closer partnership working with communities and the third sector and is developing plans for community commissioning models to replace the existing grants programme. The

project is working closely with EVOG and community organisations to invest in the short term an additional £1 million to support communities and build capacity.

- Establishment of the Home First Edinburgh ethos within the EHSCP. Significant progress has been made including the development of the Single Point of Access (SPOA) through the Flow Centre for all urgent health and social care/ therapy pathways requiring a 4-hour response as part of Phase 2 Redesign of Urgent Care. It also includes: the development of an Emergency Department to Hospital at Home pathway as an alternative to hospital admission for frail elderly; the enhancement of our Hospital at Home capacity City wide to provide more over 65's with a safe alternative to hospital; recruitment of Home First Navigators to ensure earlier intervention, assessment and earlier discharge in Intermediate Care Facilities and Hospital Based Complex Clinical Care (HBCCC); creation of a new Community Respiratory Team and Service allowing people who are COVID positive, recovering from COVID and/or oxygen dependent to have an early supported discharge with hospital at home; and becoming the first HSCP to implement a test of change for Planned Date of Discharge in Ward 51, Western General Hospital and Fillieside Intermediate Care Facility.
- The development of Phase 1 of the Bed Base Strategy, elements of which have now been approved by the EIJB and are moving into implementation. The strategy sets out the vision and direction for bed base services in the City, with the initial phase focused primarily on increasing intermediate care capacity, right-sizing HBCCC beds and transforming care home provision. The Bed Base Strategy will deliver a redesigned and improved model of care, with increased capacity for much needed nursing and dementia care beds. Over time, the project will deliver significant benefits in terms of quality and experience, whilst also releasing projected financial savings of around £2.1 million.
- Extensive engagement with care at home providers to develop the “One Edinburgh” approach to the provision of services. Aimed at optimising all care resource in the City, to minimise unnecessary travel, focus effort in the community and reduce carbon emissions. Plans are in place to develop a new and fit for purpose care at home contract as part of this workstream, which is currently planned to be in place by October 2022.
- Development and approval of a business case to replace the legacy Webroster scheduling system with a new, modern, mobile scheduling tool – Total Mobile. The new system offers significant benefits in terms of additional capacity and efficiency within our internal home care workforce

and will support the One Edinburgh approach. It is anticipated that the implementation of Total Mobile will ultimately create cashable and non-cashable benefits of approximately £10 million over 5 years, while creating the equivalent of an additional 80 FTE through optimization of the workforce's capacity. This will assist in addressing issues with delayed discharge and shifting the balance of care into community settings.

- The development of the first EIJB workforce strategy, "*Working Together*". The strategy sets out our vision and plans for one workforce, to build a caring, healthier and safer Edinburgh. The strategy focuses on 4 main areas: health and wellbeing; culture and identity; workforce capacity and transformation; and leadership and development. The strategy is in the final stages of development and due to be presented to the EIJB early in 2022.

Future Major Change and Sustainability

8. Whilst the transformation programme has delivered some significant benefits to date, several projects run over longer timescales and will require ongoing support to ensure no loss of momentum. The programme team has recently undertaken a transition planning exercise to review the status of all transformation projects, determine resource requirements beyond the current end date, and understand where acceptable risk could be taken in returning workstreams to business as usual.
9. All transformation projects would be affected in some way if all support was withdrawn in December 2022. However, the following projects are singled out as being most at risk of significant delay or non-delivery:
 - Home First
 - 3 Conversations
 - Digital and technology
 - Workforce
 - Edinburgh Pact/ Community Mobilisation
 - Bed Base Strategy
10. The existing transformation programme has a range of identified key priorities for the next phase of change. These include:
 - Tech/Digital transformation, focusing on a range of digital/TEC solutions
 - The next phase of the Bed Base Strategy
 - Full roll-out and embedding of 3 Conversations model across all relevant services

- The embedding of a sustainable Home First staffing structure within localities, to build on success to date and ensure further improvements;
 - Development of a market shaping strategy and the delivery of the new care at home contract by December 2022
 - Scoping new commissioning model in line with the One Edinburgh vision
 - A coherent approach to looking at infrastructure (bed base and housing) projects across the EHSCP
 - The delivery of the actions identified in the workforce strategy
11. In addition to the existing projects, there is a need to identify, scope, develop and deliver the next phase of major change and innovation, with a focus on set aside services and on financial sustainability in the medium to longer term. There is a requirement to develop a pipeline of projects which can deliver on the EIJB's strategic priorities whilst also taking a different approach to the investment of the total budget, moving away from the need for short term budget savings proposals on an annual basis. This will also need to be developed in the context of the changes which are likely to be required to implement the National Care Service.
 12. Joint Inspectors from Health Improvement Scotland and the Care Inspectorate recently published their final progress review report in relation to the 2016 inspection of older people's services in Edinburgh. This report acknowledges the significant change and improvement that has been delivered across EHSCP services since the original inspection. Improvements have been made in a wide range of areas, but the particular contribution that the transformation programme has made has been recognised by inspectors, and their report highlights the need for adequate funding to be made available to resource the on-going work of the programme to ensure pace and progress are sustained.
 13. This work will require dedicated project and programme management capacity to support operational managers and strategic leads to ensure that the change is well-managed, appropriately governed and that benefits are realised.

Permanent Resource Proposal

14. A wider organisational review is considering the EHSCP structure, is looking to close existing gaps and provide the required resource to maintain operations, support the EIJB and its committees and plan strategically for the future.
15. The EHSCP Executive Management Team has concluded that a programme/project management capability will be required on an enduring basis. It has acknowledged that the capability will not be provided by the integration scheme and is an identified capability gap.

16. In recognition of the value added by the transformation team over the last 24 months and the ongoing need to drive change and innovation within the EHSCP, it is proposed that a permanent capacity is created within the Strategic Planning area.
17. This capability would comprise of programme and project management capacity, along with data analysis and evaluation expertise. These will be integrated posts, available on either NHS Lothian or the City of Edinburgh Council terms and conditions. The team will work closely with colleagues in Operations and Strategic Planning to identify and deliver strategic priorities.

Implications for Edinburgh Integration Joint Board

Financial

18. In February 2019, the EIJB approved the use of £2 million in non-recurring reserves to fund the transformation programme. Projected spend against this budget to the end of March 2022 is approximately £1.8 million.
19. It is proposed that recurring funding of c£700,000 is made available to establish a permanent programme and project management capacity within the EHSCP, to coordinate and drive the delivery of major change, innovation and sustainability. Funding options in the short term are being scoped. In the longer term, costs are expected to be met over time through the savings generated by the delivery of major change projects.

Legal / risk implications

20. There is significant risk to key strategic projects if current resource were to be withdrawn in 2022. This proposal ensures that momentum is not lost and dedicated capacity to manage major change is embedded within the permanent establishment of the EHSCP in support of EIJB strategic aspirations.
21. There is an outstanding internal audit action to conclude a review of the strategic planning area to ensure sufficient resource is in place to support the EHSCP and deliver EIJB strategic ambitions.

Equality and integrated impact assessment

22. There are no direct equalities issues arising from the content of this report.

Environment and sustainability impacts

23. There are no direct environmental or sustainability impacts arising from the content of this report.

Quality of care

24. The transformation team is supporting a range of key strategic projects aimed at improving the quality of care provided in services across the EHSCP.

Consultation

25. Extensive engagement with a wide range of stakeholders has been undertaken to develop and deliver the transformation programme.
26. The recently published Care Inspectorate report on the Older Peoples Improvement Plan recommends continued resource to support strategic priorities.

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Background Reports

None

Appendices

None

REPORT

Finance update

Edinburgh Integration Joint Board

7 December 2021

Executive Summary

The report provides the Edinburgh Integration Joint Board (EIJB) with an update on the financial performance of delegated services for the first 7 months of the year. It confirms that the Chief Finance Officer is now in a position to offer the board significant assurance of a break even position for 2021/22.

The paper also considers the projected costs associated with the Covid pandemic and sets out a proposal to uplift contract rates to allow providers to pay all frontline staff a minimum of £10.02 per hour.

Recommendations

It is recommended that the board:

1. note the financial position for delegated services to 31 October 2021;
2. agree to transfer £1m from IJB reserves to partially offset the in year deficit;
3. note that, based on the Scottish Government's confirmation of support, that the Chief Finance Officer can offer **significant assurance** of a break even position for 2021/22;
4. recognise that, despite this assurance, the underlying financial deficit will be carried into 2022/23; and

	5. agree to uplift contracts to allow frontline staff working in social care to be paid a minimum of £10.02 per hour and issue a direction to the City of Edinburgh Council.
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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. This report has not been considered elsewhere.

Main Report

Background

2. In March 2021, the IJB agreed the 2021/22 financial plan and associated savings and recovery programme. Recognising that the additional measures 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 which has subsequently been reduced to £5.5m.
3. Previous finance reports to the Performance and Delivery Committee and the board itself highlighted a projected overspend for the financial year. At a high level this overspend could be described in 3 component parts: the deficit described above; slippage on the savings and recovery programme; offset by vacancies across some key services in both the Council and NHS Lothian. When the last finance report was presented to the board (in October 2021), the Scottish Government (SG) had reserved its position on how slippage in the

delivery of the savings programme would be treated, specifically whether this would be a legitimate claim against funding provided for Covid. This has now been clarified by SG officials and, discussed in more detail in paragraph 12 below, Integration Authorities (IAs) will be supported to break even in 2021/22. As a result of this announcement, the Chief Finance Officer is now in a position to offer **significant assurance** on the in year financial position. This is clearly a very positive and welcome step and allows us to focus on the underlying financial deficit and the budget setting process for 2022/23.

4. This commitment by the SG has been made on the basis that IAs take all reasonable efforts to minimise the support required. To this end the Chief Finance Officer has reviewed the IJB's general reserves. The IJB has a current balance of £1m on its general reserve (generated from the 2019/20 underspend) and it is recommended that this is used to offset the deficit of £5.5m referred to above. If agreed, this would be a one off contribution as the reserve in question is non recurring.

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. The information in this report is based on the period 7 (October 2021) monitoring reports from the Council and NHS Lothian. These show an overall **projected deficit of £13.1m** (£6.5m for the first 7 months) as summarised in table 1 below. The main drivers of this position are outlined in paragraph 3 above. Further detail is included in appendices 1 (NHS Lothian) and 2 (the Council), with narrative explanations in paragraphs 6 to 10.

	Annual Budget £k	To October 2021			Year end forecast £k
		Budget £k	Actual £k	Variance £k	
NHS services					
Core	306,126	158,982	157,771	1,210	1,887
Hosted	102,729	55,652	55,090	562	294
Set aside	100,744	56,008	57,045	(1,037)	(2,868)
Sub total NHS services	509,599	270,642	269,906	736	(687)
CEC services	239,197	139,531	146,724	(7,193)	(12,331)
Total	748,796	410,173	416,630	(6,457)	(13,018)

Table 1: financial position for delegated services to October 2021

NHS Lothian

7. Based on their latest financial forecast, NHS Lothian is now reporting a projected overspend of £0.7m on delegated health services. The equivalent position to the end of October is an underspend of £0.7m.
8. Key variances remain largely as previously reported and include:
 - *Vacancies* – continue to drive projected year end underspends in a number of services, including community hospitals (£0.7m), mental health (£1.2m), therapies (£0.8m including hosted services) and rehabilitation (£0.4m). Given the impact of this level of vacancy on service delivery, operational staff continue to prioritise recruitment. In some areas, for example district nursing, new staffing models have been developed and the forecast continues to assume that posts will be filled in line with this.
 - *Prescribing (£0.5m over)* – Prescribing has improved significantly over the past two months due to the release of funding linked to Covid as well as the release of the IJB uplift. Prices continue to fluctuate leading to a small degree of uncertainty about the year end position for prescribing. Covid costs continue to be monitored and further funding will be drawn down if the pressure increases.
 - *Hosted services (£0.3m under by year end)* – increased issues of community equipment, potentially linked to Covid, continues to be a material pressure. This service is hosted by the Edinburgh Partnership

and is the subject of an ongoing review, supported by the sustainability and value team from NHS Lothian. Offset this pressure are underspends across a number of services impacted by staff vacancies (see above) and the influences of Covid on the needs and delivery of these services.

- *Set aside services (£2.9m over)*- continues to be the main financial issue facing NHS delegated services and the key drivers remain as previously reported. These include: staffing (mainly at the acute hospital's front doors and in therapies); drugs (in gastrointestinal and cystic fibrosis services); adult insulin pumps within diabetes & endocrinology; therapy services at the Royal Infirmary of Edinburgh (both occupational therapy and physiotherapy; and junior medical costs. The deterioration of the position in the last part of the financial year is linked to an expected increase in the distribution of insulin pumps and recruitment to allied health professional (AHP) vacancies within the acute sector.

City of Edinburgh Council

9. Council delegated services are reporting an overspend of £12.3m for the year, equivalent to £7.2m to October. With the exception of projected undelivered savings, this position assumes Covid funding in line with the quarter 1 local mobilisation plan (LMP) submission. The headline issues driving this position remain in line with previous reports, namely:

- *External services (net projected overspend of £12.0m)* – also referred to as 'purchasing'. A challenging savings target of £11.2m was agreed against this budget in 2021/22. As a result of continuing disruption caused by the pandemic and other significant system pressures, the level of savings required will not be achieved in the current financial year, with continuity of care and the safety of people using our services taking priority. Significant pressures over winter are anticipated, across both NHS and community services. These could lead to further deterioration in the reported financial position for purchasing, if the additional community capacity required and is not matched by additional funding. As detailed in a separate paper to this meeting, the SG has provided Integration Authorities with winter monies to address these issues and it is

anticipated that this will be sufficient to absorb any additional costs. Work is continuing on the detailed planning to support delivery of the savings, with a project team put in place to progress the individual workstreams which comprise the overall programme.

- *Internal services (forecast net underspend of £4.5m)* - can mainly be attributed to employee costs across the services, but mostly in homecare and residential services. Continuing difficulty in recruiting to the sector in addition to care homes with low occupancy rates are the main contributing factors. Building based day services remain closed to service users, with some outreach taking place, therefore variable costs are down leading to a favourable budget position. However it is likely that there will be a link between the consequent reduction in capacity in internally run services and increases in purchasing costs.
- *Budget deficit (£5.9m over)* – reflecting the fact that the budget remains unbalanced. This would improve by £1m if the transfer from reserves is approved by the board.

Funding for the financial impact of Covid-19

10. In 2020/21 Covid related costs were met in full by the SG via the LMP process, with funding released by the Government at various points during the year. Reflecting the fact that pandemic related costs will span financial years, elements of funding received last year were held in reserve by integration authorities and carried forward to 21/22, for Edinburgh this equated to £11.6m. Additional funding would be provided by the SG once these reserves were exhausted. The financial impact of the pandemic is estimated at £38.4m for the year and these are summarised in appendix 4.
11. Following the review of the quarter 1 LMP returns submitted to the SG at the end of July, initial allocations have been confirmed. Funding will be received by NHS Lothian to cover the full costs for the first quarter and between 40% and 70% of the costs for the final 3 quarters of the year. The letter confirmed that further funding will be provided at quarter 3, if it is deemed necessary and applicable. Given the methodology used to distribute the funds to date a further allocation is anticipated and a direction will be issued at this point.

12. The communication also made the following commitment:

'Whilst no funding is being allocated at this time to meet under-achievement of savings, support will be provided to Integration Authorities to deliver breakeven on a non-repayable basis, providing there is appropriate review and control in place. It is important that Integration Authorities take appropriate action to reduce this request for support as far as possible. This is vitally important given the uncertainty on the overall funding envelope for 2022-23, however actions should not impact on planned activity or patient safety.'

13. This is clearly extremely positive news and has allowed the Chief Finance Officer to increase the level of assurance associated with in-year break-even to **significant**. Despite this it should be noted that the IJB continues to run with a material underlying financial deficit which is likely to increase further in 2022/23.

Fair pay and contract uplifts

14. On 5th October 2021, the Cabinet Secretary for Health and Social Care announced a range of measures and new investment being put into place nationally to help protect health and social care services over the winter period and to provide longer-term improvement in service capacity across our health and social care systems. Included in this funding package was:

'up to £48 million of funding will be made available to enable employers to update the hourly rate of adult social care staff offering direct care. The funding will enable an increase from at least £9.50 per hour to at least £10.02 per hour, which will take effect from 1st December 2021. This funding is critical to support retaining and recruiting staff in the sector and to alleviate the immediate pressures in social care and NHS/community based health services.'

15. Members will remember that, previous nationally mandated contractual uplifts were not funded in full by the SG. Indeed c£4.1m of the current budget gap is a direct result of this shortfall in funding. Accordingly, the Chief Officer and Chief Finance Officer have been working with SG and COSLA officials to influence the methodology used to allocate the funding. These discussions have now concluded and the SG's Director of Health Finance and Governance has now

written to Integration Authorities to confirm individual allocations. The letter states:

'This additional funding will be distributed to Local Authorities on the basis of calculated costs of implementation based on the value of commissioned services provided by Integration Authorities and Local Authorities.'

and goes on to say:

'This funding will be provided on a recurring basis. More work will be undertaken to review the full year effect of this pay uplift to ensure it continues to be fully funded.'

16. This confirmation is extremely welcome as it marks a move away from the GAE formula routinely used to allocate funding to local authorities. This alternative methodology recognises the proportionately higher burden of costs faced by Edinburgh. Our 21/22 allocation is £4.3m which is sufficient to fund the uplift from 1st December.
17. As these contracts are held by the Council, implementation will require to be agreed through the appropriate governance process. The IJB Chair, Vice Chair and Chief Officer are committed to ensuring that this uplift reaches the workforce as quickly as possible. Therefore, if supported by the IJB, it is proposed to request that the Council invokes the appropriate 'urgency' procedures to minimise any further delay.
18. The other elements of these measure are the subject of a separate paper to this meeting.

Implications for Edinburgh Integration Joint Board

Financial

19. Outlined elsewhere in this report

Legal/risk implications

20. Like any year end projection, the IJB's relies on a number of assumptions and estimates each of which introduces a degree of risk. The most material issues remain the unbalanced financial plan and the delivery of the agreed savings and recovery programme.

Equality and integrated impact assessment

21. There is no direct additional impact of the report's contents.

Environment and sustainability impacts

22. There is no direct additional impact of the report's contents.

Quality of care

23. There is no direct additional impact of the report's contents.

Consultation

24. There is no direct additional impact of the report's contents.

Report Author

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Appendices

Appendix 1	Direction
Appendix 2	Financial outturn for NHS delegated services to August 2021
Appendix 3	Financial outturn for Council delegated services to August 2021
Appendix 4	Estimated Covid costs and funding 2021/22
Appendix 5	Glossary of terms

DIRECTION FROM THE EDINBURGH INTEGRATION JOINT BOARD

Reference number	TBC		
Does this direction supersede, vary or revoke an existing direction?	No		
Approval date	TBC		
Services/functions covered	<ul style="list-style-type: none"> • All purchased services • All direct payments, individual service funds and payments to personal assistants 		
Full text of direction	Implement a contractual uplift to allow frontline staff delivering frontline social care services in the third and independent sector to be paid a minimum of £10.02/hour with effect from 1 st December 2021		
Direction to	The City of Edinburgh Council		
Link to relevant EIJB report			
Budget/finances allocated to carry out the detail		<i>NHS Lothian</i>	<i>City of Edinburgh Council</i>
	2021/22		£4.260m
Performance measures	Uplift to be actioned		
Date direction will be reviewed	April 2022		

FINANCIAL POSITION FOR NHS DELEGATED SERVICES TO OCTOBER 2021

	Annual Budget £k	To October 2021				Year end forecast £k
		Budget	Actual	Variance	%	
		£k	£k	£k		
Core services						
Community Hospitals	13,599	7,806	7,235	571	4%	654
District Nursing	12,770	7,434	7,047	387	3%	435
Geriatric Medicine	2,978	1,630	1,625	5	0%	4
GMS	96,780	52,751	52,652	99	0%	(411)
Learning Disabilities	1,246	727	626	101	8%	130
Mental Health	8,625	5,066	4,355	711	8%	1,166
PC Services	8,044	2,864	2,806	58	1%	0
Prescribing	79,302	44,740	45,517	(777)	-1%	(454)
Resource transfer and reserves	66,221	27,927	28,082	(155)	0%	(170)
Substance Misuse	4,574	2,676	2,622	54	1%	125
Therapy Services	11,138	4,952	4,824	127	1%	253
Other	848	410	382	28	3%	155
Sub total core	306,126	158,982	157,771	1,210	0%	1,887
Hosted services						
Community Equipment	1,862	1,086	1,706	(620)	-33%	(1,318)
Complex Care	1,156	525	520	5	0%	31
Hospices & Palliative Care	2,559	1,461	1,488	(26)	-1%	14
Learning Disabilities	8,607	4,334	4,344	(10)	0%	(52)
LUCS	7,498	3,972	4,052	(80)	-1%	(85)
Mental Health	31,977	17,671	17,792	(121)	0%	(90)
Oral Health Services	10,552	6,029	5,887	142	1%	140
Pharmacy	4,571	2,363	2,364	(0)	0%	18
Primary Care Services	2,994	1,765	1,715	50	2%	34
Psychology Services	5,777	2,901	2,796	105	2%	212
Public Health	1,080	497	402	96	9%	94
Rehabilitation Medicine	5,013	2,811	2,542	269	5%	398
Sexual Health	3,985	2,196	2,118	78	2%	100
Substance Misuse	2,217	1,213	1,172	42	2%	1
Therapy Services	8,565	4,957	4,541	416	5%	498
UNPAC	3,746	1,458	1,241	218	6%	342
Other	572	411	412	(1)	0%	(43)
Sub total hosted	102,729	55,652	55,090	562	1%	294
Set aside services						
Acute management	3,577	1,969	1,977	(7)	0%	(106)
Cardiology	4,220	2,387	2,332	54	1%	159
Diabetes & endocrinology	2,203	1,389	1,395	(5)	0%	(322)
ED & minor injuries	10,838	6,130	6,082	48	0%	176
Gastroenterology	8,308	4,855	5,242	(387)	-5%	(823)
General medicine	27,451	15,993	16,495	(501)	-2%	(1,177)
Geriatric medicine	17,711	10,033	10,089	(56)	0%	(34)
Infectious disease	4,747	1,323	1,140	183	4%	219
Junior medical	3,764	2,127	2,166	(39)	-1%	95
Other	644	341	296	45	7%	101
Rehabilitation medicine	1,728	1,008	1,042	(34)	-2%	(58)
Respiratory medicine	6,130	3,121	3,377	(256)	-4%	(644)
Therapy services	9,421	5,332	5,413	(80)	-1%	(454)
Sub total set aside	100,744	56,008	57,045	(1,037)	-1%	(2,868)
Net position	509,129	270,642	269,906	736	0%	(687)

FINANCIAL POSITION FOR COUNCIL DELEGATED SERVICES TO OCTOBER 2021

	Annual Budget £k	To October 2021				Year end forecast £k
		Budget £k	Actual £k	Variance £k	%	
External						
Assessment and care management	145	85	85	0	0%	0
Care and support	59,122	34,488	36,122	(1,634)	-5%	(2,802)
Care at home	33,411	19,490	21,710	(2,220)	-11%	(3,805)
Day services	12,600	7,350	7,540	(190)	-3%	(326)
Direct payments/individual service funds	39,576	23,086	25,117	(2,031)	-9%	(3,482)
Other/generic/universal services	14,397	8,398	8,353	45	1%	78
Residential services	69,708	40,663	41,633	(970)	-2%	(1,663)
Transport services	904	527	499	28	5%	47
Total external services	229,862	134,086	141,058	(6,972)	-3%	(11,953)
Internal						
Assessment and care management	14,678	8,562	8,281	282	3%	483
Care and support	7,276	4,244	4,379	(135)	-3%	(232)
Care at home	26,092	15,220	14,250	970	6%	1,663
Day services	10,632	6,202	5,213	989	16%	1,696
Equipment services	9,410	5,489	6,271	(782)	-14%	(1,341)
Management	2,440	1,423	1,327	96	7%	165
Other operating costs	2,008	1,171	1,222	(50)	-4%	(86)
Other services	5,923	3,455	3,121	334	10%	572
Residential services	27,670	16,141	14,885	1,256	8%	2,153
Strategy/contract/support services	3,971	2,316	2,385	(69)	-3%	(119)
Therapy services	3,656	2,133	2,106	27	1%	46
Pension costs	439	256	256	0	0%	0
Total internal services	114,195	66,614	63,698	2,916	3%	4,999
Total service wide COVID costs			14,386	(14,386)		(24,661)
Total costs	344,056	200,700	219,142	(18,442)	-5%	(31,615)
Income and funding						
Government grants	818	477	468	(9)	-2%	(15)
Funding and cost recovery	78,170	45,599	45,897	298	1%	511
Customer and client receipts	19,999	11,666	11,666	0	0%	0
COVID LMP funding	0	0	14,386	14,386	N/A	24,661
Total income and funding	98,987	57,742	72,417	14,675	15%	25,157
Budget gap	(5,873)	(3,426)	0	(3,426)		(5,873)
Net position	239,197	139,531	146,724	(7,193)	-3%	(12,331)

ESTIMATED COVID COSTS AND FUNDING 2021/22

		To end Oct £k	Estimated full year £k
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Funding sources

IJB reserves			11,634
Initial SG allocation 21/22			6,633
Estimated additional SG funding 21/22			20,172
Anticipated funding			38,439

Estimated costs

NHS	Additional FHS contractor costs	102	177
	Additional FHS prescribing	894	1,533
	COVID-19 vaccination	546	1,387
	Sub total NHS	1,542	3,096
Council	Additional PPE	183	365
	Testing	0	0
	Additional care home placements	564	1,127
	Additional capacity in community	1,066	2,131
	Additional staff costs	310	619
	Social care provider sustainability payments	8,761	17,521
	Other	33	65
	Loss of income	1,408	2,816
	Net unmet savings	5,349	10,698
	Sub total Council	17,671	35,342
Total Covid costs	19,214	38,439	

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 (ISF)	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.

REPORT

Committee Update Report

Edinburgh Integration Joint Board

7 December 2021

Executive Summary

The purpose of this report is to provide the Edinburgh Integration Joint Board with an update on the business of Committees in October and November 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 October and November 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.

Strategic Planning Group – 27 October 2021

2. **Market Facilitation Update** – the committee were presented with an update on the market facilitation strategy, the presentation also provided members with updates on the OneEdinburgh approach, the Edinburgh Pact and the future for market facilitation after Covid.
3. **Transformation Programme** - the committee were presented with an update on the transformation programme.
4. **Strategic Plan 2022-2025 Development of Version 2** - the committee were updated on the status of the next 3-year strategic plan for 2022-2025.

5. **Valedictory Remarks** – the chair gave thanks to Nigel Henderson for his time as a member on the Strategic Planning Group.

Clinical and Care Governance Committee – 11 November 2021

6. **Physical Disabilities** – the committee were presented with a report on the level of assurance across services delivered by Edinburgh Community Rehabilitation & Support Services (ECRSS) for people with a physical disability prior to and during the pandemic.
7. **Edinburgh Alcohol and Drugs Update** – the committee received an update from colleagues on the work ongoing in the Edinburgh Alcohol and Drugs Partnership.
8. **Update on Clinical and Care Governance Group** – the committee were provided with an update on the establishment of EHSCP Clinical and Care Governance Teams. The report update members of arrangements in place to seek assurances from all services within the partnership through a standardised reporting framework.
9. **Health and Safety Update** – the committee were presented with an update on the management of health and safety within the partnership.
10. **Assurance framework for Mental Health Services** – the committee were presented with the assurance framework for mental health services.
11. **EIJB Briefing – Suicide Prevention** – a briefing note on suicide prevention was presented to the committee.

Audit and Assurance Committee – 12 November 2021

12. **Principles to Underpin Working Relationships between NHS Lothian and IJB** – the committee were presented with the refreshed principles to underpin working relationships between NHS Lothian and the four Lothian IJB's.
13. **Internal Audit Update** – the committee were provided with an update on the progress of Internal Audit actions.
14. **EIJB Risk Register** – the committee were provided with an update on the EIJB Risk Register.

Performance and Delivery Committee – 24 November 2021

15. **Performance Update** – the committee were presented with an update on the performance of services across the partnership with a focus on the significant pressures being experienced in relation to social care.
16. **Equality Outcomes and Mainstreaming Progress Report** – the committee were provided with an update on the progress of mainstreaming and achieving equality outcomes.
17. **Update on Directions** – the committee were provided with an update on the progress of directions.

Forward Planning – October - December 2021 Committee Update Report

18. Strategic Planning Group – 15 December 2022
19. Strategic Planning Group – 19 January 2022
20. Performance and Delivery Committee – 26 January 2022
21. Futures Committee – 3 February 2022

Report Author

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Minute

IJB Strategic Planning Group

10.00am, Wednesday 27 October 2021

Virtual Meeting – Via Microsoft Teams

Present: Angus McCann (Chair), Ricky Henderson (Vice-Chair), Councillor Robert Aldridge, Bridie Ashrowan, Colin Beck, Philip Brown, Siddharthan Chandran, Alyson Falconer (for Belinda Hacking), Christine Farquhar, Stephanie-Anne Harris, Michele Mulvaney, Rene Rigby, Judith Stonebridge and Hazel Young.

In attendance: Matthew Brass, Jessica Brown, Tony Duncan, Rachel Docking, Linda IrvineFitzpatrick, Mark Grierson, Jane Hopton, Deborah Mackle, Susan McMillan, Katie McWilliam, Kyle Oram, Moira Pringle, Donna Rodger, Julie Tickle, Caroline Todd, Brionna Wilson.

Apologies: Belinda Hacking

1. Minutes

Decision

To approve the minute of the Edinburgh Integration Board Strategic Planning Group of 18 August 2021 as a correct record.

2. Rolling Actions Log

The Rolling Actions Log for October 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

- 1) To mark the Market Facilitation Programme as being presented at this Committee meeting.
- 2) To otherwise note the annual cycle of business.

(Reference – Annual Cycle of Business, submitted.)

4. Market Facilitation Update

An update on market facilitation was presented to the Committee. The presentation provided members with an update on the current status of the One Edinburgh approach, the Edinburgh Pact, and the future for market facilitation after Covid, Brexit and the Independent Adult Social Care Review.

Members raised concerns over the lack of lived experience cited in the decision making on market facilitation. Although officers noted that the specific area of consultation is better suited in the Strategic Plan, members – namely the Chief Executive of EVOG – were keen to get involved and contribute to the future of market facilitation.

Questions arose over the relationship between the Strategic Plan and market facilitation and the interconnectedness of the two projects. Members questioned whether market facilitation was still as relevant now than it was when first implemented given the breadth of the Strategic Plan.

Moving forward, members suggested the implementation of local cooperatives within the strategy could enhance the locality plans – such as 20 Minute Neighbourhoods – that were already at the core of market facilitation.

Decision

- 1) To note the update.
- 2) To arrange an engagement session with the carer representatives of the SPG to communicate the details of the Market Shaping Project and explore engagement actions with unpaid carers to further inform the project work.

(Reference – Presentation by the Service Director, Strategic Planning, EHSCP, submitted)

5. Transformation Programme Update

The SPG were presented with an update on the Transformation Programme, which included information on what had already been achieved, what had fallen short, what needed to be done in the future and a focus on the workforce strategy.

Members raised concerns over the workforce planning, and one of the key barriers to integration being the two separate identities of NHS Lothian staff and City of Edinburgh Council staff, both coming with differing contractual Terms and Conditions. Moving forward, members noted that, to achieve integration, both workforces and third-party workforces (including unpaid carers) would need to be considered fully to move towards the goal of integration.

Further, in developing the transformation programme and workforce planning, members were encouraged by the recently announced funding from the Scottish Government that could enable the furtherment of tech development, as well as the possibility to link with other projects in the city, including the City-Region Deal.

Decision

- 1) To note the update.
- 2) To update the Programme Board 4 member list to reflect the current Chief Executive of EVOG.

(Reference – Presentation by the Service Director, Strategic Planning, EHSCP, submitted)

6. Strategic Plan 2022-2025 Development of Version 2

The status of the next 3-year strategic plan for 2022-2025 was presented to the SPG. The report focused on three different areas of the Plan; strategic objectives, housing and digital/tech. members were asked to guide the development of the three areas.

a) Housing

Members were encouraged that housing had been included in the main body of the strategic plan for the first time given the importance of housing in the delivery of the strategic objectives. Members requested that plans for the future of housing remained flexible to allow alteration for developing needs, and also ensured the possibility of working alongside other project areas, including Care at Home.

b) Digital/Tech

Members were generally supportive of the content drafted for the next strategic plan but noted the lack of resource currently available to progress this work. The Chair informed members that as part of the Scottish Government funding to support social care through the coming winter period, an element of the funds was to be targeted at digital/tech.

c) Strategic Objectives

Members remained content with the revised strategic objectives. A comment was made on Objective 1 and the need to further reference early intervention. Members were made aware of the decision of the EIJB from their meeting on 26 October 2021, where it was agreed that the production

date of the revised strategy would be delayed from March 2022 by up to 12 months and that Committee meetings through November and December would be of a reduced agenda and focused primarily on urgent business.

Decision

- 1) To consider and guide the strategic direction relating to the strategic objectives, housing and digital/tech.
- 2) To acknowledge the current system-wide pressures and the resultant delay in production of elements of the next strategic plan.
- 3) To acknowledge the delay on the production of the revised strategic plan from March 2022 for up to 12 months.
- 4) To conduct work into current data sets; what remains relevant, what is mandated and where are the gaps.

(Reference – Report by the Service Director, Strategic Planning, submitted)

7. Valedictory Remarks

The Chair gave thanks to Nigel Henderson for his time as a member on the Strategic Planning Group.

8. Date of Next Meeting

To note that the next Strategic Planning Group meeting would be held at 10.00am on 15 December 2021.



Minute

IJB Clinical and Care Governance Committee

2.30pm, Thursday 11 November 2021

Microsoft Teams

Present:

Richard Williams (Chair), Colin Beck, Helen FitzGerald, Martin Hill, Jacqui Macrae, Ian McKay

In attendance: Matthew Brass, Laura Calder, Gavin Cluckie, Tom Cowan, Helen Elder, Linda Irvine-Fitzpatrick, Linda Gibson, Mark Grierson, Mike Massaro-Mallinson

Apologies: Councillor Robert Aldridge, Councillor George Gordon, Allister McKillop

1. Minutes

Decision

To approve the minute of the meeting of the Clinical Care and Governance Committee held on 5 August 2021 as a correct record.

2. Annual Cycle of Business

The annual cycle of business updated to November 2021 was presented to Committee. The ACOB was presented alongside a report which updated members on any amendments since the previous meeting and suggested deep dive topics for 2022.

Alongside the proposed deep dive topics laid out in the report, officers and members discussed further potential areas, which included:

- Clinical and care support in the community:
 - Clinical nursing
 - Primary care
 - Frailty services

- Sexual health services
- Non-clinical support
 - Public health
 - Care at home
- Community services in hubs
- Improving the cancer journey
- Mental health services
- Learning disabilities

These topics would be considered and where possible would be included in the revised Annual Cycle of Business presented at the next committee.

Decision

- 1) To note the schedule of dates for 2022 as shown in the appendix.
- 2) To consider topics for deep dive discussions in 2022.

(Reference – Annual Cycle of Business, submitted)

3. Rolling Actions Log

The rolling actions log updated to November 2021 was presented to Committee.

Decision

- 1) To agree to close the following actions:
 - Action 1 (1) – Self Directed Support
 - Action 3 – Edinburgh Alcohol and Drugs Partnership Update
 - Action 4 – Annual Cycle of Business

- 2) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted)

4. Physical Disabilities

The Committee were presented with a report on the level of assurance across services delivered by Edinburgh Community Rehabilitation & Support Services (ECRSS) for people with a physical disability prior to and during the pandemic. The report also provided detail on the plans to maintain a moderate level of assurance, as well as long term ambitions to achieve and sustain a full level of assurance across physical disability services.

Members were made aware that the scope of the report was limited, and it covered a small part of the physical disability services provided in the community (ECRSS). Members noted the various other community and bed based physical disability care throughout Edinburgh that were not included in the report.

The impacts of the pandemic were noted, and members were encouraged that developments in technology and digital services – which had been accelerated as a result of Covid – had had a positive impact, for example, patients were now able to complete rehab in online group classes.

Despite the positive impacts, members rose concerns surrounding the negative impacts and associated risks arising from the pandemic. Most significantly, slippage in waiting times since the easing of restrictions was a concern for members. As the referral rate had returned to pre-pandemic levels, but the delivery was still under pandemic restrictions and hence capacity was still low, there was at least a four-week wait for a physiotherapist as a stroke patient. Members queried whether the plans in place – given current capacity – would reach the desired 0 waiting list in the immediate future, and raised concerns regarding the implications for the Edinburgh Integration Joint Board if the risk was not addressed and left to deteriorate.

Decision

To refer the report to the Edinburgh Integration Joint Board to bring to their attention the concerns raised on the capacity of physical disability care provision and associated risk level if the recommendations of the report were not implemented.

(Reference – Report by the Disability Support and Strategy Manager, submitted)

5. Edinburgh Alcohol & Drug Partnership Update

The Edinburgh Drug and Alcohol Partnership (EADP) presented an update on their work to the Committee. The presentation sought assurance on the current governance and reporting of the EADP, their position in relation to national trends and challenges moving forward.

Members were encouraged by the position in relation to drug related deaths and – although noted one death was one too many – Edinburgh was currently below the national average and appeared to be stabilising.

The required funding to provide support for people for as long as required was progressing, with ongoing pressure being put on the Scottish Government as well as the commitment from the EIJB Chief Finance Officer to provide further support to the EADP through the financial plan. The operational delivery of services was also noted to be improving through factors such as the roll out of Buvidal.

Decision

- 1) To take assurance that the ownership, oversight and management of the Partnership was suffice and any risks or challenges had already been identified.

- 2) To arrange a discussion offline for the Chair and Colin Beck to identify an appropriate time to report back to Committee on the impact of risk actions.

6. Update on Clinical and Care Governance Group

The Committee were presented with an update on the establishment of the EHSCP Clinical and Care Governance Group and Clinical and Care Governance Teams. The report also updated members on the arrangements in place to seek assurance from all services within the partnership through a standardised reporting framework.

Decision

- 1) To note the update on the establishment of a Clinical and Care Governance Group and Clinical and Care Governance Team.
- 2) To note the arrangements for an assurance reporting framework to seek assurance from services within the partnership.
- 3) To consider the arrangements described and agree the provides satisfactory level of assurance.
- 4) To agree the proposal for an annual overview assurance report to be provided to the C&CG as well as any exception reporting in the interim.

(Reference – Report by the Chief Nurse, Edinburgh Health and Social Care Partnership, submitted)

7. Health and Safety Update

The Committee were presented with an update on the management of health and safety matters within the Partnership. The report updated members on the process of health and safety reporting within the Partnership and the assurance levels taken from Quarter 2 of the year (July – September 2021).

Officers verbally updated the report and amended 'limited' assurance to 'moderate' assurance taken in relation to manual handling in paragraph 5 of the report.

Decision

To note the information provided in the report.

(Reference – Report by the Service Director for Operations, Edinburgh Health and Social Care Partnership, submitted)

8. Assurance Framework for Mental Health Services

The assurance framework for mental health services was presented to the Committee which gave members an oversight of Edinburgh-wide structures in place that were in place for mental health services operationally managed by different bodies.

Given the different organisations and personnel involved in a single patient journey through mental health services, members were assured that the standard of care provided was all to a shared city-wide standard.

Decision

To arrange a discussion between leads of the different operational management bodies to collectively develop mental health service standards across Edinburgh.

9. Edinburgh Integration Joint Board Briefing Note – Suicide Prevention Briefing

A briefing note on suicide prevention was presented to the Committee which updated members on the background and key statistics surrounding suicide in Edinburgh. The briefing also updated members on the next steps to further improve suicide prevention work in the capital, which included a return to in-person training that had been delayed as a result of the pandemic.

Officers noted the table at paragraph 5 of the briefing should have stated there were 70 suicide deaths in Edinburgh in 2016, not the stated 7.

Members were encouraged that – given the pressures the pandemic has had on mental health – there did not seem to be a spike in suicide rates for the first part of 2021, although the situation was noted to be precarious.

Decision

To note the update.

(Reference – Briefing Note by the Strategy and Quality manager, Edinburgh Health and Social Care Partnership, submitted)

10. Date of Next Meeting

The date of the next meeting was noted to be Thursday, 17 February 2022.

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Minutes

IJB Audit and Assurance Committee

10.00am, Friday 12 November 2021

Virtual Meeting, Microsoft Teams

Present:

Councillor Phil Doggart (Chair), Martin Hill, Kirsten Hey and Grant Macrae.

Officers: Matthew Brass (Clerk), Laura Calder (Internal Audit), Gavin Cluckie (Internal Audit), Helen Elder (Executive Assistant), Lesley Newdall (Chief Internal Auditor), Moira Pringle (Chief Finance Officer)

Apologies: Councillor George Gordon and Peter Murray

1. Minutes

The minute of the Audit and Assurance Committee of the 1 October 2021 was presented for approval as a correct record.

Decision

To approve the minute as a correct record.

2. Annual Cycle of Business

The annual cycle of business was presented to Committee.

Decision

To agree the updated Annual Cycle of Business attached as an appendix.
(Reference – Annual Cycle of Business, submitted)

3. Outstanding Actions

The outstanding actions updated to November 2021 were presented to committee.

Decision

- 1) To agree to close the following actions:
 - Action 2 – Update from NHS Lothian: Internal Audit Principles & Monitoring of Progress with Implementation Findings
 - Action 3 – EIJB Risk Register
 - Action 4 – 2020-21 Annual Audit Report to Members of the Edinburgh Integration Joint Board and the Controller of Audit
 - Action 5 – Annual Assurance Statement
 - Action 6 (2) – Internal Audit Update for the Period: 2 May to 14 September 2021
- 2) Action 1 – To discuss with the Chair/Vice-Chair of the EIJB the concerns surrounding the progress of filling the role/responsibilities of the vacant Chief Risk Officer, present them with the following three options moving forward and update Committee at the next meeting:
 - Financial support to fill vacancy from partners.
 - Accept the risk of leaving role vacant.
 - For the IJB to fund the post.
- 3) To otherwise note the remaining outstanding actions.

(Reference – Outstanding Actions, submitted)

4. Integration Joint Board – Principles to Underpin Working Relationships between Lothian NHS and IJB

Details of the refreshed Principles to underpin working relationships between NHS Lothian (NHSL) and the four Lothian Integration Joint Boards (IJBs) were presented to the Committee. The Principles had already been agreed to by the four NHSL Chief Internal Auditors (CIAs) and the Chairs of the respective scrutiny Committees.

Decision

- 1) To review the content of the refreshed Principles.
- 2) To provide confirmation of acceptance of the Principles.
- 3) To note the other outcomes from the Principles workshops that are not specifically detailed in the refreshed Principles document, and ensures that they are effectively implemented and sustained.

- 4) To confirm that the Principles can be shared with the City of Edinburgh Council GRBV Committee to enable formal implementation of a similar approach to support ongoing provision of relevant audit health and social care assurance outcomes to the EIJB Audit and Assurance Committee.
- 5) To agree to annually review the Principles in practice and add this to the Committee's Annual Cycle of Business.

(Reference – Report by the Chief Internal Auditor, submitted)

5. Internal Audit Update

Progress of Internal Audit (IA) assurance activity on behalf of the Edinburgh Integration Joint Board (EIJB) performed by its partners was presented to the Committee.

Members expressed concern on the Strategic Implications of Covid-19 Lessons Learned audit, where it was unclear if lessons learnt throughout the pandemic could and should be used to shape strategic and financial planning moving forward.

Further, members expressed concerns on setting long term cost forecasts for the repercussions of Covid when these repercussions may never be known in full. Members suggested that the financial implications of the pandemic may just become 'business as usual' and factored into the standard financial plans. Although it may be difficult to plan for, officers suggested that – like all long-term plans – revisions may be required through the plan's lifespan.

Decision

- 1) To approve the proposed change to reduce the number of planned 2021/22 audits from four to three, and carry forward the audit of 'implementation of recommendations from the Strategic Group for Health and Community Care' into 2022/23 EIJB IA Annual Plan.
- 2) To note progress with delivery of the EIJB 2021/22 IA Plan and the outcomes of the EIJB Strategic Implications of Covid-19 Lessons Learned audit.
- 3) To note that progress with implementation of agreed management actions to support closure of both EIJB IA and relevant Partnership findings on delivery of adult social care will be presented to committee in February 2022, together with the outcomes of any relevant adult social care audits completed by the Council of NHSL.
- 4) To revise the wording used in paragraph 6 of page 4 of the Strategic Implications of Covid-19 Lessons Learned audit report to better reflect

the desire to utilise lessons learned through Covid in informing strategic operational resilience arrangements in the future.

(Reference – Report by the Chief Internal Auditor, submitted)

6. Edinburgh Integration Joint Board Risk Register

The Committee were presented with an update on the Edinburgh Integration Joint Board (EIJB) Risk Register. Given the decision of the IJB at their October meeting, the Risk Register presented focused solely on Risk Card 2.2 due to the 'very high' risk rating.

Members were updated on the planning around the recruitment to the workforce, which included marketing campaigns and the possibility of offering more flexible contracts to drive recruitment of, for example, students. Staff recruitment would focus on both staff on the ground and coordinating staff.

Moving forward, members were updated of the early stages of the long-term planning of creating a single, city-wide care at home organisation in Edinburgh to combat the staffing shortages periodically.

Decision

- 1) To note the position and ongoing mitigations for risk 2.2.
- 2) To present an update on the progress of controls and their impact against the risk at the next Committee meeting.
- 3) To include further information and detail in regard to the 'Equality and Integrated Impact Assessment' and 'Environment and Sustainability Impacts' sections of the covering report.

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

7. Date of Next Meeting

The date of the next meeting was noted to be Friday, 18 February 2022.