

Notice of Meeting and Agenda

Edinburgh Integration Joint Board

10.00 am, Tuesday, 18th October, 2022

Dean of Guild Court Room - City Chambers

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

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 Any items under "Private Business" will not be published, although the decisions will be recorded in the minute.

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1. Welcome and Apologies

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

2. Declaration of Interests

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

3. Deputations

- 3.1** If any.

4. Minutes

- | | | |
|------------|---|--------|
| 4.1 | Minute of the Edinburgh Integration Joint Board of 27 September 2022 submitted for approval as a correct record | 7 - 10 |
|------------|---|--------|

5. Forward Planning

- | | | |
|------------|---------------------|---------|
| 5.1 | Rolling Actions Log | 11 - 12 |
|------------|---------------------|---------|

6. Items of Strategy

- | | | |
|------------|--|---------|
| 6.1 | Preparations for Winter 2022-23 – Report by the Chief Finance Officer, Edinburgh Integration Joint Board | 13 - 26 |
| 6.2 | System Pressures Update – Report by the Chief Officer, | 27 - 38 |

6.3	Edinburgh's Medication Assisted Treatment (MAT) Standards for Drug Users Implementation Plan – Report by the Chief Officer, Edinburgh Integration Joint Board	39 - 66
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7. Items of Performance

7.1	Chief Social Work Officer Annual Report 2021-22 – Report by the Chief Social Work Officer	67 - 146
7.2	Finance Update – Report by the Chief Officer, Edinburgh Integration Joint Board	147 - 162

8. Items of Governance

8.1	Membership Proposal for the Strategic Planning Group – Report by the Chief Officer, Edinburgh Integration Joint Board	163 - 166
8.2	Revised Edinburgh Integration Joint Board and Committees Dates 2023 – Report by the Chief Officer, Edinburgh Integration Joint Board	167 - 186

9. Papers for Noting

9.1	EIJB Consultation Response - National Care Service – Report by the Chief Officer, Edinburgh Integration Joint Board	187 - 194
9.2	Committee Update Report – Report by Chief Officer, Edinburgh Integration Joint Board – submitted for noting	195 - 198
9.3	Draft minute of the Audit and Assurance Committee of 20 September 2022 – submitted for noting	199 - 204

10. Resolution to Consider in Private

10.1	The following items of business are likely to be considered in private as they fall under the provisions set out under Standing
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11. Private Reports

- 11.1** Edinburgh Assistance Programme – Report by the Chief Officer, 205 - 224
Edinburgh Integration Joint Board

Board Members

Voting

Councillor Tim Pogson (Chair), Angus McCann (Vice-Chair), Councillor Euan Davidson, Elizabeth Gordon, George Gordon, Peter Knight, Councillor Claire Miller, Councillor Max Mitchell, Peter Murray and Councillor Vicky Nicolson

Non-Voting

Bridie Ashrowan, Robin Balfour, Colin Beck, Heather Cameron, Christine Farquhar, Helen FitzGerald, Ruth Hendery, Kirsten Hey, Grant Macrae, Jacqui Macrae, Allister McKillop, Moira Pringle, Judith Proctor and Emma Reynish.

Webcasting of Integration Joint Board meetings

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Generally, the public seating areas will not be filmed. However, by entering the Dean of Guild Court Room and using the public seating area, individuals may be filmed and images and sound recordings captured of them will be used and stored for web casting and training purposes and for the purpose of keeping historical records and making those records available in public.

If you have any queries regarding this and, in particular, if you believe that use and/or storage of any particular information would cause, or be likely to cause, substantial

damage or distress to any individual, please contact Committee Services (committee.services@edinburgh.gov.uk).

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Minute

Edinburgh Integration Joint Board

10.00am, Tuesday 27 August 2022

Held remotely by video conference

Present:

Board Members:

Councillor Tim Pogson (Chair), Angus McCann (Vice-Chair), Bridie Ashrowan, Heather Cameron, Councillor Euan Davidson, Christine Farquhar, Helen Fitzgerald, Elizabeth Gordon, George Gordon, Peter Knight, Grant Macrae, Jacqui Macrae, Allister McKillop, Councillor Claire Miller, Councillor Max Mitchell, Peter Murray, Councillor Vicky Nicolson, Moira Pringle, Judith Proctor and Emma Reynish

Officers: Nick Bennett, Matthew Brass, Jessica Brown, Angela Brydon, Anna Duff, Mark Grierson, Jenny McCann, Susan McMillan, Rebecca Miller

Apologies: Kirsten Hey

1. Minutes

The minutes of the Edinburgh Integration Joint Board meeting of 9 August 2022 were submitted for approval as a correct record.

Decision

To approve the minute as a correct record.

2. Rolling Actions Log

The Rolling Actions Log updated to September 2022 was presented.

Decision

To note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted)

3. Innovation and Sustainability Pipeline: Learning Disability Change Proposals

Approval was sought for the proposed development of detailed change proposals for the Learning Disability Services in Edinburgh. In the proposal, the Board were asked to approve the resource requirement to deliver change, and to receive future reports as the project progressed.

Decision

- 1) To note the work completed to identify and develop the change areas for Learning Disability Services in Edinburgh under the Innovation and Sustainability Pipeline.
- 2) To agree to proceed with further development of the identified change areas for Learning Disability Services in Edinburgh.
- 3) To agree to receive detailed future reports that provide detailed plans about how changes would be agreed and implemented.
- 4) To agree the resource requirement to deliver the change areas.
- 5) To agree to present an update to the Strategic Planning Group to review the brief of the project and ensure that members' concerns would be considered moving forward.

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

4. Edinburgh Integration Joint Board Audited Annual Accounts for 2021-22

The 2021-22 annual accounts for the Edinburgh Integration Joint Board were presented for approval and adoption.

Decision

- 1) To note the 'amber' rated Internal Audit opinion for the year end 31st March 2022.
- 2) To approve and adopt the annual accounts for 2021-22.

- 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.

Declarations of Interest

1. Christine Farquhar made a transparency statement in respect of the above item as a parent/carer of someone in direct receipt of payments from the City of Edinburgh Council.
2. Grant Macrae made a transparency statement in respect of the above item as a parent/carer of someone in direct receipt of payments from the City of Edinburgh Council.
3. Bridie Ashrowan made a transparency statement as the Chief Executive of EVOC, an organisation in receipt of grant funding from the Health and Social Care Partnership.

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

5. Annual Performance Report 2021-22

The final draft of the Edinburgh Integration Joint Board Annual Performance Report (APR) 2021-22 was presented for approval before publication to the EIJB website. The draft APR had been considered and scrutinised at the Performance and Delivery Committee throughout the year, before being presented to the Board.

Decision

- 1) To approve the final draft of the APR 2021-22 at appendix 1.
- 2) To note that the APR would be published on the website by no later than 31 October 2022.

(Reference – Performance and Delivery Committee, 14 September 2022 (item 6); Report by the Chief Officer, Edinburgh Integration Joint Board, submitted)

6. Committee Annual Assurance Report – Referral from the Audit and Assurance Committee

The Audit and Assurance Committee had referred the Committee Annual Assurance Report to the EIJB for noting following the Committee's scrutiny.

Decision

- 1) To note the moderate assurance which followed the review of the committee assurance statements which are stored in the Teams' site for interest.
- 2) To note a paper will be brought back to the Audit and Assurance Committee to discuss how best to present an action plan to address the key outcomes of the assurance process.

(Reference – Audit and Assurance Committee, 20 September 2022 (Item 6 – Report by the Chief Finance Officer, Edinburgh Integration Joint Board); Report by the Chair, Audit and Assurance Committee, submitted)

7. Appointments to the Edinburgh Integration Joint Board and Committees

An update to the Board's and Committees' membership was presented for approval.

Decision

- 1) To appoint Laura Henderson to replace Hazel Young on the Strategic Planning Group as the non-voting, non-commercial provider of social housing representative.
- 2) To note that NHS Lothian have appointed Robin Balfour to the Edinburgh Integration Joint Board as the Clinical Director (non-voting), term of office to start 1 October 2022.
- 3) To appoint Robin Balfour to the Clinical and Care Governance Committee as a non-voting member, term of office to start 1 October 2022.

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

8. Committee Update Report

An update was provided on the work of the IJB Committees which had met since the last Board meeting. In addition to the summary report, the draft minutes of the Strategic Planning Group, Audit and Assurance Committee, Clinical and Care Governance Committee and Performance and Delivery Committee were submitted for noting.

Decision

To note the work of the committees and the draft minutes.

(Reference – Report by the Chief Officer, submitted)

Rolling Actions Log

October 2022

No	Agenda item	Subject	Date	Action	Action Owner	Expected completion date	Comments
1	Membership Proposal for the Strategic Planning Group		19.04.22	To agree to defer the report to a future meeting of the Edinburgh Integration Joint Board once the concerns originally raised on EACC representation, communication and the benefit to the Strategic Planning Group have been addressed in full.	Service Director – Strategic Planning	October 2022	Further engagement is recommended between the new Chair, Vice Chair and EACC Chair in advance of the October EIJB to finally resolve the proposition for EACC representation to join the Strategic Planning Group
2	System Pressures Update Briefing		08-02-22	To include in the next system pressures update to the EIJB the wider pressures on community support and unpaid carers and the work of the Third Sector to help tackle this.	Service Director - Operations	October 2022	Proposed for closure as the systems pressure meeting is the agenda for 18.10.22
3	Committees Annual Assurance		27-09-22	To agree that the Chair would write to the Chief Executive of The City of Edinburgh Council and NHS Lothian to convey the	Chair, Edinburgh Integration Joint Board		Proposed for closure. The Chair has now written to both Chief

No	Agenda item	Subject	Date	Action	Action Owner	Expected completion date	Comments
	Report – Referral from the Audit and Assurance Committee			EIJB's concerns over the vacant Chief Risk Officer post, and request commitment to a resolution.			Executives in relation to the Chief Risk Officer.

REPORT

Preparations for Winter 2022/23

Edinburgh Integration Joint Board

18 October 2022

Executive Summary

The purpose of this report is to provide the Edinburgh Integration Joint Board (EIJB) with an update on preparations that are being made for Winter 2022/23 including plans for winter allocation funding of £170,000.

This funding, along with slippage from previous years, is being utilised to enhance service capacity in key areas outlined in paragraph 8.

Preparations for Winter 2022/23 are well underway and are aligned to wider Partnership planning around capacity planning in response to system pressures. The main priority areas are outlined in paragraph 5.

The Partnership is yet to receive the request to complete the Self- Assessment Checklist for Winter Preparedness for 2022/23, for inclusion with the Edinburgh Health and Social Care Plan.

EHSCP completed a Winter Preparedness briefing note for 2022/23 for the EIJB highlighting the main priority areas of focus for this winter alongside the actions taken so far, this was submitted on 05 July 2022 (Appendix 1).

Recommendations

It is recommended that the Edinburgh Integration Joint Board:

1. Note progress with the preparations being made for Winter 2022/23 through the use of additional allocated funding of £170,000, along with slippage from previous years.
2. Note that the preparations for Winter 2022/23 are interlinked with other aligned system pressures action (see separate report).

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 EIJB committees prior to submission to the EIJB.

Main Report

Background

2. Winter preparedness planning plays a key role in ensuring NHS Health Boards and Health and Social Care Partnerships (HSCPs) are ready to meet the additional challenges likely to be faced over the winter months, and this is being amplified this year by the rising costs of living and the residual impact of the COVID-19 pandemic which is still being felt across the whole system through increasing demand and workforce pressures.
3. The Edinburgh Health and Social Care Partnership (EHSCP) Winter Planning group leads on the planning, monitoring, and evaluation of preparations for winter. It has multi-agency and pan Lothian-system representation, including acute, community, winter vaccination, unpaid carers, the third sector, resilience, severe weather and communications leads with monthly meetings scheduled to run throughout the peak winter period.
4. NHS Boards have received in previous years direction for setting out the requirements for the Remobilisation Plan, known as RMP4 which included planning for Winter and a self-assessment checklist, however the requests for the Self- Assessment checklist on winter preparedness has not yet been received by the EHSCP.
5. In July 2022, the EHSCP requested a briefing note regarding preparations for winter 2022/23 and actions undertaken to date (Appendix 1). The briefing note highlighted the previously identified key areas of focus following the evaluation of winter

2021/22. The key areas have been further developed and the main priorities for this winter are outlined below:

- a. Progressing work around Home First including a 12-month plan aligning with Urgent and Unscheduled Care and more specifically the Discharge without Delay (DwD) programme.
- b. Enhancing hospital-based social work capacity by re-introducing dedicated capacity to support discharge flow within the Royal Edinburgh Hospital (REH).
- c. Extending the scope of the Community Respiratory Team (CRT) to include other conditions such as Bronchiectasis, in tandem with maintaining the capacity throughout winter to remobilise the early supported discharge (ESD) pathway for COVID- 19 as required.
- d. Funding the interim bed based team with the aim to support patient flow from hospital to interim placement and to increase bed occupancy.
- e. Working collaboratively with third sector organisations, including our new Community Resilience Team, to ameliorate the impact of the cost of living crisis and associated health and wellbeing risks, to focus on preventing admissions to hospital, and in the event of admission, supporting people pre-discharge, on the day of discharge and when people return home.
- f. Providing specific unpaid carer support based on the learning from previous years during the festive period.

Financial support for winter pressures

6. Over recent years, a number of different approaches have been used by NHS Lothian Unscheduled Care Committee (USCC) to ensure best use of Scottish Government funding for winter pressures. This has generally involved submission of proposals from across the system with schemes being scored against criteria including:
 - a. Supports joint working between Acute/HSCPs
 - b. Supports a Home First approach
 - c. Facilitates 7-day working and discharging
 - d. Supports sites, community resilience and flow
 - e. Focuses on admission avoidance
 - f. Supports a non-bed-based model
7. The previous two years winter funding has been allocated to each area based on average percentage of funding received in the previous three years. This gives local areas autonomy to build more sustainable solutions to winter pressures. The EHSCP

received a total allocation of £171,000 for Winter 2021/22 and £170,000 for Winter 2022/23.

8. Allocation of this funding, along with slippage from previous years, has been based on the aforementioned previously identified priorities arising from the evaluation of Winter 2021/22 and by considering funding already set aside through what was known as Gold Command and the resultant gaps. The proposals will be funded for a four-month period and will run from December 2022 to March 2023. A summary of the proposals allocated within winter funding is attached (Appendix 2), an outline of these allocations is highlighted below:

Table 1.

Proposal title	Outline	Total funding
CRT+ and Early Supported Discharge (ESD)	<p>One Advanced Physiotherapy Practitioner (APP) Physiotherapist and one Specialist Physiotherapist to support patients with respiratory conditions beyond COPD with assessment, treatment, and self-management of acute chest infections with a focus on prevention of hospital admissions.</p> <p>One Advanced Physiotherapy Practitioner (APP) to allow Early Supported Discharge (ESD) of patients with COVID-19, monitoring respiratory symptoms and facilitating oxygen weaning, as appropriate and discharge. Collaboration with secondary care clinicians where appropriate regarding the deteriorating patient.</p>	£58,253
Hub Physiotherapy	Two Specialist Physiotherapists to enhance Discharge to Assess (D2A) and Prevention of Admission (POA) within Hub Physiotherapy to meet the increased pressure across the system to prevent hospital admissions and facilitate hospital discharges over a 7 day period. The additional staffing resource will increase the capacity to support hospital discharges and to meet Planned Date of Discharge (PDD) ambitions and improve outcomes for people in their own homes.	£30,811



Social Work Capacity at Royal Edinburgh Hospital (REH)	Two Social Worker posts based within the REH over four Psychiatric wards for 65+ to implement a proactive and responsive approach from the point of admission, focusing on information gathering and wider multidisciplinary team support to ensure PDD is met, ensuring Home First discharge pathways are explored at the earliest stage. A specific focus on these wards will also allow prompt allocation and referral process for patients requiring social work assessment.	£34,322
Interim Placement	One Senior Social Worker, two Social Workers, one Occupational Therapist, one Physiotherapist and one Community Care Assistant to support the discharge pathway from acute hospital sites to interim placement. The team will support flow out of hospitals by arranging interim bed resource within a care home setting for patients who no longer require acute care and ensure people remain fit and well to return home with their assessed package of care (POC) reducing hospital readmissions. Within the MoE wards at RIE and WGH, and as part of Dwd, a test of change will take place to focus on supporting patients that are waiting for a POC. The focus will be to increase bed occupancy rates.	£85,226
Community Resilience Team	Working with the Community Resilience Team which will focus on prevention of admission to hospital and presentation to statutory services over the winter months for people 60 and over who are impacted by the cost of living crisis and at risk of severe decline of all aspects of their health. This winter proposal includes the funding of a Response Fund, Baffies and Blankets, locality-based lunch clubs and pantry deliveries to support those with highest need.	£26,600
Total		£235,212

9. There have been significant recruitment challenges in previous years and efforts are being made to minimise the risks for Winter 2022/23. Below is an outline of the latest recruitment updates:

- a. Community Respiratory Team: Recruitment of 1 Specialist Physiotherapist (CRT+) and 1 Advance Physiotherapist Practitioner (ESD) is underway. Should the additional posts remain unfilled then internal secondments or additional hours from Physio@Home and associated services will be considered, with posts being backfilled through the Staff Bank.

- b. Hub Physiotherapy Team: Recruitment of 2 Specialist Physiotherapist is underway. Should posts remain unfilled then existing Hub physiotherapy staff will be offered the option to work additional hours or staffing resource through Staff Bank.
 - c. Hospital-Based Social Work Royal Edinburgh Hospital: Recruitment of 2 Social Workers in underway. Recruitment of experienced social work staff has proven exceptionally challenging in recent times and this will be a major risk for winter. It has been agreed the 2 social worker posts will be recruited on a permanent basis, which will make the posts more attractive to prospective applicants. Funding will be made available through existing locality posts from April 2023.
10. Additional funding will be made available through the Partnership for unpaid carers for whom the festive period can be particularly difficult, outline of this service is detailed in the table below:

Table 2.

Title	Outline of proposal	Allocation
VOCAL - Surviving Christmas: Providing Support for Unpaid Carers	To provide support to approximately 215 unpaid carers over the festive period, on Christmas Day and New Year, through a series of emotional support groups, drop-in sessions, short-break visits to local attractions, and recreational activities. The festive period can also be a busy time for calls and there will be support provided during this time, including a SMART recovery group meeting, activities, support, and refreshments.	TBC
Total		TBC

Implications for Edinburgh Integration Joint Board

Legal / risk implications

- 11. There is a risk that we are not able:
 - a. to recruit to short-term posts that are required only for surge capacity and do not require permanency

- b. to recruit to social work posts as a result of competitive packages being offered by neighbouring organisations.
- c.

Equality and integrated impact assessment

- 12. An integrated impact assessment was undertaken in November 2020 to consider both the positive and negative outcomes for people with protected characteristics and other groups. This will be refreshed in 2023.
- 13. Local residents will continue to benefit from the provision of person-centred care, with improved access to services in a timely manner and providing care closer to home. Admission to hospital will be avoided wherever possible and the quality of discharge and home care support will be enhanced. Additional support being put in place through the community resilience team and other 3rd sector supports will increase the resilience of those most in need. We will do our level best to mitigate the worst effects of the cost of living crisis.

Environment and sustainability impacts

- 14. Public safety will be improved through identifying vulnerable people in the community and ensuring support is in place, protecting their interests during periods of severe weather.
- 15. Improving infection control through care management at home.
- 16. Improving physical environment through improved links with ATEC24 to provide equipment as required.

Quality of Care

- 17. There is a risk that community infrastructure cannot meet demand, resulting in a continued reliance on bed- based models, with associated risk to site flow, Emergency Department crowding and staffing.
- 18. Experience from previous years leads us to anticipate enhanced challenges to flow due to staff absence, influenza and norovirus. Failure to achieve the delayed discharge trajectories will impact on system wide flow but will be rigorously monitored.

19. A potential resurgence in prevalence of COVID-19 may also impact on admissions and staff availability.
20. The EHSCP expect a surge in respiratory-related admissions and re-admissions over the winter months, although these will be mitigated to a degree by the expansion of both the scope and capacity of the CRT.

Consultation

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

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board or relevant Executive lead

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Appendices

Appendix 1	Winter Preparedness Briefing Note
Appendix 2	Winter Funding 2022/23 Approved Initiatives

Briefing Note

Preparations for Winter 2022/23

05/07/2022

Situation

1. Winter preparedness planning plays a key role in ensuring NHS boards and Health and Social Care Partnerships are ready to meet the additional challenges likely to be faced over the winter months. Planning has already commenced for winter 2022/23 around the priority actions listed below.
2. In addition to the usual winter planning there are multiple Innovation and Sustainability workstreams with key milestones for delivery throughout winter which will enhance our capabilities to cope with surge.

Background

Following the evaluation of winter 2021/22 we identified five key areas that we would focus on as a partnership for winter 2022/23:

1. Progressing work around Home First including a 12-month plan aligning with Urgent and Unscheduled Care, and more specifically the Discharge without Delay (DwD) programme.
2. Enhancing hospital-based social work capacity to deliver on DwD ambitions.
3. Supporting community-based services within the Partnership to provide care in the community and avoid emergency admissions.
4. Extending the scope of the Community Respiratory Team (CRT) to include other conditions for example bronchiectasis, in tandem with maintaining the capacity throughout winter to remobilise the early supported discharge (ESD) pathway for Covid19 as required.
5. Working more closely with third sector organisations to relieve pressure on health and social care services and provide community-based care and support for local residents.

Actions taken

Winter Planning / Unscheduled Care

1. We had our first meeting of the Winter Programme for 2022/23 on the 28th of June where we considered our initial proposals within the five priority areas for the year and against our core recurring funding of £171,000.
2. There will be a targeted focus through the DwD programme on Medicine of the Elderly (MoE) wards across Edinburgh (WGH/ RIE) to reduce Length of Stay (LOS) and ensure discharge planning starts at the point of admission. Daily meetings will be introduced to monitor the patient tracker, this will see a multidisciplinary team across Health and Social Care developing plans to ensure patients can be discharged as soon as they are ready to go. It is projected that this should release the equivalent of 38 beds by the end of March 2023.
3. Planned date of discharge (PDD) has been introduced in Fillieside ward in Findlay House and will be expanded to all of intermediate care to enable timely discharge without delay through proactive discharge planning. Interim beds will continue to be used for people waiting on packages of care (POC) or making choices on longer term care arrangements.
4. Home First Edinburgh is also targeting prevention and early intervention and there is work ongoing looking at Frequent Attenders at Emergency Department to identify preventative measures to avoid these attendances. Readmissions are also being reviewed to understand the reasons for readmission and measures that could be introduced to avoid these scenarios.
5. A front door early intervention team in the Medical Assessment Unit (MAU) at the WGH will be established, in tandem with Home First coordinators having a focus in MAUE based trolleys to support the first 72h of the patient journey from admission. This collaborative working and relationship building will support a patient centred narrative and provide safe and timely discharge.
6. The proposal to enhance CRT capacity has been supported with recurrent interface care funding which will allow us to expand the service and to provide Hospital at Home for Edinburgh residents with Bronchiectasis. It is estimated this service will reduce hospital LOS by 2 days, aligning closer to Lothian's LOS for this cohort.
7. Royal Edinburgh Hospital (REH) Winter Planning will link in with wider workstreams around One Edinburgh and Care Homes to continue to support discharge activity over the winter period. A workshop in July will take place to agree on the requirements for

PDD and DwD implementation. Following completion of the self-assessment they will initiate their first PDD Test of Change on Meadows ward.

8. The Public Health Practitioner (PHP) with the Community Resilience Team are looking at how to ameliorate the impact of the cost of living crisis for at-risk and vulnerable groups and to increase welfare rights capacity with a focus on prevention of admission and supporting people at point of discharge in the event of admission. Ensuring these groups are accessing the financial support they are entitled to can reduce the risk of their health deteriorating due to basic needs not being met. A planning session will take place in July to agree on additional resource which will be aligned to existing community teams.
9. Plans for VOCAL Winter Programme are being determined, this will focus on building from previous experience on popular aspects of the programme, events and respite breaks, as well as festive period' open days, to support carers in need. The programme will also look at ways to ensure appropriate support is in place for carers, including access to grants to offset the impact of the cost of living crisis and working more closely with the hospital based unpaid carer discharge support workers and other Health and Social Care teams to ensure the target carer audience is appropriate.
10. Discussions are underway around how ATEC24 might support the acute hospital front-door and Medicine of the Elderly in the use of technology-enabled care as an alternative to POC.
11. Flu and Covid vaccination plans are well underway with centres across the city and including capacity to do surge vaccinations if required. In discussion with Community Pharmacy to support vaccination of the very elderly. Schools and children will be delivered by Community Vaccination Team and Children's services.
12. An additional 14,000 patient registrations in the past year is putting pressure on general practice. Recruitment of multidisciplinary staff is ongoing to support Practices over winter seasons and beyond. Also looking for new premises opportunities for Primary Care to support growing workforce, services and population increase within City Practices.
13. Last year's winter resilience plans are currently being reviewed incorporating lessons learnt from 2021/22 as well as testing work around resilience plans through tabletop exercises.
14. EHSCP communications will be shaped around operational plans and key messages. A range of proactive messaging previously used will be implemented and there will be an opportunity to create further messaging depending on what the key messages will be for winter 2022/23.

15. There is no current plan to open any additional beds at Liberton or Astley Ainsley Hospital.

Innovation and Sustainability

1. Recruitment is underway for Homecare and Reablement service with new shift patterns introduced to make roles more attractive. Work is also progressing to shift to a reablement model, initial analysis identified more efficient scheduling solutions which released 578 hours of city wide capacity allowing us to meet the needs of service users more effectively.
2. The Total Mobile scheduling solution will be implemented by the end of the year, which will enhance the service, supporting more optimisation of routes. It is estimated this will free up the equivalent of 80 FTE social care worker capacity in time from March 2023.
3. Recruitment is underway to the nursing model in the newer care homes beginning with Royston Court and Inchview and then Marionville Court. Recruitment to Royston is underway and the full cohort of nursing staff should be in post by November 21. Inchview will follow early in the New Year with Marionville Court planned for Spring 2023. We are working towards reopening our planned respite service in Ferrylee care home.
4. Work is underway to adapt Drumbrae for use as Hospital Based Complex Clinical Care (HBCCC), and to reduce the HBCCC capacity in line with modelling projections in advance of the move to Drumbrae.

Next Steps

1. Planning will continue, linked into NHS Lothian Unscheduled Care and geared to meet the needs not only of the HSCP but the wider Health and Social Care system. From the lessons learnt during past winters, recruitment will aim to begin early in the process, with analysis of the service skill mix carried out to make best use of the available staff.
2. Planning and operationalisation of the high impact DwD work in acute MoE will see a heightened level of system working with a clear shared focus.
3. The Chief Officer will convene a wider group of senior managers and executive leads to further consider winter surge planning and contingency.

Briefing Note author

Angela Lindsay

North East Locality Manager, Winter Planning Strategic Lead

Edinburgh Health and Social Care Partnership

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Appendix 2 - Winter Funding 2022/23 Approved Initiatives

Winter 2022/23 Winter funding approved initiatives				
Proposals	Resource	Cost	Approved	Comments
CRT+/ ESD	1 wte APP Physiotherapist Bnd 7 (COPD)	£58,253	Y	incl. travel / IT Oximeters (x50)
	1 wte Specialist PT Bnd 6 (CRT+)			
	1 wte APP Physiotherapist Bnd 7 (ESD)			
Additional Hub Therapy	2 wte Specialist Physiotherapist Bnd 6	£30,811	Y	incl. travel/ IT
REH Hospital SW capacity	2 wte Social Worker CEC Grd 7	£34,322	Y	cost incl. NI & SA/ based on midpoint of 2021/22 paygrades
Cyrenians - Edinburgh community resilience	£3000 Baffies and Blankets event £15000- Response Fund £3600- Winter lunch clubs £5000- Winter Pantries	£26,600	Y	
Interim Placement	2 wte Social Worker Grd 7 1 wte Community Care Assistant Grd 5 1 wte Occupational Therapist Grd 7 1 wte Physiotherapist Bnd 6 1 wte Senior Social Worker Grd 8	£85,226	Y	
Totals		£235,212	-£65,211.67	
Winter allocation 2022-23		£170,000.00		

REPORT

Systems Pressures Update

Edinburgh Integration Joint Board

18 October 2022

Executive Summary

The purpose of this report is to:

- a) Update the Edinburgh Integration Joint Board (EIJB) on system pressures and performance;

Recommendations

It is recommended that the EIJB:

- a) Notes the current pressures on the Edinburgh Health and Social Care Partnership (EHSCP) and mitigating actions being taken;
- b) Agree the EIJB will receive regular reports on systems pressures.

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 circulated to any other group or committees.

Main Report

Context

2. Since October 2021 the IJB has received updates describing the significant system pressures being faced across the wider Lothian health and social care system. As has been highlighted previously, the pressures faced in Edinburgh are being seen nationally and that while not new, many of the pressures have been exacerbated by the EU exit and the covid pandemic.
3. What is an additional recent factor is the increasing cost of living being experienced across the country. Increasing costs for energy, fuel and food are adding to an already challenging situation and has implications for vulnerable and/or elderly frail people, much of which is well known. In addition, we are seeing concerns raised by some staff working in health and social care. One specific example is a reduction in the number of staff within Homecare willing to use their cars for work purposes due to increased fuel costs. This is resulting in more reliance on public transport, increasing travel time between home visits and therefore reducing time available on the direct provision of care.
4. As a result of the covid pandemic, EU exit and increased cost of living, we continue to see high levels of referrals to our Assessment and Care Management teams for requests for service, and high numbers of people being assessed as requiring a service. We should not underestimate the continuing impact of the covid pandemic with people being de-conditioned (i.e. frailer, less confident) following periods of lockdown and family/unpaid carers presenting as exhausted having cared for people during the pandemic with little formal and informal respite.
5. Vacancy rates within our services also continue to be an issue with specific teams particularly challenged. For example, we have an approximate 20% vacancy rate in community nursing and 14% Locality Social Worker vacancy rate. We know that high vacancy rates continue to be an issue across the health and social care system with, for example many independent care homes reporting vacancies and a difficulty to recruit. High vacancy rates result in increased pressure on those remaining staff who have to deal with high levels of demand.
6. Recognising the challenges faced in Edinburgh and in order to help us, the Edinburgh Partners - the EHSCP, NHS Lothian and City of Edinburgh Council - have been provided with additional support and capacity by Scottish Government to assist us in identifying any areas of current work we could accelerate, or new actions we could take that would have short term impact. We are currently working very closely with the support team to identify

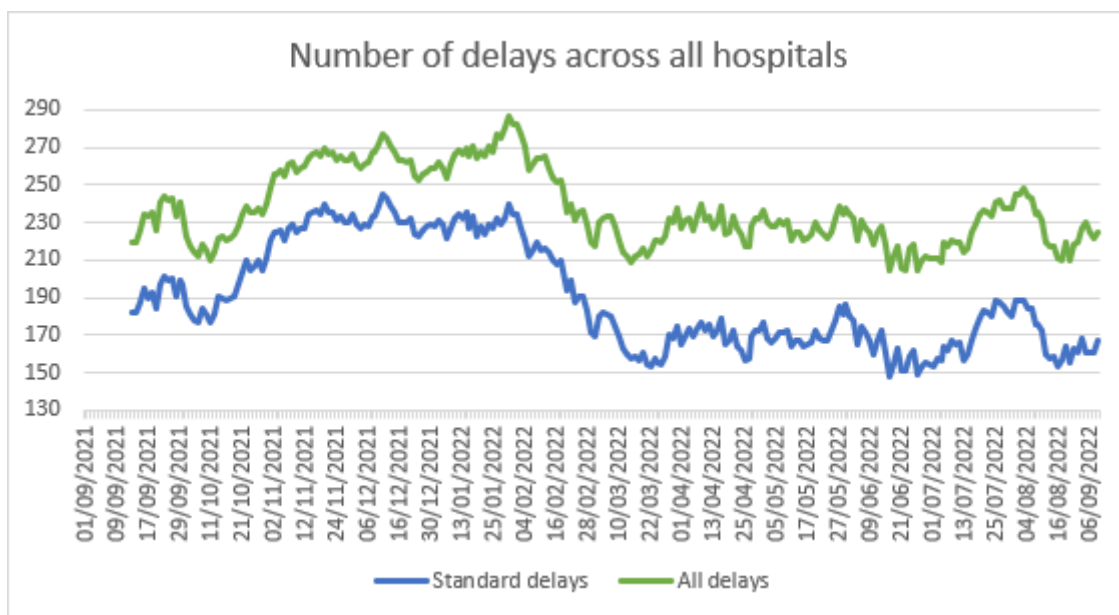
opportunities for managing the immediate extreme pressures and identifying further or alternative medium and longer term sustainable solutions.

7. This paper sets out:
 - An update on the current performance and pressures being faced by the Edinburgh Health and Social Care Partnership (see paragraphs 8 to 15);
 - An update on mitigating actions being taken by the Partnership to manage these pressures and improve performance.

Current Performance and pressures

8. There remain high levels of people delayed in hospital although there has been improvement since the beginning of February (table 1).

Table 1: Total number of Edinburgh delays

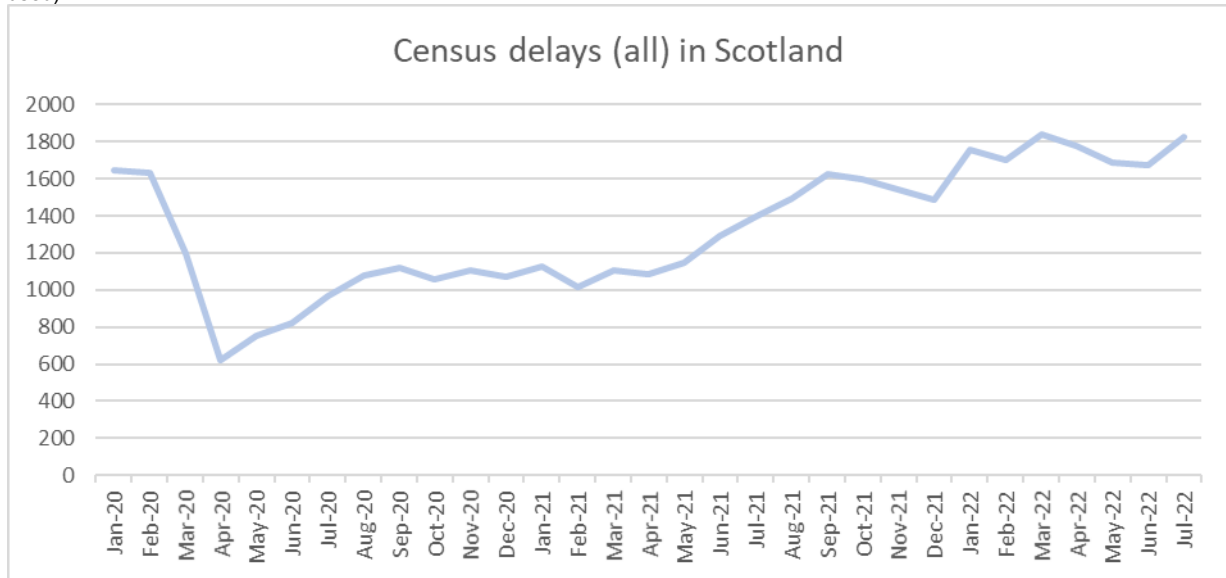


Source: NHS Lothian local data

9. The recent increase in July was predominantly as a result of increased delay while awaiting a package of care. This can be attributed, in the main to seasonal variation with increased levels of annual leave.
10. The following table shows the position at national level and the total level of delays between March 2020 and September 2022.

Table 2: Total number of Scotland delays

Source: Scottish Government Weekly Delayed Discharge Management Information. Confidential and not for onwards release (if used)

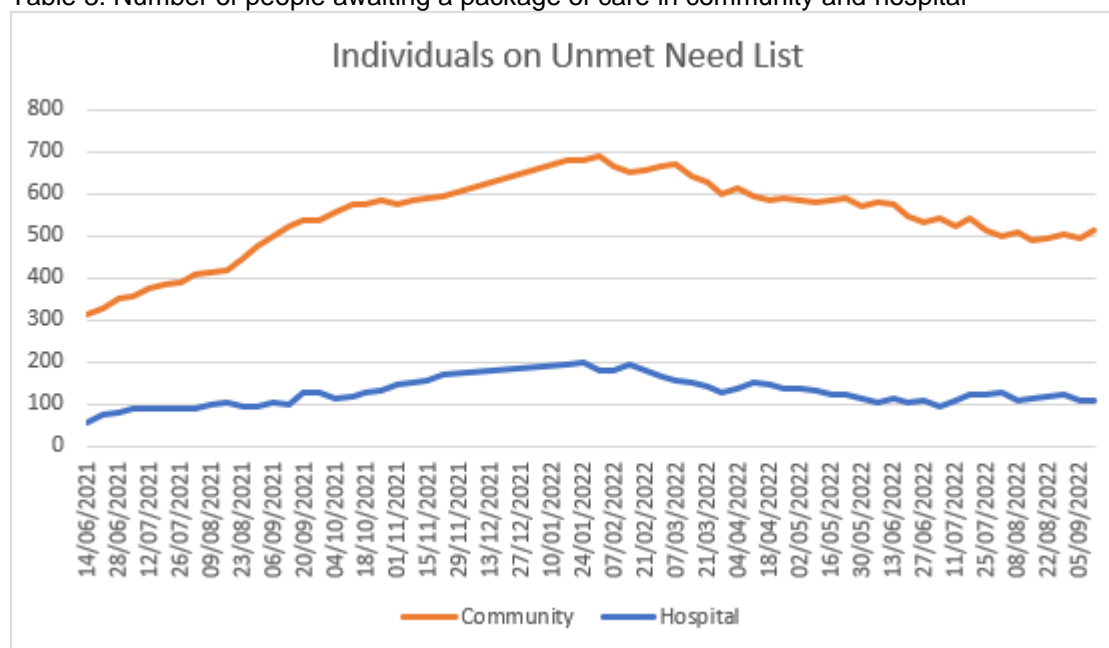


Source: Public Health Scotland's monthly delayed discharges publication

11. On benchmarking Edinburgh against other Health and Social Care Partnerships in Scotland, Edinburgh is no longer an outlier for delayed discharges per 100,000 population rate, despite Edinburgh's high numbers. In addition, we see a more stable position in Edinburgh compared to a deteriorating position at national level.
12. As reported to the IJB in April 2022, the number of people waiting for a package of care has stabilised (Table 3 below). As can be seen, the larger proportion of the problem remains within the community where more people are waiting for care than are doing so in a hospital setting or interim care placement. The reasons for stabilisation remain predominantly due to external care at home providers having additional capacity and work being undertaken by the One Edinburgh Command Centre which is creating capacity within internal Homecare and Reablement teams and improving the quality of data we have.



Table 3: Number of people awaiting a package of care in community and hospital



Source: City of Edinburgh Council local data. Note: Figures exclude blocking reablement and reprovisioning, in line with definitions set by Scottish Government.

13. There remains a high level of request for people requiring a social care assessment of need. Work is currently underway to cleanse the waiting list as a quality assurance exercise undertaken identified that there was an over-reporting, due to a range of factors, e.g. people not removed from the waiting list having been assessed. This exercise will be concluded shortly.
14. Continued pressure remains on other waiting lists, including the Memory Assessment Treatment Service. At the end of August 2022, 691 people were waiting for an assessment with the waiting list having increased by 160 people since December 2021. Despite sustained efforts to recruit and start a waiting list initiative over the last 9 months, successful nursing and medical staff recruitment as originally envisaged has not been possible and therefore the initiative has not started. It is important to note there are national recruitment issues for both nursing staff and old age psychiatrists, so this is not solely an Edinburgh problem.
15. The main pressures on Primary Care are more long standing and as a result from population changes (additional GP registered population of 85,000 from 2012 to 2022) in addition to national pressures such as complexity and aging. In one area of Edinburgh, Medical Practices have now begun to close their lists to new registrations, and we will shortly have a large area of new housing with no provision for new registrations. We are concerned that this will inevitably result in more direct presentation to A&E, as has been predicted since 2014.
16. In addition to the above, Medical Practices are also one of the key public services that continue to bear the brunt of the ongoing pandemic impact and the residual distress and isolation this has caused for people, despite the efforts



of many parts of the system to ameliorate. The impact of sections of the media on longstanding trusting relationships between primary care clinicians and the public has been unhelpful. Many clinicians describe this as the 'tipping point' to reduce commitments, retire early or resist offering further flexibility in response to clear need.

17. Primary Care is the service delivery foundation of the Partnership. Without effective and resilient Primary Care there would be an immediate surge in hospitalisation and a wide variety of significant costs, notably prescribing. There is a continuing positive story of the transformation of primary care and increasing stability, but this progress must run very fast to escape the pressures summarised above.

Actions being taken to manage system pressures:

18. Pressures within the system are not new although there is no doubt that they have been exacerbated by the impacts of EU Exit, the covid pandemic and now the cost of living increase. The pressures outlined in this paper have been longstanding in Edinburgh and are a result of many factors, not all of which are under the control of the partners.
19. The EIJB has recognised the need for a longer-term strategy of transformation, sustainability and innovation and this has been set out in successive strategic plans. In April, the EIJB agreed to fund the Innovation and Sustainability programme recognising the level of sustained resource to drive forward the complex programme of transformation required to support recovery, innovation and sustainability.
20. While the overall programme is an EIJB strategy, the delivery and implementation is undertaken by the Health and Social Care Partnership as part of the wider Lothian and Edinburgh system. Given these complexities, it has been agreed to extend oversight arrangements so that all three partners have a line of sight on the impact of these programmes as they relate to their individual accountabilities and in terms of support in its implementation. Membership of the Whole System Delivery Oversight Board includes the Chief Executives of NHS Lothian and the City of Edinburgh Council and the EHSCP Chief Officer, with other officers in attendance as appropriate.
21. The Whole System Delivery Oversight Board is currently meeting monthly, providing the most senior level operational oversight to the implementation of the programmes of work and management of system pressures, providing practical advice, support and where necessary, agreeing resources to support the programmes of work, recognising the EIJB's overarching accountability.
22. Specific actions currently underway to manage the current system pressures include:

Workforce recruitment:

23. We are continuing to promote recruitment for our internal Homecare Service. Through offering more flexible working arrangements, we have seen an upturn in interest for our advertised internal Homecare posts, with 17 carers being recently recruited and further interviews planned in October.
24. Following the initial pilot in May 2022 in partnership with Capital City Partnership, a further five hyper-local recruitment events between September and November are highlighting job vacancies across the Partnership. They will provide a range of input from community partners with support on the barriers to people applying for posts including income maximisation, welfare advice, digital support and skills building.
25. Building on the above work and to further promote employment opportunities within the Partnership we have funded 2 staff within Capital City Partnership to build upon the Local Employability Partnership model. This will be undertaken by bringing together services and offers under a collective and coordinated single point of contact, putting together a continuous programme to significantly increase the volume of applications and successful candidates, and increase job retention. The programme will have a locality and neighborhood focus but be flexible to respond to the wide-ranging nature of recruitment challenges, linking into wider opportunities and increasing access. We are currently working with the Capital City Partnership to set ambitious targets for recruitment that will build on our recent improved recruitment drives and extend further across the Partnership.
26. We continue to actively recruit to vacant posts within our Social Work teams and some specific teams are seeing some initial success, particularly with Hospital Social Workers. We are therefore exploring how we can target recruitment at where it would have most success.

Reducing the number of people delayed in acute hospitals

27. Building on our Home First programme of activity, we are undertaking a dedicated improvement project to reliably improve discharge planning and introduce a planned date of discharge model across a defined number of Medicine of the Elderly (MoE) wards within the Royal Infirmary Edinburgh and Western General Hospital. The aim of this work is to reduce the average number of occupied bed days in MoE wards by March 2023.
28. Interim Beds: Between 2 November 2021 to 19 September 2022, 193 people have been moved to interim beds, with more than 80% of those people having moved on from their interim care home placement. The number of those moving on from an interim bed has increased by 30% since the EIJB system pressures report in April.



Reducing levels of unmet need

29. The workstreams that form the One Edinburgh portfolio continue to develop, these include the implementation of Totalmobile, a new mobile workforce solution that will help maximise capacity, the internal redesign of our Homecare Service and the engagement with our external providers.
30. In relation to the internal redesign there are a number of areas that we are focussing on:
 - The One Edinburgh Command Centre continues to meet daily, bringing together key staff members to make intelligence-led decisions regarding the allocation and utilisation of our internal capacity, those people needing a package of care in hospital and in the community. This is resulting in a reduction of unmet need, increased contact time and best use of resource to meet need.
 - We have established a review team and have plans to expand this. To date 470 reviews have been undertaken, which has resulted in a capacity gain of 5.3% and through the command centre we ensure that this capacity gain is utilised.
 - We have plans to establish a triage team to ensure that when we receive requests for support we have explored all relevant community based services, the use of technology and that the request is appropriate. This will help us ensure the best use of our resource.
 - An HR specialist has been appointed to support the homecare management teams to manage high sickness levels, resulting in increased internal capacity. To date we now have 3 out of the 12 home care services with absence levels below the target.
 - We are also part way through our second recruitment drive with a third to launch mid-October. We have refreshed the advertising campaign and the range of shift patterns on offer to attract a broader range of applicants and are seeing positive results from this.
31. In parallel with the work on the internal service we have established a range of sessions with our external providers both at locality and city-wide level. The aim of this is to engage in a different way with them in terms of the totality of our resource and to be able to more effectively make use of our combined resources in a more targeted way to reduce unmet need.

Reducing the number of people waiting for a social care assessment

32. As stated above, a data quality exercise is in the process of concluding and will provide an accurate reflection of need. While this occurs, a range of actions have been undertaken to ensure that there is a consistent approach across the city to actively reviewing the risks of those on the waiting lists to ensure that people are safe.



33. Through additional funding from the Scottish Government to increase Social Work capacity, funding has been committed to a range of initiatives, some of which will result in increased capacity to address the waiting lists for social care. This includes increased support staff to free up Social Workers to prioritise what only trained staff can do. A further agreed proposal is to enhance Social Care Direct so that an enhanced team can undertake all screening of new referrals at point of contact (including Adult Support and Protection), resulting in quicker outcomes and solutions for people with straightforward need. i.e. equipment requests will be assessed and delivered by the Social Care Direct team. This will mean that locality teams have increased capacity to work with people with more complex or longer-term needs.

Reducing the number of people waiting for a memory assessment

34. Recruitment is currently underway for 2 nurses to join the team and an Occupational Therapist has recently been appointed. One Specialty Doctor has recently been appointed but is unable to start until May 2023. We are currently working with the Royal Edinburgh management team to see what options there are on the short term to increase medical capacity that will help impact positively on the waiting list.

Community Mobilisation

35. As outlined in previous reports, the third sector continue to undertake essential action to support people in their communities that actively helps address the pressure on our health and social care system.
36. Some recent developments that have been initiated within the third sector include:
- The Edinburgh Community Resilience Programme with partner agencies Cyrenians and Queen Margaret University, which is a collaborative partnership designed to increase community resilience to support the health and wellbeing of Edinburgh's older people. The programme builds on previous expertise and research which considers community navigation, social prescribing approaches and the Making it Clear resilience framework. Participatory Action Research (PAR) will enhance a resilience focussed model of community support. It aims to gain a better understanding of how to construct a more efficient, effective, and sustainable community support and will do so by exploring the experiences and perspectives of both, older people and those embedded in community support. Recruitment for the posts will be commencing shortly. This will form a key component of the Discharge without Discharge Programme referenced in paragraph 25 above. The team will work closely with a number of statutory and 3rd sector teams including the Edinburgh Volunteer Community Taskforce to support people to return home from hospital when ready to do so.



- On 16 September 2022, 60 colleagues from the 3rd sector and Health and Social Partnership joined the online Edinburgh Wellbeing Pact Capacity to Collaborate dialogue to discuss how the vast and diverse array of support provided by 3rd sector colleagues could be best harnessed to contribute to the Discharge without Delay programme. An action plan informed by this development session is being drawn up and will cover a number of interventions including medication, day opportunities, community transport and support with food and energy.
- 'Op Ready', the fit for surgery partnership with Edinburgh Leisure will provide tailored pre-operative support for people whose current health status is impacting on them receiving the necessary surgical procedures. We know the last two years have severely impacted people who are awaiting surgery with many people struggling with their mobility that is also affecting their mental health and emotional wellbeing, compounded by isolation and loneliness and a worsening general health status, all preventing them from accessing much needed surgery. This project will be tailored to peoples' needs and be available for those requiring knee or hip surgery referred by Acute Physicians. Post operative support will also be given to enable optimum recovery.

37. It should also be noted that preparations for Winter 2022/23 are well underway and actively aligned to actions outlined in this report. A detailed report on the Partnership's preparation for winter is also included within IJB Board papers.

Implications for Edinburgh Integration Joint Board

Financial

38. The finances to support the various initiatives set out in this paper are drawn from a combination of: base budgets; covid winter funding provided by the Scottish Government in 2021/22 (carried forward in Integration Joint Board reserves); some specific allocations and additional monies provided in the 2022/23 budget. Further detail on some of these sources is contained in the financial plan update presented to the board in August 2022 (<https://democracy.edinburgh.gov.uk/documents/s47815/7.1%20Finance%20Update%2022.pdf>).
39. It should be noted however that the Scottish Government has written to integration authorities indicating that they will be seeking the return of any surplus covid monies. In addition, pressure on the overall health and social care portfolio at a national basis means that Scottish Government colleagues are reviewing all in year allocations and the flexibility we have had in previous years to invest slippage locally is unlikely to be available in 2022/23. The practicalities remain to be worked through but it is clear that we are facing

competing challenges of improving performance at the same time that financial resources are increasingly constrained.

Legal/risk implications

- 40. We continue to review and update the Partnership and IJB risk registers to ensure they appropriately reflect the mitigations in place.
- 41. Colleagues continue to work closely with the risk teams in the Council and NHS Lothian and report through the Partnership Risk Committee. As a result of the continued system pressures, the Partnership has maintained the level of risk arising from these pressures at Critical.

Equality and integrated impact assessment

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

Environment and sustainability impacts

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

Quality of care

- 44. The extent of pressures on the Health and Social Care system remains without recent comparable precedent. The underlying causes are multi-factorial and the resolution remains very challenging. It requires concerted and resolute action across a number of fronts and with partners across the wider system at local and national level. Our response always take account of the latest standards and guidance and we will continue to run our services in ways that 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 continue to 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

- 45. As outlined throughout this report.

Report Author

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Service Director, Operations
Edinburgh Health and Social Care Partnership
Email: mike.massaro-mallinson@nhslothian.scot.nhs.uk

Background Reports

None

Appendices

None



REPORT

Edinburgh's Medication Assisted Treatment (MAT) Standards for Drug Users Implementation Plan

Edinburgh Integration Joint Board

18 October 2022

Executive Summary

The purpose of this report is to provide the Edinburgh Integration Joint Board with information on Edinburgh's Medication Assisted Treatment (MAT) Standards implementation plan. It includes a description of how the plan has been developed and proposes new governance arrangements.

Recommendations

It is recommended that the Edinburgh Integration Joint Board:

1. Approves the Edinburgh MAT Standards Implementation plan and commits to supporting it.
2. Requests that the Chief Officer sign the plan on behalf of the Edinburgh Integration Joint Board as requested by the Scottish Government.

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 EIJB committee prior to submission to the EIJB.



Main Report

2. The Medication Assisted Treatment (MAT) Standards are nationally defined standards for the speed, capacity and quality of treatment for drug users. They are a central element of the national mission to reduce Drug Related Deaths and are key to local and national drug strategies. Substantial investment has been committed by the Scottish Government (SG) to ensure that they are achieved.
3. The standards were originally published in July 2020 with the expectation that the first five of the ten standards all would be implemented fully by April 2022. This was not achieved anywhere in the country. Edinburgh's implementation was more advanced than the national average at that point – Edinburgh was considered amber for all standards (on a red-amber-green scale).
<https://www.publichealthscotland.scot/media/14459/mat-benchmark-supplementary-information-report.pdf>
4. Following publication of the national report into MAT standards, additional reporting is required by the SG to ensure adequate progress is being achieved. These requirements are:
 - a. That, by the end of September, Chief Officers and Chief Executives personally sign timed, specific and published Improvement Plans for implementing the standards – to include the delivery recommendations being made locally with MIST which are to be published by PHS on 2 August;
 - b. The Improvement Plans and the reporting on progress must involve and include the voices of those with lived and living experience. It will be for each local area to determine what arrangements it needs to have in place to ensure this is done, potentially drawing on MIST lived experience support, from third sector partners or from their own local forums or panels;
 - c. That Chief Officers and Chief Executives take shared and visible responsibility for delivering the standards (with the Chief Officer being responsible for overall delivery and the Chief Executives committing to support them). This requirement should align with on-going work to define and refine local governance and accountability over alcohol and drug services;
 - d. That Chief Officers and Chief Executives include reports on progress as part of the regular Board quarterly reporting against Annual Delivery Plans (the first report in this series is due in July 2022);



- e. Health Boards, Integration Authorities and local authorities are to identify a senior leader for each Integration Authority area as the single point of operational responsibility for driving the changes necessary;
 - f. Should any quarterly report identify the need for intervention, that this is acted on immediately.
5. In summary, these new governance arrangements require a that progress towards MATS implementation is closely overseen by senior management and for risks to delivery to be identified and escalated rapidly.
 6. The Edinburgh Alcohol and Drug Partnership (EADP), Edinburgh Health and Social Care Partnership (the Partnership), the EIJB and other partners have developed a plan which is intended to achieve standards 1-5 by April 2023 and the remaining standards by April 2024 in line with the expectations of the Scottish government. The plan has been approved by the operational managers involved and is agreed to represent the necessary actions for delivery. It is clear, however, that risks remain to full achievement.
 7. The plan has been shared with the Scottish Government in accordance with the expected timeline.
 8. The governance of the plan is in line with the Minister's letter:
 - a. The EADP and the Partnership will co-ordinate monthly meetings of a new MATS Oversight Group, membership of which will include all partners with responsibility for delivery of actions. This group will review progress against the agreed actions and will ratify a quarterly report which will highlight risks to delivery.
 - b. A quarterly report will be presented to the Partnership Executive Management Team (chaired by the Chief Officer) for comment and to address any risks to delivery.
 - c. The report will be taken through appropriate governance within NHS Lothian and City of Edinburgh Council before being formally submitted as an approved Plan to the SG.
 - d. Timelines for each of the above will be established when the submission dates to the SG have been confirmed.



Implications for Edinburgh Integration Joint Board

Financial

9. Funding for the current spending plans was agreed by the IJB in December 2021. It is not clear that the current investment will sustainably achieve the required target, but the spending plan does fully describe the use of the recurring budget available.

Legal / risk implications

10. Delayed implementation would be a reputational risk, impact on staff morale and would protract the public health and patient harms which the MAT standards are intended to obviate. The expectation in terms of delivery is not changed by the additional governance requirements, but the reputational risk is increased.

Equality and integrated impact assessment

11. An IIA of the plan will be developed by the EADP and the Partnership.

Environment and sustainability impacts

12. NA

Quality of care

13. The full implementation of the plan would represent a significant improvement in the quality of care for people who use drugs.

Consultation

14. The development of the plan has been informed by the views and experience of users of the services, their carers, members of the recovery community and frontline practitioners.

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board or relevant Executive lead

Contact for further information:

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Telephone: 07568130388



Appendices

Appendix 1	Correspondence from Minister for Drugs Policy - Medication Assisted Treatment 23 June 2022
Appendix 2	MAT Standards implementation plan

Minister for Drugs Policy
Angela Constance MSP



T: 0300 244 4000
E: scottish.ministers@gov.scot

Integration Authority Chief Officers
Territorial Health Board Chief Executives
Local Authority Chief Executives

Copied to:
Chairs of Territorial Health Boards and Integration
Joint Boards
COSLA
SOLACE

23 June 2022

I am writing this letter of direction to all Territorial (Local) Health Boards, Integration Authorities and local authorities, using authority from section 52 of the Public Bodies (Joint Working) (Scotland) Act 2014 in relation to the carrying out of functions conferred by that Act, delegated in pursuance of an integration scheme or to be specifically carried out in conjunction with those, and which require specific responses to achieve implementation of the Medication Assisted Treatment (MAT) standards published on 31 May 2021.

The MAT standards are one of the platforms for successful delivery of the National Mission to save and improve lives in response to Scotland's drug deaths crisis. The standards enshrine a rights-based approach to immediate, person-centred treatment for problem drug use, linked to primary care, mental health and other support services. Although the standards were published on 31 May 2021, these had been well publicised and local areas had contributed to their development through the Drug Deaths Taskforce.

Both the First Minister and I announced that these standards needed to be embedded and implemented by April 2022 and the Scottish Government is providing funding to help local services deliver on embedding, improving and sustaining the MAT standards. We have also established an implementation support team (MIST) including practitioners and people with lived experience, and led by Public Health Scotland to support local areas scale up and implement the standards.

In 2021/22 we provided £6 million for MAT implementation along with £3 million for assertive outreach and £3 million for non-fatal overdose pathways (both of those initiatives contribute to MAT standard 3) as well as £4 million to support local areas for the use of long acting buprenorphine (MAT standard 2). We also provided £500,000 last year (and committed to the same per year for the life of the Mission) for local areas to set up and run local forums or panels to feed in views from people with lived and living experience to MAT implementation as well as to other aspects of service delivery. I have also announced that funding for the remaining years of the National Mission – to April 2026) has been increased from £6 million to £10 million per year.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot



Today, Public Health Scotland is publishing a MAT Implementation Benchmarking Report which shows that while progress on implementation has been made in all areas, and MAT standards 1 – 5 have been implemented fully in Borders, the standards had not been implemented fully by April 2022.

In response to this Report and in order to achieve full implementation, Ministers will expect the following actions to be taken and oversight arrangements in place in each local area:

- a) That, by the end of September, Chief Officers and Chief Executives personally sign timed, specific and published Improvement Plans for implementing the standards – to include the delivery recommendations being made locally with MIST which are to be published by PHS on 2 August;
- b) The Improvement Plans and the reporting on progress must involve and include the voices of those with lived and living experience. It will be for each local area to determine what arrangements it needs to have in place to ensure this is done, potentially drawing on MIST lived experience support, from third sector partners or from their own local forums or panels;
- c) That Chief Officers and Chief Executives take shared and visible responsibility for delivering the standards (with the Chief Officer being responsible for overall delivery and the Chief Executives committing to support them). This requirement should align with on-going work to define and refine local governance and accountability over alcohol and drug services;
- d) That Chief Officers and Chief Executives include reports on progress as part of the regular Board quarterly reporting against Annual Delivery Plans (the first report in this series is due in July 2022);
- e) Health Boards, Integration Authorities and local authorities are to identify a senior leader for each Integration Authority area as the single point of operational responsibility for driving the changes necessary;
- f) Should any quarterly report identify the need for intervention, that this is acted on immediately.

Further, I will follow up directly with any additional asks of Health Board or Integration Authority areas where the proportion of drug deaths remains significantly high and where MAT standard 1 is not yet implemented, and for those areas, we will require monthly progress reports rather than quarterly.

Our expectation is that, these oversight arrangements will lead to implementation of the MAT standards in community and justice settings in all local areas, in accordance with the timetable for full implementation being recommended in the PHS Benchmarking Report, at the very latest.

The Scottish Government and the MIST team, in particular, will continue to provide advice and support to all local areas to set up the above arrangements and to achieve the intended goals. Addressing this requires a whole-system approach across Government and across local services.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

The requirements set out in this letter of direction will subsequently be revoked when implementation has been achieved locally, and notice of that will be in a further letter.

I thank you, and those who are charged with delivering support and care in accordance with the MAT standards, for your on-going commitment. Ministers recognise that there are huge efforts being made already to deliver on the standards and to provide the necessary care for some of the most marginalised people in our communities, to save and improve lives. This letter is intended to ensure that the work being done on the ground is backed up more consistently through commitment from senior leaders.



ANGELA CONSTANCE

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

MAT STANDARDS IMPLEMENTATION PLAN

This MAT Standards Implementation Plan has been produced to set out actions being taken in the Integration Authority area:

Edinburgh

The lead officer/postholder nominated to ensure delivery of this Implementation Plan is:

Name	Position/Job Title
Judith Proctor	EIJB Chief Officer

This Plan is intended to ensure that services in the Integration Authority area are meeting the standards and the respective criteria for each standard as set out in the Drug Deaths Taskforce report: [Medication Assisted Treatment standards: access, choice, support](#) published in May 2021.

This Plan has been developed by partners and has taken account of the voices of lived and living experience. The Governance arrangements for local oversight of progress against this Plan, including the role of lived and living experience in this is as follows:

The plan has been developed with the full range of ADP partners.

Involvement of lived and living experience includes their involvement in underpinning needs assessment work, ongoing experiential data gathering and widespread involvement of PWLE in the delivery of treatment and support.

The governance of the plan is in line with the Minister's letter:

- The EADP and EH&SCP will co-ordinate monthly meetings of a new MATS Oversight Group, membership of which will include all partners with responsibility for delivery of actions. This group will review progress against the agreed actions and will ratify a quarterly report which will highlight risks to delivery.
- This quarterly report will be presented to the H&SCP Executive Management Team (chaired by the Lead Officer who is also IJB Chief Officer) for comment and to address any risks to delivery.
- The report will be passed to the other two Chief Executives for agreement before being shared with the SG.
- Timelines for each of the above will be established when the submission dates to the SG have been confirmed.

This Plan has been signed off on behalf of the delivery partners by:

Name	Position	Delivery Partner	Date signed

Appendices:

- Appendix 1: Summary of recruitment plans:
- Appendix 2: Summary of developmental/ QI projects:

Background reading: Evidence-based assessment of progress, MAT standards 1–5. April 2022, Edinburgh
[Supplementary information for the national benchmarking report on implementation of the Medication Assisted Treatment \(MAT\) standards. 2021/22](#) p357-375)

Abbreviations used in this document:

Abbreviation	Description
CGL	Change, Grow, Live (contracted voluntary sector partner)
EADP	Edinburgh Alcohol and Drugs partnership
EH&SCP	Edinburgh Health and Social care Partnership
MIST	MAT standards Implementation Support Team (Public Health Scotland)
NHSL PH	NHS Lothian Public Health
ORT	Opiate Replacement Therapy
Police Scotland (VOW)	Police Scotland (Operation Threshold, outreach team)
QI	Quality Improvement
QI Academy	Quality Improvement Academy (NHS Lothian)

REAS	Royal Edinburgh and Associated Services
REAS (HRT)	Harm Reduction Team
REAS (PCFT)	Primary Care Facilitation Team
RGN	Registered General Nurse
RMN	Registered Mental Nurse
The Access Place	EH&SCP service delivering integrated treatment and support to homeless people
TPS	Turning Point Scotland (contracted voluntary sector partner)

Lead Contacts of organisations involved in implementation:

Organisation	Contact
CGL	Beverley Hubber <Beverley.Hubber@cgl.org.uk>
EADP	David Williams <David.Williams@edinburgh.gov.uk>
EH&SCP	Mike Massaro-Mallinson <Mike.Massaro-Mallinson@nhslothian.scot.nhs.uk>
MIST	Dave Taylor <david.taylor28@nhs.scot>
NHSL PH	James Shanley <James.Shanley@nhslothian.scot.nhs.uk>;
REAS (HRT)	Jim Sherval <Jim.Sherval@nhslothian.scot.nhs.uk>;
REAS (PCFT)	Judith Craven <Judith.Craven@nhslothian.scot.nhs.uk>; David Ewart <David.Ewart@nhslothian.scot.nhs.uk>
TPS	Carmen McShane <carmenmcshane@turningpointscotland.com>

MAT Standard 1: All people accessing services have the option to start MAT from the same day of presentation.

April 2022 RAG status: Amber.

Summary of current performance: Local guidance allows for same day start of MAT, but there are multiple routes into treatment (4 x hubs, Harm reduction Team, Edinburgh Access Place) and the pathways and pressures vary. An information gathering exercise in April 2022 indicated variable waits and same day initiation of prescribing in only two settings (EAP and HRT).

Summary action plan: Develop single city-wide clinic to offer same day assessment and treatment start. This will offer assessment and initiation five days a week to people presenting themselves, being referred by other agencies or attending with the support of outreach teams. It will offer treatment in community settings where this is required.

Summary budget:

Central Titration Clinic costs pa	(£000's/ year)
Clinical component (nurses, prescribers, admin, manager)	£368
Social work	£56
Voluntary sector practitioners	£120

Actions/deliverables to implement standard 1	Lead	Timescales to complete
Implement a central clinic offering same day access, open 5 days a week, supported by outreach		
Recruitment in H&SCP (see appendix 1)		
Funding confirmation	EADP	Dec 2021
First round of Advertisement	EHSCP	September 2022
Second round of advertisement (if needed)	EH&SCP	Dec 2022
Expansion in voluntary sector partners' capacity (see appendix 1)		

Funding confirmation/ contracts in place	EADP	August 2022
First round of Advertisement	TPS/ CGL	Sept 2022
Second round of advertisement (if needed)	TPS/ CGL	Dec 2022
Clinic set up		
Service procedures, pathways etc in place	EH&SCP	October 2022
QI charter agreed	NHL PH/ EH&SCP/ MIST	October 2022
Clinic open and seeing existing waiting list	EH&SCP	October 2022
Clinic open via self presentation/ assertive outreach	EH&SCP	Dec 2022
Monitoring and oversight		
External evaluation of clinic secured	EADP	October 2022
MAT 1 reporting submitted to SG/ PHS	NHSL PH	Feb 2023
Six month progress report	EH&SCP/ NHSL PH	June 2023
Criminal Justice		
Ensure that those identified in police custody or courts as needing treatment have access to assessment and treatment start in situ, a direct pathway for continuity of prescribing and outreach to support continued engagement	EADP and various local partners alongside MIST	April 2025
Ensure, in line with the previous Health Needs Assessment, that treatment can be initiated in HMP Edinburgh and that all people returning to the Edinburgh community from any prison have continuity of care	EADP and various local partners alongside MIST	April 2025

MAT Standard 2: All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.

April 2022 RAG status: Amber

Summary of Current position/ planned actions

Most components of this standard are already in place; there is no time limited care and guidance requires offering choice in relation to dose and medications.

The key development in this area is roll out of Buvidal (a novel, injected medication formulation with significant advantages). This is currently offered to a proportion of patients in secondary care, mostly people who have recently entered treatment. The standard requires it to be offered to all of those entering treatment but also conversion to it should be systematically offered to the existing patients.

The NHS and ADP have developed an agreed pathway for people to start on/ convert to buvidal. The key new things required to implement it are

- 1) capacity to dispense the drug in secondary care (nursing time) and
- 2) dispensing arrangements in community pharmacy (via a new contract) – this is currently being piloted in 3 pharmacies

When these are in place, the local teams and GP practices will be able offer conversion to Buvidal to their patients and will progressively do this group by group.

As with MAT 1, the next milestone is the development of a central, dispensing clinic, in this case requiring recruitment of two band 5 nurses, prescribing and admin capacity (total investment £138k pa). The outline processes, guidance etc and accommodation are in place but the required recruitment has not yet begun. Other costs associated with the roll out of Buvidal (medication costs, pharmacy charges) are not part of the ADP financial plan.

Actions/deliverables to implement standard 2	Lead	Timescales to complete
Implement a central clinic dispensing Buvidal		
Recruitment in H&SCP (see appendix 1)		
Funding confirmation	EADP	Dec 2021
First round of Advertisement	EH&SCP	September 2022
Second round of advertisement (if needed)	EH&SCP	Dec 2022
Clinic set up		

Service procedures, pathways etc in place	EH&SCP	October 2022
Clinic open and taking existing buvidal patients	EH&SCP	October 2022
Establish arrangements for community pharmacy Dispensing		
Pilot sites in place (three outlets)	REAS	August 2022
Initial evaluation of Pharmacy Buvidal dispensing	REAS	December 2022
Systematically offer choice to existing patients in primary and secondary care		
Plan for offering conversion for secondary care patients in each hub	EH&SCP (hubs)	December 2022
Plan for offering conversion to patients in each GP practice	EH&SCP (hubs)	December 2022
Monitoring and oversight		
Annual MAT 2 reporting submitted to SG/ PHS	NHSL PH	Feb 2023
Criminal Justice		
Ensure that those identified in Police custody or courts as needing treatment or those on DTTO have access to the full range of medications	EADP and various local partners alongside MIST	April 2025
Ensure that treatment options in HMP Edinburgh include all medications	EADP and various local partners alongside MIST	April 2025

MAT Standard 3: All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.

RAG status April 2022: Amber

Summary of present/ planned actions: Edinburgh has an established network of teams who reach out to people who are identified as being in crisis and at high risk of drug related death. Subject to the outcomes of ongoing performance monitoring, it is anticipated that the current work plus planned actions (including additional investment) will deliver the standard before April 2023. Actions for this area focus on standardising practice, evidencing impact and stabilising/ expanding funding.

Summary action plan

- Expand total capacity for outreach to those in crisis
- Ensure that Assertive outreach is linked to the arrangements for rapid access to treatment (MAT 1)
- Systematise and standardise approaches to decision making, practice, risk management and reporting evidence
- Diversify the skill mix of those doing outreach
- Ensure integration with other systems (vulnerable adults, MH, etc) and between elements of our own system

Summary budget: A ringfenced budget of £251,000 pa has been allocated to this work by the Scottish Government. Several of the key elements of the current provision have been developed using non-recurring ADP funding and it has been agreed to commit revenue to these.

Current non-recurring investments (to be extended)	£000's pa
Outreach post at Harm Reduction Team	35
Operation Threshold	30
A&E navigators	27
Drug liaison nursing contribution	45
Proposed new development:	
Additional outreach capacity in Harm Reduction team	58

Actions/deliverables to implement standard 3	Lead	Timescales to complete
Standardising practice and ensuring governance:		
Standardise and share operating procedures: develop standard assessment, risk assessment and decision-making paperwork for each of the outreach teams	NHSL PH	October 2022

Expanding capacity and securing funding		
Fund/ recruit additional workers in Harm Reduction Team	EADP/ REAS	Done/ October 2022
Fund/ Recruit vol sec workers and social worker attached to the new MAT 1 clinic	EADP/ CGL & TPS/ EH&SCP	August 22/ Oct 22
Reaching high risk individuals in specific environments:		
Hostels/ B&Bs: Establish standard joint working and training offer with these teams to support MAT 3 delivery; test delivery of ORT clinics within Hostels	NHSL PH; The Access Place	April 2023
Council Housing Concierge Service: Establish joint working and training offer with this team to support MAT 3 delivery	Police Scotland (VOW)	April 2023
Residential social landlords (complete test of change of intensive joint working with one RSL and publish)	TPS/ CGL	April 2023
Practice improvements:		
Ensure that patients of the Central titration clinic have transport and support to use it (drivers/ outreach)	EADP	Dec 2022
Undertake a test of change to identify the impact of out of hours work on engagement rates	EADP/ EH&SCP	June 2023
Criminal Justice		
Ensure that those identified in police custody or courts as needing treatment have access to assessment and treatment start in situ, a direct pathway for continuity of prescribing and outreach to support continued engagement	EADP and various local partners alongside MIST	April 2025
Ensure, in line with the previous Health Needs Assessment, that all people returning to the Edinburgh community from any prison have continuity of care including outreach to support continued engagement	EADP and various local partners alongside MIST	April 2025

MAT Standard 4: All people are offered the following evidence-based harm reduction interventions at the point of MAT delivery. BBV testing; Assessment of injecting risk; Injecting equipment provision; Naloxone and overdose awareness; Wound care; Sexual and reproductive health RAG status (April 2022): Amber:		
Current and planned actions: This standard is partially implemented (amber) because it is not clear that the core interventions (naloxone, injection equipment, blood-borne virus testing) are consistently available at the same time and place as all MAT appointments. However, most interventions are available in most settings and it is anticipated that the current work plus planned actions will deliver the standard before April 2023. Note that the assessment of this standard does not include primary care settings, but this is a challenge in Edinburgh where 62% of the caseload are cared for by general practice.		
Actions/deliverables to implement standard 4	Lead	Timescales to complete
BBV testing		
Survey to identify the proportion of staff trained (nursing and vol sec)	EADP	Jan 2023
Action plan for each team to bring it towards 100%	EH&SCP/ REAS/ CGL&TPS	Jan 2023
Audit of case notes	EADP/ NHSL PH	March 2023
Assessment of injecting risk		
Survey to identify the proportion of staff who have done injecting training (nursing and vol sec)	EADP	Jan 2023
Action plan for each team to bring it towards 100%	EH&SCP/ REAS/ CGL&TPS	Jan 2023
Audit of case notes	EADP/ NHSL PH	March 2023
Injecting equipment provision		
Ensure that all rooms in which ORT is offered by specialist services have equipment in	EHSCP and REAS (HRT)	Feb 2022
Naloxone and overdose awareness		
Audit of case notes	EADP/ NHSL PH	March 2023
Criminal Justice		
Include DTTO in all MAT 4 developments alongside other community treatment services	EADP/ CEC/ REAS	As above
Ensure that the elements of MAT 4 that can be delivered in a prison environment are delivered in HMP Edinburgh	EADP/ REAS	As above

MAT Standard 5, & 7 and Treatment target:

- MAT 5: All people will receive support to remain in treatment for as long as requested
- MAT 7: All people have the option of MAT shared with Primary Care
- Treatment target: increase by 9% the number of people receiving Opiate Replacement Treatment by April 2024

April 2022 RAG status: Amber

Summary of present/ planned actions

- Currently there are 3000 patients receiving drug treatment in Edinburgh, out of 6000 estimated people who use drugs problematically. Meeting the Treatment target will require that an additional 276 patients are treated by a system of care which already has very high pressures. Introducing same day access to treatment (MAT 1) and even more active efforts to avoid disengagement (MAT 3) are expected to result in increasing numbers of people in care.
- Currently 62% of people on ORT are already in primary care and 95% of all people who are in ORT treatment have GPs who provide ORT. This is hugely ahead of the national average (a legacy of NHS Lothian approaches over several decades).
- There are no limits on the time that people can remain in care but there is a finite capacity for treatment. The clinical and voluntary sector workforce in specialist services is smaller than required to deliver care to the current patient group. It is further depleted by recruitment challenges, staff absence and reliance on temporary posts.
- MAT 5 requires systems of care to “have pathways in place or models of support that are flexible and offer different care packages that [range from low [to high] intensity]” and to ensure that people are able to move easily between these models of care according to need. It is not clear that the current system of care is able to achieve this.

Within current resource constraints (funding, premises, available workforce) and models, meeting the existing pressures and new expectations is not possible. In December 2021 the ADP made an application to MIST (the MAT standards Implementation Support Team) describing a plan with the following intended outcomes and a funding request of **£1.6m** pa

- Reducing practitioner caseloads in hub services
- Developing Low intensity care in community settings - demonstrating models of high volume care/ increased safe, MAT compliant throughput from secondary care to increase the number of people who can be treated).
- Maximising use of primary care

This proposal was agreed. However, only £0.75m pa has been made available and the funding has only recently been confirmed. This recurring budget is to be divided between EH&SCP (£628k pa) and voluntary sector (£128k pa) partners. The implementation plan for this work consists of

<ul style="list-style-type: none"> recruitment (summarised in appendix 1) and commitments to Quality Improvement projects (summarised in appendix 2. <p>This plan has been agreed between</p> <ul style="list-style-type: none"> the ADP key delivery partners (EH&SCP and the voluntary sector hubs services – CGL and TPS) and The organisations who will support the change (NHSL Public Health, MIST, REAS PCFT). 		
Actions/deliverables to implement standard 5, 7 and Treatment Target	Lead	Timescales to complete
Expand and diversify workforce in locality teams (see appendix 1)		
Recruitment in H&SCP		
Funding confirmation	EADP	August 2022
First round of Advertisement	EH&SCP	September 2022
Second round of advertisement (if needed)	EH&SCP	Dec 2022
Recruitment in voluntary sector partners'		
Funding confirmation/ contracts in place	EADP	August 2022
First round of Advertisement	TPS/ CGL	Sept 2022
Second round of advertisement (if needed)	TPS/ CGL	Dec 2022
Develop new models of care through tests of change (See appendix 2)		
Alcohol Pathway improvement (to increase efficiency and patient experience, releasing capacity) – three hubs		
QI charters/ baseline measures (3 hubs)	EH&SCP with support from NHSL PH and MIST	October 2022
Primary care: Maximising the appropriate use of primary care to increase total treatment capacity		
Recruit additional developmental capacity (Primary Care Liaison GP)	REAS (PCFT)	November 2022
QI charters/ baseline measures	EH&SCP with support from PCFT, NHSL PH and MIST	October 2022

Improved throughput, case management and role delineation		
QI charters/ baseline measures	EH&SCP with support from NHSL PH and MIST	October 2022

MAT Standard 6: The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.		
<p>Completed and planned actions are noted below</p> <p>Note that standards 6 - 10 were not formally evaluated in March 2022.</p> <p>However, planning and implementation for MAT 6 in the Lothians are understood to be well developed by national standards.</p>		
Actions/deliverables to implement standard 6	LEAD	Timescales to complete
Establish required MAT 6 strategic leadership/steering group with appropriate membership and function	NHSL Clinical Psychology	Complete
Develop an overall MAT 6 delivery plan for EADP	NHSL Clinical Psychology	Complete
Develop service specific delivery plans for all EADP services (including a framework for evidencing and reporting implementation progress)	NHSL Clinical Psychology	Dec 2022
<p>To carry out a baseline audit of current service delivery in relation to the key elements of Mat 6. This includes:</p> <p>a) Staff survey</p> <p>b) Service user survey</p>	NHSL Clinical Psychology	<p>a) Complete</p> <p>b) Dec 2022)</p>
Initiate ongoing process of service development/ improvement to ensure the service culture and environment is psychologically-informed	NHSL Clinical Psychology	March 2023
Develop a workforce development plan clearly outlining MAT 6 training and supervision requirements and plans for delivery.	NHSL Clinical Psychology	Complete

Make available training, coaching and supervision for staff in key evidence-based MAT 6 psychosocial interventions	NHSL Clinical Psychology	Complete
Make available regular reflective practice space for staff working across all service areas	NHSL Clinical Psychology	Complete
Ensure appropriate staff have psychosocial interventions delivery built into job plans, with protected time to deliver (and attending coaching/supervision)	NHSL Clinical Psychology	Dec 2022
Develop resources (tools, manuals etc) to support staff to deliver MAT 6 psychosocial interventions	NHSL Clinical Psychology	Dec 2022
Establish a collaborative MAT 6 care planning process which has the service users' views at the centre.	NHSL Clinical Psychology	Dec 2022
To ensure tier 3 & 4 psychological therapies are available to people without significant delay (i.e. initial assessment within 4 weeks, and treatment starting within 12 weeks of being deemed suitable)	NHSL Clinical Psychology	Dec 2022
Develop a short-life working group that will scope current peer networks activity in specialist services	EADP	Complete
Develop specific plans to ensure people are actively offered access to recovery community activities and people in open recovery from all specialist services	EADP/ CGL	April 2023

MAT Standard 7: All people have the option of MAT shared with Primary Care.

Actions required are described above (MAT 5 plan):

95% of ORT patients have practices which provide ORT. Improvement will consist of ensuring the maximum appropriate use of primary care through

- improving communication between primary care, secondary care, and non-statutory addiction agencies.

- improving primary care confidence in shared care treatment
- supporting GP practices in their delivery of ORT

and/ or by supporting pathway changes which encourage smooth transfer of patient care to primary care and appropriate referral from primary to secondary care.

MAT Standard 8 All people have access to independent advocacy and support for housing, welfare and income needs. Note that standards 6-10 were not formally evaluated in March 2022, but completed and planned actions are noted below

Actions/deliverables to implement standard 8	Timescales to complete	Lead
Continue provision of Independent Advocacy through Advocard, on site income maximisation services in locality teams and primary care; continue to offer voluntary sector case management to all secondary care patients; provide support for families (through VOCAL)	Ongoing	EADP
Publish leaflet detailing MAT rights and the organisations who will advocate and support patients to receive them	Feb 2023	EADP
Undertake development with treatment teams to ensure that pathways to these services are understood by all frontline practitioners	March 2023	EADP
Criminal Justice		
Include DTTO in all MAT 8 developments alongside other community treatment services	EADP/ CEC/ REAS	As above
Ensure that the MAT 8 standards that can be delivered in a prison environment are delivered in HMP Edinburgh	EADP/ REAS	As above

MAT Standard 9: All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.

People have the right to ask for support with mental health problems and to engage in mental health treatment while being supported as part of their drug treatment and care. The local system of secondary care has strengths in this regard (notably integration between the vol sec, social work and clinical teams; and shared locality management of MH and drug and alcohol teams. However, there are a very wide range of approaches to how integrated dual diagnosis care should be delivered and the current intention is to respond to national developments identifying best practice.

MAT Standard 10: All people receive trauma informed care.		
<p>Completed and planned actions are noted below Note that standards 6 - 10 were not formally evaluated in March 2022. However, planning and implementation for MAT 6 in the Lothians are understood to be well developed by national standards.</p>		
Actions/deliverables to implement standard 10	Lead	Timescales to complete
Establish required MAT 6 strategic leadership/steering group with appropriate membership and function	NHSL Clinical Psychology	Complete
Develop an overall MAT 10 delivery plan for EADP	NHSL Clinical Psychology	Complete
<p>To carry out a baseline audit of current service delivery in relation to the key elements of Mat 6 & 10. This includes:</p> <ul style="list-style-type: none"> a) Staff survey b) Service user survey c) Trauma Walkthroughs 	NHSL Clinical Psychology	<ul style="list-style-type: none"> a) Complete b) Dec 2022 c) March 2023
Initiate a process of continuous quality improvement underpinned by the principles of trauma informed care	NHSL Clinical Psychology	March 2023
Initiate a process where service users are continually asked for their views on service delivery and areas for improvement (in line with TIC)	NHSL Clinical Psychology	March 2023
Offer appropriate training supervision for all staff to work safely and effectively with trauma	NHSL Clinical Psychology	Complete
Develop a wellbeing planning tool and activities (e.g. staff mindfulness groups) to support staff health and wellbeing	NHSL Clinical Psychology	March 2023
Appropriate screening tools to be identified for use routinely (as appropriate) so that trauma is recognised	NHSL Clinical Psychology	March 2023

Appendix 1: Summary of recruitment plans:

Permanent additional recruitment:

Professional group	Number to be recruited
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Expanding capacity (MAT 5, 7 and Treatment target):

B7 advanced nurse practitioners/ pharmacy NMP	3
Band 6 RMN	4
Band 6 OT	1
Band 5 RMN	1
Band 4/ Band 3 Health care assistants	6
TPS/ CGL practitioners (various grades)	6

Titration clinic (MAT 1):

B7 nurse team leader	1
WTE nurses/ prescribers (B6)	3
2 x 0.5 WTE Social Worker	1
TPS/ CGL practitioners (various grades)	4

Buvidal Clinic (MAT 2)

Band 5 nurses	2
Admin	1

Project manager

Band 7	1
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Temporary posts to support development for two years:

Development RGN	1
Primary care liaison GP	0.4

As described under the All of the core posts are to be advertised through a single recruitment process (in each organisation) by September 2022, readvertised as needed in December 2022.

Other, non-recurring investments in workforce have been made or are being considered: most particularly, Speciality doctors and Pharmacist prescribers are in post/ are being sought to provide treatment capacity until the full complement of nursing posts can be filled.

Additional non-recurring funding for staffing or other uses is available within the ADP budget. All partners, particularly EH&SCP are able to have requests for this funding considered where it would achieve MAT standards.

Appendix 2: Summary of developmental/ QI projects:

All of these are to be delivered alongside the expansion of staffing numbers and included in the reporting to

Key developmental projects:	Standard	Lead operational team(s) delivering	Lead QI support
Same day access	MAT 1	Central Titration clinic	Project manager (plus external evaluation)
Implementation of the Buvidal pathway	MAT 2	Central Buvidal Clinic/ all hubs	Project manager
Increasing capacity	MAT 5&7& treatment target		
<ul style="list-style-type: none"> Improving links Primary care (resulting in greater use of available capacity) 		NW, SW, SE hubs	Project manager/ PCFT (REAS)
<ul style="list-style-type: none"> More effective alcohol pathway (leading to efficiencies, improved patient experience and higher throughput) 		NW, SW, SE hubs	QI academy
<ul style="list-style-type: none"> Improved throughput, case management and role delineation 		NE and NW hubs	MIST/ project manager
<ul style="list-style-type: none"> Identifying the value of occupational therapy in increasing ORT capacity 		NE hub	QI Academy
Improving access to physical healthcare for patients of the hubs	Passim	All hubs	QI Academy
Establishing/ expanding extra local bases to improve access and retention	Passim	NE (Craigmillar), SE (Gilmerton), SW (Gorgie Dalry)	NA

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REPORT

Chief Social Work Officer Annual Report 2021/22

Edinburgh Integration Joint Board

Tuesday 27 September 2022

Executive Summary

The purpose of this report is to provide the **Edinburgh Integration Joint Board** a copy of the annual Chief Social Work Annual Report . The format changed some years ago, when local authorities were asked to use a template devised by the Chief Social Work Adviser to the Scottish Government to ensure consistency across Scotland in annual report submissions. Due to the Covid-19 pandemic, this format has once more been altered to reflect the challenges that the pandemic has brought to social work delivery across Scotland.

Recommendations

It is recommended that the **Edinburgh Integration Joint Board**:

1. Notes the Chief Social Work Officer's (CSWO) Annual Report for 2021/22 attached at Appendix 1.

Directions

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

Report Circulation

1. Submission to the Councils Education, Children and Families and Policy and Sustainability Committee.
2. Submission to the Scottish Government.

Main Report

3. The CSWO annual report provides a broad outline of some of the key issues facing social work and social care in Edinburgh. It includes data on statutory services, areas of decision making and sets out the main developments, challenges, and performance.
4. The report includes an update on finance, service quality, delivery of statutory functions, workforce planning, development, and performance across social work service delivery across the Council and HSCP.
5. Included in the report is a range of performance data and some of the key social work indicators are set out. This information complements, rather than replicates the detailed performance and budget information on all social work and social care services most of which has already been presented to Committee, Council, and the Integrated Joint Board (IJB).
6. Appendix 2 of the report acts as the required annual report to elected members on the operation of the statutory social work complaints process.
7. The report highlights the impact that Covid-19 has had upon Edinburgh's population and its social work, social care, and public protection services, as well as indicating how the pandemic has affected and contributed to even greater levels of need and vulnerability for people living in the city.
8. The report also highlights the impact that is likely to be expected across our communities with the increased cost of living challenges. This is almost certainly going to further increase demand for social work services across the Council and Health and Social Work Partnership.

Implications for Edinburgh Integration Joint Board

Financial

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

Legal / risk implications

10. None.

Equality and integrated impact assessment

11. None.

Environment and sustainability impacts

12. None.

Quality of care

13. N/A

Consultation

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

Report Author

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Background Reports

1. None.



Appendices

Appendix 1 Chief Social Work Officer Annual Report 21/22



THE CITY OF EDINBURGH COUNCIL CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT

APRIL 2021 – MARCH 2022

GLOSSARY

AWIA	Adults with Incapacity Act
CJOIP	Community Justice Outcomes Improvement Plan
CJSW	Criminal Justice Social Work
CPO	Community Payback Order
CSWO	Chief Social Work Officer
CTO	Compulsory Treatment Order
DALAG	Domestic Abuse Local Action Group
DTTO	Drug Testing and Treatment Order
EADP	Edinburgh Alcohol and Drugs Partnership
EDO	Emergency Detention Order
EHSCP	Edinburgh Health and Social Care Partnership
EIJB	Edinburgh Integrated Joint Board
ELPF	Edinburgh Local Practitioner Forum
EMORS	Edinburgh and Midlothian Offender Recovery Service
ESEC	Equally Safe Edinburgh Committee
FGDM	Family Group Decision Making
GIRFEC	Getting It Right For Every Child
IRD	Inter-Agency Referral Discussion
LOG	Locality Operational Group
LSI	Large Scale Investigation
MAPE	Multi-Agency Practice Evaluations
MAPPA	Multi-Agency Public Protection Arrangements
MHA	Mental Health Act
MHO	Mental Health Officer
QAO	Quality Assurance Officer
SSSC	Scottish Social Services Council
STDO	Short-term Detention Order
TCAC	Through Care and After Care
TIC	Trauma Informed Care

CONTENTS PAGE

Foreword/Introduction	Page 4
Governance and Accountability	Page 5
Service Quality and Performance	Page 8
Health & Social Care	Page 8
Children's Services	Page 19
Criminal Justice	Page 34
Quality, Governance and Regulation	Page 38
Public Protection	Page 44
Resources	Page 55
Workforce	Page 57
Covid-19 – Impact and Response	Page 66
Appendix 1	Page 68
Appendix 2	Page 69
Appendix 3	Page 75
Appendix 4	Page 76

FOREWORD/INTRODUCTION

It is my pleasure to provide my fourth and final Chief Social Work Officer's report in respect of the City of Edinburgh Council since coming into post in July 2018. As of September 2022, I move onto the Care Inspectorate as their Chief Executive. I have thoroughly enjoyed my time in Edinburgh and have been struck by colleague's commitment, integrity, and determination to provide excellent social work services. There have certainly been many challenges along the way, yet this is what the task of social work is at its essence – managing and mitigating the competing demands, expectations and risks associated with living in the modern world.

I would like to acknowledge all the colleagues who have supported the production of this report and the associated relevant material for inclusion. It should be noted that a lot of the performance and service development information within this report has been reported elsewhere and that my report is intended to draw together already existing information to form an overview of the quality of social work practice in the city. It also contains new and emerging information and concludes with a look to the future of Social Work and potential challenges going forward.

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

The purpose of this report is to provide Council with information on the statutory work delivered through the various social work services of the Council during the period 1 April 2021 to 31 March 2022 as well as the associated challenges within the context of the current climate within public services.

As we move into 2022/23, we are increasingly concerned about the impact that the rising cost of living will have on the families and individuals that we support, and this is in addition to the poverty that already affects our citizens and communities.

This report will be posted on the Council website and will be shared with the Chief Social Work Advisor to the Scottish Government.

Jackie Irvine
Chief Social Work Officer
Service Director of Children and Families and Criminal Justice Services.
August 2022

GOVERNANCE AND ACCOUNTABILITY

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

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

The Chief Officers' group is chaired by the Council's Chief Executive and has representation from all the key partners as well as the chairs of the public protection groups, Child Protection Committee, Adult Protection Committee, Offender Management Group, Equally Safe Edinburgh Committee and the Alcohol and Drug Partnership.

In addition, the Chief Social Work Officer sits on the Multi-Agency Public Protection Arrangements (MAPPA) Strategic Oversight Group (SOG), for Edinburgh, the Lothians, and Borders Local Authority areas. The MAPPA SOG provides governance and oversight for the management of high-risk offenders across the five Local Authority areas.

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

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

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

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

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

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

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

During the reporting period of this annual report there were two reports presented to full Council as a result of independent enquiries as commissioned by the Council. These were conducted by Pinsent Masons LLP and overseen by Inquiry Chair Susanne Tanner QC.

[Report of 28 October 2021 - Allegations Concerning the Conduct of the Late Sean Bell](#)

The Council commissioned an independent Inquiry into complaints about the conduct of the late Sean Bell, a former senior manager in its Communities and Families directorate, who passed away in August 2020. Mr Bell was due to stand trial for sexual offences charges, however Police Scotland's criminal investigation was brought to a close following his death.

The purpose of the Inquiry was to establish, amongst other things, whether or not any, or appropriate, steps were taken by the Council to respond to any past allegations or suspicions of abuse or inappropriate behaviour of this manager.

The independent Inquiry identified certain failings and missed opportunities on the part of the Council to address the unacceptable conduct of the late Sean Bell and made recommendations in this regard. The Council produced an Open Report of the full Inquiry report which identifies key issues, findings, and recommendations, and this was made available publicly through the issuing of the papers for Full Council.

The Inquiry team undertook a civil investigation into potential wrongdoing and as such the appropriate standard of proof that they have adopted was to make determination(s) on the balance of probabilities. It was acknowledged that this had been a very difficult process for the survivors, as well as all staff and others affected.

A series of recommendations were made by the investigators and were fully accepted by Full Council. Council officers are actively taking these recommendations forward and provide regular progress reports.

Report on 16 December 2021 - Independent Review into Whistleblowing and Organisational Culture

Following the consideration of the initial inquiry as described above, the Policy and Sustainability Committee agreed in October 2020 that a further independent assessment should take place in respect of the Council's whistleblowing and organisational culture.

This was agreed by full Council on 15 October 2020. This independent review into whistleblowing and organisational culture, was conducted by Susanne Tanner QC with the assistance of Pinsent Masons LLP and reported to Council on 16 December 2021.

This inquiry produced a total of 50 recommendations which were accepted in full by the Council. It was acknowledged that some of the recommendations overlapped with the previous inquiry, therefore these are being taken forward together by Council officers.

The inquiry team acknowledged the assistance provided by; City of Edinburgh Council Colleagues, Councillors, trade union representatives, Edinburgh residents, the external whistleblowing service provider and others who have reached out to shine a light on the current whistleblowing and organisational culture of the Council.

The inquiry reported that they had heard many positive views about the current culture and the improvements that have been made since 2014, when a new way of dealing with whistleblowing disclosures was introduced by the Council. However, they had also been told about practical and cultural issues which have prevented the process from working as well as it could, leaving some of those who have raised concerns feeling dissatisfied with the process, the outcome, or both; and without a guarantee of rigorous scrutiny by those charged with the governance of the process.

This inquiry report is in the public domain via the Council Committee papers.

SERVICE QUALITY AND PERFORMANCE

Health & Social Care

Impact of the Covid-19 Pandemic

2021/22 continued to be a challenging year for the health and social care system as restrictions eased but covid cases remained high. This resulted in staff shortages, increasing demand from residents with increasingly complex needs, and ongoing difficulties in recruitment. These system pressures were also reflected nationally and many of these pressures are not new although they have been exacerbated by the EU exit and the covid pandemic.

As a result of these pressures being felt across the country, in early November 2021, the Scottish Government (SG) allocated additional funding of £300m across Scotland for the remainder of the financial year. Using the Partnership's share of this funding, the IJB agreed a programme of investment, framed to reflect the priority areas identified by the SG as well as supporting sustainability beyond the immediate crisis. This included investment in interim care beds, initiatives to increase capacity within the care at home sector and multi-disciplinary team working.

Alongside supporting recruitment efforts, the Partnership used the One Edinburgh approach to optimise the provision of existing packages of care. A command centre was established, and dashboards developed which use regularly updated data to inform service provision improvements. Current provision and unmet need across the city was regularly reviewed to identify where providers could work collaboratively to achieve greater efficiency in provision, following consultation with service users. A further part of work to optimise current capacity is through the creation of a dedicated team to review existing packages of care and look for alternative means of providing the support people require to maintain their independence; for example, through the support of local community partners or the provision of telecare/community equipment.

The EIJB's [Annual Performance Report 2020/21](#) details service performance against the six strategic priorities set out in their strategic plan and against the national health and wellbeing outcomes. Details of key projects and progress over the year affecting social work teams are outlined below.

One Edinburgh – Home Based Care

'One Edinburgh' is part of the EHSCP's Home-Based Care and Support project within the Transformation Programme. It seeks to transform Edinburgh's approach to supporting people in their own homes, recognising that choice and control for supported people cannot happen unless there is a sustainable market of providers and services to choose from. It is supporting the development of a market position statement including the One Edinburgh Charter, co-produced with external provider partners, and takes into consideration the EHSCP approach to commissioning care at home services and the function of EHSCP internal Home Care and Reablement provision.

Discharge from Hospital during the Pandemic

On 5 May 2021 the Mental Welfare Commission published their report entitled [Authority to Discharge: report into decision making for people in hospital who lack capacity](#). This report highlighted the situation of 20 people in Scotland from a sample size of 338 who had been moved unlawfully during the beginning of the pandemic. This included one person from Edinburgh. This led to assurance being sought through the Policy and Sustainability Committee as to whether people being discharged from hospital were being treated in accordance with legislation and support. A large-scale audit has been underway, involving the review of over 500 people's circumstances, led by a Quality Assurance Officer and four qualified and experienced Mental Health Officers. This audit was commissioned by the CSWO and the Chief Officer of the EHSCP and will report in Autumn 2022. It is anticipated that this will shape and outline learning and development for colleagues involved in discharge from hospital where a person is lacking the capacity to make informed choices in their lives.

Increased pressures during the Pandemic

Since March 2021, there has been both an increase in referrals for social care support, and an increasing number of people being assessed as requiring a service. This increase in demand resulted from people being de-conditioned (i.e. frailer, less confident) following periods of lockdown, family/unpaid carers who are exhausted having cared for people during the pandemic returning to work following furlough, and a general build-up of demand emerging as messaging about services being 'open as usual' were released.

Coupled with this increasing demand for services, there was also a decrease in care capacity available to support people, compounding an already challenging position. Decreasing capacity to deliver services resulted from:

- Loss of staff – to other industries and because of the exit from the EU
- Staff sickness absence and Covid-related absences
- Long-term challenges with recruitment to the social care sector.

These factors affected ability to meet demand, with increasing waitlists for social care assessment and provision, and an increase in people delayed while awaiting discharge from hospital.

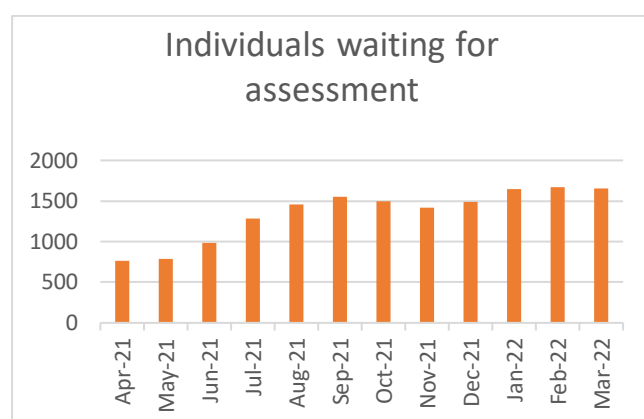
Social Work Referrals in year

The number of people referred each month to the Health and Social Care Partnership averaged just under 5,600 per month (5,585). As activity rebounded following the initial impact of COVID-19, 67,023 people were referred during 2021/22, this was almost a fifth higher (18.3%) than in 2020/21 when 56,632 people were referred. (Source: Swift)

Waiting for assessment

The number of people waiting for an assessment rose in the first six months of the year from 762 in April 2021 to 1,553 in September 2021. The number waiting

steadily fluctuated in the second half of 2021/22 rising to 1,656 in March 2022.
(Source: Swift)

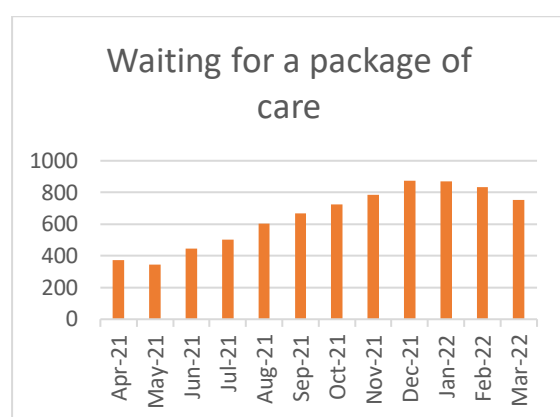


Assessments completed

During the year there were 7,901 people who received an assessment from a locality team or the Residential Review Team. This includes people who have been supported with a Three Conversations intervention rather than a traditional assessment, as well as those people for whom a Personal Support Plan was recorded in the year and who did not also have an assessment recorded. This is an increase on the previous year when 4,912 assessments were completed (plus an additional 260 people supported via the Three Conversations approach), however, it should be noted that fewer assessments were completed in 2020/21 due to COVID.

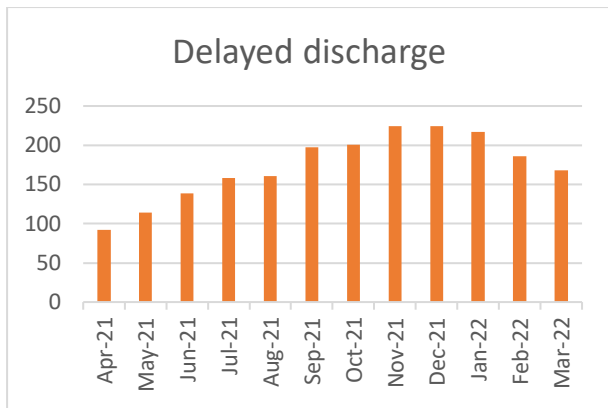
Waiting for a package of care

After an initial drop between April and May 2021, when 346 people were waiting for a package of care, the number of people waiting peaked at 876 in December 2021 before falling to 754 by March 2022. (Source: Swift).



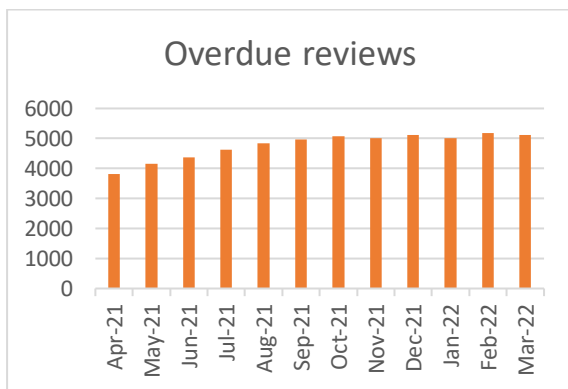
Delayed discharge

The number of patients in hospital waiting to be discharged also increased in the first part of 2021/22, from 92 at the April 2021 census to a peak of 224 at both the November and December censuses. The number then fell back to 168 in March 2022. (Source: [PHS Delayed Discharge publication](#))



Overdue reviews

The number of people with an overdue review increased steadily in the first six months of the year from 3,813 in April 2021 to 5,077 in October 2021. The number then levelled off for the remainder of 2021/22 with 5,107 people with an overdue review in March 2022. It should be noted that there are significant data quality concerns where it is known that subsequent reviews have taken place following the review that remains open. A programme to address these data quality issues is being scoped (Source: Swift)

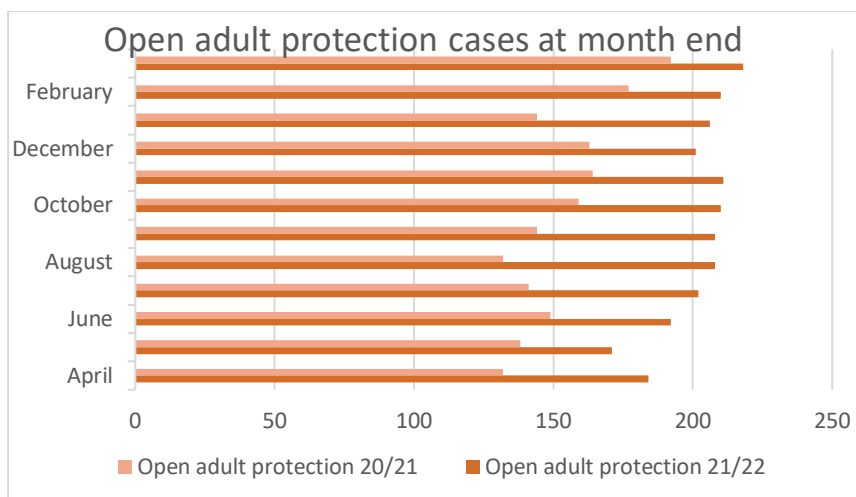


Completed reviews

During 2021/22 there were 6,141 reviews completed. This is a decrease on the previous year when 7,174 reviews were completed. As part of these numbers, the Residential Review Team completed 1,801 reviews (for 1,687 individuals) during the year. This included the part of the review programme funded by the Scottish Government, that started in early 2021 and has since been completed, to review all care home residents (other than private placements). (Source: Swift)

Open Adult Protection Cases

The number of open adult protection cases at the end of each month was higher than the corresponding month in 2020/21. From July 2021 onwards the number of open cases was above 200 each month. (Source: Swift)



The assessment and care teams in the four localities have worked with impressive resilience throughout the challenges of the pandemic, clearly showing the skill social workers bring to working with crisis. There has been an increase in referrals, and unfortunately therefore an increase in those waiting for assessment. Also, an increase in the number of open adult support and protection cases, suggesting an increase in complexity. There have been challenges in recruiting social workers, especially experienced ones. As a result, the locality teams are all running with vacancies, which has seen more pressure on and resultant increases in caseloads for social workers. There has also been a reduction in care and support available from providers, meaning social workers need to keep cases open longer to manage the risk and an increase in crisis work due to the lack of services available. The services are beginning to understand what a post Covid world will mean in terms of the needs of the most vulnerable adults in our society, who have been disproportionately impacted by Covid and other societal inequalities; and the service's ability to respond to those needs.

This has not come without a cost to the well-being and morale of social workers, who overall do not receive the same outward recognition and support in society as NHS colleagues receive. As one very experienced social worker put it 'the lows have been the difficulties in managing risk when holding a high caseload and the inherent stress that brings'. The highs have been about being 'in a good team and doing what we social workers try our best to achieve – help people.' The general view is that over the year there has been very limited time for preventative work as the vast majority of time has been spent managing evolving crises in people's lives.

Three Conversations

The rollout of Three Conversations has continued over the last year. This approach focuses on what matters to a person and on working collaboratively with them as experts in their own lives, with staff considering a person's strengths and community networks to achieve positive outcomes.

During 2021/22, teams using Three Conversations services have had conversations with over 4,900 people. Information, advice, or sign posting - e.g., to third sector and community resources - has been provided in 35% of conversations, rather than formal long-term care services being required or increased. In the same period, it has taken on average 11 days from someone contacting Social Care Direct to their

conversation starting; a significant reduction from the 2020/21 baseline of 37.3 days for those working in the traditional assessment model. Recent feedback from services and people they worked with in the four teams using Three Conversations has been positive, with it being viewed as a very person-centred approach.

Home First

Home First is developing services to better support people to remain at home or in a homely setting, preventing hospital admission and providing alternatives to hospital where it is clinically safe to do so. Significant progress was made in several workstreams during the year.

To support the prevention of admissions, the EHSCP implemented a Single Point of Access through the Flow Centre for all urgent health and social care/therapy pathways requiring a 4-hour response. From March 2021 – February 2022, 357 referrals were received and 53% of admissions were avoided. The social work hospital team was expanded to include Home First Navigators in Home Based Complex Clinical Care and intermediate care, and additional social workers to support the front door at Edinburgh Royal Infirmary and Western General Hospital.

The Home First approach also works to support timely discharge from hospital. In 2020/21, Edinburgh became the first Lothian partnership to test Planned Date of Discharge (PDD), as part of the pan-Lothian pathfinder site for the national Discharge without Delay initiative. This initiative will support closer collaboration between hospital and community based staff, including social workers, in discharge planning.

Older People's Services Joint Inspection

During 2021/22, the EHSCP continued to engage with the Care Inspectorate and Healthcare Improvement Scotland (HIS) (known as the Joint Inspectors), to demonstrate the improvements made since the Older People's Services Joint Inspection (May 2017) and Progress review (June 2018).

Following a successful programme of collaborative meetings between staff and inspectors throughout early 2021, the Partnership pulled together a self-evaluation statement, setting out the considerable work done to address the 17 recommendations of the original report. Improvements evidenced related to both key strategic transformation projects and business-as-usual services.

The Joint Inspection Team issued its response in November 2021, noting that overall positive progress has been made. The report acknowledges that, since the progress review of 2018, senior leaders in the Partnership have driven forward the change agenda and invested resources to progress strategic planning, which had previously lacked vision, direction, and pace. A positive shift has been noted, from a reactionary to a more planned and structured approach.

The Inspection Team noted areas of progress, including:

- Significant investment in improving the approach to engagement and consultation with stakeholders.
- Developing new approaches to early intervention and prevention.

- Developing and implementing the Carer Strategy (2019-2022).
- Improving access to diagnosis of dementia and post diagnostic support.
- Updating the Joint Strategic Needs Assessment, consulting on and implementing the Strategic Plan (2019-2022) and progressing with and investing in the Transformation Programme.
- Implementing new approaches to assessment and care management, strengthening support to practitioners, and reducing waiting times for assessment and access to services.

The Progress Report of November 2021 marks the end of formal scrutiny in relation to the original inspection and reflects the hard work and commitment of all staff involved.

Quality Improvement and Assurance in care homes

During the course of the year it was agreed that the Care Home Transformation Group would be disbanded; however, a structured work programme for the coming year was developed. This included plans to standardise the care documentation across the care homes, and the development of person-centred care plans.

Improvement work has continued at Royston Court Care Home with a continued focus on processes and the sustainability of the implemented changes.

The nursing model will be implemented iteratively in the newer 60 bed care homes, with nursing staff initially recruited to Royston care home, followed by Inch View and then Marionville Court. As such, work is being carried out with staff at all levels to create conditions for change and look at ways in which they will work with registered nurses as part of the team.

An assurance tool has been created and is being used for visits to all EHSCP operated care homes, which should not only provide assurance but also identify areas for improvement.

Complaint's training has been delivered to EHSCP operated care home managers and a system put in place to monitor all care home complaints, ensuring all actions are followed up and lessons learned are reviewed, shared and act upon change ideas.

Since March 2021, there has been both an increase in referrals for social care support, and an increasing number of people being assessed as requiring a service. This increase in demand resulted from people being de-conditioned (i.e., frailer, less confident) following periods of lockdown, family/unpaid carers who are exhausted having cared for people during the pandemic returning to work following furlough, and a general build-up of demand emerging as messaging about services being 'open as usual' were released.

Coupled with this increasing demand for services, there was also a decrease in care capacity available to support people, compounding an already challenging position. Decreasing capacity to deliver services resulted from:

- Loss of staff – to other industries and because of the exit from the EU

- Staff sickness absence and Covid-related absences
- Long-term challenges with recruitment to the social care sector.

These factors affected ability to meet demand, with increasing waiting lists for social work assessment and the provision of support, and an increase in people delayed while awaiting discharge from hospital.

Social Care Direct

Social Care Direct operate as the front door of the Edinburgh Health and Social Care Partnership, receiving referrals via telephone, email online and the NHS portal. All contacts are initially managed by a customer service advisor who will identify the correct onward pathway and offer signposting for immediate and less complex queries.

The calls received at social care direct have seen a significant increase per day. In 20-21 the team received an average of 103 contacts per day, in 21-22 this increased to 130 per day – a 21% increase.

Over the last year there has been a significant increase in the contacts made via Social Care Direct with a 20% increase of Adult Concern Forms received from our Police and NHS colleagues. The contact centre also noted an increase in non-complex requests, and this appears to be due to third sector organisations being closed, or not offering the same level of support during the pandemic. Within the last few months there has been a surge in requests for financial support for food and fuel, and given the current fuel crisis, this is only going to continue. This appears to be impacting the out of hours service more significantly, as food banks, and money advice centres are closed in the evenings and weekends.

Mental Health

Mental Health (Thrive Edinburgh)

The current Thrive Edinburgh adult health and social care commissioning plan is now coming to an end, and this has given the EHSCP the opportunity to renew, refresh and reimagine the strategic priorities for 2023-26. An event was held in October 2021 to begin the process, and there will be further dialogue around key priority areas over the coming year.

At the 2021/22 GO Awards Scotland ceremony for excellence in public procurement, the Thrive Collective procurement process won in two categories: Continuous Improvement, and Health and Wellbeing Recognition.

Mental Health – Statutory service

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

Table 1 – This table shows the number of assessments carried out by Mental Health Officers (MHOs) under the Mental Health (Care & Treatment) (Scotland) Act 2003 (MHA) and the Adults with Incapacity (Scotland) Act 2000 (AWIA). It is recorded that in 2021/2022 of 1224 assessments, 885 individuals became subject to compulsory

measures, indicating that some 339 individuals were assessed at least twice in terms of the appropriateness of compulsory measures under MHA and/or AWIA. The table shows that 90 more assessments were carried out in 2021/2022 than in the preceding year, an increase of 8%. The proportion of people who were assessed more than once for the appropriateness of compulsory measures decreased in 2021/2022 from the previous year from 416 to 339, a decrease of 77 or 18.5%. However, while less people have needed repeat assessments, the number of individuals assessed in terms of these two pieces of legislation is higher in 2021/2022 than in the 4 previous years.

	2017/18		2018/19		2019/20		2020/21		2021/22	
	No.	People	No.	People	No.	People	No.	People	No.	People
Contacts	Na	Na	Na	Na	Na	Na	Na	Na	Na	Na
Assessments completed	1,213	757	1,131	706	1,275	803	1,134	718	1224	885

Table 2 - This table shows a significant increase in the use of Emergency Detention Orders (EDOs) consistently since 2017. Comparison of the number of EDOs granted in 2016-17 with those granted in 2021/2022 shows a marked increase in use of this type of compulsory order of 69% (89 cases). This is concerning as the use of EDOs should be the exception, with the correct gateway to hospital on a compulsory basis being the Short-Term Detention Order (STDO) which affords the individual more rights. It is noted that there is an increase in all types of detention covered within the table, however EDOs have become a significantly increased proportion of all types of detention since 2017-18.

	Commenced Apr 17 – Mar 18	Commenced Apr 18 – Mar 19	Commenced Apr 19 – Mar 20	Commenced Apr 20 – Mar 21	Commenced Apr 21 – Mar 22
Emergency detention in hospital (72 Hrs)	241	268	298	322	330
Short term detention in hospital (28 days)	472	478	515	541	554
Compulsory Treatment orders (indefinite with 6 monthly review in first year and then annual review)	151	147	151	200	182
Interim compulsory treatment orders (28 days)	72	65	66	89	87

Table 3 - These figures represent a snapshot of MHA orders active on one day: 31 March. In comparing this day in 2017 with 2022, the figures indicate that there were 124 more CTOs in operation in 2022, representing a considerable increase of 36%. However, there are 39 less CTOs in operation on 31 March 2022 when compared to the same day in 2021. Numbers of STDCs in place on 31 March through 2017 to 2022 have varied markedly.

Table 3 – As at MH orders – counted individuals instead of orders						
	As at 31 March 2017	As at 31 March 2018	As at 31 March 2019	As at 31 March 2020	As at 31 March 2021	As at 31 March 2022
Emergency detention in hospital	1	1	1	3	0	4
Short term detention in hospital	51	37	27	37	29	49
Compulsory treatment orders	343	416	403	455	506	467

Table 4 below shows the total number of orders under the Criminal Procedures (Scotland) Act open to the MHO service. The table shows that the number of these types of orders made by the court through 2021-2022 increased by 9 from the previous year (21%). The number of orders being made exceeds the number being closed and we see that there are 56 more open at the end of the reporting period in 2021 than in 2016, representing an increase of 70%. The number of Compulsion Orders with Restriction Orders (CORO) which are the orders related to the highest perceived level of risk and requiring the greatest level of RMO and MHO supervision, increased by 4 from 2020/2021.

	2017/18	2018/19	2019/20	2020/21	2021/22
Total legal orders started	41	36	36	42	51
Total legal orders open at period end	94	101	116	123	136
Compulsion orders with Restriction order open at end of period	27	32	40	38	42

Table 5 shows an increase of 36 in the total number of guardianships in operation in 2022 compared with the previous year. There are 20% more Guardianships in operation in 2021/22 when compared to 2016/17. Private guardianships of all types account for 75.7% of the total. There are 64 more CSWO Guardianships in existence in 2021/22 than in 2016/17, representing an increase of 34.6%. Meeting the statutory duty to provide an MHO Suitability Report relating to Guardianship applications within 21 days has been challenging to the service for several years, with waiting times for MHO allocation in non-urgent cases ranging from a few months to a year. We have welcomed additional funding from the Scottish Government to

build capacity in the MHO workforce both to train new MHOs and to directly employ more MHOs. Through the course of 2022, 3.5 additional FTE MHOs have joined the service funded by this additional resource. The CSWO meets quarterly with MHO Service lead officer to monitor demand and capacity issues.

Table 5 – Guardianship orders <u>as at</u> (remained open on date period ends). Counted individuals instead of orders.	2017/18	2018/19	2019/20	2020/21	2021/22
CSWO welfare guardianships	148	153	181	195	198
Private Welfare guardianships	205	214	265	262	275
Financial guardianship (private only)	97	73	74	65	66
CSWO welfare and financial guardianships (guardian for financial element must be non-Council)	29	33	48	39	51
Private welfare and financial guardianships	385	381	445	428	435
Total	864	854	1,013	989	1025

CHILDREN'S SOCIAL WORK SERVICES

A great deal of work in Children's Services has been connected to the transformational change that the Care Review, and the Promise expect of children's services. Edinburgh, through the [Edinburgh Children's Partnership](#) have created Edinburgh's Promise:



Edinburgh's Children Loved, Safe and Respected

Edinburgh's Promise is governed through the Edinburgh Children's Partnership, as all sectors of children's services – voluntary, statutory, and regulatory – will be required to review, consult and amend service provision. This is aligned to the ambition of the Children's Partnership to be as joined up as possible regarding children's services.

The multi-agency Edinburgh's Promise is the governance, planning and delivery mechanism for Edinburgh's children's services transformation. The main strategic focus has been on the 2021-2023 calls to action set out by the Promise Scotland. This has been split into 4 working groups, led by senior leaders across children's services.

Given the scope and scale of the Promise, the Edinburgh Promise Leadership Group is comprised of senior managers who provide leadership, guidance, instruction, prioritisation, communication, and championing of Edinburgh's Promise to those designated with delivering the service redesign and remodelling required.

Alongside these groups, work has been undertaken to create key documentation and applications for colleagues regarding:

Language

Trauma Informed Practice

The Promise's 5 Fundamentals

Edinburgh's Promise has also secured two Good Childhood grants to support contextual safeguarding (an approach to child protection) (see page 31) as well as Sparrow (see page 41).

Children's Partnership

The last year has seen a range of new initiatives being taken forward by the Children's Partnership. Examples of this are in:

Mental Health – significant work undertaken to make best use of funding to provide mental health and mental wellbeing support to children and young people when they first need additional support

Whole Family Support – continuing the excellent work of Edinburgh's Parent and Carer's Collaborative, an extensive mapping exercise, public consultation, and development plans from this were created, and link with Edinburgh's Promise ambitions to develop an increasingly unified offer of family support at the right time, right support for as long as a family requires this

No wrong door/single point of access – discussions and collective focus on creating and developing the city's children's services away from a 'hand off' and referral model, to a more straight forward response to any request for help or assistance

Working Through Covid

Alongside this significant transformation programme Children's social work services have continued to operate throughout the past 12 months, working both from home, as well as using office locations to increasingly manage duty and face to face arrangements.

Social Care Direct have continued with staff working from home to be the first point of contact for access to our services. This service has supported wider services to ensure that families are able to receive advice support and assistance in a timely fashion.

Edinburgh's out of hours social work service have continued to ensure that families in crisis are supported out of hours.

The level of referrals to Social Work Services continued on a consistent level throughout the Covid period. Initially the service did not see an increase in referrals but with the easing of restrictions and other services starting up, an increase in referrals has occurred. This, linked with lower staffing levels relating to nationwide staffing challenges, has led to an increase in the number of children being dealt with by our duty teams and systems.

Alongside an increase in numbers, the service has observed the longer-term impact of Covid on families in terms of increased complexity and a higher level of stresses and difficulties. The service has viewed this as families' levels of both resilience and capacity having been impacted through the challenge of the last two years. This has been compounded by increasing financial challenges for Edinburgh's families.

The service has also dealt with increasing needs and service demands from emerging areas such as European families, particularly families from certain EU countries, arriving in the city presenting as homeless and destitute. With Brexit there are increasingly complex issues relating to what level of support can be offered.

There are, in this group a number of pregnant women; and there have been child protection issues and care concerns connected to these families as well.

There are other emerging issues relating to support for Ukrainian refugees and this is also a developing challenge on resources in the city.

The service has continued to build strong partnerships with colleagues in the voluntary sector and the strength of GIRFEC has continued to support Edinburgh's families.

Children's social work performance

Table 1: Child Protection and Looked After Children			
Item	Figures for period April to March		
	2019/20	2020/21	2021/22
Child protection Interagency Referral Discussions (IRDs)	1,205	1,086	1,143
Item	Figures for period April to March		
	2019/20	2020/21	2021/22
Child protection case conferences	598	568	466
Item	Figures as at 31 March		
	2020	2021	2022
Children on Child Protection Register	115	101	97
Children looked after at home	290	236	217
Children looked after away from home	899	856	811

There has been a slight (5%) increase in IRD's. This slight increase is converse with the 18% reduction in the number of child protection case conferences held in the past year, and the 4% reduction in the number of children subsequently placed onto the child protection register. The EIRD review group identifies that many children's circumstances discussed at IRD level, go on to be successfully supported through local GIRFEC children's planning.

Overall Edinburgh has seen the continuation of a long-term downward trend in the numbers of looked after children – at home (8% reduction from last year) and away from home (5% reduction from last year).

Table 2: Child Protection Case Conferences			
Item	Figures for period April to March		
	2019/20	2020/21	2021/22
Initial	136	145	117
Pre-birth	58	60	36
Review	396	355	307
Transfer	8	8	6
Total	598	568	466

As referenced above, case conference rates have reduced over the past 12 months, and this is reflected in every 'type' of case conference. The largest reduction has been a 40% reduction in the number of pre-birth case conferences being held; followed by 25% reduction in transfer case conferences, 19% reduction in initial case

conferences, and a 14% reduction in the number of review case conferences required.

The Edinburgh Child Protection Committee was a test partner with CELCIS/Scottish Government in the development of the latest version of the National Minimum Dataset for Child Protection Committees in Scotland, which launched in June 2022. Using the dataset, the Committee can carry out regular analysis of trend data, identifying areas for attention. The Committee has also adapted the dataset for local use – for example, through separating out pre-birth child protection data to fully understand the level of demand and the resulting multi-agency response for this group.

Any areas which require further analysis are identified by the Committee and the resulting actions progressed by the Quality Assurance Subcommittee, with regular reporting and ongoing monitoring through subsequent iterations of the dataset report.

Table 3: Looked After Children			
Item	Figures as at 31 March		
	2020	2021	2022
Total number of children and young people Looked After	1,189	1,092	1,028
At home with parents	290	236	217
In Foster Care	519	466	441
In Residential	101	98	101
With Kinship Carers, Friends/Relatives	248	244	225
With Prospective Adopters	14	24	32
In Secure Accommodation	6	7	4
Other	11	17	8

The reduction in looked after numbers reflects the continuing trend in recent years. These reductions continue to demonstrate Edinburgh's approach to working with children and their families in supporting children remain in their family's care. This approach is supported through the developments of Edinburgh's Promise.

Table 4: Secure accommodation			
Item	Figures for period April to March		
	2019/20	2020/21	2021/22
Total number of admissions	20	27	14
Admissions to out of Edinburgh provision	9	15	4
Average length of time in secure for young people discharged (in days)	132	229	153

Over the past 12 months there was a 48% reduction in the number of children entering secure care. This was mirrored by a 78% reduction in the use of out of Edinburgh secure care for Edinburgh's children. Of note, there has been a 33% reduction in the average length of time that children and young people are required to stay in secure.

Table 5: Adoption and Permanence			
Item	Figures for period April to March		
	2019/20	2020/21	2021/22
Adopters approved	11	14	14
Children registered for Adoption (Permanence Order with Authority to Adopt)	22	23	25
Children registered for Permanence (Permanence Order)	59	24	25
Children placed for adoption	18	19	15
Children adopted	27	11	11
% of Permanence panels within timescale	43%	32%	39%

There has also been an increase in the number of children placed with adopters.

Table 6: Other context information			
Item	Figures as at 31 March		
	2020	2021	2022
Approximate number children allocated within Children & Families teams	3,300	3,300	3,000
Item	Figures for period April to March		
	2019/20	2020/21	2021/22
Monthly number of reports submitted to the Children's reporter	165	50	102

The number of children and young people allocated to Edinburgh's practice teams has fallen by 10% over the past year. The number of reports requested by the Scottish Children's Reporters Association (SCRA) for children's hearings has doubled from last year yet remains 39% lower than pre-pandemic requests. It is anticipated that report requests will begin to mirror the same volume as pre-pandemic over the next 12 months.

Table 7: Domestic Abuse - Child Welfare Concerns and Child Protection Registrations			
Item	Figures for period April to March		
	2019/20	2020/21	2021/22
Total number of child welfare concern forms sent to Social Care Direct	10,139	10,959	10,129
Number of child welfare concern forms with domestic abuse as a concern	3,010	3,216	2,911
Item	Figures as at 31 March		
	2020	2021	2022
Children on Child Protection Register	115	101	97
Percentage of children on the Register who had a domestic abuse concern identified	47%	33%	43%

The pattern of several IRDs being concluded with single agency responses or child planning meetings has continued and this is seen to reflect a strong GIRFEC culture and robust interagency work in Edinburgh. The development of the Locality Operational Groups (LOGS) and the Taskforce, at the onset of the pandemic, has meant that there are strengthening partnerships in the city and the Children's Practice Team Managers as co-chairs of the LOGs have taken a lead role in this

innovative culture shift. The objectives were set out clearly and that was to improve opportunities to share information regarding vulnerable families and collectively find solutions and provide support.

There has been no significant reduction the number of children and young people open to the social work teams, and this is a clear indication that despite the challenges of Covid it has been very much business as usual. The Four Locality Practice Teams and Disability Team have overcome the limitations set by operating and navigating in a Covid affected world. Social Work Assistants supported families to maintain contact with looked after and accommodated children. This has at times involved outdoor contacts or along with social workers having to creatively find space in an environment when most indoor venues have been closed. The challenges overcome and the commitment of staff to fulfil statutory duties and to do the best for Edinburgh's looked after children cannot be overstated.

Edinburgh's Disability Team have continued to develop their practice and are currently working with the Scottish Government in an innovative project on Self Directed Support and worker autonomy. This team has experienced a rise in demand, and this has increased both the workload and costs associated.

There have been significant changes in Edinburgh's Communities and Families Senior Management arrangements in the last year as well as other challenges for the service. Nevertheless, the managers of all teams and their team Leaders have with staff continued to provide support to Edinburgh's most vulnerable children and their families. Practice has developed, and supported innovations underpinned by a strong restorative culture. The service is now routinely exploring with families what would make a difference and developing a clearer focus on strengthening families, further developing relationship based social work practice.

This will equip the service to engage in the Balance of Care 2 (an exploration of how services improve for our looked after and accommodated children and move towards a more preventative approach). Likewise, the willingness to learn, and to change and adapt will support Edinburgh engage and fully support the Promise.

[Throughcare and Aftercare](#)

The Corporate Parenting Team has been created, comprising of the Corporate Parenting Lead Officer and two care experienced Participation Officers. The team oversee the work of Edinburgh's Champions Board, as well as engaging with key corporate parents. The team have been facilitating meetings with the Champions Board to explore how all partners can be effective and considerate corporate parents.

In December of 2021 a newly created Corporate Parenting Lead Officer came into post. This new role has been created to oversee and manage City of Edinburgh's Council's work as Corporate Parents, striving for improvement and innovation in how we care for and support our Care Experienced Community. Since coming into post the Corporate Parenting Lead Officer has reviewed and proposed a new oversight strategy, looking at improving partnership working in Corporate Parenting across the city, not just within the council. A review of Edinburgh's current Corporate Parenting

plan is underway and new and strengthened partnerships across Corporate Parenting Partner Agencies are being forged.

Alongside this Edinburgh has now created and filled two permanent posts for Participation Officers for Care Experienced Young People. These two posts are critical in communicating with Edinburgh's care experienced community, past and present, to bring forward the voices of experience to the work undertaken by the City of Edinburgh Council. The Participation Officers and the Corporate Parenting Lead Officer head up Edinburgh's Champions Board, and since the start of 2022 have worked hard to reinvigorate the board following the pandemic. The team have reengaged the Champions and interviewed and brought on new Ambassadors (key Corporate Parenting representatives from agencies including Police, Health, Education and Social Work). The team have been reaching out to the wider care experienced community and are building their links and relationships with young people in Edinburgh's Residential Homes, as well as via community links and groups.

To aid the work of the Champions Board the team have been working on a number of projects including; designing corporate parenting training for all Council staff; trialing a driving lessons project for care experienced young people; reaching out to Edinburgh's care experienced community and support services to increase participation and awareness; designing peer mentoring for care experienced young people; planning a leadership residential for 13-16 year old's during the summer of 2022 and creating opportunities for training and development for the Champions.

As highlighted in last year's CSWO report some Throughcare and Aftercare (TCAC) groups paused during the covid pandemic, whilst others moved to an online platform. Taking on board the views of young people some groups have continued to be on an online platform to make them more accessible. Other groups have now returned to being based in the Customer Hub, this includes the general drop in space for young people to visit, get some breakfast and support for a variety of issues from staff.

Returning to face-to-face groups has been welcomed and provided the ability to build relationships and provide safe spaces, particularly to those most vulnerable and isolated. The housing drop in has also resumed to support young people access advice and information, helping with housing applications and resolve housing related issues. With the current cost of living crisis, the service is focussing on income maximisation and have continued the £20 monthly top up for those in receipt of a maintenance payment. The Job Club Drop-In has also resumed, this is supported by Skills Development Scotland (SDS) and in addition to this the service are building links with the Capital City Partnership as part of the Edinburgh Guarantee.

TCAC continue to support unaccompanied asylum-seeking children and young people on an allocated and duty basis. A drop-in service is provided where advice is given for a range of issues. As highlighted in last year's report TCAC staff have been involved in the New Scots Edinburgh Partnership project, a collaboration between the Mental Health Foundation, City of Edinburgh Council (South West Children's Practice Team and TCAC) NHS Lothian CAMHS Meadows Team. This project is

being delivered via funding from the Scottish Government to deliver a variety of mental health and wellbeing courses for unaccompanied asylum-seeking children and young people, incorporating Photovoice, peer mentoring and trauma informed reflective practice.

Young People's Service

This service continues to provide support to children and young people in conflict with the law and their families, up to age 18. This support is provided on a voluntary basis as well as a statutory basis for those in the children's hearings or criminal justice system. Our Justice for Children and Young People vision and priorities has been approved by the Edinburgh Children's Partnership and will focus on a rights respecting approach to children in conflict with the law, prevention and early intervention, complex needs, and child criminal exploitation.

In the last year there has been an increase in Criminal Justice Social Work Reports (CJSWR) for under 18's as well as an increase in diversion from prosecution assessments, the numbers successfully diverted and those subject to a Community Payback Order (CPO).

CJ - Under 18 year old Comparison of Orders 2020-21 to 2021-22

		2020-21	2021-22	Change	% Increase
CJSWRs		14	19	5	35.7%
CPOs Started		12	16	4	33.3%
Diversion from Prosecution	Referrals	81	94	13	16.0%
	Cases Commenced	83	94	11	13.3%
	Assessments	76	84	8	10.5%
	Completed Successfully	38	41	3	7.9%
	No of Individuals	80	99	19	23.8%

The service's partnership with Action for Children and Police Scotland to deliver the Serious and Organised Crime Early Intervention Service to support children and young people at risk of criminal exploitation is now in its final year of Big Lottery Funding and continuing funding is being considered. In the last year there has been an increase in referrals and demand for the service, along with an escalation in the complexity of need and risk. The City of Edinburgh Council supports a child protection response to children up to age 18 who are at risk of criminal exploitation. Funding has been secured to support delivery of Edinburgh's Promise with the service testing a contextual safeguarding approach in one area of the city to

respond to extrafamilial harm and child protection concerns regarding children at risk of criminal exploitation. Learning from this will be used to develop practice across the city.

Residential services

In terms of residential care April 2021 to March 2022 continued to be a challenging time with the houses still working under the restrictions of the pandemic, suffering from staff shortages, and having to work out new ways of working with young people that kept both the young people and workforce safe and healthy. Most of these changes went against the normal working practices of the houses, where handovers, team meetings, residents meeting and the day-to-day interaction with young people all had to be altered. This clearly had an impact on the young people and workforce.

During 2022, the impact of the pandemic began to lessen, and houses started to look at how to recover. This included risk assessments for staff teams getting back together in team meetings and engaging with young people in the houses in a more relaxed fashion. Team meetings restarting has been very positive and has given the houses the chance to re-engage with their workforce and “re-set” their ethos, aims and objectives. All the houses have also had the opportunity to meet as a team for a development day, led by the Team leaders. Again, this has been a great opportunity to re-engage with staff and look at departmental developments and how these can be embedded in each unit.

Despite the restrictions imposed on the houses, the Over 12's panel continued to deal with referrals for young people requiring accommodation. Between May 2021 and March 2022 there were 76 referrals to the Over 12's panel for residential accommodation, 53 (69%) of these were requests for emergency placements. Due to capacity issues within the Council's resources, 42 young people were placed out with Edinburgh with Independent Providers during this period, due in principle to a lack of capacity in the city.

Since the beginning of May 2022, no young people have been accommodated out with Edinburgh as services have looked to create capacity in Council resources as it is predicted that the outcomes for young people are better if they remain in Edinburgh and close to their communities. The reconfiguration of the service is ongoing and hopes to address the issue of emergency admission.

On a positive note, young people in the houses continue to do well with a number gaining qualifications this year, engaging with My Adventure and other providers and one young person has taken up a place at Harvard Summer Camp, supported by Who Cares? Scotland.

Secure Care – Whistle Blowing Complaint

On 15 September 2020 a detailed anonymised whistleblowing report was submitted by the City of Edinburgh Council CSWO to Safecall.

The report contained several allegations concerning Edinburgh Secure Services (ESS) over several years, naming children and young people accommodated within the service and details of inappropriate care and treatment. The examples of

incidents cited covered several years and provided the detail of the staff members and managers involved.

The Investigating Officer was also appropriately tasked with aspects relating to ESS by the Chief Social Work Officer (CSWO) and the then Head of Children's Services and Legal department who were liaising with Police Scotland. The previous Head of Children's Service remained responsible for the oversight and governance of the ESS service until the end of May 2021.

In June 2021, the CSWO took on full responsibility for Children's Services and continued with the investigation and improvement actions, following the departure of the previous Head of Children's Services.

This was investigated by the Council's independent SafeCall Whistle Blowing service and a final report was received in October 2021.

The report highlights that an anonymous whistle-blower complaint alleged malpractice, including physical, verbal, and emotional abuse of young people; the existence of a toxic work culture; the reticence of young people to complain and the ability to see patterns and trends in 11 cases raised by the whistle-blower.

It should be noted that following examination of the 11 cases included in the original whistleblowing complaint, the Investigating Officer found an additional 19 cases of concern which when added to the 11 cases cited in the whistleblowing complaint, increasing the total number of cases included in the final whistleblowing report to 30.

The Investigating Officer found cases and evidence which appear to corroborate the assertions made by the whistleblowing complaint and answers Safecall's question about the misuse of power and control by managers and staff over the period examined. The findings detail concerning evidence about the standard of care provided to vulnerable young people over an 11-year period.

On receipt of the original whistleblowing referral (September 2020) the CSWO instigated a review and audit of progress and implementation of the recommendations generated by the GC SCR. Importantly considering whether there was evidence that these had been implemented and/or sustained.

Given the commonality and duplication between the recommendations from the Whistle Blowing report and those from a previous, SCR (GC) the decision was made to combine the requirements into one Consolidated Action Plan, with a clarity of the 'source' of the individual actions and a process that was auditable and would stand the test of time, from an audit point of view.

A Strategic Oversight Board is in place, chaired by the Executive Director, to provide governance and oversight of the consolidated Improvement Plan and in turn this is reported to the Public Protection Chief Officers' Group. Progress reports will also be presented to the Education and Children's Services Committee.

Family Based Care

During 2021/2022 Family Based Care services were delivered by staff working from home, remotely and through some temporary office accommodation in Waverley Court. Levels of direct contact with carers increased throughout the year in line with changing Government advice.

Foster Care

The Foster Care service continued to recruit foster carers during 2021/2022. The recruitment of foster carers continued to be significantly lower than prior to the pandemic.

The number of foster carers approved increased from 13 to 23 compared to the previous year. Of the new approvals, 7 were full time and 16 were short break foster carers. Delays in developing a new website, restrictions on holding monthly public recruitment drop in events at Waverley Court and the lessened impact of carer recruitment campaigns have all resulted in the reduction in foster care recruitment reflecting the similar national position.

Conversely, the number of foster carers de-registered also increased from the previous year from 26 to 35. This has resulted in a net loss of registered foster carers of 13 in 2020/21 and 12 in 2021/22.

In total, the Foster Care service supports 415 fostering households across the range of care types including, full time and short breaks, family and friends' carers and dual registered adopter and foster carers. 40% of foster carers have been registered with the service for at least 8 years.

The views of the Council's foster carers were captured in the annual survey which was completed by 110 fostering households. 70% of respondents stated that they still anticipated being foster carers in three years' time. 73% of respondents stated they were very satisfied with the support they received from Family Based Care. In total 92% of foster carers stated to be to be satisfied or very satisfied with the support they received from Family Based Care. This figure is comparable to the previous year.

Adoption

The Adoption service continued to recruit adopters, link children with adoptive parents and provide post adoption support during 2020/21. A refocusing of service delivery resulted in the development of a recruitment model more aligned to the profile of children waiting for adoptive parents.

In 2020/21, 13 adoptive families were approved, which is similar to the previous year. Recruitment has been realigned to the profile of children registered for adoption. This resulted in a reduction in carer preparation groups from 3 to 2. An additional preparation group was delivered for prospective inter-country adopters.

In total, 14 individual children were linked and matched with prospective adopters. Of these 8 were with adopters approved by the Adoption service and 6 by other adoption agencies. This figure is down on the previous year where 22 individual

children were linked, 10 with Adopters approved by the service and 12 from other adoption agencies. The Adoption service continues to make use of the Scottish Adoption Register to support the linking of Edinburgh's children and adopters.

Adoption support was provided to 19 adoptive families directly with a further 100 adoptive families being supported in the exchange of information regarding their adopted children with birth families.

Kinship Assessment and Support

The Kinship Support and Assessment service continued to assess new prospective kinship carers alongside supporting existing kinship carers. The assessment of kinship carers is undertaken by a pool of experienced independent assessors.

In 2021/22, 38 Full Kinship Assessments were completed with 30 being subsequently approved as kinship carers. 19 Kinship Viability Assessments were completed with 10 progressing to approval. These figures are broadly similar to the previous year which saw 29 kinship carers being approved following assessment.

A total of 259 Kinship Wellbeing Assessments were completed during the year. This process underpins the payment of Kinship Wellbeing Payments relation to eligible non looked after young people residing with kinship carers. The assessments confirm the status the placement, considers the wellbeing needs of the kinship family and ensures that the correct level of payment is being provided.

During the previous year, 157 families received support from the Kinship service. Of these 57 were closed as the need for support was met. Support to Kinship families is based on identifying needs and putting in place a plan of support which may be time limited or reviewed on an ongoing basis. The range of support provided can include participation in support groups, direct practical support, emotional support, support accessing other services and training courses (e.g., Impact or Trauma or Internet Safety).

Family Group Decision Making

From April 2021 to March 2022, Family Group Decision Making (FGDM) received 382 referrals for a family meeting, and this led to 173 meetings and many more significant pieces of work taking place.

FGDM have counted family meetings held on Microsoft Teams, skype or Google Duo as full family meetings for the purposes of our statistics. The service has had an increasing number of face-to-face family meetings yet the majority of the 2021 FGDM meetings have been virtual. This has been hard for some families and makes the initial engagement with children and family members more difficult to achieve or more superficial. The service has held several meetings with family members in their homes or outside to assist with this. However, for some family's virtual family meetings have been a positive development. Important people within the network have been able to join the meeting that perhaps wouldn't have been able to due to the distance they live from Edinburgh or due to work commitments. Other family

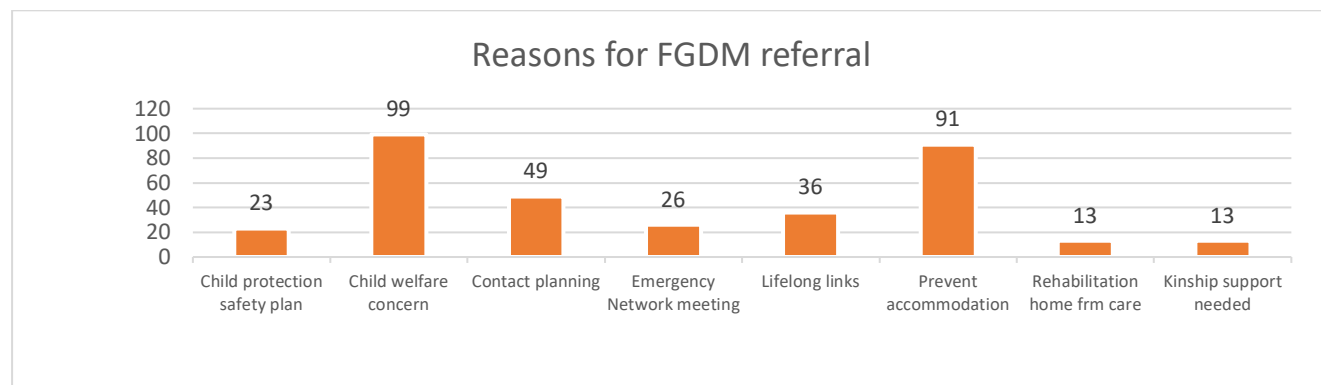
members have noted that when relationships are strained it can be easier to hold the family meeting virtually rather than face-to-face.

FGDM referrals are down 30% from 2018/2019. As services have recovered from pandemic lockdowns so too has the referral rate to FGDM, it is interesting, yet perhaps not unexpected, to see the correlation between lockdowns and the referral rates to FGDM.

The boxes below show issues for families being referred to the FGDM team. There will be multiple factors for each referral. It is to be expected that relationship issues would affect most of the referrals to the team, but it is interesting to note the high prevalence of parental mental health and domestic abuse.

Alcohol issue 43	Behaviour problems 104	Bereavement kinship 1	Bereavement parent 13	Child affected by disability 44	Child Mental health 43	Child offending 15	Child protection 106
Child with disability 50	Domestic abuse 106	Drug misuse 57	Educ problem 76	Parental Mental health 180	Parent with learning difficulties 13	Relationship issues 203	Previous child accommodated 59

The chart below outlines the main reasons for referral to FGDM from 1 April 2021 to 31 March 2022.



There were 68 plans made to support children at risk of accommodation and keep them at home by pulling in the wider supports of the family/friends, 8 children who had plans to rehabilitate them home from care placements, 18 kinship placements supported and a further 12 kinship placements identified for children at risk of accommodation. Not all of the children at risk of becoming accommodated would have come into care. If only a quarter of these were diverted from care placements the savings are substantial.

Similarly, 8 children were rehabilitated from care following FGDM, obviously many of these would have come home regardless or not of whether they have the FGDM service, but even if a small percentage were due to the FGDM process this again represents a large saving.

Work with babies

Many of the service's referrals are for unborn babies or babies under one year. All circumstances where babies (unborn or under one year) come into contact with Social Work have the option to have a Family Meeting. In order to engage with the parents quickly, the service will independently contact them to offer them the option to have a Family Meeting.

From 1 April 2021 to 31 March 2022 the service had 64 referrals for babies and about the same number again of consultations that did not progress either because of safety worries, loss of the pregnancy, closure of the case as the risks were assessed as low or because the families did not want a meeting.

Work with babies has increased year on year as the process becomes more embedded in Edinburgh and the automatic offer is normalised. Many of these situations are kept as consultations if families do not want to proceed with a Family Meeting until the baby is born because the service have found that sometimes families do not want to engage with FGDM until the baby is born and the reality of their issues is more apparent.

FGDM track all baby work until the child is 16 years old – this is in order to make sure that we are not diverting babies from care at birth only for them to come into the system later in life and be too old for adoption or a permanent care arrangement away from parents.

Child Protection work

The service's work with Child Protection is also designed to see if family supports can reduce risk and lead to the de-registration of children. The focus of the Child Protection Service within FGDM is on engaging our colleagues within the Practice Team at the earliest opportunity (where a child or young person has become subject to a Child Protection Case Conference), to consider whether a referral to the FGDM Service may be helpful.

In the context of Child Protection, a Family Meeting can support families (and their networks) to react and contribute to Child Protection processes by providing a family focussed space in which to discuss concerns, needs, and risk (in partnership with the Practice Team Social Worker). It is an opportunity for the family to come together and plan together to address these areas of concern, need, and risk.

The families plan can be shared at Case Conference (or Review) as evidence of a family's engagement, their capacity to understand and react to concerns, as well as their capacity to share responsibility for managing any risk.

Between 1 April 2021 and 31 March 2022 the service received notifications for 97 children from 58 Families.

Emergency network meetings

The FGDM service continue to offer an emergency network meeting to children who have come into care on an emergency basis or are referred for emergency

accommodation. Much of this work involves phoning round family members and bringing their views and offers of kinship/respite/support to social workers within a 5-day timescale. Over the last few months this service has become very busy with an increase in emergency placements.

[Lifelong links](#)

Lifelong Links work continues with most Lifelong Links plans and meetings resulting in connecting children in care with their wider networks and family members.

Increasingly the service recognises that Lifelong Links is a process that should and needs to be available to children and young people as and when the time is right for them to ask questions and explore. For example, when they need more information about their lives and circumstances, or they identify an individual they want to reconnect with.

Register House closed its doors in March 2020 and has just re-opened for people to be able to research family trees. The service has been fortunate enough to have the offer of staff from Register House to do some searches on the service's behalf.

The Lifelong Links evaluation continues at CELCIS, and the service provided data for this. The evaluation for Scotland will complete at the end of 2022.

[The Sparrow Project](#)

It has been identified in Edinburgh that there is a need for more tailored support for parents who have children placed permanently away from their care. Over 50% of parents who have had one child permanently accommodated go on to have further children placed away from home.

Earlier in 2022, the service, as part of Edinburgh's Promise were awarded £158,005 from two funds (The Good Childhood Fund and a Scottish Government Fund) to develop a service alongside Circle's Harbour project and Stepping Stones Edinburgh North which will look to engage with parents who have lost children to permanent or adoptive care. The money will fund two development posts which will sit within FGDM and two Family Support Workers who will work from within Circle and Stepping Stones Edinburgh North. It is hoped that the development of the service can be done alongside parents and young people who have lived experience and a pilot will directly engage with up to 20 parents from across Edinburgh.

[Multi-Systemic Therapy](#)

Since 2013 Edinburgh's children's services have been supported by a Multi-Systemic Therapy Team. Multisystemic therapy (MST) is an intensive family and community-based intervention. It targets the causes of anti-social behaviour in young people aged 11 to 17 who could be at risk of out-of-home placement.

Due to operational issues the work of the service was suspended in September 2021 and is now subject to an organisational review.

Community Justice

The City of Edinburgh Council received Section 27 funding of £9,775,833 for the year 2021/22 which was a reduction of £145,451 on the prior year's allocation. In addition, a separate allocation for Pandemic Recovery was made totalling £1,322,271. Additional funding was made available for Structured Deferred Sentences and the Council received £9,000.

In addition to the impact of the reduction in core funding, financial pressures increased in 2021/22 due to the unfunded pay award for public service staff. In Edinburgh, this equates to approximately £150,000 per annum. To address the unfunded pay award a service review is being undertaken, with full consultation with staff and Trade Unions. As Covid restrictions increased, workload demands have also increased. This includes work from the Scottish Courts and Tribunal Service, Unpaid work, and Parole Board Scotland backlog, leading to increased numbers of Criminal Justice Social Work Reports and community-based disposals.

While the additional funding by the Scottish Government to address the impact of the pandemic was welcome, the main barriers to using this funding was the timing of the funding award, including date notified and date the money had to be spent. This caused significant problems because of the length of time required by the Council's recruitment and procurement processes. Because of the fixed term nature of the funding and the fact that all JSW were recruiting at the same time, there were significant delays in getting people started. Contracts to the end of 31 March 2022 were also not attractive to people, which has impacted on the pool of staff applying to these temporary posts.

[Summary of Performance – key challenges, developments, and improvements](#)

Edinburgh's Community Safety and Justice Partnership, on behalf of the Edinburgh Community Planning Partnership, is responsible for the development and implementation of Edinburgh's Community Justice Outcomes Improvement Plan. An [annual report](#) for 2020/21 was submitted to Community Justice Scotland in September 2021.

The [Community Justice Outcome Improvement Plan for 2019–22](#) sets out the priority areas for community justice work in Edinburgh, complementing the Community Safety Strategy 2020-23 and the Edinburgh Partnership's Community Plan 2018-28. The Community Justice Outcome Improvement Plan is due to be reviewed this year.

2021/22 saw Covid restrictions relaxed considerably, with City of Edinburgh Council taking an understandable cautious approach, to ensure the continued health and wellbeing of staff and people using services.

Justice Services in Edinburgh have continued to develop a hybrid model of working and new ways of working, with more capacity for people to work from office space; more face-to-face contact with people using services and the return of groupwork interventions. This was welcome by both staff and people using services. In addition, the Scottish Government additional funding allowed us to commission voluntary sector services to support recovery.

Some key highlights are:

- The development of a virtual group work course that is delivered through the Microsoft Teams platform. The pilot of this course was evaluated and showed that the people who participated found it a very acceptable means of delivery.
- The revision of feedback questionnaires around how our services are experienced by the people who use them. These revisions are designed to make them more inclusive and suitable for every person who is provided a service. The revised questions are also intended to tell us how we can improve the way we engage with and support people, with a focus on the core trauma informed principles of safety, choice, trust, empowerment, and control.
- Building upon the positive [evaluation](#) of the project developing trauma enhanced practice within Groupwork Services, work is now well underway towards rolling this out to other Sectors. A Temporary Team Leader for Trauma and a Specialist Clinical Psychologist have been appointed to lead on this. There have been regular leadership sessions to support line-managers with embedding trauma informed models of service delivery. Approximately 70 staff are currently engaging in training at enhanced practice level, which includes modules on:
 - Understanding and responding to complex trauma
 - Promoting recovery through relationships
 - Asking about trauma and using safety and stabilisation skills
 - Selfcare and developing trauma-informed services
 - Understanding mental health in the context of trauma
- The roll-out includes the provision of Trauma Informed Group Supervision for staff, facilitated by a Clinical Psychologist.

In 2021/2022 Edinburgh Justice Services was one of four local authorities whose justice social work practice was evaluated in relation to breach of licence/recall to custody of people subject to statutory throughcare. The review was undertaken remotely and included a position statement and associated supporting documents prepared by the service; a file review of randomly selected cases; a staff survey and a focus group with front-line practitioners and managers.

Although reporting on broad areas of strengths and development, the Care Inspectorate provided individualised feedback to each Local Authority. The review identified practitioner and line management achievements of 'really strong evidence of good practice' and strengths in areas such as multi-agency risk management planning; partnership working; relationship building; robust supervision; support to access services by addressing barriers; meeting statutory responsibilities; line management support/oversight and clear processes and procedures which supported practice and understanding of role and responsibilities. Areas identified for development are being addressed through an Improvement Plan, in conjunction with colleagues from Quality Assurance.

Work has continued throughout 2021/22 to further develop Restorative Justice and to offer the service to those who are subject to statutory supervision, having been convicted of a hate crime and the victim of that offence (or a representative), and to deliver training in Restorative Justice approaches. Edinburgh, along with Mid, East and West Lothian and Scottish Borders are the pilot site for the roll-out of Restorative Justice and we will be working with Community Justice Scotland over the coming months to support the implementation of the Scottish Government's vision for Restorative Justice in Scotland.

Over 2021/22 Criminal Justice services have commissioned a number of Voluntary Sector organisations, using the additional Covid recovery funding. Funds were used to expand the options available to those undertaking 'other activities' as part of community payback; both **APEX** and the **Wise Group** were commissioned to provide facilitated personal development programmes, tailor made to the individual and with a focus on employability, training, and learning, and included mental health and wellbeing supports, managing stress, budgeting, and healthy eating.

The additional monies also paid for winter liberation packs for those with an identified need who were released from prison over the winter months and paid for the recruitment and supervision of a paid peer mentor within the **Edinburgh and Midlothian Offending Recovery and Support Service (EMORSS)**. The peer mentor has lived experience of the justice system and has used their knowledge and experience to support others to live crime free lives.

To overcome the challenges presented by COVID-19 in hosting workshops for people completing unpaid work during the winter months where activity takes place indoors, justice services hired a large hall between December 21 and March 22 to accommodate the workshops; this enabled staff to deliver them safely and in compliance with social distancing guidelines.

Justice Services commissioned a bike mechanic from **The Bike Station** who supported the Brake the Cycle Project and upskilled both Unpaid Work staff and people undertaking Unpaid Work, to repair/mend bikes which were then donated on to community groups and youth groups.

Justice Services also used this funding to commission the **Edinburgh Community Food (ECF)** to work with Willow Service to support women to increase their awareness of a healthy balanced diet, to access affordable food, and to gain confidence in food preparation and cooking. ECF provided both 1:1 and group support to women at Willow.

The Edinburgh Alcohol Problem Solving Court has been in place since February 2016 and utilises community payback legislation, with frequent court reviews. Covid-19 impacted on court report requests and subsequent orders being made through this Court. As restrictions relax and court business increases, justice social work services have resumed the provision of assessments to the court, focussing on alcohol and ensuring streamlined access to substance misuse services through close partnership working with **Change Grow Live (CGL)**.

Justice Services Performance

Edinburgh Justice Social Work Services continues to be committed to preventative work and to a service model that offers a continuity of service regardless of where the person is in the community justice pathway.

As Covid-19 restrictions relaxed in 2021/22, the service workload increase, primarily because of Scottish Courts and Tribunal Services dealing with their backlog. This generated an increase in the number of people we supported and the number of assessments we completed:

- 2,070 people were supported through open community orders by Justice Social Work Services. This represents a 10.6% increase from support given during 2020-21.
- Justice Services staff completed 1,516 social work reports to support decision making by the courts, representing a 45.6% increase in comparison to 2020-21.

Table 13 - Offenders in the community subject to statutory supervision						
*Many people being managed in the community have their risk levels reduced to medium, reflecting successful risk management strategies.						
	31 Mar-17	31 Mar-18	31 Mar-19	31 Mar-20	31 Mar-21	31 Mar-22
Assessed as very high risk or high risk (sexual violence)	17	7*	10*	12		
Assessed as very high or high risk (violence)	46	37	37*	34		
Probation orders	9	8	6	3	1	1
Community service orders	7	5	5	6	5	5
Community payback orders	1121	1069	940	900	838	992
Drug treatment and testing orders	121	145	168	144	99	119
Drug treatment and testing orders (II)	33	34	38	18	6	10
Bail supervision	16	23	24	34	20	27
Statutory supervision of released prisoners (e.g. life licence parole, extended sentence, supervised release orders)	128	127	121	117	134	119

Table 14 - Offenders in prison who will be subject to statutory supervision on release		
	31 March 2022	31 March 2022
	Male	Female
Offenders currently in prison who will be subject to statutory supervision on release assessed as very high or high risk (sexual violence)	75	0
Offenders currently in prison who will be subject to statutory supervision on release assessed as very high risk and high risk (violence)	116	4

QUALITY, GOVERNANCE AND REGULATION

Single-Agency Practice Evaluations (currently under review in Education and Children's Services Directorate and Health and Social Care)

The Practice Evaluation programme provides a pro-active and participatory approach to self-reflection and has been a long-standing element of quality assurance of social work service provision. Research indicates that reflecting on practice can enable practitioners to be more effective, contribute to their personal development and improve outcomes for people who use services.

The Practice Evaluation programme is currently under review in Children's Services and Health and Social Care, and the Quality, Governance and Regulation Service is assisting these social work areas with the development of alternative programmes.

However, Community Justice Services (CJS) has continued with the Practice Evaluation programme and currently undertakes 24 Practice Evaluations yearly. As part of the CJS Involving People Strategy, the Practice Evaluation process provides participants for People's Stories where those people who use services provide feedback about their experience of service provision.

Multi-Agency Practice Evaluation Programme

This work was planned in Health and Social Care but did not progress due to the Covid pandemic and operational pressures. This work will be integrated into the re-development of the Single Practice Evaluation Programme

People's Stories

The aim of People's Stories is to embed a culture of qualitative engagement with the people who use social work services and to recognise the impact that a social work intervention can have on individuals. The model promotes a culture of quality assurance and improvement in service provision, including social work practice. By gaining direct, qualitative feedback, the quality assurance of service provision can be triangulated using the experience and views of people supported by services, staff, and management.

The Quality, Governance and Regulation Service is working with Children's Services and Health and Social Care to identify where the People's Stories model can be integrated into alternatives to the Practice Evaluation programme and other areas of self-evaluations and quality assurance/improvement work.

In CJS, a group of social workers has been trained in the People's Stories model and carry out interviews with the people who use services as part of the Practice Evaluation programme. As with the other social work service areas, CJS is also considering how this model can be integrated into other areas of self-evaluation and quality assurance/improvement work.

Care Service Feedback

Care Service Feedback is a mechanism for collecting, collating, and reporting on concerns or positive comments made by staff and members of the public. The procedure applies to all Council colleagues in contact with care services. The

purpose of Care Service Feedback is to enable identification of emerging trends. The Quality, Governance and Regulation Service has undertaken two reviews of the Care Service Feedback process which is currently mainly used to report concerns with Care at Home service provision. However, work is currently underway with the Care Home and Children's Services Multi-Agency Quality Assurance Groups to promote and increase the use of Care Service Feedback in these areas.

Multi-Agency Quality Assurance (MAQA) Meetings (Care at Home, Care Home, and Children's Services)

Bi-monthly MAQA meetings are held for both Care at Home and Care Home services. The Children's Services MAQA was recently convened and will meet monthly until fully established. The purpose of the MAQAs is to:

- Share information about the quality of provision in council, independent and voluntary sector care homes/Young People's Centres/Secure establishments/Children's Services, and any other relevant information, including financial information.
- Develop agreed actions as appropriate to address concerns and/or achieve specified improvements.
- Monitor provider progress in achieving specified improvements.
- Make recommendations to the Chief Social Work Officer (CSWO) of the Council or the Chief Officer of the Edinburgh Health and Social Care Partnership (EHSCP) or the Executive Director, Education and Children's Services where specified service standards are not met, where a provider is not progressing agreed actions or where additional concerns come to light while a service is the subject of a suspension and/or a requirement to improve.
- Make recommendations to the CSWO or the Chief Officer of the EHSCP or the Executive Director, Education and Children's Services to suspend temporary referrals to a specified services and/or initiate the Breach and Termination procedures set out in the National Care Home Contract in respect of a specified care home.
- Identify where the criteria to initiate a Large-Scale Investigation (LSI) have been met and, if so, begin an investigation.
- Provide consistent and formal feedback to the appropriate parties about the findings of the MAQAs in respect of the quality of care and support provided.

Supervision Survey

An annual Social Work Supervision in Practice survey takes place across social work services to provide the CSWO with assurance in relation to policy/procedural compliance. The survey was launched in Communities and Families (C&F) in 2017 and extended to Edinburgh Health and Social Care Partnership (EHSCP) in 2019. In 2020 the first collective Social Work Supervision in Practice survey across both C&F and EHSCP took place. Specific reports were prepared for EHSCP and C&F (including Community Justice) along with a report outlining the collective survey findings.

In 2022, the findings of the latest survey were as follows:

- 323 responses of colleagues registered with the Scottish Social Services Council (SSSC) or the Health and Care Professionals Council (HCPC), along with social work assistant/community care assistant colleagues.
- Approximately 4329 staff were in scope of the survey with the 323 responses representing 14% of the targeted workforce.
- Edinburgh Health and Social Care Partnership (EHSCP) had the most responses 167, followed by Education and Children Services (E&CS) with 135 and Criminal Justice (CJ Services) with 21.
- Colleagues' overall experience of supervision and awareness of supervision has declined in every area when compared with the 2020 survey. Of particular note is the decline in colleagues' views that supervision is reflective down 2%, given priority down 4%, free from distraction down 2% and includes personal and professional development down 4%.
- Colleagues said that they want their supervision to be prioritised, for it to have space for reflective practice as well as personal and professional development.
- As with previous surveys there is no routine use of supervision contracts or records on SWIFT/AIS when a case is discussed in supervision with 37% of colleagues reporting this to be the case.
- During the COVID Pandemic colleagues reported mixed experiences of supervision for example, some reported an increase in frequency of supervision and others reported a decrease.

When compared with the 2020 survey colleagues have continued to find creative ways to make sure they are supported and support colleagues. For example, socially distanced walks, meeting colleagues in public spaces and using ICT as a way of communicating with each other.

Self-Evaluation Programme

Self-awareness is the goal for all service areas to support and evidence knowledge about their strengths, areas for improvement, and to have enough planning in place to promote improvement, together with an awareness and understanding of the impact of services on individuals. The Quality Assurance service participates in work that will support and challenge service areas to develop and improve upon their own self-evaluation. The Self-Evaluation Improvement Guidance was updated in 2019 to assist services within the Council's social work provision to undertake self-evaluation activity and to ensure that all staff within services are included within the self-evaluation, improvement and change process. The guidance is based on the models of improvement used by both the Scottish Government as well as the Care Inspectorate.

Projects

Bespoke audit or quality assurance work is undertaken on an agreed and negotiable basis and depends on priority and the capacity of the Quality Assurance service.

Education and Children's Services:

- Development of Consolidated Action Plan – in response to the review of Edinburgh Secure Services.
- Consultation on the Scottish Government's Revised National Practice Standard for GIRFEC – supporting and facilitating the council's response to this work.
- Sharing Council records with care experienced people – facilitating a multi-disciplinary group of colleagues who are developing an approach to sharing people's historic records with them.
- Review of Multi-Agency Risk Assessment Conference (MARAC) and outcomes for children – a review of the level of effectiveness of the MARAC in reducing the risk of domestic abuse to children and improving outcomes for children and young people.
- Family contact during Covid Lockdown – an audit exploring how family contact was maintained, as a result of the pandemic, for children and young people who were looked after and accommodated away from home as of 23 March 2020. The audit also considered an evidential review of risk assessments undertaken by workers where face-to-face or physical contact continued or resumed after initial lockdown rules had eased.
- Family-Group Decision Making (FGDM) and the planning/decision-making process within the Children's Hearing System – development of a pilot project to explore what impact FDGM can have for families in the south-west of the city, in relation to the planning and decision-making process within the Children's Hearing System. It is also an opportunity to explore the role of FGDM in:
 - potential diversion from referral to Children's Hearing System;
 - the duration of orders;
 - planning around the termination of orders;
 - linking this back to the Promise to support better outcomes;
 - informing recommendations.
- Development of Neglect Toolkit – working with the Lead Officer, Child Protection, in the development of a tool for the assessment, identification and planning around neglect.
- Domestic Abuse Local Action Groups (DALAG) – development and rollout of four locality-based groups which will provide a preventative service for domestic abuse cases which are low risk/low threshold where children are involved.
- Evaluation of Safe & Together model – case file audit of cases in Children's Services to evaluate the efficacy of the Safe & Together domestic abuse model.
- Children's Service Case File Audit Programme – development of programme to provide a model of assurance/improvement in the quality of service provided by Children's Services.

Community Justice Services:

Assistance with development and implementation of Involving People Strategy and Throughcare Improvement Plan following inspection.

Edinburgh Health and Social Care Partnership:

Development of Edinburgh's Outcomes Framework in Health and Social Care – assisting colleagues in south- west locality with testing of the Wellbeing Wheel, an outcomes measurement tool. Further development and roll out of the wheel are currently under discussion.

Guardianship Audit – a quality assurance review of guardianship orders applied for and assessed prior to granting by the Court. The review considered processes, systems, and outcomes of private and local authority guardianship applications in Edinburgh. The aim of the review was to ensure that the application, allocation, assessment, and management of granted guardianships were considered within the framework, principles and values of current social work legislation that exists to ensure the wellbeing and protection of adults with incapacity.

A large scale audit has been undertaken this year following the Mental Welfare Commission's report on Authority to Discharge; the role of social work, NHS and people who lack capacity to offer their views on where after hospital they would wish to live.

Regulation

Regulation supports care service and social work professionals to deliver the Care Inspectorate and Scottish Social Service Council (SSSC) agendas, on behalf of the Chief Social Work Officer.

Regulation influences developments at a strategic and operational level to support improvements in the quality and compliance of the regulated care services and registered social service workforce.

Inspection activities remain impacted during 2021/22 due to COVID-19. The Care Inspectorate suspended their normal inspection programme in response to COVID-19. Whilst 2021/22 saw a resumption in inspection activity, levels remain at a reduced level.

This resulted in lower inspections across Council Care Services. A summary of inspection gradings is given in Appendix 3

This is a summary of the work undertaken by the Regulation in 2021/22:

- Providing regulatory input to the Children and Families Improvement Plan.
- Participation to the Multi Agency Quality Assurance meetings for Children and Families and Care at Home.
- Coordinated a corporate response to SSSC registration consultation.
- Produced a performance report on the Care Inspection annual return process for care services.

- Developed a mechanism for annual Duty of Candour reporting, meeting the Duty of Candour Procedure (Scotland) Regulations 2018.
- Coordinate regulated activity across care services so the Council meets its statutory obligations as a Provider of regulated services.
- Advise and support to Care Services with regulatory requirements; including notifications, new registrations, variations to existing registrations and service cancellations.
- Monthly analysis of adult and children inspection performance for Chief Social Work Officer.
- Provided Care Inspectorate performance analysis for the Health and Social Care Partnership Annual Performance Report.
- Advice and support to care service managers on SSSC (See Appendix 4) matters, including registration, learning and practice.
- Working in partnership with Learning and Development in supporting SSSC registration conditions & qualifications.

PUBLIC PROTECTION

Chief Officers' Group

The Chief Officers' Group (see Appendix 1) has overview and governance responsibility for public protection in the city of Edinburgh. The Chief Officers' Group had a development day in early 2020 and revised its Terms of Reference.

Child Protection Committee

Development events were conducted virtually in 2020 due to COVID 19 restrictions. In addition to an online survey of members, several focus groups were held with agency representatives to discuss the operation of the Committee and the content of the improvement plan for 2021/22. This year's plan focusses on four key themes: Neglect, participation & engagement, structure and connections, national drivers.

These themes represent the areas of practice improvement and strategic planning which Committee members deemed most relevant in the current year when considering areas of local and national development. The Improvement Plan includes focus upon the launch of a revised interagency toolkit to support the identification and assessment of neglect, as well as the embedding of consultative and participatory approaches with both staff and families as part of the Committee's approach. In addition, the partnership working which has been so crucial throughout the last year will be incorporated into Committee structures through a revitalised relationship between the Committee and third sector partners – with a focus on collaborative work. Over the coming years, significant national developments will take place with the launch of the new **National Guidance for Child Protection in Scotland** and an unprecedented programme of work to ensure the findings of the Independent Care Review – The Promise – are responded to effectively and lead to improved outcomes for all children.

Through the interagency Public Protection Budget, funding has been committed in a range of ways to support the safety and wellbeing of children. This has included the continued funding of a public protection business support post, ensuring that crucial administrative capacity is available for key public protection activity such as the coordination of Initial and Significant Case Reviews. The budget has also been used to maintain the electronic Inter-Agency Referral Discussion (eIRD) system, ensuring the continued operation of this sector leading resource, in addition to delivering a public awareness and information campaign in partnership with NSPCC Scotland, entitled [All of Us](#). The aim of this campaign was to help prevent child neglect by ensuring that early help was available when required, in recognition of the fact that raising children can be hard and we all need help from time to time. The campaign plan required significant adjustment due to COVID-19, with the result that an innovative range of virtual approaches were used to reach thousands of families and professionals.

Ongoing funding for inter-agency training has been crucial in ensuring that our workforce is skilled and knowledgeable in carrying out their roles. In addition to a full programme of child protection courses, funding has also supported the delivery of Safe and Together training in order to ensure our multiagency response to domestic

abuse is informed and effective. During covid several training opportunities were developed on-line with a significant number of staff utilising these. Over 3000 colleagues have participated in a range of 11 online modules.

Data and Performance

The Committee has continued to maintain oversight of data via the National Minimum Dataset for Child Protection Committees in Scotland, which is now fully embedded in Edinburgh. This provides trend data over a three year period and supports focussed analysis and assurance activity. In addition, weekly data captured for the purposes of SOLACE/Scottish Government COVID 19 tracking has been a useful source of real-time information as to the operation of key processes during the pandemic.

Edinburgh has continued to have a lower rate of children subject to child protection registration throughout the last year, with minor increases in the number of children subject to Child Protection Registration at several points in the year being a result of registration being continued for slightly longer periods rather than any rise in the number of children deemed at risk of significant harm. The Quality Assurance Subcommittee has carried out assurance activity in relation to the operation of child protection processes within education and early years setting, following a reduction in the number of secondary school age pupils whose names were on the child protection register. This highlighted several examples of good joint working as well as the need to support ongoing opportunities for constructive dialogue and shared learning between services.

The Committee has also provided feedback to the Scottish Government on the use the minimum dataset and is committed to working in partnership during the development and revision of this tool, currently being ongoing between CELCIS and Scottish Government.

Adult Protection Committee

Throughout the reporting period between 1 April 2021 and 31 March 2022 there continued to be challenges for the work undertaken across all partner agencies which required the need to adapt to changing events. This section will reflect the Committee's wider achievements and aims.

The Adult Protection Committee has undertaken a significant piece of self-evaluation work which has included colleague focus groups, colleague surveys and a development session for the Committee. The aim of this activity was to produce an accurate picture of Adult Support and Protection in Edinburgh and to identify key priorities for improvement planning. The Committee has identified themes and areas for improvement locally through Initial and Significant Case Reviews. For the coming year the committee plan to implement the actions in the redeveloped improvement plan and outline our priorities for the future. The Committee has agreed that every second meeting will be focussed specifically on the improvement and self-evaluation activity.

The Covid-19 pandemic continued to have implications for all areas of Adult Protection activity during the reporting period. A Senior Manager's Strategic Oversight Group was put in place at the beginning of the Pandemic to consider

priorities. This group continues to meet monthly and includes the Chair of the Committee, the Chief Social Work Officer, the Detective Chief Inspector of the Public Protection Unit, and the Chair of the Quality Assurance Subgroup supported by the Lead Officer. Adult Support and Protection Case Conferences have continued online using the Microsoft Teams platform, as has Adult Support and Protection training. In the reporting period, 143 multi-agency colleagues have been trained in Adult Support and Protection at level 2, and 124 at level 3, which is Council Officer level training.

Performance

The number of ASP referrals received by the City of Edinburgh Council during the reporting period was 1901, a marginal increase from the previous period which was 1868. Of these, 39% were received from Police Scotland, 16% from social work services and 10 % from NHS Lothian and GPs.

The remaining 35% of referrals were from a variety of sources, 7 % of which were from the person themselves, family or other members of the public.

During the reporting period 481 investigations were undertaken, which is a slight decrease from 505 in the previous year. Investigations were undertaken where the person was female were held slightly more than for male, with women accounting for 53% of investigations. The locus of harm was in the adult's own home in 335 of the investigations which is 70% of the total. The main type of harm was recorded as 'neglect' in 24% of cases, which was the highest, with 'physical harm' the second highest (23%). This differs from the previous period in which physical harm was recorded most often as the main type of harm (24%) and financial harm as the second most recorded (20%). The recording of neglect as the main type of harm has risen by 6% between the two periods. This may be due to increased awareness of 'self-neglect' as a type of harm and the launch of a new Hoarding and Self-Neglect Protocol in September 2021.

Most investigations were for people aged 65+ (37%) with those aged between 40-64 (34%), with younger adults accounting for 29% of investigations. These are similar percentages to last year. Of this, 224 people's circumstances were discussed at an initial Adult Protection Case Conference and there were 573 reviews.

During the reporting period 1 April 2021 to 30 March 2022, four Initial Case Reviews were initiated and overseen by the APC and one Significant Case Review was commissioned.

During the reporting period 1 April 2021 to 30 March 2022, three Large Scale Investigations were commenced.

Equally Safe Edinburgh Committee

The Equally Safe Edinburgh Committee is a multi-Agency partnership working to ensure the implementation of Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls (VAWG). The four key priorities of Equally Safe for Edinburgh are the Following:

- Edinburgh embraces equality and mutual respect, and rejects all forms of violence against women and girls
- Women and girls in Edinburgh thrive as equal citizens: socially, culturally, economically, and politically
- Interventions in Edinburgh are early and effective, preventing violence and maximising the safety and wellbeing of women, children, and young people
- Men in Edinburgh desist from all forms of violence against women and girls and perpetrators of such violence receive a robust and effective response

A new Lead Officer was appointed to the Equally Safe Edinburgh Committee in September of 2021, completing a team of three Public Protection Lead Officers together with Child and Adult Support and Protection.

The Equally Safe Edinburgh Committee has now finalised its constitution and updated relevant information on the public-facing City of Edinburgh Council website. This includes information for the public on organisational members of the committee, as well as information for people experiencing gender-based violence and abuse on how to access help.

The Committee has further expanded its membership to ensure better representation among statutory and voluntary organisations delivering work that contributes to the implementation of Equally Safe in Edinburgh and has taken significant steps towards completing actions identified in its three-year Improvement Plan. These actions relate to the four key themes the Committee has agreed as priority areas in the period 2020-2023:

- The ESEC seeks to improve its understanding and data measures connected to violence against woman and girls
- The ESEC seek to build and improve the infrastructure to ensure women and girls thrive.
- The ESEC seeks to better understand what works in effective violence prevention.
- The ESEC seeks to strengthen its governance relating to male violence as well as create opportunities to learn what works.

Currently, 74% of actions identified in the improvement plan have been implemented, with the remainder currently in progress.

Additional workstreams currently undertaken by the Equally Safe Edinburgh Committee include:

- The review of Council policies, both internal and multi-agency, on issues relating to gender-based violence.
- The Women's Safety in Public Places Community Improvement Partnership, which seeks to understand factors that contribute to women's feelings of lack

of safety and to implement measures to ensure that women and girls feel safer in Edinburgh's public spaces.

- The Commercial Sexual Exploitation Short-Life Working Group, which seeks to develop work in this area in Edinburgh, namely an Edinburgh Position Statement and, in collaboration with Violence Against Women Partnerships in East Lothian, West Lothian, Midlothian and Borders Inter-Agency Practice Guidance.
- The Equally Safe Edinburgh Committee is also supporting colleagues in Education to develop resources and workstreams to prevent gender-based violence within school settings and to support the implementation of Equally Safe at School across secondary schools in Edinburgh.
- Participation in the Learning and Development Subgroup, which is currently reviewing public protection training offered and exploring options for obtaining and providing additional training that is currently not available.

[Equally Safe Edinburgh Committee Report to the Chief Officers' Group 2021-2022](#)

Key highlights of the trends on Violence Against Women and Girls for the period April 2021-March 2022 are as follows:

- Crimes of Violence where the victim was female have decreased by 0.15% against last year to date.
- Recorded domestic abuse incidents have increased by 14.3% in Edinburgh compared to last year to date.
- Domestic Abuse recorded Crime has decreased by 1.7% against last year to date.
- Overall recorded Sexual Crime has increased by 5.1% against last year to date with females accounting for 88.86% of all victims.

The Equally Safe Edinburgh Committee is currently working on completing its annual report for submission to COSLA and the Improvement Service with a view to informing the national progress report on the implementation of Equally Safe across Scotland.

[Alcohol and Drugs Partnership](#)

[Strategy Development](#)

The strategy was agreed in 2020-21 but additional development work in 2021-22 has included production of a performance framework; completion of an Equalities and Rights Impact Assessment; and preparation to respond to the [Partnership Delivery Framework for Alcohol and Drug Partnerships](#)

The Edinburgh Alcohol and Drug Partnership (EADP's) strategic plan is structured across five areas of work: consistent with Rights, Respect and Recovery (2018) strategy.

- 1) Prevention and Early Intervention
- 2) Developing Recovery Orientated Systems of Care

- 3) Getting it right for Children, YP and Families
- 4) A Public Health Approach to Justice
- 5) Alcohol Framework

The key challenges, developments and improvements during the year are described below under these headings

Prevention and Early Intervention

Young Peoples Substance Use Service (YPSUS) encompasses the following component parts:

The Adolescent Substance Use Service nurse is a specialist nurse post linked to Substance Misuse Directorate and CAMHS. It provides a treatment response to young people under 18 experiencing problems with their drug and/or alcohol use. The service is currently commissioned three days per week and provided treatment to 69 young people, receiving 55 referrals. The service is also now responding to non-fatal overdoses among young people under the age of 18 and attempting to meet with them to provide treatment and support. This service is unique in Scotland and there is a need for additional capacity to deal with the level of referrals.

YPSUS support services run by Circle and The Junction provide support to young people affected by their own substance use, their parents or siblings use or a combination of both. The services operate in the north-east and north-west of the city and provided direct ongoing support to 32 young people. Covid restrictions meant a lack of access to schools and the need to retain young people longer to support them with additional issues of isolation and lack of engagement elsewhere.

Low threshold access is provided by CREW offering shop front access at their premises, contact at outreach events and online. The service provided advice, information, and signposting to 2,414 young people between the ages of 12 and 25. Brief interventions were delivered to 202 concerned about their own use or that of family or friends. Young people are involved in the planning and development of services. The service evaluates very well with over 90% of young people feeling more confident about a range of issues around substance use and sexual health.

There are risks to these services as they rely on complex funding packages from charitable trusts and grants. EADP has picked up the shortfall until March 2022/23 but will require to secure funding beyond that period. There are also significant gaps in coverage in south Edinburgh. The HOT service in south central folded and funding from Children's Services for this service was not re-allocated.

Education and prevention

The Junction links with schools to provide a programme of drug and alcohol education for Primary and Secondary school students in north-west Edinburgh. This work resumed in September after a hiatus related to Covid with 54 sessions delivered to 629 students. It is partly funded directly by schools which is a challenge to maintain. The programmes evaluate very well but this level of resource can't be replicated across all schools. There is an opportunity to join with other school-based education such as Healthy Respect and offer a multiple risk approach.

Developing Recovery Orientated Systems of Care

The Medication Assisted Treatment (MAT) Standards are nationally set standards for the speed, capacity, and quality of treatment for drug users. They are a central element of the national mission to reduce drug related deaths and are key to local and national drug strategies. Substantial investment has been committed by the Scottish Government to ensure that they are achieved.

MAT Standard 1: All people accessing services have the option to start from the same day of presentation.

The EADP and partners have an agreed plan for a central clinic offering same day treatment. The timeline of opening the clinic five days a week by 1st April was not met and there are ongoing delays with implementation, but it is expected to be successful. Edinburgh Access Practice has successfully already begun a similar model.

MAT Standard 2: All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.

The key development in this area is roll out of Buvidal (a novel medication formulation with significant advantages). By April 2022 only c60 of the 3000 patients in ORT are treated with Buvidal, but it is estimated that if it were universally available as a choice to patients, approximately 600 patients would prefer it. Progress has been delayed by lack of financial clarity.

MAT Standard 3: All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.

Edinburgh has an established network of teams who reach out to people who are identified as being in crisis and at high risk of drug related death and harms. Subject to the outcomes of the performance monitoring exercise, it is anticipated that the current work plus planned actions (including additional investment) will deliver the standard before April 2023.

MAT Standard 4: All people are offered evidence-based harm reduction at the point of MAT delivery.

Most interventions are available in most settings, and it is anticipated that the current work plus planned actions will deliver the standard before April 2023.

MAT Standards 5, 7 and Treatment target: All people will receive support to remain in treatment for as long as requested and will have the option of MAT shared with Primary Care; increase by 9% the numbers on Opiate Replacement Treatment by April 2024.

These standards require that an additional 276 patients are treated by a system of care which already has very high pressures. Within current resource constraints (funding, premises, available workforce) and models, meeting the existing pressures and new expectations is not possible. With the additional funding and plan below, status moves to amber, though very substantial challenges and risks remain.

In December 2021 the EADP made an application to MIST (the MAT standards Implementation Support Team) describing a plan with the following intended outcomes and a funding request of £1.6m pa

- Reducing caseloads in hub services
- Developing Low intensity care in community settings
- Maximising use of primary care

The plan was agreed though the funding committed was only £0.75m pa. Meeting this target remains extremely challenging.

Take home naloxone distribution

Naloxone is an opioid antagonist, which can temporarily reverse the effect of an opioid overdose; this provides more time for emergency services to arrive and further treatment be given. Naloxone continues to be distributed within key settings: injecting equipment provision outlets, drug services, homeless services, GP surgeries and pharmacies.

Due to a change in the Lord Advocate's guidance, we can now train up non drug treatment agencies to supply naloxone. New services whose staff were trained to deliver naloxone in 2021-22 included:

- Dunedin Harbour (hostel and temp housing)
- Dental Nurses
- Cameron Guest House Group (B&Bs for homeless people)
- Hillcrest (housing association)
- Crew 2000 (drugs and young people's charity).
- Bethany Christian Trust (charity working with the homeless)
- WISHES (formerly the Women's Clinic)
- ROAM (sexual health team)
- All Injecting Equipment (needle exchange) pharmacies in Edinburgh

In addition, an extremely active group of peers (people with lived experience of addiction) were trained and outreaching to provide naloxone to those in need through CGL (part of the recovery hubs).

2468 kits were distributed in Edinburgh in 2021-22, a record level of provision by a significant margin.

Expansion of residential rehabilitation capacity:

Expanding access to residential rehabilitation is a key strategic priority for the ADP and the Scottish Government. For Edinburgh Residents, the majority of rehab provision is delivered by the LEAP programme and its associated pathway (the Ritson detox unit, family, and peer support, out of hours care and accommodation, aftercare support and accommodation, employability and meaningful activity project). Pre-Covid, LEAP had capacity to treat 20 patients at a time, equating to 80 to 90 patients per year (approximately 60% of whom are typically Edinburgh residents).

Following announcement of additional Scottish Government and EADP funding being available for Residential Rehab, LEAP and its partners developed a bid with the aims of:

- Increased capacity in Ritson Clinic by 50% (8 beds to 12 beds)
- Increased capacity at LEAP by 40% (20 places to 28 places)
- Allowing 112+ residential treatment episodes per year in Lothian
- Allowing 600+ places over the five years of the fund
- Increased access for vulnerable groups
- Removal of barriers to treatment
- Improved quality of aftercare provision
- Allowing groundwork for a more ambitious East of Scotland Regional approach

This has been jointly funded by the Lothians ADPs and the Scottish Government.

Visible recovery: Recovery community activity and peer support:

Mutual Aid activity (organised and informal support of one person in recovery to another) remains the largest source of support for those in recovery from addiction in Edinburgh. Professional services continue to engage people with this unique source of experience, strength, and hope where possible.

There are now peer workers (individuals who are openly in recovery) working as volunteers or paid staff in each of the Hub teams as well as the rehab, DTTO and harm reduction teams and they are having a significant impact on the work of the teams. The peers are currently much less visible to those who receive their treatment and support in Primary Care, but we hope that this can be developed in the future.

The ADP are also supporting peer interventions for the most vulnerable people in crisis by funding the inspirational police-led initiative “Operation Threshold” which pro-actively seeks out those who have had a recent non-fatal overdose and offers them peer support and engagement with services.

In 2021/22, the most substantial funded project supporting the development of the recovery community was Edinburgh Recovery Activities (ERA). This was funded by the ADP through EVOC as an interim project pending the commissioning of a permanent contract. Over the course of the year, the coproduced contract for the long term service was procured and from June 2021 onwards Cyrenians have been the provider.

The service provides a vast range of activities online and in person. Recent feedback from the community taking part in the ERA online activity review is below - ERA asked respondents to give one word to describe ERA, these are some of the responses:

- **Fun.** It's so important that recovery is not just self-reflection. Action and creativity are needed and doing it with peers is even better!!
- **Essential.** They have been a major part of my recovery journey and without them I don't know if I'd be where I am now.

- **Welcoming.** The staff put effort into making everyone feel at ease.
- **All-encompassing.** I chose this word because ERA covers everything, something for everyone and their extended family. a great organisation.
- **Great.** I chose that word because it has been great for me, I barely left the house and didn't know a lot of people and through ERA I go to groups, outings, I have met a lot of lovely people.
- **Inclusive.** I chose that word because it is open to all in recovery and to the families. Welcoming and inclusive it a charity I have total respect.
- **Amazing!** Great support for people in recovery I think it will be better when in a building.

Offender Management Committee

A proactive multi-agency approach to Public Protection remains a key focus for the agencies involved in the management of high risk offenders. This is instigated by use of appropriate intervention measures by social work and Police regarding compliance concerns with statutory orders which are linked to child and/or adult protection matters. This is evidenced via the various performance Indicators which continue to show a relatively consistent 3-year re-offending rate across the various criteria of sexual, violent, and general offences.

The Edinburgh Offender Management Committee (OMC) has reviewed overall performance and has not identified any areas of concern or significant emerging trends that would be deemed business critical over the 2021-2022 (April to March 2022) period or that would affect future resource.

The number of Registered Sex Offenders assessed as posing a High Risk of Serious Harm continues to increase as seen in 2020-2021 – figure of 43, representing a 34% increase from Jan 2020. The following 12 month period to Jan 2022 – figure of 44 representing a 2% increase.

Complex workload via Level 2 Multi-Agency-Public-Protection-Arrangements (MAPPA) cases remains consistent.

Initial Notifications were completed on 9 occasions over the 2021–2022 period. This relates to Edinburgh based offenders re-offending sexually and an initial review taking place regarding circumstances and lead agency involvement. On all occasions the Lothian and Borders (L&B) Strategic Oversight Group (SOG) found no requirement to instigate either an ICR or SCR. Of note all incidences did not meet the criteria of serious harm.

MAPPA 2 Guidance went live in March 2022.

CJSW continue to utilise E-Safe across Edinburgh and L&B, enabling them to manage more effectively those considered as posing a risk of serious harm. E-Safe will provide remote monitoring software to be installed on appropriate electronic devices, of those people CJSW assess as posing a risk of serious harm and who are subject to a post-release license, with conditions instructing the monitoring software to be installed. This monitoring will support risk management strategies.

Edinburgh Sex Offender Policing Unit (SOPU) provided inputs and guidance to CJSW partners in regard to inspection of offender's devices and usage of same. This can be replicated for new staff if required.

The Council and its Social Housing Partner landlords continue to work well together to support survivors/victims of domestic abuse, with a focus on early intervention and accommodation choices. Several women/families have been supported to remain in their current accommodation with safety measures having been put in place by Housing Property Services, while many have been supported to move to alternative tenancies through management transfers across the Social Housing partner landlords. Scottish Government has announced that it intends to lay down the regulations as agreed in the Domestic Abuse (Protection) Act 2021 (by summer 2022) whereby the Scottish Secure Tenancy agreement will be amended to allow Councils and Registered Social Landlords to evict perpetrators of domestic abuse from joint tenancies, ensuring that the victim/survivor can remain in that tenancy as the sole tenant. The expansion of the Equally Safe Edinburgh Committee has been much welcomed, allowing housing to strengthen partnership working regarding violence against women and girls. The existing Domestic Abuse Housing Policy (May 2020) will, as a result, be reviewed with the intention of developing an Equally Safe Housing Policy, to ensure that all areas of violence against women and girls are included and appropriate housing solutions and interventions are developed in response.

RESOURCES

While the financial effects of the pandemic lessened somewhat relative to the previous year, these impacts continued to be significant in 2021/22. The net cost to the Council during the year, including exposure through its Arm's-Length External Organisations (ALEOs), was some £25.5m. The largest single contributors were a reduction in parking income, net of enforcement costs, of £6.8m, the loss of the Lothian Buses dividend of £6m, additional homelessness expenditure of £5.2m and further support for Edinburgh Leisure of £5m.

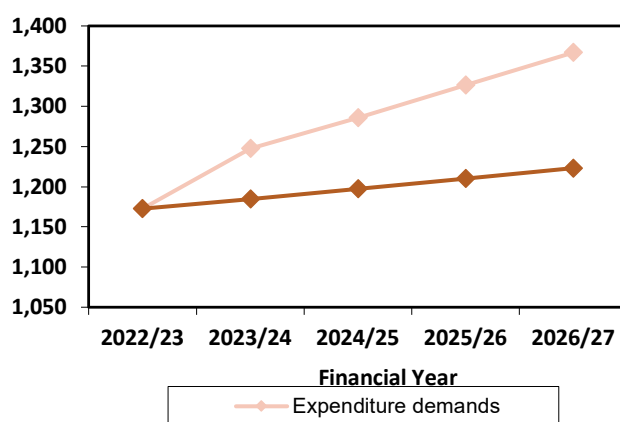
Given the scale of these impacts, elected members continued to consider regular financial monitoring reports during the year and through a combination of savings in both service area and corporate budgets, a provisional underspend of £3.9m was achieved. This position was also delivered without the planned level of drawdown from reserves, providing an additional contingency against the on-going expenditure and income impacts of the pandemic.

Looking forward, to enhance the Council's resilience against these longer-lasting implications, the 2022/23 budget set aside a further £25m, alongside sums to address other new liabilities such as an increase in employer's National Insurance rates effective from April 2022. Following the receipt of additional funding as part of the Scottish Budget's Parliamentary consideration, the budget also included £10m of additional investment in the Council's key priorities.

2023/24 and future years

The Council continues to face significant financial challenges resulting from increased demand for services, inflation, legislative reform, and increased citizen expectations, as well as the continuing financial impacts of the pandemic. These factors are set against a backdrop of core grant funding (accounting for around three quarters of the Council's overall income) that is not keeping pace.

While the Council has approved a balanced budget for 2022/23, it faces significant financial challenges going forward. Current projections indicate a need to deliver at least £63m of recurring savings in 2023/24, increasing to £144m over the five-year period to 2026/27 as shown in the chart below.



Since 2012/13, the Council has delivered over £380m of recurring annual savings, equivalent to more than a third of our current budget. These savings have mainly been delivered through a combination of making our processes more efficient,

improving our procurement practices and use of buildings, effective treasury management and raising more income where we can. Given the scale of these savings, however, the ability to make further incremental savings is correspondingly limited. There has, in recent years, also been an unsustainable reliance on savings from non-service budgets.

The urgent need to initiate a structured medium to longer-term savings programme was highlighted in both the Council's Best Value Assurance Report and the external auditor's report for 2020/21. In recognising this urgency, Directorates have been asked to develop potential options, captured by means of a standard template detailing service and performance impacts, risks and dependencies, with reference to the priorities set out in the Council's business plan. These proposals will be subject to a process of co-design between the incoming administration and officers and form the basis of public consultation in Autumn 2022. Given the extent of the challenge noted above, members will likely need to make increasingly difficult choices about the Council's priorities, including considering service reductions, across all service areas to maintain expenditure in line with available income.

Demographic investment

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

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

WORKFORCE

The Chief Social Work Officer-sponsored Edinburgh Local Practitioner Forum (ELPF) has been restricted by the impact of the Covid-19 pandemic, as such it met virtually on only one occasion over 2021-2022. The ELPF continues to offer opportunities for operational colleagues to reflect on their practice, discuss service developments across the city and how these will impact on their day-to-day work. The ELPF maintains an online presence via a Microsoft Teams Group and encourages participation from voluntary sector workers, front line workers, senior managers, and social work students.

The number of subscribers to the ELPF's Microsoft Teams Group currently sits at 31. This is used to maintain engagement with practitioners and professionals, and to supplement traditional email and face-to-face contact opportunities. The Microsoft Teams Group allows us to post the dates of upcoming meetings and copies of the agendas and presentations used, as well as sharing any other events of interest.

The March ELPF virtual meeting discussed the National Care Service for Scotland. There were inputs from Keith Gardner (Community Justice Scotland), Karin Heber (Scottish Association of Social Work) and James Maybee (Social Work Scotland).

The current co-chairs of the Practitioner Forum remain as Andrew Reeves (Social Worker - Marie Curie), Lynne Blanchfield (Children and Families Social Worker), Heidi Watt (Social Worker - Drug Treatment and Testing Order Team), David Orr (Team Leader - Young People's Service) and David Carter (Team Leader – Children's Services). Lauren Moore one of the ELPF previous Co-chair's stepped down in March 2022 to pursue her PhD. The ELPF would like to wish her all the best with her studies and hope to have her back to the forum in the future as a guest speaker.

With regards to forthcoming events for 2022/3, one of the topics which the ELPF is keen to explore further with practitioners is that of Gender Identity and the way in which social work practice may be required to shift and to adapt to accommodate changing social norms and trends.

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

Workforce Planning

Through the EHSCP transformation programme, an inaugural workforce strategy, 'Working Together', has been developed to ensure that the Partnership has a skilled and capable workforce that can deliver 'a caring, healthier and safer Edinburgh'. The strategy focuses on the Partnership's workforce across the City of Edinburgh Council and NHS Lothian as well as recognising the invaluable contributions of those we work with, such as unpaid carers, volunteers, and those in the third and independent sectors.

‘Working Together’ was developed through workshops, staff surveys and focus group activity, which in turn helped to identify key themes, commitments, and actions necessary for the successful delivery of the EHSCP workforce strategy. ‘Working Together’ is also informed by demographic and projected demand information which highlights the need for short-term as well as mid-term and long-term goals to be achieved to meet the challenges faced.

The next step is for the working together strategy to progress to implementation, with wider communication over strategy and delivery groups beginning in 2022/23.

Children’s services - Workforce planning – Organisationally Children’s Services are in a period of personnel changes with a number of very experienced staff retiring, particularly Team Leaders. Along with other Local Authorities, Edinburgh has had increasing recruitment challenges as there is a shortage of care staff across the country. Children’s services are looking at succession planning, staff retention and support for the workforce as part of the ongoing Covid recovery planning.

The service is supporting its teams to transition from working predominantly from home to a return to offices with a blended/ hybrid working arrangement.

[Preparing operational social care colleagues for SSSC registration:](#)

Scottish Vocational Qualification (SVQ) in Social Services and Health Care and Children and Young People Services: The Learning and Development Team continue to monitor and respond to the qualification and professional registration needs of support workers, practitioners, supervisory managers, aspiring managers, and registered managers across the departments of Health and Social Care and Communities and Families.

2022 has seen continued engagement with Modern Apprenticeships (MAs) in Social Services and Healthcare and Social Services (Children and Young People) at SCQF6 and SCQF7. In addition, in 2022, we are piloting the delivery of Technical Apprenticeship (TA) at SCQF9, with The City of Glasgow College. Over 25 senior practitioners, who have been identified as potential future leaders, have applied for and are now engaged in, this demanding programme of study and assessment.

The SVQ and MA programmes are delivered by several FHE providers on behalf of the Council. This currently includes Fife College, Borders College, West Lothian College, Edinburgh College, Training for Care and The City of Glasgow College.

The funding for MAs comes directly from Skills Development Scotland, and this means that essential qualifications can be delivered cost-free to colleagues who need the qualification and who meet the eligibility criteria.

The MA model relies on the creation of a strong network of support being provided to the MA candidate. Each MA/TA candidate must have the support of a workplace Mentor as well as the SVQ Assessor. In the first full year of delivering MAs, that have seen some very encouraging results and strong engagement from teams.

FHE providers have continued to adapt their approach to the delivery of vocational qualifications within care settings. They are now adept at working remotely with

candidates and programme delivery and administration have continued smoothly and without disruption. Tentative steps towards the resumption of more traditional face-to-face assessment activity have been seen since spring 2022.

Active Candidates SCQF6: April 2021 21-March 2022		Completed Candidates SCQF 6: April 21-March 2022	
Fife College	6	Fife College	10
Borders College	14	Borders College	23
Training for Care	14	Training for Care	6
Edinburgh College	1	Edinburgh College	0
Total	35	Total	39
Active Candidates SCQF7: April 2021 21-March 2022		Completed Candidates SCQF 7: April 21-March 2022	
Fife College	0	Fife College	0
Borders College	35	Borders College	22
Training for Care	22	Training for Care	6
Edinburgh College	0	Edinburgh College	8
Total	57	Total	36

Preparing our Leaders for SSSC registration

As well as preparing operational team based colleagues for their registration, Learning and Development has worked with Supervisory and Registered Managers who need to achieve an SQA accredited qualification to support their professional development and SSSC registration.

Training for Care have continued to deliver the Professional Development Award (PDA) Health and Social Care Supervision (SCQF7) on behalf of the Council during 2021/22. The online delivery model continues to work well for our managers and the last two intakes have had very positive outcomes.

PDA Health and Social Care Supervision (SCQF7)		
Start Date	Delegates	Completions
Feb 2021	12	12
Sept 2021	7	7
March 2022	9	TBC

Following a quick quote process, West Lothian College, will deliver two more PDA programmes in Autumn 2022 and early 2023.

Smaller numbers of Registered Managers are provided with fully funded access to the Level 9 and 10 SVQ Leadership qualifications that they require for their SSSC

Registration conditions. These qualifications are provided through West Lothian College.

In addition, in 2022, Learning and Development worked closely with colleagues in the Council's Modern Apprenticeship Team to secure a provider, able to help us to pilot the delivery of Technical Apprenticeships in Social Services and Healthcare and Social Services (Children and Young People) at SCQF 9. The target audience for this pilot are aspiring future-managers (currently in senior practitioner roles) and the FHE provider who will deliver on behalf of the Council is The City of Glasgow College.

Active Candidates SCQF9/10: April 2021 21-March 2022		Completed Candidates SCQF9/10: April 2021 21-March 2022	
West Lothian College	2	West Lothian College	3
The City of Glasgow College	22	The City of Glasgow College	0
Total	24	Total	3

Providing Continuous Professional Development opportunities to the Edinburgh Health and Social Care Partnership workforce

The Higher National Certificate (HNC) Social Care supports students to explore Social Care Theory, Health, Wellbeing and Safeguarding, Care in Contemporary Society and Lifespan Development. The 2019/21 class moved to an online delivery model, and this has proved extremely effective. This class has now concluded their studies with an almost 100% success rate.

Following procurement activity, Fife College, have been commissioned to deliver two HNC intakes in September 2022. This will allow for over 40 support workers and practitioners to engage in a two-year programme of study. One intake will be specifically geared towards staff working in disability services, and the other will be open for applicants from all other EHSCP settings.

HNC Social Care: Fife College	
Intake 2019-2021	24
Candidate Withdrawn	3
Candidate completion	21

Essential Learning for Care Programme

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

The essential learning provision that was put in place in response to the pandemic is continuing.

Learning and Development are working with managers to review role-specific learning to ensure that what is provided is current and meets the needs of colleagues working in care roles. This also involved providing refresh training in manual handling to the majority of Care Home, Disability, ATEC 24 and AHP colleagues.

Learning and Development is working closely with Support Works and Homecare to roll out a full programme of refresh manual handling for front line colleagues who require this for their role, those working with people and those working with loads. An NHS Pharmacist is working on the roll out of medications training to colleagues in Care Homes and Disability Services and they have instigated a full programme of refresh training for staff in Homecare. They are working with other NHS Pharmacists to build the capacity of provision and extend the opportunities for training across key services.

[Postgraduate Certificate in Advanced Professional Studies \(Mental Health Officer Award\)](#)

The University of Edinburgh (UoE) delivers this qualification to nominated social workers from each local authority within the East of Scotland Partnership. The City of Edinburgh Council is one of those local authorities and each year nominate up to six social workers from across Children's Services, Edinburgh Health and Social Care Partnership and Criminal Justice Services to attend the six month part-time modular Mental Health Officer (MHO) certificate. The trainee MHOs are released from their posts for the six months duration of the course to be able to focus on their studies. The East of Scotland Partnership Group appoint an MHO Programme Co-ordinator to work with the lead Senior Lecturer in the University of Edinburgh to deliver the MHO Programme. On successful completion of the MHO Award the Chief Social Work Officer appoints newly qualified Mental Health Officers to the rota to provide MHO duty cover across the City of Edinburgh.

[2021 cohort completions](#)

In June 2021, five colleagues who had been undertaking the Mental Health Officer Award from December 2020, all successfully completed their awards. Four of these colleagues work within the Health and Social Care Partnership and one within Children's Services. This was a great achievement given these colleagues whole period of study coincided with the pandemic and their achievements allowed them all to meet the requirements for appointment as a Mental Health Officer and to join the Mental Health Officer (MHO) duty rota.

[2021 to 2022 cohort commencements](#)

Four colleagues were successfully recruited to the programme in 2021, all from the Edinburgh Health and Social Care Partnership. These colleagues started their course of study in December 2021, and they were joined early in 2022 by a colleague from Children's Services. This cohort are currently in the process of completing their final placements to allow them to qualify so that they can join the MHO duty rota.

Practice Learning

The City of Edinburgh Council is committed to the SSSC Codes of Practice for Employers and the understand that: *As a social service employer, you must provide learning and development opportunities to enable social service workers to strengthen and develop their skills and knowledge and this includes contributing to the provision of social care and social work education and training, including effective workplace assessment and practice learning.*

In total there were 20 student social work placements offered over the period April 21 to March 22. This was a slight increase on the previous year but significantly lower than pre-covid years. There have been many factors which have affected this reduction such as a high vacancy rate, resulting in a high number of Newly Qualified Social Workers (NQSW) being appointed; over the last two years the loss of many well-established Practice Educators; the increase in hours provided by Practice Educators needed to support a student whose placement is blended; and few opportunities to generate new Practice Educators due to a shortage in the availability of the Practice Learning (PL) course over this period.

There remains some areas of practice across Edinburgh where students are welcomed on a regular and consistent basis and their value is recognised. However, Learning and Development are working to consider how to develop this capacity to increase the number of placements hosted in the City of Edinburgh.

The placements offered over this period can be broken down: 2 Robert Gordon University placements; 4 OU placements; 3 Stirling University placements; 1 Napier University placement and 10 Edinburgh University placements. Most placements were offered in Children's Services (10), EHSCP offered 8 and Criminal Justice offered 2.

Although there has been a shortage of Practice Learning courses available over this period, the interest in practice learning has been sustained with 24 people embarking on the one-day link workers course, provided by the West Consortium. Napier University has started a Practice Learning course in January in which Edinburgh have placed nine practice learning candidates. City of Edinburgh Council is currently exploring options with regards to a new Practice Learning course (PDA10) in a partnership arrangement with surrounding local authorities and hope to have this course up and running later in 2022.

Newly Qualified Social Workers (NQSW)

This year saw the introduction of the NQSW Supported year scheme which began in August with the onset of a new cohort of NQSW's. Edinburgh secured a government grant to enable a trial of the year with the intent to be able to sustain the model going forward. Although we began with 34 NQSWs in July due to SSSC registration times 17 were included in the supported year pilot and 17 continued the previous CPL route. A pilot group of 17 NQSWs is currently taking place with the continued introduction of new workers to the scheme as they join the City of Edinburgh Council. This inclusion of all new social workers onto the scheme will ensure sustainability of the supported year going forward. Thirteen additional NQSWs have joined the scheme.

In summary the NQSW supported year is made up of six core elements:

Induction: Includes more generic Council wide material, learning in the specialised area of practice and the NQSW core learning. Although aspects of learning will vary this is a well-established practice in Edinburgh. The NQSW core programme combines presentations (delivered by different speakers from various areas of specialism), allows time for small group discussions and larger group involvement. The sessions are interactive and inclusive for all, delivered on half days and take place over an extended period (12 weeks) supporting the initial stages of protected learning time.

Protected learning time: As a minimum requirement, NQSWs who are working full-time get the equivalent of a half day per week protected learning time during the NQSW supported year. This is being negotiated clearly as part of caseload management. The pattern of protected learning time is determined by individual and service needs.

Professional supervision: This is carried out by a qualified social worker and includes a more reflective style of supervision. This is something Edinburgh tend to do well and little guidance or change in style of supervision has been necessary. SSSC offered a short supervision course for any manager on the pilot scheme, and it was taken up by more than half of the managers on the pilot and those who joined later.

Professional development: The NQSW provides an independent learning plan (although not all universities have designed this yet) and there are three professional discussions between the NQSW and their line manager: initial, midway and at the end of a year to discuss and evaluate learning achieved and to identify future learning. This is a new system which has been introduced and consideration needs to be given to aligning it better to the current conversations model adopted in Edinburgh.

Continual professional learning: Matching learning opportunities to the standards and the original individual learning plan. The NQSW is encouraged to think of learning opportunities which can be accessed daily such as experiential learning, self-directed study, and research.

Protected caseload: It is good practice to ensure that NQSWs are given a protected caseload to allow for learning and reflection to take place. General discussions with the managers on the pilot scheme suggest that a benchmark to work to would be two thirds of a more experienced workers caseload. The need to support NQSWs in the higher tariff work of adult and child protection must be closely monitored and the NQSW must be introduced slowly and feel fully supported in all aspects of this practice.

Peer support & Mentoring: Mentors have been identified for most of the NQSWs on the pilot scheme and later arrivals to the supported year. The mentors have undertaken a short course which identifies the role and responsibilities of the mentor and mentee (NQSW) and explains the supported year. Peer support groups for the NQSWs have been offered also.

Overall, Managers welcome this approach and although some have expressed their concern over increased time needed for the new paperwork, they appreciate the value in supporting our new workforce to ensure that they are feeling supported through their first year in practice.

Pride in Practice

In addition to the Edinburgh & Lothians Practitioner Forum, colleagues from Children's Social Work, within Education and Children's Services, had been intending to present at a national Pride in Social Work Practice event in 2020 this was postponed indefinitely because of the Covid-19 pandemic. The City of Edinburgh practitioner group rallied together, with the support of Learning and Development Consultants to keep the concept alive by locally planning and delivering opportunities on MS Teams for Children's Social Work staff to meet and celebrate imaginative, engaging and family-focused practice. As a result, there have been two extremely successful events.

The first event took place in September 2021 with a focus on adaptive approaches to engaging with families through the pandemic. Three practitioners gave short, informative inputs on their experiences of working flexibly during the varying circumstances of the lockdown and the learning they had taken from these opportunities. This led on to small group reflection with all the practitioners who took part in the event.

Following on from the success of the first event, a group of speakers and supporters who had taken part went on to arrange a further opportunity to learn and reflect on positive practice. A group of around ten practitioners, made up of Children's Social Workers, Social Work Assistants, and supported by a Team Leader and Practice Team Manager, put together a further morning event on MS Teams, exploring the complexities of helping Looked After children to spend quality time with their family members. This included supporting another three practitioners to speak about facilitating contact arrangements with birth parents, brothers, sisters, and children's wider informal networks. As a result, there was lots of discussion about children's rights, the use of language and how best to offer whole family support within the group reflection times.

These events have come at an excellent time when embedding The Promise Fundamentals and Children's Rights, more generally, across the local authority and Children's Partnership. The two events were attended by around 120 Social Work Practitioners from across the service and staff particularly valued the chance to focus on strengths, rather than challenges, areas of development or policy change. Some staff members commented:

"Thanks to Pride in Practice Edinburgh for a really stimulating 2 hours about Positive Practice, inspirational & very relevant."

"Thank you for the really thoughtful presentations, a lot to think about regarding our practice."

"It was great to see passion and commitment come alive in this very special event."

The Pride in Practice working group is continuing to grow and would especially welcome representation from across the teams and services. Children's Social Work Practitioners can become involved in planning and facilitating future events or by noting an interest to speak about their own practice, with suggested topics such as, children and young people's participation; direct work with children; and child-centred meetings in the pipeline for over the next year.

[Corporate Parenting and Continuing Professional Learning for Residential Staff](#)

Residential Care Workers and their Managers have been undergoing an update to their Child and Adult Protection learning, in line with their Continuing Professional Learning needs and Inspections. This has resulted in a range of learning opportunities and ongoing discussions about Essential Learning. There is increased interest in Contextual Safeguarding, the needs of young adults who stay in care placements longer because of Continuing Care legislation. Services are also having to adapt to both the developments, benefits and risks posed by young peoples' lives being increasingly shared online through social media.

Learning and Development's role in supporting the workshops and training sessions goes together with the roles of the newly appointed Corporate Parenting Lead and the Participation Workers. The service is in the process of developing a new Corporate Parenting digital learning package that will be available to everyone who works for the City of Edinburgh Council to better understand the part they play with our Care Experienced young people. This work fits well with the organisational efforts to embed The United Nations Convention on the Rights of the Child and The Promise Fundamentals into the Children's Partnership, which will be ongoing in months to come.

COVID-19 – IMPACT AND RECOVERY

As highlighted earlier, 2021/22 continued to be a challenging year for the health and social care system as restrictions eased but covid cases remained high. This resulted in staff shortages, increasing demand from residents with increasingly complex needs, and ongoing difficulties in recruitment. These system pressures were also reflected nationally and many of these pressures are not new although they have been exacerbated by the EU exit and the covid pandemic.

As a result of these pressures being felt across the country, in early November 2021, the Scottish Government (SG) allocated additional funding of £300m across Scotland for the remainder of the financial year. Using the Partnership's share of this funding, the IJB agreed a programme of investment, framed to reflect the priority areas identified by the SG as well as supporting sustainability beyond the immediate crisis. This included investment in interim care beds, initiatives to increase capacity within the care at home sector and multi-disciplinary team working.

Alongside supporting recruitment efforts, the Partnership used the One Edinburgh approach to optimise the provision of existing packages of care. A command centre was established, and dashboards developed which use regularly updated data to inform service provision improvements. Current provision and unmet need across the city were regularly reviewed to identify where providers could work collaboratively to achieve greater efficiency in provision, following consultation with service users. A further part of work to optimise current capacity is through the creation of a dedicated team to review existing packages of care and look for alternative means of providing the support people require to maintain their independence; for example, through the support of local community partners or the provision of telecare/community equipment.

In children's services a well-established learning culture both in the children's social work service and in the wider multi-agency partnership continues to exist. The Promise Delivery Group have begun to engage in developing children's services practice, across all agencies working with Edinburgh's children. Children's services have also continued to promote a restorative and strength's based practice approach. Safe and together practice is continuing to be further developed particularly in relation to circumstances of domestic abuse connected to child protection.

Locality Operational Groups (LOGs) and the joint Voluntary sector and Council Covid Task Force have continued to support vulnerable children and their families. This has helped develop new and creative ways to problem solve together and overcome obstacles for service delivery because of Covid restrictions. 48 workers, a mix of Council and voluntary staff meet each week, 12 in each of our four localities to share learning and to problem solve. The LOGs have been operational since April 2020, and this approach has strengthened the partnership between the Local Authority and the voluntary sector.

There has been a wide range of activities linked to the LOGs regarding parenting support and various work groups are looking at different aspects of early help. This

will help inform us in developing a clearer City wide approach to parenting support and early help.

The LOG's feed real time learning to the Task Force, which then feeds into the Children's Partnership and the Child Protection Committee.

The employment of a dedicated post holder to co-ordinate school holiday opportunities for children affected by a disability and their families has been a key development in Edinburgh during the pandemic.

The challenges faced in the pandemic have moved in 2022 to challenges of supporting Ukrainian families fleeing from the invasion of Ukraine and settling in Edinburgh. These challenges are now being further impacted by a cost of living crisis, exacerbating the levels of poverty experienced by too many people in Edinburgh. Despite a significant amount of work by the Council to mitigate poverty – as evidenced by the Poverty Commission and resultant workplan – the levels of inflation and energy prices will mean that the coming year will see demand for support and assistance from services reach unprecedented levels.

Appendix 1

Appendix 1 - Public Protection Strategic Partnerships and Monitoring Arrangements

Diagram 1 – Strategy and planning groups

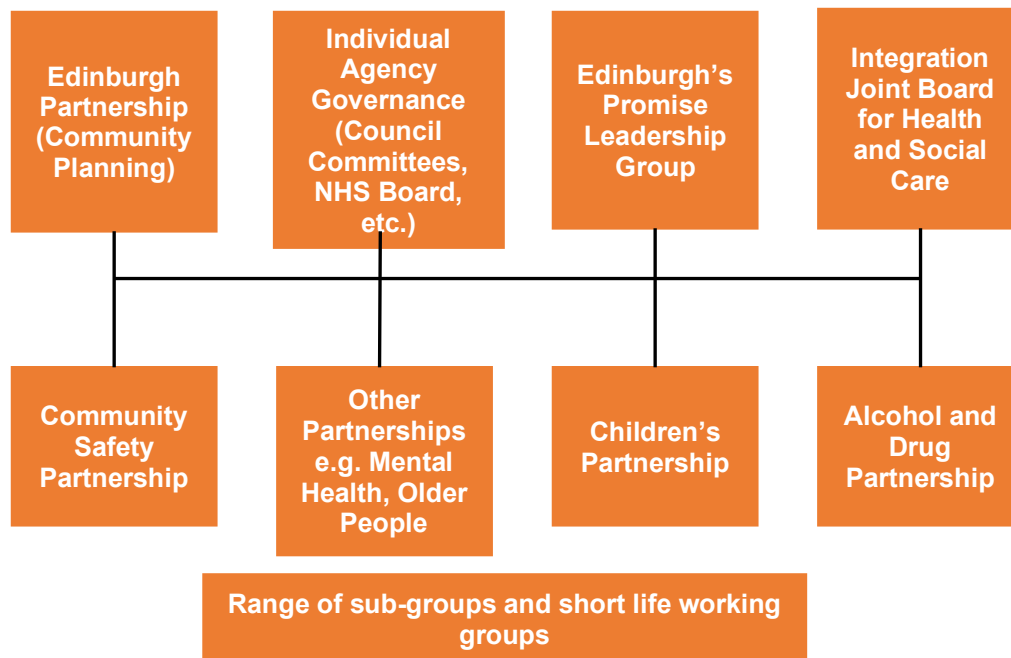


Diagram 2 – Public protection groups



Appendix 2 – Statutory Complaints Analysis

Children and Families

These are the first figures to be produced following the new Complaint Procedures going live on 1 April 2021.

There are no clear patterns emerging, other than perhaps that Covid19 has had a significant impact upon the service, and the ability to manage the complaints in a timely manner due to staff absences. In fact, the figures for each quarter are quite different, this is realistic in terms of the issues that prompt people to submit complaints.

There have been a number of unusual complaints due to events and subsequent media coverage which have clearly prompted people to come forward. These have included: The Scottish Child Abuse Inquiry; The Sean Bell Inquiry; Media attention on forced adoptions; adoption allowances which were not supported by legislation and needed to be changed.

The SPSO made enquiries about our responses to two complaints during this year, on each occasion they decided not to launch an investigation.

1 April – 30 June (Q1),

- **Complaints received in this period:**
- FR x 6; Stage 2 x 5
- **Complaints closed in this period –**
- FR x 7; Stage 2 x 3
- **Complaints closed – outcome**
- FR: Upheld x2; not upheld x6
- Stage 2: Partially upheld x1; not upheld x2
- **Number of extensions –**
- FR: on time x4; extension x 3
- Stage 2: on time x 2; extension x1

1 July – 30 September (Q2),

- **Complaints received in this period:**
- FR x5; Stage 2 x 9
- **Complaints closed in this period**
- FR x 4; Stage 2 x 3
- **Complaints closed – outcome**
- FR: Not upheld x 4
- Stage 2: Upheld x 1; Partially upheld x1; Not upheld x1
- **Number of extensions –**
- FR: on time x 2; extension x2
- Stage 2: extension x 3

1 October – 31 December (Q3),

- **Complaints received in this period**
- FR x15; Stage 2 x 13
- **Complaints closed in this period –**
- FR x 2; Stage 2 x 12
- **Complaints closed – outcome**
- FR: Upheld x2; Not upheld x2
- Stage 2: Upheld x2; Partially upheld x 4; Not upheld x6
- **Number of extensions –**
- FR: on time x2; extension x2
- Stage 2: on time x4; extension x 8

1 January – 31 March (Q4)

- **Complaints received in this period**
- FR x 19; Stage 2 x10
- **Complaints closed in this period –**
- FR x16; Stage 2 x 5
- **Complaints closed –**
- FR: Upheld x 5; Partially upheld x 3; Not upheld x5; Resolved x4
- Stage 2: Partially upheld x 1; Not upheld x 4
- **Number of extensions –**
- FR: on time x10; extension x6
- Stage 2: on time x 3; extension x 2

EDINBURGH HEALTH AND SOCIAL CARE PARTNERSHIP

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

During 2021/2022, the number of social care complaints managed as a Stage Two in the partnership was 52. This represents a decrease of 28% on the previous year.

In addition, 70 complaints were completed at Stage One (frontline resolution); this represents an increase of 25%.

113 enquiries were responded to, and 10 compliments were recorded.

Timescales for Stage Two Complaint Investigations:

In 2021/22, Edinburgh Health and Social Care Partnership formally responded to 52 Stage Two complaints. 8 (15%) were responded to within the 20 working day target or within an agreed extension; 44 (85%) did not meet these targets.

Outcomes:

Of the complaints investigated at Stage Two, 5 (10%) were upheld; 31 (60%) were partially upheld; 13 (25%) were not upheld.

From 1 April 2021, the SPSO introduced a new complaint outcome, 'resolution'. We are now able to resolve a complaint by agreeing what action to take with individuals, without the requirement to reach a decision as to whether the complaint should be upheld or not upheld. In 2021/22, 3 complaints were resolved (5%).

Complaint Trends:

Of the 52 Stage Two complaints, 36 were either upheld or partially upheld. 30 of these were reported in locality teams:

- North East: 4
- North West: 9
- South East: 6
- South West: 11

6 Stage Two complaint were reported across miscellaneous services.

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

- Delayed package of care
- Decision of Locality Teams
- Staff attitude

It should be noted however, that many complaints have several themes.

Service Improvements:

All Stage Two complaints with an outcome of upheld or partially upheld continue to have an accompanying improvement plan. The improvement plans are the responsibility of the locality or service to ensure identified actions are implemented and learning from complaints is shared with the relevant teams.

An example of this was improvement action taken after a complaint about a motion activated wrist alarm not activating when the client fell. The investigation found that whilst it was not possible to guarantee the equipment would detect all falls, it was important that clients and their families were made aware of this. ATEC24 updated their written citizen alarm agreement to ensure that all relevant parties are now aware and informed, particularly when carers or family members may not be present during the installation visit.

Action was also taken when complaints were received in connection with decision-making by the Transport Allocation Group (TAG), and it was identified there was a lack of clarity about types of shared transport available, and physical distancing guidelines when using transport. Practitioner guidance is now issued to workers as part of the invite to the TAG meeting, explaining areas to be discussed and helping practitioners prepare, so that a decision is more likely to be reached at the first meeting. A 'Frequently Asked Questions' document has also been developed, setting out expectations for practitioners attending the TAG and the process for arranging transport once agreed.

Social Work Advice and Complaints have introduced new training to improve knowledge and practice around complaint handling within EHSCP. Training modules

have been developed internally by the service and include an introductory overview of the Model Complaints Handling Procedure and Stage 1 Frontline Resolution, and a secondary module which focuses on Stage 2 Investigations. The training started in early 2022 and will continue to be delivered to practitioners throughout the year.

Separately, some bespoke training sessions have also been provided on request to Health services requesting this support; for example, 2C Practice Surgeries and District Nursing Service.

Scottish Public Services Ombudsman:

If a complainant is not satisfied with the Stage Two response, they may request that the case be heard by the Scottish Public Services Ombudsman (SPSO), who can undertake an independent external review.

In 2021/2022, the SPSO made contact in relation to 8 complaints. 5 of these contacts were requests for information on the investigation and any relevant background information to the complaint (they refer to this process as Pre-Investigation); the outcome from all these Pre-Investigations was that they were satisfied with the findings and response, and they did not proceed to a full investigation.

Two of the contacts related to complaints from 2020/2021; due to the delay in the SPSO reviewing complaints, it can sometimes take over a year to receive their final decision. In both complaints, the decision was again that they were not proceeding to an investigation.

The final contact from the SPSO was also a Pre-Investigation, the outcome of which had not yet been received by 31/03/2022.

JUSTICE SERVICES

Summary Information:

During 2021/22, Justice Services received ten stage one complaints and no stage two complaints. A stage 2 complaint in the previous period was closed. No positive comments were received.

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

- 2,070 people were supported through open community orders by Justice Social Work Services. This represents a 10.6% increase from support given during 2020-21.
- Justice Services staff completed 1,516 social work reports to support decision making by the courts, representing a 45.6% increase in comparison to 2020-21.

Timescales for Stage Two Complaint Investigations:

In 2021/22 Justice Services responded to 60% of stage one complaints within agreed timescales. Justice Services responded to 100% of stage two complaints within the agreed timescale (submitted in 2020/21).

Outcomes

Of the complaints completed, none were upheld, three stage one's were partially upheld, six stage ones were not upheld and one stage two was not upheld. No stage one complaint was escalated to stage two

Complaint Trends:

We have managed more complaints at stage one, using frontline resolution in 2021/22. This has reduced complaints progressing to stage 2. The stage one complaint that was closed in 2021/22, was in respect of Willow Service and related to service provision.

Service Improvements:

There were two service improvements in 2021/22:

- Willow service should implement processes for service users to be heard if they no longer wish to receive services.
- Conversations regarding bed spaces are recorded on SWIFT.

SUMMARY:

The Council is committed to improving social work services for the people of Edinburgh and recognises that complaints are an important source of customer feedback. The following table sets out the number of social work complaints over the last three years dealt with as frontline resolutions (stage one); the number of complaints that required formal investigation (stage two); and the number of complaints referred to the Scottish Public Services Ombudsman (SPSO). Along with responding to complaints the Council also respond to enquiries made by the public, and by elected members (MPs, MSPs and Councillors) on behalf of their constituents.

	2019/20	2020/21	2021/22
Stage One Frontline Resolution			
• Edinburgh Health and Social Care Partnership	76	56	70
• Communities and Families	35	46	54
Stage Two Investigation			
• Edinburgh Health and Social Care Partnership	37	67	52
• Communities and Families	45	23	38
Scottish Public Service Ombudsman (SPSO)			
• Edinburgh Health and Social Care Partnership	1	10	8
• Communities and Families	2	0	0
Enquiries			
• Edinburgh Health and Social Care Partnership	95	125	113
• Communities and Families	34	8	-

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

	2019/20	2020/21	2021/22
Positive Comments			
<ul style="list-style-type: none"> Edinburgh Health and Social Care Partnership 	11	22	10

Appendix 3: Care Inspectorate Inspections 2020/21

CS Number	Service Name	Quality Framework Evaluation	Latest Grading	Inspection Date
CS2016345165	Royston Court Care Home for Adults	How well do we support people's wellbeing?	3 - adequate	09-Apr-21
		How good is our leadership?	3 - adequate	
		How good is our staff team?	Not assessed	
		How good is our setting?	Not assessed	
		How well is care and support planned?	3 - adequate	
		How good is our care and support during the COVID-19 pandemic?	4 - good	08-Feb-22
CS2009233011	Inch View Care Home for Adults	How good is our care and support during the COVID-19 pandemic?	4 - good	11-May-21
CS2003010953	Crane Services Offender Accommodation Service	How well do we support people's wellbeing?	5 - very good	11-Feb-22
		How good is our leadership?	Not assessed	
		How good is our staff team?	5 - very good	
		How good is our setting?	Not assessed	
		How well is care and support planned?	5 - very good	
CS2003010927	Drylaw Young Peoples Centre	How well do we support people's wellbeing?	4 - good	15-Feb-22
		How good is our leadership?	3 - adequate	
		How good is our staff team?	3 - adequate	
		How good is our setting?	4 - good	
		How well is care and support planned?	5 - very good	

Appendix 4: City of Edinburgh Council - Workforce Registered with the Scottish Social Services Council as at 13/07/2021

Register Part	Number of Registrants
Combined Register part 1 (Managers in a Care at Home and Housing Support Service)	15
Combined Register part 4 (Supervisors in a Care at Home and Housing Support Service)	114
Combined Register part 5 (Workers in a Care at Home and Housing Support Service)	831
Managers in Housing Support Services	6
Managers of a Care Home Service for Adults	8
Managers of a Day Care of Children Service	24
Managers of a Residential Child Care Service	7
Managers of an Adult Day Care Service	7
Managers of Care at Home Services	4
Practitioners in a Care Home Service for Adults	126
Practitioners in Day Care of Children Services	1285
Residential Child Care Workers	286
Residential Child Care Workers with Supervisory Responsibilities	35
Social Work Students	0
Social Workers	816
Supervisors in a Care at Home Service	12
Supervisors in a Care Home Service for Adults	59
Supervisors in Housing Support Services	25
Support Workers in a Care Home Service for Adults	211
Support Workers in a Day Care of Children Service	318
Support Workers in Housing Support Services	143
Support Workers in a Care at Home Service	58
TOTAL COUNCIL WORKFORCE REGISTERED	4390

REPORT

Finance update

Edinburgh Integration Joint Board

18 October 2022

Executive Summary

The report provides the Integration Joint Board with an update on the financial performance of delegated services for the first 4 months of the year.

Recommendations

It is recommended that the board notes the:

1. financial position for delegated services to 31st July 2022;
2. position with covid reserves outlined in paragraphs 10 and 11 below; and
3. ongoing tripartite discussions, led by the Chief Officer, to deliver financial balance

Directions

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

Report Circulation

1. The financial position highlighted within this report has been considered through the appropriate governance structures of our partners, the City of Edinburgh Council (the Council) and NHS Lothian. A more detailed version of

this report and a separate report on progress with the savings and recovery programme were scrutinised by the Performance and Delivery Committee on 14th September 2022.

2. An update of the position with the Integration Joint Board's covid reserves is included in paragraphs 10 and 11.

Main Report

Background

3. In March 2022, the Integration Joint Board (IJB) agreed the 2022/23 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 £16.9m.
4. An update was provided to the IJB meeting in August 2022 which reported that the budget deficit had been reduced to £10.8m. At this point, the board noted that officers were continuing tripartite efforts with colleagues in the City of Edinburgh Council and NHS Lothian to bridge this remaining gap. This report presents the IJB with the first assessment of the in year financial position.

Overview of financial position

5. As members are aware, the IJB "directs" budgets back to our partner organisations who provide the associated services. The majority of these services are delivered through the Edinburgh Health and Social Care 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 4 (July 2022) monitoring reports from the Council and NHS Lothian. This shows a projected year end overspend of £7.9m as per table 1 below. At a high level the underlying overspend can be described in 4 component parts: the deficit described above; increased spend on externally purchased social care services; ongoing pressure on set aside budgets; offset by vacancies across some key Council and NHS services. Further detail is included in appendices 1 (NHS Lothian) and 2 (the Council), with narrative explanations in paragraphs 6 and 7.

	Annual Budget £k	To July 2022			Year end forecast £k
		Budget £k	Actual £k	Variance £k	
NHS services					
Core	293,095	42,876	41,589	1,288	7,187
Hosted	91,620	29,892	29,637	255	387
Set aside	100,088	30,835	31,820	(985)	(5,734)
Sub total NHS services	484,804	103,604	103,046	558	1,840
CEC services	285,461	95,154	98,416	(3,262)	(9,786)
Total	770,265	198,757	201,461	(2,704)	(7,947)

Table 1: financial position for delegated services to July 2022

NHS Lothian

7. NHS Lothian has now completed its first financial forecast for the year, the quarter 1 review. Delegated health services are reporting a small underspend of £0.6m for the 4 months to July 2022. This rises to a projection of £1.8m by the end of the financial year. The key drivers of this position are well rehearsed and include:

- *Vacancies* – continue to drive projected year end underspends in a number of services, including community hospitals (£1.6m), district nursing (£1.7m), mental health (£1.1m), therapies (£1.1m including hosted services) and rehabilitation (£0.5m). In all these areas vacancy levels are higher than those experienced in the previous financial year despite ongoing efforts of operational staff prioritising recruitment. We have engaged with Capital City Partnership (who are the anchor delivery body for Edinburgh's employment strategy) to further target these efforts;

- *Prescribing (£0.3m over)* – as anticipated in the savings and recovery plan the average cost per item has reduced. A 5.8% increase in volumes for the first 4 months of the financial year is driving the overspend. Due to timing of the information being available, the full extent of this increase has not yet been reflected in the forecast;
- *Hosted services (£0.4m under by year end)* – the increased issue of community equipment continues to be a material pressure. This service is hosted by the Edinburgh Partnership and is the subject of an ongoing review. One element of this work is the proposed reset of the budget by utilising an element of the unallocated uplift. Offset this pressure are underspends across a number of services impacted by staff vacancies (see above).
- *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

8. Council delegated services are reporting an overspend of £9.8m for the year. This position assumes funding of £7.3m will be released from IJB reserves to offset the associated costs. The headline issues driving this position remain in line with previous reports, namely:

- *External services (net projected overspend of £15.8m)* – also referred to as 'purchasing'. The largest element of this relates to the £10.8m budgetary gap which has arisen from the IJB's decisions to invest to support increased capacity and the unfunded impact of demography. The balance is due to capacity issues in the external market; and

- *Internal services (forecast net underspend of £6.3m)* - can mainly be attributed to employee costs across the services, but mostly in homecare, residential and day care services. On average we can see a reduction of 225 employees (or 112 full time posts) between this financial year and last. This is despite the ongoing efforts to recruit and reflects the position nationally.

Financial impact of Covid-19

9. In both 2020/21 and 2021/22 Covid related costs were met in full by the Scottish Government (SG) via the LMP process. Over the 2 financial years the IJB received support totalling £82.8m. As reported to the board in August, the SG has confirmed that no further Covid consequential costs are anticipated in 2022/23 or in future years. This is therefore the final year where costs related to the pandemic will be separately funded, with the associated budget currently sitting in IJBs' reserves.
10. On 12th September 2022 the SG Director of Health Finance and Governance wrote to integration authorities, NHS boards and local authorities to confirm that they would be seeking to recover an element of this funding. The letter stated:

'There have been a number of significant changes to Public Health policies in relation to Covid over the summer, resulting in the profile of Covid spend reducing significantly compared to when funding was provided to IJBs for Covid purposes. In response to this, the Scottish Government will reclaim surplus Covid reserves to be redistributed across the sector to meet current Covid priorities. The detail of this will follow at an IJB level and the process and timetable will follow through further communications.'
11. In Edinburgh we started the year with a covid reserve of £44.9m. Based on our latest submitted estimate, costs will be in the region of £26.8m. This projection will be updated and resubmitted to the SG by the end of October and is likely to form the basis of any recovery of monies. The Chief Finance Officer will work closely with SG colleagues in this regard, reporting back to a future meeting of the IJB.

Savings and recovery programme

12. In March 2022, the IJB agreed the 2022/23 savings and recovery programme to deliver in year savings of £5.74 million. Delivery of the programme is overseen operationally by the Savings Governance Board (SGB) with progress scrutinised by the Performance and Delivery Committee. Appendix 4 details the validated and reported progress status and associated RAG evaluation for all approved projects within the 22/23 programme up until the end of July 2023. This includes a high-level summary, outlining the current status and agreed actions, for each project. Ten (10) projects have been reported as either low, moderate or high risk.
13. Overall, the programme is moderately behind expected progress and there is a divergence between planned activities and progress across number of projects. However, where risks or issues have been identified as having financial implications for the 2022/23 savings and recovery programme, corrective actions have been agreed and documented through SGB for the purpose of audit and ongoing programme assurance.

Implications for Edinburgh Integration Joint Board

Financial

14. Outlined elsewhere in this report

Legal/risk implications

15. 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 in year issues remain the unbalanced financial plan and the delivery of the agreed savings and recovery programme.

Equality and integrated impact assessment

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

Environment and sustainability impacts

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

Quality of care

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

Consultation

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

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Appendices

Appendix 1	Financial outturn for NHS delegated services to July 2022
Appendix 2	Financial outturn for Council delegated services to July 2022
Appendix 3	Glossary of terms
Appendix 4	Progress with 2022/23 savings and recovery programme

FINANCIAL POSITION FOR NHS DELEGATED SERVICES TO JULY 2022

	Annual Budget £k	To July 2022				Year end forecast £k
		Budget £k	Actual £k	Variance £k	%	
Core services						
Community hospitals	13,687	4,494	3,953	541	4%	1,566
District nursing	13,965	4,562	4,062	500	4%	1,742
Geriatric medicine	3,160	967	967	(0)	0%	1
GMS	88,276	28,810	29,102	(293)	0%	(953)
Learning disabilities	1,255	419	383	36	3%	46
Mental health	9,295	3,124	2,548	575	6%	1,718
PC Services	9,111	3,927	3,897	30	0%	256
Prescribing	79,533	26,367	26,707	(339)	0%	(330)
Resource transfer and reserves	57,541	(35,700)	(35,814)	114	0%	2,541
Substance misuse	4,126	1,373	1,300	73	2%	160
Therapy services	12,395	4,136	4,055	81	1%	533
Other	753	397	426	(29)	-4%	(93)
Sub total core	293,095	42,876	41,589	1,288	0%	7,187
Hosted services						
Community Equipment	1,862	621	1,034	(413)	-22%	(1,280)
Hospices & Palliative Care	2,610	870	873	(3)	0%	(10)
Learning Disabilities	7,871	2,159	2,089	71	1%	238
LUCS	6,794	2,210	2,331	(121)	-2%	(114)
Mental Health	31,521	9,828	10,179	(351)	-1%	(603)
Oral Health Services	7,014	2,169	2,009	160	2%	531
Pharmacy	1,871	1,497	1,507	(10)	-1%	13
Primary Care Services	2,894	994	992	2	0%	(198)
Psychology Services	5,671	1,561	1,428	133	2%	335
Public Health	1,121	228	214	14	1%	25
Rehabilitation Medicine	5,158	1,614	1,400	213	4%	544
Sexual Health	3,992	1,344	1,381	(36)	-1%	(65)
Substance Misuse	2,482	857	822	35	1%	28
Therapy Services	8,683	2,756	2,557	200	2%	522
UNPAC	3,746	782	765	18	0%	428
Other	(1,669)	402	58	344	-21%	(8)
Sub total hosted	91,620	29,892	29,637	255	0%	387
Set aside services						
Acute management	3,525	1,156	1,150	6	0%	(793)
Cardiology	4,174	1,390	1,322	68	2%	173
Diabetes & endocrinology	2,525	781	863	(83)	-3%	(493)
ED & minor injuries	10,646	3,548	3,784	(236)	-2%	(334)
Gastroenterology	7,800	2,556	3,373	(817)	-10%	(2,511)
General medicine	27,088	9,046	9,463	(417)	-2%	(1,121)
Geriatric medicine	17,735	5,955	6,312	(356)	-2%	(1,128)
Infectious disease	3,315	(2,054)	(2,069)	15	0%	906
Junior medical	2,573	938	994	(55)	-2%	(207)
Other	730	248	209	40	5%	25
Rehabilitation medicine	1,744	576	602	(26)	-1%	(28)
Respiratory medicine	6,672	2,271	2,347	(76)	-1%	51
Therapy services	10,571	3,432	3,471	(39)	0%	(272)
Covid funding	990	990	0	990	100%	0
Sub total set aside	100,088	30,835	31,820	(985)	-1%	(5,734)
Net position	484,804	103,604	103,046	558	0%	1,840

	Annual Budget £k	To July 2022				Year end forecast £k
		Budget £k	Actual £k	Variance £k	%	
External						
Care and support	63,174	21,058	21,554	(496)	-2%	(1,489)
Care at home	36,591	12,197	12,291	(94)	-1%	(281)
Day services	13,459	4,486	4,365	122	3%	365
Direct payments/individual service funds	45,507	15,169	15,395	(226)	-1%	(677)
Other/generic/universal services	16,276	5,425	5,373	52	1%	156
Residential services	78,655	26,218	27,212	(994)	-4%	(2,981)
Sustained additional community capacity	0	0	3,600	(3,600)	N/A	(10,800)
Transport services	1,316	439	475	(36)	-8%	(109)
Total external services	254,979	84,993	90,265	(5,272)	-2%	(15,815)
Internal						
Assessment and care management	15,813	5,271	5,180	91	2%	272
Care and support	7,566	2,522	2,546	(24)	-1%	(73)
Care at home	26,563	8,854	7,896	958	11%	2,875
Day services	10,597	3,532	3,438	95	3%	284
Equipment services	10,059	3,353	3,278	75	2%	226
Management	2,491	830	846	(16)	-2%	(47)
Other operating costs	10,881	3,627	3,673	(46)	-1%	(139)
Other services	6,822	2,274	2,009	265	12%	794
Residential services	25,886	8,629	8,101	528	6%	1,584
Strategy/contract/support services	4,261	1,420	1,499	(78)	-6%	(235)
Therapy services	3,784	1,261	1,206	55	4%	165
Pension costs	439	146	146	0	0%	0
Digital transformation	1,720	573	372	201	35%	603
Analogue to digital	20	7	6	1	11%	2
Winter pressures	7,356	2,452	2,452	0	0%	0
Total internal services	134,258	44,753	42,650	2,103	2%	6,309
Total service wide COVID costs			2,446	(2,446)		(7,338)
Total costs	389,237	129,746	135,360	(5,615)	-1%	(16,844)
Income and funding						
Government grants	824	275	301	27	10%	80
Funding and cost recovery	83,453	27,818	27,684	(133)	0%	(400)
Customer and client receipts	19,499	6,500	6,513	13	0%	40
COVID LMP funding	0	0	2,446	2,446	N/A	7,338
Total income and funding	103,776	34,592	36,945	2,353	2%	7,058
Net position	285,461	95,154	98,416	(3,262)	-1%	(9,786)

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	Services provided to clients in buildings owned by the Council or a third party.
GMS	Option 1 of self directed support where the client has chosen to be responsible for organising their care.
HOSTED SERVICES	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.
INDIVIDUAL SERVICE FUNDS (ISF)	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).
LUCS	Option 2 of self directed support where the client has chosen for a 3rd party (not the Council) to organise their care.
RESIDENTIAL SERVICES	Lothian Unscheduled Care Service – provides out of hours GP services
SET ASIDE SERVICES	Services provided to clients in care homes.
THERAPY SERVICES	Acute hospital based services managed on a pan Lothian basis by NHS Lothian
	Mainly occupational therapy teams.

Appendix 4: 22-23 Savings Programme - Project status including progress and saving RAG evaluation

Project Number	Project Name	Target Saving as documented in Appendix 4 of the 22 nd MAR 22 EIJB report	Progress RAG* as of End JUL 22	Savings RAG** as of End JUN 22	Progress update as of end July 2022
1	Review Rehabilitation Services	£140,000	4	4	Project has identified circa £40k of recurring savings following the analysis of the staffing establishment which has been identified historical vacancies that have not been filled. Work is ongoing to identify further savings, this will be monitored regularly throughout Q2. Full savings will be delivered non recurrently in year given the current level of vacancies.
2	Sexual Health Service Review	£110,000	4	0	The service review identified a number of options, but these are likely to have a material impact on service delivery. Given the overall in year flexibility, with the financial position of the delighted health services, the SGB has agreed to address this under the 23/24 financial planning process. In year non-recurring savings will be actively sought, this will continue to be monitored.
3	Community Equipment	£55,000	4	0	Savings has been delayed by current resource challenges (both in terms of project management and within service area). Review of options to progress this savings proposal is being undertaken.
4	LD Overnight Services	£75,000	4	7	Project is on track despite discrepancy between project in year target (£39k) and savings target in Financial Plan (£75). Based on discussion with project manager and providers, not realistic to deliver savings in year beyond £45k via project, however mitigation of underspend against staffing budgets will provide an in-year substitution. Confidence in delivery of recurring savings remains high, however, a recommendation has been made to SGB to continue to monitor progress through Q2.

Project Number	Project Name	Target Saving as documented in Appendix 4 of the 22 nd MAR 22 EIJB report	Progress RAG* as of End JUL 22	Savings RAG** as of End JUN 22	Progress update as of end July 2022
5	The Works	£30,000	10	10	<p>Full savings has been realised. Project activity has completed as planned. The project has been closed under CLR-01.</p> <p>During 2021/22 the scope of this project evolved. It has been identified that there is a need to embark on a strategic review of employability services as part of Thrive Edinburgh.</p>
Page 158	Hosted Service & Set aside	£570,000	6	3	<p>Despite being behind forecast (due to delay in hosted projects) there is still a reasonable confidence in delivery, especially as set aside projects are delivering beyond forecast. It is expected that the progress and financial RAG will continue to improve over the next quarter, however, a recommendation has been made to SGB to continue to monitor progress through Q2.</p>
7	Prescribing 21-11	£2,060,000	5	1	<p>At the August SGB project progress (to end of July) and savings (to the end of June) were reported as behind plan, with only 12% of savings achieved (reflected in the RAG statuses) This was because primary care pharmacy team had been deployed to deliver a 7-day antiviral hub which impacted on implementation of the action plan. In addition, current vacancies are delaying progress of some workstreams. The associated risks were highlighted to Prescribing Forum in June and July and to SGB in June and August. SGB was advised to closely monitor progress through Q2</p> <p>However, Covid numbers have stabilised, and the antiviral pharmacist has commenced in post which significantly eased pressures due to the demands of this service. As a result, a further update was sought and at the end of July we had achieved at least 46% of the saving, with an expectation that further savings may be identified given that other strands are dependent on prescribing data which has a three-month lag, providing reassurance that the project and savings are now on track. This will continue to be closely monitored through Q2.</p>

Project Number	Project Name	Target Saving as documented in Appendix 4 of the 22 nd MAR 22 EIJB report	Progress RAG* as of End JUL 22	Savings RAG** as of End JUN 22	Progress update as of end July 2022
8	Purchasing	£400,000	6	1	<p>Both elements of project overall on track.</p> <p>Gross Funding - temporary reporting solution implemented to pass cases which require follow up action back to locality staff; Recruitment process ongoing for Senior Transactions Officer (Gross Funding); Project Team working with Operational staff to sign-off current Gross Funding process.</p> <p>Direct Payments – audit of AllPay high balance and ‘non-use’ accounts commenced; SDS Adviser working with Finance to develop reporting mechanisms.</p> <p>Since professional advisor commenced in post, achievement of savings has gathered pace. Project reporting 11% of savings achieved at end of M3 (equating to Rag of 1) but forecasting achievement of circa 30% by end of M4, providing reassurance that project and savings are on track.</p>
9	Medical Day Hospitals	£200,000	8	8	An Integrated Community Model is progressing to deliver a consist model across the City. This will include the delivery of services via 2 hubs and supporting community infrastructure. Saving is on track to be delivered in year.
10	Bed Based Review	£2,100,000	4	7	<p>The Bed Based Review continues to progress, but in the meantime the saving is on track for delivery in year as Drumbrae is closed.</p> <p>Continue to monitor through Q2.</p>

Appendix 4.2: Progress RAG Scoring Guidance*

Red	0	No confidence in delivery
Red	1	Critical issues threaten the success of the project and confidence in delivery is very low
Red	2	Significant project issues mean project is not on track and confidence in delivery is very low
Amber	3	Major problems regarding project performance and no or limited corrective actions in place
Amber	4	Major problems regarding project performance and delivery, but corrective actions are in place to improve confidence in delivery
Amber	5	Problems exist regarding project performance, delivery of corrective actions are/ have been delivered, with reasonable confidence of success
Amber	6	Minor problems exist with the project but confidence in the delivery of the project remains high
Green	7	Project on track and expected to deliver minimum outputs/ benefits
Green	8	Project on track. Progress and achievement of the project is on target
Green	9	Progress and achievement of the project is likely to exceed planned output/benefits
Blue	10	Project completed and outputs/ benefits delivered. Appropriate learning shared within and beyond Programme

Appendix 4.3: Saving RAG Scouring Guidance

RAG Rating		% of Savings Target
Red	0	0% achieved
Red	1	<20%
Red	2	20% - 30%
Amber	3	30% - 40%
Amber	4	40% - 50%
Amber	5	50% - 60%
Amber	6	60% - 70%
Green	7	70% - 80%
Green	8	90% -100%
Green	9	>100% achieved
Blue	10	Financial balance achieved and recorded in General Ledger Appropriate learning shared within and beyond Programme

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REPORT

Membership Proposal for the Strategic Planning Group

Edinburgh Integration Joint Board

18 October 2022

Executive Summary

1. The purpose of this report is to provide further detail to the Edinburgh Integration Joint Board (EIJB) around the proposal to invite the Chair of the Edinburgh Association of Community Councils (EACC) to nominate an EACC representative to join the Strategic Planning Group (SPG).
2. The SPG approved the proposal in August 2021 and referred it to the EIJB.
3. The EIJB has considered this proposal on four previous occasions: September, October, and December 2021 and again in April 2022.
4. The EIJB directed through the Rolling Action Log (RAL) that the matter be brought back to the October 2022 EIJB for final resolution.

Recommendations

It is recommended that the EIJB:

1. Approves the proposal to invite an EACC representative to join the SPG as a member with immediate effect.
2. To amend the SPG Terms of Reference accordingly.

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. SPG 18 August 2021.
2. EIJB on 14 September 2021, 26 October 2021, 7 December 2021 and 19 April 2022.

Main Report

3. The Chair and Vice Chair of the EIJB and Service Director Strategic Planning, have met with senior members of the EACC on four occasions over the past 24 months as part of the EIJB communications and engagement strategy. These outreach engagements have proved successful; providing situational awareness and an opportunity to highlight concerns. The most recent meeting was held on 13 September 2022. Further engagements are planned on a bi-annual basis.
4. The EACC are seen to play an important role in the development of communities across the city. To improve the relationship between the EIJB and EACC, a proposal emerged in 2021 to invite the current Chair of EACC, Mr Steve Kerr, to nominate an EACC representative to join the SPG. The addition of an EACC representative is seen as a progressive step to broaden our representation on the SPG in support of EIJB strategic aspirations.
5. In August 2021, the SPG accepted a proposal to invite the Chair of the EACC to nominate a representative to join the SPG and referred the proposal to the EIJB. The proposal was considered by the EIJB in September 2021, October 2021, December 2021 and then again in April 2022, when a decision was not reached. Questions in relation to the proposal were posed by EIJB members and are addressed below:

a. How many community councils does EACC represent?

Response. The EACC represents all of Edinburgh's constituted Community Councils which equates to 44.

b. What is the current governance around this?

Response. The EACC Chair has established a Steering Group of Community Councils to ensure geographic representation across the City and to facilitate engagement with City Council/Edinburgh Partnership colleagues. Of note, the EACC Chair is a member of the Local Outcome Improvement Plan Delivery Group which reports directly to the Edinburgh Community Partnership.

c. How does the EACC communicate to the 44 Community Councils?

Response. The EACC distributes information through its Office Bearers, maintains a website, and holds monthly meetings.

**d. Are there plans to increase Community Councils?**

Response. Yes. In addition to the 44 constituted Community Councils, Edinburgh at present has two further defined Community Council areas. Representatives from one of these areas, Wester Hailes, have asked for assistance in re-establishing their Community Council. EACC are negotiating with City of Edinburgh Council officers to conduct a boundary review before the next Community Council elections. This review would recognise the significant house building that is planned in the City which is likely to increase the number of Community Council areas in future.

6. As there is currently no vacancy on the SPG for an EACC member to join, an appointment report is required to be approved by the EIJB to update the Terms of Reference to allow the new member to join.

Implications for EIJB

Financial

7. None.

Legal / risk implications

8. The SPG Terms of Reference will require to be updated to reflect the addition of an EACC member.

Equality and integrated impact assessment

9. None.

Environment and sustainability impacts

10. None.

Quality of care

11. NA.

Consultation

12. There has been routine consultation between EIJB and EACC over the past 24 months with aspirations to deepen the relationship.

Report Author

Judith Proctor
Chief Officer, Edinburgh Integration Joint Board

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REPORT

Revised Edinburgh Integration Joint Board and Committees Dates 2023

Edinburgh Integration Joint Board

18 October 2022

Executive Summary

The purpose of this report is to agree the revised dates for the meetings of the Edinburgh Integration Joint Board, Development Sessions, Budget Working Groups and the Committees for 2023.

Recommendations

It is recommended that the Edinburgh Integration Joint Board:

1. Agree the proposed EIJB dates for 2023;
2. Agree the proposed Development Session and Budget Working Group Dates for 2023; and
3. Agree the proposed Committee dates for 2023;

Directions

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

Report Circulation

1. This report has not been considered elsewhere.
2. The revised Committee dates have been circulated to the Chair of each respective Committee for their consideration.

Main Report

1. [In April 2022](#), the Edinburgh Integration Joint Board agreed their Board, Committee, Development Session and Working Group dates for the 2023 calendar year.
2. Following the Local Government Elections in May 2022, and the significant turnover in membership of both Council and NHS Lothian colleagues, the dates agreed are no longer suitable for new members.
3. The revised 2023 diary aims to schedule Committee and Board meetings for 2023 where each meeting will not fall short of quorate.
4. Committee dates follow meeting patterns set out in the Terms of Reference for each committee, which are as follows;
 - a. Audit and Assurance – Quarterly
 - b. Clinical and Care Governance – Quarterly
 - c. Performance and Delivery – Bi-monthly – two weeks prior to the IJB
 - d. Strategic Planning Group – Six meetings per year.
5. The only exception to the above is the Performance and Delivery Committee. Last year, the Chair requested two additional meetings – one in April and one in September – to consider the savings reports. Following consultation with the new Performance and Delivery Committee Chair and members, the Committee agreed to continue with the meeting schedule as implemented under the previous Chair.
6. Appendix 1 gives Board Members the proposed revised Diary for 2023.
7. It is proposed that the Edinburgh Integration Joint Board, Development Sessions and Working Groups for 2023 return to in-person sessions. Meetings will alternate between virtual and in-person, however, Committees will remain fully virtual.

Implications for Edinburgh Integration Joint Board

Financial

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

Legal / risk implications

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

Equality and integrated impact assessment

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

Environment and sustainability impacts

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

Quality of care

5. Not applicable.

Consultation

6. None.

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board

Contact for further information:

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Background Reports

None.

Appendices

Appendix 1 Edinburgh Integration Joint Board Diary 2023

<i>(Christmas and New Year Recess until w/c 9 January 2023)</i>					
Wk1	Mon	9	January	a.m.	
				p.m.	
	Tue	10	January	a.m.	
				p.m.	
	Wed	11	January	a.m.	
				p.m.	
	Thu	12	January	a.m.	
				p.m.	
	Fri	13	January	a.m.	
				p.m.	
Wk2	Mon	16	January	a.m.	
				p.m.	
	Tue	17	January	a.m.	
				p.m.	
	Wed	18	January	a.m.	
				p.m.	
	Thu	19	January	a.m.	Edinburgh Integration Joint Board Development Session
				p.m.	
	Fri	20	January	a.m.	
				p.m.	
Wk3	Mon	23	January	a.m.	
				p.m.	
	Tue	24	January	a.m.	
				p.m.	
	Wed	25	January	a.m.	Strategic Planning Group
				p.m.	
	Thu	26	January	a.m.	Budget Working Group
				p.m.	

	Fri	27	January	a.m.	
				p.m.	
Wk4	Mon	30	January	a.m.	
				p.m.	
	Tue	31	January	a.m.	
				p.m.	
	Wed	1	February	a.m.	Performance and Delivery
				p.m.	
	Thu	2	February	a.m.	
				p.m.	
	Fri	3	February	a.m.	
				p.m.	
Wk5	Mon	6	February	a.m.	
				p.m.	
	Tue	7	February	a.m.	
				p.m.	
	Wed	8	February	a.m.	
				p.m.	
	Thu	9	February	a.m.	
				p.m.	
	Fri	10	February	a.m.	
				p.m.	



Wk6	Mon	13	February	a.m.	
				p.m.	
	Tue	14	February	a.m.	Edinburgh Integration Joint Board
				p.m.	
	Wed	15	February	a.m.	
				p.m.	
	Thu	16	February	a.m.	
				p.m.	
	Fri	17	February	a.m.	
				p.m.	
Wk1	Mon	20	February	a.m.	
				p.m.	
	Tue	21	February	a.m.	Budget Working Group
				p.m.	
	Wed	22	February	a.m.	
				p.m.	
	Thu	23	February	a.m.	
				p.m.	
	Fri	24	February	a.m.	
				p.m.	
Wk2	Mon	27	February	a.m.	
				p.m.	
	Tue	28	February	a.m.	
				p.m.	
	Wed	1	March	a.m.	Clinical and Care Governance
				p.m.	
	Thu	2	March	a.m.	
				p.m.	
	Fri	3	March	a.m.	
				p.m.	
Wk3	Mon	6	March	a.m.	



				p.m.	
	Tue	7	March	a.m.	Budget Q&A
				p.m.	
	Wed	8	March	a.m.	Performance and Delivery
				p.m.	
	Thu	9	March	a.m.	
				p.m.	
	Fri	10	March	a.m.	
				p.m.	
Wk4	Mon	13	March	a.m.	
				p.m.	
	Tue	14	March	a.m.	
				p.m.	
	Wed	15	March	a.m.	EIJB Governance Session
				p.m.	
	Thu	16	March	a.m.	
				p.m.	
	Fri	17	March	a.m.	
				p.m.	



Wk5	Mon	20	March	a.m.	
				p.m.	
	Tue	21	March	a.m.	Edinburgh Integration Joint Board (Budget)
				p.m.	
	Wed	22	March	a.m.	Strategic Planning Group
				p.m.	
	Th	23	March	a.m.	
				p.m.	
	Fri	24	March	a.m.	
				p.m.	
Wk6	Mon	27	March	a.m.	
				p.m.	
	Tue	28	March	a.m.	
				p.m.	
	Wed	29	March	a.m.	Audit and Assurance
				p.m.	
	Th	30	March	a.m.	
				p.m.	
	Fri	31	March	a.m.	
				p.m.	
Wk1	Mon	3	April	a.m.	
				p.m.	
	Tues	4	April	a.m.	
				p.m.	
	Wed	5	April	a.m.	Performance and Delivery
				p.m.	
	Thu	6	April	a.m.	
				p.m.	
	Fri	7	April	a.m.	
				p.m.	
Wk2	Mon	10	April	a.m.	



				p.m.	
	Tue	11	April	a.m.	
				p.m.	
	Wed	12	April	a.m.	
				p.m.	
	Thu	13	April	a.m.	
				p.m.	
	Fri	14	April	a.m.	
				p.m.	
Wk3	Mon	17	April	a.m.	
				p.m.	
	Tue	18	April	a.m.	Edinburgh Integration Joint Board
				p.m.	
	Wed	19	April	a.m.	
				p.m.	
	Thu	20	April	a.m.	
				p.m.	
	Fri	21	April	a.m.	
				p.m.	



Wk4	Mon	24	April	a.m.	
				p.m.	
	Tue	25	April	a.m.	
				p.m.	
	Wed	26	April	a.m.	
				p.m.	
	Thu	27	April	a.m.	
				p.m.	
	Fri	28	April	a.m.	
				p.m.	
Wk5	Mon	1	May	a.m.	
				p.m.	
	Tue	2	May	a.m.	Edinburgh Integration Joint Board Development Session
				p.m.	
	Wed	3	May	a.m.	
				p.m.	
	Thu	4	May	a.m.	
				p.m.	
	Fri	5	May	a.m.	
				p.m.	
Wk6	Mon	8	May	a.m.	
				p.m.	
	Tue	9	May	a.m.	
				p.m.	
	Wed	10	May	a.m.	
				p.m.	
	Thu	11	May	a.m.	
				p.m.	
	Fri	12	May	a.m.	
				p.m.	
Wk1	Mon	15	May	a.m.	



				p.m.	
	Tue	16	May	a.m.	
				p.m.	
	Wed	17	May	a.m.	
				p.m.	
	Thu	18	May	a.m.	
				p.m.	
	Fri	19	May	a.m.	
Wk2				p.m.	
	Mon	22	May	a.m.	
				p.m.	
	Tue	23	May	a.m.	
				p.m.	
	Wed	24	May	a.m.	Clinical and Care Governance
				p.m.	
	Thu	25	May	a.m.	
Wk3				p.m.	
	Fri	26	May	a.m.	
				p.m.	
	Mon	29	May	a.m.	
				p.m.	
	Tue	30	May	a.m.	
				p.m.	
	Wed	31	May	a.m.	Performance and Delivery
Wk4				p.m.	
	Thu	1	June	a.m.	
				p.m.	
	Fri	2	June	a.m.	
				p.m.	
	Mon	5	June	a.m.	
				p.m.	



	Tue	6	June	a.m.	
				p.m.	
	Wed	7	June	a.m.	EIJB Governance Session
				p.m.	Audit and Assurance
	Thu	8	June	a.m.	
				p.m.	
	Fri	9	June	a.m.	
				p.m.	
Wk5	Mon	12	June	a.m.	
				p.m.	
	Tue	13	June	a.m.	Edinburgh Integration Joint Board
				p.m.	
	Wed	14	June	a.m.	Strategic Planning Group
				p.m.	
	Thu	15	June	a.m.	
				p.m.	
	Fri	16	June	a.m.	
				p.m.	
Wk6	Mon	19	June	a.m.	
				p.m.	
	Tue	20	June	a.m.	
				p.m.	
	Wed	21	June	a.m.	
				p.m.	
	Thu	22	June	a.m.	
				p.m.	
	Fri	23	June	a.m.	
				p.m.	
Wk1	Mon	26	June	a.m.	
				p.m.	
	Tue	27	June	a.m.	



				p.m.	
	Wed	28	June	a.m.	
				p.m.	
<i>(Summer recess until w/c 31 August 2023)</i>					
Wk2	Mon	31	August	a.m.	
				p.m.	
	Tues	1	August	a.m.	
				p.m.	
	Wed	2	August	a.m.	Performance and Delivery
				p.m.	
	Thu	3	August	a.m.	
				p.m.	
	Fri	4	August	a.m.	
				p.m.	
Wk3	Mon	7	August	a.m.	
				p.m.	
	Tue	8	August	a.m.	Edinburgh Integration Joint Board
				p.m.	
	Wed	9	August	a.m.	
				p.m.	
	Thu	10	August	a.m.	
				p.m.	
	Fri	11	August	a.m.	
				p.m.	
Wk4	Mon	14	August	a.m.	
				p.m.	
	Tue	15	August	a.m.	
				p.m.	
	Wed	16	August	a.m.	Strategic Planning Group
				p.m.	
	Thu	17	August	a.m.	



				p.m.	
	Fri	18	August	a.m.	
				p.m.	
Wk5	Mon	21	August	a.m.	
				p.m.	
	Tue	22	August	a.m.	
				p.m.	
	Wed	23	August	a.m.	
				p.m.	
	Thu	24	August	a.m.	
				p.m.	
	Fri	25	August	a.m.	
				p.m.	
Wk6	Mon	28	August	a.m.	
				p.m.	
	Tue	29	August	a.m.	EIJB Governance Session
				p.m.	
	Wed	30	August	a.m.	Clinical and Care Governance
				p.m.	
	Thu	31	August	a.m.	
				p.m.	
	Fri	1	September	a.m.	
				p.m.	
Wk1	Mon	4	September	a.m.	
				p.m.	
	Tue	5	September	a.m.	
				p.m.	
	Wed	6	September	a.m.	Performance and Delivery
				p.m.	
	Thu	7	September	a.m.	
				p.m.	



	Fri	8	September	a.m.	
				p.m.	
Wk2	Mon	11	September	a.m.	
				p.m.	
	Tue	12	September	a.m.	Budget Working Group
				p.m.	
	Wed	13	September	a.m.	Audit and Assurance
				p.m.	
	Thu	14	September	a.m.	
				p.m.	
	Fri	15	September	a.m.	
				p.m.	
Wk3	Mon	18	September	a.m.	
				p.m.	
	Tue	19	September	a.m.	
				p.m.	
	Wed	20	September	a.m.	
				p.m.	
	Thu	21	September	a.m.	
				p.m.	
	Fri	22	September	a.m.	
				p.m.	
Wk4	Mon	25	September	a.m.	
				p.m.	
	Tue	26	September	a.m.	Edinburgh Integration Joint Board Annual Accounts & Development Session
				p.m.	
	Wed	27	September	a.m.	
				p.m.	
	Thu	28	September	a.m.	
				p.m.	



	Fri	29	September	a.m.	
				p.m.	
Wk5	Mon	2	October	a.m.	
				p.m.	
	Tue	3	October	a.m.	
				p.m.	
	Wed	4	October	a.m.	Performance and Delivery
				p.m.	
	Thu	5	October	a.m.	
				p.m.	
	Fri	6	October	a.m.	
				p.m.	
Wk6	Mon	9	October	a.m.	
				p.m.	
	Tue	10	October	a.m.	
				p.m.	
	Wed	11	October	a.m.	Strategic Planning Group
				p.m.	
	Thu	12	October	a.m.	
				p.m.	
	Fri	13	October	a.m.	
Wk1				p.m.	
	Mon	16	October	a.m.	
				p.m.	
	Tue	17	October	a.m.	Edinburgh Integration Joint Board
				p.m.	
	Wed	18	October	a.m.	
				p.m.	
	Thu	19	October	a.m.	
				p.m.	
	Fri	20	October	a.m.	



				p.m.	
Wk2	Mon	23	October	a.m.	
				p.m.	
	Tue	24	October	a.m.	
				p.m.	
	Wed	25	October	a.m.	
				p.m.	
	Thu	26	October	a.m.	
				p.m.	
	Fri	27	October	a.m.	
				p.m.	
Wk3	Mon	30	October	a.m.	
				p.m.	
	Tue	31	October	a.m.	
				p.m.	
	Wed	1	November	a.m.	Clinical and Care Governance
				p.m.	
	Thu	2	November	a.m.	
				p.m.	
	Fri	3	November	a.m.	
				p.m.	
Wk4	Mon	6	November	a.m.	
				p.m.	
	Tue	7	November	a.m.	Budget Working Group
				p.m.	
	Wed	8	November	a.m.	
				p.m.	
	Thu	9	November	a.m.	
				p.m.	
	Fri	10	November	a.m.	
				p.m.	



Wk5	Mon	13	November	a.m.	
				p.m.	
	Tue	14	November	a.m.	
				p.m.	
	Wed	15	November	a.m.	
				p.m.	
	Thu	16	November	a.m.	
				p.m.	
	Fri	17	November	a.m.	
				p.m.	
Wk6	Mon	20	November	a.m.	
				p.m.	
	Tue	21	November	a.m.	Edinburgh Integration Joint Board Development Session
				p.m.	
	Wed	22	November	a.m.	
				p.m.	
	Thu	23	November	a.m.	
				p.m.	
	Fri	24	November	a.m.	
				p.m.	
Wk1	Mon	27	November	a.m.	
				p.m.	
	Tue	28	November	a.m.	
				p.m.	
	Wed	29	November	a.m.	Performance and Delivery
				p.m.	
	Thu	30	November	a.m.	
				p.m.	
	Fri	1	December	a.m.	
				p.m.	



Wk2	Mon	4	December	a.m.	
				p.m.	
	Tue	5	December	a.m.	Edinburgh Integration Joint Board Development Session
				p.m.	
	Wed	6	December	a.m.	Strategic Planning Group
				p.m.	
	Thu	7	December	a.m.	
				p.m.	
	Fri	8	December	a.m.	
				p.m.	
Wk3	Mon	11	December	a.m.	
				p.m.	
	Tue	12	December	a.m.	Edinburgh Integration Joint Board
				p.m.	
	Wed	13	December	a.m.	Audit and Assurance
				p.m.	
	Thu	14	December	a.m.	EIJB Governance Session
				p.m.	
	Fri	15	December	a.m.	
				p.m.	
Wk4	Mon	18	December	a.m.	
				p.m.	
	Tue	19	December	a.m.	
				p.m.	
	Wed	20	December	a.m.	
				p.m.	
	Thu	21	December	a.m.	
				p.m.	
	Fri	22	December	a.m.	
				p.m.	



REPORT

EIJB Consultation Response – National Care Service

Edinburgh Integration Joint Board

18 October 2022

Executive Summary

The purpose of this report is to update the Edinburgh Integration Joint Board (EIJB) on the consultation response on the National Care Service Call for Views.

Recommendations

It is recommended that the Edinburgh Integration Joint Board:

1. Note the EIJB consultation response which has been approved by the Chair and Vice Chair of the EIJB and submitted to the Scottish Parliament. This approach is in line with the agreed consultation protocol agreed by the EIJB in May 2021.

Directions

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

Report Circulation

1. This report has not been circulated to any other governance committee prior to submission to the EIJB.

Main Report

2. The National Care Service Bill allows Scottish Ministers to transfer social care services from local authorities to a new National Care Service (NCS). This may include children's and criminal justice social work services. It also allows the



transfer of health services from the National Health Service (NHS) to the NCS. Health and care services that are transferred could be delivered nationally or locally via Care Boards.

3. The Scottish Parliament's Health, Social Care and Sport Committee and other committees are looking at the details of the Bill and have asked for views from the public. The call for views opened on the 8 July 2022 and ran until the 2 September 2022.
4. The EIJB had a workshop on the 22 August to develop its response to the Call for Views. There were 42 questions contained within the Call for Views and due to the scope and range of the questions, the EIJB only provided responses to those questions that would have the most direct impact on the EIJB. Due to the deadline for the Call of Views, the EIJB response was signed off by the Chair and Vice Chair of the EIJB and submitted to the Scottish Parliament on the 2 September 2022 in line with the consultation protocol agreed by the EIJB in May 2021. The finalised version of the consultation response is included at appendix 1 for awareness.

Implications for Edinburgh Integration Joint Board

Financial

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

Legal / risk implications

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

Equality and integrated impact assessment

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

Environment and sustainability impacts

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

Quality of care

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

Consultation

10. Key stakeholders have been involved in the development of the consultation response.



Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board

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Background Reports

None

Appendices

Appendix 1 National Care Service Call for Views Response.

Appendix 1 – National Care Service Call for Views

General questions about the Bill

The Policy Memorandum accompanying the Bill describes its purpose as being “to improve the quality and consistency of social work and social care services in Scotland”. Will the Bill, as introduced, be successful in achieving this purpose? If not, why not?

EIJB members met on the 22nd of August to consider a response to the National Care Service Call for views. There was not full attendance of EIJB members at this meeting so this response will include the views of those that did attend. There are instances where views of members were slightly varied so this response intends to capture this where possible.

Members of the EIJB support the purpose of the Bill. The intention to co-design the process and the emphasis on paid carers. The main point members would highlight is that there is a lack of detail on several key areas and would welcome further consultation. Members recognise that much work is in plan to develop currently missing detail but have commented where there are concerns.

The Bill and proposals will only deliver real change if adequate staff and resources are allocated to the National Care Service (NCS). Members would highlight that there requires to be a level of local decision making to allow a response to local needs and develop local innovative solutions to issues.

The concept and practice of integration of health and social care is referenced within the vision and policy memorandum and is not referenced in the draft Bill.

Members support that the principles of integration continues and evolves appropriately to ensure that there are no organisational disconnects between healthcare and those within the NCS, including specialist hospital care and services designed to support people in the community.

There is merit in explicitly acknowledging, in the principles or elsewhere, that health and care are strongly associated, and that this association can be expected to continue to grow in the decades ahead as Scotland’s population becomes relatively older.

Members would highlight that there is a concern that the implementation of the NCS will have on the social work profession. There is a risk that the coherence and independence of the profession may be undermined by the creation of the NCS.

Members would ask for clarity on what Local Authority staff will transfer to the NCS and how this will be done. Further detail on this is required as the uncertainty will not help with recruitment and retention of staff.

Members would stress that what isn't specifically mentioned in the Bill is the importance of prevention and the ways that might be accomplished in the future. Currently a range of local authority services contribute to the prevention agenda / wellbeing (e.g., leisure, housing, public transport, cleansing, roads and pavements, parks). It is important to ensure connections are maintained with services that are outwith NCS.

In the draft Bill the concept of the 'outcome' of services provided is only briefly alluded to, albeit it is referenced in the supporting documents. A strengthening of the importance of achieving good outcomes for people would be welcome.

Is the Bill the best way to improve the quality and consistency of social work and social care services? If not, what alternative approach should be taken?

Members would emphasise that much of what the Bill is trying to achieve could be done through existing structures and governance. It welcomes the focus on equalities and inclusion in the Bill, however this can only be achieved if the proposals in the Bill are fully funded and staffed. It is recognised that the full implementation of the Bill is going to be a gradual process to ensure consistency. Members would like to highlight the importance that each authority starts from a fair and equitable financial base on the inception of the NCS.

Are there any specific aspects of the Bill which you disagree with or that you would like to see amended?

Members feel that there is a lack of focus on integration within the Bill, and this could result in services becoming fragmented. Members would highlight that care doesn't only encompass social care or carers and would highlight there are wider links with Edinburgh Leisure, Public Health, Third Sector organisations to deliver health and care services.

There is a concern about aligning Primary and Community Health Services into the NCS and creating fragmented primary and secondary health services. There were diverging views on whether Children's and Criminal Justice Services should be included in the NCS. Members would highlight that looking at bringing other services into the NCS later will cause disruption and may not result in streamlined and integrated pathways.



Is there anything additional you would like to see included in the Bill and is anything missing?

Members feel there is a lack of detail in the Bill such as information relating to workforce, finance, resource and membership of the board. However, members look forward to being engaged in the co-design of shaping the NCS. Members fear about the impact of these proposals on the existing workforce (especially as there is a lack of detail within the Bill) and the significant lack of detail on the funding to support delivery of all proposals contained within the Bill.

Do you have any general comments on financial implications of the Bill and the proposed creation of a National Care Service for the long-term funding of social care, social work and community healthcare?

Members are concerned that there is a lack of clarity and detail on how the proposals within the Bill will be funded. There is no acknowledgement within the Bill or financial memo that the current level of funding is not sufficient to deliver social care services and Local Authorities (& other bodies) are having to make difficult choices. The EIJB is currently running with a structural budget deficit since its inception this has been exacerbated since additional income and funds have not been in line with the ongoing increase in costs and with year-on-year demographic growth, as well as committed spending commitments. The Bill does not provide any detail on how these will be addressed or factored in.

There are further questions that require to be addressed within the Bill around whether individuals will be expected to fund part of their care. There are currently variations of rates between Local Authorities and the removal of charging will provide great consistency, but this will cause a further deficit in the budget that needs to be addressed.

Establishment and abolition of care boards (Sections 4 and 5 / Schedules 1 and 2)

Please provide your comments on these sections of the Bill in the box provided.

Members feel that the Care Boards sound very similar to existing IJBs and it's not entirely clear what the purpose of setting up these new bodies would be. There is a view that the focus on restructuring of governance may become priority rather than actual service delivery. There is a significant lack of detail on what Care Boards will do, what services will sit under Care Boards, what staff will sit under care boards / NCS to take an informed view.

Further clarity is required on which elements will be retained or transferred to Care Boards as there seems to be an option to choose what is retained / transferred which does not create consistency and potentially creates a postcode lottery.



Clarity is required on the make-up of Care Board as there is no specific mention of health representation on the Board and how this Board will link with NHS Boards in terms of governance. Members would emphasise that it is crucial that there is a relationship between Care Boards and NHS Boards. It is important that the mutual and inter-dependent interests of both organisations are visibly represented at a corporate level and an explicit commitment to this would be welcomed. Due to the importance of getting this right (alongside other areas contained within the Bill), it is important there is further consultation on the Bill as further details emerge.

Strategic planning and ethical commissioning (Chapter 2)

Please provide your comments on this part of the Bill in the box provided.

Members agree in principle with ethical commissioning, and it should be recognised that it is not just about ethical rights for service users, but further clarification is needed on the practical implementation.

Consideration should be given to how ethical commissioning will affect the cost of providing services and how it will drive the market. Whilst members support the principles of ethical commissioning it is likely that this will result an increased cost for an undefined gain.

Further detail is required on:

- What is meant by geographical area?
- Will this be aligned to health boards or local authorities?

Members are concerned that by implementing the Bill, it doesn't improve care services, it just creates a different operating structure.

Independent advocacy (Section 13)

Please provide your comments on this section of the Bill in the box provided.

Members agree that co-design and standardisation across Scotland is a positive step as the current system has levels of variation, however the bill lacks detail on how it will be funded and the timescales for implementation.

As part of the implementation of independency advocacy and brokerage services, it is important to communicate to service users what is available and make it socially acceptable to ask for help before people get to crisis point (especially carers).

Further detail is required on capacity, staffing, budget, resources, and assets, to support the implementation of independent advocacy.



Right to breaks for carers (Sections 38 and 39)

Please provide your comments on these sections of the Bill in the box provided.

Members support the principles underpinning the right to breaks for carers and it is important that there is not a postcode lottery. However, there are major pressures and a shortage of respite care and little articulation within the Bill about how this will be delivered and funded. It is unclear how the Bill will help support and improve those rights. The Bill needs to define the purpose of a “right to breaks for carers”

REPORT

Committee Update Report

Edinburgh Integration Joint Board

18 October 2022

Executive Summary

The purpose of this report is to provide the Edinburgh Integration Joint Board with an update on the business of Committees in September 2022.

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 September 2022. This report has been compiled to support the Edinburgh Integration Joint Board (EIJB) in receiving timeous information in relation to the work of its committees and balances this with the requirement for the formal note of committees to have undertaken due process and agreement by those committees. All reports are stored in the EIJB document library for information.

Audit and Assurance Committee - 20 September 2022

2. **Edinburgh Integration Joint Board Unaudited Annual Accounts 2021-22** – were presented to the Committee for scrutiny.
3. **2021-22 Annual Audit Report to the Members of the Edinburgh Integration Joint Board and the Controller of Audit** – were presented to the Committee for noting.
4. **2021/22 annual assurance statement** – the committee considered the draft statements and it was agreed by the Committee.
5. **Committees Annual Assurance Report** – was presented and members discussed how best to monitor the implementation of the suggested outcomes

6. **Internal Audit Update** – was presented to members for discussion of two audits and follow-up of findings raised in previous EIJB internal audits
7. **Edinburgh Integration Joint Board Risk Register** - was presented to members for sight of the latest iteration of the EIJB risk register and EIJB risk management policy for endorsement.
8. **Audit Scotland – Integration Joint Boards Financial Analysis 2020-21** – the report from the Account Commission was presented for discussion on the request of a member.

Performance and Delivery – 14 September

9. **Finance Update** – the committee had before it, a finance update report for noting.
10. **Savings and Recovery Programme** – the committee were presented with a report on the savings and recovery programme for noting
11. **EIJB Annual Performance Report 21/22** – the committee discussed the contents of the EIJB annual performance report 21/22 and agreed the report would be presented to the EIJB.
12. **Performance Framework** – the committee had before it a report on the performance framework for endorsement.
13. **Update on Directions** – the committee were presented with a report on progress with directions.

Forward Planning

14. Strategic Planning Group – 12 October 2022
15. Clinical and Care Governance – 3 November 2022

Report Author

Judith Proctor

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Minutes

IJB Audit and Assurance Committee

10am, Tuesday 20 September 2022

Virtual Meeting, Microsoft Teams

Present:

Peter Murray (Chair), Elizabeth Gordon, Grant Macrae and Councillor Claire Miller.

Officers: Emily Traynor (Clerk), Angela Brydon (Operations Manager EHSCP), Ashley Middlemass (Accountant HSC), Laura Calder (Internal Audit), Moira Pringle (Chief Finance Officer).

Apologies: Euan Davidson

1. Minutes

The minute of the Audit and Assurance Committee of the 31 August 2022 was presented for approval as a correct record.

Decision

To approve the minute of 31 August 2022 as a correct record.

2. Annual Cycle of Business

The annual cycle of business was presented.

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 September 2022 were presented to committee.

Decision

- 1) To agree to close the following actions:
 - Action 2 - Internal Audit Update
 - Action 3 - Internal Audit Annual Opinion 2021-22
- 2) To otherwise note the remaining outstanding actions.

(Reference – Outstanding Actions, submitted)

4. Edinburgh Integration Joint Board Unaudited Annual Accounts 2021-22

The Edinburgh Integration Joint Board's (EIJB) 2021/22 unaudited annual accounts were presented to the Committee for scrutiny.

Members were happy to see changes were made which reflected the discussion they had had previously with regards to the newly presented Annual Accounts.

Having approved the accounts for 2021/22, the Edinburgh Integration Joint Board Unaudited Annual Accounts 2021-22 will be presented to the EIJB Committee.

Decision

To approve and adopt the accounts for 2021/22.

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

5. 2021-22 Annual Audit Report to the Members of the Edinburgh Integration Joint Board and the Controller of Audit

The 2021-22 Annual Audit Report to the Members of the Edinburgh Integration Joint Board and the Controller of Audit were presented.

Several recommendations in the report reflected that further action would be required. Members discussed creating an action plan to target these specific actions in order to monitor their progress. The Chief Finance Officer noted that a reference to this action plan would be noted in the covering report to the EIJB.

6 monthly progress updates were recommended, however members highlighted that many of the actions were due to be completed within this timeframe. Therefore, it was requested that progress of actions expected to be closed by March/Spring 2023 would be presented to the Committee.

Decision

- 1) To note the report.
- 2) To note the Chief Finance Officer would reference the action plan in the covering report to the EIJB.
- 3) To note actions expected to be closed by March/Spring 2023 would be presented to Committee

(Reference – Report by Azets, External Auditors, submitted)

6. 2021-22 Annual Assurance Statement

The draft 2021/22 annual assurance statement was presented for consideration and agreed by the Committee.

Findings from the Annual Assurance Statement were discussed, a key theme which arose was the need for training and reviewing the induction process.

Members discussed the importance of appropriate training for all members, especially those who are new to the Committee on both a basic and technical level. The training programme was recommended to take place over a number of sessions throughout the year, as opposed to a one-off session. Partnership cooperation was also mentioned, to ensure their awareness and responsibility for training.

An understanding of what each of the IJB Committees responsibilities and boundaries are, would be included in the training.

Decision

- 1) To agree the Audit and Assurance Committee annual assurance statement attached at appendix 1.
- 2) To consider and make appropriate comments on the annual assurance statements for the Edinburgh Integration Joint Board (EIJB) attached at appendix 2.
- 3) To agree that all assurance statements will be shared via the teams site.

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

7. Committees Annual Assurance Report

The Committees Annual Assurance Report was presented.

Members discussed how best to monitor the implementation of the suggested outcomes.

Another reference was made to the action plan initially discussed as part of the Edinburgh Integration Joint Board Audited Annual Accounts 2021-22. Suggestions were made on how to format the action plan such as expected completion dates and a traffic light system on delivering effective outcomes to ensure actions can be checked at a glance to see which are making progress and which may need help.

Decision

- 1) To note the moderate assurance following the review of the committee assurance statements which are stored in the teams' site for interest.
- 2) To refer this report to the EIJB.
- 3) The Chief Finance Officer confirmed a paper will be brought back to Committee, discussing how best this action plan may be created and set out.

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

8. Internal Audit Update

The Internal Audit Update was presented to members for discussion of two audits and follow-up of findings raised in previous EIJB internal audits.

Members discussed the Activity Dashboard set out in Appendix 1 and received assurance that actions were on track to be achieved and updates would be reported via the MS Teams Channel once closed.

The position was described as the best it has been in recent times, with good progress having been made with EIJB audit actions.

Further, it was advised that Internal Audit Update reports are not referred to GRBV for information, instead an update to the Business Bulletin would be provided with a reference to the minute for GRBV members to understand the discussion which took place.

Members discussed revising the date for action 4, in Appendix 2, however this was discouraged due to penalisation of date revisions. It was confirmed that a date of 31 March 2023 would be worked towards, as to report positive progress for the year 2022/23.

Decision

- 1) To note progress with delivery of the EIJB 2022/23 IA plan.
- 2) To note progress with implementation of agreed management actions to support closure of EIJB IA findings raised.

- 3) To refer this report to the Council's Governance, Risk and Best Value Committee as an update in the Business Bulletin, as a number of the open EIJB IA findings relate to operational service delivery for the Health and Social Care Partnership by the Council.
- 4) To note that actions which are closed will be reported to Committee via the MS Teams Channel.

(Reference – Report by the Senior Audit Manager, City of Edinburgh Council, submitted)

9. Edinburgh Integration Joint Board Risk Register

The Edinburgh Integration Joint Board Risk Register was presented to members for sight of the latest iteration of the EIJB risk register and EIJB risk management policy for endorsement.

Members discussed their acceptance of the new risk wording, as per previous discussion around risk articulation being clear and avoiding duplication.

Further, members highlighted the need for an additional column in Appendix 1, which states an expected timeframe in which the risk is to be brought to its target rating. As audit Scotland express heightened concerns of red rated risks which are open for more than 1 year, this additional column would allow an insight as to whether these risks are on track to be targeted within this timeframe.

Decision

- a) To note that the risk cards were reviewed by the Executive Management Team in August 2022
- b) To agree the revised wording and risk cards at appendix 1 & 2 and recommend they are presented to the Edinburgh Integration Joint Board for endorsement.
- c) To agree the EIJB Risk Management Policy, included as appendix 3 and recommend this is presented to the Edinburgh Integration Joint Board for endorsement.
- d) To agree that the Chief Finance Officer and Operations Manager will continue to embed the EIJB risk process.
- e) To refer the EIJB risk policy and risk cards to partner organisations (NHS Lothian and City of Edinburgh Council).
- f) To add a column to Appendix 1 which states an expected timeframe in which the risk is to be brought to its target rating.

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

10. Audit Scotland - Integration Joint Boards Financial Analysis 2020-21

The Audit Scotland - Integration Joint Boards Financial Analysis 2020-21 report from the Account Commission was presented for discussion on the request of a member.

The details in the report were important for understanding how the AAC manage concerns of funding, budgets, sustainability, and risks and how this impacts forward planning.

Decision

To note the discussion.

11. Date of Next Meeting

The date of the next meeting was noted to be Monday, 5 December 2022.

by virtue of paragraph(s) 9 of Part 1 of Schedule 7A
of the Local Government(Scotland) Act 1973.

Document is Restricted

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