

Notice of Meeting and Agenda

Edinburgh Integration Joint Board

10.00 am, Tuesday, 13th December, 2022

Virtual Meeting - via Microsoft Teams

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

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 Any items under "Private Business" will not be published, although the decisions will be recorded in the minute.

Contact

Email: lesley.birrell@edinburgh.gov.uk

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 18 October 2022 - submitted for approval as a correct record 5 - 10

5. Forward Planning

- 5.1 Rolling Actions Log 11 - 14

6. Items of Strategy

- 6.1 Edinburgh Joint Carer Strategy - Refresh – Report by the Chief Officer, Edinburgh Integration Joint Board 15 - 354

6.2	Population Growth and Primary Care Premises Assessment Edinburgh 2022-2030 – Report by the Chief Officer, Edinburgh Integration Joint Board	355 - 436
6.3	Bed Based Review - Public Consultation on the Future Provision of Older People's Care – Report by the Chief Officer, Edinburgh Integration Joint Board	437 - 462

7. Items of Performance

7.1	Finance Update – Report by the Chief Officer, Edinburgh Integration Joint Board	463 - 478
7.2	Edinburgh Integration Joint Board Risk Register – Report by the Chief Officer, Edinburgh Integration Joint Board	479 - 520

8. Items of Governance

8.1	Appointments to the Edinburgh Integration Joint Board and Committees – Report by the Chief Officer, Edinburgh Integration Joint Board	521 - 524
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9. Papers for Noting

9.1	Committee Update Report – Report by the Chief Officer, Edinburgh Integration Joint Board	525 - 526
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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

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

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

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



Minute

Edinburgh Integration Joint Board

10.00am, Tuesday 18 October 2022

Dean of Guild Court Room, City Chambers Edinburgh and remotely by video conference

Present:

Board Members:

Councillor Tim Pogson (Chair), Angus McCann (Vice-Chair), Bridie Ashrowan, Heather Cameron, Councillor Euan Davidson, Christine Farquhar, Elizabeth Gordon, George Gordon, Rose Howley, 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: Angela Brydon, Jon Ferrer, Jenny McCann and David Williams.

Apologies: Robin Balfour and Elizabeth Gordon.

1. Deputations

Two deputations were heard in relation to agenda item 6.2 - System Pressures Update.

a) Edinburgh Trade Union Council

The deputation made the following key points:

- Problems in recruitment and retention of social care workers had been ongoing for years – the current crisis was an accumulation of years of Local Authority underfunding.
- The additional support noted in the report would not mitigate the crisis.
- It was requested that social care staff should be offered HND or HNC courses or alternatives, as well as appropriate rates of pay, sick pay and pensions.
- Concerns were noted on the proposed Triage Team and their ability to make meaningful change in consultation with key stakeholders.
- The threat to service provision was of concern and the deputation urged the EIJB to invest in in-house provision.

b) UNISON

The deputation made the following key points:

- The deputation noted concern regarding the lack of engagement and consultation with staff and managers when identifying pressures and the actions needed to resolve.
- The report focused on long term resolutions to the crisis but there were no proposals for the immediate challenges and upcoming winter pressures.
- The deputation supported the proposals to increase the pay rates for social workers, however, suggested this increase should be extended to social care assistants.

2. Minutes

The minutes of the Edinburgh Integration Joint Board meeting of 27 September 2022 were submitted for approval as a correct record.

Decision

To approve the minute as a correct record.

3. Rolling Actions Log

The Rolling Actions Log updated to October 2022 was presented.

Decision

- 1) To agree to close Action 2 – System Pressures Update Briefing.

2) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted)

4. Preparations for Winter 2022-23

An update was presented on preparations being made for winter 2022-23 and advising the winter allocation funding was £170,000.

Decision

- 1) To 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) To note that the preparations for Winter 2022/23 were interlinked with other aligned system pressures actions (see item 5 below).

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

5. System Pressures Update

An update on system pressures and performance within the Edinburgh Health and Social Care Partnership (EHSCP) was presented.

Decision

- 1) To note the current pressures on the Edinburgh Health and Social Care Partnership and mitigating actions being taken.
- 2) To agree the EIJB would receive regular reports on system pressures.
- 3) To agree the regular reports would include further detail on the actions being taken to address the system pressures including timescales, progress against these and the impact actions were having.
- 4) To request a briefing note on the budget setting process between the IJB and the Council specifically addressing timescales, how the IJB could make representations to CEC and NHSL on staff pay and conditions ahead of the budget setting to ensure these views were taken into account, a further briefing note to also provide information on the social care structure and job roles within NHSL and CEC and where responsibilities lie for each service.
- 5) To hold a development session to discuss the workforce strategy in more detail with members.

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

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

Information on Edinburgh's Medication Assisted Treatment (MAT) Standards implementation plan was presented. Alongside the plan, the proposed governance arrangements and details on the plan's development were also presented.

Decision

- 1) To approve the Edinburgh MAT Standards Implementation plan and commit to supporting it.
- 2) To request that the Chief Officer sign the plan on behalf of the Edinburgh Integration Joint Board as requested by the Scottish Government.

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

7. Chief Social Work Officer Annual Report 2021-22

The Chief Social Work Officer Annual Report for 2021/22 was presented.

Decision

- 1) To note the Chief Social Work Officer's (CSWO) Annual Report for 2021/22 attached at Appendix 1 to the report.
- 2) To agree an update would be provided on the actions being taken to address the increase in the number of emergency detention orders.
- 3) To agree the next CSWO update report would include more detail on the steps being taken to improve supervision, awareness and recording.
- 4) To confirm by email the data in Table 1 (p.16) which was noted as "N/A".

(Reference – Report by the Chief Social Work Officer and Service Director for Children's and Criminal Justice Services, submitted)

8. Finance Update

An update on the financial performance of delegated services for the first four months of the year was presented.

Decision

- 1) To note the financial position for delegated services to 31 July 2022.
- 2) To note the position with covid reserves outlined in paragraphs 10 and 11 of the report.
- 3) To note ongoing tripartite discussions, led by the Chief Officer, to deliver financial balance.

Declarations of Interest

Bridie Ashrowan made a transparency statement as the Chief Executive of EVOC, an organisation in receipt of funding from the HSCP.

Grant Macrae made a transparency statement as a parent/carer of a person in direct receipt of payments from the City of Edinburgh Council and as Governor of St Columba's Hospice.

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

9. Membership Proposal for the Strategic Planning Group

A proposal to invite a representative of the Edinburgh Association of Community Councils (EACC) to sit on the Strategic Planning Group was presented for approval.

Decision

- 1) To approve 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.
- 3) To agree to review the membership after one year.

Declarations of Interest

George Gordon made a transparency statement as a Community Councillor in Edinburgh.

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

10. Revised Edinburgh Integration Joint Board and Committee Dates

A revised Edinburgh Integration Joint Board diary for 2023 was presented. The amendments followed from meeting clashes that had occurred as a result of membership turnover.

Decision

- 1) To agree the proposed EIJB dates for 2023.
- 2) To agree the proposed Development Session and Budget Working Group dates for 2023.
- 3) To agree the proposed Committee dates for 2023.
- 4) To note meeting dates would be reviewed to ensure clashes with CEC and NHS meetings are avoided and to revise the IJB meeting date during the CEC Easter Recess.
- 5) To note meeting dates after August 2023 would be kept under review until CEC confirms its meeting calendar to avoid clashes with affected members.

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

11. EIJB Consultation Response – National Care Service

The EIJB's consultation response on the National Care Service Call for Views was presented.

Decision

To note the EIJB consultation response which had been approved by the Chair and Vice Chair of the EIJB and submitted to the Scottish Parliament. This approach was in line with the agreed consultation protocol agreed by the EIJB in May 2021.

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

12. 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 minute of the Audit and Assurance Committee was submitted for noting.

Decision

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

(Reference – Report by the Chief Officer, submitted)

13. Edinburgh Assistance Programme

The Board resolved that the public be excluded from the meeting during consideration of the item of business on grounds that it involved the disclosure of exempt information as defined under Standing Order 5.9.

The EIJB was presented with an update on the Edinburgh Assistance Programme (EAP).

Decision

- 1) To note the briefing and the Initial Report from the EAP Team.
- 2) To note the actions being taken to address the recommendations.
- 3) To note that further updates and related decision making would be provided to future EIJB meetings.
- 4) To agree that any decisions to be made in response to the recommendations would be brought to the Board and if urgent decisions were required to be taken that these were reported to Board members as soon as possible.

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

Rolling Actions Log

December 2022

No	Agenda item	Date	Action	Action Owner	Expected completion date	Comments
1A	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.	Chief Officer, EIJB Contact: Tony Duncan tony.duncan@edinburgh.gov.uk	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 Proposed for closure – decision was taken at October Board
1B	Membership Proposal for the Strategic Planning Group – Report by the Chief Officer,	18.10.22	1) To approve the proposal to invite a representative of the Edinburgh Association of Community Councils to join the Strategic	Chief Officer, EIJB Contact: Tony Duncan tony.duncan@edinburgh.gov.uk	October 2022	Proposed for closure decision was taken at October Board

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Agenda Item 5.1

No	Agenda item	Date	Action	Action Owner	Expected completion date	Comments
	Edinburgh Integration Joint Board		<p>Planning Group as a member with immediate effect.</p> <p>2) To agree to review the membership after one year.</p>			
2	Committees Annual Assurance Report – Referral from the Audit and Assurance Committee	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 EIJB's concerns over the vacant Chief Risk Officer post, and request commitment to a resolution.	Chair, Edinburgh Integration Joint Board		Proposed for closure - The Chair has now written to both Chief Executives in relation to the Chief Risk Officer.
3	System Pressures Update – report by the Chief Officer, Edinburgh Integration Joint Board	18-10-22	1) To request a briefing note on the budget setting process between the IJB and the Council specifically addressing timescales, how the IJB can make representations to CEC and NHSL on staff pay and conditions ahead of the budget setting to ensure these views are taken into account.	Chief Officer, EIJB Contact: Mike Massaro-Mallinson mike.massaro-mallinson@nhslothian.scot.nhs.uk		Proposed for closure – this was covered in the budget working group on 25 th October

No	Agenda item	Date	Action	Action Owner	Expected completion date	Comments
			2) To hold a development session to discuss the workforce strategy in more detail with members.			This will be built into the schedule of development sessions planned for 2023
4	Chief Social Work Officer Annual Report 2021-22 – Report by the Chief Social Work Officer	18-10-22	<p>1) To agree an update would be provided on the actions being taken to address the increase in the number of emergency detention orders.</p> <p>2) To agree the next CSWO update report would include more detail on the steps being taken to improve supervision, awareness and recording.</p> <p>3) To confirm by email the data in Table 1 (p. 16) which is noted as “NA”.</p>	Chief Social Work Officer and Service Director for Children’s and Criminal Justice Contact: Jon Ferrer jon.ferrer@edinburgh.gov.uk	<p>March 2023</p> <p>October 2023</p> <p>December 2023</p>	

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REPORT

Edinburgh Joint Carer Strategy - Refresh

Edinburgh Integration Joint Board

13 December 2022

Executive Summary	<ol style="list-style-type: none">1. The purpose of this report is to give the Edinburgh Integration Joint Board (EIJB) the opportunity to review version 4 of the draft refreshed Edinburgh Carer Joint Strategy 2023-26 before it enters the public consultation, and final production phases.2. The Edinburgh Strategic Partnership Group has overseen the development of the refreshed strategy in 2022, and the EIJB Strategic Planning Group (SPG) has participated in a detailed discussion on 12 Oct, where the development of the draft was well received.3. The developing refreshed Strategy takes account of draft EIJB Strategic Plan principles, and the draft national Carer Strategic themes, due to be published spring 2023, which also indicates a clear connection with the National Care Service.4. Subject to EIJB approval, the intention is to move forward with wider engagement, consultation and feedback, to bring back the finalised refined version to EIJB April 2023, for publication on our website.5. The intent is to also produce a separate Executive Summary on-line, with the 'Strategy at a Glance' section of the refreshed Strategy being the foundation for that.
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Recommendations	<p>It is recommended that the Edinburgh Integration Joint Board:</p> <ol style="list-style-type: none">1. Considers the current status of the development of the refreshed Edinburgh Joint Carer Strategy 2023-262. Approve the content, timeline and actions for further development.
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Directions

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

Directions will be considered for the final version presented Spring 2023

Report Circulation

1. This report has not been circulated to any other committee or groups prior to submission.
2. A pack describing the outline, approach and proposed content of the strategy refresh was provided in advance, and was discussed at the Strategic Planning Group 12 October 2022.

Main Report

3. The Carer (Scotland) Act (2016) placed requirement on Integration Authorities (IAs) to develop Local Carer Strategies every 3 years. The Edinburgh Carer Joint Strategy (EJCS) 2019-22¹ was developed through the Edinburgh Carer Partnership Group, with membership from all carer delivery partners both internally and externally, and a EIJB Carer representative. The strategy is currently being refreshed for the period 2023-26.
4. As a refreshed strategy, it builds upon progress made through implementation of the EJCS 2019-22, while providing an opportunity to address how we as a city, living with the challenge of key societal changes, in particular recovery from the covid pandemic, and the cost of living crisis, continue to best meet the agreed 6 priorities for carers:
 - Identifying Carers
 - Access to information and advice
 - Carer health and wellbeing
 - Access to short breaks

¹ [Edinburgh-Joint-Carers-Strategy-2019-2022-FINAL.pdf \(edinburghhsc.scot\)](#)

- Support for Young Carers
 - Personalising support
5. The refreshed strategy also aligns with the draft National Carer Strategy, which is due for publication in early 2023; taking priorities and commitments across the five themes at the national level, and drawing these into local commitments and planned activity to reach and support carers over the coming years:
- Living with covid
 - Recognising, valuing and involving carers
 - Health and social care support, which will also be connected to the National Care Service developments
 - Social and financial inclusion
 - Young carers
6. This **draft** Refreshed EJCS 2023-26 has been progressed in collaboration with the Carer Strategic Partnership Group (CSPG), with membership comprising several commissioned voluntary sector and internal partners, key planning and commissioning colleagues and EIJB Carer representatives, and remains a work-in-progress. The various working groups developing the refreshed strategy also includes the second EIJB Carer representative, with the lay members having the opportunity to talk through any key points they had, in advance of the EIJB.
7. Views of carers will continue to be considered, with the outcome of local surveys already incorporated, and additional points considered through the formal consultation period.
8. Key priority areas for delivering the strategy
- Adult Carer Support Plans (ACSPs) Work on these outcome-focussed plans has developed over 2022, with the template itself; supporting leaflets and guides; and internal processes now all either complete or reaching completion. Training and roll out expected early 2023.
 - The development of a Short Breaks Strategic Action Plan, while getting off the ground in late 2022 shall continue to be developed in 2023,

putting the carer first when short breaks, breaks from caring and replacement care are identified as a specific need.

- Young Adult Carers are a marginalised group within the carer landscape. To address this issue, a Young Adult Carer Action Plan, will be developed over 2023, with this group's needs at its core, and ensuring no carers are left behind as we progress as a city towards 2026.

9. Other areas we seek to consider, develop or positively influence include:

- Parent Carers - Building upon the contracted provision "Parents Carewell Partnership" and to work constructively with LD and other colleagues around Day Support and transport provision as these have a significant effect on carer's lives.
- Self-Directed Support – SDS for the supported person is as much about building a flexible programme of support that benefits the carer. Work over 2023 shall seek to highlight the issue, already well reflected in the Refreshed Strategy.
- Female/ Women carers – Forming the majority of carers, Female carers are disproportionately excluded from employment and other life-enhancing opportunities; this is prominent in the context of the Refreshed Strategy but work with partners to make this an area of focus over 2023 is expected.
- Transitions – a key area of challenge for carers as they negotiate new funding, benefit, support and lifestyle arrangements.

10. Views from the EIJB are sought at this time, to ensure the refreshed Strategy is an agreed and robust plan of commitment and action, in the spirit of collaboration, prior to undertaking the wider consultation exercise, planned to commence early 2023.

11. A final draft of the refreshed strategy, following consultation, shall be submitted to EIJB for ratification, and subsequent launch and publication in April 2023.

This will be supported by an Executive Summary, with the ‘Strategy at a Glance’ section of the refreshed Strategy being the foundation for that.

Implications for Edinburgh Integration Joint Board

Financial

12. The Carers (Scotland) Act (2016) introduced significant additional funding for carers support, launching in January 2021, bringing the total spend to just over £5.8m for year 1, rising in subsequent years until 2026, at which point £35.86million will have been allocated. The spend plan was agreed at EIJB in 2021. The value 2023-26 is £22.51million.
13. *Table 1: Agreed spending plan to implement the EJCS*

	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m
Identifying Carers and Information & advice	1.22	1.27	1.40	1.45	1.49
Health and Wellbeing	0.63	1.01	1.12	1.14	1.15
Short Breaks	0.59	0.99	1.16	1.09	1.09
Young Carers	0.51	0.69	0.69	0.69	0.69
Personalising support	2.75	3.34	2.92	2.93	2.95
Contingency and Innovation	0.14	0.21	0.21	0.21	0.13
Total	5.84	7.51	7.50	7.51	7.50

14. The key delivery mechanism for the strategy is mainly through commissioned services, with some internal provision through the Edinburgh Carer Support Team. Current provision across all priority areas was enhanced, with new contracts commencing January 2021, for a period of 5 years, with the option of an additional three 1 year periods. This tenure has been commended by the Carer Division at Scottish Government, as it aims to provide stability in the

market, and address short termism highlighted in the Independent Review of Adult Social Care 2020²

Legal / risk implications

15. The development of the refreshed strategy, and associated commitments, provides a mechanism to allow the EHSCP, local authority and NHS Board to undertake their duties associated with the Carers (Scotland) Act 2016. Commitments are required to remain within the current financial envelope, unless additional funding is secured through Scottish Government for implementation of the national Carer Strategy, once published.
16. Any adverse impact on the agreed spend plan will impact on ability to deliver fully the duties required, and will adversely impact the commitments within the draft refreshed strategy.
17. There is low risk associated with the overall delivery of the commitments in the draft strategy refresh, as the tenure of current provision runs to 2026, with the option of an additional three 1 year periods. These take the form of continuous development and improvement. All services commissioned to support carers will align with the current tenure.
18. Governance on performance and evaluation of the current and refreshed strategy is robust, and takes place through annual reporting to the Performance and Delivery Committee, to provide assurance against the commitments.

Equality and integrated impact assessment

19. An integrated impact assessment (IIA), will be completed as part of the aforementioned consultation exercise in early 2023.

Environment and sustainability impacts

20. Shall be considered as part of IIA process as noted above.

Quality of care

21. Shall be considered as part of IIA process as noted above.

² [Adult Social Care: independent review - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2020/07/Adult_Social_Care_independent_review_-_gov.scot.pdf)

Consultation

22. A wider consultation exercise is planned, and will progress in early part of 2023, following comments from the EIJB on the current draft refreshed strategy. Feedback will inform the final draft that shall be submitted to EIJB for ratification in April 2023.
23. The development of the refreshed strategy has drawn on the expertise and experience of a range of carer providers across statutory and third sectors, who are acutely aware of the challenges faced by carers.

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board

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Background Reports

1	Edinburgh Joint Carer Strategy 2019-22	Edinburgh-Joint-Carers-Strategy-2019-2022-FINAL.pdf (edinburghhsc.scot)
2	Independent Review of Adult Social Care 2018	Adult Social Care: independent review - gov.scot (www.gov.scot)

Appendices

Appendix 1 **The Draft Refreshed Edinburgh Joint Carer Strategy 2023-26
Version 4**

DRAFT V4.0

2023-2026

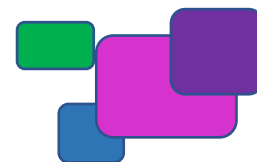
The Joint Edinburgh Carer Strategy

For all young and
adult carers who
support people
living in Edinburgh



Edinburgh **Health and
Social Care** Partnership



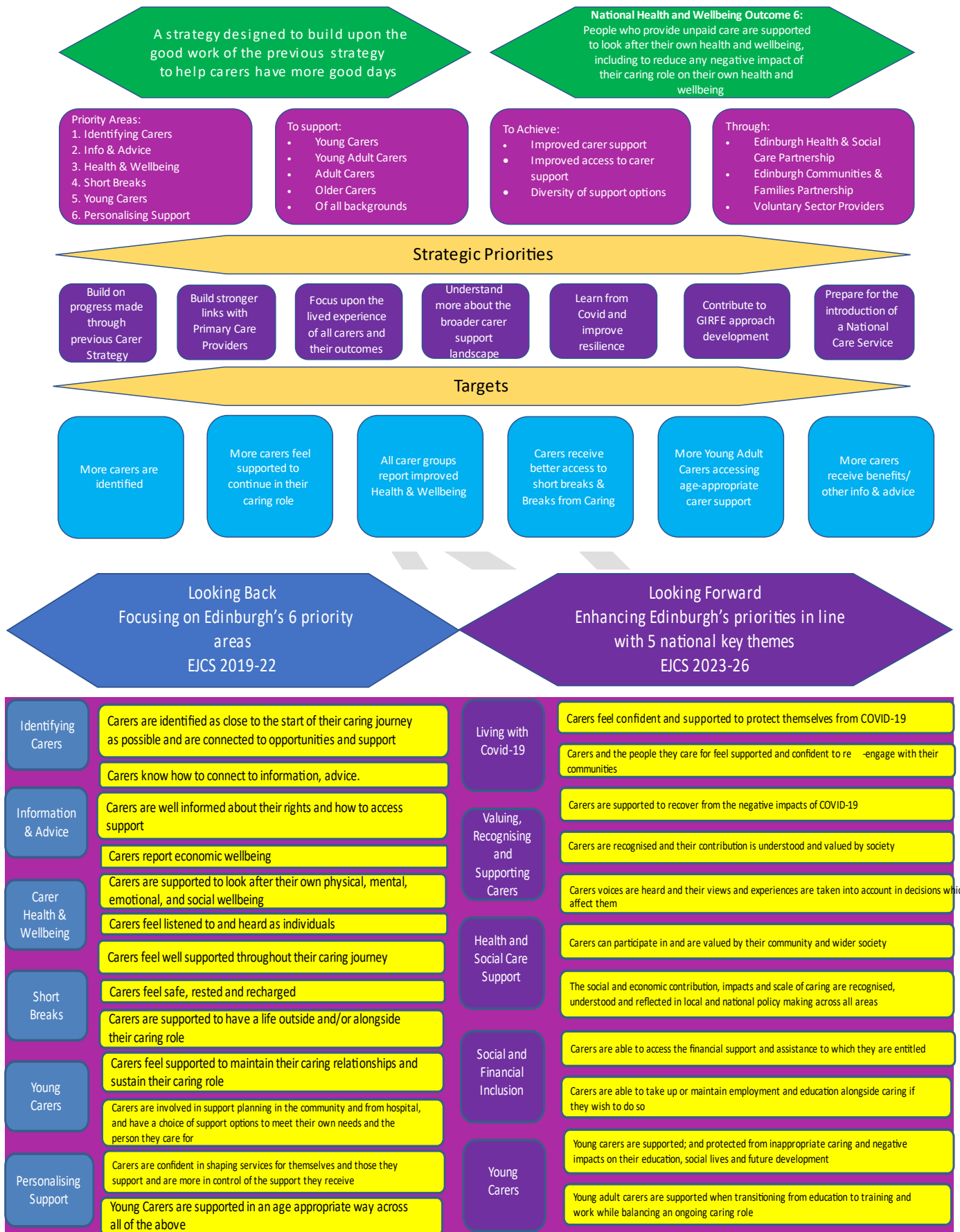


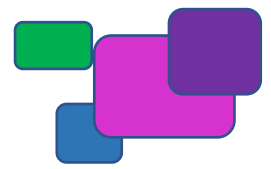
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Appendix Number	Appendix Title
Appendix 1	EJCS 2019-2022
Appendix 2	EJCS 2019-2022 Year 1 Report (Contracted Provision)
Appendix 3	Consultation Plan
Appendix 4	Adult Carer Support Plan Leaflet
Appendix 5	Adult Carer Support Plan Template
Appendix 6	Eligibility Criteria Framework (Adults)
Appendix 7	Young Carer Statement Leaflet
Appendix 8	Young Carer Statement template (Younger Carers)
Appendix 9	Young Carer Statement template (Older Children)
Appendix 10	Young Carer Statement Guidance (Inc. Eligibility Criteria)
Appendix 11	Agreed Spend Plan

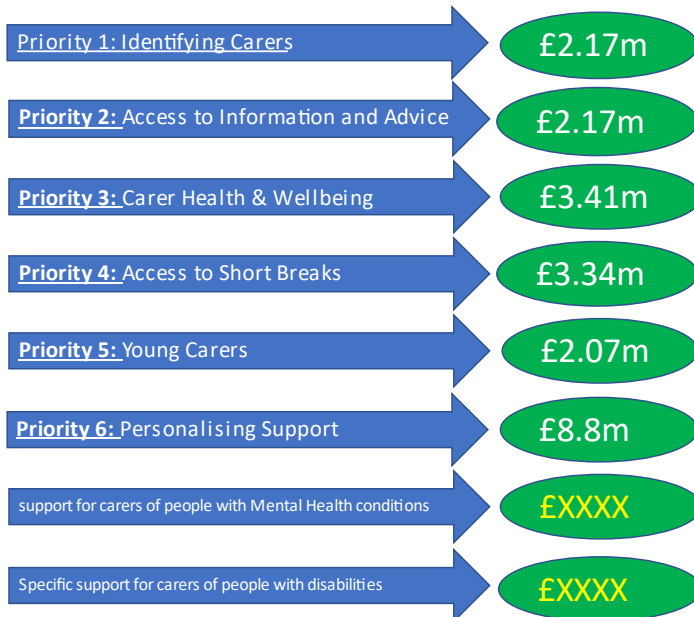


Edinburgh Joint Carer Strategy – at a Glance

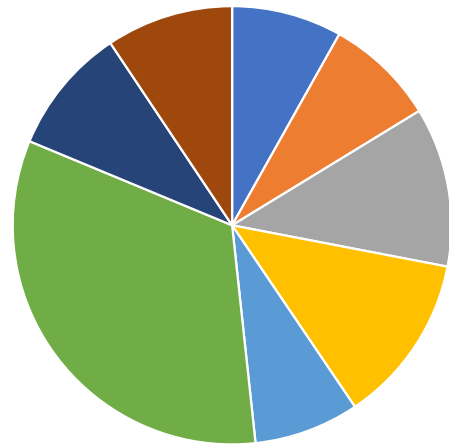




Edinburgh's Investment In Carers 2023-2026 - £22.51M

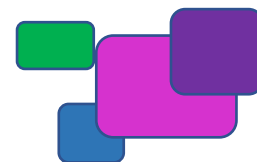


Carer Strategy 2023/26 £22.51m



- Identifying Carers
- Information & Advice
- Health & Wellbeing
- Short Breaks
- Young Carers
- Personalising Support
- Carers of MH
- Carers of Disabilities

	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m
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Health and Wellbeing	0.63	1.01	1.12	1.14	1.15
Short Breaks	0.59	0.99	1.16	1.09	1.09
Young Carers	0.51	0.69	0.69	0.69	0.69
Personalising support	2.75	3.34	2.92	2.93	2.95
Contingency and Innovation	0.14	0.21	0.21	0.21	0.13
Total	5.84	7.51	7.50	7.51	7.50



Introduction

This refreshed Edinburgh Carers Strategy 2023-26 sets out a vision, strategic objectives and measurable targets of health and social care planning partners to make Edinburgh a caring city.

- A city, where carers have rights, choices, and opportunities to access a wide range of supports
- A city, where carers have a voice, individually and collectively
- A city, which respects carers as equal partners in care and where carers feel valued and well supported in their communities.
- A city, where carers care with confidence and in good health.

“In Edinburgh, many people’s lives have been severely affected by global, UK and national developments. Social care services and providers in the Capital and across Scotland have experienced a rise in demand and need for services and significant staffing pressures, as a result of these developments. 2022 is set to see alarming increases in the cost of living which will further impact carers and people who need health and social care services. Recently published surveys provide evidence that Carers are bearing the brunt of these changes, which are out with their control. “

The lessons of the Covid-19 pandemic and the challenges of a fast-changing world do not allow a return to an ‘old normal’. On the contrary, they demand ‘new radical’ approaches. The Scottish Government commissioned *Independent Review of Adult Social Care* set the benchmark for wide-ranging changes in the way health and social care support will be provided in future.

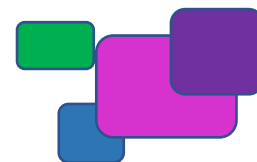
This Edinburgh Carers Strategy sets out how planning partners will expand carer support, reflecting the Scottish Government’s commitments set out in the *Carers (Scotland Act 2016* and subsequent guidance, and reflecting the vision for improved health and social care support, set out in the *Review of Adult Social Care in Scotland* and in the revised *Scottish Carers Strategy 2023-2026*.

This Strategy sets out ambitious targets to respond to challenging demographic and environmental changes and growing carer demand. They are shaped by national and local priorities: early identification of carers for prevention and early intervention; person-centred and self-directed support; improved physical and emotional health and wellbeing; social inclusion; the prevention of poverty and economic wellbeing.

This Strategy sets out strategic objectives of planning partners to act as gateways for carers, not as gatekeepers. To this end, it commits to strengthening our partnerships city-wide and, in our communities, building on the progress made through the implementation plan of Edinburgh Joint Carer Strategy 2019-2022¹ (Appendix 1).

We all play a unique role to contribute to seamless carer support: the right care at the right time and in the right place. This Strategy sets out the direction for future carer support and our commitment to engaging carers individually and collectively. It set out measures to increase our capacity to deliver more person-centred support to a growing number of carers. Always led by carers’ needs and their aspirations, the Strategy builds on the best of Edinburgh’s traditions, determined to continue Edinburgh’s health and social care transformation.

¹ [Edinburgh-Joint-Carers-Strategy-2019-2022-FINAL.pdf \(edinburghhsc.scot\)](#)



Scotland's Carers & Edinburgh's Carers

Carers make a vital contribution to the lives of those who are unable live independently, either through age, disability or illness. The support that carers provide may be in place of funded support, complementing funded support arranged by the Edinburgh Health and Social Care Partnership, or support from other organisations. Indeed, the care they provide could be the only source or support that the cared for person is receiving.

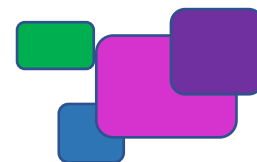
Carers may provide care for a long period of time whereas others may only provide care for a short period of time depending upon the factors and circumstances of the caring situation, indeed for some carers, their caring role can be a life-long one. Carers may therefore be of any age where their need for support can vary as a result. For instance, young and young adult carers may need additional support when it comes to pressures arising from their caring role affecting their education, starting employment or training and establishing an independent life out with their caring role. Whereas Older carers may need additional support to rest and have a break from their caring role or learn how to safely help the person they care for to get around safely.

Carers can also be male or female, come from any background which can include the LGBT+ Community, BME and travelling communities, be affected by their own mental or physical health conditions or disabilities or indeed experience different socio-economic situations. Some carers may have more than one caring role and in some cases, several, with the effect differing from carer to carer across the city and the nation. In order to set the context that this refreshed Carer Strategy for 2023-2026 is set against, it is important to first develop our understanding of the pressures and challenges that Carers are experiencing both at a National and Local level around certain key areas. The recent Joint Strategic Needs Assessment for Edinburgh (**unpublished at this time**) contains key information, providing this clear and recent context:

1. Age & Gender
2. Demographic Pressures
3. Intensity of Caring
4. Impact of Caring
5. Cost of Living

The Carer Census carried out in 2019-20² identified 32,690 unique carers in Scotland, and in 2020-2021 this number dropped to 31,760. As could be expected, the reasons for this are likely to be related to the COVID-19 pandemic where carers during that period were managing the impact of funded support for the supported person largely ceasing, while their ability to maintain employment and income were a real challenge for many. Information required for the census was not received from all the organisations and individuals as was hoped for across both 2019-20 and 2020-21, again for reasons including the effects of the pandemic. This means that the official number of carers across Scotland remains somewhat unclear.

² [carers-census-scotland-2019-20-2020-21 \(1\).pdf](#)



Age & Gender

Although not broken down to a local authority level by age, The Scottish Health Survey³ provides a wide range of information on carers across Scotland. The survey estimates that nationally 14% of adults (11% of men and 16% of women) identify as carers. This is a proportion that peaks for the 55-64 age group where over 1 in 5 (21%) of the population identify as carers.

Table 1: Adults in Scotland identifying as carers by age

Percentage identifying as carers by age	16-24	25-34	35-44	45-54	55-64	65-74	75+	All adults
Male	5%	5%	10%	15%	19%	16%	7%	11%
Female	10%	12%	20%	23%	23%	12%	6%	16%
All Adults	7%	8%	15%	19%	21%	14%	7%	14%

The survey estimates that 11% of adults in Edinburgh aged 16+ are carers. This would suggest that in the city there are approximately 49,045 carers, however, there are no details of the breakdown of this number.

The Health and Experience Survey⁴ (HACE) is a bi-annual survey which provides insight to the experiences of people using health and social care services in Scotland. The Caring Responsibilities section of the Survey, published in Autumn 2020 shows that 15% of respondents in Edinburgh considered themselves a carer, compared with 18% nationally. Unlike other results from the survey, no adjustment was made to the data to take into account any groups of the population that may be under-represented in it. As such it may not be representative of the population, but 15% would represent an estimated 67,147 carers (when applying the 2021 Mid-year population estimate).

These estimates of carers in the City of Edinburgh are far greater than the number of carers identified in the 2020/21 Carer Census⁵. Nationally there were 31,760 carers in the census and no breakdown to Health and Social Care Partnership was published. In contrast to the Scottish Health Survey the Carers Census only considers carers who have been in contact with carer centres or Health and Social Care Partnerships; some carers in the Scottish Health Survey will not be supported in any way and this may reflect the higher number of carers who self-identify in the Scottish Health Survey or Health and Care Experience Survey. It should be remembered that the carers census is a new data return and as such should be seen as a developing form of information gathering.

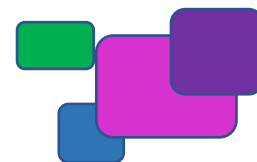
Carers Allowance is payable to carers providing more than 35 hours of care per week and who meet certain criteria, including earning less than £132 (net) per week. Given the criteria in place not all carers will receive Carers Allowance, however, using (DWP) data in it is possible to identify the number of recipients by locality.

The number of people in receipt of carers allowance in each locality at six monthly intervals (plus the most recent data available, February 2022) is shown in the table below:

³ <https://www.gov.scot/collections/scottish-health-survey/>

⁴ <https://publichealthscotland.scot/publications/health-and-care-experience-survey/health-and-care-experience-survey-2022/introduction/>

⁵ <https://www.gov.scot/publications/carers-census-scotland-2019-20-2020-21/>

**Table 2: Carers allowance recipients in Edinburgh by locality, 2018-2022**

	May 18	Nov 18	May 19	Nov 19	May 20	Nov 20	May 21	Nov 21	Feb 22
North West	1,320	1,342	1,369	1,360	1,378	1,408	1,382	1,369	1,378
North East	1,265	1,260	1,257	1,269	1,288	1,297	1,277	1,270	1,270
South East	832	813	841	845	901	939	899	898	905
South West	1,030	1,063	1,081	1,033	1,059	1,090	1,090	1,062	1,073
Total	4,442	4,472	4,552	4,507	4,621	4,727	4,641	4,606	4,644

Across Edinburgh, the number of people in receipt of Carers Allowance increased by 285 between May 2018 and November 2020, following an upward trend over the period, however the number of recipients has since fallen back slightly. Most of the increase is seen in the South East. It is not known if the increase reflects a greater number of carers eligible to receive the benefit, or a greater uptake of those eligible to receive the benefit who may have been supported to maximise benefit income.

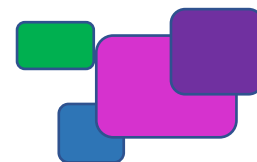
Young Carer Grants, a benefit administered by Social Security Scotland launched on 21 October 2019, provides an annual payment to carers aged 16-18 meeting certain criteria including providing an average of at least 16 hours of care per week. The latest Young Carer Grant: High Level Statistics⁶ publication shows that by the end of July 2022, 395 applications had been received for young carers living in Edinburgh, of which 250 had been authorised. Grants worth £75,414 (4% of the national total) had been disbursed.

Table 3: Young Carer Grants in Edinburgh

	2019-20	2020-21	2021-22	2022-23 (Apr - Jul)
Applications	65	125	155	50
Processed	50	135	150	45
Authorised	40	85	105	20

Key things to understand and draw from the above are that the number of people in receipt of Carers Allowance had been increasing but has recently plateaued, and the number of young carers applying for, and receiving, a Young Carer Grant has been increasing since the benefit launched in 2019.

⁶ <https://www.gov.scot/publications/young-carer-grant-high-level-statistics-to-31-july-2022/>



Demographic Pressures

We know from the recent carer Census that In Edinburgh, 17.9% of the population identified as an ethnic minority⁷. There is little information available on particular issues arising in Black and Minority Ethnic (BME) communities in Edinburgh however. A MECOPP briefing paper from 2017, *Informal Caring within Scotland's Black and Minority Ethnic Communities*⁸ references a small study from 1996 as the most substantive Scottish document. It should be emphasised the study is 25 years old, and the sample size was small.

However, we know that people from Black Asian Minority Ethnic communities face significant inequalities with higher chances of living in poverty and disparity in access to affordable housing. BAME people were also amongst the worst affected by Covid 19⁹. Being a carer in addition to being from a BAME community will only increase the risk of poorer financial and wellbeing outcomes. It is therefore important that this strategy specifically addresses outcomes for BAME carers

There is also little national data about sexual orientation and unpaid carers. Analysis of Scottish Survey Core Questions 2019 data found that the prevalence of providing unpaid care was lower for LGBT+ people than for heterosexual people (at 15.4% and 16.2% respectively), however the difference was not statistically significant¹⁰. Given the prevalence of unpaid care in the population and across the life course, it is likely that many LGBT+ people will provide unpaid care.

A small study about the experiences of LGBT+ young adult carers in Scotland, carried out by the Carers Trust in 2016, highlighted specific barriers and disadvantages for this group and the implications these could have on outcomes. This study found that LGBT+ young adult carers were more likely to experience bullying and to have a mental health problem and were less likely to feel that they have good health overall. Survey respondents also reported feeling under supported in education, employment, health, and social care and by support groups and services¹¹

Unpaid carers, around 60 percent of whom are women, save Scotland an estimated £10.8bn per year, which amounts to over a third of the national budget. Women are four times as likely to give up paid work due to multiple caring responsibilities and are more likely to be in low-paid, part-time employment than male carers. The responsibility of care has significant ramifications on women's access to employment, career development and progress, access to training and higher education, as well as on physical and mental health¹²

Around 7 in 10 carers in the 2020-21 Carers Census (71%) and the 2019-20 Carers Census (73%) were female. This proportion is higher than that seen in the Scotland's Carers report¹³, which was based on the total carer population, which suggest that closer to 60% of unpaid carers were female. This difference might suggest that female carers are more likely to seek out support from services than male carers. There are more female carers than male carers in every age group in both the

⁷ <https://www.scotlandscensus.gov.uk/census-results/at-a-glance/ethnicity/>

⁸ <https://www.mecopp.org.uk/mecopp-publications/2018/12/14/briefing-sheet-03-informal-caring-within-scotlands-black-and-minority-ethnic-communities>

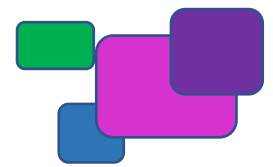
⁹ <https://www.jrf.org.uk/people/ethnicity>

¹⁰ <https://www.gov.scot/publications/national-care-service-adult-social-care-scotland-equality-evidence-review/pages/14/>

¹¹ <https://www.scie-socialcareonline.org.uk/young-people-caring-out-there-experiences-of-lgbt-young-adult-carers-in-scotland/r/a11G000000G6CVwIAN>

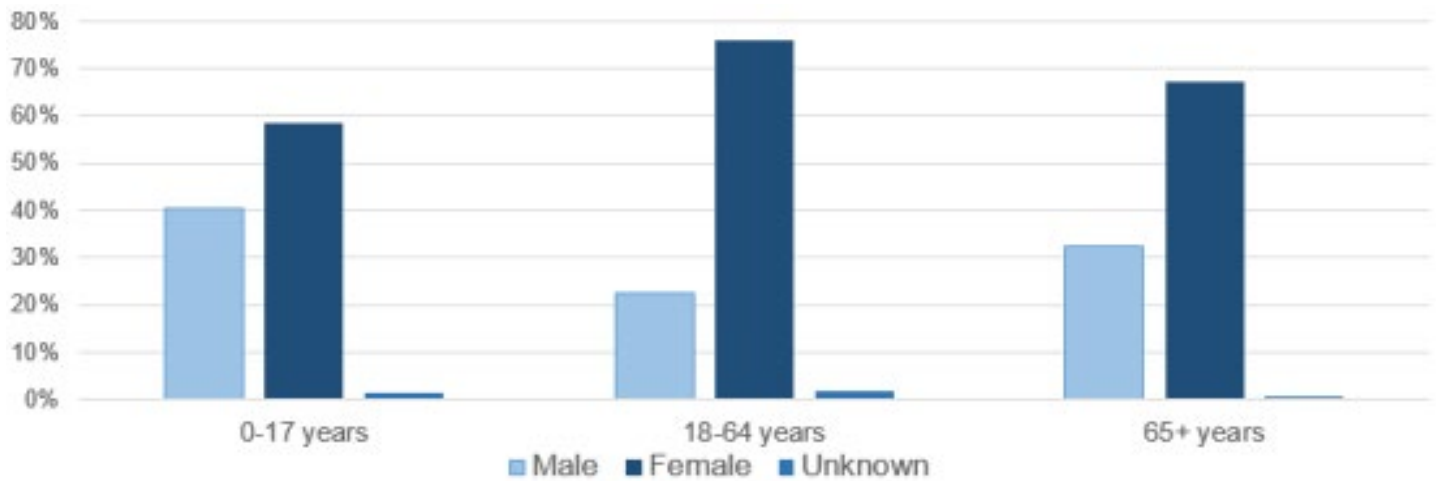
¹² <https://gendermatters.engender.org.uk/content/care/>

¹³ <https://www.gov.scot/publications/scotlands-carers/>



2019-20 and 2020-21 censuses, but the difference is most pronounced in the working age carer group. The graph below shows that 76% of working age carers were female in 2020-21. This is consistent with previous findings based on the total carer population which suggested that females of working age are more likely to provide unpaid care than working age males. The data indicates that the gender gap is narrowest for young carers in both years, with females accounting for 58% of young carers and males accounting for 40% of young carers in 2020-21.

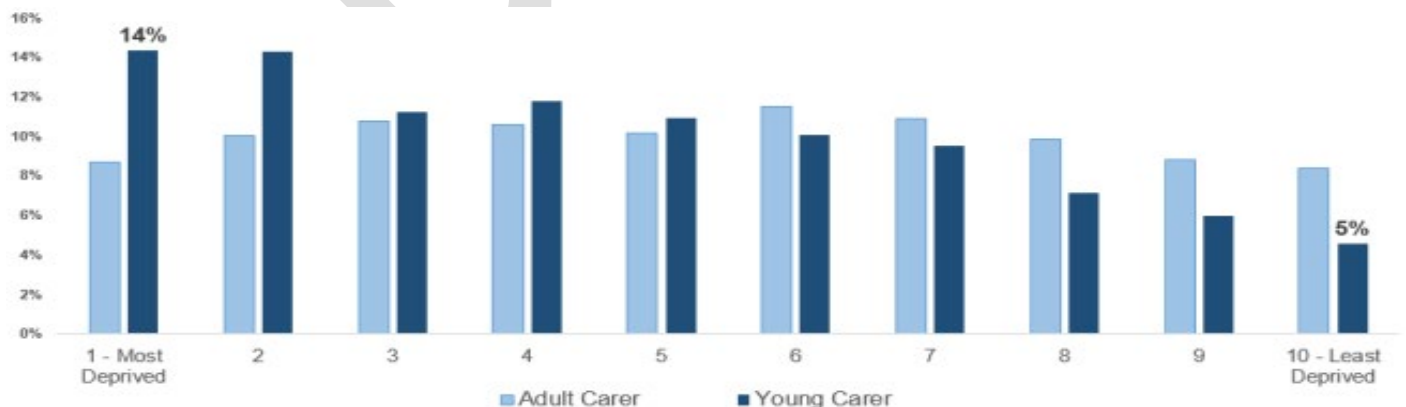
Female carers accounted for around three-quarters of working age carers in 2020/21¹⁴



Intensive Caring & Deprivation

There does not appear to be much difference in the number of adult carers by deprivation in the Carers Census in 2020-21; however, there is a marked difference for young carers. As shown in the graph below, 14% of young carers in the Carers Census lived in the most deprived Scottish Index of Multiple Deprivation (SIMD) decile compared to 5% who lived in the least deprived SIMD decile. This difference is also seen in 2019-20 and is consistent with previous findings such as those included in the report on Scotland’s Carers.¹⁵

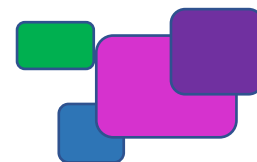
Young Carers were more likely to live in the most deprived SIMD Deciles in 2020-21 – Carers Census¹⁶



¹⁴ [carers-census-scotland-2019-20-2020-21 \(1\).pdf](#)

¹⁵ <https://www.gov.scot/publications/scotlands-carers/>

¹⁶ [carers-census-scotland-2019-20-2020-21 \(1\).pdf](#)

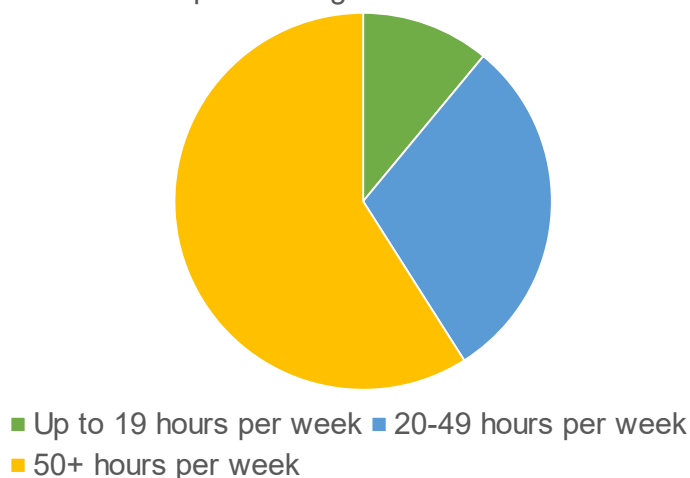


Impact of Caring

The Carer’s Census published in December 2021 provides the most recent national data on the impact of caring for those carers known to carers centres and Health and Social Care Partnerships. As many organisations, both Health and Social Care Partnerships and Carer Centres, are still developing systems and processes, much of the information is incomplete and the publication provides national data only. Due to COVID-19 no census was carried out in 2019/20, however, this was requested during 2021 and the publication covers both 2019/20 and 2020/21.

The information available is only on a national basis but does show that 89% of adult carers provide 20 hours or more of care per week.

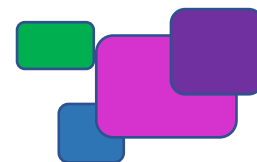
Hours Spent Caring Per Week – Scotland



The impact of caring presents itself more broadly with a range of impacts, emotional well-being the most common (75%).

Table 6: Impact of caring, Scotland

Impact	Adult Carers
Emotional well-being	75%
Life balance	66%
Health	56%
Future plans	43%
Finance	34%
Employment	33%
Living environment	32%
Carer feels valued	30%



In Edinburgh, Voice of Carers Across Lothian (VOCAL), carry out a survey of carers¹⁷. The latest survey was carried out in 2021. Although not directly comparable, it indicates a change from the previous survey in 2017 in a number of areas. For example the age of carers has reduced, in 2017 45% of respondents were aged over 65 compared with 27% in 2021. This is reflected in the economic activity of the respondents between 2017 and 2021 where the proportion in paid employment has increased from 25% to 31% and the proportion retired and in receipt of a pension has fallen from 50% to 33%.

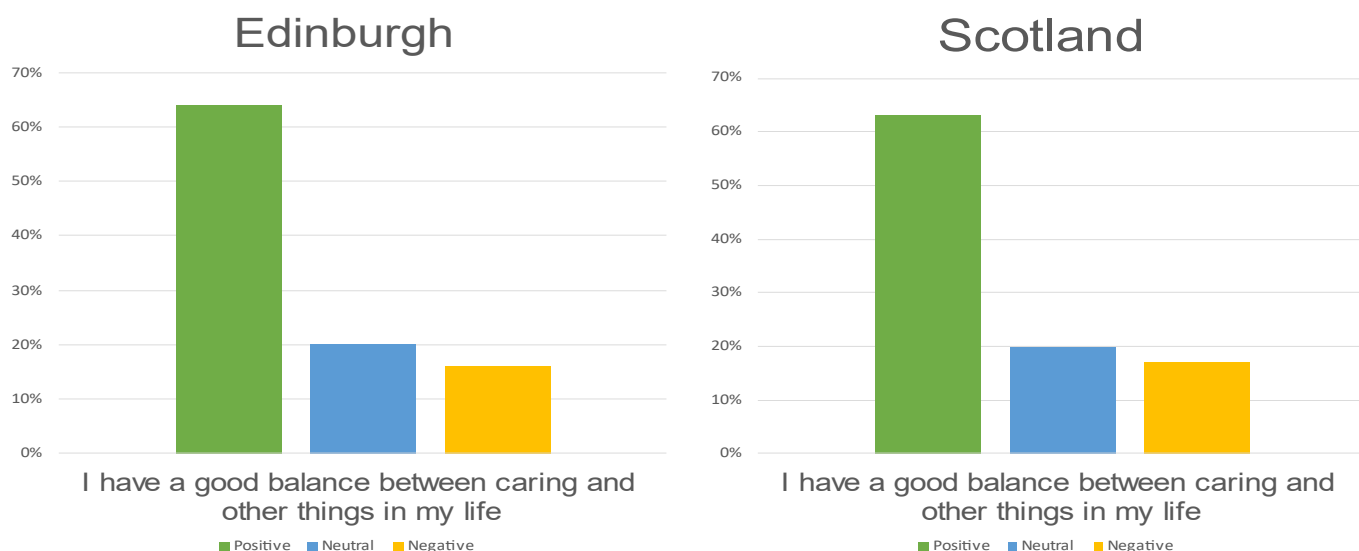
A new question in the survey asks the relationship to the cared for person. As carers can care for more than one person, the type of relationships add up to more than 100%, however, the main groups of child (of any age), spouse/partner and parent are broadly similar at 35%, 32% and 32% respectively. It is noted that 11% of respondents reported caring for a child and a parent.

The impact of caring as reported in this survey is more from a carers perspective than the information provided in the in the carers census. For example, 41% of respondents reported more contact with health services about their own health (up from 35% reporting seeing their GP more often in 2017) and in 2021 67% report their physical health and 79% report their mental health has been affected compared with 59% reporting that being a carer made their health worse in 2017.

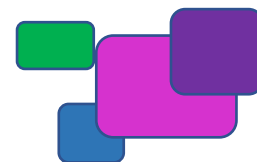
In terms of the financial impact of caring, 69% of respondents reported that being a carer had a financial impact. Perhaps reflecting the change in demographic noted above there have been increases in people reporting they have stopped or reduced employment and lost NI or pension contributions. New questions show that 15% had to borrow money due to their caring role and 7% have had to use a food bank.

The HACE survey asks four questions related to the experience of people with caring responsibilities. Two of the questions could be read as seeking an indication of carers ability to continue in that role. It shows that carers in Edinburgh are no different in their balance between carer role and other things in life and, how supported they feel to continue caring to the National average.

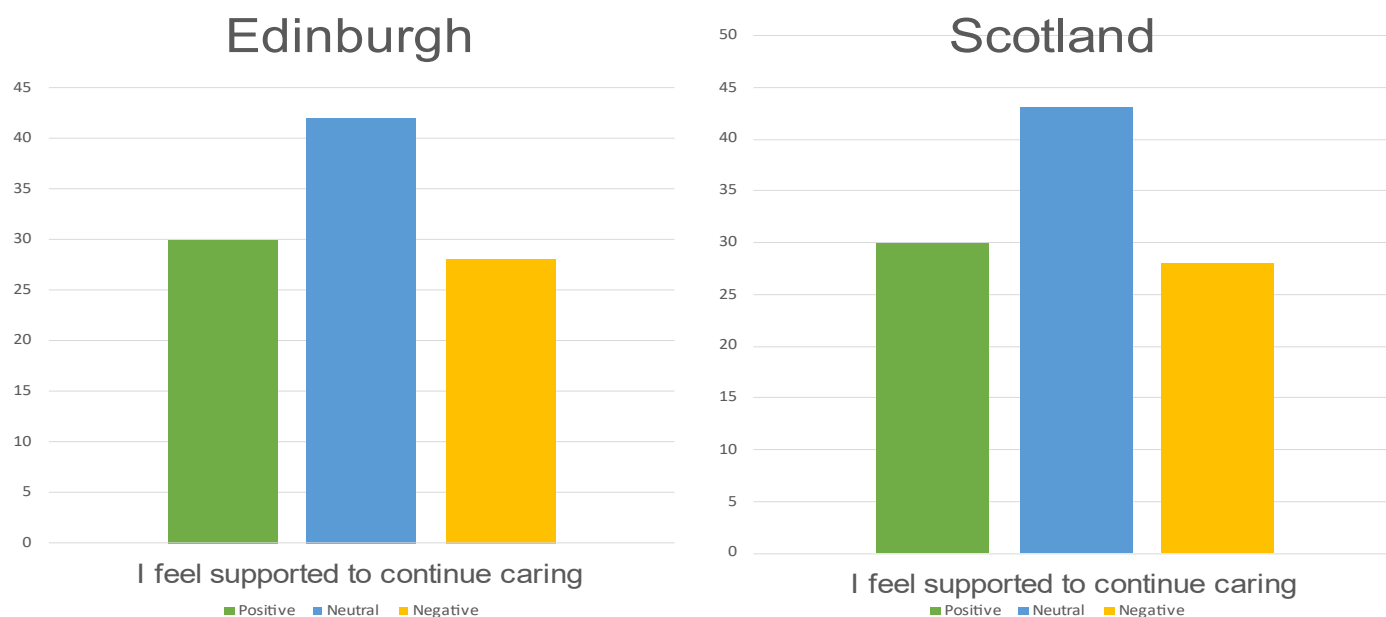
Balance of caring and life of their own



¹⁷ <https://www.vocal.org.uk/wp-content/uploads/2021/11/Edinburgh-Report-2021.pdf>



Carers Feel Supported to Continue Caring



This would indicate that two thirds (64%) of carers in Edinburgh have a good balance between caring and other things in their lives while 16% do not have this balance, while almost a third (30%) of carers feel supported to continue caring with just over a quarter 28% reporting that they do not.

Cost of Living

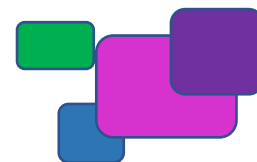
Carers Scotland, in their recent report “State of Caring in Scotland 2022 - A cost-of-living crisis for unpaid carers in Scotland”¹⁸, state that “We are living through an unprecedented time, with the cost of energy, food, fuel, and basic commodities all rising at the same time. The inflation rate is at its highest level in over 40 years¹⁹ and is due to increase to 13% by the end of the year.” They go on to suggest “Unpaid carers have been among the groups hardest hit by the cost-of-living crisis in Scotland”.

Several key reasons for this include, but is not limited to:

- Higher energy costs so that their home is warm enough to ensure the person they care for stays well
- Essential equipment that requires power such as hoists, oxygen and wheelchairs
- Additional laundry costs as a consequence of incontinence
- Extra transport costs to support a person to and from health appointments
- Special diets to support the nutritional needs of the person they care for.

¹⁸ [State of Caring in Scotland - A Cost of Living Crisis for carers- FINAL Embargoed.pdf](#)

¹⁹ [UK inflation rises to 9.1%, its highest rate in 40 years | Inflation | The Guardian](#)



Another recent report published by Carers UK²⁰ entitled “Heading for Crisis - caught between caring and rising costs” highlights the impact upon unpaid carers of the current cost-of-living crisis. It pays particular attention to carers financial challenges and how their sense of health and well-being are affected. The basis of the report is the (over 13,000) responses received from carers who has previously completed the organisation’s State of Caring survey in 2022. Key findings include:

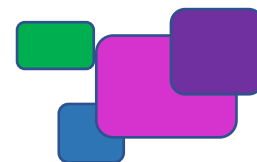
- 1 in 6 carers are in debt as a result of their caring role, increasing to 2 in 5 for carers in receipt of Carer’s Allowance.
- The proportion of carers unable to afford their utility bills has more than doubled since last year to 14%.
- Carers in receipt of Carer’s Allowance are more likely to be cutting back on food and heating.
- Nearly all carers who are struggling to make ends meet (93%) agreed that the increase in the cost of living was having a negative impact on their mental and physical health.

Carers on low incomes, carers of working age, older carers, carers in employment, disabled carers, young carers or carers with multiple caring roles are all affected to a greater or lesser extent by the cost-of-living crisis with all seeking to cut back in areas such as:

- Buying the essentials
- Leisure and personal interests
- Food
- Heating
- Seeing friends and family
- Support services

Again, as stated by Carers Scotland, “Nearly two thirds (64%) of carers in State of Caring 2022 told us that cost-of-living worries were causing a negative impact on their physical and mental health” and “For those on lower incomes, this impact was even greater, with 73% of carers on Carer’s Allowance and 84% of carers with a household income of £1,000 or less a month saying that the cost of living was having a negative impact on their health.”

²⁰https://www.carersuk.org/images/Research/Heading_for_crisis_report.pdf?utm_source=Carers%20UK&utm_medium=email&utm_campaign=13545273_Cost%20of%20living%20report%20launch%20-%20profs%20and%20affs&dm_i=74C,82BLL,ZN09H,X03D3,1



The Carer (Scotland) Act 2016

Definition of a Carer:

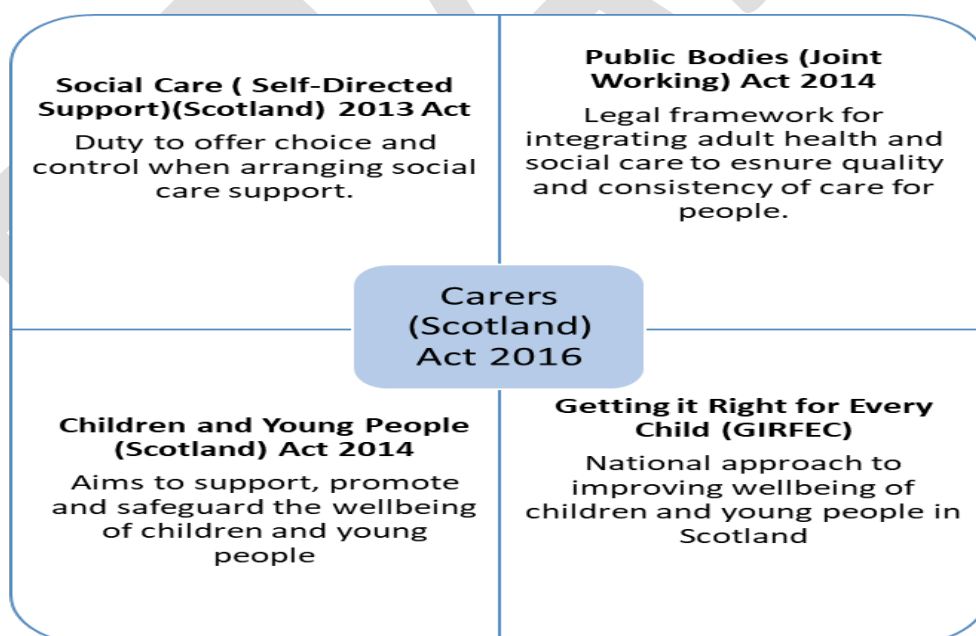
“A carer is ‘a person of any age who provides, or intends to provide, unpaid help and support to a relative, friend or neighbour who cannot manage to live independently without the carer’s help due to frailty, illness, disability, or addiction’.” (Scottish Government 2016)

The Carers (Scotland) Act 2016 distinguishes between young carers, young adult carers and adult carers;

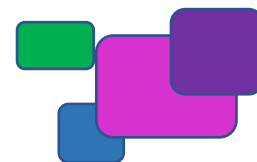
- A young carer is a carer who is under 18 years old or is 18 years old and is still at school.
- A young adult carer is a carer aged between 16 and 25 years old, who is no longer attending high school education and is providing an unpaid caring role for someone who needs additional support.
- An adult carer is a carer who is at least 18 years and not a young carer.

Carer Act Overview

The Act draws on other key pieces of legislation and took effect in April 2018. It aims to ensure carers have choice and control and can access preventative support to protect their wellbeing and keep caring situations manageable.

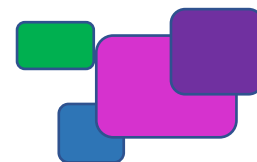


It puts in place a system of carers’ rights designed to listen to carers; expand and transform carer support; and prevent problems – helping sustain caring relationships and protect carers’ health and wellbeing.



This includes:

1. The provision of support to carers, based on their identified needs which meet the local eligibility criteria (Appendix6), such as
 - Access to information and advice
 - Access to various forms of short breaks
 - Benefits support
 - Any self-identified support need by the carer
2. Each carer's right to a personalised plan (an adult carer support plan or young carer statement – Appendices 4-10) to identify what is important to them, for example, returning to work or undertaking studies or training.
 - the nature and extent of the care provided and the impact on the carer's wellbeing and day-to-day life;
 - the extent to which the carer is able and willing to provide care;
 - emergency and future care planning. Carers have the right to support to meet their eligible needs. Local authorities must consider whether that support should include a break from caring and record these decisions in the plan.
3. The provision of an information and advice service for carers in such areas as
 - Emergency and future care planning
 - Advocacy
 - Income maximisation
 - Carer's rights



Edinburgh Joint Carer Strategy 2019 – 2022²¹

The city-wide strategy highlighted 6 priority areas for carers and associated intended outcomes, based on carer feedback and direction at national and local levels:

Priority Area	Associated Outcomes
1. Identifying Carers	<ul style="list-style-type: none"> • Carers are identified as close to the start of their caring journey as possible, & are connected to opportunities & support
2. Information and Advice	<ul style="list-style-type: none"> • Carers know how to connect to information and advice • Carers are well informed about their rights and how to access support • Carers report economic wellbeing
3. Carer Health and Wellbeing	<ul style="list-style-type: none"> • Carers are supported to look after their own physical, mental, emotional and social wellbeing • Carers feel listened to and heard as individuals • Carers feel well supported throughout their caring journey
4. Short Breaks and Breaks from Caring	<ul style="list-style-type: none"> • Carers feel safe, rested and recharged • Carers are supported to have a life outside and/or alongside their caring role • Carers feel supported to maintain their caring relationships and sustain their caring role
5. Young Carers	<ul style="list-style-type: none"> • Are identified as close to the start of their caring journey as possible and are connected to opportunities and supports • Can access good quality, age-appropriate information and advice using a range of media and are well informed about their rights and how to access support • And their families report economic wellbeing • Sustain their physical, mental, emotional, and social wellbeing • Feel listened to and heard as individuals • Feel well supported throughout their caring journey • Feel safe and rested and are able to be children and young people first • Are supported to have a life outside and/or alongside their caring role • Feel supported to maintain their caring relationship and sustain their caring role • Are supported into a positive destination from school • Are involved in support planning and have a choice and options to meet their needs and the person they care for • Are confident in shaping services for themselves and those they support and are more in control of the support they receive • Feel supported to move into a life after caring and feel supported with the transition into adulthood
6. Personalising Support	<ul style="list-style-type: none"> • Carers are involved in support planning in the community and from hospital, and have a choice of support options to meet their own needs and the person they care for • Carers are confident in shaping services for themselves and those they support and are more in control of the support they receive

²¹ [Edinburgh-Joint-Carers-Strategy-2019-2022-FINAL.pdf \(edinburghhsc.scot\)](#)



The 2019-22 strategy aimed to support the EHSCP and Communities and Families in the City of Edinburgh Council, to demonstrate improvements associated with the overarching national Health and Wellbeing Outcome 6:

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact if their caring role on their own health and wellbeing

Funding from the Carers Act legislation, averaging £7.5m per year remains key to the delivery of the implementation plan (see appendix 11 for overall spend plan). This allowed the EHSCP to award eight contracts, which were co-produced with various voluntary sector partners, and launched in January 2021. These were awarded on a five-year basis, and three further 1-year periods if required to reduce short termism, stabilise the market, and progress on a continuous improvement and development basis, responding to local and national considerations. The City of Edinburgh Council awarded contracts associated with young carer delivery, with young carer partners being an integral part of the Edinburgh Strategic Partnership Group, to ensure aspects of young carers transitioning to young adult carers are considered, as well as the impact on adults being cared for by young carers.



Commissioned partners are supported via quarterly meetings with Planning and Commissioning personnel with end of year data drawn together and collated to form the annual performance report against several key performance indicators forming the contractual arrangement. This report is then scrutinised by the Performance and Delivery Committee, again on an annual basis. For the report pertaining to year 1 of this contracted provision, see appendix 2.

The outcomes have been refreshed, to align with feedback, and the pending National Carers Strategy. Development work is underway to produce a consistent outcomes framework and will be active from 2023 and across the life of the Carer’s Strategy 2023-26.

Nationally, it is recommended that local Carer strategies are refreshed every 3 years.

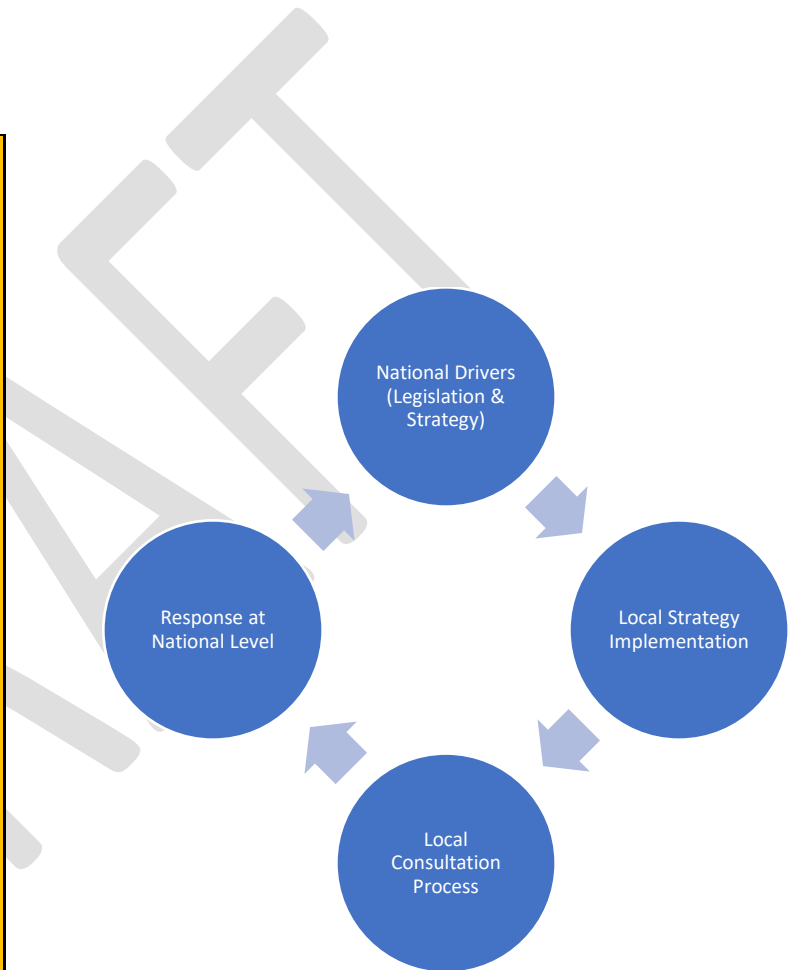


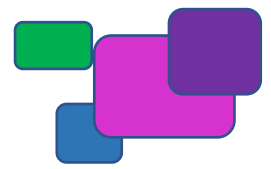
The (Draft) National Carer Strategy

“This strategy sets out our approach to building a wider understanding and recognition of caring so that it is visible, understood and valued across society. Those who provide care to loved ones must be supported to do so in the most effective way and in a way that allows them to lead a balanced and varied life. The potential wellbeing, economic and social risks of caring need to be recognised and mitigated by formal and informal support in systems beyond health and social care. This will require systemic change over an extended period, as well as immediate action.” (Scottish Government),

The (Draft) National Carer’s Strategy Vision

- Carers are recognised and valued as equal partners in care and involved in decision making relating to their caring role.
- Carers are supported on a consistent basis to allow them to continue caring, if that is their wish, in good health and wellbeing, allowing for a life of their own outside of caring.
- Carers are supported to re-engage with society and communities post COVID-19.
- Young carers are enabled to be children and young people first and foremost and relieved of any inappropriate caring roles, while being involved in decisions relating to their caring role.
- We live in carer-friendly communities, where carers’ needs and rights are understood, and they are not excluded or discriminated against by virtue of their caring role.

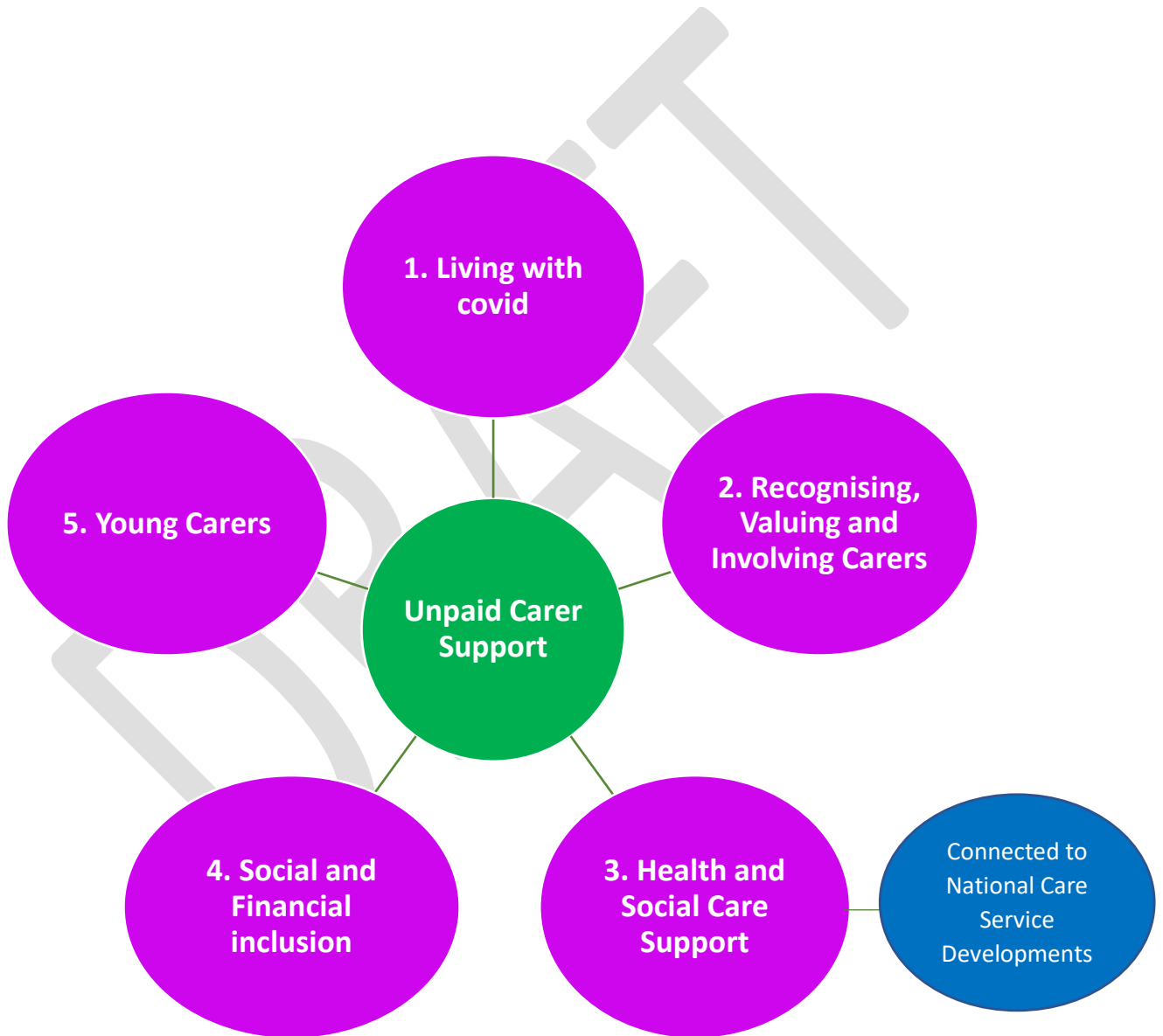


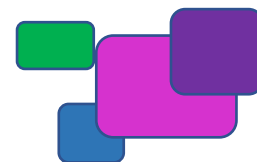


The (Draft) National Carer’s Strategy Structure will have:

- Five proposed key themed aspects of carer support
- Associated Carer Outcomes identified
- National actions/commitments indicated against each theme
- Continued alignment to National health and wellbeing outcome 6:

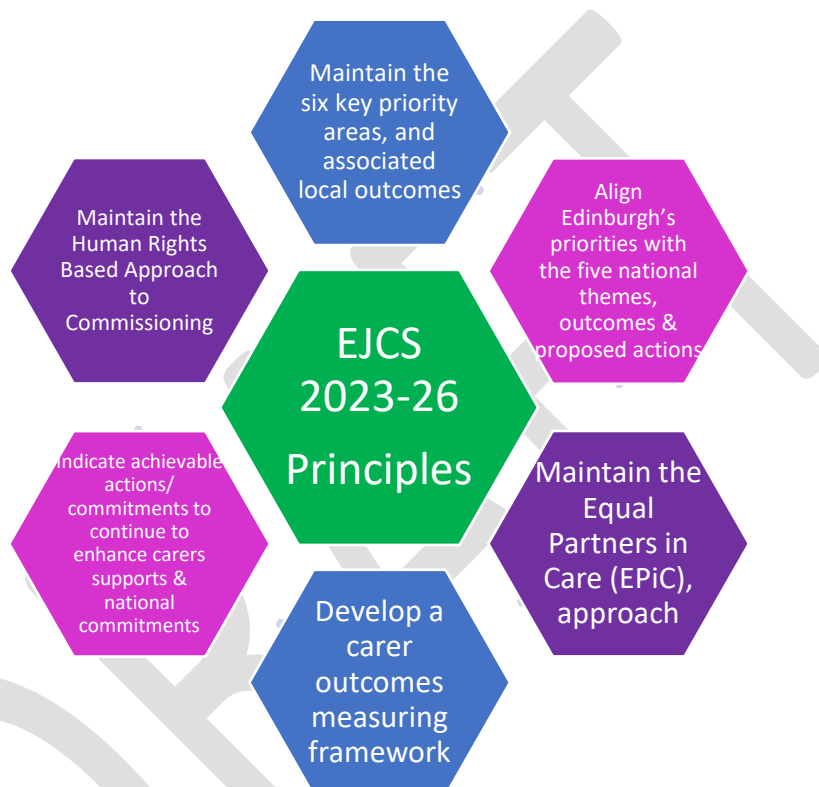
People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing





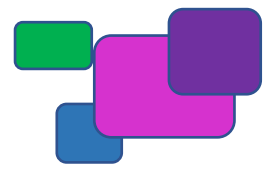
The Edinburgh Joint Carer Strategy 2023-2026

This refreshed strategy was developed by a group who report to the Edinburgh Carer Strategic Partnership Group, (CSPG), whose membership includes carer organisations, EHSCP and CEC services and strategic managers, Director of Planning, Performance and Evaluation, and EIJB Carer representative. The CSPG is led by the Strategic Programme Manager for Older People, Carers and Dementia. The refreshed strategy is the result of collaboration and wide engagement with carers, supported people and other key stakeholders (see appendix 3 for more details on the consultation). It is based on a set of Key Principles:



Other key drivers that have influenced the content and direction taken in developing this refreshed strategy have included :

- The Carer voice being heard through various routes, and engagement with stakeholders
- A commitment to working closely with all sectors including ever-closer working with Primary Care
- To support carers in greatest need through their prompt identification, needs assessment, and smooth routes to support in order to prevent crisis
- The view that carers should not be worse off by caring, and are clear about the support they are entitled to
- To ensure carers with complex and different needs will have those assessed, and met through equal access to services and support



Our Approach

Edinburgh’s Joint Carers Strategy approach will be similar to that of the development of the Edinburgh Strategic Plan which is also currently being refreshed. (ref insert once published):

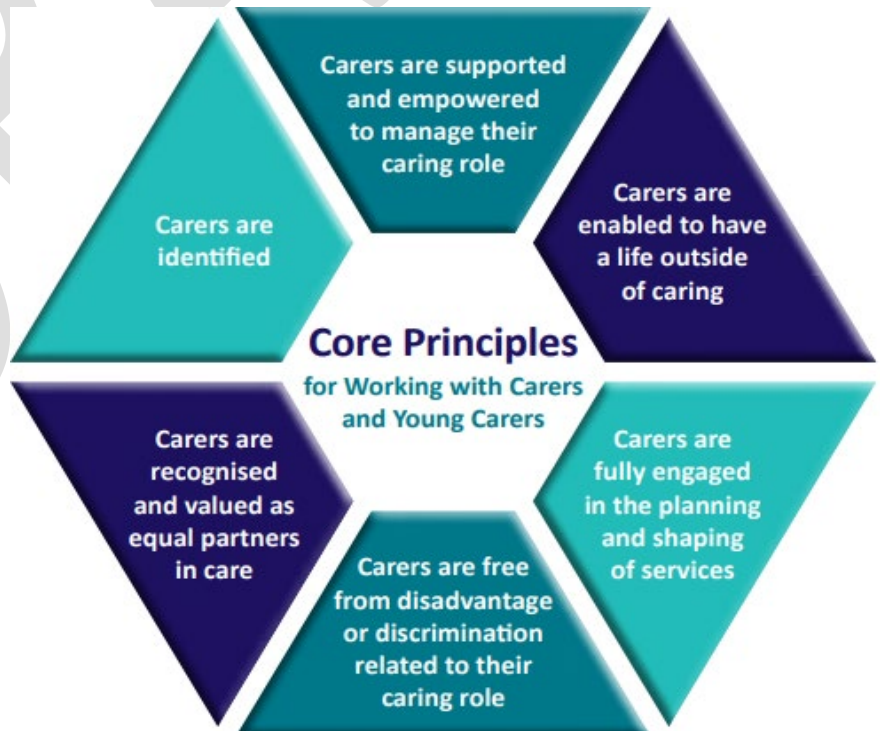
Consistency	Alignment	Collaboration	Credibility	Affordability	Prioritisation	Translation
<ul style="list-style-type: none"> • Across communities • Transparency in decision making 	<ul style="list-style-type: none"> • National strategic direction • Local strategic direction 	<ul style="list-style-type: none"> • Informed by carers • Informed by "buy in" Stakeholders • Community 	<ul style="list-style-type: none"> • Achievable Implementation plan • Achievable KPIs • Measurable Outcomes • Quality 	<ul style="list-style-type: none"> • Optimising Carer Support • Prevention • Reducing Inequalities • Better support to service users • Sustainability 	<ul style="list-style-type: none"> • A clear Implementation Plan • Clear KPIs • A focus on Carer Outcomes 	<ul style="list-style-type: none"> • Engagement • Involvement • Co-Production • Awareness across communities

Edinburgh’s approach shall also align with the EPiC principles as described below as it has throughout the 2019-2022 Carer Strategy:

The EPiC Approach²²

The core EPiC principles were developed through consultation with carers, health and social services workers, carer organisations, workers involved in training and education, employers, managers, regulatory and professional bodies, and other key stakeholders. They are intended to make sure that workers from different settings have shared understanding of partnership working with carers of all ages.

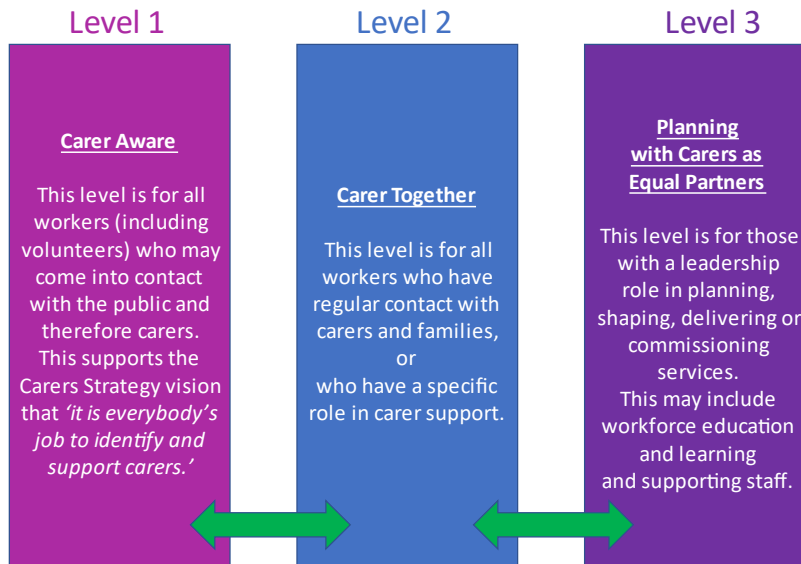
These were initially informed by the vision of the Carers Strategy 2010-15 and are based on proposed outcomes for all carers (diagram right). Each outcome highlighted intends to highlight the necessary requirements and skills of workers to effectively support carers.



²² [EPiC Principles.pdf](#)



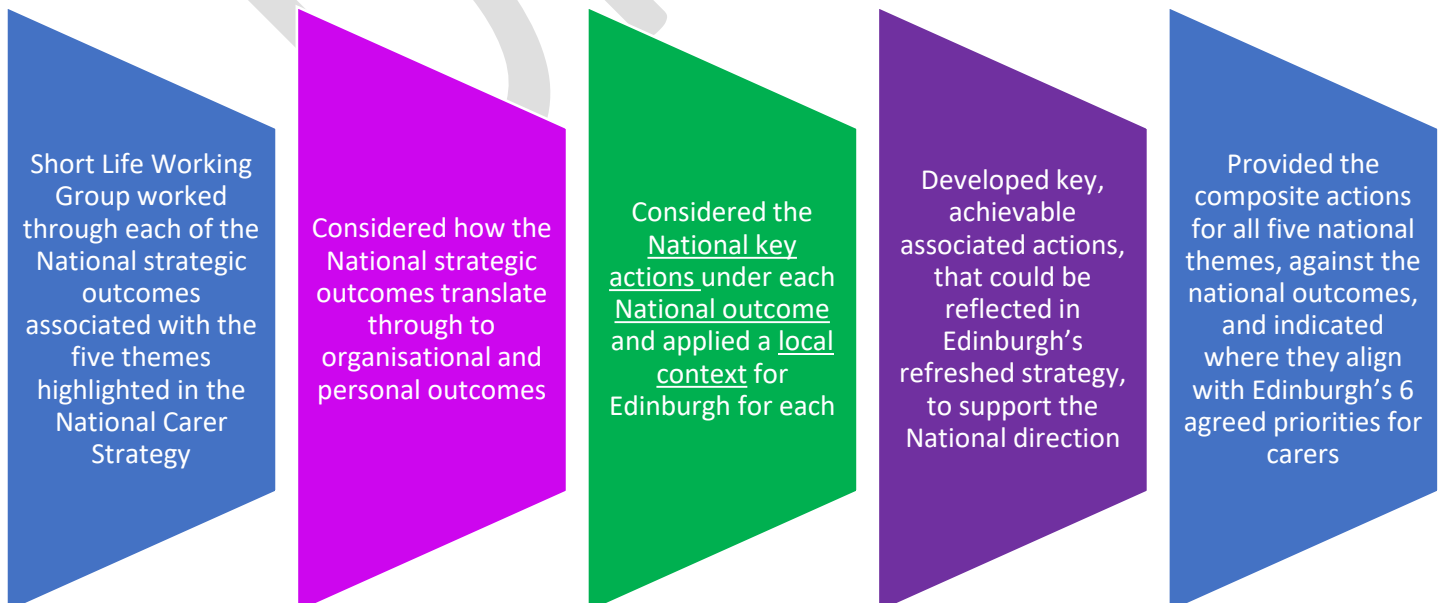
The principles comprise 3 levels designed to interact with each other (diagram below). *“Every worker or volunteer who may come into contact with carers in any setting should have at least Level 1 awareness of carers. Those with more regular contact with carers should also have Level 2, while those with a leadership role should also have Level 3”*

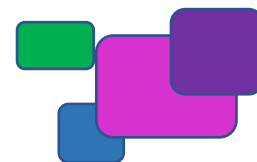


Movement across these levels is directed by a worker or volunteer’s level of involvement, rather than by their specific job or role. Embracing this will ensure we develop an equal partners culture where carers are identified and valued as such.

Edinburgh’s Alignment with the National Carer Strategy

The DRAFT National strategy indicates the key actions required in order to achieve the identified national strategic outcomes. In Edinburgh, as the refreshed Carer Strategy 2023-26 has been developed, the following steps were taken:





National Theme 1 - Living with Covid-19

'Carers feel confident and supported to protect themselves from Covid19, feel supported to re-engage and to recover'

Living with Covid19 demands a flexible approach and an ability to respond quickly and decisively. There is no absolute certainty in what lies ahead, but by carefully monitoring the situation and having in place effective contingency plans, we can reduce risk and harm in more proportionate and less restrictive ways.

We must maintain and improve our strategies to:

- Sustain immunity and enhance the availability of, and access to treatments
- Adapt behaviours and physical environments
- Monitor risk from the virus and develop contingency plans

Why this is important

All adult Carer groups have been significantly affected by the pandemic. For example; by the initial closure of short breaks/ breaks from caring; participation in training/education; reduced employment opportunities and cessation of assisted transport services during the initial lockdown from March 2020. Some services were permanently withdrawn. Others were reinstated partially or in some cases took until late 2021 to be back at the level of service offered pre-pandemic.

This was evidenced locally by an EVOC review of support with travel and respite for adults with disabilities or additional support needs and those that care for them, published in December 2021²³

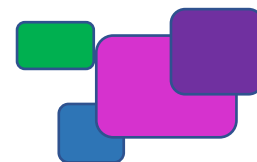
Short & Long-Term Impact

Short term impacts of Covid19 on all adult Carers included, the rapid closure of all building-based services and delays to medical treatment and operations for cared for people; the cancellation of all breaks from caring; increased caring role and increased caring hours; and a decrease in formal supports and care at home services. Loneliness, isolation, anxiety, loss of face-to-face emotional support and difficulties around maintaining education, employment and income had a major impact on unpaid carers of all ages and backgrounds as a result.

Many of these short-term impacts have moved into long term impacts; while many supports and services for adult carer groups specifically have returned, and in some cases increased within the city, services for the cared for person, especially day care, replacement care and short break options have not returned to the level they were at prior to the pandemic. This is now impacting on carer mental health and wellbeing, increasing exhaustion, loneliness/ isolation, and the risk of burn out and break down across all groups.

In the long term, the cared for persons condition is likely to have progressed and the caring role to have increased in relation to this. Meanwhile the demand for carer support planning and assessment for the cared for person is increasing with waiting lists growing.

²³ <https://www.evoc.org.uk/wordpress/wp-content/media/2021/12/Getting-About-Getting-A-Break-Phase-1-DEC-2021.pdf>



Living with Covid-19: Intended National Outcomes

Strategic Outcomes:

- All Adult Carers feel confident and supported to protect themselves from Covid-19
- All Adult Carers and the people they care for feel supported and confident to re-engage with their communities
- All Adult Carers are supported to recover from the negative impacts of Covid-19

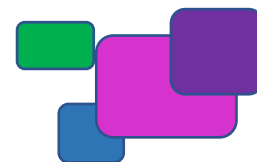
Organisational Outcomes

- All Adult Carers are identified as close to the start of their caring journey as possible
- All Adult Carers are recognised as a priority group in their own right for future public health emergencies
- Public, private and voluntary sector agencies are better connected to identify, refer, and support carers
- Public, private and voluntary sector agencies are Covid-19 prepared for rapid response(s)
- Organisations are supported to share and build upon learning from the pandemic to develop and improve services

Personal Outcomes

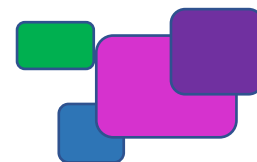
- All Adult Carers feel better supported to protect themselves from Covid-19
- All Adult Carers feel more confident to socially re-engage in a post Covid-19 world
- All Adult Carers feel supported in their recovery from Covid 19

DRAFT



Living with Covid-19: How Edinburgh will meet the National Outcomes

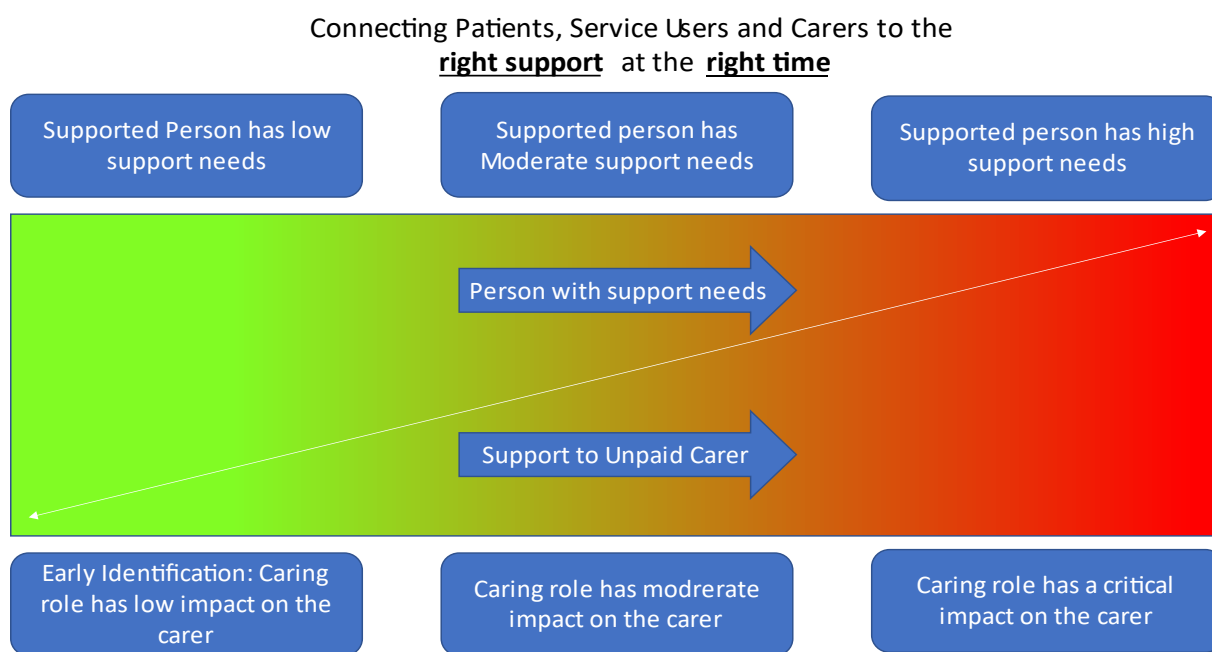
<p>Living with Covid-19 National Outcome 1: “Carers feel confident and supported to protect themselves from COVID-19”</p>	<p>EJCS Priority</p>
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> • Commit to support the national carer identification and registration system • Continue the collective Carer Awareness Raising programme targeting all sectors • Continue to ensure that carers receive accurate and up-to-date information • Commit to introduce specific prompts in the ACSP guidance around Covid 19 • Include this outcome in the development of a Young Adult Carer Action Plan 	<p>1,2,3</p>
<p>Living with Covid-19 National Outcome 2: “Carers and the people they care for feel supported and confident to re-engage with their communities”</p>	<p>EJCS Priority</p>
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> • Work with providers to build confidence in the preparedness of their support • Commit to support the national carer identification and registration system • Continue the collective Carer Awareness Raising programme targeting all sectors • Continue to ensure that carers receive accurate and up-to-date information • Commit to introduce specific prompts in the ACSP guidance around covid 19 • Work with providers to build confidence in the preparedness of their support • Advocating to ensure that care for the ‘cared for’ person returns to and surpasses, pre-covid levels • Include this outcome in the development of a Young Adult Carer Action Plan 	<p>2</p>
<p>Living with Covid-19 National Outcome 3: “Carers are supported to recover from the negative impacts of COVID-19”</p>	<p>EJCS Priority</p>
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> • Continue to promote unpaid carers in Edinburgh being treated on a par with paid carers in relation to Covid19 and treated as equal partners in care • Commit to develop stronger links with Primary Care and public health information, on their developments, to support carers, and to optimise link worker availability • Build on the EPIC training programme in the city as a key element of core training for Primary and Secondary Care Staff, and wider where possible • Promote carer access to and awareness of self-directed support (policy/ info and advice) • Continue to expand the offers of health and wellbeing supports to all carers • Continue to expand opportunities for all carers to be socially connected • Continue to have a focus on recovery support to all carers, this may be practical, physical, financial, social, or mental and emotional supports • Include this outcome in the development of a Young Adult Carer Action Plan 	<p>3</p>



National Theme 2 - Recognising, Valuing & Supporting Carers

2.1 Recognising Carers

Identifying carers as early as possible in their caring role and providing the right support at the right time has been a priority in previous national and local Carer Strategies.



In Scotland, 15% of the population have a caring role.²⁴ Public recognition of carers' role as 'equal partners in care', early carer identification by practitioners, especially in primary care and hospital discharge settings²⁵, and automatic referral to carer support agencies are critical pre-conditions for preventive support, good information and carer health, wellbeing and resilience.

Most carers can take years to recognise their role²⁶. Over-reliance on self-identification all too often means that carers are not identified until they are struggling or in crisis when caring relationships are at risk of breaking down and when the situation places additional pressures on families, employers, health and social care and hospital systems.

Critical to a prevention approach and early carer support are the responsibilities of practitioners, such as GPs²⁷ and the evolving role of GP receptionists, front line health and social care staff and employers. They play a critical part in systematic identification of people with a caring role. Lack of awareness, knowledge, time, and fears of breaching confidentiality²⁸ cannot be accepted as factors preventing systematic carer identification and referral.

The Carers (Scotland) Act 2016 requires practitioners in community and acute sectors to offer an Adult Carer Support Plan (ACSP) to any carer they identify, yet a 2019 Coalition report²⁹ suggests only 16% of carers knew about the legislation and the rights it provides. Slow implementation of the Act and the

²⁴ Scottish Government Survey 2019-20; <https://www.gov.scot/publications/health-care-experience-survey-2019-20/pages/8/>

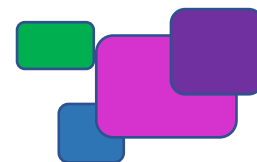
²⁵ <https://bmcfampract.biomedcentral.com/articles/10.1186/1471-2296-15-48>

²⁶ Carers UK, Missing out report; <https://www.carersuk.org/for-professionals/policy/policy-library/missing-out-the-identification-challenge>

²⁷ General practices contractually required to have protocol for carer identification; <https://bmcfampract.biomedcentral.com/articles/10.1186/1471-2296-15-48>

²⁸ https://www.macmillan.org.uk/images/doyoucarehelpinghealthprofessionalstoidentifyandsupportcarers_tcm9-271232.pdf

²⁹ Coalition of Carers in Scotland 2019; www.carersnet.org



impact of the COVID-19 pandemic have exacerbated the situation. Service closure and the redeployment of health and social care staff eroded many established carer referral pathways. This, combined with an estimated 400,000³⁰ carers taking on new caring roles during the pandemic, had a cumulative effect requiring urgent attention.

Extensive evidence from carers suggests that early identification leads to improved personal outcomes – particularly in their financial, emotional and social wellbeing. A 2016 Carers UK report³¹ found 91% of carers missed out on financial or practical support (or both), as a result of not identifying as a carer, and carers responding to VOCAL's Carer Survey 2017³² were more likely to report a positive outcome if they had accessed support.

Evidence also suggests parent carers, mental health carers and distance carers³³ take longer than average to identify their role. Additional barriers can be cultural or influenced by socio-economic factors, language, sexuality, dynamics of the caring relationship or nature of the caring role. People with less intense or 'stereotypical' caring roles; caring roles that increase over time or concerns about diminishing the independence of the person they care for by identifying as their carer³⁴ – are all factors which make carer identification a personal and complex issue. The term itself can also be problematic, with some feeling it can imply dependency, burden or even an obligation to care³⁵.

This diversity of caring situations and the significant increase in new carers during the pandemic, demands better awareness of what motivates carers to identify and seek support, and requires more systematic referral pathways and more informed and ambitious carer identification strategies. During the pandemic, the 'Carer ID' and vaccination letters, alongside the promotion of increased short breaks funding, encouraged record numbers of new carers to self-identify³⁶ – highlighting the value of incentivised self-identification³⁷. Digital tools have transformed and underpinned services and support for carers over the last year. More carers are engaging with support digitally and there is greater expectation for seamless online experiences and quick access routes into support.

To increase carer identification, Edinburgh planning partners can build on good practice over many years but need to rebuild the systematic and methodical carer identification at the health and social care, primary care and hospital discharge interface.

Recognising Carers: Intended National Outcomes

Strategic Outcomes:

- All Adult Carers are identified early in their caring role
- All Adult Carers are referred to age-appropriate support early in their caring role

Organisational Outcomes

- Public and private sector agencies are well connected to identify, support and refer all adult carers
- Agencies practice systematic carer identification and referral

Personal Outcomes

- All adult carers report that they recognise themselves as carers early in their caring role
- All adult carers report that they feel well informed and know where to access support

³⁰ Carers UK. June 2020. <https://www.carersuk.org/news-and-campaigns/news/covid-19-pandemic-392-000-become-unpaid-carers-in-scotland-in-a-matter-of-weeks>

³¹ Carers UK, Missing out report; <https://www.carersuk.org/for-professionals/policy/policy-library/missing-out-the-identification-challenge>

³² VOCAL 2017 survey; <https://www.vocal.org.uk/news/survey2017reports/>

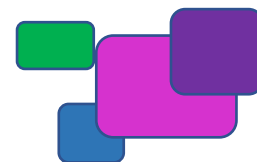
³³ Carers UK, Missing out report; <https://www.carersuk.org/for-professionals/policy/policy-library/missing-out-the-identification-challenge>

³⁴ [Hidden caring, hidden carers?](#)

³⁵ Carers UK, Missing out report; <https://www.carersuk.org/for-professionals/policy/policy-library/missing-out-the-identification-challenge>

³⁶ <https://www.vocal.org.uk/wp-content/uploads/2021/11/Edinburgh-Report-2021.pdf>

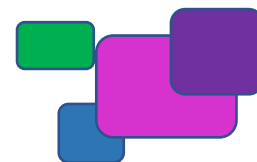
³⁷ NCO Scottish Election Manifesto 2021 calls for a new national carer card which would have similar 'value' – [add link](#)



Recognising Carers: How Edinburgh will meet the National Outcomes

Identifying Carers National Outcome 1: “Carers are identified early in their caring role”	EJCS Priority
In Edinburgh we will.... (a) undertake a range of measures to aid carer self-identification: <ul style="list-style-type: none"> • Promote positive images of caring in the city in all local communities, with employers and through public and private sector agencies, to reach people of all ages and raise awareness of carers’ rights to support • Develop a self-referral portal • Continue to Identify, support and refer carers as part of hospital discharge planning (b) in partnership with third, private and educational sector agencies <ul style="list-style-type: none"> • Continue to work in partnership with higher and further education establishments to support and identify carers • Continue to develop links with employers to support and identify carers • Work ever-more closely with Primary Care and GP receptionists to help identify carers (c) Include this outcome in the development of a Young Adult Carer Action Plan	1,2,5
Recognising Carers National Outcome 2: “Carers are referred to support agencies early in their caring role”	EJCS Priority
In Edinburgh we will.... (a) in partnership with health and social care agencies <ul style="list-style-type: none"> • Re-activate methodical carer identification at GP practices, health centres and health and social point of contact • Strengthen referral pathways and establish systematic carer referral by health and social care services to carer support agencies (b) in partnership with employers <ul style="list-style-type: none"> • Work with employers in the city to develop carer identification and support, making use of Scotland’s <i>Carer Positive</i> programme and Edinburgh’s <i>Think Carer</i>’ training • Identify and support carers following referral from employers • Consolidate and expand the employers’ network in the city • Strengthen referral pathways with <i>Carer Positive</i> employers • Increase engagement from BAME and migrant carers across mainstream carer supports so that who we serve, better reflects our local communities³⁸ • Develop a short life working group to set out how this will be developed and measured • Strengthen referral pathways between all professionals involved in diagnosis and identification of children affected by disability and Carer Support services • Develop a short life working group to undertake mapping exercise and establish follow-up actions to ensure parent carers are connected to carer supports • Include this outcome in the development of a Young Adult Carer Action Plan 	2,3,5

³⁸ <https://www.scotlandscensus.gov.uk/census-results/at-a-glance/ethnicity/>



2.2 Valuing Carers

As equal partners in care, carers views, experiences and aspirations must shape all aspects of care planning for their individual caring situations and health and social care services. Carer policy and service planning must be carer-led.

Carers will be fully engaged in the development, monitoring and review of their personal outcomes and adult carer support plans, to support their individual caring situation.

Planning partners will draw on carer needs and aspirations to analyse trends and directions for future support and service developments.

Every two years, carers will have the opportunity to engage in a wide-ranging survey on their satisfaction of services and future needs, aiming to reach 15,000 carer households. This survey will be joint initiative of all Edinburgh planning partners, developed and analysed with polling experts, to inform all future care planning.

Planning partners will contribute local intelligence to the Scottish Government's Carer Census and other national studies. Locally, we will integrate census findings, trends and developments from carer statistics and research published by the Scottish Government, national carer organisations, academic institutions and agencies who regularly consult carers.

Planning partners commit to engage carer representatives and local carer organisations in all planning for a, including the Edinburgh IJB and planning fora emerging from health and social care reviews.

[add paragraph on digital developments and digital inclusion]

Valuing Carers: Intended National Outcomes

Strategic Outcomes:

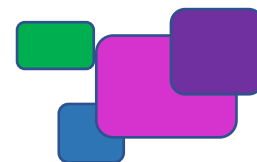
- Carer policy and support is evidenced by national and local data of carer need
- Evidence based research informs the development of all carer support planning
- As equal partners in care, carers are represented on all strategic and service planning boards and forums

Organisational Outcomes

- All planning partners fulfil their legal obligation to consult and engage carers in the planning process
- Edinburgh Health and Social Care policy is carer-led

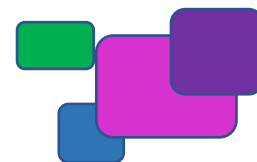
Personal Outcomes

- As equal partners in care, carers report being fully engaged in the planning and brokerage of support for their caring role
- Carers report improved support



Valuing Carers: How Edinburgh will meet the National Outcomes

Valuing Carers National Outcome 1: “Carer policy and support is evidenced by national and local data of carer need”	EJCS Priority
In Edinburgh we will.... <ul style="list-style-type: none"> • Undertake a bi-annual survey of carers’ needs, aspirations and satisfaction with health and social care reports, starting in 2023 • Carer support planning will include systematic recording of the carer’s ability and willingness to care, with identified measures to complement the carer’s contribution of care with additional care support • Rolling out Adult Carer Support Plans • Embedding Self-directed Support options in all carer conversations and care planning, supporting at least 5,000 carers each year to consider SDS options and implementing new measures contained in Scottish Government Self-directed Support (SDS) Guidance 	2,3,4,5,6
Valuing Carers National Outcome 2: “Evidence based research informs the development of all carer support planning”	EJCS Priority
In Edinburgh we will.... <ul style="list-style-type: none"> • From available data sources, including carer surveys and analysis of ACSP, identify the main areas and trends of unmet need, and invest resources to extend support in these areas. • Extend the carer focus and impact assessment on carers in all areas of planning, including housing, transport, etc • Extend ‘Carer Positive’ criteria to City of Edinburgh Council and all public sector commissioned services 	2
Valuing Carers National Outcome 3: “As equal partners in care, carers are represented on all strategic and service planning boards and forums”	EJCS Priority
In Edinburgh we will.... <ul style="list-style-type: none"> • Consider how carer representatives on the Edinburgh IJB and other committees can be remunerated for their work • Consider how and where carers can be more visible and involved in strategic planning 	2,3



2.3 Supporting Carers: Carer Health & Wellbeing

Improved carer health and wellbeing is the outcome of carers receiving a range of supports, which may include timely information and advice, person-centred support, peer support and training, emotional support and counselling, and regular breaks from caring. This chapter sets out measures to improve the Edinburgh offer to carers.

Information and advice

Carers seek different information at various stages in their caring journey, pre-diagnosis, following diagnosis and at times of change and transitions when choices needed to be made³⁹. The range of information carers seek is varied⁴⁰ and can include navigating complex health and social care systems, financial advice, legal advice (e.g. on employment or Power of Attorney), information on balancing education or employment with the caring role, relationship changes, coping skills and managing challenging behaviour, on end-of-life care and other difficult areas.

The Carers Scotland Act 2016 strengthened carers' rights to support, introduced requirements on local authorities to ensure carers can access information and advice and made it a duty on authorities to offer carers a 'carer support plan' (known as an adult carer support plan) to enable them to identify their own needs and personal outcomes.

Enabling carers to develop and implement a support plan to improve their personal outcomes and make caring more sustainable Scotland will be implemented by Edinburgh in 2023.

Evidence shows carers benefit from conversational, person centred, asset-based support to identify and achieve personal outcomes⁴¹. This approach has increasingly been practiced by many third sector agencies. Self-directed support brokerage, the three conversations model⁴² and other innovative practices have been introduced in Edinburgh to promote more holistic approaches to carer support.

Carers report lack of support, feeling isolated, worried about their capacity to care and lack of time to focus on themselves^{43 44}. Unsurprisingly, that many carers say caring adversely affects their health and wellbeing^{45 46}. A 2016 study found carers had a considerably lower health and wellbeing score compared to the national average (18.9 compared to 23.6) with 20% considering themselves to have a mental health condition. More recent research shows this situation has further deteriorated⁴⁷ and carers have sought higher levels of emotional support and presented more complex situations.

Access to adequate replacement care for the cared-for person (so that carers are only providing the care that they are willing and able to provide) is intrinsically linked with a carer's own health and wellbeing. Over-stretched Health and Social Care budgets and the current social care staffing crisis mean that some carers are unable to access the replacement care they need to maintain their own health and wellbeing.

Training, learning and peer support

Carers need accurate and timely information to plan, deliver and coordinate care and this has been well documented in research and policy for many years⁴⁸. Early policy commitments are set out in the

³⁹ [Training for Carers \(iriss.org.uk\)](http://iriss.org.uk)

⁴⁰ [Scotland's Carers - gov.scot \(www.gov.scot\)](http://www.gov.scot)

⁴¹ Cook, A. and Miller, E. *Talking Points Personal Outcomes Approach: A practical guide for organisations*. Edinburgh, Joint Improvement Team. 2012. Available for download at: <http://www.ccpscotland.org/wp-content/uploads/2014/01/practical-guide-3-5-12.pdf>

⁴² [Partners4Change home – Conversations that change lives](#)

⁴³ [The Health and Wellbeing of Unpaid Carers - Carers UK](#)

⁴⁴ [Scotland's Carers - gov.scot \(www.gov.scot\)](http://www.gov.scot)

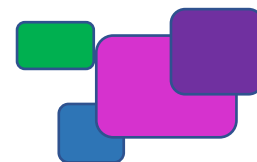
⁴⁵ [Who cares for the carer? The often forgotten patient | Australian Family Physician \(informit.org\)](#)

⁴⁶ [2020 Vision: Hear Me, See Me, Support Me and don't Forget Me. - Resources - Carers Trust](#)

⁴⁷ <https://www.carersuk.org/news-and-campaigns/campaigns/caring-behind-closed-doors>

⁴⁸ www.carersuk.org/images/News_and_campaigns/Behind_Closed_Doors_2020/Caring_behind_closed_doors_Oct20.pdf

⁴⁹ [Meeting carers' information needs | Carer Research and Knowledge Exchange Network \(CAREN\) \(open.ac.uk\)](#)



'New Deal for Carers' in the 2006 White Paper 'Our health, our care, our say'⁴⁹, which committed to a national carer training programme 'Confidence in Caring'⁵⁰.

More recent studies confirm [insert references] the important role carer training in increasing caring knowledge, confidence and competence, both from experts and peer learning elements of training.

Positive outcomes from the pandemic include the development and wide-spread use of online digital platforms and the growth of digital training offers, which increasingly serve many carers well. Post-pandemic, hybrid training approaches must become the norm, offering carers the options to participate in person or digitally.

Carer health and wellbeing are critical for sustaining caring relationships and quality of life. This is mirrored by growing carer demand to engage in training and personal development opportunities.

Carers regularly report how much they value opportunities to meet and hear from other carers. Peer support helps reduce the sense of isolation many carers face in their caring role and encourages peer to peer support, with evidence of powerful benefits⁵¹.

Emotional support

The emotional impact of caring for a close relative or friend - child, adult or older person – is well documented, internationally and in the UK: Caring often leads to social isolation, changing relationships, feelings of guilt and loss, distress and a sense of being overwhelmed. All can contribute to despair, hopelessness, anger or resentment of the situation.^{52, 53, 54, 55}

The 2019 State of Caring report by Carers UK (pre-COVID) found that nearly two thirds of carers (63%) were feeling more stressed because of their caring role and 55% reported that it had an impact on their health and wellbeing. 27% of carers reported 'bad' or 'very bad' mental health. The survey also revealed that 93% of carers reported feeling lonely and isolated because of their caring role. The 2019 report also highlighted that carers are seven times more likely to say they are always or often lonely compared with the general population. This research report also evidenced carers experiencing levels of anxiety nearly twice as high as the general population.

Locally, growing carer demand for counselling has been reflected in increased referrals and self-referrals to carer Counselling Services since 2013.

VOCAL's 2017 survey (reporting base 915 carers) highlighted the increased importance carers place on counselling: 29% found emotional support and counselling to be one of the most useful services. 59% of carers reported "being a carer has made my health worse". 49% of carers reported that they had experienced depression since becoming a carer. The 2021 survey⁵⁶ further shows how the loss of support services and breaks from caring increased the sense of isolation, the impact on their emotional and mental wellbeing and significantly increased levels of stress, worry and helplessness.

⁴⁹ [Our health, our care, our say: a new direction for community services - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/white-papers/our-health-our-care-our-say)

⁵⁰ [Caring with confidence: new programme for carers - Carers UK](https://www.carersuk.org/our-work/our-approach/caring-with-confidence)

⁵¹ [Understanding the impact of peer support | Nesta](https://www.nesta.org.uk/insights/understanding-the-impact-of-peer-support)

⁵² The Impact of Caring on Family Carers. OECD 2011. <https://www.oecd.org/els/health-systems/47884865.pdf>

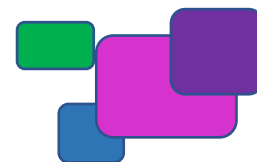
⁵³ Psychological Distress in Carers of People with Mental Disorders. BJMP 2011. <https://www.bjmp.org/content/psychological-distress-carers-people-mental-disorders>

⁵⁴ State of Caring. Carers UK 2019.

⁵⁵ The experiences of therapy from the perspectives of carers of people with dementia: An exploratory study. Ruth Elvish, Rosanne Cawley & John Keady, 2013.

<https://www.tandfonline.com/doi/pdf/10.1080/14733145.2013.768284>

⁵⁶ <https://www.vocal.org.uk/news/carers-survey-2021/>



Health & Wellbeing: Intended National Outcomes

Strategic Outcomes:

- All adult Carer groups' health and wellbeing is supported throughout their caring journey

Organisational Outcomes

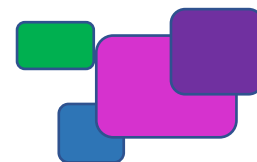
- EHSC agencies and employers evidence enhanced measures to support carers' health and wellbeing
- Agencies report improved carer identification and referral practice to aid carer access to health and wellbeing services
- Young adult carers are supported in the transition from accessing child/young person services to adult services

Personal Outcomes

- All Adult Carers report being supported to look after their physical, mental and emotional well being
- All Adult Carers report improved physical and mental wellbeing
- All Adult Carers report improved social participation and wellbeing

Supporting Carers: How Edinburgh will meet the National Outcomes

Supporting Carers National Outcome 1: "Carers health and wellbeing is supported throughout their caring journey"	EJCS Priority
In Edinburgh we will.... <ul style="list-style-type: none"> • Work to ensure adequate services are in place for cared for person to enable carers to only provide the care that they are willing and able to – replacement care • Council will only contract carer positive organisations that can demonstrate they have flexible working contracts for carers. – insert in employment? • Digital inclusion? (In Govt Strategy) • Consider the transition pathway for Young/ Adult Carers and use findings to make improvements • Consider this outcome in the development of a Young Adult Carer Action Plan 	2,3,4,5,6
Supporting Carers National Outcome 2: "Carers report improved health and wellbeing"	EJCS Priority
In Edinburgh we will.... <ul style="list-style-type: none"> • Progress with Carer Outcomes measuring framework developments • Continue to collect data on Contracted carer contracts • Support the carer census data collection exercise and learn from findings in this area • Report upon data drawn from Outcome Focussed ACSP Action Plans • All carer support organisations in Edinburgh, including EHSCP will continue work to increase access to health and wellbeing services and support for carers • Consider this outcome in the development of a Young Adult Carer Action Plan 	2,3



National Theme 3 - Health & Social Care Support

'People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.' (National Health & Wellbeing Outcome 6)

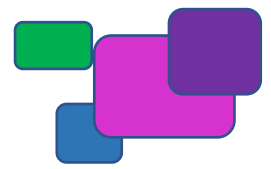
Introduction to H&SC

This refreshed carer strategy is primarily intended to take the requirements stipulated in The Act and to translate these into local plans of action. In Edinburgh, this strategy shall also be used to inform how other public services are planned for and delivered, thus taking a more holistic view around carer support. This will be important in areas of strategic development currently underway in several broad areas, ensuring carer support is embedded in the fabric of the city. For this reason, where the National Carer Strategy indicates synergy with various parallel National Strategies and associated actions, the focus for the purposes of this refreshed strategy shall fall upon the key areas directly affecting carers here:

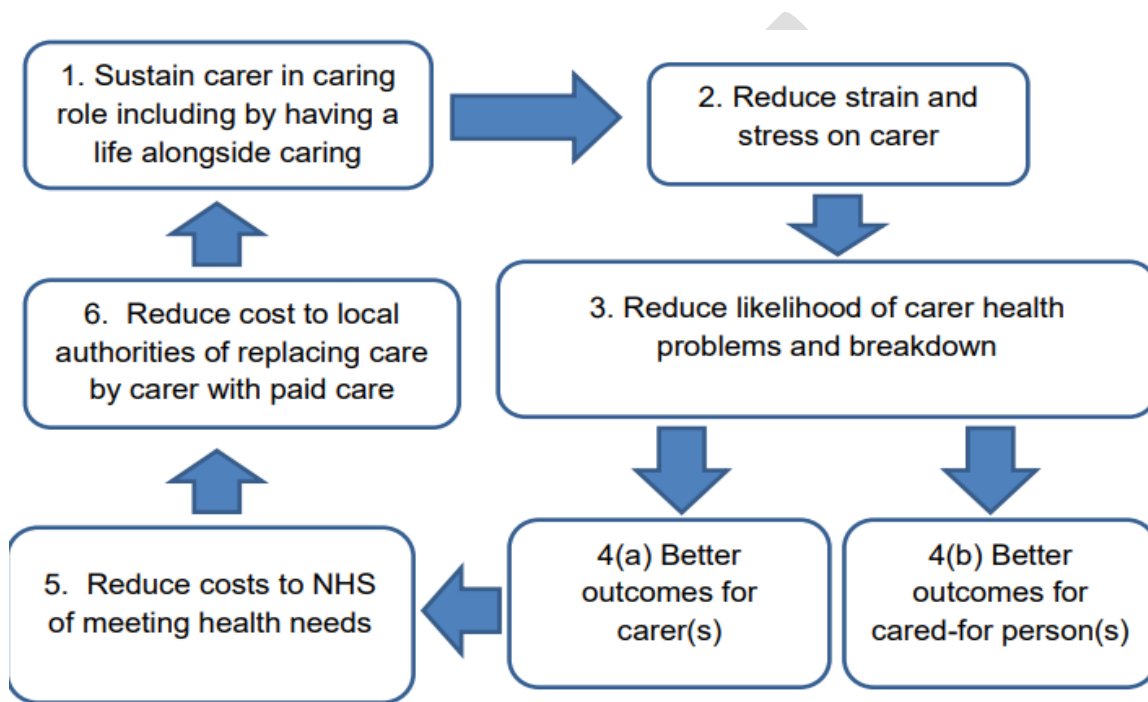
Edinburgh Carer Strategy	Carers reflected in other Local Strategies	Carers Reflected in other National Strategies
Carers Act	Charging for Adult Social Care	Older People's Health and Social Care Strategy
Breaks from Caring	Carers and Housing	Palliative and End of Life Care Strategy
Self-Directed Support	Mental Health (ACES & Trauma)	National Dementia Strategy
Carers, Hospitals & Healthcare	Whole Family Wellbeing Funding	Supporting the Scottish Strategy for Autism
Social Care and NCS	Supporting Disabled Children, Young People, and their families	Supporting the Learning Disability Strategy
	Carers and Mental Health	Neurological care & support: action framework 2020-2025
	British Sign Language	National Drugs Mission
		Supporting the sensory impairment strategy

For people with learning disabilities or autism, mental ill-health, drug and addiction issues, sensory impairment or who are older and have dementia, their unpaid carer is never usually far behind. However until the Carers (Scotland) Act (2016) was introduced, carers struggled on, unaware of the importance of their work, of the support that was available, with little or no breaks, or the sense of having a life of their own. Such situations would often leave the carer in desperate situations with their mental health impacted, employment or training opportunities out of reach, relationships strained, with them often feeling burnt out and unable to cope.

Across Scotland approximately 1 in 5 of the population have a caring role whose dedication and hard work saves Local Authorities in the region of c.£10.8bn per year. Unpaid Carers therefore play a significant role not only in the support of people with health and social care needs, but in preventing or delaying the need for costly packages of care to be introduced.



Demands and pressures on our Health and Social Care system are projected to increase significantly in coming years⁵⁷. Against a backdrop of an ageing population and challenging financial circumstances, directing the right support to carers at the right time will be critical in preventing carers and families from reaching crisis point. This will also ensure the health and social care system continues to deliver support to those with the highest need for it. The need therefore to establish what support a carer needs if they are to feel able and willing to continue in their caring role is an imperative now and for the future.



3.1 The Carer (Scotland) Act 2016 – “The Act”⁵⁸

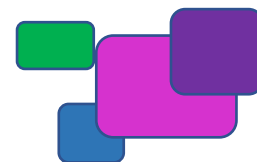
“The Act aims to ensure carers have choice and control and can access preventative support to protect their wellbeing and keep caring situations manageable. It puts in place a system of carers’ rights designed to listen to carers; expand and transform carer support; and prevent problems – helping sustain caring relationships and protect carers’ health and wellbeing”.- National (draft) Carer Strategy⁵⁹

A central tenet of The Act is the introduction of the carer’s right to an **Adult Carer Support Plan** (ACSP) or, in the case of Young Carers, a Young Carer Statement (YCS) (appendices 4-10). These key plans, designed to be **preventative** in nature and implemented at a local level, are used to capture what is important to carers, such as feeling more skilled in their caring role, or having a life outside of their caring role. The conversations that flow from these provide an opportunity for the carer to explain how their situation affects them; to be supported to identify their **personal**

⁵⁷ <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/pages/2/>

⁵⁸ [Carers \(Scotland\) Act 2016 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2016/12/section/1)

⁵⁹ [Carers Strategy - Outline Draft - June 2022.pdf](#)



outcomes, and to feel supported towards these as they continue in their caring role. The Act also stipulates that these plans must help a carer to consider:

- the nature and extent of the care they provide and, the impact on their wellbeing and day-to-day life;
- the extent to which they are **able and willing** to provide care;
- emergency and future care planning;

Another key part of the ACSP/ YCS process is for carers to receive the right support to meet their **eligible needs** (Appendices 6 & 10). This duty under The Act directs Local Integration Authorities to consider as part of the process, whether that support should include a short break or break from caring ensuring this is reflected within the Plan.

The development of **Local Carer Strategies** was also highlighted as a duty for Local Integration Authorities across Scotland. Edinburgh launched their 3-year Joint Carer Strategy in mid-2019 (appendix 1) The developments, initiatives and collaborations flowing from this shall continue to be built upon and improved as it is refreshed for the coming 3 years, where it will again be considered for refresh.

Accompanying the Act at the point of its production, was the National Plan⁶⁰. This covers six key priorities and includes:

1. Strategy and leadership
2. Legislation and guidance
3. Workforce and systems support and development
4. Raising awareness
5. Carer involvement and choice
6. Measuring progress and impact

Carers Charter⁶¹

national plan for implementing the Carers Act. The plan covers six key priorities including workforce development; awareness and communications; and measuring progress and impact.

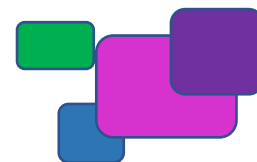
Local authorities must also produce local carers strategies. The Carers Act states what these must include. Many of the strategies are now being or about to be reviewed. We have also provided a checklist to support authorities in doing this and are providing additional support to authorities through the carers leads network to encourage consistency and peer learning.

Local carers strategies are primarily about the requirements of the Carers Act but we also encourage authorities to draw on this strategy to take a more holistic view of how carers are supported across public services. This may be particularly valuable as a means of ensuring that wider work in other parts of an authority (for example education, housing and transport) is carer informed and connected to carer support. We will work with carer leads to explore how we can support them with this.

Since the Act was introduced in 2018, the Local Integration Authority in Edinburgh, and across Scotland have worked to take forward these developments. It is critical in these early stages, and in a

⁶⁰ [Carers+Act+Post-Implementation+Plan+-+Final.pdf \(www.gov.scot\)](#)

⁶¹ [Carers' charter: Your rights as an adult carer or young carer in Scotland \(www.gov.scot\)](#)



post-pandemic era, to consider just how effective these strategies are and how well carers are supported as a result of them.

The Carer Scotland Act: Intended National Outcomes

Strategic Outcomes:

- Carers centres are better funded
- We understand how effectively the Act is implemented and understand its practical impact on carers' lives and in terms of prevention
- People who work in health and social care and education have the skills, knowledge and confidence to identify, support and involve carers as equal partners and understand the implications of the Carers (Scotland) Act 2016 for their practice, culture and ways of working

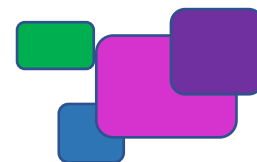
Organisational Outcomes

- Carer organisations will be more equipped to understand and respond to carers' needs
- Carer organisations will be supported to engage in data collection exercises
- Carer organisations will have a better understanding of what is important to carers

Personal Outcomes

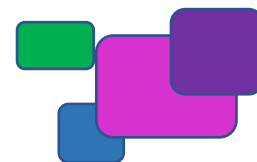
- All Carers experience improved access to, and quality of support
- All Carers feel their experiences are understood and reflected in developments
- All Carers feel involved in decisions that affect them and the person they care for

DRAFT



The Carer (Scotland) Act 2016: How Edinburgh will meet the National Outcomes

<p>The carer Scotland Act (2016) National Outcome 1: “We will increase funding to carers centres”</p>	EJCS Priority
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> • Continue to align with the 6 key priorities found in the National Plan for implementing the Carers Act • Work collaboratively to determine best uses of any additional funds to further the positive impacts to carers through Carer’s Act implementation • Build upon the progress made through the 2019-2022 Edinburgh Joint Carer Strategy • Make the case for building reflexivity into, and extending the lifespan of the Edinburgh Joint Carer Strategy 	1-6
<p>The carer Scotland Act (2016) National Outcome 2: “We will continue to support improvements in the data collected under the Carers Census”</p>	EJCS Priority
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> • Work to improve carer awareness and importance of the Carer Census • Take on and incorporate support and advice provided from national bodies around improving data gathering exercises • Build upon previous experiences of data gathering returns across the carer support landscape • Continue with developments around the measurement of carer outcomes 	1-6
<p>The carer Scotland Act (2016) National Outcome 3: “We will review and update Scotland’s Carers”</p>	EJCS Priority
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> • Work to provide necessary and accurate information and data to assist in the review • Use the update upon it’s publication to understand better, the lives and situations of carers • Use this understanding to consider how services for carers should adapt to better meet the evolving needs of carers 	1-6



3.2 Short Breaks and Breaks from Caring

We know that access to personalised, flexible short breaks can make a real difference for carers to recharge their batteries - helping sustain caring relationships and enabling carers to have more of a life of their own. We also know that to be worthwhile, breaks need to be a positive experience for both the carer and cared for person. – National (draft) Strategy

Short Breaks and Breaks from Caring are an integral part of this strategy refresh to ensure that we meet the key guidance within the Carers Act (Scotland)⁶², the National Carers Strategy and most importantly the needs of local carers in Edinburgh in relation to getting a break from caring.

Carers have been significantly affected by the initial closure of short breaks/ breaks from caring and assisted transport services during the initial Covid-19 lockdown from March 2020. Some services were permanently withdrawn. Others were reinstated partially or in some cases took until late 2021 to be back at the level of service offered pre-pandemic. The arrival of the Omicron variant also disrupted services further. Over 75% of carers state they worry about the future and how caring has affected their own mental health⁶³

EVOC carried out a review of support with travel and respite for adults with disabilities or additional support needs and those that care for them, published in December 2021⁶⁴

Two surveys were carried out:

- a. People caring for and/or using day support services for people with additional support needs - 101 responses, of which 38 respondents cared for people who received a short break/respite service.
- b. Organisations providing day support for people with additional support needs - 10 organisations responded; of these 5 provided support to unpaid carers.

Initial conclusions from these include:

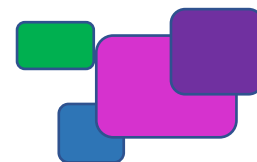
- The number of people accessing day support five days per week has dropped by just over 50% since the start of the pandemic.
- There has been a significant increase in the number of people providing their own transport to day support or respite services, compared to a significant decrease in people travelling by minibus or sharing transport – both of which were of course not possible in many cases due to Covid safety issues.
- The way in which decisions re service changes were communicated was variable, as was the pattern of negotiating to resume services ie in many cases this required an assessment for a service that had been provided prior to the pandemic.
- While 40% of respondents reported no change to respite arrangements, 23% said the service had been reduced, and 28% said it had not been available at all since the pandemic

Short term impacts of Covid19 on unpaid carers includes the overnight closure of all building based services, particularly for the cared for person, cancelling of all breaks from caring, increased caring role and increased caring hours with a decrease in formal supports and care at home services.

⁶² <https://www.gov.scot/publications/carers-scotland-act-2016-statutory-guidance-updated-july-2021/>

⁶³ <https://www.vocal.org.uk/news/carers-survey-2021/>

⁶⁴ <https://www.evoc.org.uk/wordpress/wp-content/media/2021/12/Getting-About-Getting-A-Break-Phase-1-DEC-2021.pdf>



Loneliness and isolation and loss of face-to-face emotional support had a major impact on unpaid carers.

Many of these short-term impacts have moved into long term impacts; while supports and services for carers specifically have returned and increased within the city, services for the cared for person, especially day care, replacement care and respite options have not returned to the level they were at prior to the pandemic. This is now impacting on carer mental health and wellbeing, increasing exhaustion, loneliness and isolation and the risk of burn out and break down.

In the long term the cared for persons condition is likely to have progressed and the caring role to have increased in relation to this.

The demand therefore, for short break services and short break funds within the city have increased and capacity to respond has been enabled by the implementation of Carers Act funding in relation to Short Breaks for Carers across the city.

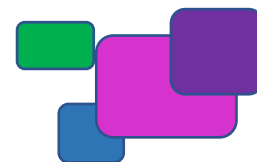
Edinburgh's Joint Carers Strategy will focus on work that meets and develops the key strategic and personal outcomes for carers identified within these key strategic drivers;

- A life outside of and/or alongside the caring role
- Enhanced care / work / life balance
- Sustaining the caring relationship
- Improved mental health and wellbeing
- Time away from normal caring responsibilities
- Improved confidence
- Improved social wellbeing
- Improved knowledge about and access to short breaks within the city

By taking a preventative and innovative approach we will develop a Short Breaks Strategic Action Plan for Edinburgh with a long-term vision for future Short Breaks offers. Increasing involvement, access and short break opportunities for carers. In line with best practice the portfolio of short breaks to carers in Edinburgh will maintain and sustain existing provision while developing new short break options by seeking to include;

- Short breaks during the day, evening or overnight
- Breaks with the cared for person, day and overnights
- Individual breaks away for the carer alone or with a companion
- Time out for the carer alone at home
- Supported group breaks for carers
- Supported group breaks for the carer and the cared for person
- Family breaks
- Personalised budgets for breaks

The Action Plan will seek to build relationships and collaborations between partners to promote a variety of offer and maximise potential across partner agencies. Services will be maintained and developed to provide high quality short breaks to meet carers strategic and personal outcomes. Options around a Short Breaks Brokerage will be explored and developed, supporting carers to have



an outcomes focused plan, increased knowledge and support to access more short break opportunities and to therefore have a more balanced life outside of their caring role.

National Care Service

At time of writing this strategic refresh the consultation and engagement process on the establishment of a National Care Service in Scotland is still underway. The proposals for the National Care Service put human rights and needs front and foremost, using a preventative approach to alleviate and improve the identified needs, placing them at the heart of the solution for the individual.

This approach has been built into the Edinburgh Joint Carers Strategy Refresh and we will ensure that our strategic refresh and future strategies align with the proposed National Care Service Bill and legislation as it progresses.

Short Breaks & Breaks from Caring: Intended National Outcomes

Strategic Outcomes:

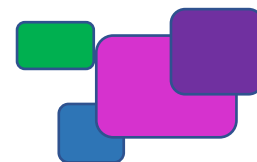
- A life outside of and/or alongside the caring role
- Enhanced Care / Work / Life balance
- Support to sustain the caring relationship
- Time away from normal caring responsibilities
- Improved knowledge about and access to short breaks within the city

Organisational Outcomes

- Improved understanding of carers needs in relation to Short Breaks & Breaks from Caring
- Increased capacity to deliver Short Breaks & Breaks from Caring relation to identified outcomes
- Increased opportunities to collaborate
- Increased opportunity to be innovative, and promote variety across Short Breaks & Breaks from Caring

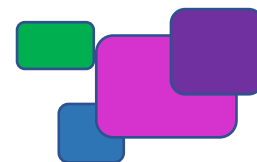
Personal Outcomes

- Improved mental health and wellbeing
- Improved confidence
- Improved social wellbeing
- Improved physical wellbeing



Short breaks and Breaks from Caring: How Edinburgh will meet the National Outcomes

<p>Short Breaks & Breaks from Caring National Outcome 1:</p> <p>“We will introduce a statutory right to breaks from caring under the Carers Act.”</p>	EJCS Priority
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> • Engage in national conversations re National Care Service developments and respond to statutory changes resulting • Ensure Carer Strategic Partnership Group is proactive in preparation for any new responsibilities, to ensure compliance • Align with timelines once published to ensure readiness for these developments • Consider this outcome in the development of a Young Adult Carer Action Plan 	2,3,4,5,6
<p>Short Breaks & Breaks from Caring National Outcome 2:</p> <p>“We will continue to work with local commissioners, Shared Care Scotland and others to promote greater availability and choice of short break support in different areas”</p>	EJCS Priority
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> • Continue to build upon Short Breaks and Breaks from Caring options to extend and vary the offer to all Adult Carer Groups including those in transition • Continue with development of a Short Breaks Strategic Plan that incorporates a replacement care brokerage hub for a pioneering, joined up approach to short breaks and breaks from caring • Continue meeting the key guidance within the Carers Act (Scotland) and the National Carers Strategy • Seek better understanding around the barriers to flexible short breaks and breaks from caring for all adult carers • Consider this outcome in the development of a Young Adult Carer Action Plan 	3,4,5,6
<p>Short Breaks & Breaks from Caring National Outcome 3:</p> <p>“We will build on our recent investment to increase funding for short break support to increase availability of preventative breaks support for those with less significant needs”</p>	EJCS Priority
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> • Develop a Short Breaks Strategic Action Plan to consider collaboration; promotion of variety; sustainable group options; short breaks brokerage model for all adult carers • Revisit & refresh the Short Breaks Services Statement for Edinburgh • Continue to expand offers that are accessible, co-ordinated and free • Build upon and expand access to breaks via SDS options • Align with Short Breaks policy around replacement care options • Take a preventative, innovative, long-term & sustainable approach to Short Breaks and breaks from caring • Increase involvement of all adult carers in proposed developments around short breaks and breaks from caring • Consider this outcome in the development of a Young Adult Carer Action Plan 	3,4,5,6



<p>Short Breaks & Breaks from Caring National Outcome 4:</p> <p>“We will extend the work of the Independent Living Fund and further develop support to people with severe disabilities, in line with the recommendations of the Independent Review of Adult Social Care”</p>	<p>EJCS Priority</p>
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> • Commit to support the recommendations of the Independent Review of Adult Social Care • Develop and extend short break options for all adult carers of people with severe disabilities • Consider this outcome in the development of a Young Adult Carer Action Plan 	<p>4,5,6</p>

3.3 Self-Directed Support

“Self-directed support is Scotland’s approach to social care support. It allows people and their carers to make informed choices on what their support looks like and how it is delivered. Greater control of their life and decision-making leads to better health and wellbeing for carers and supported people.”(National Strategy ref)

Carers involvement in decision-making affecting the support for the supported person. Such involvement creates the sense of control over their particular situation and encourages a sense of wellbeing for both parties.

The Social Care (Self-directed Support) (Scotland) Act 2013 requires local authorities to offer people who are eligible for social care a range of choices over how they receive their support. The option of how the supported person’s funded support should be arranged, will therefore be discussed with both the carer (of any age or background), and the supported person in a way they can understand, through the involved professional Social Worker or Occupational Therapist. Information on the 4 SDS options will be presented and collectively, a decision on the best route shall be reached. The options are:

Option 1: A Direct Payment (DP), which gives you the most choice and control over your care and support.

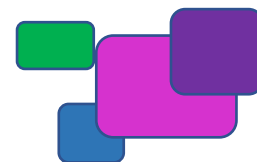
Option 2: An Individual Service Fund (ISF) where a service, registered as an ISF provider, manages a Direct Payment on your behalf

Option 3: A direct service where your care and support is fully arranged by the involved Social Worker or Occupational Therapist

Option 4: Simply a combination of any of the three options above.

By being involved in these decisions, the carer can ensure the support can fit around their caring role more easily and lead to them finding a better balance around their work, relationships, and personal life. However SDS has not been implemented as fully and widely as was the expectation. For this reason, work at a National Level has been completed, resulting in SDS Framework of Standards⁶⁵ designed with Carers and supported people’s outcomes at the centre ensuring the key aspects of the SDS Act are fully implemented.

⁶⁵ <https://www.gov.scot/publications/self-directed-support-framework-standards-including-practice-statements-core-components/>



In Edinburgh, if, following a conversation around their needs and outcomes, a one-off carer payment is thought to be the only way that these can be met then this too can be provided via SDS. This option will be dependent upon consideration of their Eligibility and whether other forms of support may be better suited.

Self-Directed Support: Intended National Outcomes

Strategic Outcomes:

- SDS implementation shall be strengthened to improve prevention and early intervention
- Improved flexibility and creativity of support through SDS
- Improved SDS consistency with other Integration Authorities

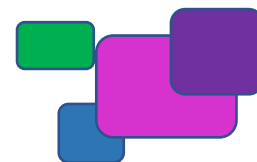
Organisational Outcomes

- Carer providers have a better understanding of the process around how SDS budgets are assigned
- Carer providers have improved understanding about appropriate uses for SDS budgets
- Carer organisations are more confident about the circumstances whereby SDS budgets may be required

Personal Outcomes

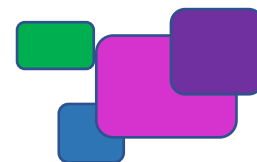
- Carers are involved in decisions relating to the supported person's support
- Carers of all ages and backgrounds feel secure in the support around the supported person
- All Carers feel there are fewer barriers to arranging support in ways that fit with their individual circumstances





Self-Directed Support: How Edinburgh will meet the National Outcomes

<p>Self-Directed Support National Outcome 1:</p> <p>“We will put in place measures to strengthen the implementation of Self-directed Support and improve prevention and early intervention”</p>	EJCS Priority
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> • Continue to develop and implement local eligibility criteria • Continue involvement in work underway around SDS implementation • Continue to raise the profile of carer groups to those involved in assigning SDS budgets • Continue to promote the principle of carer involvement in SDS spending decisions • Support the implementation of the SDS framework of standards • Consider this outcome in the development of a Young Adult Carer Action Plan 	1,2,6
<p>Self-Directed Support National Outcome 2:</p> <p>“We will continue to work on how we can creatively and flexibly support carers through Self Directed Support”</p>	EJCS Priority
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> • Work to further understand where the barriers to SDS flexibility exist and seek ways to minimise or eliminate these • Work to understand and communicate the circumstances whereby SDS budgets may not be used • Produce a comprehensive menu of SDS examples to help carers and practitioners to decide what form the right support may take • Consider this outcome in the development of a Young Adult Carer Action Plan 	2,3,6
<p>Self-Directed Support National Outcome 3:</p> <p>“We will work with Local Authorities to ensure consistency across individual local authority areas”</p>	EJCS Priority
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> • Continue to engage with, input to, and learn from national conversations around the challenges of SDS implementation • Consider this outcome in the development of a Young Adult Carer Action Plan 	6



3.4 National Care Service

At time of writing this strategic refresh the consultation and engagement process on the establishment of a National Care Service in Scotland is still underway. The proposals for the National Care Service put human rights and needs front and foremost, using a preventative approach to alleviate and improve the identified needs, placing them at the heart of the solution for the individual.

This approach has been built into the Edinburgh Joint Carers Strategy Refresh and we will ensure that our strategic refresh and future strategies align with the proposed National Care Service Bill and legislation as it progresses.

National Care Service: Intended National Outcomes

Strategic Outcomes:

- Increased recognition and support for carers through the introduction of a National Care Service
- A move away from eligibility criteria and thresholds, towards outcomes focussed care and support services

Organisational Outcomes

- Carer orgs reach and support more carers of all ages and backgrounds as a result of NCS developments
- Carer orgs reach and support carers of all ages and backgrounds across the needs spectrum

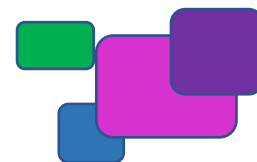
Personal Outcomes

- All Carers feel more recognised for the role they play as a result of NCS developments
- All Carers feel better supported as a result of NCS developments
- All Carers feel more supported to achieve their outcomes as a result of NCS developments

National Care Service: How Edinburgh will meet the National Outcomes

National Care Service National Outcome : 1	EJCS Priority
“We will embed a new infrastructure for social care through the National Care Service, with recognition and support for carers at its heart”	
In Edinburgh we will.... <ul style="list-style-type: none"> • Work with National Carer orgs to understand and make provision for the NCS at the appropriate time • Respond as an integration authority in ways dictated by incoming legislation • Continue to raise the profile of carers to Scottish Government and policy makers • Consider this outcome in the development of a Young Adult Carer Action Plan 	1-6

National Care Service National Outcome : 2	EJCS Priority
“We will change the way care and support services are designed and delivered, with a focus on what support people need, not on eligibility.”	
In Edinburgh we will.... <ul style="list-style-type: none"> • Revisit our Local Eligibility framework once NCS guidance around this is published • Prepare for and be ready to support carers across the needs spectrum, at the appropriate point in NCS roll-out • Consider this outcome in the development of a Young Adult Carer Action Plan 	1-6



3.5 Carers, Hospitals & Healthcare

As detailed and described in a number of sections within this strategy the motivation is to link to the current Proposed Actions within the Draft National Strategy, particularly around Preparedness for future scenarios, the role of GP Practices and Care Navigation Role, Primary Healthcare Teams and Hospital Discharge procedures. This will involve working with partners in healthcare to support and develop practical solutions to the identified issues and impacts for carers. Such as;

- Identification of carers
- Connecting carers to opportunities and support
- Social prescribing
- Healthcare-located carer support, such as, contact with outreach workers, welfare and benefits, counselling, and emotional support.
- Working alongside the Discharge Without Delay programme. This programme is currently being piloted in Edinburgh to support speedy discharge from hospital for those patients who no longer have a clinical requirement to be there. This model will depend on unpaid carers to be partners at every stage to ensure success. The Hospital Discharge Carer Support Team (HDCST) are already involved in this multi-discipline programme, and it is envisaged that the Edinburgh Carer Strategic Partnership Group (ECSPG) will also have a role.
- Exploring how the carer support organisations/teams/services will exploring closer working with the Marie Curie Caring for Someone at Home - End of Life At Home, Hospice or Hospital – Learning from Lived Experience Project. Identifying the gaps and resources needed to support carers and families to have more choices around End-of-Life care at home.
- Advocacy
- Access to fast tracked ACSP and YCS

Carers, Hospitals & Healthcare: Intended National Outcomes

Strategic Outcomes:

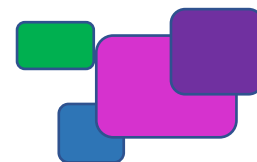
- Health appointments are flexible, and carers are supported to access them through the provision of replacement care
- Person-centred visiting is tested and improved
- Carers of all ages and backgrounds will be consistently involved in decision making about when the person they care for leaves hospital as appropriate
- Multi-disciplinary teams, both in and out of hours are involved in strategic planning and delivery
- Primary Care provision is a key partner in money/ welfare and benefits advice in deprived areas
- The Multi-disciplinary mental health workforce increases capacity

Organisational Outcomes

- Health providers offer flexible appointments and processes exist for securing replacement care for the supported person
- Person Centred visiting improvements are embedded
- Processes around involving carers in hospital discharge are reinforced
- Health Providers in the most deprived areas are well informed about welfare and financial advice
- The multi-disciplinary mental health workforce is more able to reach and support carers

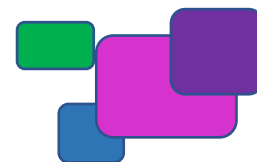
Personal Outcomes

- All Carers are able to attend health appointments
- All Carers experience improved person-centred visiting
- All Carers feel involved in decisions that affect them and their loved ones
- All Carers feel they have improved access to (welfare) information & advice
- All Carers receive mental health support at the right time



Carers, Hospitals & Healthcare: How Edinburgh will meet the National Outcomes

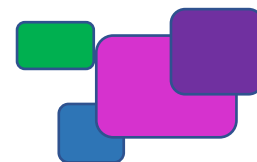
<p>Carers, Hospitals & Healthcare National Outcome : 1</p> <p>“Health appointments are flexible, and carers are supported to access them through the provision of replacement care”</p>	EJCS Priority
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> • Seek to work more closely with health access teams to encourage flexible health appointments • Continue with development of a Short Breaks Strategic Plan that incorporates a replacement care brokerage hub for a pioneering, joined up approach to short breaks and breaks from caring allowing same day, short term (2-3 hrs) replacement care may be accessed through (for example): <ol style="list-style-type: none"> a) Maximising the use of Volnet to match volunteers to carers and cared for people to provide appropriate support and breaks from caring that enable carers to access health appointments. b) Work with One Edinburgh home-based care programme to explore how any spare capacity with partner providers could be used to support carers with replacement care to access appointments. c) Work with day care providers to explore how any spare capacity with could be used to support carers with replacement care to access appointments. • Consider this outcome in the development of a Young Adult Carer Action Plan 	3,6
<p>Carers, Hospitals & Healthcare National Outcome : 2</p> <p>“We will continue to engage with Boards to help drive implementation and support them to test and spread improvements to person-centred visiting”</p>	EJCS Priority
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> • Work to influence patient visiting policy and ensure there is a carer rep involved in consultation around future visiting policies • Consider this outcome in the development of a Young Adult Carer Action Plan 	2,3,5,6
<p>Carers, Hospitals & Healthcare National Outcome : 3</p> <p>“We will reinforce to NHS Boards their statutory duty to involve carers in decision making about when the person they care for leaves hospital”</p>	EJCS Priority
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> • Ensure there is a Hospital Discharge Carer Support worker linked to each ward involved in the Discharge without Delay programme roll out to raise the profile of carers and ensure they are routinely and meaningfully involved in discharge planning • Engage in work around Discharge Without Delay highlighting the profile of carers of all ages and backgrounds • Consider this outcome in the development of a Young Adult Carer Action Plan 	2,3,5,6



Carers, Hospitals & Healthcare National Outcome : 4	EJCS Priority
“We will develop multi-disciplinary teams in every locality, both in and out of hours, involved in the strategic planning and delivery of services”	
In Edinburgh we will.... <ul style="list-style-type: none"> • Seek to include key members of existing Multi-disciplinary teams, both in and out of hours in Carer Strategic Partnership Group meetings and discussions 	2,6

Carers, Hospitals & Healthcare National Outcome : 5	EJCS Priority
“We will support the embedding of welfare rights and money advice services across 150 primary care settings in deprived communities across Scotland”	
In Edinburgh we will.... <ul style="list-style-type: none"> • Re-ignite work with primary care across the city • Incorporate Welfare info and advice to those discussions • Progress the expansions of the EHSCP Hospital Discharge Carer Support team to ensure there is a dedicated Hospital Discharge Care Support Worker in each of Edinburgh’s Hospitals sites, including the Royal Edinburgh Hospital. 	1,2,3,6

Carers, Hospitals & Healthcare National Outcome : 6	EJCS Priority
“We will recruit 1,000 additional staff in multi-disciplinary mental health teams in primary care which will also increase access to the right care and support for people, including carers”	
In Edinburgh we will.... <ul style="list-style-type: none"> • Work with mental Health teams to highlight best uses of this additional resource to better meet the MH needs of carers • Continue to make the case that the provision of high-quality support to carers is the best way of preventing crisis and promoting good outcomes for supported people 	2,3,5



National Theme 4 - Social & Financial Inclusion

Caring can have a dramatic impact on personal finances as highlighted in many studies. Poverty disproportionately affects households where someone is disabled. Nearly half of all individuals in poverty live in such a household and a quarter of unpaid carers live in poverty⁶⁶.

Poverty is more likely to affect carer finances where carers reduce paid employment to provide care to another person. An estimated 600 carers a day gave up work across the UK to look after someone, prior to the pandemic⁶⁷. Evidence also shows increasing in-work poverty rates, with dramatic increases in households with children – seven in ten children in poverty are now in a working family in the UK⁶⁸.

Female carers are disproportionately affected by poverty as are younger adult carers, with nearly four in ten younger female carers living in poverty compared to just over one in four young male carers. Carers who have been caring for an extended period are more likely to experience financial difficulties. Just two in five of those caring for more than 15 years could afford to pay their bills without struggling financially compared with three in five (62%) of carers in their first year⁶⁹. Caring can also have a negative impact on household income, particularly where carers give up paid work⁷⁰.

The impact of COVID-19 has further worsened many carers' financial situation, with as many as 106,000 unpaid carers in the UK having relied on a food bank during the pandemic (twice as likely as the general public to have used a food bank)⁷¹. This research found that younger adult carers (aged 17-30) were more likely to live in a household that experienced hunger than carers aged 66 or older.

In 2020, the UK economy contracted by 9.9% - the largest ever recorded drop⁷², with benefit claims increasing by 113.2%⁷³. The Edinburgh Poverty Commission⁷⁴ highlights the significant rise and threat of poverty. The authors describe a polarised city, with many areas experiencing multiple deprivation compared to their wealthier counterparts.

Carer employment

Recent VOCAL carer surveys found just a quarter of respondents were in paid employment, despite over half being of working age. In line with findings reported above, the proportion of working age carers not in employment were highest for carers of children (49%) and young adult carers (43%). Over one quarter of respondents (27%) stated they had stopped working due to their caring responsibilities, with a further 23% experiencing a reduction in their working hours.

The 2021 Carer Survey produced further evidence that poverty risks had worsened: Of 826 carer respondents in Edinburgh 33% had stopped working (up from 27% in 2017); 30% had reduced their hours of work (up from 27% in 2017); 23% had lost NI or pension contributions as a result of giving up work (against 13% in 2017); 15% of had been forced to borrow money and 7% had been forced to use food banks.⁷⁵

Almost half of respondents agreed with the statement: 'Being a carer has made money and finances more difficult', this increased in the 2021 survey to over 50%. Over one third of carers report that they use some of their own finances to pay for care. Talking about finances is not straightforward, with

⁶⁶<https://www.jrf.org.uk/report/uk-poverty-2019-20>

⁶⁷<https://www.theguardian.com/money/2020/feb/29/carers-financial-pressures-supporting-loved-ones>

⁶⁸<https://www.jrf.org.uk/report/uk-poverty-2019-20>

⁶⁹https://www.carersuk.org/images/News_and_campaigns/Carers_Rights_Day/CUK-Carers-Rights-Day-Research-Report-2018-WEB.PDF

⁷⁰[Caring & Family Finances Inquiry: UK report - Carers UK](#)

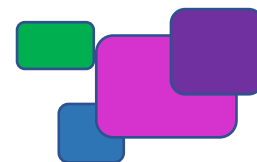
⁷¹<https://www.birmingham.ac.uk/news/2020/unpaid-carers-going-hungry-during-covid-lockdown-says-study>

⁷²[UK economy suffered record annual slump in 2020 - BBC News](#)

⁷³[The UK's Covid-19 unemployment crisis in six charts | Business | The Guardian](#)

⁷⁴[20200930 EPC FinalReport AJustCapital.pdf \(edinburghpovertycommission.org.uk\)](#)

⁷⁵<https://www.vocal.org.uk/wp-content/uploads/2021/11/Edinburgh-Report-2021.pdf>



40% of respondents in 2017 and 39% in 2021 expressing difficulties talking about how caring affects them financially. This highlights the need for carer support staff to be adept at sensitively opening conversations regarding finances.

Only 32% of respondents felt confident applying for financial support in 2017 and this dropped to just 25% in 2021. 35% of respondents agreed in 2017 that they had enough financial support, but this share of respondents reduced to just 27% in 2021.

Carers will therefore be more likely need to apply for welfare benefits for financial support. They will require specialist accessible information and advice to support them in this process.

Poverty and associated challenges such as stress, anxiety, health problems and debt, are further exacerbated by the current cost of living crisis. Carers face dramatic increases in fuel and food bills with little to no additional income.

The impact of the current cost of living crisis has been well documented. Citizens Advice research confirms that more people than ever will seek access to advice, information and additional supports. *'More people will be hitting crisis point'*⁷⁶

Carers UK research confirms that unpaid carers are now facing unprecedented financial challenges in light of the UK's cost of living crisis⁷⁷. *'Thousands of carers are now having to make extremely difficult choices about whether they eat or heat their homes. Many cannot afford both. Others are having to get into debt to manage their living costs or are turning to foodbanks and other means of support to cope.'*

This challenges the resilience of carers and sustainability of caring relationships, with increased risks of carers breaking down and being unable to continue caring.

Financial welfare support must also include carer support with Power of Attorney and Guardianship, through surgery appointments to provide information on Power of Attorney welfare and financial powers over another's finances where that person is deemed to have incapacity to make decisions. Many carers require financial support to meet the cost of POA and Guardianship procedures.

Edinburgh has a solid base for expanding welfare benefit and income maximisation support - including FAIR and the Action Group being accredited to the Scottish National Standards for information and advice providers. The advice provided includes representation up to independent tribunal level. This accreditation demonstrate that carers have access to the highest standard of advice. There is scope to further share expertise and resources in this area.

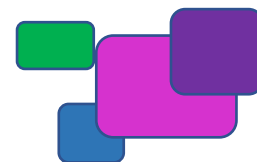
21-22, Fair, The Action Group and VOCAL (whose advice services assist carers and people with disabilities) generated over two million, eight hundred and Fifty thousand pounds for Edinburgh households.

The availability of replacement care is also critical to carer social inclusion and carer wellbeing. **Insert research to evidence this.** Many day and respite services were suspended during the Covid 19 pandemic and are still to be re-instated. Overnight respite packages were cancelled during the pandemic and have since been permanently cancelled without carer consent. This has had a hugely detrimental impact on carers.

With the current social care staffing crisis, new packages of support are not being created. Currently, a carers willingness and ability to care has little influence over their circumstances, leaving many carers at breaking point. **Insert evidence and quotes**

⁷⁶ <https://wearecitizensadvice.org.uk/our-new-cost-of-living-dashboard-the-crisis-were-seeing-unfold-aac74fb98713>

⁷⁷ <https://www.carersuk.org/for-professionals/policy/policy-library/under-pressure-caring-and-the-cost-of-living-crisis>



Social & Financial Inclusion: Intended National Outcomes

Strategic Outcomes:

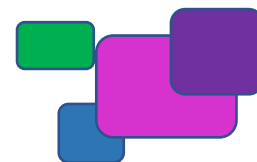
- That the social and economic contribution, impacts and scale of caring are recognised, understood and reflected in local and national policy making across all areas
- All Carers are able to access the financial support and assistance to which they are entitled.
- All Carers are able to take up or maintain employment and education alongside caring if they wish to do so
- Young Adult Carers are supported when transitioning from education to training and work while balancing an ongoing caring role.
- Carers can participate in and are valued by their community and wider society

Organisational Outcomes

- Edinburgh support agencies collaborate well on all aspects of financial planning for carers
- Carer support workers are confident about how to ask carers about their financial circumstances and connecting them to appropriate supports (such as income maximisation and debt advice services)
- Carer organisations report increased capacity to address economic wellbeing challenges arising from the cost of living emergency regardless of carer age/ situation

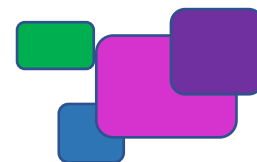
Personal Outcomes

- All adult Carers report they are well informed of their rights and access to financial support
- All adult Carers report they are supported towards work and in employment
- All Adult Carers have access to the replacement care that they need, to enable them to work and have meaningful social connections
- All adult Carers report economic wellbeing



Social & Financial Inclusion: How Edinburgh will meet the National Outcomes

<p>Social & Financial Inclusion National Outcome : 1</p> <p>“That the social and economic contribution, impacts and scale of caring are recognised, understood and reflected in local and national policy making across all areas”</p>	EJCS Priority
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> • Train practitioners and carer support staff to embed conversations about financial wellbeing, in all carer conversations and Adult Carer Support planning so that carers are connected to appropriate income maximisation and debt advice supports 	1,2,3,6
<p>Social & Financial Inclusion National Outcome : 2</p> <p>“Carers are able to access the financial support and assistance to which they are entitled.”</p>	EJCS Priority
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> • Extend the focus on identifying and supporting all adult carers to advice and support agencies across the city – e.g. food banks; food initiatives, housing agencies, housing associations – in line with CEC policy • Raise carers awareness of their rights to financial support under existing and new Social Security Scotland benefits, regardless of their age • Increase direct grant funds for energy and food support for carers • Consider this outcome in the development of a Young Adult Carer Action Plan 	1,2,3,5
<p>Social & Financial Inclusion National Outcome : 3</p> <p>“Carers are able to take up or maintain employment and education alongside caring if they wish to do so”</p>	EJCS Priority
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> • Increase the number of income maximisation advisers to help address cost of living emergency • Consider how developments around replacement care may help all adult carers maintain and re-enter paid employment and have meaningful social connections • CEC pledge to only contract carer positive organisations, that can demonstrate they have flexible working contracts for carers and carer-supportive practices • Consider this outcome in the development of a Young Adult Carer Action Plan 	1,2,3,5
<p>Social & Financial Inclusion National Outcome : 4</p> <p>“Carers can participate in and are valued by their community and wider society”</p>	EJCS Priority
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> • See replacement care action above - to enable carers to participate fully in their community and wider society and consider this outcome in the development of a Young Adult Carer action plan 	2,4,5



National Theme 5 - Young Carers

In Edinburgh, our work continues to be underpinned by the Getting It Right For Every Child (GIRFEC) approach in order to improve outcomes for young carers and support their wellbeing, by offering timely and relevant supports. We see young carers as children and young people first and foremost and recognise them as unique individuals, each entitled to find and reach their full potential. Caring responsibilities can occur at any time in a child or young person's life and the impact can be far reaching. Early identification is key to ensure young carers with these responsibilities receive appropriate support, whilst protecting them from any inappropriate roles that could negatively impact their wellbeing.

The Edinburgh Young Carers Collaborative was established in October 2020 and is comprised of three young carer support services who collectively support young carers across the city, working closely with education, health, social care and third sector services. The pandemic understandably created challenges both in terms of both provision of, and access to supports for young carers. However the Young Carers Collaborative adapted their response to ensure that young carers and their families continued to receive a high level of specialist support, utilising technology to maintain both individual and group support. As normal service has resumed, we have continued to use technology to extend the reach of the support delivered, particularly for those young carers who may struggle to access face-to-face opportunities.

The collaborative identified and supported 554 young carers across Edinburgh in 2021, 6 months later a total of 649 young carers were being supported and this number continues to rise each month.

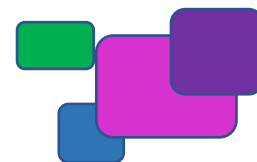
Nationally we recognise there are many young carers who struggle to identify as young carers, either through lack of awareness or choice. As a city, we are committed in our efforts to raise awareness amongst both young people themselves and the adults in their lives to support early identification, ensuring that young carers rights and availability of supports are well understood in allowing informed choices to be made. In this strategy we have aligned our strategic outcomes with those from each of the relevant sections in the national strategy and included an additional local strategic outcome in relation to supporting young carers in schools.

5.1 Recognising, Valuing and Involving Young Carers

We recognise, value and involve young carers in their caring and life journey. The approaches, principles and values embedded in GIRFEC serve to strengthen the wellbeing of young carers placing their rights, their views and their unique circumstances at the centre to ensure decisions in their best interests are made jointly with them.

The Edinburgh Young Carer Collaborative has ensured young carers are able to access good quality, age-appropriate information and advice using a range of media and that they are well informed about their rights and how to access support through their local young carer centre.

Young carers feel that their experiences and knowledge in relation to the cared-for person are often overlooked by professionals leaving them feeling excluded and undermined. (McAndrew, Warne, Fallon and Moran, 2012). With the continued support of their local young carer service and the implementation of Young Carer Statements and Adult Carer Support Plans, young carers across



Edinburgh are now involved in support planning and have choice and options in meeting their needs and the person they care for.

Throughout the pandemic we have continued to consult with young carers and the organisations supporting them about the issues they face, and how best we can help them. Young carers told us they needed more personalised individual support during this time, therefore we provided 1351 one to one support sessions for young carers. Access to local young carers service has been of great benefit to young carers, and since the pandemic many of these services are utilising technology to reach out and provide support. During the pandemic the Collaborative provided young carers with a total of 33 laptops, 30 iPads and 76 tablets, as well as 30 mobile phone top-ups and 60 Wi-Fi boosters. We provided 691 digital and face-to-face respite groups across the city.

There are also opportunities locally and nationally for young carers to be involved in decisions that affect them. This includes the Scottish Youth Parliament, a youth-led democratic organisation where young carers can get involved in consultations and parliamentary motions. Young carers from Edinburgh will also participate in the national Scottish Young Carers Festival. The Edinburgh Young Carers Collaborative have established a young carers/young adult carers forum to provide the opportunity to have their say and take-action on what matters to them from an Edinburgh perspective. Carer Centres across Scotland can get involved in the 'Carers Parliament - Cross-party group' with its purpose being to ensure equality of opportunity for unpaid carers in Scotland by liaising with carers' organisations, lobbying the Scottish Government and promoting legislation on unpaid carers' behalf. Any relevant Scottish policy changes or decisions relating to Young Carers across Scotland will benefit Young Carers in Edinburgh.

Recognising, Valuing and Involving Young Carers: Intended National Outcomes

Strategic Outcomes:

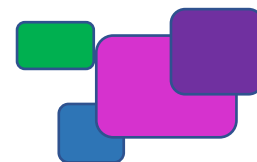
- Young carers are recognised, and their contribution is understood and valued by society
- Young carer voices are heard, and their views and experiences are taken into account in decisions which affect them

Organisational Outcomes

- Education, health, social care and third sector services work in partnership to identify young carers and provide a range of appropriate support opportunities
- Young carers are at the centre of shaping services, support planning and decision making for themselves and the people they care for

Personal Outcomes

- Young carers report increased feelings of being "included" and "respected" with regards to their involvement in decisions affecting their own, and the cared-for person's, wellbeing, evidenced through their Young Carer Statement and statement reviews



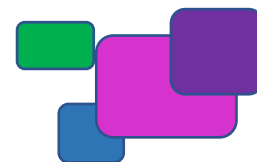
Recognising, Valuing and Involving Young Carers: How Edinburgh will meet the National Outcomes

Recognising, valuing and involving young carers National Outcome: “Young Carers are recognised and their contribution is understood and valued by society”	EJCS Priority
In Edinburgh we will... <ul style="list-style-type: none"> • Raise awareness of children’s rights in line with the UNCRC (Incorporation) (Scotland) Bill 2021 and support others to take a child rights-based approach to policy and practice on behalf of young carers • Ensure that there is young carer representation from Edinburgh on the ‘Carers Parliament-Cross-Party’ group, the Scottish Young Carers Festival, and that young carers have the opportunity to get involved in the Scottish Youth Parliament and the Young Carer/Young Adult Carer Forum. • Engage young carers in the planning and shaping of services. 	5
Recognising, valuing, and involving young carers National Outcome: “Young carer voices are heard, and their views and experiences are taken into account in decisions which affect them ”	EJCS Priority
In Edinburgh we will... <ul style="list-style-type: none"> • Continue to apply the principles of GIRFEC in our work with young carers to support their wellbeing • Involve young carers in decisions made about them through the implementation of young carer statements 	5,6

5.2 Young Carers: Health and Social Care

Over the past three years of the Edinburgh Joint Carers Strategy, young carers in Edinburgh have had their rights under the Carers (Scotland) Act 2016 developed and delivered. In particular, young carers, third sector partners and City of Edinburgh Council have worked together to create new paperwork and processes for the Young Carer Statement, an outcomes-based conversation model and action plan that puts young carers at the centre of their wellbeing and support choices. Since 2021, the Edinburgh Young Carer Collaborative have been offering Young Carer Statements to young carers aged 5 – 18 years across the city. As of October 2022, we have completed 309 young carers statements and offered a further 423 with more underway. The Young Carer Statements have supported young carers to identify their own personal outcomes and support action plans, linked to the Wellbeing Indicators. Furthermore, we have responded to the introduction of the Carers (Scotland) Act 2016 Terminal Illness Directions to ensure young carers are supported with a Young Carer Statement in a timely fashion through these most difficult of times.

We have continued to support the emotional wellbeing and mental health of young carers across Edinburgh. Many young carers reported a decline in their mental wellbeing throughout the pandemic and resulting lockdown period due to anxiety, isolation and the intensity of caring roles, without the regular respite of school, short-breaks or replacement care. This continues to be a major presenting issue in this recovery period. In research by the Carers Trust Scotland, 45% of young carers say their mental health is worse than it was before the pandemic began and 40% feel overwhelmed by



the pressures they are now facing which is having an inevitable impact on their mental health and wellbeing⁷⁸.

During lockdown periods, the Edinburgh Young Carer Collaborative continued to provide 1-1 emotional support through texts, phone calls, video calls and online group sessions, at a time when young carers had little else in the way of respite. By working in partnership with schools during home learning, young carers and their families had check-ins, time to talk with professionals, access to food vouchers, hot meals and grants for electronic devices, collectively helping to alleviate financial burdens, technology poverty and feelings of isolation which were leading to poor mental health. We were also able to provide young carers and their families with activity packs, science packs, self-care and wellbeing boxes, winter clothing and Christmas gifts. As restrictions eased, “walk and talk” support sessions were re-established alongside therapeutic counselling and wellbeing groups. These included *Happy Heids* for young carers under 9 years old, and *Its Ok Not to Be Ok*, for young carers aged 10-12 years.

Over £300, 000 was made available to support children and young people across the city through Phase One of the Community Mental Health and Wellbeing Fund. Some of these funds were awarded directly to support young carers, through extending the provision of the counselling service to young carers in the South West of the City.

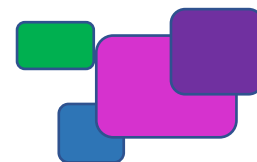
To reduce isolation and support emotional wellbeing, young carers have been able to access Time to Live and Young Carer Fund Grants. These grants have been personalised to the young carers’ needs, and have funded short-breaks, resources and experiences which have provided them with opportunities to have a break from caring, and thus feel better equipped to balance their caring roles with their interests in their wider lives. Access to such grants and funds and the personal approaches to short breaks that they provide, will remain critical as we support young carers and their families through the cost-of-living crisis.

Requests for support for young carers has risen across the city compared to pre-pandemic with a notable increase in referrals for children and young people who are taking on an inappropriate caring role. This may be as a result of difficulties with parenting roles, or where there are wider wellbeing and safeguarding concerns. Third sector and statutory services have been working together to support young carers and their families to access the right support at the right time, with an emphasis on early intervention and prevention. Over the lifetime of this Joint Carers Strategy, we must continue to ensure families have access to the right supports to remove inappropriate caring roles and prevent harm.

As part of the Health and Social Care Partnership, the Edinburgh Carer Support Team provide ‘Carer Champion’ training to frontline health professionals to ensure they are equipped to recognise and identify young carers in their professional settings and are confident in the conversations they are having about onward referrals and supports. This training has helped to reduce the stigma around disclosing caring situations to GP’s and other health professionals, as well as facilitating identification of young carers across Edinburgh.

We must extend this good practice and ensure we are involving young carers in the health pathways of the cared-for person, including, but not limited to age-appropriate involvement in needs assessments, support plans and hospital discharge. Young carers currently report that they are ‘overlooked’ when it comes to decisions around the cared for person, and in a review of the needs of

⁷⁸ <https://carers.org/resources/all-resources/109-2020-vision-hear-me-see-me-support-me-and-donot-forget-me>



sibling young carers in Edinburgh, one young carer said that one of the difficult things about caring for his brother was “*professionals not taking you seriously as a carer – listening to your parents more than you*”.ⁱ

Over the past three of the Edinburgh Joint Carers Strategy, offers of support have been tailored to meet the needs of particularly vulnerable young carers. Across the city’s localities, young carers impacted by parental substance use can access practical and emotional support, as well as short-breaks and core-skill groups (such as swimming lessons, literacy groups and bike-ability) from the Edinburgh Young Carer Collaborative. Alongside Minority Ethnic Carers of People Project and the Multi-Cultural Family Base, they provide support for Black and Minority Ethnic (BAME) young carers, who may struggle to access support. It is widely acknowledged that people from BAME communities have been more greatly affected by COVID-19. As such, supporting BAME young carers and their families will continue to be a priority in this pandemic recovery period.

Health and Social Care Young Carers: Intended National Outcomes

Strategic Outcomes:

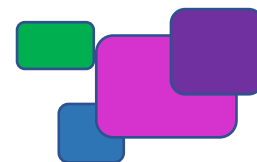
- Young carers who provide unpaid care are supported to look after their own health & wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing
- Young carers are supported and protected from inappropriate caring and negative impacts on their education, social lives, and future opportunities

Organisational Outcomes:

- Education, health and social care and third sector services work in partnership to provide a range of age and stage appropriate support opportunities

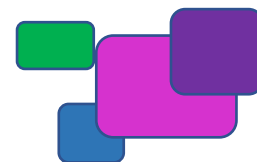
Personal Outcomes:

- Young carers are supported to look after their physical, emotional and mental wellbeing
- Young carers report improved physical, emotional and mental wellbeing
- Young carers will be aware of their option to no longer provide care and will be supported with this choice



Health and Social Care Young Carers: How Edinburgh will meet the National Outcomes

<p>Health and social care for young carers National Outcome:</p> <p>“Young carers who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing”</p>	<p>EJCS Priority</p>
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> • Ensure all health and social care staff have the skills, knowledge and confidence to identify, support and involve young carers in line with the Carers (Scotland) Act 2016 • Ensure all workforces across Edinburgh adopt a trauma-informed approach to increase services’ abilities to support the emotional health and wellbeing of all young carers • Work together to further develop our offer of health and wellbeing supports that are flexible and meet need depending on young carers personal circumstances, for example; 1:1, group, emotional support and/or counselling and digital supports and support for minority communities • Provide young carers with more access to early and meaningful supports for their mental health and wellbeing • Continue to deliver and enforce young carers’ rights as adopted by the Carers (Scotland) Act 2016 and the UNCRC (Incorporation) (Scotland) Bill 2021, with a focus on ensuring all young carers are offered a Young Carer Statement, and have the knowledge (and support thereafter) that they can choose to stop caring at any point in their caring role • Through the Young Carer Statement pathway, offer every identified young carer appropriate support with Emergency Planning • Through relevant information and advice provision, ensure young carers know what they need to in a way that is accessible to them e.g. about their caring role, short breaks, the cared-for person’s health needs, their own health needs, FE/HE, employment and training, digital safety, healthy relationships, access to C Card, LGBT issues, and others • Make young carers <i>Equal Partners in Care</i> by actively listening and involving them in age-appropriate ways in the decisions and health pathways of the cared-for person(s) including but not limited to involvement in needs assessments, support plans and hospital discharge • Recognise the unique needs and impacts of key groups of young carers, including but not limited to, young carers caring for parents with substance use problems, sibling young carers and BAME young carers. We will work with young carers, families and key partners to ensure the support is relevant and provide training so that all professionals are aware of their roles in identifying and supporting these hard to reach groups. 	<p>2,3,4,5,6</p>



Health and social care for young carers National Outcome: “Young carers are supported and protected from inappropriate caring and negative impacts on their education, social lives and future opportunities	EJCS Priority
In Edinburgh we will... <ul style="list-style-type: none"> • Ensure all young carers are prevented from taking on inappropriate caring roles and are protected from harm, by continuing to work in partnership to intervene quickly and adopt appropriate family supports when concerns are raised. • Act immediately for those children and young people who are at risk of harm, in line with local multi-agency child protection guidelines. • Collect and report on inappropriate referrals to young carer services so that we can develop a view of unmet carer need across the city which will inform ongoing and future planning with health and social care colleagues 	3,5,6

5.3 Young Carers: Support in Schools

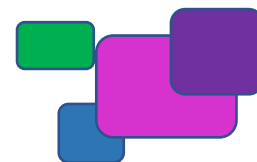
Schools by their very nature play a crucial role in supporting young carers due to the daily contact they have with children and young people. Through direct contact with school staff and pupils, the Edinburgh Young Carer Collaborative have helped raise awareness of young carers, and in particular the potential for increased or new caring roles that have developed during the pandemic. This work has included:

- Staff training, both at a school establishment and city-wide level aimed to increase knowledge of how to identify young carers, their rights and available supports
- The delivery of assemblies and workshops across both primary and secondary sectors that allows pupils to understand the role of the young carer, how they can be impacted, support available, and importantly to self-identify
- Facilitating a Young Carer Co-ordinator Network that meets termly for the 145 young carer coordinators currently identified across both local authority and independent schools, allowing school representatives to network, share best practice and find out about further supports and resources

In March 2022, over 400 education staff across the city accessed training opportunities delivered by the Edinburgh Young Carer Collaborative in the previous 6 months, with almost 8000 school pupils having engaged in awareness raising assemblies and workshops during the same period.

Collectively this work has been crucial in identifying young carers and raising awareness of their rights, whilst also ensuring school staff have the skills and confidence to support young carers in their classroom. Through this education of their peers and highlighting the needs of young carers, it is hoped we can continue to reduce the feelings of isolation, stigmatisation and bullying that young carers report.

We must continue with this work to ensure we are identifying young carers in a timely way in school and that through application of the GIRFEC approach which is embedded in schools we are supporting and promoting their wellbeing by making sure they have the right support when they need it. Increasing the number of young carers statements being offered will be key to this. A robust system is in place in Edinburgh for tracking attendance and attainment data in schools which also ensures needs can be identified early and relevant supports considered.



Following a collaborative event with young carers in Edinburgh in July 2021, Good Practice Guidelines for Supporting Young Carers in schools has been created and shared with all schools. We need to ensure all schools embed these guidelines into their practice and have policies in place that demonstrate their commitment to identifying and supporting young carers.

The 'We Care Schools for Young Carers' Award has been developed by Edinburgh Young Carers to recognise and reward good practice around identifying and supporting young carers in school in Edinburgh, and across Scotland. By developing approaches, policies and through regular self-evaluation, schools taking part in We Care will ensure young carers are supported in achieving their identified personal outcomes and the barriers they may be facing in accessing a full education will be reduced or removed. Three award levels are available in recognition of the personal journey each school is on. To date (September 2022) 22 schools across Edinburgh have registered to participate, with 6 schools across primary, secondary and independent sectors having achieved awards across the different levels.

In accordance with the Education (Additional Support for Learning) (Scotland) Act 2004, the additional support needs of young carers are considered and where appropriate support is put in place. Transition planning is core to these considerations, with particular reference to the transition to high school and to post-school decisions. We must ensure that we actively engage young carers in their planning and that information sharing is done so sensitively and in sufficient time to ensure they receive access to appropriate supports and services depending on individual need.

Support in Schools: Intended National Outcomes

Strategic Outcomes:

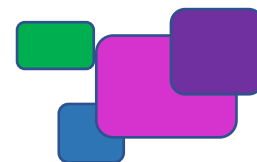
- Young carers are recognised and identified in schools and receive appropriate support to meet their needs
- Young adult carers are supported when transitioning from education to training and work while balancing an ongoing caring role

Organisational Outcomes

- Education staff will have the skills, knowledge and confidence to identify, support and involve young carers in line with the Carers Act
- By providing accessible information and raising awareness of young carers across school sectors, young carers will be supported to identify themselves
- Via the GIRFEC approach and young carers statements, education staff will work in partnership with young carers, their families and relevant support services to meet the young carer's wellbeing needs

Personal Outcomes

- Young carers will report positive outcomes via the wellbeing indicators (safe, healthy, achieving, nurtured, active, respected, responsible, included)
- Young carers are supported at key transition points in their lives



Support in Schools: How Edinburgh will meet the **National** Outcomes

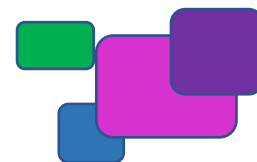
Support in Schools <u>Local</u> Strategic Outcome :	EJCS Priority
“Young carers will be recognised and identified in schools and receive appropriate support to meet their needs”	
In Edinburgh we will.... <ul style="list-style-type: none"> Record all young carers on SEEMiS when they have been identified and ensure they have been offered a young carer statement Ensure all schools have participated in awareness raising training to identify and support young carers Record and monitor reported incidents of bullying across young carers and act immediately Through GIRFEC planning, the young carer statements and regular monitoring of attendance and attainment data ensure a holistic approach is taken to meeting the needs of young carers in schools and ensuring they have access to appropriate and timely supports. Ensure all schools are implementing the Good Practice Guidelines to support young carers Encourage more schools to participate in, and in turn ‘We Care’ awards to recognise and support young carers in their school and wider community 	1,2,3,5

Support in Schools National Outcome :	EJCS Priority
“Young adult carers are supported when transitioning from education to training and work while balancing an ongoing caring role”	
In Edinburgh we will.... <ul style="list-style-type: none"> Through partnership working, support young carers at key transition points in their life Ensure information shared at transition times is done sensitive and in sufficient time to allow for planning and appropriate supports to be identified and accessed 	1,2,3,5

5.4 Young Carers: Social and financial inclusion

Young carers deserve to be able to live a full life and to be children first, which includes time for socially connecting. During the pandemic, research from Carers Trust in Scotland found that ‘74% of young carers and 73% of young adult carers in Scotland are feeling less connected to others since Coronavirus’⁷⁹. Lack of connection to others socially leads to poorer mental health outcomes for many young carers, such as feelings of isolation, loneliness, and hopelessness. Therefore, it is vital for support to be put in place for young carers so they can feel better connected now and continue to in the years ahead.

⁷⁹ <https://carers.org/what-we-do/our-survey-on-the-impact-of-coronavirus-on-young-carers-and-young-adult-carers->



Young carers are aged 5-18 years therefore having access to adequate and affordable transport is essential in order for them to attend the supports provided to them. It can be particularly challenging for those young carers who live in rural communities on the outskirts of the city.

Schools are key in providing opportunities for social inclusion, however during school holiday times low-income families experience increased financial pressures to provide food and activities. The Scottish Government made funding available to local authorities for the targeted provision of a Summer 2022 Holiday Programme offering coordinated access to activities, childcare and food for children age 5-14 from low income families. Young carers were listed as a priority area within this funding, therefore there is a recognised need in the City of Edinburgh for young people with caring responsibilities to have access to support during holiday time.

The City of Edinburgh have committed to providing all young people aged primary 6 to S6 with devices⁸⁰. This commitment is particularly important for young carers as it will mean they can use technology at home to access aspects of learning at times that may suit them better and making the likes of homework more accessible, whilst also creating more potential for virtual learning experiences if required.

The Edinburgh Poverty commission states: 'Levels of poverty are particularly high among families with children. In Edinburgh an estimated 23% of children grow up in relative poverty. In some areas this rate rises to more than 1 in 3 of all children. These areas rank among the highest levels of child poverty recorded anywhere in Scotland.'⁸¹ Young carers are disadvantaged and are amongst the 1 in 3 children living in poverty due to the increased likelihood of them living in households of worklessness and limited access to disposable income. Young carer grants can be accessed via their young carers statement and various other financial benefits in the city, for example, Edinburgh clothing grants, School uniform grants, EMA, Young Scot for free travel and Young Scot young carer packages.

Young Carers Social and Financial Inclusion: Intended National Outcomes

Strategic Outcomes:

- Young carers are able to access the financial support and assistance to which they are entitled
- Young carers can participate in and are valued by their community and wider society

Organisational Outcomes

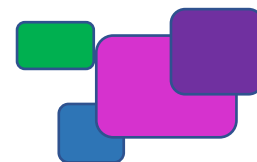
- Staff across education, health, social care and third sector services in Edinburgh will have access to appropriate information to enable them to support young carers access financial support and assistance
- Staff across education, health, social care and third sector services in Edinburgh will work in partnership to remove barriers for young carers in accessing social opportunities

Personal Outcomes

- Young carers will report they are well informed of their rights and able to access relevant financial support
- Young carers will have access to appropriate supports and opportunities to allow them to have a life outside and/or alongside their caring role and develop meaningful social connections

⁸⁰ <https://digitaleducationteam.com/>

⁸¹ <https://edinburghpovertycommission.org.uk/poverty-in-edinburgh/>



Young Carers Social and Financial Inclusion: How Edinburgh will meet the National Outcomes

Social & Financial Inclusion National Outcome : “Young carers are able to access the financial support and assistance to which they are entitled”	EJCS Priority
In Edinburgh we will.... <ul style="list-style-type: none"> • Provide support to access short break opportunities away from home (locally and nationally ie SYCF) • Ensure all young carers have access to transport to allow them to attend support opportunities • Provide information and access to financial grants and opportunities (including young carer grants, EMA, Young Scot Package, clothing and food grants, free bus travel via Young Scot) 	2,3,5,6

Social & Financial Inclusion National Outcome : “Young carers can participate in and are valued by their community and wider society”	EJCS Priority
In Edinburgh we will.... <ul style="list-style-type: none"> • Support and provide young carers with opportunities to connect with others both professionally and socially • Ensure all young carers have access to digital services 	1,2,3,5



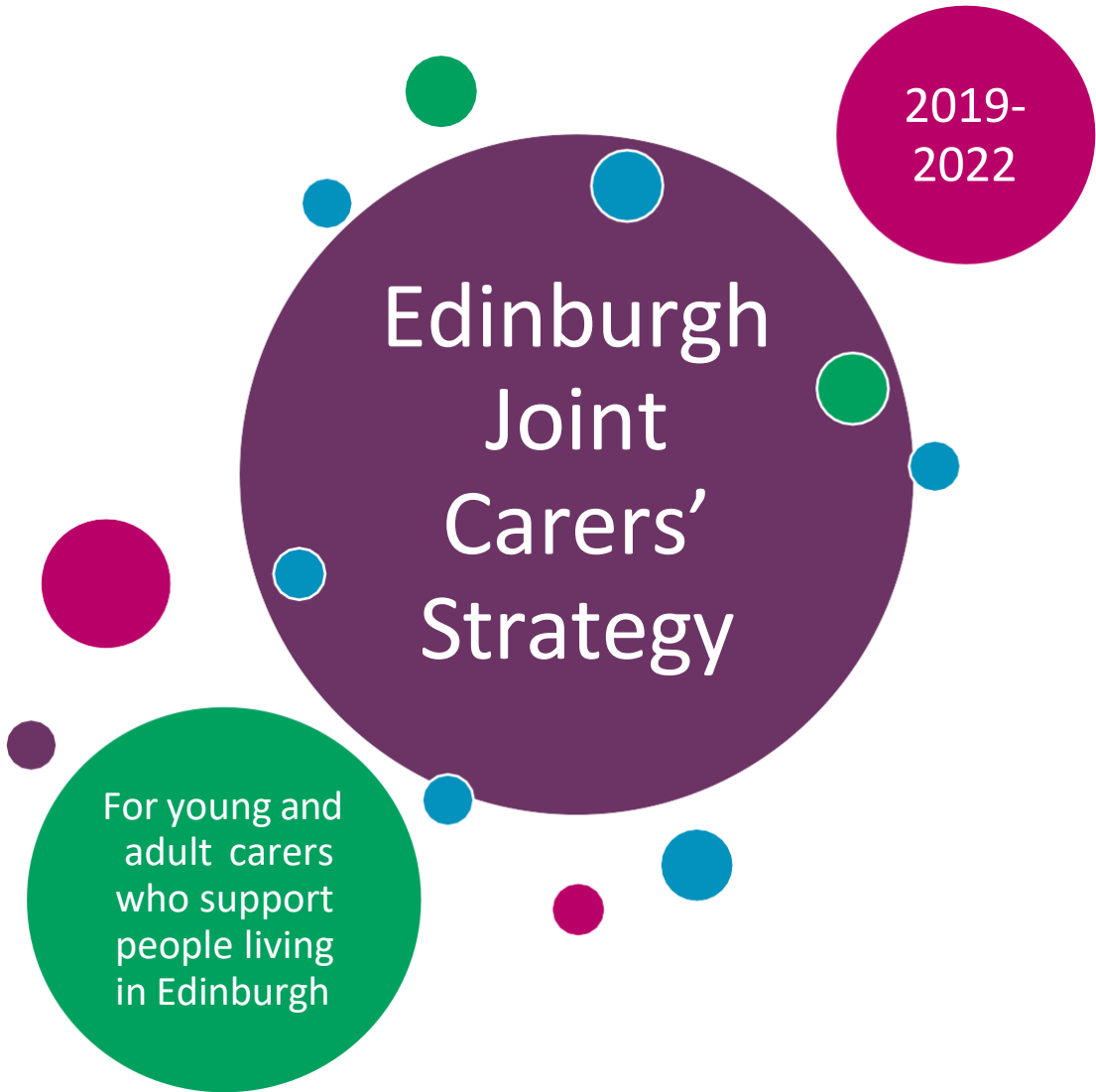
Key Individuals involved in developing the EJCS 2023-2026

- Ruth Hendery – EIJB Carer Representative
- Jo Kirby – Action Group
- Kimberly Swan – FAIR
- Sebastian Fischer - VOCAL
- Ruth McLennan – Care for Carers
- Hugo Whittaker – EVOG
- Kirsty Makay – City of Edinburgh Council
- Amanda Farquharson – SPACE
- Ron Carthy – NW Carers
- Tracy Stewart – Capital Carers
- Kyle Oram - EHSCP

DRAFT

EJCS 2023-2026 Appendix

Appendix 1	EJCS 2019-2022	 Edinburgh-Joint-Carers-Strategy-2019-2
Appendix 2	EJCS 2019-2022 Year 1 Report (Contracted Provision)	 2022 April PD Carers Contracted Pi
Appendix 3	Consultation Plan	 DRAFT Consultation Plan V
Appendix 4	Adult Carer Support Plan leaflet	 ACSP Leaflet.docx
Appendix 5	Adult Carer Support Plan Template	 Adult Carer Support Plan.pdf
Appendix 6	Eligibility Criteria Framework (Adults)	 Edinburgh Eligibility Criteria Ca
Appendix 7	Young Carer Statement Leaflet	 Edinburgh YCS leaflet Interactive Fil
Appendix 8	Young Carer Statement template (Younger Carers)	 Edinburgh YCS Primary School FINA
Appendix 9	Young Carer Statement template (Older Children)	 Edinburgh YCS High School FINAL.p
Appendix 10	Young Carer Statement Guidance (Inc. Eligibility Criteria)	 Young Carers Statement Guidance
Appendix 11	Agreed Spend Plan	 EJCS Spend Plan.docx



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Introduction

“People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

(Scottish Government)

The Edinburgh Health and Social Care Partnership (EHSCP), City of Edinburgh Council and NHS Lothian recognise the crucial contribution young and adult carers make to their communities across Edinburgh. A range of good quality support for all carers needs to be available at the right time and place.

Carers who are supported to carry out their role in a way that supports their own health and wellbeing are key to achieving the EHSCP’s vision to deliver together “a caring, healthier and safer Edinburgh” and Communities and Families vision for all children and young people in Edinburgh to enjoy their childhood and fulfil their potential.

This strategy has been informed by national and local context and outlines, local priorities and associated areas for improvement, outcomes for carers as well as details of the activities needed to achieve them. The strategy will support the EHSCP and Communities and Families to demonstrate impact on Outcome 6 of the National Health and Wellbeing Outcomes;

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being

The strategy continues to focus on six priority areas:

1. Identifying carers
2. Information and Advice
3. Carer health and wellbeing
4. Short Breaks
5. Young carers
6. Personalising support for carers.

It also incorporates the new duties placed on the EHSCP, Local Authority and NHS Lothian by the Carers (Scotland) Act 2016. The strategy has been developed in partnership with the third sector and unpaid carers across Edinburgh and builds on learning from the 2014-2017 Edinburgh Joint Carer Strategy (EJCS), and associated review.

The following section describes the influences that have developed the strategy, with further detail available in Appendix 1

Carers (Scotland) Act 2016

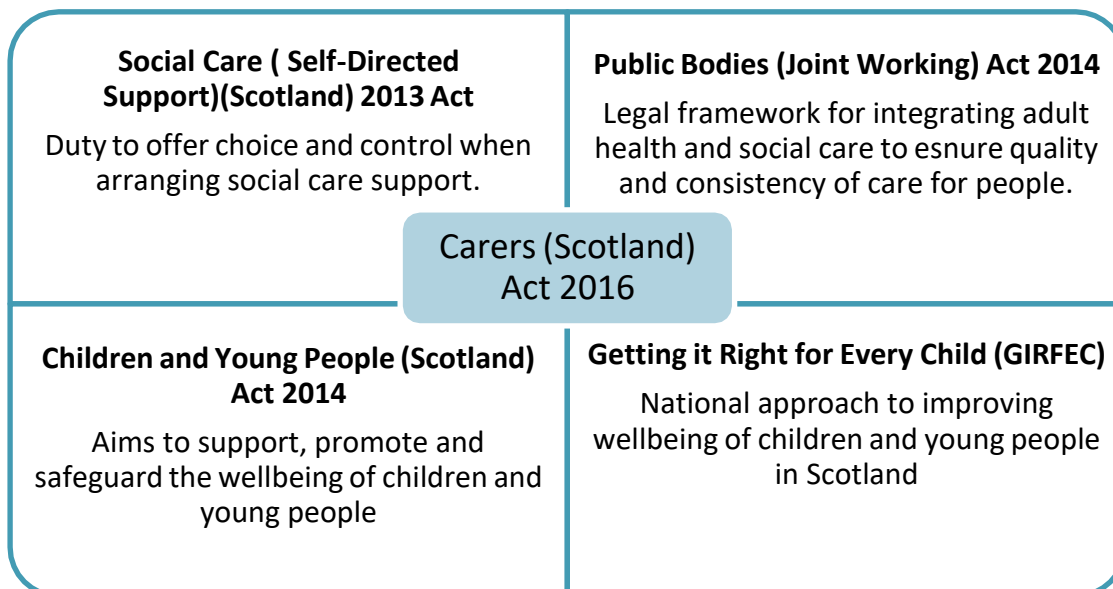
The Carers (Scotland) Act 2016 is designed to support carers' health and wellbeing and help make caring more sustainable. New duties for local authorities from 1 April 2018 include:

- The provision of support to carers, based on the carers' identified needs which meet the local eligibility criteria.
- The offer and preparation of an adult carer support plan and young carer statement to identify carers' needs and personal outcomes.
- The provision of an information and advice service for carers in areas such as; emergency and future care planning, advocacy, income maximisation and carers' rights.

The legislation is accompanied by a [Carers' charter¹](#) which sets out carers' rights under the Act.

In addition to the Carers (Scotland) Act 2016 there is a range of legislation and national policy that impacts on the delivery of this strategy, see fig 1 below.

Fig 1: Summary of national legislation and Policy relating to EJCS 2019-2022



¹ <https://www.gov.scot/publications/carers-charter/>

The Edinburgh Integration Joint Board's (EIJB) Strategic Plan 2019-2022²

The strategic plan sets out how health and social care services will evolve over the coming years so the EHSCP is an affordable, sustainable, and trusted health and social care system that takes a person centred, home first approach and optimises partnerships with the third and independent sectors. The plan focuses on four central elements that are mutually supporting:

- The definition of a modern *Edinburgh Offer* between health and social care providers and our citizens,
- The *Three Conversations* approach to facilitate and support people who need help and empower staff. The approach offers three clear and precise ways of interacting with people focusing on what matters to them. It recognises the power of connecting people to the strengths and assets of community networks, and the necessity to work dynamically with people in crisis.
- Continuing to shift the balance of care from hospital services to the community under the banner of *Home First*
- A Transformation Programme which will focus on a broad range of services aimed at rapid redesign.

Carers are recognised as equal partners in care, supporting people of all ages in their own homes and community and in supporting the achievement of the EHSCP's vision.

² https://consultationhub.edinburgh.gov.uk/hsc/draft-strategic-plan-2019-2022/supporting_documents/EIJB%20Draft%20Strategic%20Plan%20201922.pdf

Definition of a Carer

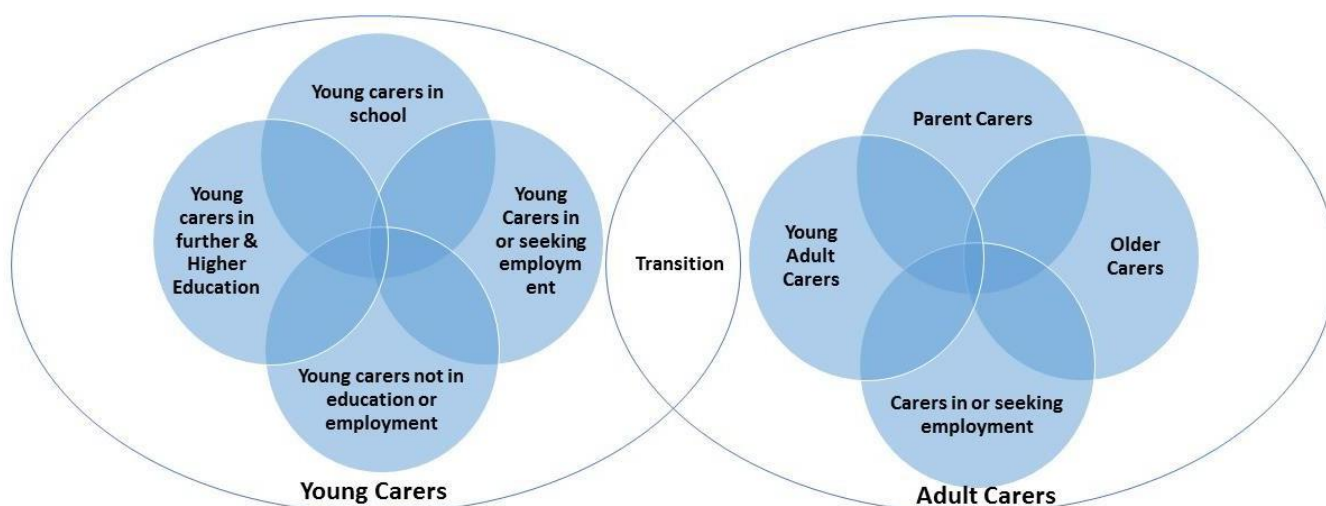
This strategy has adopted the following definition of a carer:

“A carer is ‘a person of any age who provides, or intends to provide, unpaid help and support to a relative, friend or neighbour who cannot manage to live independently without the carer’s help due to frailty, illness, disability, or addiction’.” (Scottish Government 2016)

The Carers (Scotland) Act 2016 distinguishes between young carers and adult carers;

- A young carer is a carer who is under 18 years old or is 18 years old and is still at school.
- An adult carer is a carer who is at least 18 years and not a young carer.

Fig 2: Range of different carer life stages, all of which may have a degree of shared needs and/ or needs specific to their caring situation.



EHSCP also recognises that with these definitions there are a range of needs depending on the life stage of the carer. This strategy aims to encompass the support needs of;

- Young carers who are in school, or further or higher education
- Young carers aged 16-17 who may be in or seeking employment
- Young carers aged 16-17 who may not be in education or employment

- Young adult carers who are aged 18-25, who have needs around the transition from children and young people’s services into adulthood and accessing age appropriate adult supports. Young adult carers also require support to create a life beyond caring and explore opportunities for employment, further education, or moving into their own homes;
- Parent carers who are parents of children who have a disability or additional needs. Evidence shows this group of carers experience disproportionately greater negative impacts of caring than other carers.
- Carers who are managing both a caring role and trying to start, sustain, or return to employment
- Older carers who in addition to caring for someone with support needs may also be managing their own health needs and impacts of ageing.

The service has been a great resource for young people like us; it makes us feel less alone. It is a mature environment where we’re treated like adults and can share our stories and experiences freely and openly.

Young Adult Carer

Having the opportunity to share my problems with families in similar situations, and to give each other mutual support

Parent Carer

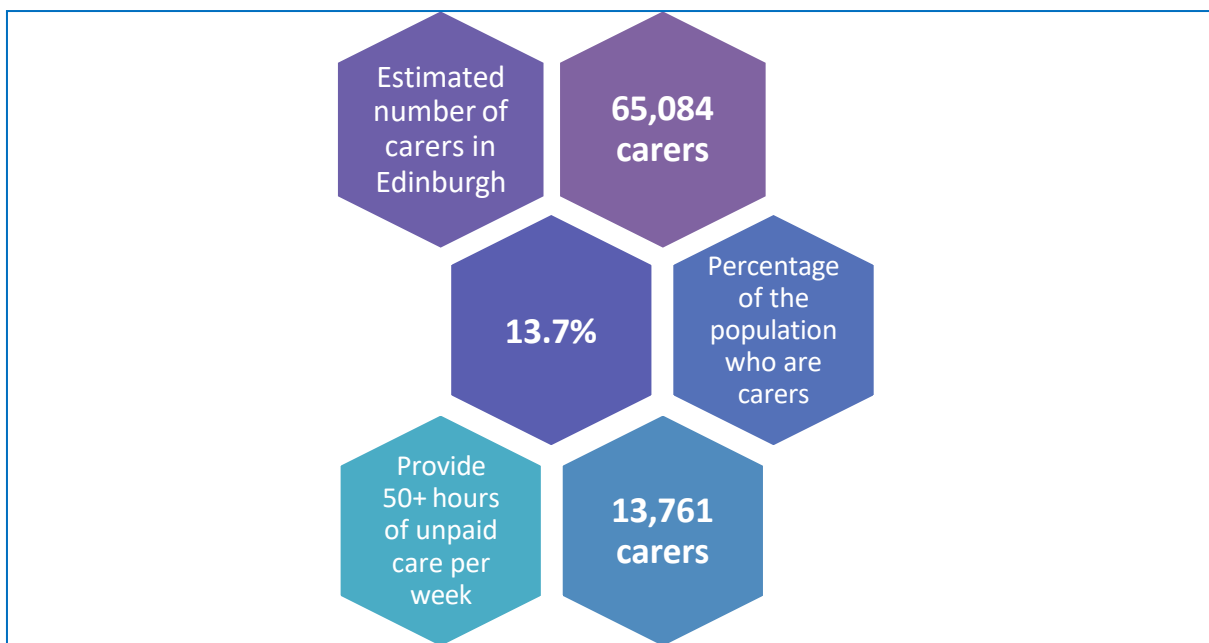
I work but I feel like I need help to sustain my job and look after my daughter to the level I would like.

Carer consultation response

Who are Edinburgh's carers?

The Scottish Health Survey 2016³ estimated that there are 788,000 people caring for a relative, friend or neighbour in Scotland, 44,000 (5.6%), of these people are under the age of 18. It also indicated that a third of carers have reported that caring has a negative impact on their health. The Scottish Household Survey (2011) estimates there are 65,084 carers living in Edinburgh, this is 13.7% of the population.

Fig. 3 Edinburgh's carers, source: Scottish Household Survey 2011

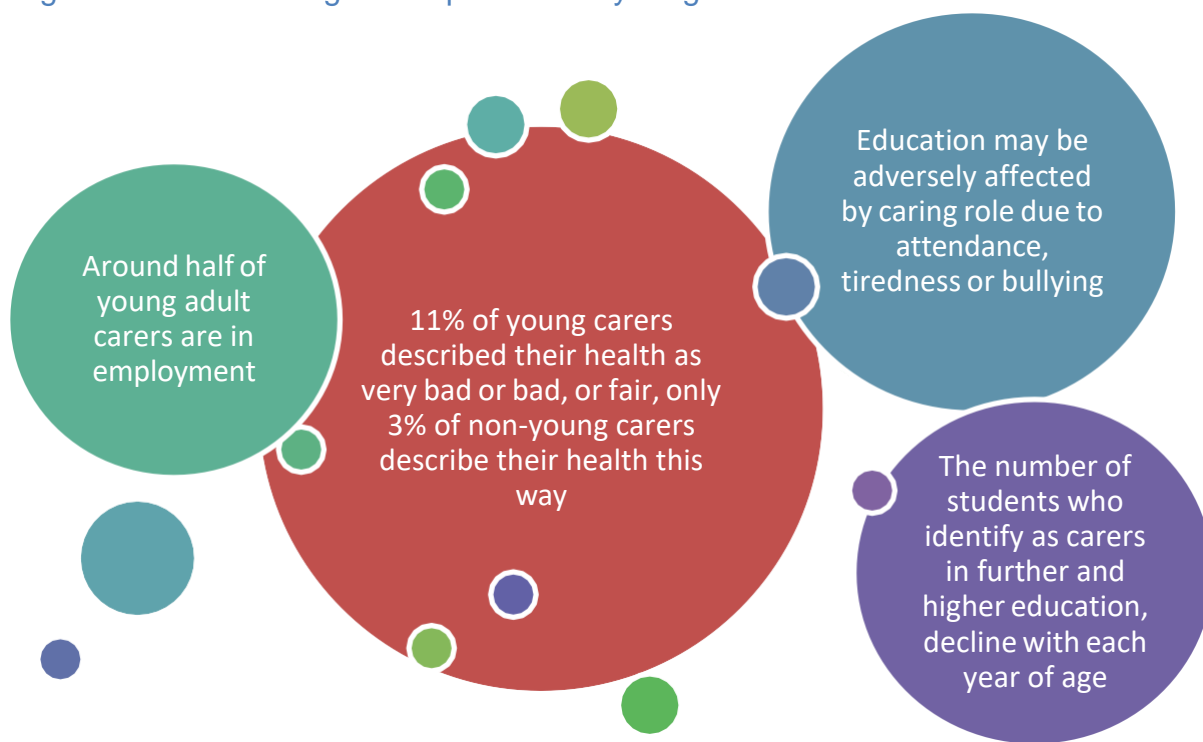


The Scottish Health Survey 2016 provides the best estimate of the number of young carers aged 4-24 for Scotland, 93,000 (7% of the population). In their review of research and data for young carers, the Scottish Government⁴ states 22% of young carers in this age range provided 35 hours or more of unpaid care per week. The report also acknowledges the number of young carers and young adult carers within the Scottish Household Survey are too few to provide any more detailed analysis. The report contains a review of wider research for young carers and the impact caring has on their life. Some of the evidence is summarised in fig 4.

³ The Scottish Health Survey (2016) <https://www.gov.scot/publications/scottish-health-survey-2016-volume-1-main-report/pages/60/>

⁴ <https://www.gov.scot/publications/young-carers-review-research-data/pages/3/>

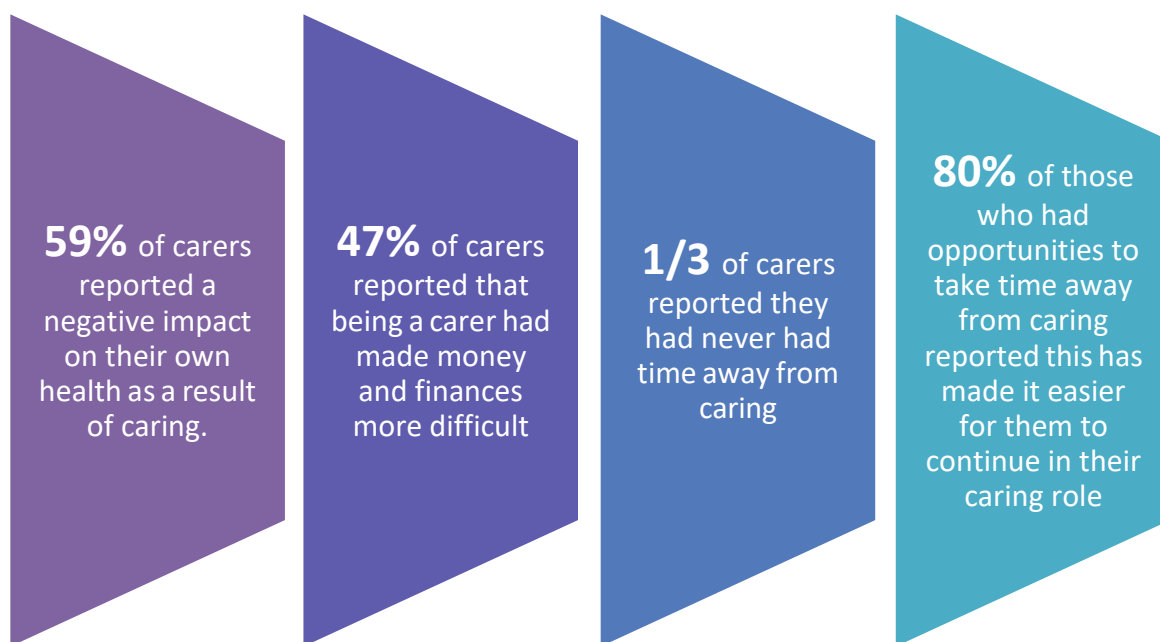
Fig 4: Research findings for experience of young carers.



Voice of Carers Across Lothian (VOCAL) are a local carer support organisation and since 2011, they have carried out a bi-annual survey of unpaid carers in Edinburgh and Lothian. The most recent survey published in March 2018 received responses from 915 carers in Edinburgh⁵ and identified the priority areas listed in fig 4. for carers in Edinburgh. In all these areas carers of children and young adults reported disproportionately greater negative impacts of caring and greater barriers for accessing support than those in other caring situations.

⁵ https://www.vocal.org.uk/wp-content/uploads/2018/03/CarerSurvey2017_Edinburgh.pdf

Fig 5. Priority areas from VOCAL's carer survey March 2018.



The population in Edinburgh is projected to increase faster than any other city in Scotland over the next 20 years. Based on historical trend analysis, the annual population growth for the city is estimated to be between five to six thousand, with those aged 85+ projected to grow by 28% between 2012 and 2022. By 2037, the number of those aged 85+ is set to more than double. The number of people living with Dementia could rise by 61.7% to 11,548 people by 2035. In addition, the proportion of people with two or more long term conditions increases with age, 63% of people aged 75 and over were estimated to have two or more long term conditions in the 2015 Edinburgh Joint Strategic Needs Assessment.⁶

As indicated above, carers are recognised within EIJB's Strategic Plan 2019-2022 as equal partners in care, supporting people of all ages in their own homes and community now and in the future. We expect to see an increase in the number of people who are carers in the city over the coming years as a direct result of predicted changes in Edinburgh's population, and our ability to get better at identifying carers.

⁶ Edinburgh's Joint Strategic Needs Assessment 2015

What have carers told us?

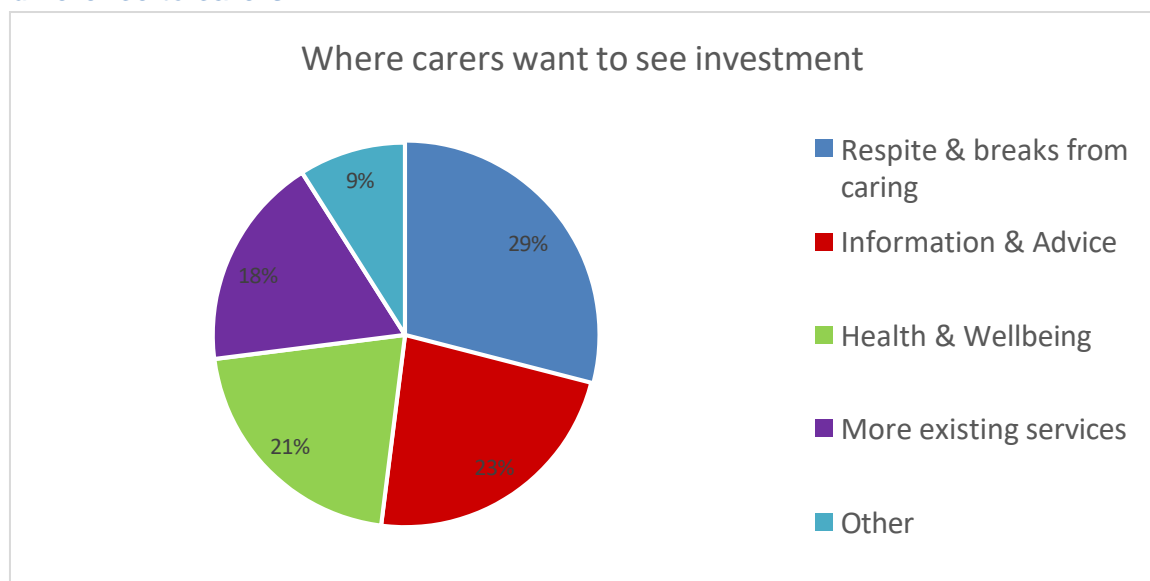
In developing this strategy, a total of 196 carers have participated in some form of engagement, involvement, or consultation. Young carers made up 38% of the responses, and 62% were adult carers. Several themes, that mattered to the people who responded emerged, and have helped shape the strategy and implementation plans.

Fig 5: Themes from consultation with Edinburgh's Carers



When asked where additional investment should be made, those involved highlighted :

Fig 6: Consultation responses to where additional investments will make the most difference to carers.



Guiding Principles

The Edinburgh Carers Strategic Partnership Group alongside the EHSCP and City of Edinburgh Council's Communities and Families Service, will focus on working with young and adult carers to develop supports and services which are personalised and offer choice within the communities where they live. We will support carers as early as possible focussing on what matters to them. This will contribute to managing avoidable differences in people's health (health inequalities) through the Three Conversations approach. The approach recognises the power of connecting people to the strengths and assets of community networks as early as possible, and the necessity to work dynamically with people in crisis.

The delivery of this strategy and associated implementation plans will only be achieved by working with carers themselves, alongside partners in the third sector, education, and health and social care, to support and meet the needs of young and adult carers.

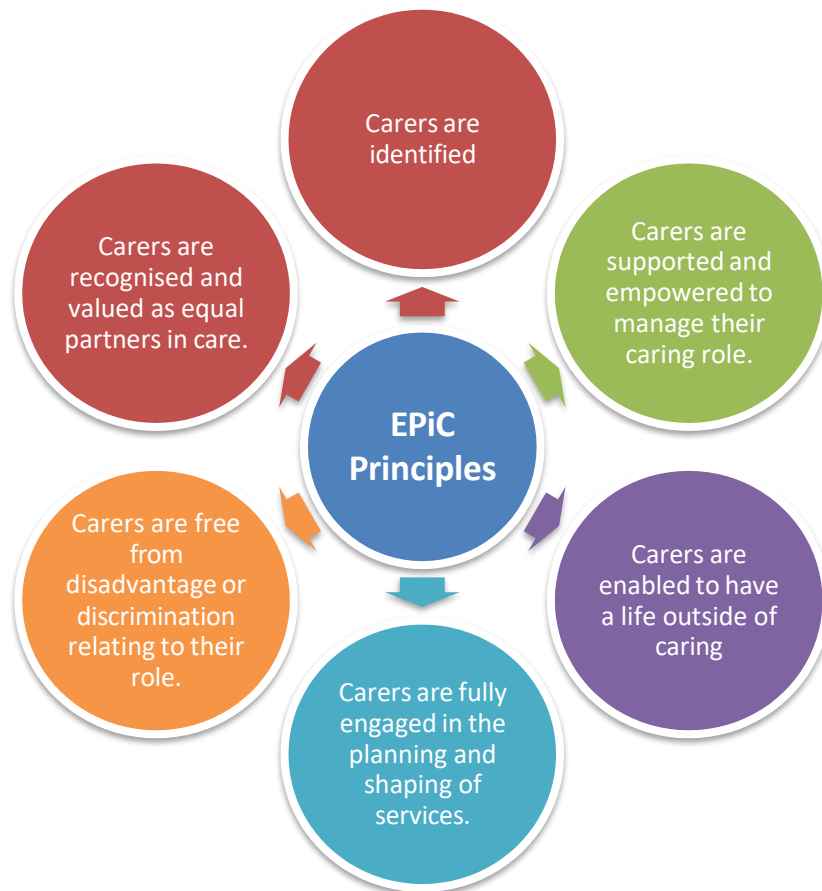
A strong partnership approach is required between young and adult carer services with EHSCP, communities and families and third sector partners to provide appropriate and timely support for carers in transition between children and young peoples services and adult services. This applies to both young adult carers and parent carers.

Furthermore, the strategy aims to embrace the importance of the wide range of agencies, businesses, employers, and communities, who all have a role to play in developing a more carer friendly Edinburgh.

The Edinburgh Health and Social Care Partnership, and Communities and Families Service recognise carers as equal partners in care and support the principles developed in partnership with carers and other stakeholders by Equal Partners in Care (EPiC)⁷.

⁷ <https://www2.gov.scot/Topics/Health/Support-Social-Care/Unpaid-Carers/ProgrammesandInitiatives/Equal-Partners-in-Care>

Fig 7 Equal Partners in Care Principles



I care for my husband and my daughter and know them better than anyone ever would, who just visits for an hour or sees him in hospital. If they had spoken to me about the best solution, together we could have got it right

Carer

Priorities and outcomes for carers in Edinburgh going forward

The Carers (Scotland) Act 2016 is designed to support carers' health and wellbeing and makes provisions for enhanced carers' rights for support in the caring role. The previous sections demonstrate the scale of current and future demand locally for Edinburgh's carers and the impact caring has on carers' lives.


The following pages outline a strategic framework which will enable and deliver improvements for Edinburgh's carers, over the next three years, underpinned by the EPiC principles.

Alongside the 6 key priorities, there are a number of outcomes for carers. The outcomes provide a description of the difference the actions in the strategy will make in carers' lives.

The section that follows provides an overview of some of the key areas we will improve against the 6 priority areas:

1. Identifying carers
2. Information and Advice
3. Carer health and wellbeing
4. Short Breaks
5. Young Carers
6. Personalising support for carers

In Appendix 2 there are two implementation plans, with more detail of how we will work with carers and partners, towards achieving the outcomes for both adult and young carers. This demonstrates the key differences for these groups who have been recognised in the development of this strategy and taken into consideration.



“I just want help to do this without becoming ill myself. I’m happy to do it. I just need things to be a bit easier”

Carer Consultation response 2018

Identifying carers

What is the key challenge?

One of the greatest barriers to offering help and support to carers is that many people do not identify themselves as being in a caring role. This applies to young carers and adult carers alike. Although there has been much work to identify carers the feedback from the carer consultation shows this is still a challenge. The Carers

(Scotland) Act 2016 has broadened the definitions of who a carer is, this will mean there are many more people who are carers but do not identify themselves as such.

Outcomes for Carers

- Carers are identified as close to the start of their caring journey as possible and are connected to opportunities and support

What are we doing already?

The third sector and EHSCP have been working with employers and health and social care staff to raise awareness of who carers are and what support is available.

When carers are identified, they are offered a carers assessment which is completed with a health and social care professional from the EHSCP.

What we need to do to improve

- Continue awareness raising with staff and the public
- Engage with more employers
- Ensure all carers are offered an Adult Carer Support Plan or Young Carer Statement

“You have to know
you’re a carer, and I
didn’t”

*Comment from carer during EVOC
review*

Information and Advice

What is the key challenge?

Carers and those supporting them need to know what their rights are and where to access information that is relevant, up to date and, available when they need it, to make informed decisions. A simple and clear approach for carers to access information when they require it will be developed further to meet the wide range of carers needs.

Economic wellbeing is a significant aspect of this priority. VOCAL's carer survey found that a quarter of respondents had reduced their working hours. This has significant long term financial implications, from impact on household income to pension contributions for later in life.

What are we doing already?

Edinburgh's third sector has been instrumental in providing information and advice services for carers and professionals working in the city. This has included carer training programmes, pamphlets and publications, and financial planning advice and support.

The EHSCP has worked with the Third sector to provide a range of training programmes for carers in topics such as moving and handling, caring for someone living with Dementia and changing relationships.

What we need to do to improve

- Expand our offer of information and advice, acknowledging carers need for support around financial planning and welfare benefits
- Develop digital solutions offering 24/7 information and advice to carers
- Develop and maintain a map of all carer supports

Outcomes for Carers

- Carers know how to connect to information, advice.
- Carers are well informed about their rights and how to access support
- Carers report economic wellbeing

Sometimes it's
important just to know
a service is there if and
when I need it

*Carer response to EVOC
review*

Carer health and wellbeing

What is the key challenge?

The role and identity of those with caring responsibilities is complex and not often planned for. Becoming a carer can be a slow process as health gradually deteriorates or because of sudden unexpected events with life changing consequences. No carer is the same and so we need to ensure our offer of health and wellbeing supports is broad, varied and flexible.

What are we doing already?

There is a broad range of supports on offer from Edinburgh's third sector, including befriending, counselling services, group sessions and 1:1 support.

The Health and Social Care Survey 2017/18 indicates the percentage of carers in Edinburgh who feel supported to continue in their caring role has reduced from 37% in 2015/16 to 35%.

What we need to do to improve?

- Further develop our offer of health and wellbeing supports
- Ensure all identified carers are offered support with emergency planning
- Develop our offer to ensure carers have the opportunity to be socially connected

Outcomes for carers

- Carers are supported to look after their own physical, mental, emotional, and social wellbeing
- Carers feel listened to and heard as individuals
- Carers feel well supported throughout their caring journey

"I feel desperately lonely and alone at times. The club really makes a difference to my sense of isolation, my self-esteem, confidence and mood."

Response from carer consultation

Short Breaks

What is the key challenge?

Carers have told us that regular breaks from caring are a priority. We know from feedback that short break options need to be flexible, individual and meet personal outcomes. The consideration of a carers' need for a short break is a requirement of the Carers Act and all carers who wish to complete an adult carer support plan or young carer statement should have their individual needs discussed in relation to having time away from caring.

Outcomes for carers

- Carers feel safe, rested and recharged
- Carers are supported to have a life outside and/or alongside their caring role
- Carers feel supported to maintain their caring relationships and sustain their caring role

What are we doing already?

There are a number of third sector partners and statutory services providing a range of short breaks for carers in the city. The concept of respitality is already delivering additional breaks from corporate partners in the hospitality, tourism and leisure sector.

These breaks can include a few hours during the day or week, or several nights away; for the carer alone; for the carer and the cared for person together; for a group of carers together; or for the cared for person alone and/or a combination of all of these.

A Short Breaks Service Statement⁸ has recently been published and provides information about short breaks available locally and across Scotland and how carers can access these.

What we need to do improve?

- Implementation of Short Breaks Statement
- Make conversations about short breaks part of all conversations with carers
- Expand existing offer of short breaks and develop new short break opportunities in response to carer need and demand
- Expand access to flexible, responsive, creative short breaks and making use of self-directed support options.

⁸ http://www.edinburgh.gov.uk/downloads/file/12591/short_break_services_statement

'I am now recharged, refreshed to get home and be stronger, be more understanding of the problems of the loved one I care for, would love to come back again'

Carer Feedback from stepping out break

Outcomes for young carers

- Young carers are identified as close to the start of the caring journey as possible and are connected to opportunities and support
- Young carers can access good quality, age appropriate information and advice using a range of media and are well informed about their rights and how to access support
- Young carers and their families report economic wellbeing
- Young carers sustain their physical, mental, emotional, and social wellbeing
- Young carers feel listened to and heard as individuals
- Young carers feel well supported throughout their caring journey
- Young carers feel safe and rested and are able to be children and young people first
- Young carers are supported to have a life outside and/or alongside their caring role
- Young carers feel supported to maintain their caring relationships and sustain their caring role
- Young carers are supported into a positive destination from school
- Young carers are involved in support planning and have choice and options to meet their needs and the person they care for.
- Young Carers are confident in shaping services for themselves and those they support and are more in control of the support they receive
- Young carers feel supported to move into a life after caring and feel supported with the transition into adulthood

What is the key challenge?

Young Carers are children and young people first. It is important to remember that each young carer is a unique individual; A child or young person who is entitled to find and reach their full potential. There are various circumstances that can arise within the home environment that makes a child or young person a carer and can occur at any point in time in a child's life. The earlier a young carer is identified the better as this can provide crucial support to alleviate the impact caring can have on a young carers life.

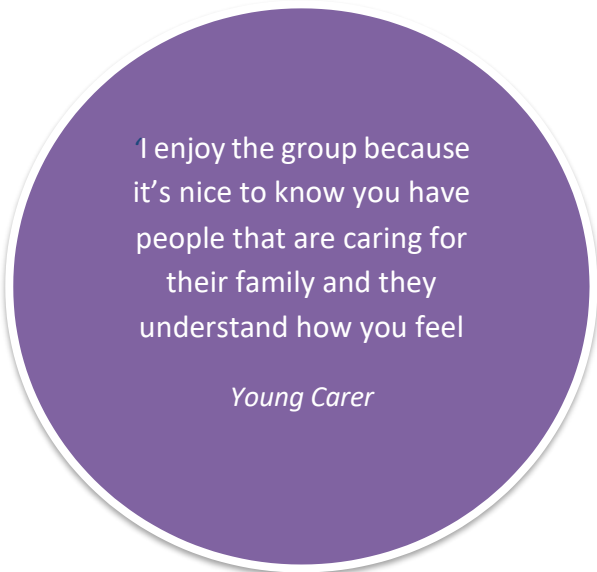
What are we doing already?

A number of third sector partners provide support to young carers across the city. Support offered includes; age appropriate group support; individual support within schools and the community; supporting young carers with transitions and moving on to positive destinations such as further education, employment, or volunteering; breaks from caring; accessing funds for things like school uniforms, clothes and Christmas presents.

There is an established Young Carers Network that meets regularly and includes representatives from schools, young carers organisations, further education establishments and young carers. This network facilitates the sharing of good practice and improves how schools and education establishments identify and support young carers.

What do we need to do next?

- Continue to apply the principles of GIRFEC to all work with young carers.
- Work with schools to identify young carers as soon as possible in their caring journey and offer a young carer statement
- Develop digital offers of information and advice that young carers can access as and when they need to
- Young carers get information on the other things young people need to know about growing up, e.g. digital safety, healthy relationships, access to C Card, LGBT issues, and others
- Young carers will be supported to access a range of flexible, responsive, personalised, and creative short breaks. This may include breaks at times of transition or support to continue their studies or gain employment.
- Implement young carer support plans using learning from early testing with third sector organisation



I enjoy the group because it's nice to know you have people that are caring for their family and they understand how you feel

Young Carer

Personalising Support for Carers

What is the key challenge?

The Social Care (Self-directed Support) (Scotland) Act 2013 and the Carers (Scotland) Act 2016 have paved the way for the personalisation of carer support, recognising the support needs and aspirations of people in need of care and their carers vary greatly and no two caring situations are the same.

What are we doing already?

An outcome focused, strengths based Adult Carer Support Plan has been tested with a number of carers in the City. A total of 123 Adult Carer Support Plans were completed in 2018/19 and a further 856 carers assessments were completed in the same period.

Since February 2019 a new streamlined process to access Carer Payments has been tested by the health and social care practitioners using the Adult carer support plans and eligibility framework published in the Short Breaks Services Statement. 33 payments have been issued between February and end of June 2019. Carers have used the payments in creative ways to support them in their caring role and maintain their own health and wellbeing.

What do we need to do next?

- Extend the Adult Carer Support Plans across the Edinburgh Health and Social Care Partnership
- Involve carers in the development of the Edinburgh Offer

Outcomes for carers

- Carers are involved in support planning in the community and from hospital, and have a choice of options to meet their own needs and the person they care for.
- Carers are confident in shaping services for themselves and those they support and are more in control of the support they receive.

Through all the years, no one has ever asked about me before, even though I have had a carers assessment in the past, it has never been as comprehensive as this and it is so refreshing.

Feedback to Carer Support Team

Tools and Supports Required

The Edinburgh Carer Strategic Partnership Group has membership from a range of third sector organisations, the EIJB Carer representative, Communities and Families services, and EHSCP. This group has been instrumental in developing this strategy.

An Implementation Group will be formed and will require representation across the organisations involved in the Edinburgh Carer Strategic Partnership Group, and potentially others, education for example. The Implementation Group will be responsible for driving forward the implementation plans, identifying risks to delivery and highlighting these to the Strategic Partnership Group. The Implementation Group will be more operational in its focus going forward, and new Terms of Reference will be developed to reflect this. This group will be led by the planning and commissioning officers from EHSCP and Children and Families programmes.

The implementation of the Carer (Scotland) Act 2016 is supported by a financial settlement from the Scottish Government, table 1 below, provides details of carer funding in the lifetime of the strategy. The EHSCP, Communities and Families and Third Sector have an established partnership relationship either through contracts, or grants delivering carer support services across the City. This strategy will use the Scottish government settlement to enhance and consolidate resources for carers over the coming three years.

Table 1. Carer Funding 2019 – 2023

	2019/20 £m	2020/21 £m	2021/22 £m	2022/23 £m
Total	3.20	4.18	6.62	7.95

There will be a Strategic Steering Group, with membership from the Strategic Programmes overseeing delivery in both the Health and Social Care Partnership, and Children and Families. This group will also have membership from Contracts, Finance and Procurement, to oversee the development for, and delivery of procurement processes, and ensure delivery against investment decisions. This group will take responsibility to prepare reports back to the EIJB Strategic Development Group and the EIJB, on progress made, when required. The Lead Strategic Programme Manager will lead this group, in EHSCP, who will be in close contact with Children and Families counterparts.

In addition, delivering this strategy will require active engagement and support from the evolving EHSCP Transformation Programme, to assist with the change processes, where required. This programme will also oversee the move to the Three Conversations Approach, and the development of the Edinburgh Offer. As learning emerges from the Transformation Programme some of the actions and measures presented in the implementation plans may change. This will ensure our offer to carers now, and in the future, is fit for purpose.

Measuring progress

As part of the learning from EVOC's review of the 2014-2017 EJCS, the implementation plans in Appendix 2 sets out a range of measures will use to monitor progress and demonstrate the impact of everyone's activities associated with delivery of the strategy.

As part of the monitoring and review of the strategy implementation, over the coming years we will build a valuable picture of carers in Edinburgh from the annual Carer Census data. Not only will this data demonstrate the type of carer support activity in Edinburgh, but also its impact, and help us to identify new gaps in provision. The Edinburgh Carers Strategic Partnership Group, and the forthcoming Implementation Group will be committed to exploring how to best use this valuable data source to build a more robust picture of carer needs across the city, which will inform future planning, development and ongoing improvement of supports for carers.

Appendix 3 offers a set of proposed measures of progress across the priority areas. These are likely to be subject to change over the lifetime of the strategy to ensure they are meaningful and provide information for planning future carer supports.



Appendix 1: What has informed the development of this strategy

EVOC review

This strategy has been informed by Edinburgh Voluntary Organisations' Council's (EVOC) evaluation of the 2014-2017 Joint Carers Strategy undertaken in 2017, subsequent consultation events (via an on-line survey and face to face events) as well as information from VOCAL's biannual survey of carers, as well as being shaped by the Carers (Scotland) Act 2016 and associated Scottish Government National Guidance.

The Edinburgh Joint Carer Strategy 2014-2017 was developed in partnership with key stakeholders and carers. The effectiveness of the strategy was reviewed independently by Edinburgh Voluntary Organisations Council (EVOC) to measure the impact of the Joint Carers Strategy. The review made six recommendations for the new strategy:

- Focus on Implementation
- Broaden ownership of the strategy
- Maintain the same priorities in the new strategy
- Recognise the fundamental differences of young carers
- Futureproof the strategy
- Measure Impact

Review of currently commissioned services and grant reviews.

Services currently commissioned by Communities and Families and the Health and Social Care Partnership have been reviewed to inform this strategy preventing the duplication of any services developed using the funding available. The new grants processes will also influence the implementation of the strategy and will impact on both small grass root services and larger city-wide services.

Carer involvement, engagement, and consultation

A total of 196 carers responded to either an online survey or attended a focus group, the information from these, have been central to the development of the strategy, and identification of areas for improvement

Edinburgh Carers Strategic Partnership Group

This group have been involved in shaping the strategic direction for Carers in Edinburgh for a number of years. They have provided a voice for carers across all age groups and communities of interest. They have been directly involved in the producing this strategy and accompanying implementation plan and the Short Breaks Statement, and have coproduced the outline specifications for the areas for improvement.

Carers (Scotland) Act 2016, Carers (Scotland) Act 2016 Statutory Guidance

This strategy has been produced in line with the duties contained in the act and the accompanying statutory guidance.

Summary of key themes from Carers (Scotland) Act 2016

- Widening the definition of carer so it encompasses a greater number of carers.
- Placing a duty on local authorities to prepare an adult carer support plan (ACSP) or a young carer statement (YCS) for anyone who requests one or is identified as a carer. As part of an ACSP/YCS the development of an emergency plan and carer's need for short breaks from their caring role must be considered and recorded.
- Giving local authorities a duty to provide support to carers who meet local eligibility criteria.
- Requiring local authorities and NHS boards to involve carers in the development of carer services and hospital discharge processes for the people they care for.
- Giving local authorities a duty to prepare a carers strategy for their area.
- Requiring local authorities to establish and maintain advice and information services for carers.
- To prepare and publish a statement on short breaks available in Scotland for carers and cared for persons.

Appendix 2: Implementation Plans

There are two distinct implementation plans; adult carers and young carers. This demonstrates the key differences for these two groups of carers that have been recognised in the development of this strategy and taken into consideration.

Appendix 2a: Adult carers implementation plan			
Priority Area	Outcomes for Carers	Actions that will contribute to these outcomes	How success will be measured
1. Identifying Carers	<ul style="list-style-type: none"> Carers are identified as close to the start of their caring journey as possible and are connected to opportunities and support 	<p>We will identify people who care as early in their caring role as possible by undertaking the following activities:</p> <ol style="list-style-type: none"> 1.1 Working with third sector, EHSCP, City of Edinburgh Council and NHS Lothian services to identify carers at point of diagnosis 1.2 Increase the number of partnership initiatives with Edinburgh employers to identify and support carers in the workplace and support carers to return to work. 1.3 Continue to work in partnership with Edinburgh colleges, universities and further education providers to support young adult carers who are studying. 1.4 Ensure all identified adult carers are offered an Adult carer support plan as soon as possible in their carer journey. 	<p>We will see an increase in the number of carers identified through the following sources:</p> <ul style="list-style-type: none"> The no. of referrals received by partner organisations for carer support <p>We will measure the impact of identifying carers by recording:</p> <ul style="list-style-type: none"> The number and type of supports carers are connected to following our involvement with them

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Priority Area	Outcomes for Carers	Actions that will contribute to these outcomes	How success will be measured
<p>2. Information and Advice</p>	<ul style="list-style-type: none"> • Carers know how to connect to information, advice. • Carers are well informed about their rights and how to access support • Carers report economic wellbeing 	<p>2.1 Expand our offer of information and advice to include digital solutions and 24/7 access for carers including, but not restricted to information and advice on:</p> <ul style="list-style-type: none"> • Financial planning • Welfare benefits and income maximisation • Self-directed support • Carer grants for young carers and young carer ID card • Advocacy • Peer Support <p>2.2 Continue to offer a range of carer training opportunities through 3rd sector partners and use of carer personal budgets</p> <p>2.3 Provide information and advice in a range of formats accessible to carers</p>	<p>We will see an increase in the number of people accessing information and advice services through the following sources:</p> <ul style="list-style-type: none"> • No. of requests for information and profile of people making the request, e.g. carers, health and social care professionals, employers

		<p>whatever their background and location across the city.</p> <p>2.4 The third sector, EHSCP, City of Edinburgh Council and NHS Lothian, and further and higher education providers working together to continue to raise public awareness of carers, their contributions, and the role communities can play in supporting carers</p> <p>2.5 Develop and maintain a map of carer support services across the city</p>	<ul style="list-style-type: none"> • Number of carers attending training
<p>3. Carer Health and Wellbeing</p>	<ul style="list-style-type: none"> • Carers are supported to look after their own physical, mental, emotional, and social wellbeing • Carers feel listened to and heard as individuals • Carers feel well supported throughout their caring journey 	<p>3.1 The third sector, EHSCP, and City of Edinburgh Council will work together to further develop our offer of health and wellbeing supports that are flexible and meet need depending on carers personal circumstances for example; 1:1, group, emotional support and/or counselling and digital supports, support for minority communities</p> <p>3.2 Every identified carer will be offered support with Emergency planning</p> <p>3.3 Carers will be supported to make plans for the future, for example with Power</p>	<p>We will see an increase in the percentage of carers who feel supported to continue in their caring role from the biannual Health and Social Care survey</p> <p>We will use the following data to analyse changes in the above outcome:</p> <ul style="list-style-type: none"> • No. of counselling sessions • No. emergency plans completed

		<p>of Attorney/guardianship, anticipatory care planning.</p> <p>3.4 We will work with carers whose caring role has ended either through bereavement or change in circumstances to support them with this transition, including young adult carers who are seeking to create a life beyond caring.</p> <p>3.5 Report on inappropriate referrals to services so we can develop an informed view of unmet carer need across the city which will inform ongoing and future planning</p>	<ul style="list-style-type: none"> • Economic Wellbeing measures? <p>As part of the annual carer census return the following information will also contribute to analysis of the impact of health and wellbeing supports:</p> <ul style="list-style-type: none"> • Care Duration • Care Hours • Care Type • Care Impact
4. Short Breaks	<ul style="list-style-type: none"> • Carers feel safe, rested and recharged • Carers are supported to have a life outside and/or alongside their caring role • Carers feel supported to maintain their caring relationships and sustain their caring role 	<p>4.1 Development and implementation of a Short Breaks Statement</p> <p>4.2 Short breaks and time out from caring are integrated into all conversations with identified carers and most appropriate support is identified</p> <p>4.3 Carers will be supported to access a range of flexible, responsive, and creative short breaks by developing brokerage options with third sector</p>	<p>We will see an increase in the percentage of carers who feel supported to continue in their caring role from the biannual Health and Social Care survey. We will use the following data to analyse changes in the above outcome:</p>

		partners and use of self-directed support	<ul style="list-style-type: none">• No. carer breaks – <i>from carer census</i>• Type of carer Breaks
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5. Personalising Support for Carers

- Carers are involved in support planning in the community and from hospital, and have a choice of support options to meet their own needs and the person they care for.
- Carers are confident in shaping services for themselves and those they support and are more in control of the support they receive

- 5.1 Extend the Adult carer support plan across the city to replace the existing carers assessments, ensuring timescales to access this are in line with partnership standards.
- 5.2 All Young adult carers transitioning into adult services are provided with and Adult Carer Support Plan
- 5.3 Establish a partnership approach for young carer supports and young adult carer supports to ensure a smooth transition between young people and adult services when required.
- 5.4 Implement successful self-directed support processes used in the initial testing of the Adult carer support plans to all carers whose needs meet eligibility criteria.
- 5.5 Involve carers in Edinburgh Health and Social Care Partnership’s transformation programme and development of

No. of Adult carer support plans completed – *from carer census*

No. personal budgets, cost, SDS option chosen and type of support in place – *from carer census*

		the Edinburgh offer for adult health and social care supports.	
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Appendix 2b: Young carers Implementation Plan			
Priority Area	Outcomes for Carers	Actions that will contribute to these outcomes	How success will be measured
1. Identifying Young Carers	<ul style="list-style-type: none"> Young carers are identified as close to the start of their caring journey as possible and are connected to opportunities and support 	<p>Applying the principles of GIRFEC, We will identify young people who care as early in their caring role as possible by undertaking the following activities:</p> <p>1.1 Working with schools to identify young people who care as early as possible, this will include a range of awareness raising and training activities to ensure appropriate identification of young carers</p> <p>1.2 Ensure all identified young carers are offered a young carers statement as soon as possible in their carer journey</p> <p>1.3 Continue working with schools and further and higher education providers to raise awareness of young carers and young adult carers needs and improve the support offered to this group of carers at points of transition such as:</p> <ul style="list-style-type: none"> Primary to secondary school Secondary school to college/university/employment 	<p>We will see an increase in the number of young carers identified through the following sources:</p> <ul style="list-style-type: none"> The no. of referrals received by partner organisations for carer support No. young carer statements completed – Carer census <p>We will measure the impact of identifying carers by recording:</p> <ul style="list-style-type: none"> The number and type of supports young carers are connected to following our involvement with them Feedback from young carers regarding the

		<ul style="list-style-type: none"> • When the caring role comes to an end 	<p>difference support has made</p>
<p>2. Information and Advice</p>	<ul style="list-style-type: none"> • Young carers can access good quality, age appropriate information and advice using a range of media and are well informed about their rights and how to access support • Young carers and their families report economic wellbeing 	<p>2.1 Develop digital offers of information and advice that young carers can access as and when they need to including, but not restricted to information and advice on:</p> <ul style="list-style-type: none"> • Self-directed support • Carer grants for young carers and young carer ID card • Career Advice • Advocacy • Peer Support <p>2.2 Ensure all schools have an identified young carers coordinator who can share information across the wider school community and provide advice on support available.</p> <p>2.3 The third sector, EHSCP, City of Edinburgh Council and NHS Lothian working together to continue to raise public awareness of young carers,</p>	<p>We will see an increase in the number of people accessing information and advice services through the following sources:</p> <ul style="list-style-type: none"> • No. of requests for information and profile of people making the request, e.g. carers, health and social care professionals, employers

		their contributions, and the role communities can play in supporting young carers	
3. Young Carer Health and Wellbeing	<ul style="list-style-type: none"> • Young carers sustain their physical, mental, emotional and social wellbeing • Young carers feel listened to and heard as individuals • Young carers feel well supported throughout their caring journey 	<p>3.1 The third sector, EHSCP, and City of Edinburgh Council will work together to further develop our offer of health and wellbeing supports that are flexible and meet need depending on young carers personal circumstances for example; 1:1, group, emotional support and/or counselling and digital supports, support for minority communities</p> <p>3.2 Young carers get information on the other things young people need to know about growing up, e.g. digital safety, healthy relationships, access to C Card, LGBT issues, and others</p> <p>3.3 Every identified young carer will be offered support with Emergency planning</p> <p>3.4 Young carers will be supported to make plans for the future, for example moving into further or higher education, employment or their own home.</p>	<p>SHANNARI indicators for:</p> <ul style="list-style-type: none"> • Healthy • Achieving • Active • Included <p>We will use the following data to analyse changes in the above outcome</p> <ul style="list-style-type: none"> • No. peer support groups • No. 1:1 support • No. family support sessions <p>As part of the annual carer census return the following information will also contribute to analysis of the impact of health and wellbeing supports:</p>

		3.5 Report on inappropriate referrals to services so that we can develop an informed view of unmet carer need across the city which will inform ongoing and future planning	<ul style="list-style-type: none"> Care Duration Care Hours Care Type Care Impact <p>Young carer feedback</p>
4. Short Breaks	<ul style="list-style-type: none"> Young carers feel safe and rested and are able to be children and young people first Young carers are supported to have a life outside and/or alongside their caring role Young carers feel supported to maintain their caring relationships and sustain their caring role 	<p>4.1 Development and implementation of a Short Breaks Statement</p> <p>4.2 Short breaks and time out from caring are integrated into all conversations with identified young carers and most appropriate support is identified</p> <p>4.3 Young carers will be supported to access a range of flexible, responsive, personalised, and creative short breaks. This may include breaks at times of transition or support to continue their studies or gain employment.</p>	<ul style="list-style-type: none"> No. carer breaks – <i>from carer census</i> Type of carer Breaks
5. Personalising Support for Young Carers	<ul style="list-style-type: none"> Young carers are supported into a positive destination from school Young carers are involved in support planning and have choice and options to meet their 	<p>5.1 Implement young carer support plans using learning from early testing with Third Sector</p> <p>5.2 Develop an approach and quality standard for young carer transitions</p>	<p>No. of young carer statements completed – <i>from carer census</i></p> <p>No. personal budgets, cost, SDS option chosen and type of support in</p>

	<p>needs and the person they care for.</p> <ul style="list-style-type: none"> • Young carers are confident in shaping services for themselves and those they support and are more in control of the support they receive • Young carers feel supported to move into a life after caring and feel supported with the transition into adulthood 	<p>so that transitions are planned and supported</p> <p>5.3 Establish a partnership approach for young carer supports and young adult carer supports to ensure a smooth transition between young people and adult services when required.</p>	<p>place – <i>from carer census</i></p> <p>No. of transition plans completed (life after caring)</p> <p>No. planning sessions tailored to help young carers onto positive destinations e.g. college applications, UCAS applications, job applications</p>
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Appendix 3: Proposed Measures of progress

Proposed measures of progress across the priority areas, these are likely to be subject to change over the lifetime of the strategy to ensure they are meaningful and provide information for planning future carer supports.

Adult Carers

Priority Area	Measure of Progress
Identifying Carers	No. referrals received
	Supports carers are connected to following our involvement
Information and Advice	No. of requests for information
	Profile of people requesting information
	No. carers attending training
Carer health and wellbeing	% carers who feel supported to continue in their caring role <i>Source health and social care survey</i>
	No. counselling sessions
	No. emergency plans completed
	Care Duration
	Care Hours
	Care Type
	Care Impact
Short Breaks	No. carer breaks
	Type of carer breaks
Personalising support for carers	No. Adult carer support plans completed
	Personal Budget Agreed
	Cost of personal Budget
	SDS option chosen
	Type of support arranged

Young Carers

Priority Area	Measure of Progress
Identifying Carers	No. referrals received
	Supports carers are connected to following our involvement

Information and Advice	No. of requests for information
	Profile of people requesting information
Carer health and wellbeing	Evidence from SHANNARI indicators for: <ul style="list-style-type: none"> • Healthy • Achieving • Active • Included
	No. peer support groups
	No. 1:1 Support
	NO. Family support sessions
	Care Duration
	Care Hours
	Care Type
	Care Impact
Short Breaks	No. carer breaks
	Type of carer breaks
Personalising support for carers	No. Young Carer Statements completed
	Personal Budget Agreed
	Cost of personal Budget
	No. Transition plans completed
	No. planning sessions

REPORT

Carers Strategy 2019-22 – Performance and Evaluation - Year 1 Contracted Provision Report

Performance and Delivery Committee

06 April 2022

Executive Summary

1. The Carers Year1 report was submitted for scrutiny to the Performance and Delivery (P&D) Committee on 2 March 2022. The meeting was attended by representatives from the Carers Strategic Planning Group (CSPG) including VOCAL and other external providers.
2. The Committee accepted the recommendations but was not quorate. Therefore, the P&D Committee Chair directed that the report be re-submitted to the April P&D Committee for final approval.
3. The Year 1 Contracted Provision Report covers the period January to December 2021. It includes:
 - a. Detail on contracted performance against Key Performance Indicators (KPIs).
 - b. A summary of the spend plan of the Edinburgh Joint Carer Strategy (EJCS) 2019-22.
4. The discussion held at P&D Committee on 2 March 2022 concluded that for next year's report:
 - a. Engagement and clarification of the required content to be established early and process monitored by the Carers Strategic Planning Group (CSPG).
 - b. Performance of internal services to be included.
 - c. Performance against outcomes to be established. This aspiration is contained in the EJCS 2019-22.
5. There was also discussion around the refresh of the EJCS 2019-22 in relation to the release of a national strategy expected in September 2022.

Recommendations	<ol style="list-style-type: none"> 1. It is recommended that the P&D Committee: <ol style="list-style-type: none"> a. Note that the Carers Year 1 report was considered in detail at the previous Committee but was not quorate. b. Approve the Carers Year 1 report.
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Directions

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

The extant Direction is **to continue implement the Edinburgh JCS 2019-22 and associated implementation plans.**

Report Circulation

1. The Carers Year 1 Contracted Provision Report was submitted initially to the Edinburgh Health and Social Care Partnership (EHSCP) Executive Management Team and the Edinburgh CSPG in advance of the P&D Committee held on 22 March 2022.

Main Report

2. On 20 August 2019, the EIJB ratified the EJCS and supporting implementation plan. The EJCS includes six key priority areas:

<p>EJCS – Six Priority Areas:</p> <ol style="list-style-type: none"> 1. Identifying carers 2. Information and Advice 3. Carer health and wellbeing 4. Short Breaks 5. Young carers 6. Personalising support for carers

3. Subsequently, the Performance and Evaluation Framework associated with commissioned support, was approved by the P&D Committee. It was agreed that, following further co-production with carer organisations, the year 1 Contracted Provision Report would be produced one year after the contract award. The enhanced carer

contracts were awarded and went live in January 2021. The period covered in this Report is January to December 2021.

4. The contracts were awarded in 8 Lots contributing to the six key priority areas. The EHSCP commissioned Lots 1-6 and 8, with City of Edinburgh Council. Children and Families commissioned Lot 7:

Contracted Lots - Provision to Contribute to the six priority areas in the EJCS:

LOTS:

1. Identifying Carers

1. Information and Advice

2. Health and Wellbeing

3. Short Breaks Programme

4. Short Breaks Fund

5. Edinburgh Integrated Support Team Activity:

5a) North East

5b) North West

5c) South East

5d) South West

6. Young Adult Carers

7. Young Carers

8. Parent Carers

5. The Report highlights progress associated with Year 1 of the Contracted Provision, revisiting the contribution made against the six key priority areas, and intentions within the EJCS 2019-22. It provides an overview of progress associated with the original key performance indicators, (Appendix 1), in the year January to December 2021, in supporting unpaid carers, since the contracts for enhanced carer supports were awarded in January 2021.
6. It is recognised that producing the Year 1 Contracted Provision report has been a considerable task for all providers, as well as strategic planning and commissioning officers, particularly as this was achieved through the Covid-19 pandemic. The Performance and Evaluation Framework will be further developed based on:
- a) Learning from collating, and availability of data and information for Year 1 of the contracted provision.
 - b) Further exploring contributions to the Carer Strategy six priority areas by grant and other community supports focussed on supporting carers, to provide a more comprehensive overview of contributions to the EJCS.
 - c) The commissioning of an outcomes focussed tool, to allow a consistent approach to measure outcomes.

7. The spend plan was agreed at the EIJB in March 2020 and further spending plans ratified in February 2021. The contract award was delayed owing to Covid-19 pandemic and was subsequently awarded in January 2021. The overview of the spend plan is described in Appendix 2.
8. The information in the Year 1 Contracted Provision Report has been provided by our valued partners across both voluntary and statutory sectors, who have responsibility, through the awarded contracts, to provide much needed meaningful support for carers, and they are commended for their dedication and commitment to carers.
9. The Edinburgh CSPG oversees the implementation of the strategy and has provided comment to the Year 1 Contracted Provision Report, to ensure it reflects the efforts of all providers in delivering support for carers in what has been a challenging period.
10. The Year 1 Contracted Provision Report, (Appendix 3), summarises the key information set out in the EJCS, including our priority areas and guiding principles, and highlights some of the key challenges over the last few years associated with the Covid-19 pandemic, impacting in particular, ability of people attending as drop in support and information, the level of face to face group and peer supports, our ability to provide planned breaks from caring to the extent that had been planned, and the delay in the wide spread implementation of the Adult Carer Support Plans, and associated support.
11. The main part of the Year 1 Contracted Provision Report indicates how carers have been supported across the six priority areas highlighting what the key challenge is for each priority area, what we said we would do, what has been achieved, and draws on carer experience to highlight the difference support has made to them. Quotes from carers are also included throughout the Year 1 Contracted Provision Report to provide an insight to qualitative aspects of how valuable carers support is to them. It has been recognised that going forward, further development work will be undertaken to more consistently indicate outcome measures in addition to KPIs.
12. The table below provides a summary of the RAG status against the total number of KPIs. Given the priority in the last year has been providing direct support for unpaid carers, there are a number of more detailed data sets associated within the priority areas under development. These will be progressed and reviewed based on the learning from year 1 and inform the Year 2 performance and evaluation framework. This will be undertaken through the Carers Strategic Partnership Group:

Table 1: Summary of Performance against Carer Strategy

13. Despite the challenges faced, all priority areas have seen good levels of provision, and in some instances, exceeding what was planned. The exception being those services that relied on face to face support. There is one red status area, which was a minimal number of people dropping into centres for advice and information, given that for the majority of the year, the centres themselves were closed. This has been counteracted by the enhanced level of telephone and other supports provided, against the same priority area.

14. The amber status areas have key actions indicated to achieve improvements going forward. This includes a particular focus on one to one and peer support across each of the four localities, where the same KPI applies.
15. The table below provides the code description, and summarises the status of the KPIs, providing the overall percentage in each RAG category:

Table 1: Summary of KPI RAG status Jan – Dec 2021 – Contracted Provision

Code	Green	Green +	Green ++	Green +++	Amber	Red	Further detailed data under development	Total KPI
Description	Fully Met	slightly exceeded	exceeded to a greater extent	considerably exceeded	underway, making reasonable progress	underway with minimal progress		
No. of KPIs in category	61	10	11	4	21	1	22	130
% KPIs in RAG categories	66.1%				16.2%	0.77%	16.9	

16. Going forward, and because of progress being impacted by the pandemic, key focus areas will include providing an increase in utilisation of the short breaks fund, for planned breaks, which despite the challenges of availability, carers were supported to just over 80% of the target. This has also been balanced out through the creative and flexible approach of providers, where day and evening short breaks provision far exceed the target of 40 breaks, with 144 breaks being supported.
17. The wider roll out of the Adult Carer Support plans and increase in any associated payments will be another key focus area going forward. Key actions associated with progressing these aspects are detailed in Appendix 1.
18. The table below summarises the performance for each of the Contracted Provider Lots and priority areas. As indicated with the coding in the Green status, many of the KPIs were not only achieved, but exceeded, with providers being creative and flexible in their offer to support carers throughout the pandemic. As highlighted above, if the four KPIs in Lot 2 associated with locality support was measured as a city-wide provision, the report would have seen a reduction from 12 amber, to 3 amber RAG. This will be taken on board for reporting in year 2.

Table 2: Summary of KPI Performance against Carer Strategy – Contracted providers Jan-Dec 2021

Contracted Provider Lot/Priority Area	Green	Green +	Green ++	Green +++	Amber	Red	Further Detailed Data under development	Total KPIs
Lot 1 Identifying Carers/ Information & Advice	2	6	5	0	1	1	4	20
Lot 2 Health and Wellbeing	15	1	4	0	13	0	8	41
Lot 3 Short Breaks Programme	5	0	1	1	0	0	4	11
Lot 4 Short Breaks Fund	5	0	0	0	3	0	0	8
Lot 5 Edinburgh Integrated Support Team	10	0	0	0	8	0	6	24
Lot 6 Young Adult Carers	8	0	1	1	2	0	0	12
Lot 7 Young Carers (delivered through CEC C&Fs contract awards)	2	3	0	0	1	0	0	6
Lot 8 Parent Carers	14	0	0	2	1	0	0	17
TOTALS	61	10	11	4	21	1	22	130

Source: provider returns at Dec 2021

Implications

Financial Implications

19. The carer budget and spend plan was initially agreed at the EIJB in March 2020 and further ratified in February 2021, indicating a total of £35.4m over 5 years:

Table 3: Carers Strategy 5 year budget

	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m
Total funding available	5.84	7.51	7.51	7.51	7.51

20. The initial plan for 2021-22, indicated in the February 2021 EIJB paper highlighted that the budget was fully committed:

Table 4: Agreed Spend Plan for 2021-22 against Priority Areas

	2021/22 £m
Identifying Carers and Information & advice	1.22
Health and Wellbeing	0.63
Short Breaks	0.59
Young Carers	0.51
Personalising support	2.75
Contingency and Innovation	0.14
Total	5.84

21. Overall, the year has been challenging, given the nature of pandemic restrictions, and uncertainty about them easing, and then being reinstated, resulting in uncertainty for providers around availability of supports and staff. As indicated above, impact has been associated with face to face support, planned breaks from caring, and progressing the development and roll out of the Adult Carer Support Plans.
22. The spend position was being monitored, with the forecast for year end more clearly indicating the level of funding associated with the areas where spend was just not

possible the way intended. The response from all providers and the carer support community throughout the pandemic has been commended as indicated above and is evident within the Year 1 Contracted Provision Report, involving creativity, changing forms of support, according to availability of staff and restrictions, allowing as much support as possible to be delivered for carers.

23. Of the £5.84m, it was forecast that 87.5% of the budget, just over £5.1m, would be committed, with the remaining uncommitted element of 12.5% equating to £730.4k, as indicated below:

Table 5: Projected Forecast of Carer Spend 2021-22

	2021 -22 Available Budget	Projected spend at P7	Projected unallocated at P7
TOTAL	5,841,116	5,110,716	730,400
%		87.5	12.5

Source; CEC Finance

24. Various discussions took place to determine how the unspent funding could be allocated in year, to optimise much needed support for carers. Appendix 2b, highlights how the £730k was committed, and associated benefits, including aspects being brought forward (49k); aspects that will enhance current provision, (£618k); and a minimal carry forward element to 2022-23 (£63k =1.2% of total budget). Key enhanced and additional spend areas include:
- Bringing forward the 2022-23 plan to enhance advocacy provision for carers.
 - Fulfilling the CSPG request to secure more Planning and Commissioning Officer time, to improve focus on developments and complexity of the portfolio.
 - Contributing to the funding of the VOCAL led carer survey, published in November 2021.
 - Enhancing current provision, with one off payments, including:
 - Matching City of Edinburgh Council’s pledge of £250k bringing the Carer recovery fund
 - More generic Grant funded activity, where carers benefit, by 30% uplift of previous transitional grants
 - Lot 3, short breaks programme, as demand began to exceed supply, as provision remobilised
 - Lot 4 Short Breaks Fund, which is allocated directly to carers to support their requirement for short break and break from caring
 - Lot 6, and the ability to reaching and supporting Young Adult Carers, aligning the 2021-22 value to the subsequent 3 years.
 - Expediting the roll out of ACSPs and enhance how Lot 5 carer payments are allocated for an anticipated surge in spring 2022, with an additional allocation

for this activity carried forward to 2022-23, to manage the surge, (63k = 1.2% of total budget)

Legal / risk implications

25. There is a risk of non-compliance with one of the duties of the Carers (Scotland) Act 2016 duty associated with *the offer and preparation of an adult carer support plan (ACSP), to identify carers' needs and personal outcomes*. A keen focus in the coming year will ensure much more widespread roll out of the ACSP, and subsequent needs being met and any associated carer payments being made.

Equality and integrated impact assessment

26. EJCS 2019-22 was subject to full impact assessment, with associated actions undertaken as part of that process. The upcoming refreshment of the strategy will be subject to the same process.

Environment and sustainability impacts

27. Social sustainability is an essential element of a sustainable city. The Year 1 Contracted Provision Report outlines how providers contribute to a sustainable Edinburgh by helping improve the personal wellbeing of residents, ensuring carers who have a spectrum of issues affecting them are supported, those with mental health and wellbeing, alcohol and substance misuse issues, for example, helping to meet the diverse needs of communities.

Quality of care

28. There is no impact on quality of care arising from this report. The quality of supports provided have been subject to evaluation associated with the commissioning, procurement and grants processes.

Consultation

29. As part of the development of the EJCS, carers, families, and colleagues across both voluntary and statutory sectors were engaged, involved and consulted with, to inform the key priority areas, which the Year 1 Contracted Provision Report contributes to.
30. The information in this report has been provided by our valued partners across both voluntary and statutory sectors, who have responsibility, through the awarded contracts, to provide much needed meaningful, and enhanced levels of support for carers.
31. The recent VOCAL survey reported in November 2021 indicates ongoing alignment with the key priority areas in the Carer Strategy and is highlighted in more detail in the Year 1 Contracted Provision Report. The intent is to fund this process every 2 years, with the voluntary sector leading the co-design for the next iteration in 2023.

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Background Reports

N/A

Appendices

Appendix 1	Performance against the priority areas, and original KPIs for the Joint Carer Strategy, agreed 2019.
Appendix 2a	2021-22 Carers Agreed Plan, Spend and Forecast at Period 7
Appendix 2b	Allocation of Carer Unspent Funds 2021-22, and associated benefits
Appendix 3	Edinburgh Joint Carers Strategy 2019-22, Year 1 Performance and Evaluation Report

Covering Report

Appendix 1 – Performance against 6 priority areas, recorded KPIs, RAG Status and actions

Description and Summary of KPI RAG status Jan – Dec 2021 – Contracted Provision

Code	Green	Green +	Green ++	Green +++	Amber	Red	Further detailed data under development	Total KPI
Description	Fully Met	slightly exceeded	exceeded to a greater extent	considerably exceeded	underway, making reasonable progress	underway with minimal progress		
No. of KPIs in category	61	10	11	4	21	1	22	130
% KPIs is RAG categories	66.1%				16.2%	0.77%	16.9	

More Detailed Information on KPI within each Lot of the Contracted Provision, Achievements and Next Steps

Lot 1 - Identifying Carers						
Activity	Minimum Level		Outcome for Carers	Indicators/Measures	Achievement & Next Steps	RAG Status
Employer support	Year 1	20 Employers	Carers are identified as close to the start of	No. of employers supported	23 Employers supported	+

			their caring journey as possible and are connected to opportunities and support	No. Employers who achieve carer positive award	13 agencies either Engaged, Established or Exemplary	+
Workplace Carer Support	Year 1	Minimum of 120 carers supported in employment		No. and % of carers supported in paid employment	178 Carers supported in Employment (10.62% of carers)	++
				No. and type of supports carers are connected to following contact with service	Further detailed data under development	
Health and Social care Workforce Training	Minimum 24 sessions per year			No. of Health and Social Care workers trained.	47 "Think Carer" sessions delivered/ 1136 practitioners reached	++

Lot 1 - Information & Advice					
Activity	Minimum Level	Outcome for Carers	Indicators/Measures	Achievement & Next Steps	RAG Status

Drop-in information and advices session	Minimum 48 city wide sessions per year		Carers are identified as close to the start of their caring journey as possible and are connected to opportunities and support	No. carers accessing drop-in service	Minimal owing to covid – numbers expected to increase following restrictions easing further	
	Minimum of 48 sessions per locality per year					
	Minimum of 960 hours Daily telephone advice service					
	Year 1-2	2400 carer enquiries per year	Carers know how to connect to information and advice	No. Overall enquiries	2854 overall enquiries P&E framework development in year 2	+
	Of which 5% carers should be carers of someone whose primary presenting issue alcohol or drug dependency and 5%			No. and % carers supporting someone with addiction or mental illness	60 Carers supported (16% Mental Illness 7.6% Addiction)	++

	carers of someone with mental illness		rights and how to access support	No. and type of supports carers are connected to following contact with service	1426 carers going on to receive various forms of support	
			Carers report economic wellbeing	No. and % of carers who advise of clear pathway to accessing information	Further detailed data under development	
One to one carer information and advice	Year 1-2	960 carers supported per year		No. of carers supported	1891 Carers supported overall	++
				% Carers satisfied with support	Further detailed data under development	
				No. Adult Carer Support Plans	460 total for Edinburgh – Roll Out expected early 2022	
				Caring situation i.e. Caring for someone with Dementia, addictions, mental health etc.	All caring situations supported	
				No. and % Carers supported who have	456 (24%) carers supported	+
Welfare Benefits and						

Financial Planning	Minimum of 360 carers per year		maximised benefit entitlement		
			Total amount of benefits accessed for carers	£863,039 total benefits accessed	++
Carer Map and access to 24/7 information and advice	Carer map of supports to be live by end of year 1 of contract		Carer map live and accessible Annual hits to online information and advice	Further detailed data under development	
Carer training	Minimum of 230 training sessions per year		No. carers trained Type of training accessed	253 various Training Sessions delivered	+
			% carers satisfied with training	100%	

Lot 2 - Health and Wellbeing					
Activity	Minimum Level	Outcome for Carers	Indicators/Measures	Achievement & Next Steps	RAG Status

Peer and Group Based Support – city wide	96 sessions per annum	Year 1 & 2 = 245 carers	Carers are supported to look after their own physical, mental, emotional, and social wellbeing Carers feel listened to and heard as individuals Carers feel well supported throughout their caring journey	No. of groups offered	62	
	672 hours per annum			No. carers accessing groups	414	++
				Types of groups offered	Mental health, addictions, Physical and/ or Learning disabilities, dementia, Employment, Previous carers, multiple caring roles	
				Carer stories of difference	See main report	
				No and % carers being supported to engage in activities that improve their wellbeing.	1950 (73%)	
Learning and Development opportunities for health	144 sessions per annum			No. of hours delivered	In excess of specs (see below)	++

and wellbeing				No. sessions delivered	245	++
				No. carers accessing	579	++
				Type of sessions delivered	managing stress and anxiety- dealing with anger- changing relationships- sleep nutrition, healthy balanced diet - physical activity	
				Carer stories of difference	See main report	
Counselling for Carers	Year 1	650 sessions		No. counselling sessions provided	675	+
				No. carers supported	61	
				Carer stories of difference	See main report	
North West Locality 1:1	Year 1 & 2 = 300			No carers supported	405 Total for Edinburgh (101 average per locality)	

support, peer and group-based support	carers per annum		No sessions delivered	222 Total for Edinburgh (55.5 average per locality)	
			Types of support delivered	building confidence in the caring role; keeping carers well informed about issues relevant to their caring role; offering carers practical and emotional support;	
			No. emergency plans completed	Further detailed data under development	
			No. ACSP's completed	460 total for Edinburgh – Roll Out expected early 2022	
			Carer stories of difference	See main report	
			No and % carers being supported to engage in activities that improve their wellbeing	Further detailed data under development	

North East Locality 1:1 support peer and group- based support	Year 1 & 2 = 215 carers per annum		No carers supported	405 Total for Edinburgh (101 average per locality)	
			No sessions delivered	222 Total for Edinburgh (55.5 average per locality)	
			Types of support delivered	building confidence in the caring role; keeping carers well informed about issues relevant to their caring role; offering carers practical and emotional support;	
			No. emergency plans completed	Further detailed data under development	
			No. ACSP's completed	460 total for Edinburgh – Roll Out expected early 2022	
			Carer stories of difference	See main report	
			No and % carers being supported to engage in activities	Further detailed data under development	

			that improve their wellbeing		
South East Locality 1:1 support peer and group-based support	Year 1& 2 = 215 carers per annum		No carers supported	405 Total for Edinburgh (101 average per locality)	
			No sessions delivered	222 Total for Edinburgh (55.5 average per locality)	
			Types of support delivered	building confidence in the caring role; keeping carers well informed about issues relevant to their caring role; offering carers practical and emotional support;	
			No. emergency plans completed	Further detailed data under development	
			No. ACSP's completed	460 total for Edinburgh – Roll Out expected early 2022	
			Carer stories of difference	See main report	

			No and % carers being supported to engage in activities that improve their wellbeing	Further detailed data under development	
South West Locality 1:1 Support peer and group-based support	Year 1 & 2 = 225 carers per annum		No carers supported	405 Total for Edinburgh (101 average per locality)	
			No sessions delivered	222 Total for Edinburgh (55.5 average per locality)	
			Types of support delivered	building confidence in the caring role; keeping carers well informed about issues relevant to their caring role; offering carers practical and emotional support;	
			No. emergency plans completed	Further detailed data under development	
			No. ACSP's completed	460 total for Edinburgh – Roll Out expected early 2022	

			Carer stories of difference	See main report	
			No and % carers being supported to engage in activities that improve their wellbeing	Further detailed data under development	

Lot 3 - Short Breaks Programme						
Activity	Minimum Level		Outcome for Carers	Indicators/Measures	Achievement	RAG Status
Planned Short Breaks Programme - Day and Evening Breaks	Year 1	40 carers Supported, Min 4 events	Carers feel safe, rested and recharged Carers are supported to have a life outside and/or alongside their caring role Carers feel supported to maintain their caring relationships and sustain their caring role.	No. carers supported	144	+++
				% new carers	75 total for lot 3 (35%)	
				No. day/evening sessions	20+	
				No. and % carers reporting improvements in their health and wellbeing	Further detailed data under development	
				No. and % carers reporting improvement in their caring relationship	Further detailed data under development	
Planned Short Breaks Programme -	Year 1	35 Carers Supported		No. carers supported	67	++
				% new carers	75 total for Lot 3 (35%)	

Residential Breaks				No. Residential Breaks	9 stepping out Various via other means	
				No. of short break nights provided.	36+	
				No. and % carers reporting improvements in their health and wellbeing	Further detailed data under development	
				No. and % carers reporting improvement in their caring relationship	Further detailed data under development	

Lot 4 - Short Breaks Fund						
Activity	Minimum Level		Outcome for Carers	Indicators/Measures	Achievement	RAG Status
Short Breaks Fund	Year 1	100 carers	Carers feel safe, rested and recharged	No applications received	84	Yellow
				No. of applications approved	83	Yellow
			Carers are supported to have a life outside and/or alongside their caring role	No. new carers funded	83	Yellow
				lowest value of funded application	£38	Green
			Carers feel supported to maintain their caring relationships and sustain their caring role	Highest funded application	£500	Green
				Average funded application	£383	Green
			No. and % cares reporting improvements in their health and wellbeing	31 - 95%	Green	
			No. and % carers reporting improvement in their caring relationship	31 - 95%	Green	

Edinburgh Integrated Carer Support Team – 5a North East						
Activity	Minimum Level		Outcome for Carers	Indicators/Measures	Achievement	RAG Status
Edinburgh Carer Support Team	Year 1	150 carers supported	Carers are identified as close to the start of their caring journey as possible and are connected to opportunities and support	No. carers supported	109 (95 new)	Green
			Carers are supported to look after their own physical, mental, emotional, and social wellbeing	Type of support provided	Short breaks or respite; Advice & information; Counselling or emotional support; Assistance with benefits, e.g. Carer's allowance; Peer support / Group activities; Advocacy; Emergency Planning; Future Planning	
			Carers feel listened to and heard as individuals			
			Carers feel well supported throughout their caring journey			
			Carers are involved in support planning in the community and			

			<p>from hospital and have a choice of options to meet their own needs and the person they care for. Carers are confident in shaping services for themselves and those they support and are more in control of the support they receive.</p>	No. ACSP	3-Pilot 460 total for Edinburgh – Roll Out expected early 2022	
				No. Emergency plans	10	
				No. hours direct contact time	Further detailed data under development	
				Carer feedback/stories of difference	See main report	

Edinburgh Integrated Carer Support Team – 5b North West						
Activity	Minimum Level		Outcome for Carers	Indicators/Measures	Achievement	RAG Status
Edinburgh Carer Support Team	Year 1	150 carers supported	Carers are identified as close to the start of their caring journey as possible and are connected to opportunities and support	No. carers supported	91	
			Carers are supported to look after their own physical, mental, emotional, and social wellbeing	Type of support provided	Short breaks or respite; Advice & information; Counselling or emotional support; Assistance with benefits, e.g. Carer's allowance; Peer support / Group activities; Advocacy; Emergency Planning; Future Planning	
			Carers feel listened to and heard as individuals	No. ACSP	460 total for Edinburgh – Roll Out	
			Carers are supported throughout their caring journey			
			Carers feel well supported throughout their caring journey			
			Carers are involved in support planning in the community and from hospital and have a choice of options to meet their own needs and the person they care for			

			Carers are confident in shaping services for themselves and those they support and are more in control of the support they receive		expected early 2022	
				No. Emergency plans	Further detailed data under development	
				No. hours direct contact time	Further detailed data under development	
				Carer feedback/stories of difference	See main report	

Edinburgh Integrated Carer Support Team – 5c South East						
Activity	Minimum Level		Outcome for Carers	Indicators/Measures	Achievement	RAG Status
Edinburgh Carer Support Team	Year 1	150 carers supported	<p>Carers are identified as close to the start of their caring journey as possible and are connected to opportunities and support</p> <p>Carers are supported to look after their own physical, mental, emotional, and social wellbeing</p> <p>Carers feel listened to and heard as individuals</p> <p>Carers feel well supported throughout their caring journey</p> <p>Carers are involved in support planning in the community and from hospital and have a choice of options to meet their own needs and the person they care for</p>	No. carers supported	80	
				Type of support provided	Short breaks or respite; Advice & information; Counselling or emotional support; Assistance with benefits, e.g. Carer's allowance; Peer support / Group activities; Advocacy; Emergency Planning; Future Planning	
				No. ACSP	460 total for Edinburgh – Roll Out	

			Carers are confident in shaping services for themselves and those they support and are more in control of the support they receive		expected early 2022	
				No. Emergency plans	Further detailed data under development	
				No. hours direct contact time	Further detailed data under development	
				Carer feedback/stories of difference	See main report	

Edinburgh Integrated Carer Support Team – 5d South West						
Activity	Minimum Level		Outcome for Carers	Indicators/Measures	Achievement	RAG Status
Edinburgh Carer Support Team	Year 1	150 carers supported	<p>Carers are identified as close to the start of their caring journey as possible and are connected to opportunities and support</p> <p>Carers are supported to look after their own physical, mental, emotional, and social wellbeing</p> <p>Carers feel listened to and heard as individuals</p> <p>Carers feel well supported throughout their caring journey</p> <p>Carers are involved in support planning in the community and from hospital and have a choice of options to meet their own needs and the person they care for</p>	No. carers supported	104	
				Type of support provided	Short breaks or respite; Advice & information; Counselling or emotional support; Assistance with benefits, e.g. Carer's allowance; Peer support / Group activities; Advocacy; Emergency Planning; Future Planning	
				No. ACSP	460 total for Edinburgh – Roll Out	

			Carers are confident in shaping services for themselves and those they support and are more in control of the support they receive.		expected early 2022	
				No. Emergency plans	38	
				No. hours direct contact time	Further detailed data under development	
				Carer feedback/stories of difference	See main report	

Lot 6 - Young Adult Carers					
Activity	Minimum Level	Outcome for Carers	Indicators/Measures	Achievement	RAG Status
Identifying Carers	8 information days across all five FHE providers annually	Carers are identified as close to the start of their caring journey as possible and are connected to opportunities and support	No. of information days	21	++
			No. young adult carers identified in FHE setting	4	
Health and Wellbeing	Minimum of 100 young adult carers supported per year	Carers know how to connect to information and advice	Total no. carers supported	83	+++
		Carers are well informed about their rights and how to access support	No. New Carers supported	55	
		Carers report economic wellbeing	No. 1:1 sessions	702	
		Carers are supported to look after their own physical, mental, emotional, and social wellbeing	No. of groups offered	107	
		Carers feel listened to and heard as individuals	No. carers accessing groups	75	
			Types of groups offered	Employability	
				Independent living	

		Carers feel well supported throughout their caring journey Carers are involved in support planning in the community and from hospital and have a choice of options to meet their own needs and the person they care for.		Activity agreements	
			Carer stories of difference	See main report	
			No and % carers being supported to engage in activities that improve their wellbeing	75 carers (90%) report wellbeing improvement	
Young Carer Statements & Adult Carer Support Plans	Minimum of 100 Young Care Statements or Adult Carer Support Plan completed.	Carers are confident in shaping services for themselves and those they support and are more in control of the support they receive.	No. Young Carer Statements	10 (YCS rolled out from 6-month point)	
			No. Adult Carer Support Plans	2 pilot - 460 total for Edinburgh – Roll out expected early 2022	

Lot 7 - Young Carers				
Activity	Minimum Level	Indicators/Measures	Achieved	RAG Status
Schools Support	120 Schools	No of schools with Young Carer Coordinators	124	
		No of staff attending CPD training	187 staff	
Young Carer Statements	Year 1 (Sep 20 – Aug 21) 821 statements completed	No of Young Carers receiving a Statement	52 started not completed 67 completed	+
Young Carers Grants Fund	40 Grant awards made	No of Young Carers receiving a grant	28 (YCS only in use since June 21)	
Support to Young Carers	Year 1 (Sep 20 – Aug 21) 738 Young carers supported	No. of groups offered	715	+
		No. young carers accessing	757	+

Lot 8 - Parent Carers						
Activity	Minimum Level		Outcome for Carers	Indicators/Measures	Achievement	RAG Status
Information and Advice enquiries	Provide information and advice to a minimum of 600 parent carers per year		Carers are identified as close to the start of their caring journey as possible and are connected to opportunities and support	No. of carers supported	1052	+++
	Financial Planning and Welfare benefit support		Carers know how to connect to information and advice	% Carers satisfied with support	100%	
	Year 1	120 carers	Carers are well informed about their rights and how to access support	No. and % Carers supported who have maximised benefit entitlement	376 carers (35%)	+++
			Carers report economic wellbeing	Total amount of benefits accessed for carers	£389,404	

Adult Carer Support Plans	Year 1	Min 330 plans	<p>Carers are involved in support planning in the community and from hospital and have a choice of options to meet their own needs and the person they care for.</p> <p>Carers are confident in shaping services for themselves and those they support and are more in control of the support they receive.</p>	No. adult carer support plans completed	460 total for Edinburgh – Roll out expected early 2022	
				Type of support required	Short Breaks, Information and advice, Practical support, Counselling/ emotional support, Training and learning, Assistance with Benefits, Group support, Advocacy, Emergency Planning, Future Planning	
				No. new carers to the service	505	
				Health and Wellbeing	Year 1	Support min 250 carers
No. carers accessing groups	58					
Types of groups offered	Benefits for School Age Kids x2; Song and Rhyme; ASN child -					

			<p>Carers feel listened to and heard as individuals</p> <p>Carers feel well supported throughout their caring journey</p>		<p>challenging behaviour x2; Benefits for School Age Kids; Caring for a child with learning difficulties; Craft for parent carers; ASN child sleep; Not fine in school x 2; Parent Carers open Session; Craft Workshop for parents and Kids; Surviving the festive season as a parent carer; Paediatric first aid; Child gaming and gambling; Taking Care of Mental Health and Wellbeing for Carers of disabled children</p>	
				Carer stories of difference	See main report	

			No and % carers being supported to engage in activities that improve their wellbeing	438 (41%)	
			No carers supported	438	
			No sessions delivered	14	
			Types of support delivered	Short Breaks, Information and advice, Practical support, Counselling/ emotional support, Training and learning, Assistance with Benefits, Group support, Advocacy, Emergency Planning, Future Planning	
			No. emergency plans completed	2	

Appendix 2a – Forecast Spend against Agreed Spend at P7

Priority Area and activity	Agreed Spending Proposals per Feb 21 EIJB £	Forecast Spend £	Forecast Unallocated £
Identifying Carers & Information and Advice			
Contracted services (Lot 1, 6 and 8)	942,235	940,025	2,209
Communication and Engagement	20,000	0	20,000
EIJB Grant funded services	94,914	94,914	0
EHSCP Hospital Discharge Carer support team	158,020	158,020	0
Priority total	1,215,168	1,192,959	22,209
Carer Health and Wellbeing			
Contracted services (Lot 2)	490,523	490,494	29
EIJB Grant funded services	140,869	137,792	3,077
Priority total	631,392	628,286	3,106
Short Breaks			
Contracted services (Lot 3 and 4)	147,649	139,171	8,478
EIJB Grant funded services	98,185	98,185	0
Short Breaks Strategy	340,000	0	340,000
Priority total	585,834	237,356	348,478
Young Carers			
Contracted services	514,065	514,056	9
Personalising Support			
Contracted services (Lot 5a, 5b, 5c and 5d)	146,508	143,633	2,875
Hospital Discharge Carer Support Team	368,712	368,712	0
Estimated Carer Payments (linked to ACSP)	235,938	25,714	210,223
Replacement Care - contributions to Purchasing Budget	2,000,000	2,000,000	0
Priority total	2,751,158	2,538,059	213,099
Other activity			
Performance and Evaluation	43,500	0	43,500
Contingency Fund	100,000	0	100,000
Priority total	143,500	0	143,500
TOTAL	5,841,116	5,110,716	730,400
%		87.5	12.5

Source: CEC Finance: Period 7 Forecast 11.11.21

Appendix 2b - Allocation of Carer Unspent Funds 2021-22

Below is a table indicating how the £730k is proposed to be utilised including what has already been agreed (49k); the proposals to enhance current provision, (£618k); a carry forward element to 2022-23 (£63k). An outline of benefits is also indicated:

Table 2 – Spend Plan for Unallocated Carers Funding 2021-22

	Area of Proposed Spend	2021-22	Comments and Benefits
	Already Agreed		
1.	Bring forward allocation for independent advocacy for carers, as agreed at 11 Nov EMT, for 2021-22	34k	£34k, is split between two providers (PIA & Advocard), for 4 months activity for the remainder of 2021/22, up to March 2022 from uncommitted carer funds 2021/22, being proportionate to the new annual investment from April 2022. New Advocacy contract expires end July 2022. Allocation for Carers IA will be allocated thereafter. £34k committed April – July 2022 from 2022-23 allocation, to cover this period.
2.	Allocation to Carer specific PCO – Business Case ratified 2021, commencing Jan 2021, for last quarter of 2021-22	15k	New Older PCO planned to start Jan 2022, with Carer PCO working full time on Carers thereafter. Allocation yet to be accounted for given start of Jan 2022
	Section total	49k	
	Enhancing current provision	2021-22	Comments and Benefits
	One Off Payments		
3.	Match City of Edinburgh Council's pledge of £250k bringing the Carer recovery fund to £500k to be delivered by partner agency VOCAL.	250k	Purpose: Personalising Support - Carer Payments "In recognition of the challenging impact the Coronavirus pandemic had on many carers and their families, the

			<p>City of Edinburgh Council approved a £250,000 Carers Recovery Fund in its 2021-22 budget to help carers and their families in greatest need.”</p> <p>Specifically targeting delivery of improved:</p> <ul style="list-style-type: none"> • opportunities for breaks from caring • personal health and wellbeing • economic (financial) wellbeing <p>The above has allowed VOCAL, to reach and support 600+ beneficiaries across Edinburgh, by matching this using unallocated funds, a further 600+ beneficiaries can be reached.</p> <p>An agreed allocation for the CEC grant reaches BAME and young carers. The same allocation will apply for the matched funding.</p>
4.	Enhance more generic Grant funded activity, where carers benefit, current total c£298k, by 30% uplift of previous transitional grants	90k	<p>Purpose: Personalising Support - Carer Payments</p> <p>Benefit to carers by aiming to address social isolation, promoting healthy lifestyles, improving mental wellbeing, supporting self-management of long-term conditions, Information and advice, income maximisation, reducing digital exclusion, building strong, inclusive and resilient communities.</p> <p>It has been reported that current grant providers have pent up demand</p>

			associated with covid, with carers benefiting greatly from provision.
5.	Uplift the current Lot 3, short breaks programme, as demand is currently exceeding supply.	100k	Purpose: Short Breaks Additional funding would allow Lot 3 provider to increase capacity and enhance opportunities for short breaks
6.	Uplift Lot 4 Short Breaks Fund, which is allocated directly to carers to support their requirement for short break and break from caring	60k	Purpose: Short Breaks Additional short breaks for carers, alleviating pressure for them, and preventing pressure to the purchasing budget
7.	Enhance Lot 6, and the ability to reaching and supporting Young Adult Carers, aligning the 2021-22 value to the subsequent 3 years. 2021-22 value = 40.8k subsequent years just over 72.2k, 73.4k, 74.5k	31k	Purpose: Short Breaks Young Adult Carers are one of the most marginalised carer groups, and enhancing Lot 6 would result in much needed short breaks for young carers
8.	EHSCP contribution to the survey carried out, and led by VOCAL	5k	
9	Additional 30% uplift to existing carer support grants from contingency funds	£82k	Purpose: Personalising Support Benefit to carers by aiming to address social isolation, promoting healthy

			lifestyles, improving mental wellbeing, supporting self-management of long-term conditions, Information and advice, income maximisation, reducing digital exclusion, building strong, inclusive and resilient communities.
	Section Total	618k	
Areas of Proposed Carry Forward to 2022-23			
10.	<p>Expedite roll out of ACSPs and enhance how Lot 5 carer payments are allocated for an anticipated surge in spring 2022.</p> <p>Currently on 4-week trial basis, expected to be rolled out early 2022 increasing access to carer payments.</p> <p>Carry forward £100k to next year's budget for Carer Payments</p>	63k	<p>Purpose: Personalising Support- Carer Payments</p> <p>As restrictions continue to ease, Carers who have managed for so long with very little direct support are likely to come forwards more readily meaning demand for carer payments in the coming year could well be more than what is allocated.</p> <p>Carried forward allocation will allow Lot 5 to respond to anticipated surge in demand in early 2022.</p>
	Section Total	63k	
	TOTAL	730k	

Appendix 3

Year 1 Report 2021: Contracted Provision Against the Six Priority Areas in the Edinburgh Joint Carers Strategy Priorities



Edinburgh **Health and Social Care** Partnership



Working together for a caring, healthier, safer Edinburgh



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Introduction

The purpose of this Report is to revisit the key priority areas, and intentions within the Edinburgh Joint Carers Strategy 2019-22, providing an overview of progress in the year January – December 2021, in supporting unpaid carers, since the contracts for enhanced carer supports were awarded in January 2021. Progress indicated is in relation to contracted provision, associated with the contracts awarded in January 2021. Further work will be undertaken to reflect the wider contribution to the Strategy by grant and other community supports focussed on carers.

The Report will summarise the key information set out in the Joint Carer Strategy, including our priority areas and guiding principles, and will highlight some of the key challenges over the last few years associated with the covid 19 pandemic, impacting in particular, our ability to provide breaks from caring, and wide spread implementation of the Adult Carer Support Plans.

The main part of the report will indicate how carers have been supported across the six priority areas through contracted provision, highlighting the key challenges are for each priority area, what we said we would do, what has been achieved, and draws on carer experience to highlight the difference support has made to them. Quotes from carers are also included throughout this report to provide and insight to how valuable their support is to them.

In the main, most priority areas have met, and in some instances exceeded what was planned, with the exception of the two highlighted areas above, where actions to achieve improvements in these specific areas is highlighted.

The information in this report has been provided by our valued partners across both voluntary and statutory sectors, who have responsibility, through the awarded contracts, to provide much needed meaningful support for carers, and they are commended for their dedication and commitment to carers.

The Edinburgh Health and Social Care Partnership (EHSCP), Strategic Carer Partnership Group oversees the implementation of the strategy, and has provided comment on this report, to ensure it reflects the efforts of all providers in delivering support for carers in what has been the most challenging of times over the last few years.

Summary of key elements of Edinburgh Joint Carer Strategy 2019-2000

“People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

(Scottish Government)

The Edinburgh Health and Social Care Partnership (EHSCP), City of Edinburgh Council and NHS Lothian recognise the crucial contribution young and adult carers make to their communities across Edinburgh. A range of good quality support for all carers needs to be available at the right time and place.

Carers who are supported to carry out their role in a way that supports their own health and wellbeing are key to achieving the EHSCP’s vision to deliver together “a caring, healthier and safer Edinburgh” and Communities and Families vision for all children and young people in Edinburgh to enjoy their childhood and fulfil their potential.

The Joint Carers strategy, ratified by the Edinburgh integration Joint Board, and launched in 2019, was therefore informed by national and local context, and outlined, local priorities and associated areas for improvement, outcomes for carers, as well as details of the activities needed to achieve them. The strategy supports the EHSCP, and Communities and Families within City of Edinburgh Council, to demonstrate impact on Outcome 6 of the National Health and Wellbeing Outcomes;

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being

The strategy remains focused on six priority areas:

7. Identifying carers
8. Information and Advice
9. Carer health and wellbeing
10. Short Breaks
11. Young carers
12. Personalising support for carers.

It also incorporates the duties placed on the EHSCP, Local Authority and NHS Lothian by the Carers (Scotland) Act 2016. The strategy was developed in partnership with the third sector and unpaid carers across Edinburgh and built on

learning from the 2014-2017 Edinburgh Joint Carer Strategy (EJCS), and associated review.

The following section describes the influences that have developed the strategy, with further detail available in Appendix 1

Carers (Scotland) Act 2016

The Carers (Scotland) Act 2016 is designed to support carers' health and wellbeing and help make caring more sustainable. New duties for local authorities from 1 April 2018 include:

- The provision of support to carers, based on the carers' identified needs which meet the local eligibility criteria.
- The offer and preparation of an adult carer support plan and young carer statement to identify carers' needs and personal outcomes.
- The provision of an information and advice service for carers in areas such as; emergency and future care planning, advocacy, income maximisation and carers' rights.

The legislation is accompanied by a [Carers' charter¹](#) which sets out carers' rights under the Act.

In addition to the Carers (Scotland) Act 2016 there is a range of legislation and national policy that impacts on the delivery of this strategy, see fig 1 below.

Fig 1: Summary of national legislation and Policy relating to EJCS 2019-2022



¹ <https://www.gov.scot/publications/carers-charter/>

The Edinburgh Integration Joint Board's (EIJB) Strategic Plan 2019-2022²

The strategic plan sets out how health and social care services will evolve over the coming years so the EHSCP is an affordable, sustainable, and trusted health and social care system that takes a person centred, home first approach and optimises partnerships with the third and independent sectors. The plan focuses on four central elements that are mutually supporting:

- The definition of a modern Edinburgh Pact between health and social care providers and our citizens,
- The *Three Conversations* approach to facilitate and support people who need help and empower staff. The approach offers three clear and precise ways of interacting with people focusing on what matters to them. It recognises the power of connecting people to the strengths and assets of community networks, and the necessity to work dynamically with people in crisis.
- Continuing to shift the balance of care from hospital services to the community under the banner of *Home First*
- A Transformation Programme, led by senior managers across operations and strategy, which focuses on a broad range of services aimed at rapid redesign.

Carers are recognised as equal partners in care, supporting people of all ages in their own homes and community and in supporting the achievement of the EHSCP's vision.

² https://consultationhub.edinburgh.gov.uk/hsc/draft-strategic-plan-2019-2022/supporting_documents/EIJB%20Draft%20Strategic%20Plan%20201922.pdf

Definition of a Carer

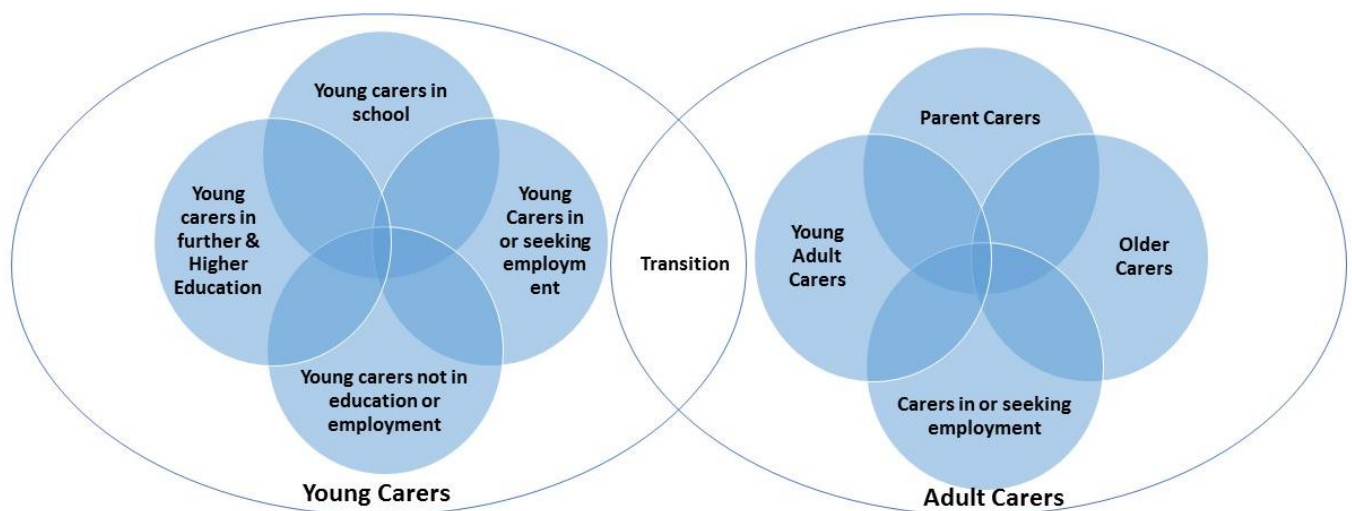
This strategy has adopted the following definition of a carer:

“A carer is ‘a person of any age who provides, or intends to provide, unpaid help and support to a relative, friend or neighbour who cannot manage to live independently without the carer’s help due to frailty, illness, disability, or addiction’.” (Scottish Government 2016)

The Carers (Scotland) Act 2016 distinguishes between young carers and adult carers;

- A young carer is a carer who is under 18 years old or is 18 years old and is still at school.
- An adult carer is a carer who is at least 18 years and not a young carer.

Fig 2: Range of different carer life stages, all of which may have a degree of shared needs and/or needs specific to their caring situation.

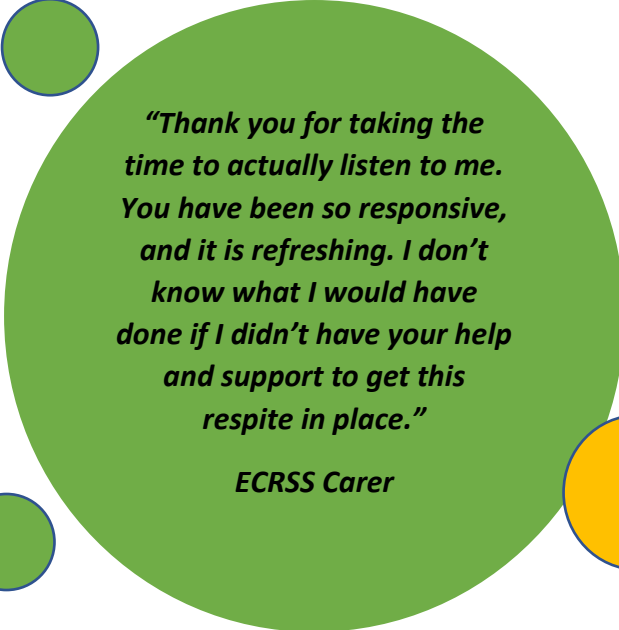


EHSCP also recognises that with these definitions there are a range of needs depending on the life stage of the carer. This strategy aims to encompass the support needs of;

- Young carers who are in school, or further or higher education
- Young carers aged 16-17 who may be in or seeking employment
- Young carers aged 16-17 who may not be in education or employment
- Young adult carers who are aged 18-25, who have needs around the transition from children and young people’s services into adulthood and accessing age appropriate adult supports. Young adult carers also require


support to create a life beyond caring and explore opportunities for employment, further education, or moving into their own homes;

- Parent carers who are parents of children who have a disability or additional needs. Evidence shows this group of carers experience disproportionately greater negative impacts of caring than other carers.
- Carers who are managing both a caring role and trying to start, sustain, or return to employment
- Older carers who in addition to caring for someone with support needs may also be managing their own health needs and impacts of ageing.




“Thank you for taking the time to actually listen to me. You have been so responsive, and it is refreshing. I don’t know what I would have done if I didn’t have your help and support to get this respite in place.”

ECRSS Carer



“I really appreciate everything and am a bit overwhelmed at how much you have improved things for us already. You really do take action”

Parent Carer



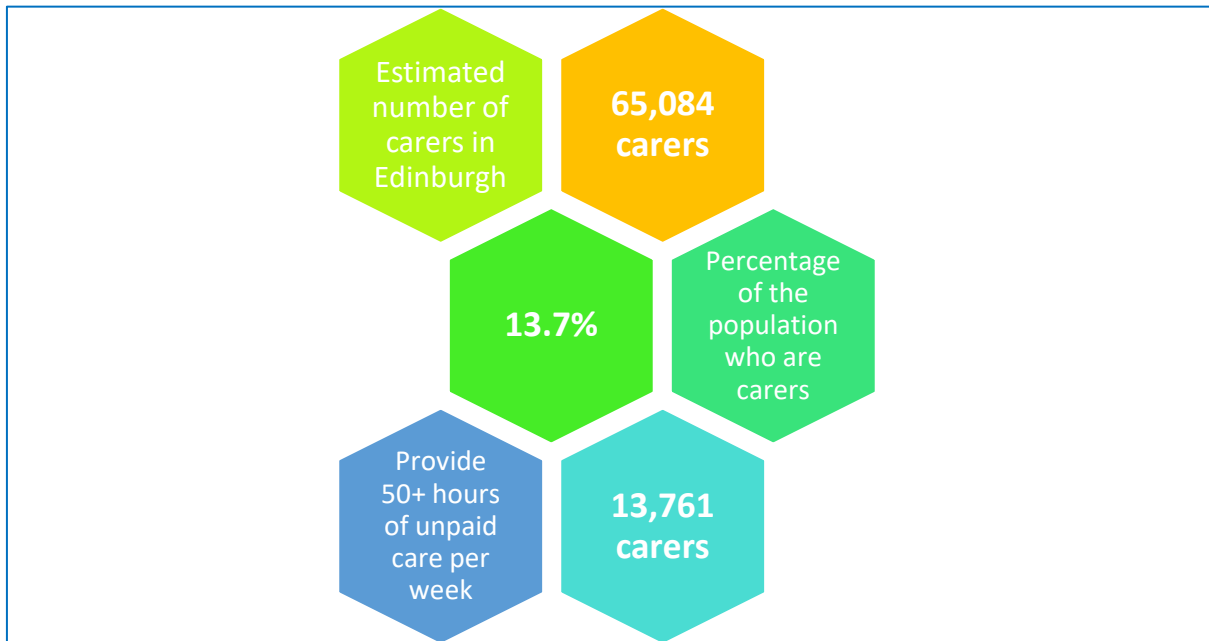
“Caring is a very rewarding as well as challenging and isolating role that only people in similar circumstances can understand”

Carer

Who are Edinburgh's carers, and how are they impacted?

The Scottish Health Survey 2016³ estimated that there are 788,000 people caring for a relative, friend or neighbour in Scotland, 44,000 (5.6%), of these people are under the age of 18. It also indicated that a third of carers have reported that caring has a negative impact on their health. The Scottish Household Survey (2011) estimates there are 65,084 carers living in Edinburgh, this is 13.7% of the population.

Fig. 3 Edinburgh's carers, source: Scottish Household Survey 2011



The population in Edinburgh is projected to increase faster than any other city in Scotland over the next 20 years. Based on historical trend analysis, the annual population growth for the city is estimated to be between five to six thousand, with those aged 85+ projected to grow by 28% between 2012 and 2022. By 2037, the number of those aged 85+ is set to more than double. The number of people living with Dementia could rise by 61.7% to 11,548 people by 2035.

In addition, the proportion of people with two or more long term conditions increases with age. recent study for instance suggests 1/3 (66.3%) of people aged 46-48 years have two or more long term conditions in the 2021 Edinburgh Joint Strategic Needs Assessment.⁴

As indicated above, carers are recognised within EIJB's Strategic Plan 2019-2022 as equal partners in care, supporting people of all ages in their own homes and

³ The Scottish Health Survey (2016) <https://www.gov.scot/publications/scottish-health-survey-2016-volume-1-main-report/pages/60/>

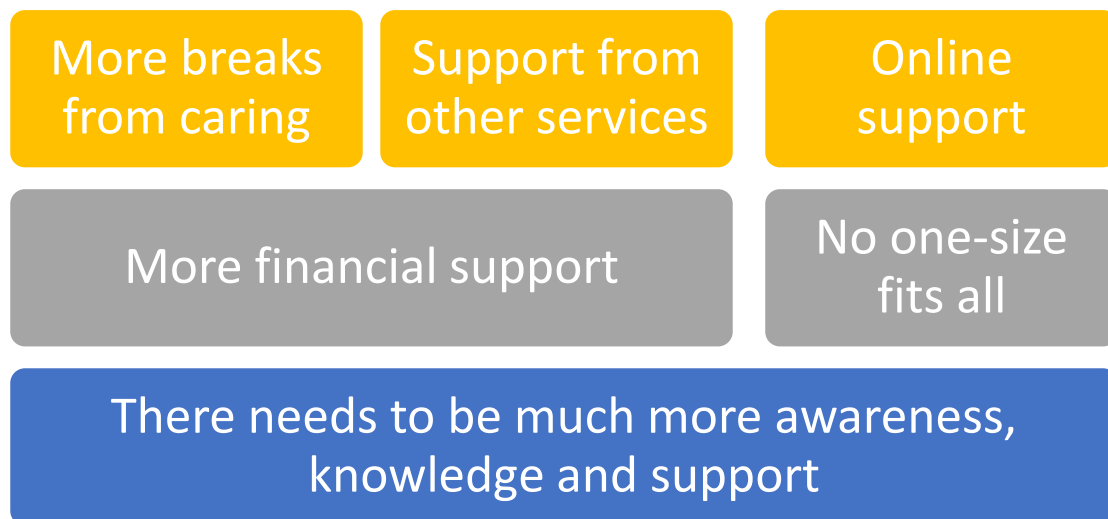
⁴ <https://www.edinburghhsc.scot/the-ijb/jsna/>

community now and in the future. We expect to see an increase in the number of people who are carers in the city over the coming years as a direct result of predicted changes in Edinburgh's population, and our ability to get better at identifying carers. The agreed enhanced investments aim to address ongoing need.

What carers told us to shape the Strategy

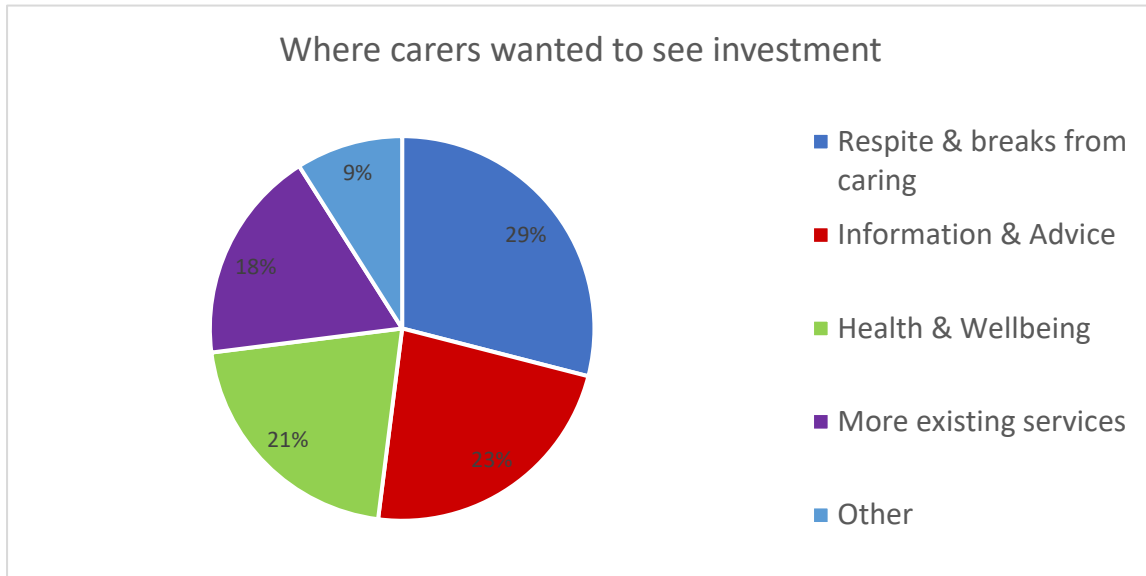
In developing the Carer Strategy, a total of 196 carers participated in some form of engagement, involvement, or consultation. Young carers made up 38% of the responses, and 62% were adult carers. Several themes, that mattered to the people who responded emerged helped shape the strategy and implementation plans.

Fig 4: Themes from consultation with Edinburgh's Carers, that shaped the Strategy



When asked where additional investment should be made, those involved highlighted:

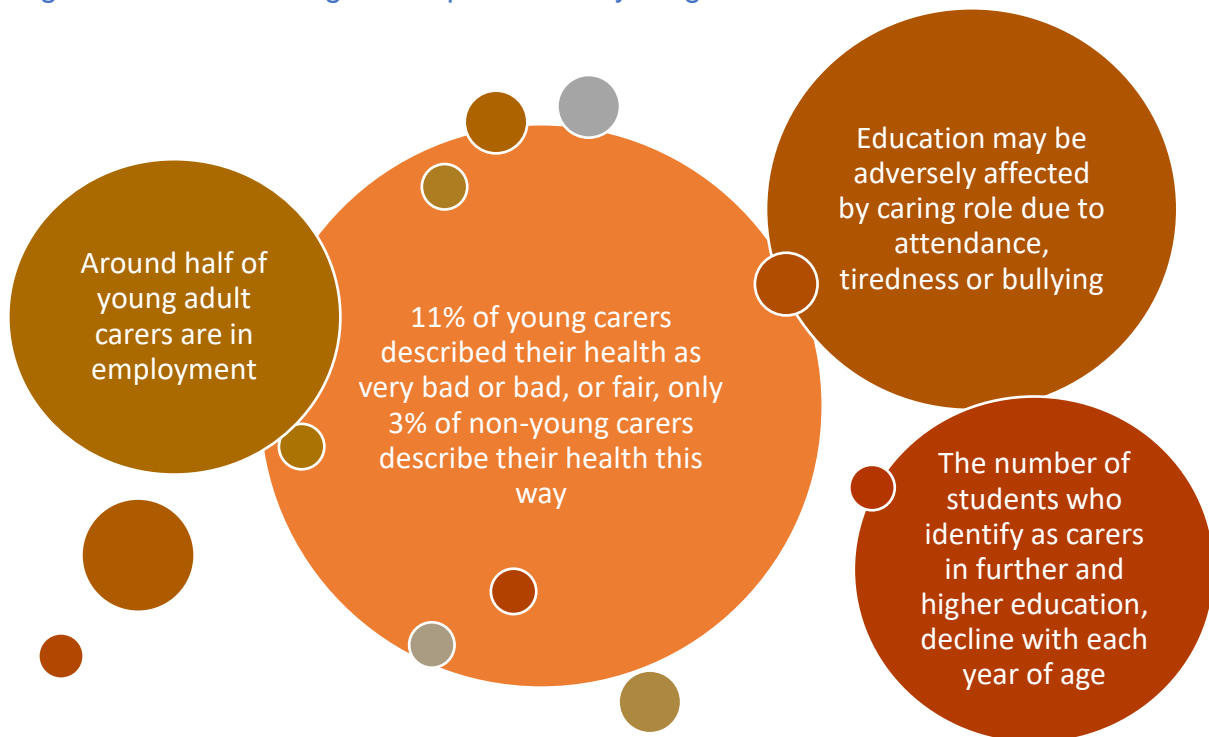
Fig 5: Consultation responses to where additional investments will make the most difference to carers.



The Scottish Health Survey 2016 provides the best estimate of the number of young carers aged 4-24 for Scotland, 93,000 (7% of the population). In their review of research and data for young carers, the Scottish Government⁵ states 22% of young carers in this age range provided 35 hours or more of unpaid care per week. The report also acknowledges the number of young carers and young adult carers within the Scottish Household Survey are too few to provide any more detailed analysis. The report contains a review of wider research for young carers and the impact caring has on their life. Some of the evidence is summarised in fig 4.

⁵ <https://www.gov.scot/publications/young-carers-review-research-data/pages/3/>

Fig 6: Research findings for experience of young carers.



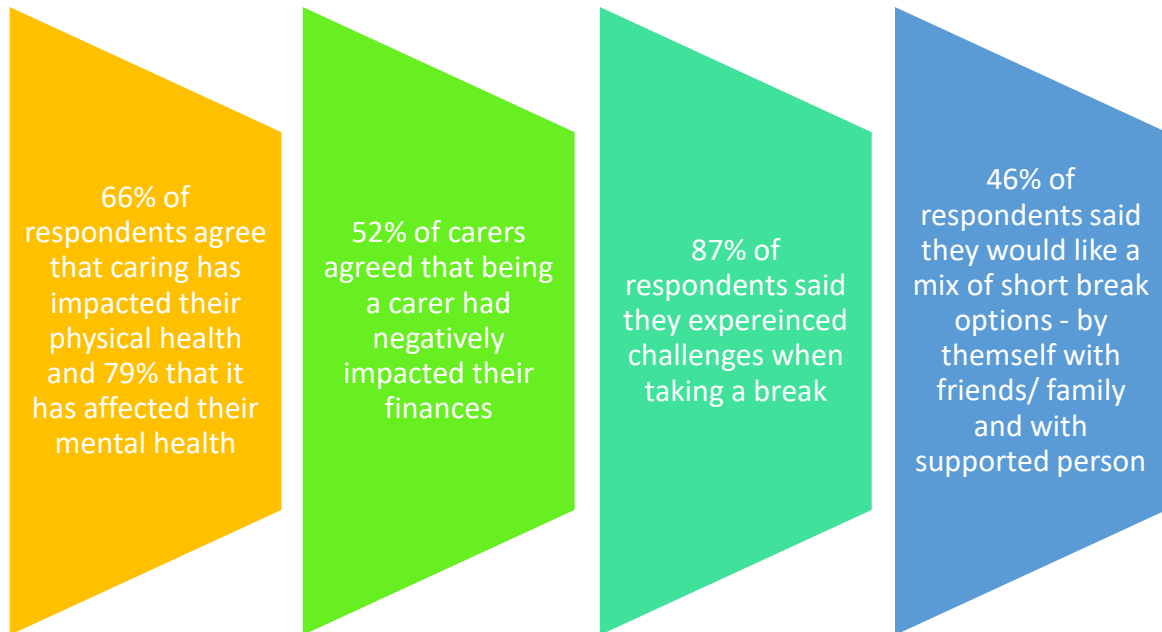
What Carers are saying in 2021

Voice of Carers Across Lothian (VOCAL) are a local carer support organisation and since 2011, they have carried out a bi-annual survey of unpaid carers in Edinburgh and Lothian. The most recent survey, **published in November 2021**, received responses from 826 carers in Edinburgh⁶ and identified the priority areas listed in fig 7, for carers in Edinburgh. In all these areas carers of children and young adults reported disproportionately greater negative impacts of caring and greater barriers for accessing support than those in other caring situations.

The themes indicated below, continue to be aligned with key priority areas, including: health and wellbeing, optimising financial health through information and advice, and, getting a break from caring:

6. <https://www.vocal.org.uk/news/2021-carer-survey-results/>

Fig 7. Priority areas from VOCAL's carer survey November 2021.



Guiding Principles

The Edinburgh Carers Strategic Partnership Group alongside the EHSCP and City of Edinburgh Council's Communities and Families Service, have focused on working with young and adult carers to develop supports and services which are personalised and offer choice within the communities where they live. We have supported carers as early as possible focussing on what matters to them. This has contributed to managing avoidable differences in people's health (health inequalities) through the Three Conversations approach. The approach recognises the power of connecting people to the strengths and assets of community networks as early as possible, and the necessity to work dynamically with people in crisis.

The delivery of the strategy and associated implementation plans continues to be achieved by working with carers themselves with partners in the third sector, education, and health and social care, playing crucial roles, to support and meet the needs of young and adult carers.

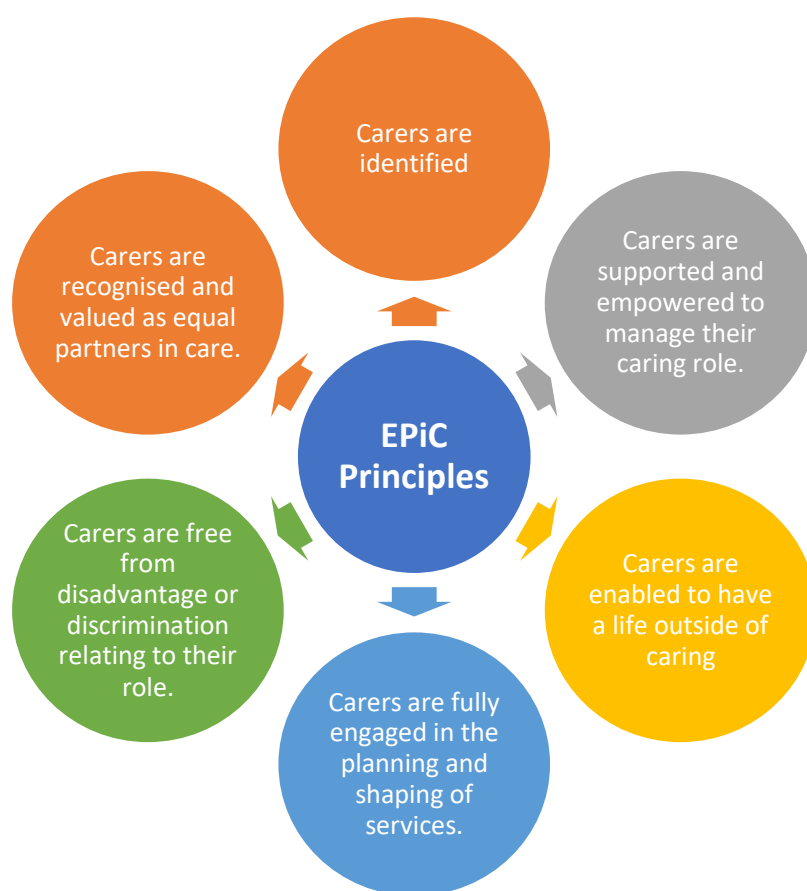
A strong partnership approach exists between young and adult carer services with EHSCP, communities and families and third sector partners to providing appropriate and timely support for carers in transition between children and young people's services and adult services. This applies to both young adult carers and parent carers.

Furthermore, the strategy embraces the importance of the wide range of agencies, businesses, employers, and communities, who all have a role to play in developing a more carer friendly Edinburgh.

The Edinburgh Health and Social Care Partnership, and Communities and Families Service recognise carers as equal partners in care and support the principles developed in partnership with carers and other stakeholders by Equal Partners in Care (EPiC)⁷.

⁷ <https://www2.gov.scot/Topics/Health/Support-Social-Care/Unpaid-Carers/ProgrammesandInitiatives/Equal-Partners-in-Care>

Fig. 8 Equal Partners in Care Principles



Statement on the Covid 19 Pandemic

The Covid 19 pandemic has had a devastating effect on the lives of carers, those they support and the services seeking to support them through extremely challenging times. Closure or significant reduction in support provision for supported people, reduction in the workforce due to workers isolating, and criteria for accessing support becoming available only to those in significant/ critical hardship, have impacted carers in all areas. National groups are hearing of particular challenges for women who care, employment being impacted, and subsequent financial hardship.

A particular area of difficulty has been in the provision of short breaks. With strict guidance around travel and physical mixing over the first half of 2021, the ability to arrange or take a short break at that time was near-impossible. The knock-on effect of that being carers feeling exhausted, drained, isolated and fearful with their mental and physical health all feeling the strain. The fact that provision has been delivered to the extent it has by the year's end, says much of the dedication and commitment of those partners involved in this area of carer support.

Adult Carer Support Plans have also represented an area of challenge resulting from the pandemic. With attentions largely re-directed to supporting carers cope

emotionally with the lack of services and support, the development of these has been delayed. The knock-on effects of this include carers not benefitting fully from the supportive conversations that flow from these documents, nor from action planning that these lead to, in turn giving carers a sense of direction and hope for the future. Critically however, the access to Carer Payments that these can lead to have been restricted, meaning carers have not benefitted from them in the numbers expected.

Other challenges have included work with Schools, Further and Higher Education providers and employers, since all have had to adapt in some way to reach and support students and employees with new ways of working.

It has been recognised that the commitment to produce the level of detail in this Report is significant, by both providers, and strategic planning and commissioning team. It has been indicated that the level of involvement, engagement and degree of information sharing around the development of this Report, has been transparent and welcomed.

Throughout the pandemic, the fact that unpaid carer providers have supported them to the extent that they have, sends a clear message around the commitment to Edinburgh's carers.

Pandemic effect on Carer Spend

The effect that these challenges and difficulties have had upon service provision was significant and unavoidable. Of an overall budget of **£5,841,116** for carer support, **£730,400**, representing 12.5% remained "unspent". The identification of these unspent funds and their proposed redistribution was agreed by Executive Management Team (EMT) in late 2021 meaning all carer funding for the year was realised, with the exception of a minimal carry forward of 1.2%. See appendix 1.1 (p44) for the agreed enhancements and additional spend to ensure carer support was optimised. See Appendix 1.2 (p45) for details on the redistribution of the unspent funds.



Priorities and outcomes for carers in Edinburgh

The Carers (Scotland) Act 2016 is designed to support carers' health and wellbeing and makes provisions for enhanced carers' rights for support in the caring role. The previous sections demonstrate the scale of current and future demand locally for Edinburgh's carers and the impact caring has on carers' lives.

The following pages outline a strategic framework which has enabled the delivery of improvements for Edinburgh's carers, underpinned by the EPiC principles.

Alongside the 6 key priorities, there are a number of outcomes for carers. The outcomes provide a description of the difference in carer's lives that the strategy set out to achieve, and how this has been managed, despite the most challenging of times over the last few years.

The section that follows provides an overview of some of the key areas we set out to improve against the 6 priority areas:

1. Identifying carers
2. Information and Advice
3. Carer health and wellbeing
4. Short Breaks
5. Young Carers
6. Personalising support for carers

In Appendix 2 (p50), there are two implementation plans, with more detail of how we planned to work with carers and partners, towards achieving the outcomes for both adult and young carers. This demonstrates the key differences for these groups who have been recognised in the development of this strategy and taken into consideration. Appendix 3 (p62) details the achievements made against each of the identified Key Performance Indicators for contracted carer support over this year.



Identifying carers

What is the key challenge?

One of the greatest barriers to offering help and support to carers is that many people do not identify themselves as being in a caring role. This applies to young carers and adult carers alike.

Although there has been much work to identify carers the feedback from the carer consultation shows this is still a challenge. The Carers

(Scotland) Act 2016 has broadened the definitions

of who a carer is, this means there are many more people who are carers but do not identify themselves as such.

Outcomes for Carers

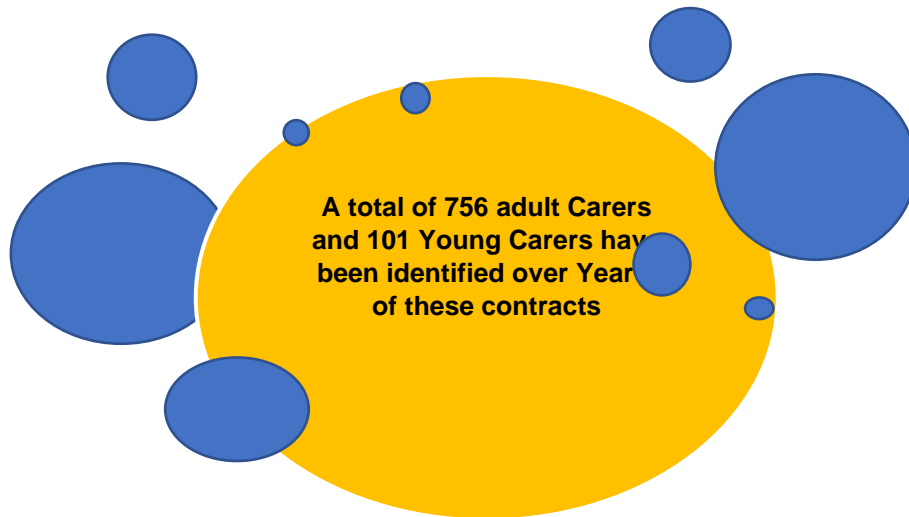
- Carers are identified as close to the start of their caring journey as possible and are connected to opportunities and support

What did we say we would do?

- Work with a minimum of **20** businesses and employers to identify a minimum of **120** carers per annum
- Raise awareness of carers and the Carer Positive Employers Award
- Identify and support carers in the workplace and those who wish to return to employment
- Provide training to health and social care staff working within the Edinburgh Health and Social Care Partnership, City of Edinburgh Council NHS Lothian and Third and Independent sector within the City of Edinburgh
- Deliver **8** information days across all FHE providers in Edinburgh annually to help identify Young Adult Carers.

What has been achieved through contracted providers?

- Awareness raising activities, for example info circulation via, EHSCP communications team, twitter, colleague newsletters, Edinburgh Carer Network and Vlogs see appendix 4 (p91) for more details
- Lockable, glass-fronted information cabinets were procured and placed in each of Edinburgh's hospitals
- Information stalls have also been set up around the city e.g. in libraries, a large supermarket, hospital foyers and some GP Practices
- Strong links made with Hospital Discharge team facilitating carer identification
- Supported **23** employers, exceeding target of **15** and Identifying **178** new carers as a result
- Raised awareness of Carer Positive award – **13** agencies now “engaged” in this initiative
- Delivered **47** “Think Carer” training sessions; nearly double the contracted expectation and reaching **1136** participants
- Delivered **19** FHE information days, more than twice the expected number
- Identified **101** new Young Carers



We have been using the annual Carers Week to raise even more awareness about the challenges facing working carers across, introducing new Carers champions, training and additional support for colleagues. Our colleague champions will be undergoing a specially designed training programme with VOCAL (Voice of Carers Across Lothians) to understand what it is like to be a carer and access additional resources – Phoenix Group

Stories of difference 1 – Identifying Carers (Employers)

When we began working with LK he was about to sit his exams and was looking at applying for courses in the future. We supported him to look at his university offers and which would work best for him. Also, the logistics and managing the emotions which could come with reducing his caring role and move to university halls. LK cares for his mum who has a heart condition and misuses alcohol. At the end of August 2021 LK had to leave his caring role after family breakdown with the cared for person. He was due to begin university but had three weeks to wait until he could access university halls. LK was homeless and sofa surfing with family friends but felt he wasn't able to do this for three weeks. EYC were able to liaise with the university accommodation staff and arrange for an early entry preventing LK for remaining homeless. We were also able to link LK in with further emotional and financial support at university and ensured he felt supported and able to make the transition from school to university. LK has since voiced how supported he felt during this time and how he does not know if he would have been able to take his place if he was not able to access halls early.

Stories of Difference 2 – Identifying Carers (Young Carers)

Information and Advice

What is the key challenge?

Carers and those supporting them need to know what their rights are and where to access information that is relevant, up to date and, available when they need it, to make informed decisions. A simple and clear approach for carers to access information when they require it will be developed further to meet the wide range of carers needs.

Economic wellbeing is a significant aspect of this priority. VOCAL's carer survey found that a quarter of respondents had reduced their working hours. This has significant long-term financial implications, from impact on household income to pension contributions for later in life.

Outcomes for Carers

- Carers know how to connect to information, advice.
- Carers are well informed about their rights and how to access support
- Carers report economic wellbeing

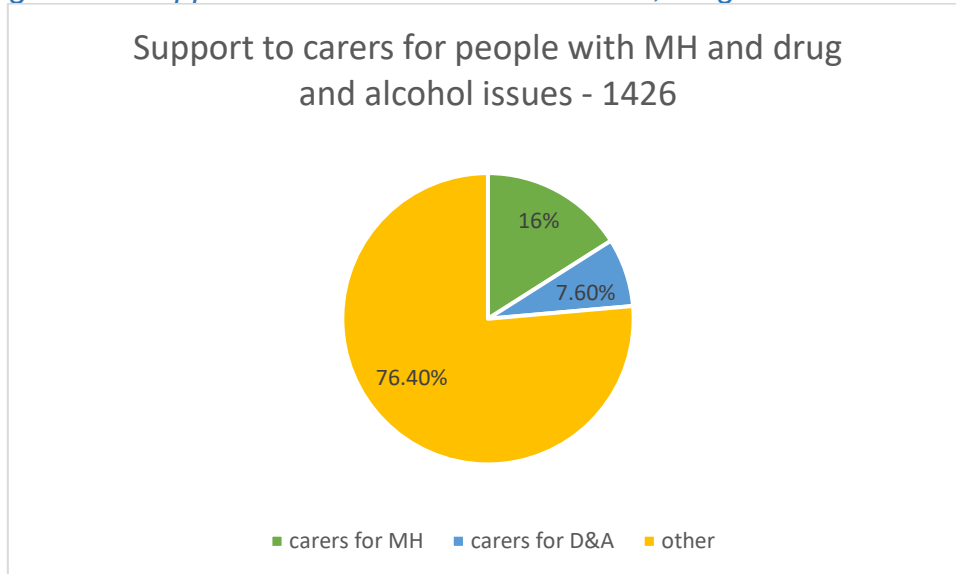
What did we say we would do?

- Set up and Information and advice service
- Manage **2,400** carer enquiries for information and advice over year 1 with **960** carers going on to receive support
- **5%** of these should be caring for someone with mental health issues and the same for people with drug and alcohol issues
- Support **360** carers around benefits and welfare advice
- Deliver **230** training sessions to carers to improve confidence in caring

What has been achieved through contracted providers?

- An Information and Advice service has been created
- The service managed **2,854** enquiries with **1,426** carers going on to receive support
- **16%** and **7.6%** of these were carers supporting people with Mental Health or drug and alcohol issues, respectively see Figure 8 below
- **456** Carers have been supported around welfare and benefits advice realising a total value of **£863,039** for Edinburgh's carers
- **253** carer training sessions were arranged seeing a total of **578** carers benefitting

Figure 8 – Support to carers with Mental Health, drug and alcohol issues



A total value of £863,039 has been realised for Edinburgh's adult carers through welfare support

Story of Difference 1 – Information and Advice

Mr Chen lives with his mother in Edinburgh who is 86 years of age. In addition, he has a brother who has recently been diagnosed with terminal cancer. Mr Chen first contacted VOCAL following a recommendation from his GP who had identified him as a carer.

The carer was employed on a full time basis but not on a long term contract and had been off sick for a few weeks from his employer and his sick pay was ending the following week.

On initial contact with the Carer Support Practitioner (CSP) there was a brief conversation about his caring roles and how his health was impacted. It was agreed to meet face to face, as was Mr Chen's preference, and this was organised to discuss issues he was finding challenging and reasons for contacting VOCAL. The CSP met Mr Chen at VOCAL's office and they discussed his health and how his caring role and responsibilities made it impossible to work full time and the resultant financial pressure he was facing because he felt unable to continue working. Mr Chen was keen to find out what financial support would be available to him and allow him to provide fulltime care to his mother.

Due to his limited English written skills, Mr Chen reported challenges in reading any correspondence from third parties and to complete any benefit applications. Providing support face to face had helped overcome the issues around communication but further COVID restrictions meant these re-emerged. Mr Chen was offered an interrupter but turned this down due to his anxiety and his difficulties being more around written language.

After a discussion with Mr Chen about his income and savings it was established the best route for him was to make a claim for Universal Credit to provide him with an income. He informed the CSP he had been on this benefit before so had to reclaim the benefit once again. It was important for Mr Chen to receive a benefit as he was not in receipt of any other income as his sick pay had stopped.

At this point it was also established his mother did not receive any disability benefit, despite being a frail older person. Attendance Allowance was identified as the appropriate disability benefit to claim and Mr Chen was then supported to complete and apply on behalf of his mother.

It was highlighted to Mr Chen that an attendance allowance award would allow him to identify as a carer on Universal Credit, claim Carers Allowance and qualify for the Carers Supplement as he would meet all the criteria. This would both increase his income and remove any claimant commitment from the Universal Credit claim.

Story of Difference 1- (Continued)

The attendance allowance was granted for his mother at the higher rate, which then allowed Mr Chen to apply for both the carer's element of Universal Credit and the Carers Allowance. Due to Mr Chens limited written skills the CSP completed the Carers Allowance form online over the telephone, as due to COVID rules we could not complete this face to face.

Due to the Attendance Allowance being awarded, Mr Chen then qualified for the carers element of Universal Credit claim in addition to his standard allowance. The carer was also able to claim for Council Tax reduction also due to him being on Universal Credit.

The support provided maximised both the income of Mr Chen and his mother. Also claiming the correct benefits meant Mr Chen could provide care to his mother without worrying about having to work to generate an income.

When the CSP reviewed the advice and information given to Mr Chen he commented he could not have done this himself as he lacked the knowledge. He said he found it so difficult to know what to do and was under a lot of stress when he first came to VOCAL and the support he received had been invaluable.

Story of Difference 2 - Advice and Information

C lives with his mother (86) in Edinburgh. He also has a brother who has recently been diagnosed with terminal cancer. C first contacted VOCAL following a recommendation from his GP who had identified him as a carer. He has been employed on a full time, temporary contract but had been off work sick for several weeks due to his caring role and his sick pay was ending.

Following referral, a face to face meeting was arranged to discuss the issues C was having. The CSP met C at VOCAL's office. They discussed how C's health, caring role and responsibilities made it impossible to work full time leading to significant financial pressures. C wanted to know what financial support would be available allowing him to care for his mother full time.

C's English language skills are underdeveloped meaning there are challenges in reading any correspondence from third parties and to complete benefit applications. Providing support face to face had helped overcome these but further COVID restrictions meant these had to cease. C was offered an interpreter, but this was refused due to C's anxiety and since his issues centred on the written word.

Story of Difference 2 (Continued)

After a discussion with C about his finances it was agreed a Universal Credit application was required and since his mother received no income, attendance allowance was also applied for which in turn would allow him to apply for carers allowance plus Carer's Supplement. This also allowed for Council Tax reduction. These were completed by the CSP over the phone due to C's limited writing skills.

With both C and his mother now receiving all the benefits they were entitled to, it meant C did not have to work and could continue to care for his mother without having to worry about work. At Review C noted that he valued the support he'd received and would not have managed this by himself.

Story of Difference 3 – Information and Advice

George lives with and cares for his mother who is 98 years old and has a diagnosis of Alzheimer's. George was referred to VOCAL by a Community Care Assistant (CCA) as he was finding the caring situation increasingly challenging and stressful.

A carer support practitioner (CSP) contacted George who indicated he might benefit in talking about his feelings about his caring role. The CSP made a referral to VOCAL's counselling service for George and sign-posted him to Alzheimer Scotland for specific dementia support. George was also finding it difficult during COVID as he had a faulty computer. He was therefore also sign-posted to 'People Know How' to get him appropriate equipment to enable him to get back online.

At a subsequent session with his CSP, George reflected on the care being provided through Social Work and by a care agency for his mother and felt this was inadequate in terms of providing respite for him. The care worker allocated as part of his mother's package of care used English as a second language and this was presenting communication difficulties between his mother and the worker, to the extent George felt he could not relax and have spare time, he had hoped to have, to himself to obtain a short break.

The CSP involved highlighted options available under the Social Care (Self Directed Support) (Scotland) Act (2013). George expressed an interest in pursuing opportunities under Option 1 (through a direct payment) to obtain a break from caring. This involved George becoming an employer and employing a particular individual who knew the family and their circumstances. The potential for this individual to become a paid employee was extremely encouraging to George and it was also suggested he ask for the care package to be reviewed.

George was given information on who he needed to approach to have the care package reviewed and, on the services provided by Lothian Centre for Inclusive Living (LCIL). They would be able to support the recruitment of a Personal Assistant, set up employers' liability and indemnity insurances and help manage the finances.

When he first contacted VOCAL George reported being stressed due to the lack of time for himself and although George is still working with VOCAL, he feels less stressed and sees the possibilities of a different way of life in the future for himself

Carer Health and Wellbeing

What is the key challenge?

The role and identity of those with caring responsibilities is complex and not often planned for. Becoming a carer can be a slow process as health gradually deteriorates or because of sudden unexpected events with life changing consequences. No carer is the same and so we need to ensure our offer of health and wellbeing supports is broad, varied and flexible.

Delays to the full roll out of ACSPs has meant the outcomes based conversations and action plans, (which include actions for the carer to take responsibility for their own health and well-being) have not been fully realised; Carer payments too that may have paid for technology for addressing social isolation, short breaks/ breaks from caring or Gym Membership for example, have also been in limited use.

Outcomes for carers

- Carers are supported to look after their own physical, mental, emotional, and social wellbeing
- Carers feel listened to and heard as individuals
- Carers feel well supported throughout their caring journey

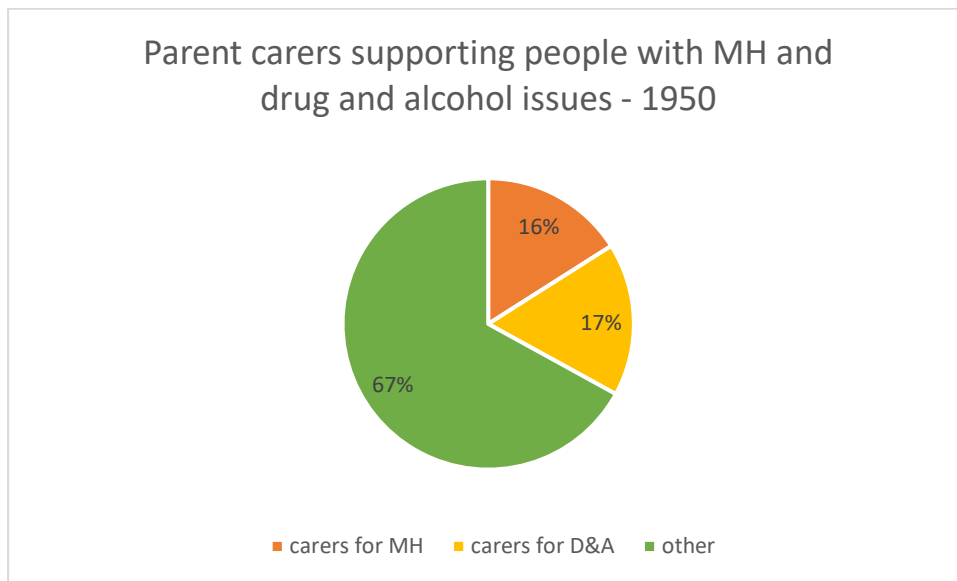
What did we say we would do?

- Set up a Carewell Partnership
- Support **1200** carers to maintain their health and sense of wellbeing
- **5%** of these should be caring for someone with mental health issues and the same for people with drug and alcohol issues
- Provide **96** citywide peer and group-based wellbeing sessions
- Provide Locality peer and group-based wellbeing sessions
- Deliver a programme of personal learning and development opportunities, minimum **144** events
- Deliver **487** sessional or 1:1 counselling sessions

What has been achieved through contracted providers?

- Creation of the Carewell Partnership
- Supported **1950** Carers through the Carewell Partnership
- Of these, **16%** were carers for people with mental Health issues and **17%** were caring for people with drug and alcohol issues see figure 9 below

Figure 9: Parent carers supporting people with mental health, drug and alcohol issues



- Delivery of **62** citywide peer and group-based wellbeing sessions; lower than expected but benefitting **414** carers
- Delivered **222** locality peer and group-based wellbeing sessions benefitting **503** carers
- Delivered **245** personal learning and development events benefitting **579** carers
- Delivered **675** group counselling sessions, with 1:1 counselling benefitting a further **61** carers



Story of Difference 1 – Carer Health and Wellbeing

A is carer for her husband with alcohol addiction. This had gotten worse over lockdown leading to disruption and distress to her and her daughter. She received support from Vocal's Family Support Addictions (FSA) service.

Time and space was given to A allowing her to express her anger and emotion around her relationship. Other supports were also considered/ offered including peer support groups, wellness groups and one to one support, the latter being her preferred choice. Fortnightly conversations was the arrangement.

While early conversations focused upon the drinking habits of A's husband over time a fuller appreciation of his repeated alcohol use and her own expectations at this point developed. She also developed understanding around how she might support him to change. Understanding around how to improve her and her daughter's situation, such as maintaining boundaries, avoiding conflict and limiting contact at flash points also developed.

A was also encouraged to consider what self-care meant to her resulting in improved connections with her faith group and friends, taking time for herself and is now planning a holiday for her and her daughter. She has taken up counselling through Vocal and is also planning to connect with a wellness class run again, through Vocal.

Separation from her husband has been a consideration recently for A however she has ultimately decided to remain with him as she feels more empowered and knowledgeable around his drinking habit and no longer feels trapped by it as a result of Vocal support.

Story of Difference 2 – Carer Health and Wellbeing

Caroline is 26 years old. When she first contacted VOCAL via email, she explained she had been living in her home country during the pandemic in order to complete her postgraduate education. However, she moved to Edinburgh to move in with her long-distance partner of 4 years and had obtained a job in the city. Caroline had been aware that her boyfriend had fallen into a depression during the pandemic (he had been signed off work with stress) but she had not been aware of the extent of its effect until moving in with him. Caroline described being "super overwhelmed, I haven't managed to finish my thesis because of it and I am really struggling to cope and feel lonely because his depression isolates him away from me".

Caroline explained whilst her family were supportive of her and her partner, they lived abroad and could not be of any practical assistance. She also did not know many people in Edinburgh and found it difficult to meet new friends due to lockdown.

Story of Difference 2 (continued)

Her partner's family were already struggling with other matters and so Caroline felt alone in dealing with her boyfriend's emotional state. Caroline was concerned about the impact of the caring role on her own mental health, given the stress she was absorbing. She was also unable to immediately register with a GP and this was worrying her, since she was previously undergoing tests for high levels of a hormone associated with stress.

When asked what would make a difference to Caroline, she mentioned wanting to learn ways of managing her stress better. She also wanted to understand what financial help may be available to her, given her boyfriend was no longer working and she would unexpectedly need to become the main earner to cover all private rent and bills. Therefore, Caroline was booked onto three relevant courses by her Carer Support Practitioner - Compassion Fatigue; Stress Management; and Benefits Q&A.

Attending these courses, Caroline says was "super helpful". The Compassion Fatigue course was very beneficial because she could "see other people with the same problems and understand that we all go through trauma when caring for someone else". She learned some of the Emotional Freedom Technique and has since been utilising the tapping behaviours, finding that this helps her to calm down or to fall asleep when she is struggling. The Stress Management course was also beneficial because it allowed her to think of ways she can look after herself, when she had so often been thinking of others. Caroline said she met a lady who was in a similar position to her whilst at the event, they exchanged numbers and have met in person since. She explained that being "in person for the training was so nice" and helped to alleviate some of the isolation she was feeling.

At present, Caroline is now looking forward to attending a complementary therapy session through VOCAL, where she hopes that a massage will provide her with time to relax by herself and do something that will demonstrate care for herself and time away from her caring role, which will ultimately sustain her in supporting her partner when he needs this.

Short Breaks

What is the key challenge?

Aside from the challenges associated with covid 19, Carers have told us that regular breaks from caring are a priority. We know from feedback that short break options need to be flexible, individual and meet personal outcomes. The consideration of a carers' need for a short break is a requirement of the Carers Act and all carers who wish to complete an adult carer support plan or young carer statement should have their individual needs discussed in relation to having time away from caring.

Outcomes for carers

- Carers feel safe, rested and recharged
- Carers are supported to have a life outside and/or alongside their caring role
- Carers feel supported to maintain their caring relationships and sustain their caring role

A Short Breaks Service Statement⁸ has been published and provides information about short breaks available locally and across Scotland and how carers can access these.

What did we say we would do?

- Provide a coordinated programme of short day, evening and residential breaks for adult carers, with and without the supported person benefitting at least **40** carers over a minimum of **4** breaks
- Manage a Short Breaks fund for carers to arrange their own Short Break
- Complete an Adult Carer Support Plan if necessary/ desired by carer
- Offer “micro grants” (up to £500 per carer in a 12-month period) to carers who’s need for creative breaks from caring cannot be met via any other form of carer support on offer
- Set Short Breaks Fund criteria in line with criteria used by local providers of the Time to Live fund operated on behalf of Shared Care Scotland⁹
- Produce statement on reaching carers in greatest need
- Manage a fund of **£40k** to support **100** carers

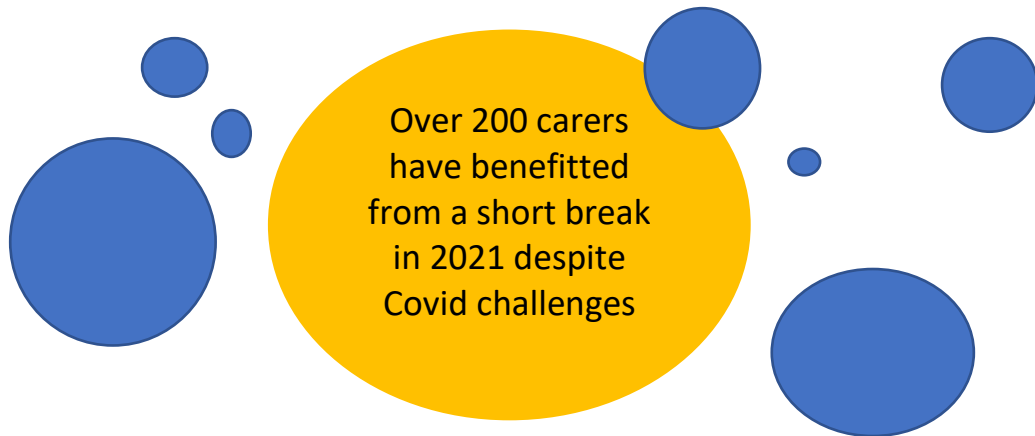
What has been achieved through contracted providers?

- **2** contracted Lots implemented to deliver on this important priority
- **67** carers have benefited from residential (overnight) short breaks via Stepping out programme, respitality or Care Free Breaks
- **54** carers benefitted from a respitality day or evening event over 2021

⁸ http://www.edinburgh.gov.uk/downloads/file/12591/short_break_services_statement

⁹ <https://www.sharedcarescotland.org.uk/wp-content/uploads/2015/01/02292-Short-Breaks-Fund-evaluation-report-on-Time-to-live.pdf>

- **90** carers have benefitted from a Still Caring day/ evening event over 2021
- A total of **211** carers benefitted from the short breaks programme over 2021
- Criteria and statement around meeting the needs of carers in greatest need produced see Appendices 5.1 (p92) and 5.1 (p95) for details
- **84** carers benefitted from the Short Breaks Fund with **£32,219** spent



What we will do to achieve further improvement?

Given the restrictions associated with the pandemic, this is a specific area of focus going into the next year, with investment available in the spend plan to enhance opportunities to provide a variety of short breaks and breaks from caring, to improve outcomes.

Story of Difference 1 – Short Breaks Programme

Example of creativity - Stepping Out

Enabling carers to take a residential break away this year has produced new and unexpected outcomes. Carers made new friendships and connections leading to a level of peer support that we have not seen before. For instance, one group of carers who met on a carer short break have now come together to collectively plan and share a short break with the people they care for, giving them all respite and a short break at the same time. The carers in this group had not had a short break with or without their cared for people in over 18 months.

Story of Difference 2 – Short Breaks Programme

Example of creativity - Still Caring

Moving events and activities online has worked well for some carers, particularly because the cared for person could be present or not far away and there was no travel time or replacement care to worry about. Outside face to face events have been hugely popular when able to run them and we have ensured that many of these are open to the carer to bring along the cared for person as well so they can have a short break together. This has been well received particularly from carers who were unable to access a break because they did not have replacement care cover available.

Story of Difference 3 – Short Breaks Programme

Carer in relation to his situation had said ‘things have moved so fast that I don’t feel I’ve been able to process emotions and grief’ and ‘I very much do not feel like myself at the moment’. After the break he stated; ‘Often times I felt like the sole carer, and had all the responsibility. As far as family goes that was the situation really, and I resented it. That said, I cannot take sole credit for all the care and support I gave my mum. I had you, Vocal, her GP, district nurses, community care, a care manager, the care home staff and more. It was a bit of a team effort. Thank you again’.

Story of Difference 4 – Short Breaks Programme

A is a full-time carer for their partner who had a severe stroke several years ago and is now wheelchair bound and reliant on 24 hr care and support, they are unable to do anything for themselves. They have paid carers who come in four times a day, but the rest of the time A is providing the required care and support. A had taken part in many of our ‘virtual’ activities over the course of the pandemic, participating over Zoom. This was easier for them to schedule in to their day and could pop away when their partner needed some support.

Whilst the online activities have provided A with much needed interaction throughout the Covid pandemic, they were encouraged to apply for our Stepping Out programme. A was allocated a space on a break to the Island of Lismore, for a 4 night break. Staff were regularly in telephone contact with A prior to the break, ensuring they were happy with our Covid19 guidance and compliance and felt safe with us as well as providing support and advice.

Story of Difference 4 (Continued...)

As the respite care required for A's partner, was very specific with additional requirements for nursing care, this made it even more difficult to access and arrange replacement care than for some other carers.

A's Social worker was heavily involved and replacement care was arranged. Then just 3 days before the planned trip, the planned respite care was cancelled due to there being a case of Covid19 within the respite establishment. A was distraught after all the planning that had been done and arrangements made. Their Social worker stepped up and was instrumental in frantically searching for alternative respite accommodation that was suitable. They found some suitable accommodation but there was a shortage of staff, they didn't feel able to take on the care needs required and had to refuse the placement. A was distraught and ready to collapse, in tears, near breakdown, the social worker had one last option. They agreed to provide care but A was informed that their partner would have to be confirmed as Covid19 free, by having a negative PCR test prior to entering the respite facility. This was the day before the break to Lismore began, 24 hours before A needed to be on the minibus! A then had to drive their partner to a testing facility asap and get a PCR test completed. It was then an anxious wait until they received the negative result, which came in at 8am the next morning. Just in time for A to get the cared for person into their respite placement and to hop in a taxi to get to Care for Carers in time to get on the minibus and away!

A was understandably exhausted, desperate but also very anxious and unsure about going away at this point. When they arrived at the minibus, the group did not know anyone else, other than having met them previously on Zoom (this is something we have been doing this year in order to minimise carer stress, bringing the group together online before we meet in person), which definitely helped to alleviate some concerns. A quickly relaxed and chatted with the other carers, bonding immediately with a small group of them.

A loved being on the Ferry and informed us that this was their first trip to a Scottish Island, as it was for most of the carers on the trip. The carer's were all allocated accommodation in small groups, establishing one household for the duration of the break.

A was in accommodation with a group of 3 other carer's. A immediately formed a bond with these carer's and was laughing and joking. The carer's cooked breakfasts together and the foursome quickly forged a working team, helping each other and supporting each other. The carer's are all from different social, ethnic and cultural backgrounds. They shared cultural differences and A managed to learn some new Scottish words, some funny and some rude which caused a lot of laughter and was shared with all the other carers when we got together as a whole group for evening meals.

Story of Difference 4 (continued...)

By the end of the trip, A had created new memories with their new friends and shared telephone numbers, they created a 'what's app' group so that they can keep in touch and were sharing photographs with each other. They all agreed to meet up and within weeks after returning, they met and enjoyed each other's company, reliving the fun that they had.

A could not believe what a difference this short break made to how they felt and admitted they were almost at crisis point and if the respite care had fallen through, they think it would have pushed them over the edge. The group loved having the chance to get away to a Scottish Island where they would never have gone on their own and the fact that they made new friends was an added bonus.

They all discussed how difficult it was to access replacement care for their cared for people. Individually they felt unsure about going away with their cared for person alone, they were not sure they could manage and it would certainly not be a break for themselves. However, they discussed the possibility of going away together. Could they go together with the people they care for and support each other with their caring responsibilities and getting a break together as carers at the same time? They have decided this would work and when a Respite offer came up this month which provided fully accessible accommodation and bathrooms they enquired about it.

The original Respite offer was for one family to get a break but the staff member contacted the provider and asked if there was any chance that they would consider supporting 8 people to get a break together, 4 carers and 4 cared for people. The provider has agreed which is fantastic and the group of four carers are planning their shared break which they are very excited about.

Outcomes for young carers

- Young carers are identified as close to the start of the caring journey as possible and are connected to opportunities and support
- Young carers can access good quality, age appropriate information and advice using a range of media and are well informed about their rights and how to access support
- Young carers and their families report economic wellbeing
- Young carers sustain their physical, mental, emotional, and social wellbeing
- Young carers feel listened to and heard as individuals
- Young carers feel well supported throughout their caring journey
- Young carers feel safe and rested and are able to be children and young people first
- Young carers are supported to have a life outside and/or alongside their caring role
- Young carers feel supported to maintain their caring relationships and sustain their caring role
- Young carers are supported into a positive destination from school
- Young carers are involved in support planning and have choice and options to meet their needs and the person they care for.
- Young Carers are confident in shaping services for themselves and those they support and are more in control of the support they receive
- Young carers feel supported to move into a life after caring and feel supported with the transition into adulthood

The development and delivery of young carers priorities lies with City of Edinburgh Council Children and Families Department.

What have been the key challenges?

Young Carers are children and young people first. It is important to remember that each young carer is a unique individual; A child or young person who is entitled to find and reach their full potential. There are various circumstances that can arise within the home environment that makes a child or young person a carer and can occur at any point in time in a child's life. The earlier a young carer is identified the better as this can provide crucial support to alleviate the impact caring can have on a young carers life.

Another key challenge has been the implementation of Young Carer Statements as these had to be re-written. The final documentation was finalised in June 2021 meaning these have only been in use for a short time. See appendix 6 and 6.1 for the templates (p91).

The Young Carer Support Service partnership took effect from 1 October 2020 meaning there is misalignment with the other reporting timeframes. These figures are therefore based on their year 1 which runs October 2020 - 31 September 2021

What did we say we would do?

- Work with at least **120** schools
- Provide support to schools to develop Young Carer Coordinators
- Provide **1** Continuing Professional Development training opportunity per term with places available to **20** schools staff
- **821** Young Carer Statements should be completed by end of year 1
- Administer a Young Carer grant fund of **£12k** over the life of the contract making at least **40** awards per annum
- **738** Young Carers should receive direct support following YCS completion

What has been achieved through contracted providers?

- **124** schools from the primary, secondary and independent sectors are engaged with the partnership
- All **124** schools are involved in Young Carer Coordinator initiative. **3** meetings of the Young Carer Network have taken place during the reporting period
- **12** CPD sessions delivered across Edinburgh's schools benefitting **187** staff
- A total of **257** young carer statements had been offered to young carers since 1 October 2020, with **67** completed and another **52** started (see fig.10 below)
- **14** information sessions around Young Carer Statements have taken place
- **28** grants amounting to **£3370** have been awarded
- **349** 1:1 sessions have been offered to Young Carers and **182** Group session

Figure 10 – Young Carer Statements

Number of YC Statements offered	257
Number of YC Statements started, not completed	52
Number of YC statements completed	67
Number of YC statements declined	8
Number of YC statement Reviews Completed	2

124 schools from the primary, secondary and independent sectors are engaged with providers around Young Carers

Stories of Difference 1 – Young Carers

Jamie was initially referred to young carers' services in 2019 at the age of seven. He was the main carer for mum who has complex health needs including seizures, minimal sight and mobility issues. Jamie provided emotional support, support to physically guide mum when out of the home and practical support to monitor seizures and contact emergency services if needed. The household comprised of mum and Jamie only, with minimal support from family living locally.

Jamie was assessed and identified as having severe anxiety, experiencing loneliness and having little opportunity for respite. He was provided a space in group work provision, in the form of weekly young carer support groups.

Jamie attended regularly, enjoying the groups and presenting well over all. Anxiety seeming to be less of a barrier than initially thought. In 2020, during lockdown, Jamie's anxiety was heightened and a unique view of his anxiety through lack of attendance in group sessions, particularly digital sessions, was observed. Jamie was subsequently offered one-to-one sessions in the community to provide mum and Jamie with respite. Jamie formed a closer relationship with staff during these sessions and began to disclose more concerns over mum's health, separation anxiety and concerns about the implications of Covid-19 on his family.

Through liaising with mum and Jamie, meals were provided to support them. Jamie returned to face-to-face provision in 2021 and this, alongside the relationship with mum allowed staff to continue to support Jamie to attend groups. Jamie was assessed through his YCS and this allowed a further insight into his concerns over mum's wellbeing whilst he was out of the home. Through discussions with mum, Jamie and school we were able to provide Jamie with additional reassurances and strategies to attend school, groups and leave mum to play with friends. Jamie attended our recent residential which was an enormous milestone for him and mum, as Jamie was previously unable to leave due to anxiety. In order to make this a success there was a clear plan put in place for Jamie to feel reassured of mum's wellbeing whilst away for two nights. This included evening calls to mum, facilitated by staff.

Feedback from mum:

"young carers are an amazing service the support they provide is incredible not just to my son but us as a family! It means so much to me to see how much they genuinely care about my boy. He always has so much fun and comes home happy and care free after each session"

After residential:

"Just want to say a massive thank you for being so accommodating for his needs and making it so much easier for him and myself. You really are amazing! I'm so proud of him for going and thankful he has the opportunity. Thank you so much for letting him call me"

Story of Difference 2 – Young Carers

X was very isolated during the first lockdown. I met X for a F2F meeting before the 2nd lockdown struck. I was worried that this would push X into becoming more isolated and X would experience a drop in their mental health. To help isolated and less confident YCs access our online sessions, I made it clear that if a YC was new and/or nervous they would be able to keep their camera off for a few sessions. I also offered that they use the chat function to communicate if speaking was too nerve racking. X came along to all 7 of my online groups, started with both their camera and audio off progressing to participating (loudly) with a treasure hunting activity. The regular session worker noted, as part of our feedback on how sessions have been going: "I'm definitely noticing a boost in confidence in a few of the girls."

Personalising Support for Carers

What is the key challenge?

The Social Care (Self-directed Support) (Scotland) Act 2013 and the Carers (Scotland) Act 2016 have paved the way for the personalisation of carer support, recognising the support needs and aspirations of people in need of care and their carers vary greatly and no two caring situations are the same.

What are we doing already?

An outcome focused; strengths based Adult Carer Support Plan (ACSP) had been tested with a number of carers in the City in 2018/19 however the paperwork needed to be updated to ensure they were fit for purpose. The ACSP was again piloted in late 2021 and preparations for roll out is underway. These are expected to be in full use in Spring 2022. Meanwhile the previous version has been in limited use allowing carers access to carer payments.

Covid 19

As noted in the introduction, the Covid 19 Pandemic has further impacted upon ACSP use over the past 12 months meaning carer payments and personalisation of support has been significantly affected. Attentions were turned to providing emotional support for carers during the most challenging periods of the Pandemic, while the ACSP remained in limited use; a result of its continued development.

Carer's social isolation, fear and anxiety (of contracting and/or spreading the disease to loved ones), lack of short break options, need for advice and information through a constantly shifting picture and financial and employment worries have left many of them isolated, exhausted and distraught. In addition, workers being unable to close cases due to lack of follow-on support has led to increasing caseloads, increased complexity and for lengthy periods all culminating in a significant impact to the team members' individual sense of wellbeing and resilience. These challenges are in line with the National Picture¹⁰

Outcomes for carers

- Carers are involved in support planning in the community and from hospital and have a choice of options to meet their own needs and the person they care for.
- Carers are confident in shaping services for themselves and those they support and are more in control of the support they receive.

¹⁰ <https://carers.org/resources/all-resources/127-covid-19-in-scotland>

What did we say we would do?

- Work preventatively with carers via provision of brief intervention (level 1), to higher intensity support (level 2) the balance expected to be **60%** and **40%** respectively
- **25%** of completed ACSPs would lead to a carer payment
- Work closely with the Hospital Discharge Team supporting carers of people leaving hospital

What has been achieved through contracted providers?

- Level 1 interventions have averaged 53.6% and Level 2 Interventions have averaged 46.4% overall (see fig.11 below)
- **555** ACSPs were completed over 2021 and **51** of those lead to a carer payment representing around **9%**
- **20** Emergency Plans have been completed over the past year
- Strong relationships built with the Hospital Discharge Team ensuring carers are identified and receive the necessary support at the right time

Figure 11 – Level 1 & 2 interventions

Agency	Target Number	Actual Number	Level 1 Number	Level 1 %	Level 2 Number	Level 2 %
Care for Carers	150	122	36	29.5%	86	70.5%
Vocal (NW)	150	91	59	65%	32	35%
Vocal (SE)	150	80	48	60%	32	40%
SPACE	150	104	70	67.3%	34	32.7%
Total	600	397	213	53.6%	184	46.4%

What we will do to achieve further improvement

- Extend the wider roll-out of Adult Carer Support Plans across the Edinburgh Health and Social Care Partnership including our provider organisations. This will in turn increase opportunity to access carer payments.
- More deliberately involve carers in the development of the Edinburgh Pact
- Focus on increasing the variety and access to Short Breaks

Stories of Difference – Personalising Support

Mr Z was referred to the Carer Support Team for an Adult Carer Support Plan as he was caring for his wife who had a recent diagnosis of dementia which he was struggling to come to terms with. An Adult Carer Support Plan was completed with Mr Z via telephone, which he chose over video call, due to the ongoing COVID restrictions. He spoke about how they had always been an active couple and holidayed abroad every year and the change in lifestyle had caused great stress and anxiety for Mr Z. He was finding it very difficult to witness the deterioration in his wife's condition and was unsure how to respond to her mood swings and how to reassure her when she was confused and agitated. He worried that he was not caring for her in the best way and as they had no family living locally was worried what would happen to Mrs Z if he became unwell. Mr Z had enjoyed swimming and golf and had said that this was like a lifeline for him but the financial cost was prohibitive and he was not able to continue to do both. He was concerned that if he was unable to swim regularly and play golf that his mental health and wellbeing would suffer greatly. Mrs Z was reluctant to accept support but was starting a Steady Steps programme which would give her some social contact and have a regular activity to go to.


Emergency Planning was discussed with Mr Z and as he had had conversations with his son who lived in England and it had been agreed that he would come up and stay with Mrs Z if Mr Z became unwell and that she would go to live with him if longer term care was needed. Mrs Z sister lived nearby and would stay with Mrs Z until their son arrived. Mr Z held Power Of Attorney which would pass to his son if Mr Z was incapacitated.

The outcomes to meet the support identified in the Adult Carer Support Plan required by Mr Z were that he applied for a carer payment for £288 to pay for his swimming which also meant that he would be able to meet the cost of the golf membership allowing him a break from caring and to improve his mental and physical health and wellbeing. A Carer's Emergency Card was registered and a Carer's Anticipatory Care Plan document was forwarded to his GP to be uploaded in his Key Information Summary in case of emergency. An Emergency Plan was completed with the Community Carer Support Worker so that all Mrs Z's information was readily available. Mr Z was connected to the Community Carer Support Team for information and advice on training events and support for caring for someone with dementia and he had support from VOCAL's counselling service. He was also connected to a Dementia Advisor with Alzheimer's Scotland for support and advice and onward referral to a Dementia Link Worker if wanted.

Story of Difference – Personalising Support (Continued)

Day services and respite options were discussed with Mr Z but he did not feel they needed these services at that time but was pleased to be aware that they could be available and how to access them in the future if required.

Mr Z commented that he was delighted and relieved that the carer payment allowed him to remain active and continue to do what he loved. He felt reassured that he had support to help him in to continue more confidently in his caring role and that he was much better informed of the support and services that could be available and that he no longer felt alone and forgotten about.



'I just wish that everyone I have been in contact with regarding my wellbeing in the care of my mother were as diligent, professional, dedicated and invested in the service they provide. The support from my CSW means everything to the quality of my life in my role as a full-time carer'

Hospital Discharge Carer Support Service

Appendix 1.1: Proposed full year spend

Table 1 - 2021/22 Carers Agreed Plan, Spend and Forecast - Period 7

Priority Area and activity	Agreed Spending Proposals per Feb 21 EIJB £	Forecast Spend £	Forecast Unallocated £
Identifying Carers & Information and Advice			
Contracted services (Lot 1, 6 and 8)	942,235	940,025	2,209
Communication and Engagement	20,000	0	20,000
EIJB Grant funded services	94,914	94,914	0
EHSCP Hospital Discharge Carer support team	158,020	158,020	0
Priority total	1,215,168	1,192,959	22,209
Carer Health and Wellbeing			
Contracted services (Lot 2)	490,523	490,494	29
EIJB Grant funded services	140,869	137,792	3,077
Priority total	631,392	628,286	3,106
Short Breaks			
Contracted services (Lot 3 and 4)	147,649	139,171	8,478
EIJB Grant funded services	98,185	98,185	0
Short Breaks Strategy	340,000	0	340,000
Priority total	585,834	237,356	348,478
Young Carers			
Contracted services	514,065	514,056	9
Personalising Support			
Contracted services (Lot 5a, 5b, 5c and 5d)	146,508	143,633	2,875
Hospital Discharge Carer Support Team	368,712	368,712	0
Estimated Carer Payments (linked to ACSP)	235,938	25,714	210,223
Replacement Care - contributions to Purchasing Budget	2,000,000	2,000,000	0
Priority total	2,751,158	2,538,059	213,099
Other activity			
Performance and Evaluation	43,500	0	43,500
Contingency Fund	100,000	0	100,000
Priority total	143,500	0	143,500
TOTAL	5,841,116	5,110,716	730,400
%		87.5	12.5

Source: CEC Finance: Period 7 Forecast 11.11.21

Appendix 1.2: Carer Unspent Funds and Redistribution

Below is a table indicating how the £730k is the plan to commit, including aspects being brought forward (49k); aspects that will enhance current provision, (£618k); and a minimal a carry forward element to 2022-23 (£63k). An outline of benefits is also indicated:

Table 2 – Spend Plan for Unallocated Carers Funding 2021-22

	Area of Proposed Spend	2021-22	Comments and Benefits
	Bringing Forward Aspects		
1.	Bring forward allocation for independent advocacy for carers, as agreed at 11 Nov EMT, for 2021-22	34k	£34k, is split between two providers (PIA & Advocard), for 4 months activity for the remainder of 2021/22, up to March 2022 from uncommitted carer funds 2021/22, being proportionate to the new annual investment from April 2022. New Advocacy contract expires end July 2022. Allocation for Carers IA will be allocated thereafter. £34k committed April – July 2022 from 2022-23 allocation, to cover this period.
2.	Allocation to Carer specific PCO – Business Case ratified 2021, commencing Jan 2021, for last quarter of 2021-22	15k	New Older PCO planned to start Jan 2022, with Carer PCO working full time on Carers thereafter. Allocation yet to be accounted for given start of Jan 2022
	Section total	49k	
	Enhancing current provision	2021-22	Comments and Benefits
	One Off Payments		
3.	Match City of Edinburgh Council's pledge of £250k bringing the Carer recovery fund to £500k to be	250k	Purpose: Personalising Support - Carer Payments

	delivered by partner agency VOCAL.		<p>“In recognition of the challenging impact the Coronavirus pandemic had on many carers and their families, the City of Edinburgh Council approved a £250,000 Carers Recovery Fund in its 2021-22 budget to help carers and their families in greatest need.”</p> <p>Specifically targeting delivery of improved:</p> <ul style="list-style-type: none"> • opportunities for breaks from caring • personal health and wellbeing • economic (financial) wellbeing <p>The above has allowed VOCAL, to reach and support 600+ beneficiaries across Edinburgh, by matching this using unallocated funds, a further 600+ beneficiaries can be reached.</p> <p>An agreed allocation for the CEC grant reaches BAME and young carers. The same allocation will apply for the matched funding.</p>
4.	Enhance more generic Grant funded activity, where carers benefit, current total c£298k, by 30% uplift of previous transitional grants	90k	<p>Purpose: Personalising Support - Carer Payments</p> <p>Benefit to carers by aiming to address social isolation, promoting healthy lifestyles, improving mental wellbeing, supporting self-management of long-term conditions, Information and advice, income maximisation, reducing</p>

			<p>digital exclusion, building strong, inclusive and resilient communities.</p> <p>It has been reported that current grant providers have pent up demand associated with covid, with carers benefiting greatly from provision.</p>
5.	Uplift the current Lot 3, short breaks programme, as demand is currently exceeding supply.	100k	<p>Purpose: Short Breaks</p> <p>Additional funding would allow Lot 3 provider to increase capacity and enhance opportunities for short breaks</p>
6.	Uplift Lot 4 Short Breaks Fund, which is allocated directly to carers to support their requirement for short break and break from caring	60k	<p>Purpose: Short Breaks</p> <p>Additional short breaks for carers, alleviating pressure for them, and preventing pressure to the purchasing budget</p>
7.	<p>Enhance Lot 6, and the ability to reaching and supporting Young Adult Carers, aligning the 2021-22 value to the subsequent 3 years.</p> <p>2021-22 value = 40.8k</p> <p>subsequent years just over 72.2k, 73.4k, 74.5k</p>	31k	<p>Purpose: Short Breaks</p> <p>Young Adult Carers are one of the most marginalised carer groups, and enhancing Lot 6 would result in much needed short breaks for young carers</p>

8.	EHSCP contribution to the survey carried out, and led by VOCAL	5k	
9	Additional 30% uplift to existing carer support grants from contingency funds	£82k	Purpose: Personalising Support Benefit to carers by aiming to address social isolation, promoting healthy lifestyles, improving mental wellbeing, supporting self-management of long-term conditions, Information and advice, income maximisation, reducing digital exclusion, building strong, inclusive and resilient communities.
Section Total		618k	
Areas of Proposed Carry Forward to 2022-23			
10.	Expedite roll out of ACSPs and enhance how Lot 5 carer payments are allocated for an anticipated surge in spring 2022. Currently on 4-week trial basis, expected to be rolled out early 2022 increasing access to carer payments. Carry forward £100k to next year's budget for Carer Payments	63k	Purpose: Personalising Support-Carer Payments As restrictions continue to ease, Carers who have managed for so long with very little direct support are likely to come forwards more readily meaning demand for carer payments in the coming year could well be more than what is allocated. Carried forward allocation will allow Lot 5 to respond to anticipated surge in demand in early 2022.
Section Total		63k	
TOTAL		730k	

Appendix 2: Implementation Plans

There are two distinct implementation plans; adult carers and young carers. This demonstrates the key differences for these two groups of carers that have been recognised in the development of this strategy and taken into consideration.

Appendix 2a: Adult carers implementation plan			
Priority Area	Outcomes for Carers	Actions that will contribute to these outcomes	How success will be measured
1. Identifying Carers	<ul style="list-style-type: none"> Carers are identified as close to the start of their caring journey as possible and are connected to opportunities and support 	<p>We will identify people who care as early in their caring role as possible by undertaking the following activities:</p> <ol style="list-style-type: none"> 1.1 Working with third sector, EHSCP, City of Edinburgh Council and NHS Lothian services to identify carers at point of diagnosis 1.2 Increase the number of partnership initiatives with Edinburgh employers to identify and support carers in the workplace and support carers to return to work. 1.3 Continue to work in partnership with Edinburgh colleges, universities and further education providers to support young adult carers who are studying. 	<p>We will see an increase in the number of carers identified through the following sources:</p> <ul style="list-style-type: none"> The no. of referrals received by partner organisations for carer support <p>We will measure the impact of identifying carers by recording:</p> <ul style="list-style-type: none"> The number and type of supports carers are connected to following

		1.4 Ensure all identified adult carers are offered an Adult carer support plan as soon as possible in their carer journey.	our involvement with them
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Priority Area	Outcomes for Carers	Actions that will contribute to these outcomes	How success will be measured
2. Information and Advice	<ul style="list-style-type: none"> • Carers know how to connect to information, advice. • Carers are well informed about their rights and how to access support • Carers report economic wellbeing 	<p>2.1 Expand our offer of information and advice to include digital solutions and 24/7 access for carers including, but not restricted to information and advice on:</p> <ul style="list-style-type: none"> • Financial planning • Welfare benefits and income maximisation • Self-directed support • Carer grants for young carers and young carer ID card • Advocacy • Peer Support <p>2.2 Continue to offer a range of carer training opportunities through 3rd sector partners and use of carer personal budgets</p>	<p>We will see an increase in the number of people accessing information and advice services through the following sources:</p> <ul style="list-style-type: none"> • No. of requests for information and profile of people making the request, e.g. carers, health and social care professionals, employers

		<p>2.3 Provide information and advice in a range of formats accessible to carers whatever their background and location across the city.</p> <p>2.4 The third sector, EHSCP, City of Edinburgh Council and NHS Lothian, and further and higher education providers working together to continue to raise public awareness of carers, their contributions, and the role communities can play in supporting carers</p> <p>2.5 Develop and maintain a map of carer support services across the city</p>	<ul style="list-style-type: none"> • Number of carers attending training
<p>3. Carer Health and Wellbeing</p>	<ul style="list-style-type: none"> • Carers are supported to look after their own physical, mental, emotional, and social wellbeing • Carers feel listened to and heard as individuals • Carers feel well supported throughout their caring journey 	<p>3.1 The third sector, EHSCP, and City of Edinburgh Council will work together to further develop our offer of health and wellbeing supports that are flexible and meet need depending on carers personal circumstances for example; 1:1, group, emotional support and/or counselling and digital supports, support for minority communities</p> <p>3.2 Every identified carer will be offered support with Emergency planning</p> <p>3.3 Carers will be supported to make plans for the future, for example with Power of Attorney/guardianship, anticipatory care planning.</p>	<p>We will see an increase in the percentage of carers who feel supported to continue in their caring role from the biannual Health and Social Care survey</p> <p>We will use the following data to analyse changes in the above outcome:</p> <ul style="list-style-type: none"> • No. of counselling sessions • No. emergency plans completed

		<p>3.4 We will work with carers whose caring role has ended either through bereavement or change in circumstances to support them with this transition, including young adult carers who are seeking to create a life beyond caring.</p> <p>3.5 Report on inappropriate referrals to services so we can develop an informed view of unmet carer need across the city which will inform ongoing and future planning</p>	<ul style="list-style-type: none"> • Economic Wellbeing measures? <p>As part of the annual carer census return the following information will also contribute to analysis of the impact of health and wellbeing supports:</p> <ul style="list-style-type: none"> • Care Duration • Care Hours • Care Type • Care Impact
<p>4. Short Breaks</p>	<ul style="list-style-type: none"> • Carers feel safe, rested and recharged • Carers are supported to have a life outside and/or alongside their caring role • Carers feel supported to maintain their caring relationships and sustain their caring role 	<p>4.1 Development and implementation of a Short Breaks Statement</p> <p>4.2 Short breaks and time out from caring are integrated into all conversations with identified carers and most appropriate support is identified</p> <p>4.3 Carers will be supported to access a range of flexible, responsive, and creative short breaks by developing brokerage options with third sector partners and use of self-directed support</p>	<p>We will see an increase in the percentage of carers who feel supported to continue in their caring role from the biannual Health and Social Care survey.</p> <p>We will use the following data to analyse changes in the above outcome:</p> <ul style="list-style-type: none"> • No. carer breaks – <i>from carer census</i> • Type of carer Breaks

<p>5. Personalising Support for Carers</p>	<ul style="list-style-type: none"> • Carers are involved in support planning in the community and from hospital, and have a choice of support options to meet their own needs and the person they care for. • Carers are confident in shaping services for themselves and those they support and are more in control of the support they receive 	<p>5.1 Extend the Adult carer support plan across the city to replace the existing carers assessments, ensuring timescales to access this are in line with partnership standards.</p> <p>5.2 All Young adult carers transitioning into adult services are provided with an Adult Carer Support Plan</p> <p>5.3 Establish a partnership approach for young carer supports and young adult carer supports to ensure a smooth transition between young people and adult services when required.</p> <p>5.4 Implement successful self-directed support processes used in the initial testing of the Adult carer support plans to all carers whose needs meet eligibility criteria.</p> <p>5.5 Involve carers in Edinburgh Health and Social Care Partnership's transformation programme and development of</p>	<p>No. of Adult carer support plans completed – <i>from carer census</i></p> <p>No. personal budgets, cost, SDS option chosen and type of support in place – <i>from carer census</i></p>

		the Edinburgh offer for adult health and social care supports.	
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Appendix 2b: Young carers Implementation Plan			
Priority Area	Outcomes for Carers	Actions that will contribute to these outcomes	How success will be measured
1. Identifying Young Carers	<ul style="list-style-type: none"> Young carers are identified as close to the start of their caring journey as possible and are connected to opportunities and support 	<p>Applying the principles of GIRFEC, We will identify young people who care as early in their caring role as possible by undertaking the following activities:</p> <p>1.1 Working with schools to identify young people who care as early as possible, this will include a range of awareness raising and training activities to ensure appropriate identification of young carers</p> <p>1.2 Ensure all identified young carers are offered a young carers statement as soon as possible in their carer journey</p> <p>1.3 Continue working with schools and further and higher education providers to raise awareness of young carers and young adult carers needs and improve the support offered to this group of carers at points of transition such as:</p>	<p>We will see an increase in the number of young carers identified through the following sources:</p> <ul style="list-style-type: none"> The no. of referrals received by partner organisations for carer support No. young carer statements completed – Carer census <p>We will measure the impact of identifying carers by recording:</p> <ul style="list-style-type: none"> The number and type of supports young carers are connected to following our

		<ul style="list-style-type: none"> • Primary to secondary school • Secondary school to college/university/employment • When the caring role comes to an end 	<p>involvement with them</p> <ul style="list-style-type: none"> • Feedback from young carers regarding the difference support has made
2. Information and Advice	<ul style="list-style-type: none"> • Young carers can access good quality, age appropriate information and advice using a range of media and are well informed about their rights and how to access support • Young carers and their families report economic wellbeing 	<p>2.1 Develop digital offers of information and advice that young carers can access as and when they need to including, but not restricted to information and advice on:</p> <ul style="list-style-type: none"> • Self-directed support • Carer grants for young carers and young carer ID card • Career Advice • Advocacy • Peer Support <p>2.2 Ensure all schools have an identified young carers coordinator who can share information across the wider school community and provide advice on support available.</p> <p>2.3 The third sector, EHSCP, City of Edinburgh Council and NHS Lothian working together to continue to raise public awareness of young carers,</p>	<p>We will see an increase in the number of people accessing information and advice services through the following sources:</p> <ul style="list-style-type: none"> • No. of requests for information and profile of people making the request, e.g. carers, health and social care professionals, employers

		<p>their contributions, and the role communities can play in supporting young carers</p>	
<p>3. Young Carer Health and Wellbeing</p>	<ul style="list-style-type: none"> • Young carers sustain their physical, mental, emotional and social wellbeing • Young carers feel listened to and heard as individuals • Young carers feel well supported throughout their caring journey 	<p>3.1 The third sector, EHSCP, and City of Edinburgh Council will work together to further develop our offer of health and wellbeing supports that are flexible and meet need depending on young carers personal circumstances for example; 1:1, group, emotional support and/or counselling and digital supports, support for minority communities</p> <p>3.2 Young carers get information on the other things young people need to know about growing up, e.g. digital safety, healthy relationships, access to C Card, LGBT issues, and others</p> <p>3.3 Every identified young carer will be offered support with Emergency planning</p> <p>3.4 Young carers will be supported to make plans for the future, for example moving into further or higher education, employment or their own home.</p> <p>3.5 Report on inappropriate referrals to services so that we can develop an informed view of unmet carer need across the city which will inform ongoing and future planning</p>	<p>SHANNARI indicators for:</p> <ul style="list-style-type: none"> • Healthy • Achieving • Active • Included <p>We will use the following data to analyse changes in the above outcome</p> <ul style="list-style-type: none"> • No. peer support groups • No. 1:1 support • No. family support sessions <p>As part of the annual carer census return the following information will also contribute to analysis of the impact of health and wellbeing supports:</p> <ul style="list-style-type: none"> • Care Duration

			<ul style="list-style-type: none"> • Care Hours • Care Type • Care Impact Young carer feedback
4. Short Breaks	<ul style="list-style-type: none"> • Young carers feel safe and rested and are able to be children and young people first • Young carers are supported to have a life outside and/or alongside their caring role • Young carers feel supported to maintain their caring relationships and sustain their caring role 	<p>4.1 Development and implementation of a Short Breaks Statement</p> <p>4.2 Short breaks and time out from caring are integrated into all conversations with identified young carers and most appropriate support is identified</p> <p>4.3 Young carers will be supported to access a range of flexible, responsive, personalised, and creative short breaks. This may include breaks at times of transition or support to continue their studies or gain employment.</p>	<ul style="list-style-type: none"> • No. carer breaks – <i>from carer census</i> • Type of carer Breaks
5. Personalising Support for Young Carers	<ul style="list-style-type: none"> • Young carers are supported into a positive destination from school • Young carers are involved in support planning and have choice and options to meet their needs and the person they care for. • Young carers are confident in shaping services for themselves and those they support 	<p>5.1 Implement young carer support plans using learning from early testing with Third Sector</p> <p>5.2 Develop an approach and quality standard for young carer transitions so that transitions are planned and supported</p> <p>5.3 Establish a partnership approach for young carer supports and young adult carer supports to ensure a smooth transition between young</p>	<p>No. of young carer statements completed – <i>from carer census</i></p> <p>No. personal budgets, cost, SDS option chosen and type of support in place – <i>from carer census</i></p>

	<p>and are more in control of the support they receive</p> <ul style="list-style-type: none"> • Young carers feel supported to move into a life after caring and feel supported with the transition into adulthood 	<p>people and adult services when required.</p>	<p>No. of transition plans completed (life after caring)</p> <p>No. planning sessions tailored to help young carers onto positive destinations e.g. college applications, UCAS applications, job applications</p>
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Appendix 3: Key Performance Indicators: Contracted Providers Jan-Dec 2021

Lot/Priority Area	Green	Green +	Green ++	Green +++	Amber	Red	Further Detailed Data under development	Total KPIs
Lot 1 Identifying Carers/ Information & Advice	2	6	5	0	1	1	4	20
Lot 2 Health and Wellbeing	15	1	4	0	13	0	8	41
Lot 3 Short Breaks Programme	5	0	1	1	0	0	4	11
Lot 4 Short Breaks Fund	5	0	0	0	3	0	0	8
Lot 5 Edinburgh Integrated Support Team	10	0	0	0	8	0	6	24
Lot 6 Young Adult Carers	8	0	1	1	2	0	0	12
Lot 7 Young Carers (delivered through CEC C&Fs contract awards)	2	3	0	0	1	0	0	6
Lot 8 Parent Carers	14	0	0	2	1	0	0	17
TOTALS	61	10	11	4	21	1	22	130

Lot 1 - Identifying Carers						
Activity	Minimum Level		Outcome for Carers	Indicators/Measures	Achievement & Next Steps	RAG Status
Employer support	Year 1	20 Employers	Carers are identified as close to the start of their caring journey as possible and are connected to opportunities and support	No. of employers supported	23 Employers supported	+
				No. Employers who achieve carer positive award	13 agencies either Engaged, Established or Exemplary	+
Workplace Carer Support	Year 1	Minimum of 120 carers supported in employment		No. and % of carers supported in paid employment	178 Carers supported in Employment (10.62% of carers)	++
				No. and type of supports carers are connected to following contact with service	Further detailed data under development	
Health and Social care Workforce Training	Minimum 24 sessions per year			No. of Health and Social Care workers trained.	47 "Think Carer" sessions delivered/ 1136 practitioners reached	++

Lot 1 - Information & Advice						
Activity	Minimum Level		Outcome for Carers	Indicators/Measures	Achievement & Next Steps	RAG Status
Drop-in information and advices session	Minimum 48 city wide sessions per year		Carers are identified as close to the start of their caring journey as possible and are connected to opportunities and support	No. carers accessing drop-in service	Minimal owing to covid – numbers expected to increase following restrictions easing further	
	Minimum of 48 sessions per locality per year					
	Minimum of 960 hours Daily telephone advice service		Carers know how to connect to information and advice	No. of telephone enquiries	2854 overall enquiries P&E framework development in year 2	+
	Year 1-2	2400 carer enquiries per year				
Of which 5% carers should be carers of someone whose primary presenting issue alcohol or drug dependency and 5%		Carers are well informed about their rights and how to access support	No. and % carers supporting someone with addiction or mental illness	60 Carers supported (16% Mental Illness 7.6% Addiction)	++	

	carers of someone with mental illness		Carers report economic wellbeing	No. and type of supports carers are connected to following contact with service	1426 carers going on to receive various forms of support	
				No. and % of carers who advise of clear pathway to accessing information	Further detailed data under development	
One to one carer information and advice	Year 1-2	960 carers supported per year		No. of carers supported	1891 Carers supported overall	++
				% Carers satisfied with support	Further detailed data under development	
				No. Adult Carer Support Plans	460 total for Edinburgh – Roll Out expected early 2022	
				Caring situation i.e. Caring for someone with Dementia, addictions, mental health etc.	All caring situations supported	
Welfare Benefits and			No. and % Carers supported who have	456 (24%) carers supported	+	

Financial Planning	Minimum of 360 carers per year		maximised benefit entitlement		
			Total amount of benefits accessed for carers	£863,039 total benefits accessed	++
Carer Map and access to 24/7 information and advice	Carer map of supports to be live by end of year 1 of contract		Carer map live and accessible Annual hits to online information and advice	Further detailed data under development	
Carer training	Minimum of 230 training sessions per year		No. carers trained Type of training accessed	253 various Training Sessions delivered	+
			% carers satisfied with training	100%	

Lot 2 - Health and Wellbeing						
Activity	Minimum Level		Outcome for Carers	Indicators/Measures	Achievement & Next Steps	RAG Status
Peer and Group Based Support – city wide	96 sessions per annum	Year 1 & 2 = 245 carers	Carers are supported to look after their own physical, mental, emotional, and social wellbeing Carers feel listened to and heard as individuals Carers feel well supported throughout their caring journey	No. of groups offered	62	
				No. carers accessing groups	414	++
	672 hours per annum			Types of groups offered	Mental health, addictions, Physical and/ or Learning disabilities, dementia, Employment, Previous carers, multiple caring roles	
				Carer stories of difference	See main report	
				No and % carers being supported to engage in activities that improve their wellbeing.	1950 (73%)	
Learning and Development opportunities for health	144 sessions per annum			No. of hours delivered	In excess of specs (see below)	++

and wellbeing				No. sessions delivered	245	++
				No. carers accessing	579	++
				Type of sessions delivered	managing stress and anxiety- dealing with anger- changing relationships- sleep nutrition, healthy balanced diet - physical activity	
				Carer stories of difference	See main report	
Counselling for Carers	Year 1	650 sessions		No. counselling sessions provided	675	+
				No. carers supported	61	
				Carer stories of difference	See main report	
North West Locality 1:1 support, peer and group-	Year 1 & 2 = 300 carers			No carers supported	405 Total for Edinburgh (101 average per locality)	
				No sessions delivered	222 Total for Edinburgh (55.5 average per locality)	

based support	per annum		Types of support delivered	building confidence in the caring role; keeping carers well informed about issues relevant to their caring role; offering carers practical and emotional support;	
			No. emergency plans completed	Further detailed data under development	
			No. ACSP's completed	460 total for Edinburgh – Roll Out expected early 2022	
			Carer stories of difference	See main report	
			No and % carers being supported to engage in activities that improve their wellbeing	Further detailed data under development	
North East Locality 1:1 support peer and group-based support	Year 1 & 2 = 215 carers per annum		No carers supported	405 Total for Edinburgh (101 average per locality)	
			No sessions delivered	222 Total for Edinburgh (55.5 average per locality)	
			Types of support delivered	building confidence in the caring role; keeping carers well informed about issues	

				relevant to their caring role; offering carers practical and emotional support;	
			No. emergency plans completed	Further detailed data under development	
			No. ACSP's completed	460 total for Edinburgh – Roll Out expected early 2022	
			Carer stories of difference	See main report	
			No and % carers being supported to engage in activities that improve their wellbeing	Further detailed data under development	
South East Locality 1:1 support peer and group- based support	Year 1& 2 = 215 carers per annum		No carers supported	405 Total for Edinburgh (101 average per locality)	
			No sessions delivered	222 Total for Edinburgh (55.5 average per locality)	
			Types of support delivered	building confidence in the caring role; keeping carers well informed about issues relevant to their caring role;	

				offering carers practical and emotional support;	
			No. emergency plans completed	Further detailed data under development	
			No. ACSP's completed	460 total for Edinburgh – Roll Out expected early 2022	
			Carer stories of difference	See main report	
			No and % carers being supported to engage in activities that improve their wellbeing	Further detailed data under development	
South West Locality 1:1 Support peer and group-based support	Year 1 & 2 = 225 carers per annum		No carers supported	405 Total for Edinburgh (101 average per locality)	
			No sessions delivered	222 Total for Edinburgh (55.5 average per locality)	
			Types of support delivered	building confidence in the caring role; keeping carers well informed about issues relevant to their caring role; offering carers practical and emotional support;	

			No. emergency plans completed	Further detailed data under development	
			No. ACSP's completed	460 total for Edinburgh – Roll Out expected early 2022	
			Carer stories of difference	See main report	
			No and % carers being supported to engage in activities that improve their wellbeing	Further detailed data under development	

Lot 3 - Short Breaks Programme						
Activity	Minimum Level		Outcome for Carers	Indicators/Measures	Achievement	RAG Status
Planned Short Breaks Programme - Day and Evening Breaks	Year 1	40 carers Supported, Min 4 events	Carers feel safe, rested and recharged Carers are supported to have a life outside and/or alongside their caring role Carers feel supported to maintain their caring relationships and sustain their caring role.	No. carers supported	144	+++
				% new carers	75 total for lot 3 (35%)	
				No. day/evening sessions	20+	
				No. and % carers reporting improvements in their health and wellbeing	Further detailed data under development	
				No. and % carers reporting improvement in their caring relationship	Further detailed data under development	
Planned Short Breaks Programme -	Year 1	35 Carers Supported		No. carers supported	67	++
				% new carers	75 total for Lot 3 (35%)	

Residential Breaks				No. Residential Breaks	9 stepping out Various via other means	
				No. of short break nights provided.	36+	
				No. and % carers reporting improvements in their health and wellbeing	Further detailed data under development	
				No. and % carers reporting improvement in their caring relationship	Further detailed data under development	

Lot 4 - Short Breaks Fund							
Activity	Minimum Level		Outcome for Carers	Indicators/Measures	Achievement	RAG Status	
Short Breaks Fund	Year 1	100 carers	Carers feel safe, rested and recharged Carers are supported to have a life outside and/or alongside their caring role Carers feel supported to maintain their caring relationships and sustain their caring role	No applications received	84	Yellow	
				No. of applications approved	83	Yellow	
				No. new carers funded	83	Yellow	
				lowest value of funded application	£38	Green	
				Highest funded application	£500	Green	
				Average funded application	£383	Green	
				No. and % cares reporting improvements in their health and wellbeing	31 - 95%	Green	
				No. and % carers reporting improvement in their caring relationship	31 - 95%	Green	

Edinburgh Integrated Carer Support Team – 5a North East						
Activity	Minimum Level		Outcome for Carers	Indicators/Measures	Achievement	RAG Status
Edinburgh Carer Support Team	Year 1	150 carers supported	Carers are identified as close to the start of their caring journey as possible and are connected to opportunities and support	No. carers supported	109 (95 new)	
			Carers are supported to look after their own physical, mental, emotional, and social wellbeing	Type of support provided	Short breaks or respite; Advice & information; Counselling or emotional support; Assistance with benefits, e.g. Carer's allowance; Peer support / Group activities; Advocacy; Emergency Planning; Future Planning	
			Carers feel listened to and heard as individuals	No. ACSP	3-Pilot 460 total for Edinburgh – Roll Out	
			Carers feel well supported throughout their caring journey			
			Carers are involved in support planning in the community and from hospital and have a choice of options to meet their own needs and the person they care for.			

		Carers are confident in shaping services for themselves and those they support and are more in control of the support they receive.		expected early 2022	
			No. Emergency plans	10	
			No. hours direct contact time	Further detailed data under development	
			Carer feedback/stories of difference	See main report	

Edinburgh Integrated Carer Support Team – 5b North West						
Activity	Minimum Level		Outcome for Carers	Indicators/Measures	Achievement	RAG Status
Edinburgh Carer Support Team	Year 1	150 carers supported	Carers are identified as close to the start of their caring journey as possible and are connected to opportunities and support	No. carers supported	91	
			Carers are supported to look after their own physical, mental, emotional, and social wellbeing	Type of support provided	Short breaks or respite; Advice & information; Counselling or emotional support; Assistance with benefits, e.g. Carer's allowance; Peer support / Group activities; Advocacy; Emergency Planning; Future Planning	
			Carers feel listened to and heard as individuals	No. ACSP	460 total for Edinburgh – Roll Out	
			Carers feel well supported throughout their caring journey			
			Carers are involved in support planning in the community and from hospital and have a choice of options to meet their own needs and the person they care for			

			Carers are confident in shaping services for themselves and those they support and are more in control of the support they receive		expected early 2022	
				No. Emergency plans	Further detailed data under development	
				No. hours direct contact time	Further detailed data under development	
				Carer feedback/stories of difference	See main report	

Edinburgh Integrated Carer Support Team – 5c South East						
Activity	Minimum Level		Outcome for Carers	Indicators/Measures	Achievement	RAG Status
Edinburgh Carer Support Team	Year 1	150 carers supported	<p>Carers are identified as close to the start of their caring journey as possible and are connected to opportunities and support</p> <p>Carers are supported to look after their own physical, mental, emotional, and social wellbeing</p> <p>Carers feel listened to and heard as individuals</p> <p>Carers feel well supported throughout their caring journey</p> <p>Carers are involved in support planning in the community and from hospital and have a choice of options to meet their own needs and the person they care for</p>	No. carers supported	80	
				Type of support provided	Short breaks or respite; Advice & information; Counselling or emotional support; Assistance with benefits, e.g. Carer's allowance; Peer support / Group activities; Advocacy; Emergency Planning; Future Planning	
				No. ACSP	460 total for Edinburgh – Roll Out	

			Carers are confident in shaping services for themselves and those they support and are more in control of the support they receive		expected early 2022	
				No. Emergency plans	Further detailed data under development	
				No. hours direct contact time	Further detailed data under development	
				Carer feedback/stories of difference	See main report	

Edinburgh Integrated Carer Support Team – 5d South West						
Activity	Minimum Level		Outcome for Carers	Indicators/Measures	Achievement	RAG Status
Edinburgh Carer Support Team	Year 1	150 carers supported	<p>Carers are identified as close to the start of their caring journey as possible and are connected to opportunities and support</p> <p>Carers are supported to look after their own physical, mental, emotional, and social wellbeing</p> <p>Carers feel listened to and heard as individuals</p> <p>Carers feel well supported throughout their caring journey</p> <p>Carers are involved in support planning in the community and from hospital and have a choice of options to meet their own needs and the person they care for</p>	No. carers supported	104	
				Type of support provided	Short breaks or respite; Advice & information; Counselling or emotional support; Assistance with benefits, e.g. Carer's allowance; Peer support / Group activities; Advocacy; Emergency Planning; Future Planning	
				No. ACSP	460 total for Edinburgh – Roll Out	

			Carers are confident in shaping services for themselves and those they support and are more in control of the support they receive.		expected early 2022	
				No. Emergency plans	38	
				No. hours direct contact time	Further detailed data under development	
				Carer feedback/stories of difference	See main report	

Lot 6 - Young Adult Carers					
Activity	Minimum Level	Outcome for Carers	Indicators/Measures	Achievement	RAG Status
Identifying Carers	8 information days across all five FHE providers annually	Carers are identified as close to the start of their caring journey as possible and are connected to opportunities and support	No. of information days	21	++
			No. young adult carers identified in FHE setting	4	
Health and Wellbeing	Minimum of 100 young adult carers supported per year	Carers know how to connect to information and advice	Total no. carers supported	83	
		Carers are well informed about their rights and how to access support	No. New Carers supported	55	
		Carers report economic wellbeing	No. 1:1 sessions	702	+++
		Carers are supported to look after their own physical, mental, emotional, and social wellbeing	No. of groups offered	107	
			No. carers accessing groups	75	
			Types of groups offered	Employability	

		Carers feel listened to and heard as individuals		Independent living	Green
		Carers feel well supported throughout their caring journey		Activity agreements	
		Carers are involved in support planning in the community and from hospital and have a choice of options to meet their own needs and the person they care for.	Carer stories of difference	See main report	
		Carers are confident in shaping services for themselves and those they support and are more in control of the support they receive.	No and % carers being supported to engage in activities that improve their wellbeing	75 carers (90%) report wellbeing improvement	Green
Young Carer Statements & Adult Carer Support Plans	Minimum of 100 Young Care Statements or Adult Carer Support Plan completed.		No. Young Carer Statements	10 (YCS rolled out from 6-month point)	Yellow
			No. Adult Carer Support Plans	2 pilot - 460 total for Edinburgh – Roll out expected early 2022	Yellow

Lot 7 - Young Carers				
Activity	Minimum Level	Indicators/Measures	Achieved	RAG Status
Schools Support	120 Schools	No of schools with Young Carer Coordinators	124	
		No of staff attending CPD training	187 staff	
Young Carer Statements	Year 1 (Sep 20 – Aug 21) 821 statements completed	No of Young Carers receiving a Statement	52 started not completed 67 completed	+
Young Carers Grants Fund	40 Grant awards made	No of Young Carers receiving a grant	28 (YCS only in use since June 21)	
Support to Young Carers	Year 1 (Sep 20 – Aug 21) 738 Young carers supported	No. of groups offered	715	+
		No. young carers accessing	757	+

Lot 8 - Parent Carers						
Activity	Minimum Level		Outcome for Carers	Indicators/Measures	Achievement	RAG Status
Information and Advice enquiries	Provide information and advice to a minimum of 600 parent carers per year		Carers are identified as close to the start of their caring journey as possible and are connected to opportunities and support	No. of carers supported	1052	+++
	Financial Planning and Welfare benefit support		Carers know how to connect to information and advice	% Carers satisfied with support	100%	+++
	Year 1	120 carers	Carers are well informed about their rights and how to access support	No. and % Carers supported who have maximised benefit entitlement	376 carers (35%)	+++
			Carers report economic wellbeing	Total amount of benefits accessed for carers	£389,404	+++

Adult Carer Support Plans	Year 1	Min 330 plans	<p>Carers are involved in support planning in the community and from hospital and have a choice of options to meet their own needs and the person they care for.</p> <p>Carers are confident in shaping services for themselves and those they support and are more in control of the support they receive.</p>	No. adult carer support plans completed	460 total for Edinburgh – Roll out expected early 2022	
				Type of support required	Short Breaks, Information and advice, Practical support, Counselling/ emotional support, Training and learning, Assistance with Benefits, Group support, Advocacy, Emergency Planning, Future Planning	
				No. new carers to the service	505	
Health and Wellbeing	Year 1	Support min 250 carers	Carers are supported to look after their own physical, mental, emotional, and social wellbeing	No. of groups offered	17	
				No. carers accessing groups	58	
				Types of groups offered	Benefits for School Age Kids x2; Song and Rhyme; ASN child -	

			<p>Carers feel listened to and heard as individuals</p> <p>Carers feel well supported throughout their caring journey</p>		<p>challenging behaviour x2; Benefits for School Age Kids; Caring for a child with learning difficulties; Craft for parent carers; ASN child sleep; Not fine in school x 2; Parent Carers open Session; Craft Workshop for parents and Kids; Surviving the festive season as a parent carer; Paediatric first aid; Child gaming and gambling; Taking Care of Mental Health and Wellbeing for Carers of disabled children</p>	
				Carer stories of difference	See main report	
				No and % carers being supported to engage in activities that improve their wellbeing	438 (41%)	
				No carers supported	438	

			No sessions delivered	14	
			Types of support delivered	Short Breaks, Information and advice, Practical support, Counselling/ emotional support, Training and learning, Assistance with Benefits, Group support, Advocacy, Emergency Planning, Future Planning	
			No. emergency plans completed	2	

Appendix 4: Publicity and awareness activities

During the pandemic

- May 2020- Rachel McNeill: Carer Support services are open: <https://www.youtube.com/watch?v=KamOyeUyqtQ&feature=youtu.be>
- June 2020: Carers Week, Keith Lugton: <https://youtu.be/e6yhS0F81PM>
- November 2020, Carers Rights Day, Gavin Bisset: <https://youtu.be/-fsA5YIMeoM>

Podcast

- Carers Week 2021, Keith Lugton-: <https://www.youtube.com/watch?v=4jDlcUt6mdl&t=1038s>

National Ad Campaign:

<https://www.nhsinform.scot/campaigns/support-for-unpaid-carers>

Appendix 5.1: Short Breaks Fund Eligibility Criteria

Eligibility – Direct carer grants

Edinburgh

Carer beneficiaries

Time to Live, SCS – carers of people aged 21 or over and young carers (caring for children or adults) [NB this fund excludes carers caring for a person aged 20 or less – such carers should be signposted to one of the other funds or ‘Take a Break’ - <https://takeabreakscotland.org.uk/>. Further, kinship carers are excluded].

Carers may choose to use their grant to pay for an activity for the cared for person if this enables the carer to have a break.

Must be able to evidence how grants made to carers benefit both the carer and the person they care for.

Carers do not have to have an Adult Carer Support Plan or be registered with VOCAL before a grant can be awarded.

Outcomes specified:

- Carers will have more opportunities to enjoy a life outside of their caring role
- Carers will feel better supported to sustain their caring role
- Carers and the people they care for will have improved wellbeing

Amounts awarded:

Average grant £300

Maximum grant £600

HSCP Lot 4 –

Carer beneficiaries:

The Short Breaks fund will be for those carers whose needs and outcomes cannot be met through the planned short breaks programme, respite or other funding routes. ‘The service provider shall ensure that prior to submitting the application other means to fund a short break have been explored and discounted on the basis that alternative options would not fully meet the carers needs or their outcomes. Other means of funding or accessing a short break includes but not restricted to the planned short breaks programme or respite options available from other carer support organisations.’ In addition, the service provider shall be able to set criteria to prioritise the allocation of funds. These criteria should be developed and agreed with the EHSCP and in line with criteria used by local providers of the Time to Live fund operated on behalf of Shared Care Scotland.

To include: young carers, adult carers, parent carers. All carer groups.

The Service shall NOT be provided if the cared for person does not reside in Edinburgh.

Amounts awarded:

‘It is anticipated that the average award from the Short Breaks Fund will be around £300, this is based on information from Shared Care Scotland Evaluation of Time to Live. A maximum of one funded application per carer will be awarded in a 12-month period, the maximum value of this award shall be no more than £500.’

Minimum levels: 100 carers year 1; 110 carers year 2; 125 carers year 3.

Outcomes specified:

- Carers feel safe, rested and recharged
- Carers are supported to have a life outside and/or alongside their caring role
- Carers feel supported to maintain their caring relationships and sustain their caring role

COVID recovery fund – Time to Live - SCS COVID recovery fund HSCP Lot 4

Main purpose:			
Short breaks	YES	YES	YES
Financial wellbeing	NO	YES	NO
Health and wellbeing	NO	YES	NO
Specific purpose:	Time to Live - SCS	COVID recovery fund	HSCP Lot 4
Residential or day trip	YES	YES (check)	YES
Relaxation or wellbeing therapies	YES	YES (check)	YES
Gaming or recreational equipment	YES	NO (check)	YES
Transport	YES – if it facilitates a short break	YES – if it could help secure employment	YES - if it facilitates a short break
Driving lessons	YES	YES (check)	YES
Garden equipment e.g. games, furniture, hut	YES	YES (check)	YES
Electronic equipment e.g. laptop, iPad, phone	YES	YES (check)	YES
Payment towards utility bills debt	NO	YES (check)	NO
Help securing employment e.g. clothes	NO	YES (check)	NO
White goods	NO	YES (check)	NO

Appendix 5.2: Statement on Carers in Greatest Need

VOCAL Statement: 'carers in greatest need'

This text/narrative is the basis and process through which VOCAL will identify 'carers in greatest need' in future conversations and application forms, for accessing limited funds or shorts breaks

VOCAL provides a wide range of support: information, care planning, training, emotional and counselling support and more. These are universally accessible – open to all carers, free of charge. Some supports are, however, limited to a maximum number of beneficiaries. These include holiday and short breaks opportunities and funds for financial support. Where opportunities are limited, VOCAL take measures to reach carers **in greatest need** of a break or of financial support.

By **carers in greatest need** we mean carers at risk of isolation, exclusion or disadvantage, whose caring role and lack of support impact on their

- physical, emotional and mental health and wellbeing
- ability to balance the caring role with a life of their own
- financial wellbeing and ability to afford basic necessities

VOCAL allows carers to self-define need, by asking and assessing what difference the support they apply for would make to their lives

We do not apply **formal** means-testing, i.e. a process which qualifies a person for support only if their own financial means are below a threshold where they do not need to contribute to the cost of a service. VOCAL does, however, ask carers if they are in receipt of any welfare benefits. These are key indicators of risk of financial exclusion, and critically, allow VOCAL staff to explore a range of income maximisation measures in addition to assessing one-off support.

VOCAL will therefore ask the following questions in all conversations and application processes:

"The following questions will allow us to fully understand your individual situation when assessing your application:

o **Please describe in your own words, what difference it would make to your caring situation and your own health and wellbeing, if you were successful with this application:**

- **What difference would this support make to your financial situation?**
- Are you in receipt of any means tested benefits?
- Not in receipt of any benefit
- Universal credit (UC)
- Income Support
- Income related ESA
- Child Tax Credit
- Working Tax Credit
- Housing Benefit
- Pension Credit

Area of Consultation	Name of Group/ Individual		Method
YC and Young Adult Carer Forums	<ul style="list-style-type: none"> - ECSPG - EIJB - Lothian Association Youth Clubs - South West Youth Providers - Joining the Dots (South West) - Youth Parliament 		<ul style="list-style-type: none"> - Survey - Comms strategy - Interviews? in person & online? - Digital Polls (set a time when sending out info for a teams call for running a Poll)
Organisations	<ul style="list-style-type: none"> - ECSPG organisations - H&SCP – Social Work/ Occupational Therapy/ NHSultation 		<ul style="list-style-type: none"> - Survey - Comms strategy - Interviews? in person & online? - Digital Polls
Involving Carers	Young Carers Mental Health	-	<ul style="list-style-type: none"> - Survey - Comms Strategy - Interviews? in person & online? - Digital Polls
	Physical Disability	-	
	Learning Disability	-	
	Sensory Impairment	-	
	Alcohol and substance misuse	-	
	Older People	- OP forum	
Involving Service Users	Mental Health	-	<ul style="list-style-type: none"> - Survey - Comms Strategy - Interviews? in person & online? - Digital Polls
	Physical Disability	-	
	Learning Disability & ASD	<ul style="list-style-type: none"> - ELDAG - Specific LD providers eg UPMO 	
	Sensory Impairment	-	
	Alcohol and substance Misuse	-	
	Older People/ dementia	-	
Key Individuals	<ul style="list-style-type: none"> - PCOs across all areas (MH;PD/LD;SI;A&SM;OP) - EIJB Carer Representatives 		<ul style="list-style-type: none"> - Survey - Comms strategy - Interviews? in person & online? - Digital Polls

What to expect from an adult carer support plan

Do you provide care for someone?

You may be a parent, partner, son, daughter, brother, sister, friend or neighbour to someone who needs support.

This may be due to a physical or mental illness, alcohol or substance use, a long term condition or a disability. If you give someone help and support to manage their life – you are a carer.

What is an adult carer support plan?

An adult carer support plan (ACSP) allows you to discuss your caring role and its impact on your life. The plan can help you balance your life alongside your caring role. The plan will also set out what supports can help you achieve what is important to you. An ACSP can also help identify what can be done if you feel you cannot continue caring.

Carer support

All carers can access free information and support from community organisations like local carers centres and from staff within the Health and Social Care Department. In addition, each local authority sets eligibility criteria to decide support carers are entitled to. This support will depend on your identified needs and personal outcomes.

The Carers (Scotland) Act 2016

The Carers Act means all adult carers have a right to an adult carer support plan.

For young carers this is called a young carer statement.

The Act introduced a power for local authorities to support carers generally and required them, under specific duties to:

- support carers who have needs that meet the local eligibility criteria

- provide an information and advice service to carers
- publish a Short Breaks Services Statement

Local health boards also have duties under the Act to involve carers in discharge from hospital and to prepare a local carer strategy with the relevant authority.

How do you make an adult carer support plan?

Most carer support plans will be prepared during conversations between you and the practitioner supporting you. It can help to think of a typical day and the type of support you provide.

Think about how your life could improve and what you might need to achieve this. If your caring situation changes from day to day, think what a good day and bad day looks like. Services often use the term 'outcomes' to describe what is important to you and your aims and hopes. Typical outcomes carers tell us they want include:

- being mentally and physically healthy
- feeling valued
- feeling informed
- having a life outside of caring
- being listened to

The adult carer support plan will record key points, and any agreed actions. You can keep a copy and share it with anyone you choose. You will be offered a review of your plan within an agreed timescale or earlier if your situation changes substantially.

How can I find out more about having an adult carer support plan?

In Edinburgh you can ask any carer organisation about an adult carer support plan or you can contact the Edinburgh Carer Support Team on 0131-536-3371 who can advise you further.

Examples of support for carers

- information and advice
- welfare rights and advocacy
- carer support groups and cafes
- short breaks or respite
- counselling or one to one support
- relaxation therapies, stress management sessions
- carer training courses
- Emergency planning
- leisure and recreational activities like exercise, singing or art

Adult Carer Support Plan

Carer Information

Title	
First name(s)	
Surname	
DOB	
Preferred pronoun	
Address line 1	
Address line 2	
Address line 3	
City	
Postcode	
Contact number	
Carer Advocacy/ communication needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would carer like a copy of this plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Supported Person Information

Full Name (with consent)	
Terminal Illness?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diagnosis date	DD/MM/YY
6 Months Prognosis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Substantive conversation date	DD/MM/YY
Light Touch ACSP (blue sections only) date complete	DD/MM/YY

Worker Information

Name of worker completing this plan	
Organisation	
Contact number	
Email address	

Consent to Share Information

Can we share this plan? (often required for processing eg carer payments/ onward referrals - certain anonymous data used in stats/ census; not for marketing etc)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES, who do you agree we can share it with?			
NHS	The City of Edinburgh Council	Carer Agencies	Other (list below)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Carer Name:		Worker Name:	
Carer Signature:		Worker Signature:	
Date:		Date:	

Background Information/ Carer Story (explain this is their Adult Carer Support Plan)

What is your relationship with the person you care for? (consider supported person's diagnosis/ relationship/ what carer wants for supported person/ history/ length of relationship/ length of caring/ needs of supported person/ other caring responsibilities/ any other points...)

Who and/or what helps you care for the person? (consider Legal arrangements/ technology/equipment/ friends/ family/ neighbours/other...)

What do you really want to share about your situation? (what does the carer want the worker to understand about their situation)

What does a typical day look like for you? (consider daily tasks & routine/ likely daily events/ regularity of support/ other caring responsibilities/ work, training, education/ time for self/ anything else...)

What might a good/better day look like for you? (consider supported person/ carer/ social, physical, emotional wellbeing/ any other factors...)

What does a bad day look like for you? (consider supported person/ Carer/ social, physical, emotional wellbeing/ any other factors...)

What is going well for you and why? (consider relationship with supported person/ other relationships/ social capital/ environmental factors/ employment/training opportunities/ anything else...)

What worries you in your caring role? (Own health/ supported person's health/ finances/ state of housing/ future etc/ anything else...)

At this present time, are you able to continue with your caring role?

Yes No

If "NO" what would need to change in order to continue in caring role? (add to action plan)

At this present time, are you willing to continue in your caring role

Yes No

If "NO" what would need to change in order to continue in caring role? (add to action plan)

Comments:

Additional Information

How long have you been caring for?	Less than 1 year	<input type="checkbox"/>	What type of care do you provide? (tick all that apply)	Medication	<input type="checkbox"/>
	1 year but less than 5 years	<input type="checkbox"/>		Personal Care	<input type="checkbox"/>
	5 years but less than 10 years	<input type="checkbox"/>		Shopping, Cleaning and Domestic tasks	<input type="checkbox"/>
	10 years but less than 20 years	<input type="checkbox"/>		Transport	<input type="checkbox"/>
	20 years or more	<input type="checkbox"/>		Financial Support	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>		Supervision/ Emotional Support	<input type="checkbox"/>
Care hours provided in a typical week?	Up to 4 hours	<input type="checkbox"/>	What area of your life has caring impacted on? (tick all that apply)	Health	<input type="checkbox"/>
	5-19 hours	<input type="checkbox"/>		Emotional wellbeing	<input type="checkbox"/>
	20-34 hours	<input type="checkbox"/>		Finances	<input type="checkbox"/>
	35-49 hours	<input type="checkbox"/>		Life balance	<input type="checkbox"/>
	50+ hours	<input type="checkbox"/>		Feeling valued	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>		Future Plans	<input type="checkbox"/>
			Employment	<input type="checkbox"/>	
			Living environment	<input type="checkbox"/>	

Are you Benefits Appointee for the Supported Person (Where carer applies to be named person to manage benefits for the supported person)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no would you like more information?	Yes <input type="checkbox"/> No <input type="checkbox"/> (add to action plan if yes)
Do you hold Welfare or Financial Power of Attorney? (decision making legal powers applied for via solicitor, while supported person has capacity)	Welfare <input type="checkbox"/> Financial <input type="checkbox"/> Neither <input type="checkbox"/>
Would you like more information?	Yes <input type="checkbox"/> No <input type="checkbox"/> (add to action plan if yes)
Are you Welfare or Financial Guardian for the supported person? (Legal powers applied for via solicitor when supported person lacks capacity)	Welfare <input type="checkbox"/> Financial <input type="checkbox"/> Neither <input type="checkbox"/>
Would you like more information?	Yes <input type="checkbox"/> No <input type="checkbox"/> (add to action plan if yes)
Do you have an Anticipatory Care Plan? (what might be needed if the cared for person becomes unwell? – see guidance for Herbert protocol and Purple Alert App template)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, would you like more information?	Yes <input type="checkbox"/> No <input type="checkbox"/> (add to action plan if yes)
Do you have an emergency plan? (What would be needed in an emergency? - Template for this and both Herbert Protocol and Purple Alert App in Good Practice Guide)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, would you like more information?	Yes <input type="checkbox"/> No <input type="checkbox"/> (add to action plan if yes)
Do you have an emergency card? (card for carer to hand over to whoever needs details around carer/ Supported Person - Template in Good Practice Guide)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, would you like more information?	Yes <input type="checkbox"/> No <input type="checkbox"/> (add to action plan if yes)

Action Plan

Outcome 1 (see Outcomes prompts in handbook) To continue in my caring role, I need:				
What would be helpful?	Actions	By Who?	By When?	Action Complete Date
Review Date: Outcome Achieved: Yes <input type="checkbox"/> No <input type="checkbox"/> (if no, assign new actions to plan) Next Check in Date: <small>(Worker can add new rows, actions and dates as necessary for new tasks relating to each outcome)</small>				
Outcome 2 (see Outcomes prompts in handbook) To continue in my caring role, I need:				
What would be helpful?	Actions	By Who?	By When?	Action Complete Date
Review Date: Outcome Achieved: Yes <input type="checkbox"/> No <input type="checkbox"/> (if no, assign new actions to plan) Next Check in Date: <small>(Worker can add new rows, actions and dates as necessary for new tasks relating to each outcome)</small>				
Outcome 3 (see Outcomes prompts in handbook) To continue in my caring role, I need:				
What would be helpful?	Actions	By Who?	By When?	Action Complete Date
Review Date: Outcome Achieved: Yes <input type="checkbox"/> No <input type="checkbox"/> (if no, assign new actions to plan) Next Check in Date: <small>(Worker can add new rows, actions and dates as necessary for new tasks relating to each outcome)</small>				
Outcome 4 (see Outcomes prompts in handbook) To continue in my caring role, I need:				
What would be helpful?	Actions	By Who?	By When?	Action Complete Date
Review Date: Outcome Achieved: Yes <input type="checkbox"/> No <input type="checkbox"/> (if no, assign new actions to plan) Next Check in Date: <small>(Worker can add new rows, actions and dates as necessary for new tasks relating to each outcome)</small>				

Office Use Section – to be completed by worker

Referral Information

Initial referral by? (name/ organisation)	
Date referral made?	
Date referral received?	
Is this a re-referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If re-referral state reason	
Swift/ Trak number	

Plan Information

Plan Start Date	DD/MM/YY
Plan End Date	DD/MM/YY
Carer Payment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, amount?	£
Case Closure Date	DD/MM/YY

Carer Support Options

Options for carer support	Description	Mark with "X" all required	Lead Contracted Agency	Referral info	Date of referral
Information and Advice Service	-Information and advice service -Carer Training -Staff Training -Work with employers -Digital Map -Additional Provision		Vocal	T: 0808 196 6666 E: centre@vocal.org.uk	
Carewell Health and Wellbeing	-One to one health and wellbeing casework support delivered at locality level -Support groups -Learning and development events -Counselling and alternative therapy -Pilot project with LGBT Health		Vocal (Lead)	T: 0808 196 6666 E: centre@vocal.org.uk	
Short Breaks Programme	This service will provide a range of overnight, day and evening breaks for adult carers -access to Carers Trust Grants -Stepping Out Residential Breaks, -Respite and Care Free breaks, -Still Caring day and evening events, -open days, -alternative therapies, -walking groups, -designated science activity programme, -1 to 1 and support groups, -counselling, learning opportunities, info&advice -regular newsletters.		Care for Carers	T: 0131 661 2077 E: admin@care4carers.org.uk	
Short Breaks Fund	-Supporting Carers to access fund -Management and administration of short breaks fund -Partnerships & Communication		Vocal	T: 0808 196 6666 E: centre@vocal.org.uk	
Hospital Discharge Team	-Hospital based carer support workers within the Edinburgh Carer Support Team operated by Edinburgh Health and Social Care Partnership (HSCP) supporting hospital discharges		EHSCP (Lead)	T: 0131-536-3371 E: carer.support@luht.scot.nhs.uk	
Edinburgh Carer Support Team	Community based carer support workers within the Edinburgh Carer Support Team operated by Edinburgh Health and Social Care Partnership (HSCP)		EHSCP	T: 0131-536-3371 E: carer.support@luht.scot.nhs.uk	

Young Carer (5→ leaves Secondary Education)	<ul style="list-style-type: none"> -Identification of young carers -Information and advice to young carers -Health and wellbeing for young carers -breaks for young carers -Personalising support for young carers (inc. young carer statements) 		Space/ Edinburgh Young Carers/ Capital Carers	T: 0131 455 7731 E: youngcarers@spacescot.org	
Young Adult Carer (Leaves secondary education → 25)	<ul style="list-style-type: none"> -Identify and provide 1:1 and group support to young adult carers -Provide personalised support for young adult carers using adult carer support plans -Provide short breaks -Connect Young Adult Carers to opportunities that support a life beyond or alongside their caring role -facilitate information days with FHE providers across Edinburgh 		Space/ Edinburgh Young Carers/ Capital Carers	T: 0131 455 7731 E: youngcarers@spacescot.org	
Parents Carewell	-A 'new service' (i.e. one not previously funded by CEC or NHSL). Its purpose is to support parent carers across the life-course (i.e. including 'lifelong carers')		Action Group (Lead)	T: 0131 475 2315 E: careradvice@actiongroup.org.uk	
Other EHSCP Supports					
Other independent and third sector supports					
Unmet Need: Are any of the supports required not currently available via the above options? <i>please provide detail:</i>					

EDINBURGH HEALTH & SOCIAL CARE PARTNERSHIP
CARERS ELIGIBILITY CRITERIA

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1 Introduction

Under the Carers (Scotland) 2016 Act we have powers and duties to support adult and young carers.

You are a carer if:

- you care for, or intend to care for, another person
- and you are not paid for the care you provide
- and you are not providing the care through a voluntary organisation.

If you are a parent of a child (someone under 18) you may be a carer if your child has additional care and support needs which are not because of their age.

As a carer, we have a duty¹ to offer you an Adult Carer Support Plan (ACSP) or a Young Carer Statement (YCS) (for those who are under 18 or over 18 but still at school) and prepare it if you want one. We will offer to do this for every carer we identify, or for any carer who requests one.

Our ACSP is based on the personal outcomes approach and our YCS is based on the national wellbeing indicators for children and young people. As part of the ACSP/YCS, together with you, we look at the care you give and the impact this has on your life. We also look at personal supports, access to supports in the community and areas in which you need more individualised supports.

To help us determine the impact of caring we ask the following questions:

- Is the caring role sustainable?
- How great is the risk of the caring role becoming unsustainable?

2 Carers Eligibility Criteria

The Scottish Government has asked Local Authorities to set local eligibility criteria for carers. Eligibility criteria help guide Local Authorities to be consistent when deciding what level of support to provide to different people.

The Scottish Government have outlined a set of 7 'indicators' which cover key areas of a carer's life. They have asked Local Authorities to use these indicators as the basis of their Eligibility Criteria. The indicators are:

1. health and wellbeing
2. relationships
3. living environment
4. employment & training
5. finances
6. life balance
7. future planning

Our eligibility criteria is set out in the table on page 5 using these seven indicators

¹ A duty is something we must do.

3 Local Eligibility Threshold

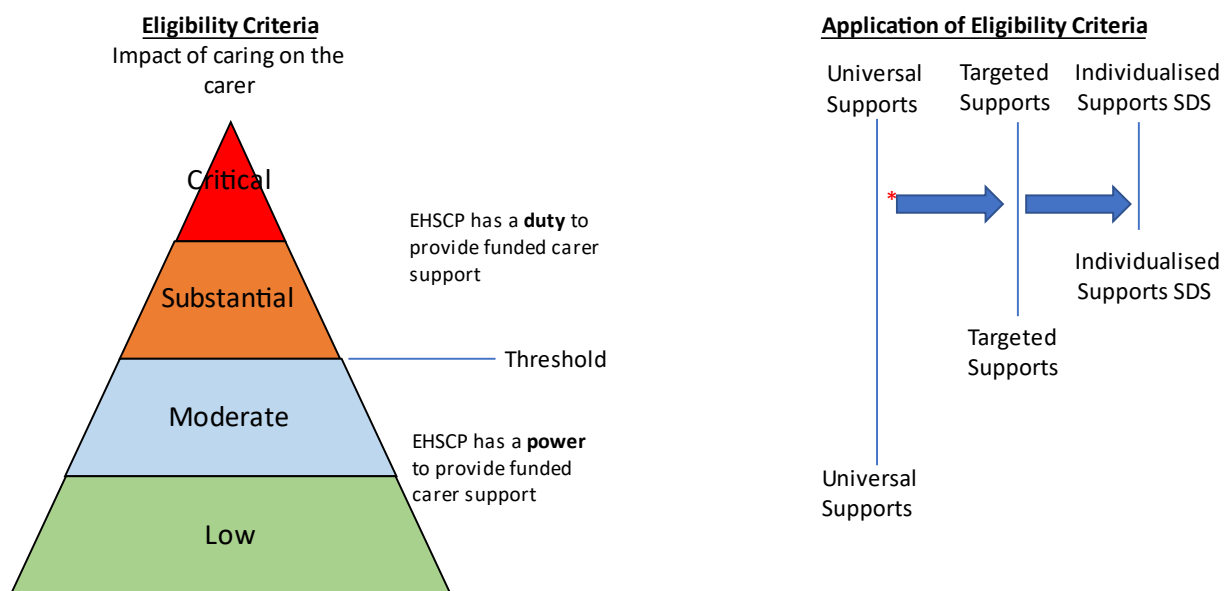
When completing your ACSP/YCS we use this eligibility criteria to make sure we make consistent decisions about the level of support to provide and also to decide who is eligible to receive individualised support.

In Edinburgh we have said that if caring is having either a **substantial** or **critical** impact on the carer we have **duty** to support that carer using individualised support. This is known as our threshold. Through this individualised support our aim is to reduce the impact of caring to a manageable level. Carers can request a new ACSP or YCS where they believe their circumstances have changed.

The impact only has to meet the threshold for one indicator for us to have a duty to provide support for that indicator. Future planning is the one nationally recognised exception to this. This indicator will be considered alongside the others rather than on its own. In Edinburgh’s ACSP we also look at the relationship (partnership) between carers and services. In a similar way to future planning, we will consider how this is working alongside the other national indicators.

We can use our discretion to consider individualised support even if the threshold has not been met. We will do this if it is clear that without this support the impact of caring would reach a critical level within a short space of time (normally considered to be within 6 months).

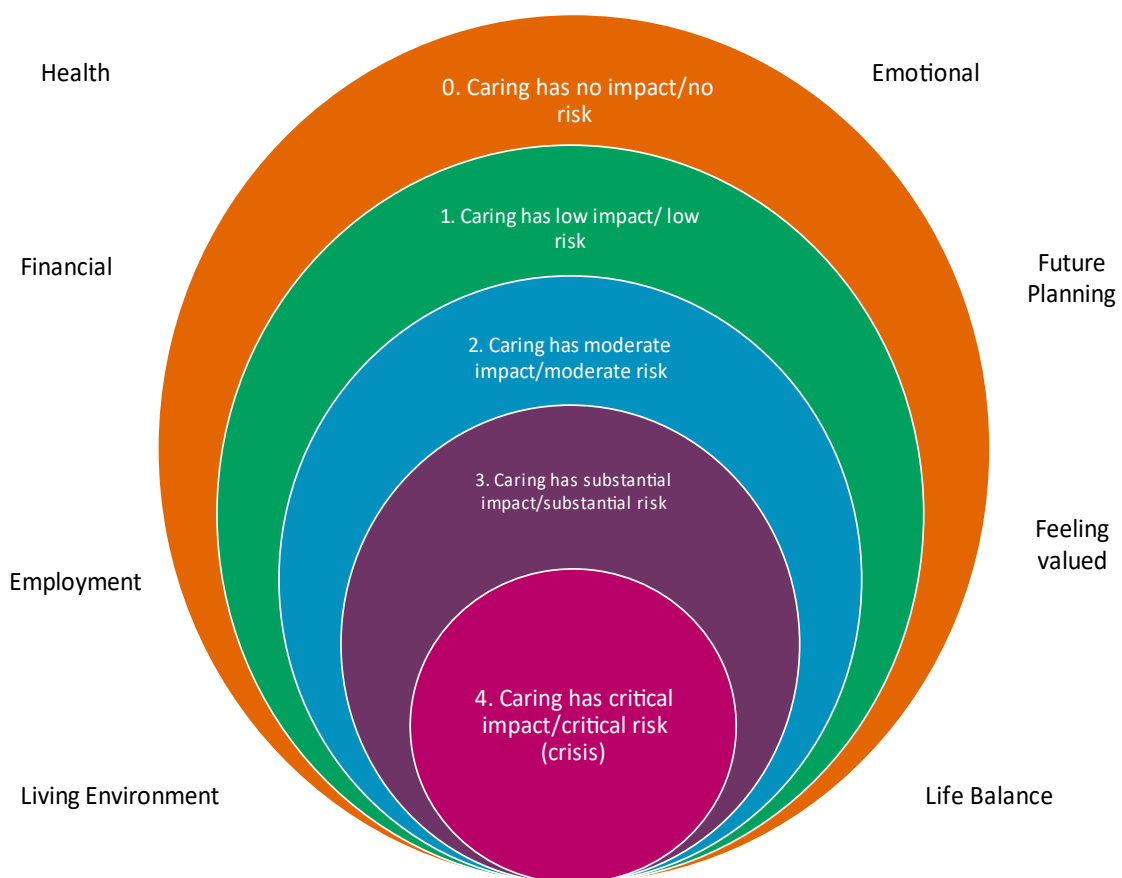
Illustrative threshold for carer support



*The order in which supports will be considered across all areas o

4 Local Carers Eligibility Criteria

The tables below provides a detailed breakdown of Edinburgh Health & Social Care Partnership's eligibility criteria. We know people do not fit neatly into boxes but it is important that we have some way of ensuring we are as consistent as possible when supporting carers. The term carer means both adult and young carers.



National Indicator	Critical	Substantial	Moderate	Low	No impact/no risk
Health	Carer's health is breaking/has broken down	Carer's health requires attention	Carer's health is at risk without intervention	Carer's health beginning to be affected	Carer in good health
Emotional	Carer's emotional wellbeing is breaking/has broken down Relationship with cared-for person is breaking/has broken down	Significant impact on carer's emotional wellbeing Relationship with cared for person is significantly affected	Some impact on carer's emotional wellbeing Some detrimental impact on relationship with cared-for person	Caring role beginning to have an impact on emotional wellbeing Risk of detrimental impact on relationship with cared-for person	Carer has good emotional wellbeing. Good relationship with cared-for person
Finance	Caring is causing severe financial hardship e.g. carer cannot afford household essentials and utilities, not meeting housing payments	Caring is having a significant impact on finances e.g. difficulty meeting housing costs AND utilities	Caring is causing some detrimental impact on finances e.g. difficulty meeting either housing costs OR utilities	Caring is causing a risk of financial hardship e.g. some difficulty meeting housing costs and utilities	Caring is not causing financial hardship, e.g. carer can afford housing costs and utilities

National Indicator	Critical	Substantial	Moderate	Low	No impact/no risk
Life Balance	Carer feels their knowledge and expertise is never valued by health, social care and other practitioners and consequently they always feel excluded and disempowered	Due to their caring role, the carer has few and irregular opportunities to achieve the balance they want in their life. They have little access to breaks and activities which promote physical, mental, emotional wellbeing	Due to their caring role, the carer has limited opportunities to achieve the balance they want in their life. They have access to a few breaks and activities which promote physical, mental, emotional wellbeing	Carer has some opportunities to achieve the balance they want in their life. They have access to a choice of breaks and activities which promote physical, mental, emotional wellbeing	Carer has regular opportunities to achieve the balance they want in their life. They have a broad choice of breaks and activities which promote physical, mental, emotional wellbeing
Feeling valued	Carer feels their knowledge and expertise is never valued by health, social care and other practitioners and consequently they always feel excluded and disempowered	Carer often feels their knowledge and expertise is not valued by health, social care and other practitioners and consequently they often feel excluded and disempowered	Carer increasingly feels their knowledge and expertise is not valued by health, social care and other practitioners and consequently they sometimes feel excluded and disempowered	Carer feels their knowledge and expertise is sometimes valued and consequently they generally feel included and empowered	Carer feels their knowledge and expertise is always valued by health, social care and other practitioners and consequently they feel included and empowered

National Indicator	Critical	Substantial	Moderate	Low	No impact/no risk
Future Planning	Carer is very anxious about the future and has severe concerns	Carer is anxious about the future and has significant concerns	Carer is not confident about the future and has some concerns	Carer is largely confident about the future but has minor concerns	Carer is confident about the future and has no concerns
Employment	Carer has significant difficulty managing caring and employment and/or education and there is an imminent risk of giving up work or education. Carer is not in paid work or education but would like to be now	Carer has significant difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the short term Carer is not in paid work or education but would like to be soon.	Carer has difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the medium term Carer is not in paid work or education but would like to be in medium term	Carer has some difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the long term Carer is not in paid work or education but would like to be in the long term	Carer has no difficulty in managing caring and employment and/or education Carer does not want to be in paid work or education.
Living environment	Carer's living environment is unsuitable and there are immediate and critical risks to the health and safety of the carer and cared for person	Carer's living environment is unsuitable and poses an immediate risk to the health and safety of the	Carer's living environment is unsuitable but poses no immediate risk.	Carer's living environment is mostly suitable but could pose a risk to the health and safety of the carer	Carer's living environment is suitable, posing no risk to the physical health and safety of the carer and

No Impact (0)	Indicates that there are no quality of life issues resulting from the caring situation and at this moment no need for support or advice.
Low Impact (1)	Indicates that there may be some quality of life issues but low risk to a carer's capacity for independence or health and wellbeing. There may be some need for universal and/or preventative support or advice.
Moderate Impact (2)	Indicates that there is some risk to a carer's capacity for independent living and health and wellbeing. This may call for provision of some health and social care services.
Substantial Impact (3)	Indicates that there is major risk to a carer's capacity for independent living and health and wellbeing. Likely to require urgent provision or health and social care services.
Critical Impact (4)	Indicates that there are significant risks to a carer's capacity for independent living and health and wellbeing. Likely to require immediate provision or social care services.

5 How we Apply the Eligibility Criteria

We will look at the impact your caring role is having on you, what needs to change, if anything, and the best way to support those changes. By doing this our aim is to help you to continue to care for the person you care for (if that's what you want). There are three broad categories of support which are detailed below with examples²:

5.1 Universal/Preventative & Existing Support

Universal supports are those which are open to everyone. We will help guide you to support that is already generally available and help you to make the best use of the strengths, capabilities and supports you already have. We will always look at these types of support first across all levels of impact and risk.

Examples of Universal Supports

Adult & Young Adult Carers	Young Carers
<ul style="list-style-type: none"> • Adult Carer Organisations • Local health services • Peer and family support • Advocacy • Community and support groups • Supported self-care • Social and leisure opportunities • Emergency planning 	<ul style="list-style-type: none"> • Young Carer Organisations • Support through local health services and education • Peer and family support • Community and local youth groups • Social and leisure opportunities • Advocacy • Emergency planning

5.2 Targeted Supports

If your needs are either not met, or not fully met through universal and/or informal supports then we will look at more targeted support. Most targeted supports have a referral or screening process and tend to be more specialist or focused on a particular issue. Some of these projects or services may be funded or provided by support from the Integration Authority or health board.

Table 2 Examples of Targeted Supports

Adult Carers	Young Carers
<ul style="list-style-type: none"> • Edinburgh Leisure Card (gym access) • Counselling and Mediation services i.e. family group conferencing • Access to learning and development sessions • Groupwork around key carer issues • 1:1 support 	<ul style="list-style-type: none"> • Edinburgh Leisure Card (Gym Access) • Group work • Work with schools • Help with employment and training opportunities • Help with budgeting • Counselling and therapy

² Please note the examples do not provide an exhaustive list. Individual need and desired outcome (what matters to you) will determine the best way to support you.

5.3 Individualised Supports

Individualised support applies to the ‘remaining’ needs and is support that cannot be provided by universal or targeted supports. This is arranged through self-directed support, which gives you options about the level of choice and control you want over your support. If the ‘remaining’ needs do not meet the eligibility threshold we must decide whether our discretionary power to provide support should be used.

The purpose of individualised support is to reduce the impact and risks of caring to below the threshold (moderate). There is a large degree of flexibility in individualised support and it is agreed on a case by case basis, in line with what would be considered a reasonable cost to reduce the risk(s).

Examples of Individualised Supports (the National Indicators have been included to illustrate the types of support available in Edinburgh under each indicator). **The examples below are for illustrative purposes only.**

National Indicator	Adult Carers	Young Carers
Health and wellbeing	<ul style="list-style-type: none"> • Short breaks/ breaks from caring • Support to pursue a particular hobby/interest • Membership of a group/activity 	<ul style="list-style-type: none"> • Short breaks/ breaks from caring • Support to pursue a particular hobby/interest • Membership of a group/activity
Relationships	<ul style="list-style-type: none"> • Replacement care to allow a break from caring • Support to reduce carer stress for example funding to enable the carer to pursue an interest which reduces the impact of caring on their relationships. 	<ul style="list-style-type: none"> • Replacement care to allow a break from caring • Support to reduce carer stress for example funding to enable the carer to pursue an interest which reduces the impact of caring on their relationships.

National Indicator	Adult Carers	Young Carers
Employment and Training	<ul style="list-style-type: none"> • Training specific to the caring role i.e. manual handling, condition specific training • Individualised support is not generally available to assist with the payment of further education. This is the responsibility of educational services. 	<ul style="list-style-type: none"> • Individualised support is not generally available to assist with the payment of further education. This is the responsibility of school/ educational services • Training specific to the caring role i.e. manual handling, condition specific training (age appropriate) • Individualised support may be appropriate specific to the young carer i.e. to purchase equipment to help them stay on top of school work.
Finances	<ul style="list-style-type: none"> • Individualised support is not generally available to help pay for household/utility bills • Individualised support may be appropriate specific to the carer such as paying for a bus pass to reduce the financial impact of travel as part of caring role. 	<ul style="list-style-type: none"> • Individualised support is not generally available to help pay for household/utility bills and this would generally not be a responsibility for most young carers, although may be relevant to those aged 16-18 • Individualised support may be appropriate specific to the carer such as paying for a bus pass to reduce the financial impact of travel as part of caring role.
Life Balance	<ul style="list-style-type: none"> • Short Breaks/ break from caring • Funding to pursue a particular hobby/interest • Membership of a group/activity • Equipment to enable a carer to continue with an interest. 	<ul style="list-style-type: none"> • Short breaks/ break from caring • Funding to pursue a particular hobby/interest • Membership of a group/activity • Equipment to enable a carer to continue with an interest.
Future planning	<ul style="list-style-type: none"> • Future planning is considered alongside the other indicators. It is also something we would look at in an assessment of the needs of the cared for person. 	<ul style="list-style-type: none"> • Future planning is considered alongside the other indicators. It is also something we would look at in an assessment of the needs of the cared for person.

What is a young carer?

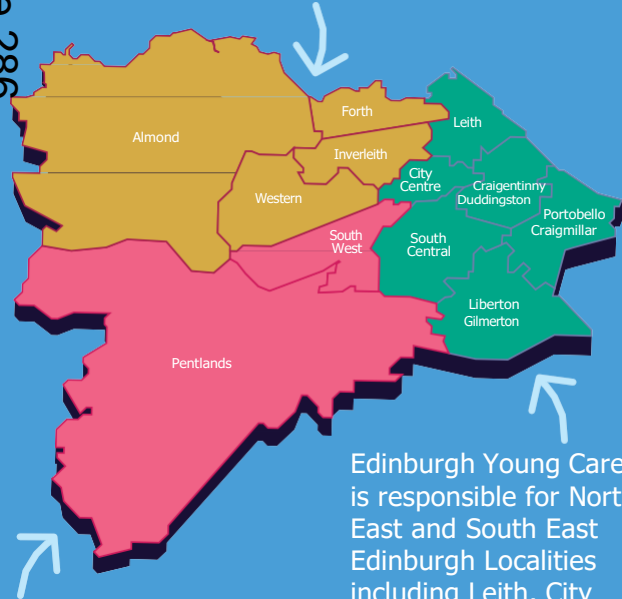
A young carer is anyone aged 5-18 years, who has practical and emotional caring responsibilities because someone in their family is disabled, elderly, has a long term illness, a mental health condition, developmental disorder or issues with substance misuse.

Where can I get support?

There are three young carer services in Edinburgh. They work together across the whole of Edinburgh and each service covers a different geographic area.

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Capital Carers is responsible for North West Edinburgh including Almond, Forth, Inverleith and Western.



Edinburgh Young Carers is responsible for North East and South East Edinburgh Localities including Leith, City Centre, Craigentenny, Duddingston, Portobello, Craigmillar, South Central, Liberton and Gilmerton.

Space is responsible for South West Edinburgh including Pentlands and South West.

How do I contact my local young carer service?

Space for Young Carers
Covering South West Edinburgh



Space & Broomhouse Hub
79-89 Broomhouse Crescent
Edinburgh EH11 3RH
0131 455 7731
youngcarers@spacescot.org
www.spacescot.org

Capital Carers Young Carers Project
Covering North West Edinburgh



CAPITAL CARERS
| EDINBURGH |

Prentice Centre
1 Granton Mains Avenue
Edinburgh EH4 4GA
0131 315 3130
ycinfo@nwcarers.org.uk
www.capitalcarers.org.uk

Edinburgh Young Carers
Covering North East and South East Edinburgh

EDINBURGH
YOUNG
CARERS

Norton Park
57 Albion Road
Edinburgh EH7 5QY
0131 475 2322
info@youngcarers.org.uk
www.youngcarers.org.uk

What is a Young Carer Statement?



What is a Young Carer Statement?

A young carer statement is available to all young carers. You can write it with someone that supports you in school or a support worker from your local young carer service. It can help you to think about your caring role and discuss how caring affects your life. It is useful because it helps others to understand what you do as a young carer and helps you to find out what support can be put in place to help make things easier for you.



What will be included in my statement?

Your statement will include information about why you are a young carer and the caring jobs you do. It gives you space to say if there are things you like and don't like about your caring role and to think about what skills you have gained. It will also ask you about your life outside of caring, ideas you have for the future and if you think you could do with some more support at school or at home. It will help you to think about what you would do in an emergency or if something unexpected happened to you or the person you care for.



What happens after I have completed my statement?

Your statement will include an action plan. This will allow you to create goals that will help you to have a life alongside caring, and to improve your own health and wellbeing. You will complete this together with a support worker and you will come back together at a later date to discuss if the plan helped you and any changes you would like to make moving forward.

How do I get a Young Carer Statement?

Someone that supports you in school or a support worker from your local young carer service will provide you with everything you need so you can complete the statement together.



What are my rights?

All young carers have the right to a Young Carer Statement but it is your choice and you don't have to have one. It can be helpful for you to share your statement with the people who support you in school, your doctor, or a social worker, so they can understand what it is like for you being a young carer, but it is your choice who you share it with.



I am a young carer. This is my

YOUNG CARER STATEMENT




Date statement started:

This is my young carer statement which will help others to understand how my caring responsibilities affect my life, what skills I've gained from caring, what support I may need to achieve my goals and who can help me to achieve them.

As a young carer I have the right to a young carer statement, but I understand it is optional. I can change my mind and stop filling it in at any time. I know that the adult supporting me to complete this statement will check I understand what I am doing and may need to speak to my parent/guardian.

Once I have completed my statement I will be given a copy and I can choose who I would like to share it with. I understand my statement will be stored safely.

I understand that sometimes young carer data is shared with the Scottish Government and Edinburgh Council. My name and contact details will not be shared. This data helps the Council and Government to understand how young carers are being supported and helps them to make decisions to improve the lives of young carers in the future.

My name is:	 My contact details: (Address, phone number)
My date of birth:	
My gender:	
My school:	
My age when I became a young carer:	



Why they need my help:

I live with:

Services that are involved with me and my family are:

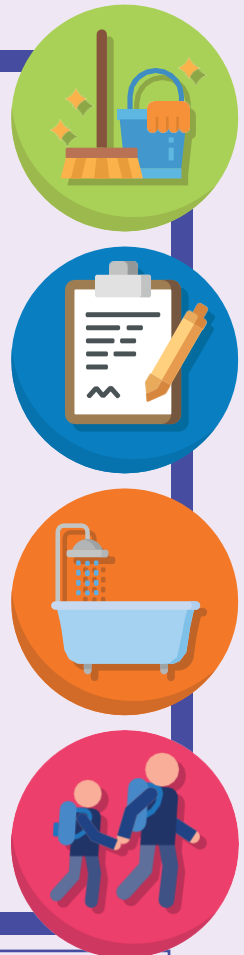
I am the main carer Yes No

Changes that have happened in my family recently are:

The Caring Jobs I do

Below are some jobs that I do to help the person I care for:

- | | |
|--|---|
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Help them to dress or undress |
| <input type="checkbox"/> Washing the dishes | <input type="checkbox"/> Help them have a wash, shower or bath |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Giving them medicine or picking it up for them |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Dealing with bills, money and benefits |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Filling in forms |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Taking them out for a walk or to see someone |
| <input type="checkbox"/> Lifting heavy things | <input type="checkbox"/> Getting brothers or sisters to and from school |
| <input type="checkbox"/> Interpreting or signing | <input type="checkbox"/> Looking after brothers or sisters |
| <input type="checkbox"/> Listening to worries | <input type="checkbox"/> Missing sleep |
| <input type="checkbox"/> Comforting them | Other jobs I do to help are: |



The amount of hours I spend caring per week:

- up to 4 5 - 19 20 - 34 35 - 49 50+

What I like about caring:

Because of caring I am good at:

What I don't like about caring:

Because of caring sometimes I worry about:

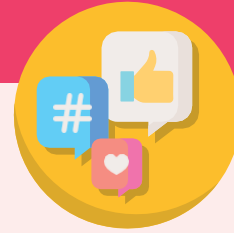


My School and Social Life

School knows that I am a young carer

Yes No

School helps me by...



I would like someone at school to know more about my caring role Yes No

If yes, who?

Outside of school, I have time to do the things that I enjoy Yes No

Activities I can usually take part in are:

Things I like about school:

Things I don't like about school:

Because of caring sometimes I miss out on:

I have missed some days at school because of caring Yes No

I have been late for school because of caring Yes No

I manage to do my homework Yes No Sometimes

I have friends at school or outside of school Yes No

My friends know that I am a young carer Yes No

I get bullied or ignored Yes No Sometimes

I would like help with:

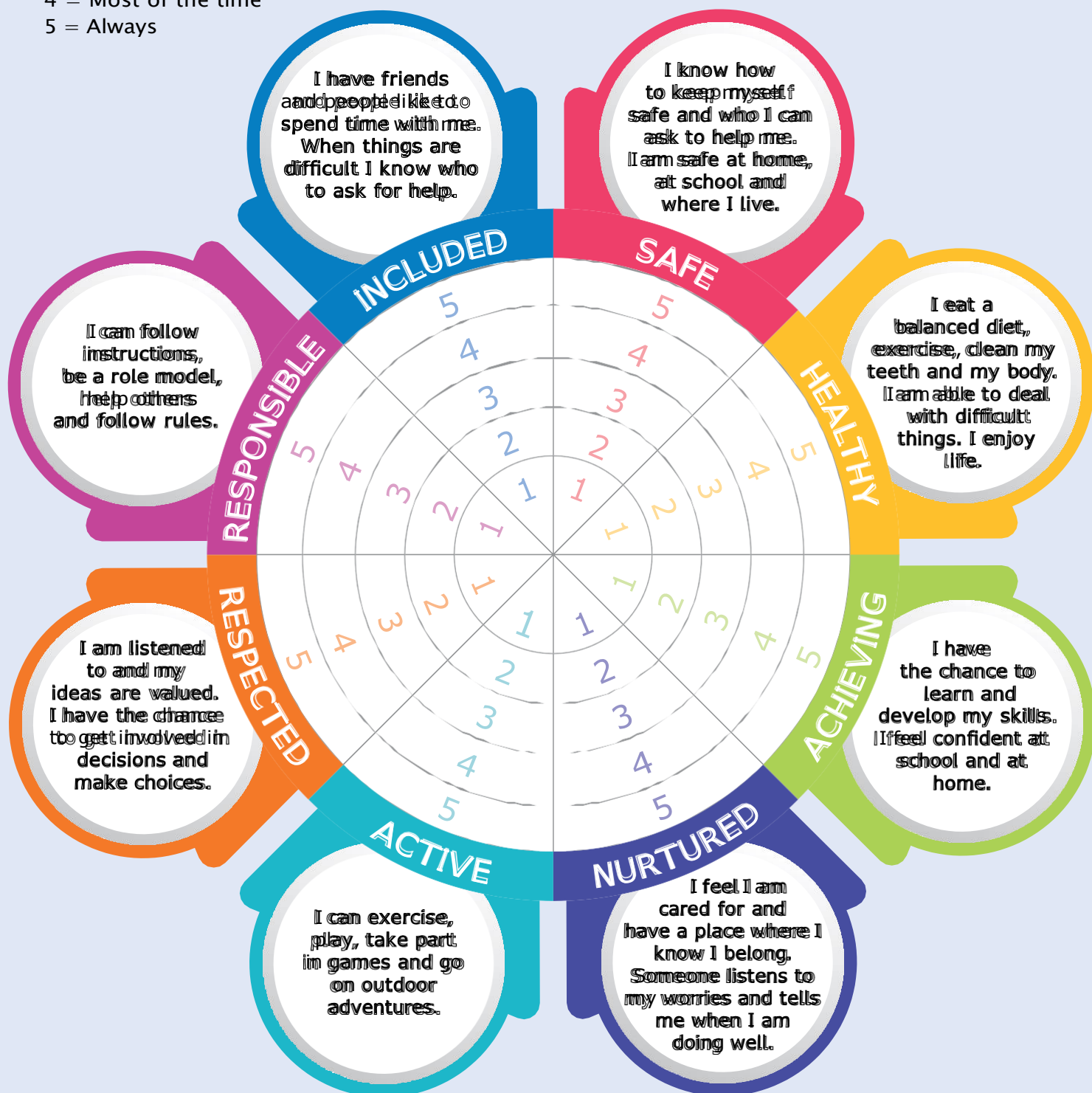
Activities I would like to try:



My Wellbeing Wheel

Below is my wellbeing wheel. I have coloured in the numbers 1 to 5 to show how I feel I am doing in each area.

- 1 = Never
- 2 = Not really
- 3 = Sometimes
- 4 = Most of the time
- 5 = Always



My Plan Ahead



What I would like to change for me and the person I care for:

I would like to continue in my caring role

Yes No I'm Not Sure

I feel able to continue in my caring role

Yes No I'm Not Sure

Help I would like with caring:

Ideas I have for me and the person I care for: (to take a break, spend time with friends, take a holiday, time for myself)

In the future I would like to:
(my goals, what would make life easier)

Anything else I'd like you to know:



Emergency Plan

This is my emergency plan about what I would like to happen and who I would like to ask for help and support in any of the following unexpected situations:

If I am unwell and need someone to help me:

If the person I care for has a health emergency:

If I am unwell and need someone to help the person I am caring for:

If the person I care for needs to go to hospital:

If I get stuck somewhere and can't get home:

My emergency contacts are:

Action Plan

After looking back at my wellbeing wheel areas of Safe, Healthy, Achieving, Nutured, Active, Respected, Responsible and Included, I have thought about some actions which will help support me in my caring role and make things easier for me:

Actions	Who can help with this	This action will help me by

These actions make me feel:

Final Details

It can be helpful if I share my statement with people who help me and my family. This could be someone who supports me in school, my doctor, or a social worker; but it is my choice who I would like it to be shared with. I would like this statement shared with:



Date statement completed:

Date of Review:

Signature of Young Carer:

People who helped me to complete this statement and how I know them:

Review of Action Plan



This is what has happened since I wrote my last action plan:

Actions	What happened	How this made me feel



Changes that have happened for me as a young carer since the last plan:

Anything else I'd like you to know:

I would like to continue in my caring role

Yes No I'm Not Sure

I feel able to continue in my caring role

Yes No I'm Not Sure

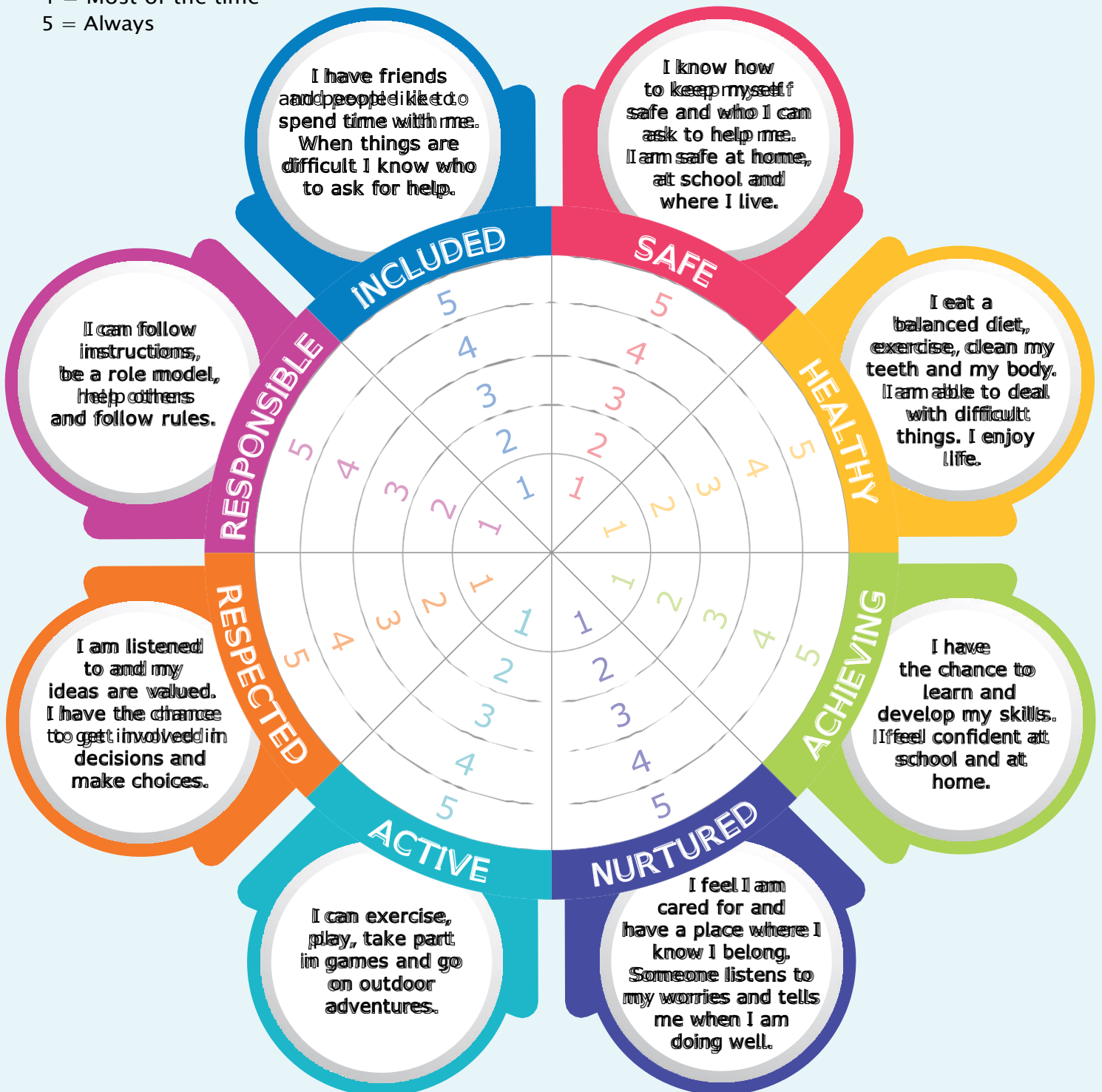
What I would like to change for me and the person I care for:

Help I would like with caring:

My Wellbeing Wheel

Below is my wellbeing wheel. I have coloured in the numbers 1 to 5 to show how I feel I am doing in each area.

- 1 = Never
- 2 = Not really
- 3 = Sometimes
- 4 = Most of the time
- 5 = Always



Ideas I have for me and the person I care for: (to take a break, spend time with friends, take a holiday, time for myself)



New Action Plan

After looking back at my wellbeing wheel areas of Safe, Healthy, Achieving, Nutured, Active, Respected, Responsible and Included, I have thought about some actions which will help support me in my caring role and make things easier for me:

Actions	Who can help with this	This action will help me by

These actions make me feel:

Date review completed:

Date of next review:

Name of Young Carer:

Signature of Young Carer:

People who helped me to complete this statement and how I know them:



◆ EDINBURGH ◆

THE CITY OF EDINBURGH COUNCIL

Young Carer Statement



I AM A YOUNG CARER. THIS IS MY

YOUNG CARER STATEMENT



Date statement started:

This is my young carer statement which will help others to understand how my caring responsibilities affect my life, what skills I've gained from caring, what support I may need to achieve my goals and who can help me to achieve them.

As a young carer I have the right to a young carer statement, but I understand it is optional. I can change my mind and stop filling it in at any time. I know that the adult supporting me to complete this statement will check I understand what I am doing and may need to speak to my parent/guardian.

Once I have completed my statement I will be given a copy and I can choose who I would like to share it with. I understand my statement will be stored safely.

I understand that sometimes young carer data is shared with the Scottish Government and Edinburgh Council. My name and contact details will not be shared. This data helps the Council and Government to understand how young carers are being supported and helps them to make decisions to improve the lives of young carers in the future.



My name is:

My contact details:
(Address, phone number)

My date of birth:

My gender:

My school:

I am a young carer for:

- Mum Dad
- Brother(s) Sister(s)
- Grandparent
- Someone else:

I live with:

Why they need my help:

Services that are involved with me and my family are:

I am the main carer Yes No

My age when I became a young carer:

Other people help me to care Yes No

The other people who help me to care are:

I'm NOT just a young carer

(I have written/drawn about something I am interested in or that is important to me)



Changes that have happened in my family recently are:

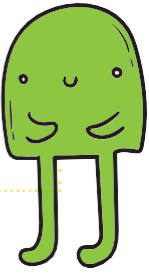
2

The Caring Jobs I do

Below are some jobs that I do to help the person I care for:

	Never	Some of the time	A lot of the time
1. Clean my own bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clean other rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Wash up dishes or put dishes in a dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Decorate rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Take responsibility for shopping for food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Help with lifting or carrying heavy things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Help with financial matters such as dealing with bills, banking money, collecting benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Work part time to bring money in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Interpret, sign or use another communication system for the person I care for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Help the person I care for to dress or undress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Help the person I care for to have a wash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Help the person I care for to have a bath or shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Keep the person I care for company e.g. sitting with them, reading to them, talking to them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Keep an eye on the person I care for to make sure they are alright	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Take the person I care for out e.g. for a walk or to see friends or relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Miss out on sleep e.g. have to get up in the night or stay up late in order to look after someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Help brothers or sisters to get to or home from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Look after brothers or sisters whilst another adult is near by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Look after brothers or sisters on my own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other jobs I do to help are:



3



How Caring Affects Me

Thinking about all the caring jobs I do in the home, including keeping an eye on people, on a typical day in the week (Monday to Friday):

I would do..... hours of caring.

On a typical day at the weekend (Saturday or Sunday):

I would do..... hours of caring.

What I like about caring:

I like this caring job because...

Because of caring I am good at:

What I don't like about caring:

I don't like this caring job because...

Because of caring sometimes I worry about:

The caring jobs that upset me the most are:

These caring jobs upset me because...

Because of caring I have these skills...



4

My School and Social Life



School knows that I am a young carer

Yes No

School helps me by...

I would like someone at school to know more about my caring role Yes No

If yes, who?

Things I like about school:

Things I don't like about school:

I have missed some days at school because of caring Yes No

I have been late for school because of caring

Yes No

I manage to do my homework

Yes No Sometimes

I have friends at school or outside of school

Yes No

My friends know that I am a young carer

Yes No

I get bullied or ignored

Yes No Sometimes

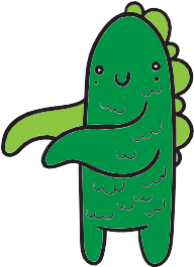
I would like help with:

Outside of school, I have time to do the things that I enjoy Yes No

Activities I can usually take part in are:

Because of caring sometimes I miss out on:

Activities I would like to try:



My Wellbeing Wheel

Below is my wellbeing wheel. I have coloured in the numbers 1 to 5 to show how I feel I am doing in each area.

- 1 = Never
- 2 = Not really
- 3 = Sometimes
- 4 = Most of the time
- 5 = Always

I know how to keep myself safe and who I can ask to help me. I am safe at home, at school and where I live.

I have the opportunity to take on responsibilities and make a positive contribution. I have an understanding of right and wrong and I am considerate to others.



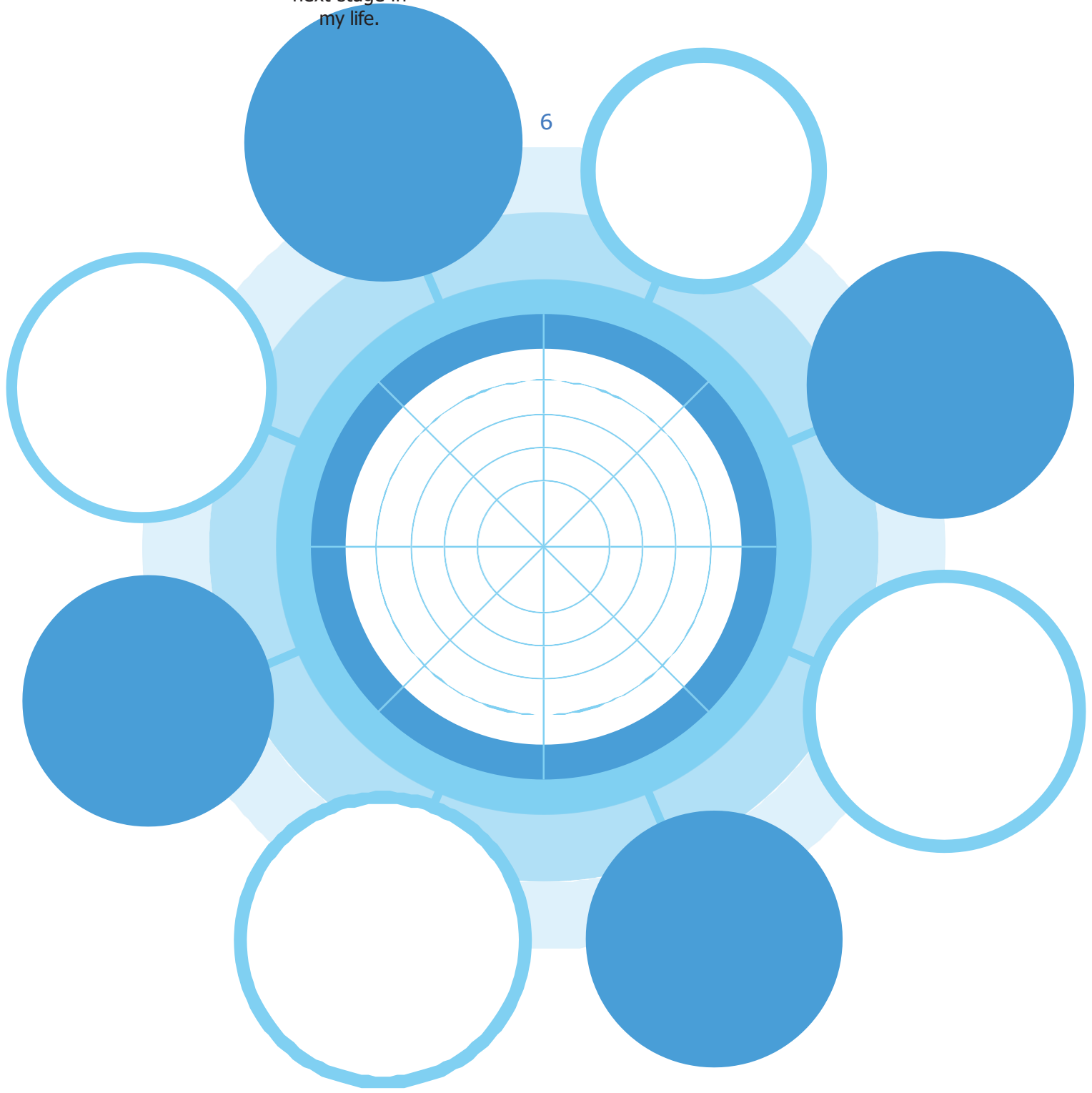
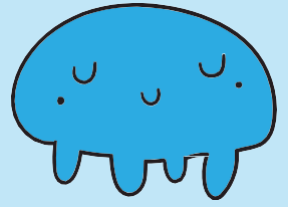
healthy.

I have opportunities to exercise and take part in sports activities on my own or with others. I understand the importance of being active to keep myself

worried or upset.

RES
I have
the
chance to
learn.
I am being
supported to
develop my skills
and confidence
at home, in
school and in the
community. I am
ready for the
next stage in
my life.

P 5 4
3 2 1 1 2 3 4
5 4
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My Plan Ahead

What I would like to change for me and the person I care for:

I would like to continue in my caring role

Yes No I'm Not Sure

I feel able to continue in my caring role

Yes No I'm Not Sure

Help I would like with caring:

Ideas I have for me and the person I care for:
(to take a break, spend time with friends, take a holiday, time for myself)

In the future I would like to:
(my goals, what would make life easier)

Anything else I'd like you to know:



Emergency Plan

This is my emergency plan about what I would like to happen and who I would like to ask for help and support in any of the following unexpected situations:

If I am unwell and need someone to help me:

If I am unwell and need someone to help the person I am caring for:

If the person I care for has a health emergency:

If the person I care for needs to go to hospital:

If I get stuck somewhere and can't get home:

7

Action Plan

After looking back at my wellbeing wheel areas of Safe, Healthy, Achieving, Nutured, Active, Respected, Responsible and Included, I have thought about some actions which will help support me in my caring role and make things easier for me:

Actions	Who can help with this	This action will help me by

These actions make me feel:



Final Details

It can be helpful if I share my statement with people who help me and my family. This could be someone who supports me in school, my doctor, or a social worker; but it is my choice who I would like it to be shared with. I would like this statement shared with:

Date statement completed:

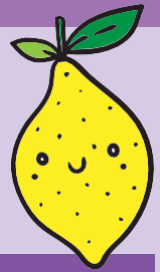
Date of Review:

Signature of Young Carer:

People who helped me to complete this statement and how I know them:



8



Review of Action Plan

This is what has happened since I wrote my last action plan:

Actions	What happened	How this made me feel

Anything else I'd like you to know:

I feel able to continue in my caring role
 Yes No I'm Not Sure

I would like to continue in my caring role
 Yes No I'm Not Sure

What I would like to change for me and the person I care for:

Help I would like with caring:

My Wellbeing Wheel

Below is my wellbeing wheel. I have coloured in the numbers 1 to 5 to show how I feel I am doing in each area.

- 1 = Never
- 2 = Not really
- 3 = Sometimes
- 4 = Most of the time
- 5 = Always

I know how to keep myself safe and who I can ask to help me. I am safe at home, at school and where I live.

I have the opportunity to take on responsibilities and make a positive contribution. I have an understanding of right and wrong and I am considerate to others.



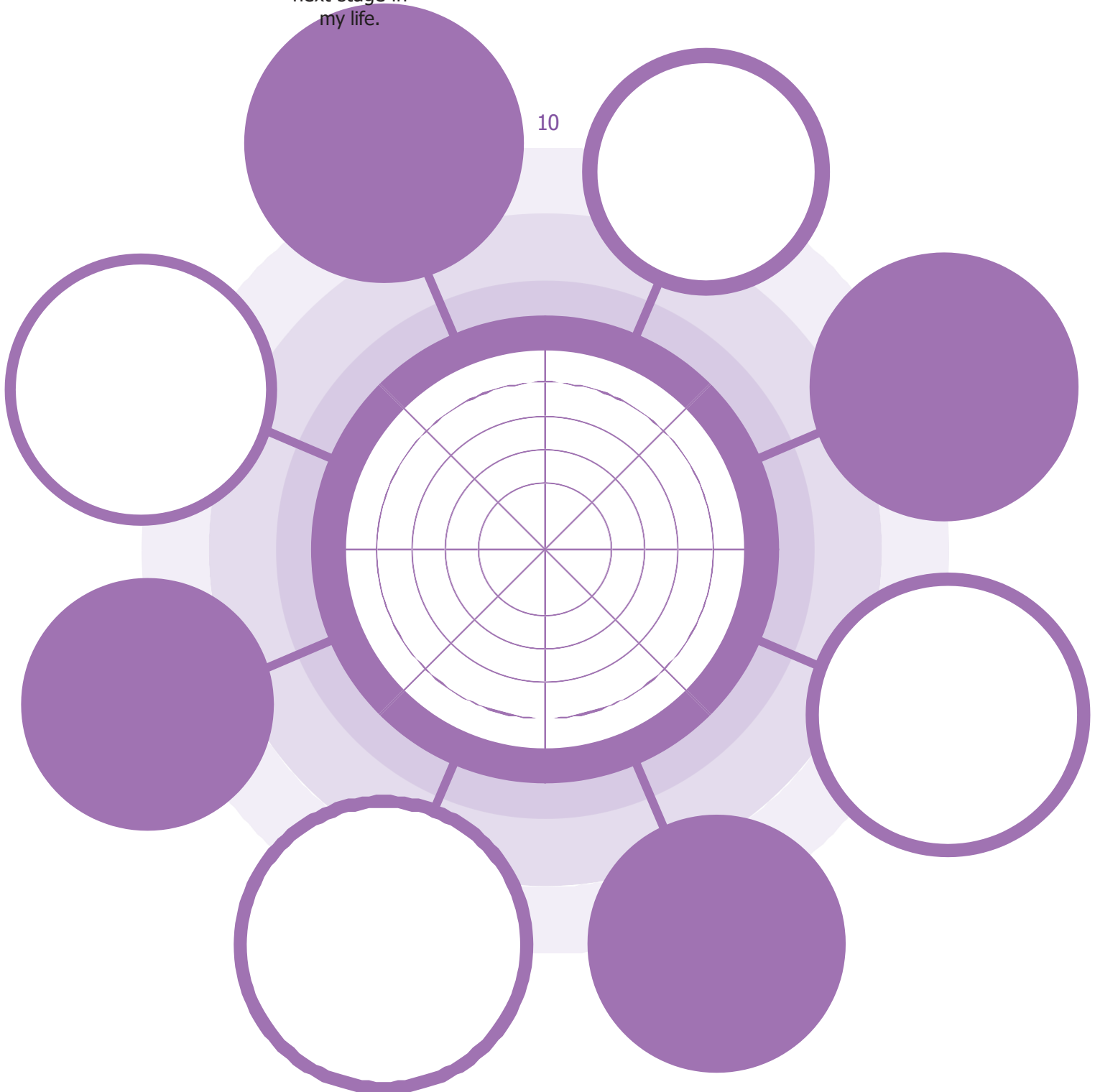
healthy.

I have opportunities to exercise and take part in sports activities on my own or with others. I understand the importance of being active to keep myself

worried or upset.

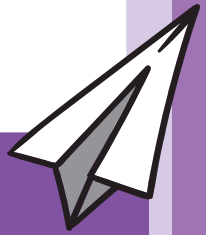
RES
I have
the
chance to
learn.
I am being
supported to
develop my skills
and confidence
at home, in
school and in the
community. I am
ready for the
next stage in
my life.

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Ideas I have for me and the person I care for:
(to take a break, spend time with friends, take a holiday, time for myself)

In the future I would like to:
(my goals, what would make life easier)



New Action Plan

After looking back at my wellbeing wheel areas of Safe, Healthy, Achieving, Nutured, Active, Respected, Responsible and Included, I have thought about some actions which will help support me in my caring role and make things easier for me:

Actions	Who can help with this	This action will help me by

These actions make me feel:

Date review completed:

Date of next review:

Name of Young Carer:

Signature of Young Carer:

People who helped me to complete this statement and how I know them:

EDINBURGH ♦

THE CITY OF EDINBURGH COUNCIL

Young Carer Statement



Young Carer Statement (YCS) Guidance

UPDATED 2021 CARER STATEMENT – GUIDANCE FOR PRACTITIONERS

This updated guidance has been written for practitioners (for example school staff, third sector or health and social care staff) who are supporting young carers complete a Young Carers Statement (YCS). When a young carer has been identified by a practitioner, the *Carers (Scotland) Act 2016* places a duty on local authorities to offer and prepare a YCS, if that offer is accepted. Equally a young carer has a right to request a YCS. This guidance is intended to support the conversation between the young carer and practitioner, helping identify the needs of the young carer and any relevant support they require to achieve their personal outcomes. It also contains information about storing and sharing the completed YCS.

In Edinburgh, it is anticipated the practitioner supporting the young carer complete the YCS will be either a member of school staff or from a local young carers' organisation. However depending on a young carer's circumstances, it could be a health professional or someone else who is appropriately placed to do so.

Considerations whilst completing the YCS

The principles and values of *Getting it right for every child (GIRFEC)* should be applied whilst completing a YCS with a young carer, and practitioners should ask themselves the following questions throughout this process:

- What is getting in the way of this child or young person's wellbeing?
- Do I have all the information I need to help this child or young person?
- What can I do now to help this child or young person?
- What can my agency do to help this child or young person?
- What additional help, if any, may be needed from others?

Where a child's plan is in place for a young carer, it would be good practice to consider and agree with the young carer and other relevant persons how the YCS sits alongside the child's plan. It would be of merit to reduce the number of separate meetings for different plans and coordinate these into less meetings. This would however need to be discussed with the young carer in terms of what they are comfortable sharing and with whom.

Whilst completing the YCS, practitioners should be aware of the age and developmental stage of the young carer. If the young carer has English as an additional language, or any additional support needs, necessary adaptations should be made. This may include (but is not limited to) adapting

language, regularly checking understanding, using visual prompts or allowing extra time. It may be helpful for the practitioner to contact their local young carers' organisation for assistance. They have a range of age-appropriate resources available that can support the conversation with the young carer and will allow them to explore their caring responsibilities and individual circumstances in a child-centred way. Contact details for the relevant young carers' organisations in Edinburgh are listed in [Appendix A](#).

It is anticipated the time taken to complete the YCS will vary depending on the needs of the individual young carer, and is likely to take more than one session, particularly if it is the first time the practitioner has met the young carer. An initial session may just focus on building a relationship with the young carer using age appropriate games and resources, but again this will depend on individual circumstance. Completing the YCS over more than one session would allow time for the young carer to reflect on their caring role, their feelings around it and what support they may want and need. Practitioners do however need to be mindful of the date the YCS was offered or requested and plan accordingly to ensure the YCS is completed in adequate timescales and does not delay the young carer receiving any required support.

As completing a YCS is optional, the young carer may decide during the process that they do not wish to continue and complete the YCS. A note should be added to this effect in the 'date statement completed' section at the end, and the partially completed YCS filed as normal. The young carer should be told that they can request a new YCS at any point in the future.

Confidentiality and Data Protection

The YCS should be completed confidentially. Whilst it is good practice to make the parent or guardian of the young carer aware that a YCS is being completed, no explicit consent is required for children over 12. If a child is under 12 and the practitioner has any concern regarding the young carer's understanding about the YCS, this should be discussed with a parent or guardian before commencing the YCS process.

It is important the practitioner explains clearly to the young carer how their YCS will be stored. The practitioner who completes the YCS with the young carer needs to comply with their organisation's data protection procedures and ensure the YCS is stored securely in the young carer's file within their organisation. The retention period for the YCS is 5 years from termination or leaving school and should not be destroyed when superseded.

The local authority is required, by law, to pass certain information about children and young people to the Scottish Government and the Council. This data is for statistical purposes, and will normally be anonymised. Information from the YCS may need to be shared to inform the *Carers Census* and the young carer should be informed of this. Organisations need to have an appropriate system in place to ensure they can provide this information when necessary. Schools for example should use *SEEMiS* to record young carer status and if a YCS is in place. This information can then be extracted and the YCS referred to when Census returns are required. ([Appendix G](#) details where this information should be stored if using *SEEMiS*.)

Child Protection

Completion of the YCS is intended to be a supportive process to ensure a young carer's identified needs are met. However, practitioners do need to be aware of their organisation's child protection procedures whilst completing the YCS with the young carer and apply these where necessary. This is to ensure that young carers are seen as children and young people first and foremost and are protected from undertaking inappropriate care tasks. Their caring tasks should be consistent with their age and maturity and not place themselves or others at risk.

Where there is a young carer in the early years of primary school or nursery, support should be directed towards removing them from that role through providing enhanced support for the person that they care for. There may be some scope for a young child to make a contribution to the care of a family member, but this has to be appropriate to their age and maturity and not negatively impact their overall wellbeing.

STARTING THE DISCUSSION

What is a young carer? What is a Young Carer Statement?

Before completing the YCS, it is important to ensure that the child or young person is in fact a young carer. A young carer is defined as anyone aged 5 to 18 years old who has practical or emotional caring responsibilities for someone, generally but not always a family member, who is disabled, elderly, has a long term illness, a mental health condition, a developmental disorder or issues with substance misuse.

It is important to ensure that the child or young person understands what we mean by 'young carer', what a YCS is and why they are being asked to complete it. This may be the first time they have started to identify as a young carer. Do not presume that this is a concept that they will be familiar with, nor that they will immediately understand what the term means.

A good way to start the process would be to define 'young carer', look at what caring roles a typical young carer might do and how caring can be both good and bad, difficult and rewarding. This could lead to a discussion about what support is available for young carers and how completing the YCS can help identify personal outcomes and supports. The '*What is a Young Carer Statement?*' leaflet in [Appendix B](#) could be referred to here. (Copies of this leaflet are available from the young carers' organisations listed in [Appendix A](#).)

It is important to approach these discussions sensitively and explain the process in terms the child or young person will understand, but also to give a realistic idea of what may or may not change as a result of completing the YCS. Local young carers' organisations (see [Appendix A](#)) can provide relevant information, guidance and resources to help with this conversation, and may be able to provide financial support where appropriate, e.g. to facilitate respite. They can also provide advice regarding services and support available to the young carer in their locality. For older young carers, it may be helpful to provide them with a copy of the YCS in advance of completing it so they have an opportunity to look over its content and consider any questions they may have as a result.

COMPLETING THE YOUNG CARER STATEMENT

A primary and secondary version of the YCS is available, but there is no reference to this on the form itself. Practitioners can use their discretion as to which YCS they use depending on the age, developmental stage and caring responsibilities of the young carer.

Date statement started

This should be completed when the YCS is started.

Introduction

The practitioner should read through the introductory paragraphs and make sure that the young carer understands their content before commencing completion of the form.

Young Carer's Details

This section is used to obtain contact details for the young carer and accurately assess the composition of the family unit, so all members of the family should be included.

If the young carer cares for more than one person, all applicable boxes should be checked.

The Caring Jobs I Do

This section encourages the young carer to identify what specific caring responsibilities they have and to acknowledge these as examples of caring.

It is important to encourage the young carer to think about their role as fully as possible. This may help to identify when inappropriate caring responsibilities are being undertaken. The practitioner may wish to ask further questions to clarify the exact nature of the caring responsibilities. For example, if the young carer selects 'lifting heavy things', it would be helpful to explore this further and ascertain whether they are referring to objects, or if they are lifting siblings or the cared for person.

The YCS asks approximately how many hours are spent caring. A timetable may help to quantify this and also to identify times of the day or week that are particularly busy or difficult, including any disruption to sleep or limitations placed on leisure activities.

Local young carers' organisations will be able to provide guidance and support if required (See [Appendix A.](#))

In the secondary version of the YCS, the 'Caring Jobs I Do' list has been taken from the *Multidimensional Assessment of Caring Activities (MACA)* outlined in *Manual for Measures of Caring Activities and Outcomes for Children and Young People (2012)*. [Appendix E](#) details how to score the assessment accurately. This score is a helpful tool for the practitioner in assessing the level of caring activity the young carer is doing.

Likes & Dislikes / My School & Social Life

Within these sections of the YCS there are questions which young carers may find challenging to answer honestly. It is important to approach this conversation sensitively and encourage the young carer to consider what is going well as well as areas of difficulty and what support is needed.

Active listening here is essential so the young carer feels heard. Try not to put words in their mouth and take time to frame things in a supportive and solution-focused way.

Wellbeing Wheel

Using the descriptors on the wellbeing wheel, encourage the young carer to think of their wellbeing using the scale of 1-5, with 1 = never and 5 = always. They can either circle the relevant number, or colour the wheel in. This allows them to think about where they are now and where they would like to be.

Further information around each wellbeing indicator can be found in [Appendix C](#).

My Plan Ahead

The 'My Plan Ahead' section is where the young carer identifies which outcomes they'd like to work towards and what changes they would like to make to their lives. It also encourages them to think about what support they need and whether there are appropriate plans in place for the future care of the cared for person.

It is a requirement under the *Carers Act (2016)* that consideration is given to the young carer's willingness and ability to care. This is addressed in the YCS via the following two statements that require a response from the young carer:

- I would like to continue in my caring role (*This is in order to assess whether the young person is actually willing to continue providing care*)
- I feel able to continue in my caring role (*This is in order to assess the physical and emotional capabilities of the young person to carry on providing care*)

An answer of 'no' to either of these questions should highlight a need for long-term support. This may require a multi-agency approach, or a package of support being put in place for the young carer and their family. A child or young person's plan should be considered if there is not already one in place.

Often with these questions, there will instead be an answer of 'yes, but...', and this will be a chance to explore what might help the young carer feel more able to continue caring, or to feel happier in their caring role.

Emergency Plan

This section allows the young carer to consider arrangements they have in place should there be an emergency involving themselves and/or the cared for person. The age and maturity of the

young carer needs to be taken into account here. It is recommended the young carer's permission is sought to share these plans with relevant people to ensure that any agreed plan is appropriate.

Action Plan

Taking in to account the ratings the young carer has provided on the wellbeing wheel, alongside all the other information provided in the YCS, the practitioner should support the young carer to develop a realistic action plan. The wellbeing indicators **must** be used when determining the personal outcomes within the plan (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included). For example, if a young carer provides a low rating in particular areas of the wellbeing wheel, there should be an action identified on the plan aimed to improve this over time. The wellbeing indicators provided in [Appendix C](#) should be referred to when considering outcomes and these should inform the 'This action will help me by' column. (An example of a completed action plan is contained in [Appendix F](#).)

In creating the action plan it may transpire that further discussions are required with other family members or other professionals to explore available options. How best to take forward these discussions should be agreed with the young carer.

In identifying a young carer's personal outcomes and need for support, the YCS must take into account any impact that having one or more protected characteristics, as detailed in the *Equality Act (2010)*, has on the young carer.

Eligibility Criteria

Once an action plan has been completed, setting out the young carer's personal outcomes and actions for support, the practitioner must use the eligibility thresholds in [Appendix D](#) (critical, substantial, moderate, low or no impact), to determine what level of support the young carer is entitled to. Each of these threshold levels has been applied to the eight wellbeing indicators in [Appendix C](#) as a means of assessing need. Referring to these should help the practitioner reach an overall conclusion about the threshold the young carer has reached and in turn what level of support is required to reduce the impact of their caring role and any associated risks. If there is any uncertainty about the threshold reached, the practitioner should discuss with their local young carers' organisation. (See [Appendix A](#).)

As well as thinking about age and capacity, practitioners should also focus on the young carer's feelings and consider the physical, mental and emotional impact of their caring role. Ideally, a young carer should have, or be working towards, a good balance between caring and doing other things that they enjoy.

Support should be prioritised for young carers assessed as meeting the critical or substantial impact thresholds. However those assessed as meeting the moderate or low threshold levels may receive help to maintain or develop their abilities.

It is important to discuss with the young carer the impact of their caring role. Depending on their age and stage of development, a judgement can be made around whether to discuss the eligibility criteria categories with them or to discuss impact using more age-appropriate language.

If a young carer does not meet the eligibility criteria, a discussion should still take place around what preventative support can and will be provided, for example advice and information, advocacy, carer support, counselling services and befriending and volunteer services. In all cases, those carrying out plans or assessments should ensure that young carers are encouraged, and where necessary supported, to access mainstream public services and local community services. Local young carers' organisations will be able to advise on options. (See [Appendix A](#).)

Young carers' eligibility should be recorded on client record systems as appropriate. ([Appendix G](#) details where this information should be stored if using *SEEMiS*).

Final Details

When the action plan is complete, the practitioner should discuss with the young carer who the YCS can be shared with. The young carer may need some support in identifying who it would potentially be helpful to share the YCS with. Depending on the age and maturity of the young carer, they may know people by their first name or surnames rather than job titles.

The young carer may feel able to share the YCS with those they wish to directly, or they may require the practitioner's support to do so. If sharing the form electronically, the practitioner must follow their organisation's data protection procedures, and ensure the statement is sent securely with appropriate encryption measures in place.

The YCS should be signed, dated and a date for the review agreed. A copy of the YCS should be given to the young carer.

REVIEWS

Additional pages are included at the end of the form for completing a review.

The YCS should be reviewed within a timescale agreed with the young carer. This should be needs-led and as such the timescale agreed will vary accordingly. However, it is advised a review should take place at least annually to ensure the YCS remains current, and there have been no changes in the young carer's contact details or circumstances. The service who completed the initial YCS is responsible for arranging and completing the review with the young carer, though if it becomes apparent there is another service better placed to do this, this should be discussed and agreed with the young carer.

At review stage, where it is apparent that there has been a significant change in circumstance, a new YCS should be completed. In most other cases, only the additional pages should be completed, with these including any relevant updates discussed and agreed with the young carer.

The initial review, and all subsequent reviews, must contain information regarding whether the support provided has helped and if further support is required.

A YCS should continue to be reviewed until such time as an Adult Care Support Plan is in place or the caring role ends. Support may be required to link in with adult services, and this may be included in the YCS.

APPENDIX A – Young Carers Services contact details

YOUNG CARERS SERVICES IN EDINBURGH

There are three young carer services in Edinburgh. We work together across the whole of Edinburgh and each service covers a different geographic area.

SPACE is responsible for South West Edinburgh including Pentlands and South West.

Capital Carers is responsible for North West Edinburgh including Almond, Forth, Inverleith and Western.

Edinburgh Young Carers is responsible for North East and South East Edinburgh Localities including Leith, City Centre, Craigentinny, Duddingston, Portobello, Craigmillar, South Central, Liberton and Gilmerton.





Space for Young Carers

Covering South West locality.

Space & Broomhouse Hub
79-89 Broomhouse Crescent
Edinburgh EH11 3RH
0131 455 7731
youngcarers@spacescot.org
www.spacescot.org



Edinburgh Young Carers

Covering North East and South East localities.

Edinburgh Young Carers
Norton Park
57 Albion Road
Edinburgh EH7 5QY
0131 475 2322
info@youngcarers.org.uk
www.youngcarers.org.uk



Capital Carers Young Carers

Covering North West locality.

Capital Carers
Prentice Centre
1 Granton Mains Avenue
Edinburgh EH4 4GA
0131 315 3130
ycinfo@nwcarers.org.uk
www.capitalcarers.org.uk

APPENDIX B – ‘What is a Young Carer Statement’ leaflet

The ‘*What is a Young Carer Statement*’ leaflet is included overleaf.

Copies of this leaflet can be provided by the local young carers’ organisations listed in [Appendix A](#).

What is a young carer?

A young carer is anyone aged 5-18 years, who has practical and emotional caring responsibilities because someone in their family is disabled, elderly, has a long term illness, a mental health condition, developmental disorder or issues with substance misuse.

Where can I get support?

There are three young carer services in Edinburgh. They work together across the whole of Edinburgh and each service covers a different geographic area.

Capital Carers is responsible for North West Edinburgh including Almond, Forth, Inverleith and Western.



Space is responsible for South West Edinburgh including Pentlands and South West.

Edinburgh Young Carers is responsible for North East and South East Edinburgh Localities including Leith, City Centre, Craigentinny, Duddingston, Portobello, Craigmillar, South Central, Liberton and Gilmerton.

How do I contact my local young carer service?

Space for Young Carers

1 t L r urgh



Space & Broomhouse Hub
79-89 Broomhouse Crescent
Edinburgh EH11 3RH
0131 455 7731
youngcarers@spocescot.org
www.spacescot.org

Capital Carers Young Carers Project

c.



CAPITAL CARERS
EDINBURGH I

Prentice Centre
1 Granton Mains Avenue
Edinburgh EH4 4GA
0131 315 3130
ycinfo@nwcarers.org.uk
www.copitolcarers.co.uk

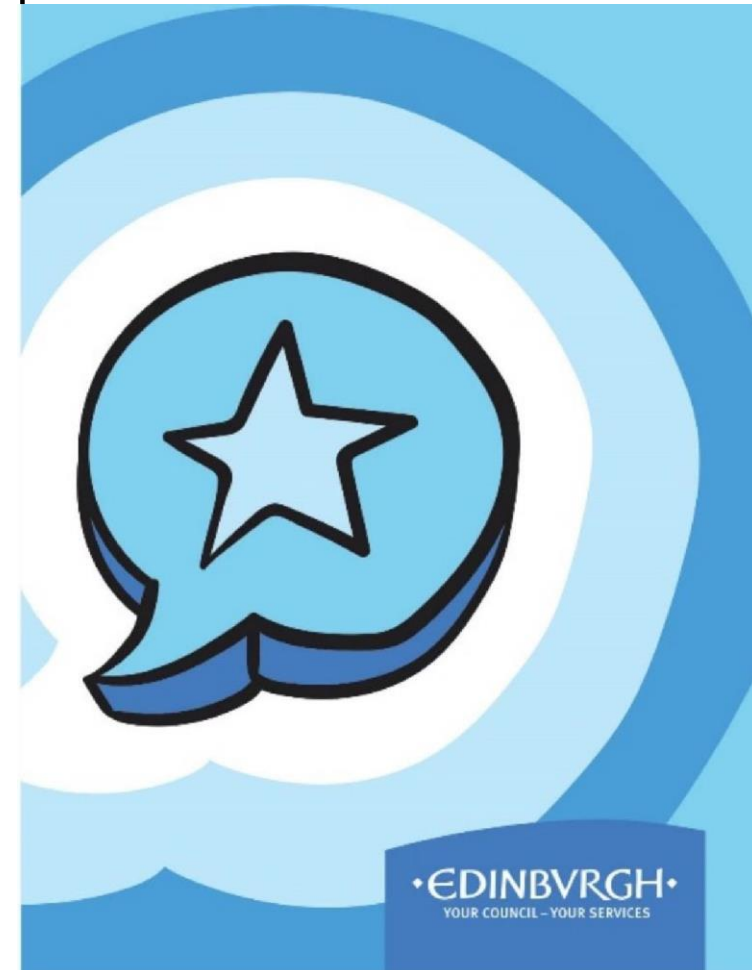
Edinburgh Young Carers

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EDINBURGH
YOUNG
CARERS

Norton Park
57 Albion Road
Edinburgh EH7 50Y
0131 475 2322
info@youngcarers.org.uk
www.youngcarers.org.uk

What Young Carer Statement?



What is a Young Carer Statement?

A young carer statement is available to all young carers. You can write it with someone that supports you in school or a support worker from your local young carer service. It can help you to think about your caring role and discuss how caring affects your life. It is useful because it helps others to understand what you do as a young carer and helps you to find out what support can be put in place to help make things easier for you.



What will be included in my statement?

Your statement will include information about why you are a young carer and the caring jobs you do. It gives you space to say if there are things you like and don't like about your caring role and to think about what skills you have gained. It will also ask you about your life outside of caring, ideas you have for the future and if you think you could do with some more support at school or at home. It will help you to think about what you would do in an emergency or if something unexpected happened to you or the person you care for.



What happens after I have completed my statement?

Your statement will include an action plan. This will allow you to create goals that will help you to have a life alongside caring, and to improve your own health and wellbeing. You will complete this together with a support worker and you will come back together at a later date to discuss if the plan helped you and any changes you would like to make moving forward.

How do I get a Young Carer Statement?

Someone that supports you in school or a support worker from your local young carer service will provide you with everything you need so you can complete the statement together.



What are my rights?

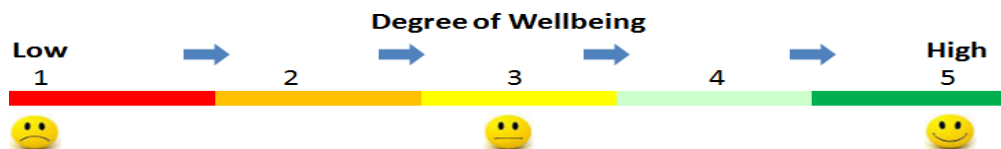
All young carers have the right to a Young Carer Statement but it is your choice and you don't have to have one. It can be helpful for you to share your statement with the people who support you in school, your doctor, or a social worker, so they can understand what it is like for you being a young carer, but it is your choice who you share it with.



APPENDIX C – Edinburgh wellbeing outcomes

Safe	Healthy	Achieving	Nurtured	Active	Respected	Responsible	Included
I am safe with my family	I eat well	I am learning new things	I receive warmth and love	I play / take part in activities	I am involved in decisions which affect me	I am considerate to others	I have friends
I am safe where I learn or work	I look after myself	I feel confident	I have people who look out for me	I play / take part in activities with others	I have help to share my views	I have an understanding of right and wrong	In my learning environment people involve me in activities
I am safe where I live	I get the care and support I need	I do the best I can	I have the food I need and I am kept clean and warm		I am treated fairly	I meet my responsibilities	I have opportunities to be with people who are important to me
I keep myself safe	I enjoy life	I am ready for the next stage in my life	I receive praise and encouragement	I am helped to be active	I have my own space	I make a positive contribution	I feel that other people want me around
I am safe around other people	I am able to deal with difficult things	I get the help I need to learn	I am listened to when I am worried or upset		I have people around me who I trust and who trust me	I make good decisions	I have help to overcome disadvantages and barriers

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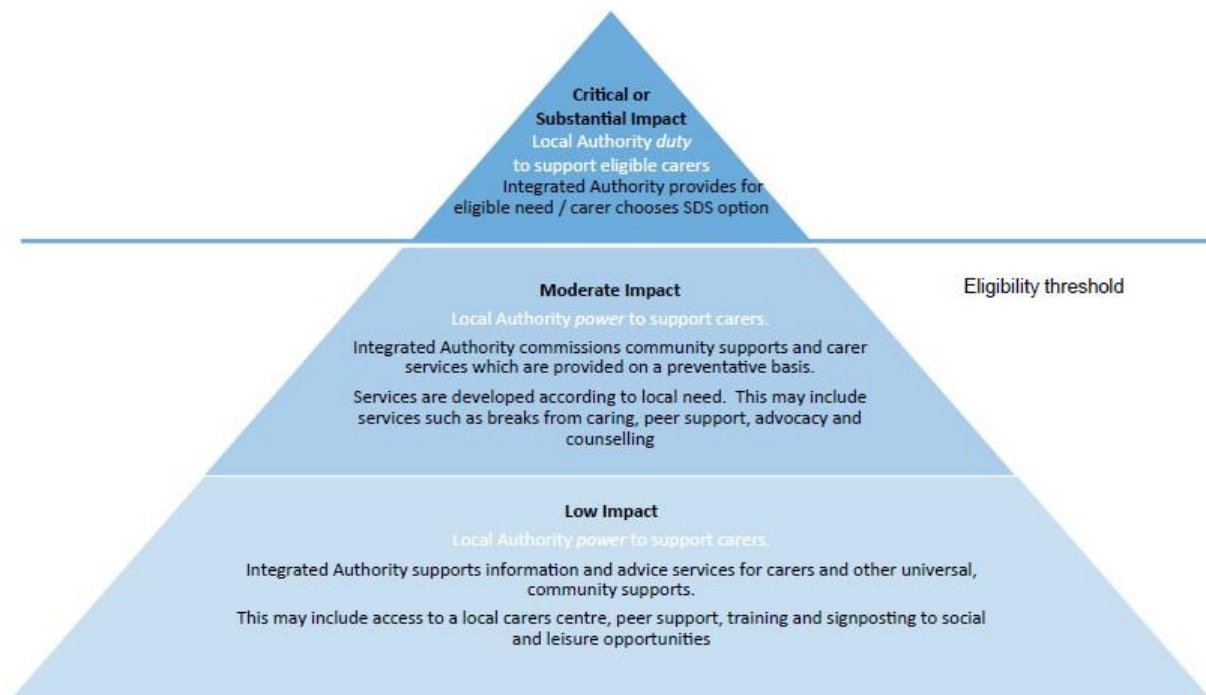
APPENDIX D – Eligibility criteria (impact thresholds)

The following table outlines the potential impact of the caring role for each wellbeing indicator, and how this links in with the eligibility criteria.

	local authority 'duty to support'		local authority 'power to support'		
	critical impact	substantial impact	moderate impact	low impact	no impact
rating scale	1	2	3	4	5
SAFE (home, school & community)	The young carer's situation at home is unsuitable and there are significant safety risks for the young carer and the cared for person.	The young carer's situation at home is of concern and there are safety risks which cannot be resolved in the short term.	The young carer's situation at home is causing difficulty and there are potential risks for the young carer and the cared for person.	The young carer's circumstances are stable and the situation in the community, school or home is manageable.	The young carer is free from abuse, neglect or harm at home, at school and in the community.
HEALTHY	The young carer has significant physical or mental health difficulties due to the impact of their caring role. This may cause life threatening harm to the young carer or the cared for person.	The young carer is having difficulty managing most aspects of their caring, family, domestic or social roles or responsibilities. The young carer's mental and physical health is affected as a result.	The young carer is able to manage some aspects of their caring, family or social roles or responsibilities, but their mental or physical health is being affected.	The young carer is able to manage most aspects of their caring, family or social roles or responsibilities. There is a possibility of their mental or physical health being affected.	The young carer is in good physical and mental health with no identified medical needs.
ACHIEVING	The young carer is at significant risk of leaving or has left education or training.	The young carer is missing education or training and there is a risk of this ending in the near future.	The young carer has difficulty managing caring alongside education or training. There is a risk of not sustaining education or training in the medium term.	The young carer has some difficulty managing caring alongside education or training. There is a small risk of not sustaining education or training in the medium to long term	The young carer continues to access education or training and has no difficulty managing caring alongside.
NURTURED	There has been a complete breakdown in the relationship between the cared for person and the young carer. The young carer is unable to continue caring or has difficulty sustaining vital aspects of the caring role. Further and sustained input is required for both the young carer and the cared for person.	There is a major impact on a daily basis to the young carer's wellbeing with clear detrimental impact on the cared for person. The young carer is unable to sustain most aspects of their caring role and requires additional help or support in a suitable care setting.	There is some impact on the young carer's wellbeing and on their relationship with the cared for person and they need additional help or support.	The caring role is beginning to have an impact on the young carer's emotional wellbeing and they may require additional help. There is a risk of a detrimental impact on their relationship with the cared for person and they may require additional support.	The young carer has positive emotional wellbeing. They have a nurturing place to live. They do not require additional help. They have a positive relationship with the cared for person.

	local authority 'duty to support'		local authority 'power to support'		
	critical impact	substantial impact	moderate impact	low impact	no impact
rating scale	1	2	3	4	5
ACTIVE	The young carer has no opportunities to take part in activities such as play, recreation and sport at home, in school and in the community and this is impacting negatively on healthy growth and development.	The young carer has few opportunities to take part in activities such as play, recreation and sport at home, in school and in the community which may have a negative impact on healthy growth and development.	The young carer has limited opportunities to take part in activities such as play, recreation and sport at home, in school and in the community.	The young carer has some opportunities to take part in activities such as play, recreation and sport at home, in school and in the community.	The young carer takes part in activities such as play, recreation and sport at home, in school and in the community.
RESPECTED	The young carer has no opportunities to be heard. This is impacting significantly on their health and wellbeing.	The young carer has few and irregular opportunities to be heard.	The young carer has limited opportunities to be heard.	The young carer has some opportunities to be heard.	The young carer has regular opportunities to be heard.
RESPONSIBLE	The young carer has no opportunities to be involved in decisions that affect them. This is impacting significantly on their health and wellbeing.	The young carer has few and irregular opportunities to be involved in decisions that affect them.	The young carer has limited opportunities to be involved in decisions that affect them.	The young carer has some opportunities to have a responsible role and be involved in decisions that affect them	The young carer has regular opportunities to have a responsible role and be involved in decisions that affect them.
INCLUDED	The young carer does not feel accepted as part of the community in which they live and learn. There is financial hardship.	The young carer feels isolated and not confident in the community in which they live and learn. They lack significant connections with other children or young people. There is a need for financial support.	Due to their caring role, the young carer has limited acceptance as part of the community in which they live and learn. There is a risk of financial pressure.	The young carer feels some acceptance as part of the community in which they live and learn, but they are unsure how to participate in community activities. There is a small risk of financial worries.	The young carer feels accepted as part of the community in which they live and learn and are able to take part in community activities. The young carer is free from financial worries

No Impact (5)	Indicates that there are no quality of life issues resulting from the caring situation and at this moment no need for support or advice.
Low Impact (4)	Indicates that there may be some quality of life issues but low risk to a carer's capacity for independence or health and wellbeing with very limited, if any, requirement for the provision of additional health and social care services. There may be some need for alternative support or advice and appropriate arrangements for review over the foreseeable future or longer term.
Moderate Impact (3)	Indicates that there are some risks to a carer's capacity for independence or health and wellbeing. These may call for provision of appropriate health and social care services managed and prioritised on an ongoing basis, or the risks may simply be manageable over the foreseeable future without additional service provision with appropriate arrangements for review.
Substantial Impact (2)	Indicates that there are significant risks to a carer's capacity for independence or health and wellbeing. Likely to call for the immediate or imminent provision of appropriate health and social care services.
Critical Impact (1)	Indicates that there are major risks to a carer's capacity for independence or health and wellbeing. Likely to call for the immediate or imminent provision of social care services.



For further *Getting it right for every child (GIRFEC)* wellbeing resources, see:

<https://www.gov.scot/publications/shanarri/>

APPENDIX E – Instructions for scoring the MACA

Taken from *Manual for Measures of Caring Activities and Outcomes for Children and Young People (2012)*.

How to use the Multidimensional Assessment of Caring Activities (MACA)

Within the high school YCS, questions from the MACA have been used in the section entitled 'The Caring Jobs I Do'. The MACA is a questionnaire to be completed by young carers that can be used to provide a score of the total amount of caring activity undertaken. Care has been taken to ensure that the wording is appropriate for most children and young people so that they will be able to complete the MACA by themselves. Although it may be appropriate sometimes to help with explanations, we recommend that children and young people are given the opportunity to complete the MACA by themselves whenever possible. When it is necessary to provide explanations this should be carried out by the professional involved. We do not recommend that the MACA be completed in the presence of the person who is being supported. Young carers' responses on the MACA should always be treated in confidence and used in line with an appropriate professional Code of Ethics and within an organisation's child protection and confidentiality policies.

Scoring for the MACA

For the MACA each of the items are rated on a 3-point scale, 'Never', 'Some of the time', and 'A lot of the time'. For scoring purposes: 'Never' = 0, 'Some of the time' = 1, 'A lot of the time' = 2

Overall Score of Caring Activity

The MACA can be used to provide an overall summary score of caring activity by totalling all 19 items. The lowest the young person can score is 0 and the highest the young person can score is 38. For example, if the young person ticks 'never' for each of the 19 items, they would get a total score of 0 but if they ticked 'a lot of the time' for each of the items, they would get a score of 38. Of course, most children and young people will score somewhere in between these two extremes.

Interpretation of scores on the MACA

Higher scores indicate greater levels of caring activity. The following categories are useful:

0	No caring activity recorded
1-9	Low amount of caring activity
10-13	Moderate amount
14-17	High amount
18 and above	Very high amount of caring activity

Subscale scores

It is also possible to use the MACA to identify the pattern of caring activity in six subscales:

To calculate subscale scores add the scores from the following questions:

Domestic Activity Questions 1, 2 and 3

Household Management Questions 4, 5, and 6

Financial and Practical Management Questions 7, 8, and 9

Personal Care Questions 10, 11, and 12

Emotional Care Questions 13, 14, 15 and 16

Sibling Care Questions 17, 18 and 19

APPENDIX F – Action plan example

Action Plan

After looking back at my wellbeing wheel areas of Safe, Healthy, Achieving, Nutured, Active, Respected, Responsible and Included, I have thought about some actions which will help support me in my caring role and make things easier for me:

Actions	Who can help with this	This action will help me by
I will get to homework club on Tuesday after school to help with my school work. I need someone to pick up my brother Charlie and look after him - he could go to the after school club at his school.	Miss Campbell and Katie and Charlie's school club.	Achieving better at school.
Going to Acro dance class on Friday afternoon so I can make friends, get some time to do something I like, and have a break from caring.	Katie and the dancing class teacher.	Keeping me active and healthy.
Make some time for me and Mum to have to chat and spend time together. This could be on Saturday afternoons and we could ask Granny to have Charlie.	Mum and Granny and Katie talking to them.	Letting me feel nurtured and respected.
Help to stop Mum and Charlie's Dad shouting at each other everytime he comes to pick up Charlie from our house.	Katie talking to the social worker	Feeling safe

These actions make me feel:

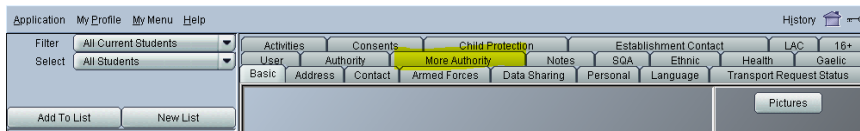
Good. I am looking forward to dancing.



APPENDIX G – Inputting young carer information into SEEMiS

To update information in SEEMiS:

1. In Click + Go go to Application>Records>Edit
2. Select a pupil record
3. Select “More Authority” tab



4. Scroll to bottom and enter/update information



5. Save

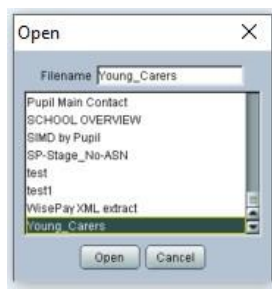
To view report in SEEMiS:

Go to Application>Reports> Custom Reports

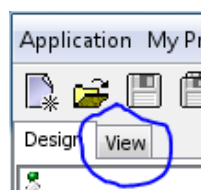
1. Click on the yellow folder at the top right to show a list of all reports for your school



2. In the dialogue box scroll down and click on the report titled “Young_Carers” and select open



3. When the report opens click on the “View” tab on the top right to run the report



4. Once the report has run you can copy the data to Excel by right clicking anywhere on the data
5. Paste the data into Excel

EJCS Spend Plan

	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m
Identifying Carers and Information & advice	1.22	1.27	1.40	1.45	1.49
Health and Wellbeing	0.63	1.01	1.12	1.14	1.15
Short Breaks	0.59	0.99	1.16	1.09	1.09
Young Carers	0.51	0.69	0.69	0.69	0.69
Personalising support	2.75	3.34	2.92	2.93	2.95
Contingency and Innovation	0.14	0.21	0.21	0.21	0.13
Total	5.84	7.51	7.50	7.51	7.50

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REPORT

Population Growth and Primary Care Premises Assessment:

Edinburgh 2022-2030

13 December 2022

Executive Summary	<ol style="list-style-type: none">1. The purpose of this report is to provide the Edinburgh Integration Joint Board (EIJB) with analysis and quantification of the required provision of Primary Care Premises 2022 – 2030.2. Previous reports laid the foundations:<ol style="list-style-type: none">a. 2014 (recommendations for investment in primary care premises).b. 2017 (updated and aligned with CEC Local Development Plan, 2016-26).3. This 2022 report represents the picture accurately as at Autumn 2022. The picture is dynamic in terms of both population pressure and premises development opportunities.4. The report was endorsed by the Strategic Planning Group (SPG) on 12 October 2022 and subsequently by the Edinburgh Primary Care Leadership and Resources Group (LRG) on 25 October 2022.5. This 2022 version has been adapted as a separate document to provide the EHSCP ‘evidence base’ for the CEC proposed ‘investment actions’ required to respond to City Plan 2030.6. Any EIJB member wishing additional information should contact the author in advance of the meeting.
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Recommendations	<p>It is recommended that the EIJB:</p> <ol style="list-style-type: none">1. Considers and approves the recommendations of the Population Growth and Primary Care Premises Assessment Edinburgh (2022-2030).
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	<ol style="list-style-type: none"> 2. Supports the analysis of GP premises requirements to respond to population growth for the period 2022 to 2030. 3. Supports the conclusion that c70,000 more people will live in Edinburgh by 2030 and the full set of actions (or equivalents) in the report will be required to match General Medical Services (GMS) premises capacity to this population growth. 4. Support the conclusion that investment of c£90m over the next decade is required to provide and renew accommodation for the existing and additional population. 5. Acknowledge the challenging funding context for public services in Scotland and consequent requirement to continue to work collaboratively with key partners to develop a deliverable set of actions.
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Directions

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

Report Circulation

1. Locality GP Practice Representatives
2. City of Edinburgh Council (CEC) Planning
3. CEC City Plan 2030 Programme Team
4. IJB Strategic Planning Group (13.10.22)
5. Primary Care Leadership & Resources (25.10.22)

Main Report

1. The assessment of existing GMS premises overlain by additional population in Edinburgh is a complex and dynamic picture. Edinburgh's stock of primary care premises covers a spectrum from up-to-date, well-situated buildings able to house existing and future practice populations, to cramped, inadequate and functionally unsuitable premises, long overdue for replacement.



2. The timing of planned housing developments coming forward remains unpredictable, with some delayed a decade or more from original indications, whilst others come forward more rapidly. The inner city remains difficult to predict.
3. The identification of sites at the periphery of the city or as part of substantial brownfield development is relatively straightforward, whilst trying to identify realistic solutions in already populated areas is difficult. There is no clean sheet of paper.
4. The orientation of individual medical practices to new development can be both unpredictable and dynamic. Far-sighted Senior Partners can see the opportunity for renewal and expansion, whilst others are reserved and constrained by the realities of sustaining a service to their patients, in an environment which has been consistently challenging over the last decade.
5. This report identifies with confidence what needs to be done over the next 5-7 years. Some developments beyond 2028 should be subject to ongoing assessment and the consequent recommendations should remain fluid.
6. The opportunity presented by retail space could be key. Current indications from Scottish Government are that access to capital funding will be highly restricted. In this context, we must continue to ensure that Primary Care is seen as a priority. There is no national recognition of the required link between population expansion and primary care premises renewal and development.

Implications for Edinburgh Integration Joint Board

Financial

7. This report identifies that Primary Care Premises requires capital investment of c£90m over the next decade.
8. The Financial requirement and priorities for Edinburgh Primary Care Premises have been shared with the NHS Lothian Primary Care IA Programme Board.
9. Allocation of capital to fund this programme will be considered by the Scottish Government once NHS Lothian sets its capital priorities. The financial picture is challenging and will remain so for the foreseeable future.

Legal / risk implications

10. There are no risks associated with the submission of this paper, however, there is a considerable risk regarding securing the required investment. Should risks be realised, mitigation options will be developed.

11. Failure to provide adequate GMS premises for the growing population has been on the relevant Risk Registers for both EHSCP and NHS Lothian since 2014 (as 'severe').

Equality and integrated impact assessment

12. Strategic Assessments have been undertaken for the four established priorities, one of which is under review.

Environment and sustainability impacts

13. Environmental Assessments will be undertaken for each project as part of the preparation of each Business Case.

Quality of care

14. Adequate premises is integral to quality and safety of GMS delivery.

Consultation

15. Extensive consultation has been carried out at locality meetings with locality GP Practice Representatives.
16. Ongoing and joint consultation with CEC City Plan 2030 Programme Team and CEC City Planning Dept.
17. The Edinburgh Primary Care Leadership and Resources Group approved the report (25.10.22).
18. The report has been shared informally with NHS Lothian and will be submitted as the EHSCP position following IJB consideration.

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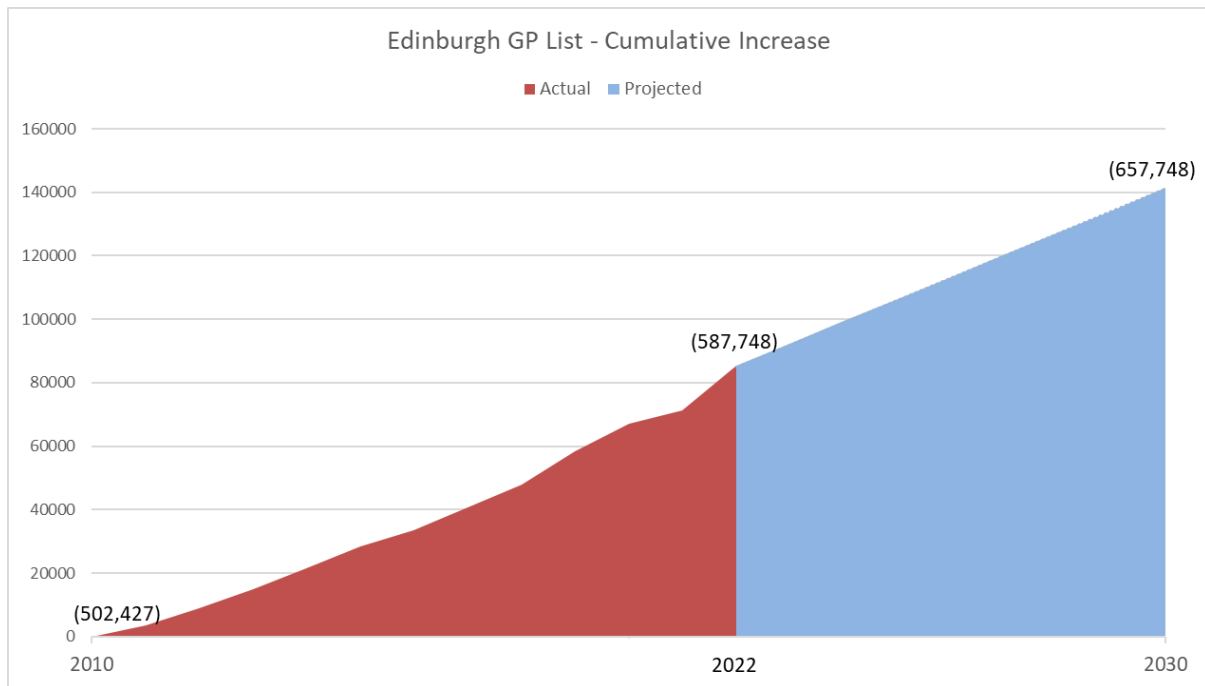
Appendices

- | | |
|------------|--|
| Appendix 1 | Population and Primary Care Premises Assessment: Edinburgh 2022-2030 |
| Appendix 2 | Appendices for report in Appendix 1 |



Population Growth and Primary Care Premises Assessment: Edinburgh 2022 – 2030

December 2022



Edinburgh Primary Care Support Team (EPCST)



Contents

Executive summary

1. Purpose of report
2. Recommendations
3. Background
4. City Plan 2030 (+remaining LDP 2016-26)
 - NW
 - NE
 - SE
 - SW
5. Key understandings
6. Resources
7. Governance
8. Beyond the current planning review
9. Impact assessment

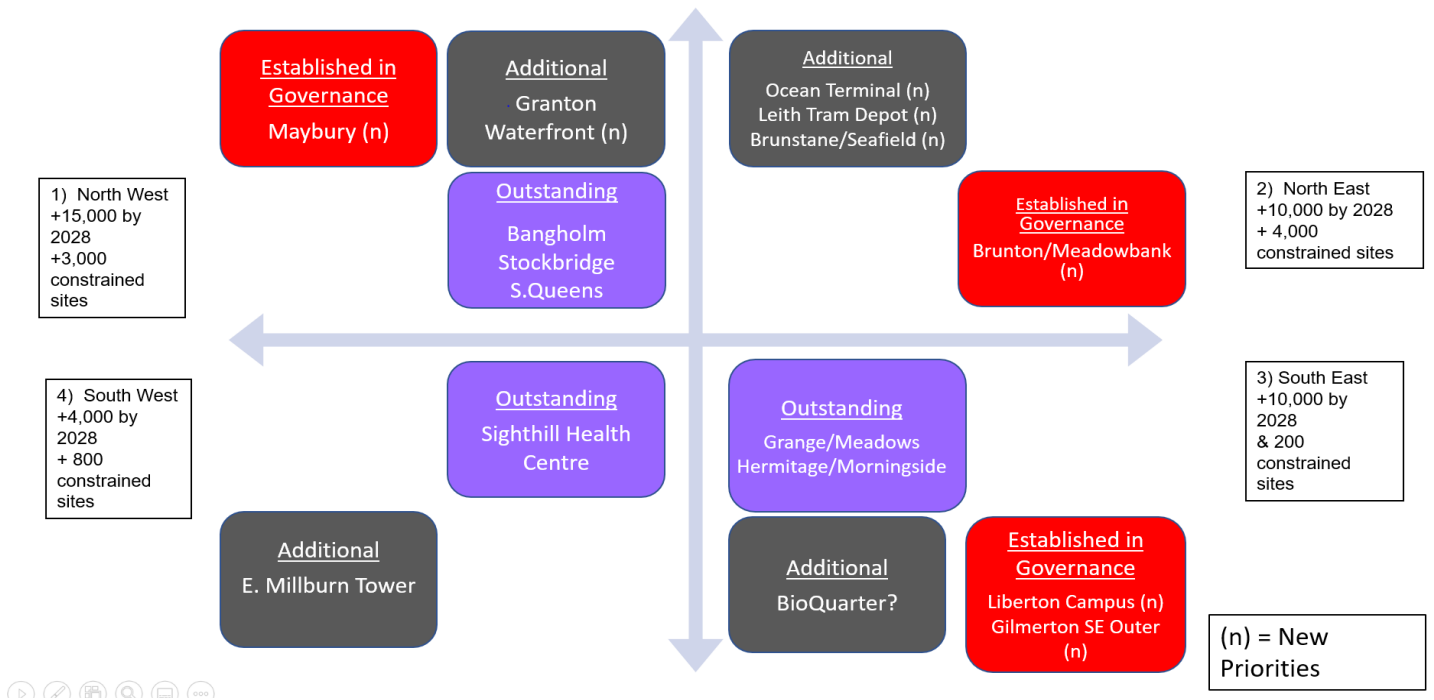
Appendices – separate document to be updated periodically

- I. Established & required Primary Care premises
- II. Locality summaries
- III. Model of care statement
- IV. Student population
- V. City Plan Housing Sites linked to proposed developments
- VI. Developer contribution methodology
- VII. Existing (2018) 'contribution zones'



Executive Summary

What Needs to be done?



The diagram shows the premises developments required in each locality to both re-new functionally unsuitable premises and to ensure we build to accommodate a further c70,000 people.

Key

Purple – Outstanding schemes from 2016-2026. Still required

Red – Scheme recognised in governance

Grey – Additional scheme required



Population Growth & Primary Care Premises Edinburgh

2022 – 2030

A Strategic Plan for Growth

(October 2022)

1. Purpose of Report

This report describes and quantifies for Edinburgh, the required provision of Primary Care premises in mid-2022. The report details recommended actions to ensure the steadily growing Edinburgh population described by the Edinburgh City Plan 2030, can access Primary Care (GMS). The report identifies that Primary Care Premises Capital investment of c£90M, is required over the next decade.

This is the third of these reports. The first (2014) drew attention to the likelihood of sustained population growth and made recommendations for systematic investment in primary care premises. The second report (2017) aligned with the CEC Local Development Plan (2016-26). Both preceding reports proved influential but fell short of establishing the development of Primary Care premises as an essential component of public sector provision, with direct access to the required investment funds.

A further version of this Report has been developed as the EHSCP evidence base for the proposed investment actions required for Primary Care to respond to City Plan 2030. This evidence base is required for reference by commercial parties which are expected to contribute to costs which are directly attributable to their activities.

Whilst attention has been paid to try to represent each situation accurately, the picture is very dynamic both in terms of population pressure and opportunity. This assessment should be repeated/updated in 2025.



2. Recommendations

- 2.1 To support the conclusion that c70,000 more people will live in Edinburgh by 2030 and that full implementation of the clear set of actions in Appendix I is required to match General Medical Services (GMS) to this population growth. It should be noted that 70,000 is a simple extrapolation of the established annual GP list size growth of 7000, over the previous 10 years. If the outstanding Local Development Plan housing and City Plan housing are combined and added to constrained sites, the figure would be well over 100,000.
- 2.2 To support the conclusion that an additional c£90M (2022-2030) of capital investment is required to provide and renew accommodation for the existing and additional population.
- 2.3 A proportionate 'Direction' would create the expectation of two new GMS premises schemes being brought forward each year in Edinburgh. This would both accommodate new population and to replace outdated premises.
- 2.4 The challenging financial context to this capital requirement is acknowledged and we will continue to work with key partners in Scottish Government/NHS Lothian/Edinburgh Council to identify how this can be delivered.
- 2.5 To note that c£24M of the c£90M will be required to support four of the established priorities over the next 3 years, which will give physical capacity for up to an additional c30,000 people.
- 2.6 To note that the Corporate Risk to service provision attached to the mismatch between physical GMS capacity and population increase, has remained at 'severe' since the situation was first assessed in 2014.
- 2.7 To deliver the four **established proposals by 2028:**
 - Maybury (New GMS contract opportunity)
 - Liberton Campus (New GMS contract opportunity)
 - SE Outer – Gilmerton (New GMS contract opportunity)
 - Meadowbank (Brunton Medical Practice) to implementation by 2028.



2.8 To progress simultaneously two **additional opportunity led** priority developments:

Granton Waterfront (new GMS contract opportunity)

Ocean Terminal (New GMS contract opportunity)

2.9 To support the outcome of discussions with local medical practices held in early 2022, which have confirmed the continued requirement for renewal of the following existing premises:

- Stockbridge (new build + renewal of existing premises)
- Meadows/Grange (new build)
- Morningside/Hermitage (new build)
- Bangholm (renewal of existing)

2.10 To support the additional actions required beyond 2027/8 in response to City Plan 2030:

- Brunstane/Seafield (possible collaboration with Portobello/Durham Rd/Leith Links)
- Millburn Tower (E)
- Leith Tram Depot (bottom Leith Walk)

2.11 Bio quarter: note that the two proposed SE developments should combine to provide capacity for this population.

2.12 To note the ongoing development of the 'Capital Medical Practice' (a mainly 'remote' medical practice) for citizens unable to be timeously registered with their local practice due to lack of capacity.

2.13 To encourage opportunities to develop infrastructure which allow Practices to share services with relevant partners. To recognise that sustainable Primary Care practices embedded in their local communities and connected to local services, are an important part of the '20 Minute Neighbourhood' model promoted by City Plan 2030.



2.14 Table 1 (below) summarises the requirements.

Table 1 Planned additional capacity

In governance	Year	Planned Additional Patient Capacity
Meadowbank/Brunton*	2024	2,000 (rehousing)
Liberton School Dev	2025	10,000 (new practice)
West Edin (Maybury)	2025	10,000 (new practice)
South-East Outer	2026	10,000 (new practice)
In development	(Sub-total)	(32,000)
Ocean Terminal	2024	10,000 (new practice)
Leith Tram Depot	2028	4,000 (rehousing tbc)
Granton Waterfront	2026	10,000 (new practice)
Milburn Tower (E)	2030 (tbc)	10,000(not in City Plan)
Morningside / Hermitage*	ASAP	4,000
Meadows / Grange*	ASAP	4,000
Stockbridge*	ASAP	1,000 (tbc)
Bangholm	ASAP	1,000 (tbc)
Total		c.76,000

*Existing Practices requiring new premises

Table 1 illustrates how and where capacity for the new population (both ongoing Local Development Plan 2016-26 and City Plan 2030) should be developed. The table illustrates what is already recognized and has been supported in the initial stages of governance and those schemes still to be established. **City Plan 2030 confirms all the existing schemes recommended in either or both the 2014/2017 reports remain essential.** Of the schemes in development, Ocean Terminal is highlighted as an urgent priority which could create capacity quickly for the rapidly expanding population in the Leith area.

The proposals already in governance will account for c32,000 of the anticipated list size increase of c70,000 (2022-2030). It should be noted that the anticipated population increase figure is not final, as Scottish Government recently approved significant housing in the area known as 'East of Milburn Tower'. This was not highlighted in City Plan 2030 and could increase population in this area by c19,000 people. A further premises proposal beyond the agreed Maybury development, is likely to be required in due course.



3. Background

- 3.1 This is the third assessment of the challenge of population growth for Edinburgh Primary Care (General Medical Services). The first report in 2014, highlighted the pressures and opportunities of sustained population growth and the necessity of a planned and supported program to replace the historic incremental approach. The second report in 2016/17, explicitly aligned with the CEC Local Development Plan (housing) refreshing and pinpointing the premises capacity developments required to respond to known population expansion.
- 3.2 Over the period 2012 to 2022 the population registered with an Edinburgh medical practice grew by 85,000. This is almost the size of Midlothian or East Lothian, absorbed into Edinburgh.
- 3.3 When population increases in a health board area, this triggers increased central allocations for healthcare provision. Part of this additional resource is bound into the GMS contract where the largest proportion of payments to individual medical practices is defined by population size, before being adjusted for demographic factors and any 'enhanced' services. (In addition, the allocation each health board gets for primary care prescribing costs is adjusted by central government). No adjustment is made nationally for the increased costs associated with additional premises required for expanded population. Neither are there matching adjustments made automatically to the community health workforce infrastructure associated with primary care; district nurses, health visitors, mental health nurses, midwives etc.
- 3.4 The lack of specific funding to facilitate primary care premises development associated with population expansion is unsustainable, as can be seen by the current Edinburgh position. Other essential public sector infrastructure improvements required to mitigate the impact of development and population increase are recognized through 'Section 75' legal agreements and programmed into Council plans for Education and Transport infrastructure delivery. This disparity has been highlighted repeatedly to government.
- 3.5 Since 2010, the Edinburgh GMS list has had an established growth rate of approximately 7,000 per year, equivalent to a new medical practice annually. Edinburgh's 70 Primary Care Medical Practice teams have been very flexible in absorbing this new population, but this elasticity is now exhausted in almost all areas of the city.



- 3.6 An obvious symptom of the pressure on individual medical practices was the number which declared themselves as restricted, usually to a defined number of additional patients able to register each week. Over half of City practices were in this position at any point over the last few years. The Health Board has reminded practices that 'restricted' is not a contractual term and withdrew recognition of this status in favour of the strict GMS contract terms of, 'open/closed'.
- 3.7 The flexibility of Edinburgh medical practice teams during this long period of population build up should be highlighted again. The number of practices has declined slightly since 2010 (Table 2, below), whilst the patients registered with the average practice has increased steadily to c8500. Many medical practice teams have grown reluctantly but done so in recognition of the consequences for patients remaining un-registered. In addition, some 200wte PCIP staff have been embedded into existing practices, contributing to workload management but further pressurising precious space.
- 3.8 It is important to understand that neither the Health Board nor the EHSCP can compel a medical practice to grow their list size. This decision is made amongst the Partners who must balance building capacity, local pressures, income and clinical quality & safety.
- 3.9 Some implicit guidelines have been applied by the EHSCP Primary Care Support Team (PCST) over recent years, to help prioritise and shape a more resilient Primary Care sector in the city.
- We are unlikely to actively support practices to develop new premises without the prospect of list size growth to a minimum threshold of c5000
 - We have preferred to encourage expansion of existing City practices, not simply for economic and practical reasons, but taking account of the potential for new practices to consume disproportionate resources and destabilize neighboring practices.
 - We have encouraged co-location of practices at every opportunity, either with other practices, or with other public services.
- 3.10 From 2013, Primary Care premises development in Edinburgh has been guided by an explicit and reported assessment of both current condition of premises and knowledge of known housing (therefore population) development.



3.11 Table 2 (below) shows how new premises have been developed since 2000:

Table 2 New Premises contribution to List Size Increases

	Year Completed	Original List Size	Current List Size (April 2022)
Craigmillar	1999	8,223 (Jan 20)	11,114
Bellevue x 2 practices	1998	7,272 (Jan 20)	15,246
Mountcastle x 2 practices	2004	11,004	12,187
Leith Mount	2005	7,250	11,455
Slateford	2007	6,608	10,656
Conan Doyle/Portobello	2007	10,500	11,213
Gracemount	2005	5,880	8,653
Westerhailes	2013	6,712	7,448
West End	2014	7,925	11,237
Victoria	2015	1700	5,507
Leith Surgery	2017	8,000	10,385
PACC – Muirhouse Branch Practice	2019	16,142	18,327
Allermuir x 2 practices	2019	14,241	14,733
Ratho	2020	2,863	3,029
The Access Place	2021	750	763
Salisbury Court;	2022		
Boroughloch		8700	8,661
Dalkeith Road		3900	3,877
Total		127670	164491

3.12 Over the period described in Table 2 (1999-2022), GP list sizes grew by nearly 100,000. Only about 35% of this growth was facilitated by the new builds. The remainder, some 65,000 people, were absorbed by existing practices increasing their list sizes. This was during a period when the number of practices declined.

3.13 It should be noted that until at least 2007 the rate of Edinburgh's population was relatively slight and often erratic. Only in 2010/11 did public services in the City begin to recognise the implications of a long term and accelerated trend of population increase.



Note The population figures used in this document reflect the combined number of people registered with the City's medical practices. To reconcile with the City of Edinburgh GRO estimates, a reduction of c6% would be made to reflect turnover delays (as elsewhere) and the excluded Kirkliston population would be added back in (treated as part of West Lothian for Primary Care). In addition, we believe there is a significant suppression of people registered with a medical practice in Edinburgh, due to the restrictions on access. Nevertheless, the GP registered population updated each quarter, remains the most accurate intra census barometer of population change available to the public sector.

- 3.14 Despite the number of hospital reprovisions which have taken place over this period and the relevance of these vacated locations for Primary Care, no site provision has yet been made in any hospital decommissioning.
- 3.15 Table 3 (below) highlights the relationship between population estimates based on medical practice registrations and NRS estimates, alongside the available information on the number of practices and the associated number of premises.
- 3.16 The number of practices is expected to reduce to 69 in 2023 and then climb again from 2024, as new practices are established to serve the growing population. There may be practices which amalgamate to reduce this low figure slightly. The total number of premises is expected to continue to develop at a similar rate i.e. one in two new premises developments will house two practices. Further analysis is required to identify the ideal 20 Minute Neighbourhood spread, but this is highly likely to confirm the current distribution is already sensitive to obvious neighbourhood 'nodes'.



Table 3 Population Increases, Practices and Premises

	Edinburgh GP (List Sizes) (April reported figures)	Edinburgh Estimated Total Population (Source: NRS) *mid year estimates 2018 based	% Differ- ence	Restricted Lists	No. of prac- tices	Number of prem- ises
2009	505,000	463,240	9.00%	-	79	75
2010	510,000	469,940	8.50%	-	79	
2011	511,000	477,940	6.90%	3	79	
2012	511,000	482,630	5.90%	2	79	
2013	517,000	487,460	6.06%	7		
2014	524,000	492,610	6.37%	10		
2015	530,000	498,810	6.25%	12		
2016	536,000	503, 805	6.39%	24		
2017	543,000	512,912	5.87%	41	72	67
2018	550,000	518,500	6.07%	43		
2019	561,000	522,842	7.29%	42		
2020	569,531	526,835	8.10%	36 (counting ceased)	70	62
2021	573,775				70	61
2022	587,748				70	60
2033	647,000*				C77	tbc

Note. Number of practices excludes Challenging Behaviour Practice

4. City Plan 2030

The implications of both the continuing LDP (2016-26) and City Plan 2030 are best understood at locality level. The implications for each locality are relatively discrete, but any significant cross-boundary issues are described.

- 4.1 The City Plan 2030 covers the period 2022 - 2032 and gives us the context for our updated set of recommendations. The City Plan 2030 was examined, and representations were collated by the Edinburgh Primary Care Support Team (PCST) for submission to CEC Planning (by the end of summer 2022). Although there will continue to be speculative planning applications from developers for sites which are not within the plan, it does allow for an informed approach in planning the primary care response to the pressures generated by housing growth. The established rate of growth is expected to continue for the life of the plan, and beyond. CEC Planning



Officers are meeting with PCST regularly and when considering new developer led planning applications.

- 4.2 PCST are working closely with CEC Planning colleagues to secure Developer Contributions towards healthcare infrastructure by applying the per unit or per student contribution towards healthcare actions in the (updated) contribution zones.
- 4.3 Appendix I summarises the overall City position and gives indicative figures and timescales. The City Plan 2030 housing sites confirm considerable new development in green belt areas, particularly in the South-East Wedge, West and North West. Scheduling now identifies that building will commence on most housing sites during 2022 and this could be accelerated as demand increases.

Locality Overview (see Appendix II for detail)

- 4.4 Appendix II sets out the four locality summaries reflecting the consensual outcomes of discussions with local medical practices. These recognise the long-term need for new buildings, partly in response to poor existing accommodation and partly in response to population pressure. They also suggest investment in existing buildings, where it is possible to augment or to expand list size. Thirdly, they identify those Practices which could be helped to keep their list size open and continue to welcome new patients over the next three years (List Expansion Growth Uplift (LEGUP) grants).
- 4.5 The four-locality Appendix II will continue to be updated annually and discussed at local GP Representative Meetings across the city.
- 4.6 All practices have been encouraged to consider adjusting their boundaries to reflect their 'natural population' and are supported via the Premises Fund and Scottish Government Small Premises Grants to create additional consulting space where possible.
- 4.7 **North West (Jul 2022 registered pop. 171,235k with 18 practices)**

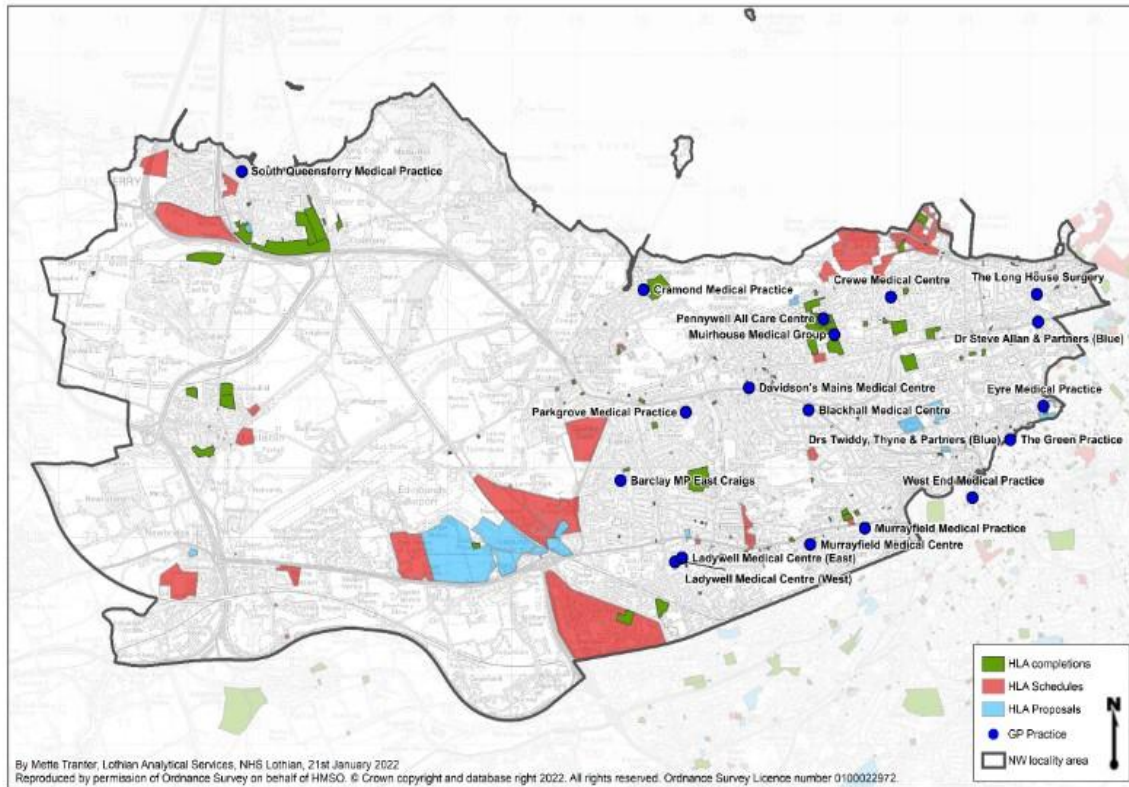
Several of the City's areas of major population development are in the North West Sector. An additional 15,000 people are expected by the end of 2028.

The Parkgrove and to a lesser extent, Davidson's Mains surgeries have been earmarked to absorb the incoming Cammo development population.



The population increase on the Granton Waterfront is predicted to be c10,000 post 2022 and is separate to the population increase in Muirhouse (now almost complete).

Proposed, Scheduled and Completed Housing in NW Locality



A new practice building has been identified in EHSCP prioritisation list; Granton Waterfront, which will be required by 2025 as substantial new building will have taken place. In the period before 2025, the Capital Medical Practice and a new medical practice in Ocean Terminal (NE Locality) will have to be in place to absorb this new population.

There are a further 3 new development sites clustered around the Gogar roundabout, one of which has a new combined Primary School and medical practice site; Maybury. This is scheduled for completion in 2025, a year or so before the population build-up will require dedicated GMS provision. An additional development post-2030 is anticipated east of Milburn Tower. The Maybury practice will be available to absorb demand from early housing development in this new area, before further dedicated GMS premises are required.

There is a longstanding requirement to renew the Stockbridge Practices premises.



There are several options available, including the potential of an RVH site development for either or both practices. If there were provision for a single practice, the current building could be adapted for continued use by the remaining practice. The requirement for this is steadily becoming urgent. With relatively little specific and significant planned housing development, the New Town area has nevertheless become increasingly intensively populated and the four practices most closely associated with this area require further capacity.

In 2017, South Queensferry benefited from an Intermediate Scheme, potentially allowing a further 3000 people to be offered GMS from the exiting premises. This practice has again reached capacity and will require further extension or consideration for a new Branch Practice, potentially within a commercial location.

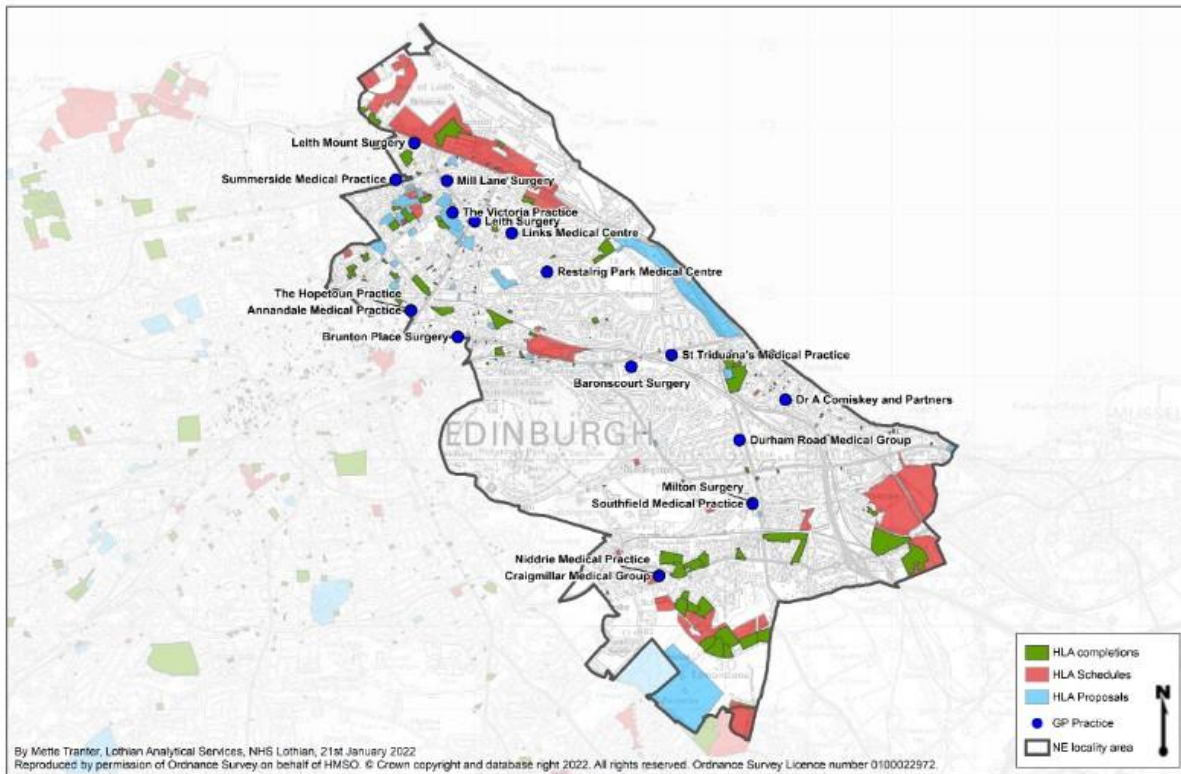
Bangholm Practice requires considerable 'intermediate' investment to increase their consulting space and make best use of a building originally designed for two distinct practices.

4.8 **North East (Jul 2022 registered pop 141,286k with 18 practices)**

4.9 The North East locality has been subject to considerable population expansion for over the last decade. As part of the original 2014 work, GPs looked imaginatively at their existing premises and c7,000 of new population capacity was able to be accommodated through a combination of both augmentation of existing premises and LEGUP funded growth.



Proposed, Scheduled and Completed Housing in NE Locality



The NE population is expected to increase by +10,000 by 2028.

The capacity of the Leith Mount practice is now exhausted, and the relocation of Victoria Practice has absorbed c4000 additional patients in this area.

The area now has 5 distinct population challenges to respond to.

The Leith Waterfront area is nearing completion and the population is building quickly. Fortunately, this could be matched with the development of a new medical practice in the Ocean Terminal Shopping Centre. Informal discussion with representatives of the owners have confirmed that attractive space can be made available, and we are already using the site as one of our main vaccination delivery sites. With the build-up of housing in the wider Leith and Granton area, it is proposed that every opportunity is made to 'fast-track' this development to provide additional capacity from 2024. Immediately and throughout 2023 we anticipate that many new residents will have to use the Capital Medical Practice to access a form of GMS. As mentioned in the NW Locality summary, this new practice would also provide early capacity for the Granton population arriving before a new practice is able to be developed.



Secondly, there is a considerable build-up of population, occurring mainly from 2028 in the area flanking Leith Walk. EHSCP are therefore working with CEC on provision of a new practice on the site of Leith Tram Depot within planned commercial development units. Land in this area is returning to CEC in 2023 with planning approved for housing and commercial units including the provision of healthcare. There are ongoing discussions on the replacement of Inchkeith and Allander House which are situated at the entrance of the site of Leith Tram Depot. This may become relevant to the opportunity provided by Ocean Terminal.

A **third** new development in City Plan 2030, is significant housing development in the Seafield and Brunstane areas of the city. The housing in Seafield area will increase population in this area by 2,000+ putting additional pressures on practices already at capacity in this area. The Durham Road practice and the Leith Links practice may wish to consider an opportunity for premises renewal which could offer a good solution to both existing and new population. The premises of the Leith Links Practice require replacement and there is **ongoing consideration** of how best to combine this with additional housing development provision

Fourthly, the new population in the Meadowbank area has a proposal established in governance, which will provide new premises for the Brunton population. It should be noted that the new population expected to be associated with this move is already registered in the time taken to bring this development forward. It is noted that the Baronscourt Practice has some remaining capacity which will be important to ensure this development can be covered.

Finally, there is a large area of post 2028 development housing at the Bioquarter. The natural relationship for this population is with the South-East Locality rather than North to Greater Craigmillar. It is proposed that the overdue development on the southern edge of the Gilmerton area is ear-marked for this population. This assessment also notes that the smaller development (700 houses, building 2022) will not be able to access registration at the adjacent Danderhall, as was previously assumed. The (Midlothian HSCP) practice for the village is already at capacity and oriented to the additional demands of the Shawfair development.

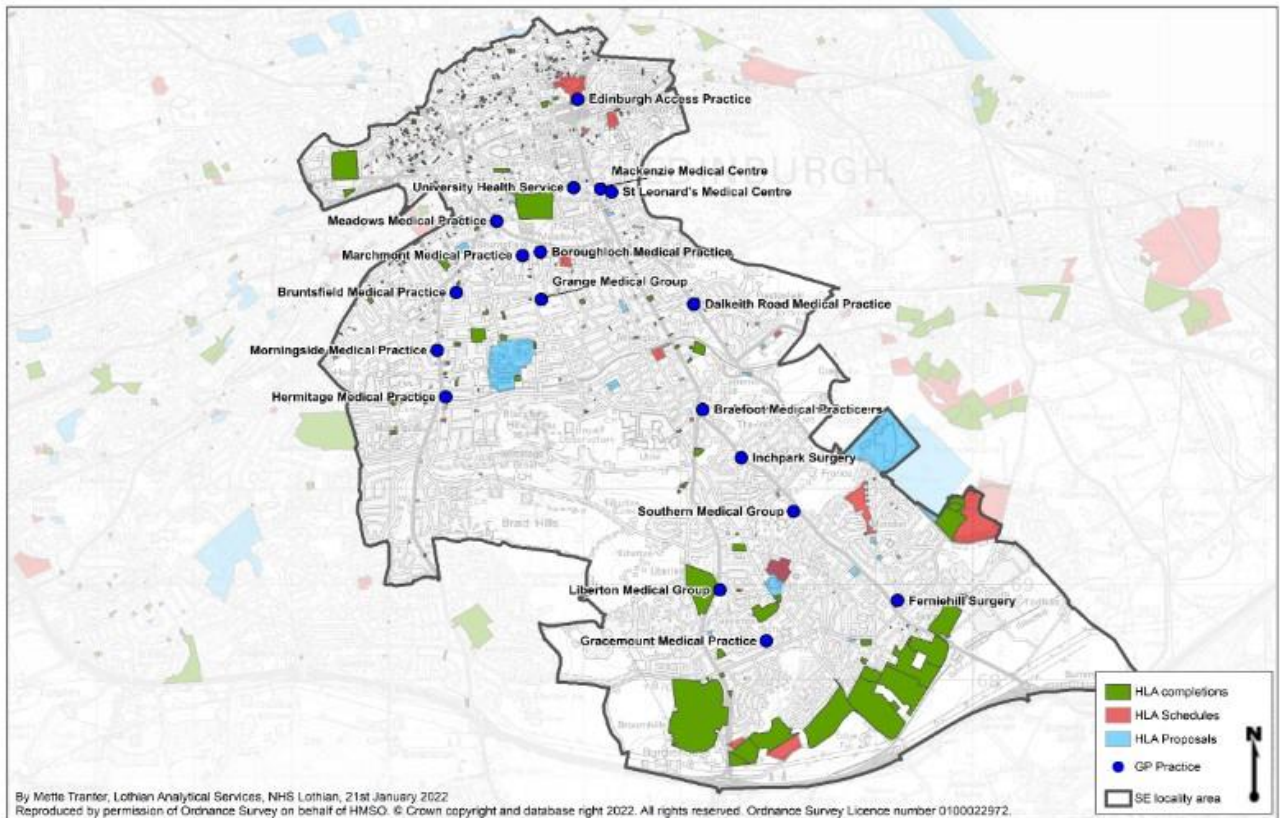
It should also be noted that the build-up of the Craigmillar population continues with some remaining local capacity and the potential for a reorganisation/extension to give additional capacity in the Craigmillar Medical Centre building.



4.10 South East (July 2022 register pop 139,489k with 18 practices)

The population of SE remained relatively stable until 2014 when the certainty of change was highlighted. The population is planned to grow by a further 10,000 up to the end of 2028. There are four distinct areas of pressure with several practices continuing to struggle with capacity and restricted lists.

Proposed, Scheduled and Completed Housing in SE Locality



The SE Outer area towards the City boundary with the bypass is now largely developed, but no substantive GMS premises capacity has yet matched this. The SE Outer area has been an EHSCP (previously ECHP) established priority since the 2014 Report. An Initial Agreement was submitted to government in 2020 seeking support to pursue the opportunity of a local site. This is now the City's most pressing premises priority.



The CEC led development of the new Liberton High School Campus has become another established priority in governance. This was developed with a local practice in mind but will now be available for the development of a new practice for the area.

Boroughloch and Dalkeith Road practices are set to move to their new co-located premises, Salisbury Court late Summer 2022. This will allow both practices some further scope to grow their list sizes. It should be noted that in common with other new premises developments, the list sizes the building was planned for, is exceeded by the population of the two practices, before the building is occupied.

The priority of Grange and Meadows Practices has been heightened by the developments planned on the Astley Ainsley site, loss of a further local practice (expected 2023) and ongoing accumulation of inner-city development of the SE of the city center. Both practices have benefited from small scheme grants to expand in previous years, however their footprints will not accommodate any further expansion.

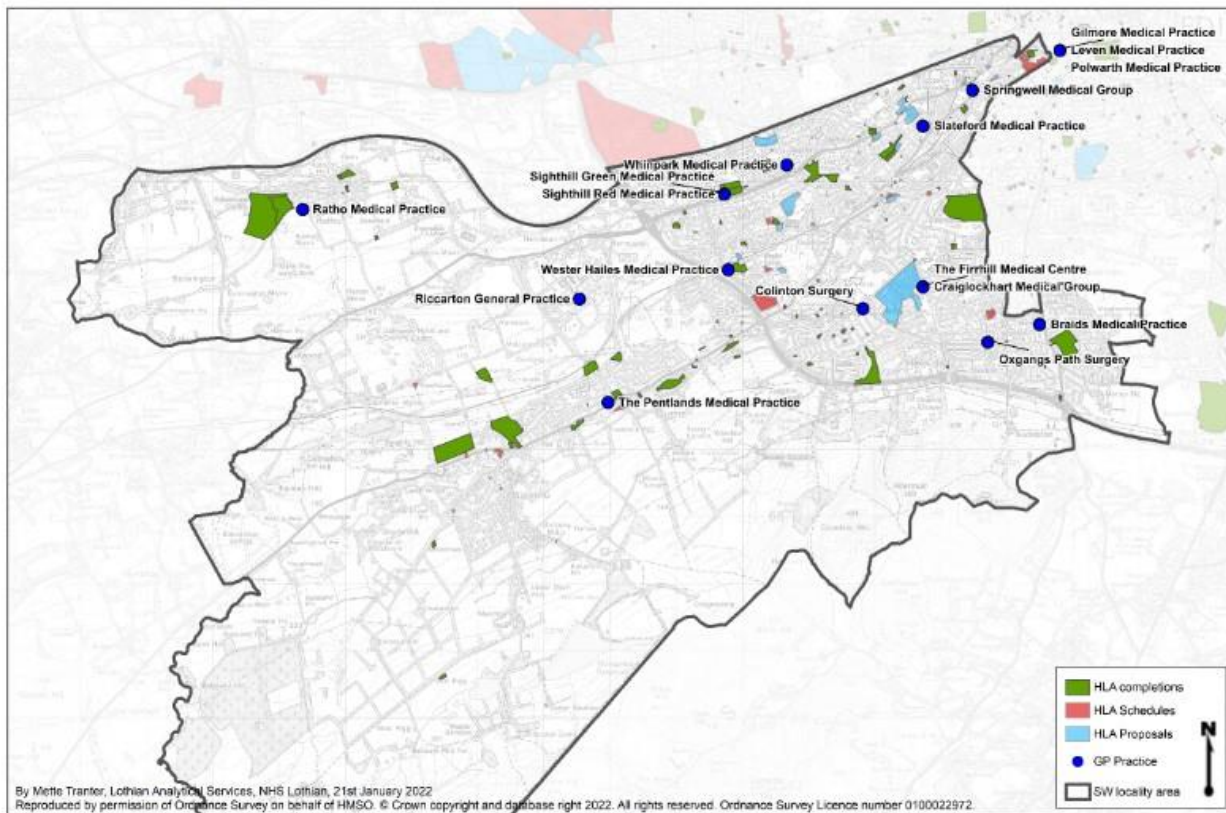
The remaining area of concern is for the Hermitage and Morningside practices. Planning restrictions prevent redevelopment of the Morningside premises and both practices are at capacity. There is potential opportunity as part of the REH Phase 3 redevelopment for a new joint practice premise to be located at the site boundary close to Morningside Road.

4.11 **South West (July 2022 registered pop. 134,907k with 16 practices)**

Southwest Edinburgh has been and will continue to be relatively stable in terms of additional population. The population is planned to grow a further 4000 before the end of 2028. Despite this, there is intense pressure in the Slateford/Springwell area and a difficult to assess future demand associated with development in the Fountainbridge area. There is no specific additional capacity recommendation associated with this, as the concentration of housing does not justify an additional build or new practice establishment. Nevertheless, existing practices will need to be able to move some of their patients to other local practices where there is capacity to allow list size growth. The new housing planned beside the Slateford Practice is a particular example of this.



Proposed, Scheduled and Completed Housing in SW Locality



Allermuir Health Centre opened in 2017 and provides new accommodation with increased capacity for the Craiglockhart and Firhill Practices. The inclusion of a CTAC and Pharmacy team has helped to support a wider group of local practices and associated population growth. EHSCP are continuing to work with practices on re-organisation of Allermuir floorplan to support increases in required consulting /treatment spaces for all disciplines in the building. The additional population from Redford Barracks has identified via the City Plan 2030 a population increase of c2,500, but this is not an immediate prospect.

The reorganization of Day Hospital services has highlighted need for additional consulting space in the SW area of the city. PCST Premises Management Team are working with the Day Hospital Program Team to identify this capacity. The ideal area for the city is Sighthill HC, however this building has potential to be redeveloped to meet a wider range of local needs.



The Pentlands Practice catchment area includes substantial new development over the last 5 years and an additional cohort for 2,000+ population into the Practice boundary area. An intermediate scheme is at project scoping stage to add additional consulting space in this area.

5. Key Understandings

- 5.1 The population build-up due to new housing has previously been estimated to account for c50% of the actual increase in inner city areas. These figures will be locality sensitive and the conclusions they provoke will be adjusted and refined annually. Accordingly, we have only recommended capital investment where we believe there is a high probability of substantial population increase and/or the urgent requirement to renew existing premises.
- 5.2 This analysis only addresses the core Primary Care premises requirements and highlights where new solutions need to be found. These pieces of the public sector jigsaw can then lend themselves to an imaginative and locally responsive shaping of public services and enhancement of the public realm. In some cases, there will be opportunities to put two or more practices together. In other circumstances co-location with libraries, mental health facilities, Third Sector, or Community Centers, acute 'outreach' or schools, are all attractive potential opportunities. Only in the areas of concentrated economic disadvantage are more deliberately integrated models required, as was achieved with Westerhailes and the Pennywell All Care Centre.
- 5.3 A complicating factor is the student population. The student population does not generate the same GMS workload as an average population. It is important to recognise the administrative workload caused by high turnover and the concentration of this in September-October in particular. In some areas, an increase in dedicated student accommodation locally, can create rapid rises in list sizes which are associated with relatively modest additional clinical demand. It is important we neither over-react to this or fail to make adequate provision. We have revisited our assumptions about student population and been assured that none of our universities are expecting to increase their student roles further. Student numbers in the 4 main Edinburgh Universities has increased on average 2k per year from 2016/2017 (**Appendix IV**).
- 5.4 An additional factor which has caused challenges is the expansion of care homes across the city. The phase of growth may have settled for the immediate future judging by the additional consents being sought.



- 5.5 There are currently 5 CTACs (Community Treatment & running in locations across the city, supporting the delivery of PCIP. CTACs deliver the vaccination program throughout the year and the staff are key to the Winter Program. There is a consequent additional demand for consulting / treatment rooms and associated accommodation for admin functions.
- 5.6 CTACs are only one part of the additional multi-disciplinary workforce which has been added from 2018 onwards. The average Edinburgh practice would expect to have demand equivalent to an additional two rooms of clinical and some admins desk space. We have been fortunate that the Allermuir and Pennywell developments arrived just before the pharmacotherapy workforce was built. In future premises builds, this should be a more conscious adjustment.
- 5.7 The 2014 work recognised the strategic opportunity which occurs when an existing GP Partnership decides to reform into two new partnerships. This provided a very welcome response to rapid population build-up in two areas of the city (Niddrie and Victoria (Leith)).
- 5.8 Work has been ongoing with City of Edinburgh Council Planning Department to identify the impact on GP practices from new developments (**Appendix V currently being developed**), and to quantify the potential for Developers' Contributions to mitigate the impact of the associated growth.
- 5.9 The methodology for contributions is summarized in **Appendix VI**.
- 5.10 Practice size is an important part of the planning process. Historically, a list size of c3000 was regarded as sufficient for stability and in many parts of Scotland it could be less for geographical reasons. The average practice size in Edinburgh is now c8,500. Only 7 practices out of 70 now have a list size under 5000. All are growing and one will be absorbed into neighbouring practices as senior partners retire. By 2025, it is likely that no practice in Edinburgh will have a list size under 5000, and the average practice size will rise to around 9000.
- 5.11 Most of the new practice premises have been consciously planned for list sizes of around 10,000. This is partly because we need to make the most of the limited availability of sites and because this represents a balance between team size and the renewed focus on a group of locally recognized services relevant to the 20 Minute Neighbourhood populations.



- 5.12 The issue of Practice boundaries continues to be a live topic. There is ongoing work to promote continued rationalisation of boundaries which remain counter-productively wide for some practices. This work will be taken forward to create further alignment with planning zones and Healthcare Contribution zones / Cluster boundaries **(Appendix VII shows 2018 zones which are being updated)**. This has the potential to become an important part of the affordability equation in the future.
- 5.13 Related to boundary adjustment is the longstanding request to Scottish Government for flexibility in allowing patients to be removed from a list and placed on another practice's list, closer to where they live. This would allow practices to concentrate on much better defined 'natural population' areas based on local neighbourhoods.
- 5.14 The provision of Primary Care infrastructure moved from an historically (pre-2012) opportunistic approach to deliberate planning in parallel with the City's expansion. The City Plan offers a very helpful guide to expansion, but it cannot account for the cumulative development of windfall schemes, nor the more intensive use of available stock, nor associated timescales. In short, we have to respond to a more complex picture than that indicated by City Plan.
- 5.15 The New General Medical Services Contract 2018 gave a strengthened role in premises provision and management to the NHS/ IJBs. Increasingly, premises will be leased by Independent Contractors from the health board. There continues to be no mechanism to oblige an independent practice to move or grow.
- 5.16 It should be noted that the cost of new premises can be prohibitive for practices and there is considerable variation between practices in what they contribute for facilities. For some, the rental income is an essential part of the practice income. More consideration should be given nationally to a standardized range of payments for Partners who lease their premises.
- 5.17 GPs continue to be receptive to the idea of sharing premises with neighbouring practices and indeed other public services. Much closer working between CEC, NHS and other agencies has developed over several years. Buildings which are no longer required, or which are considered unfit for purpose by one agency, may present a long-awaited opportunity for a partner. This has been important in identifying EHSCP new premises priorities. (Maybury, Liberton, Granton Waterfront, Leith Tram Depot.)



5.18 The ideal 'partnership' models have been brought together in developments such as Wester Hailes and the new North West Edinburgh Partnership Centre (PACC) development. These are essential in areas which have high levels of economic deprivation but are not necessarily a requirement in other areas of the city. We already have obvious Partnership groupings in several areas with high deprivation.

- Craigmillar
- Liberton and Gilmerton
- Wester Hailes

5.19 Areas with high levels of economic disadvantage which have no obvious public sector 'hubs', are;

- Sighthill area
- Craigentinny / Lochend
- Leith

5.20 Work has been ongoing with City of Edinburgh Council Planning Department to identify the impact on GP practices from new developments, and to quantify the potential for Developers' Contributions to mitigate the impact of the associated growth. The methodology for contributions is summarized in **Appendix V**.

5.21 Work continues with CEC colleagues to explore opportunities for co-location with planned new schools, housing developments and existing CEC estate.

6. Resources (Primary Care Population Growth Funds)

6.1 The capital costs involved in building new practice premises vary considerably. As an outline guide, each 1,000 patients require approximately 85m² of space, so a practice with a list size of 10,000 will have an associated build cost of c£5.0M (or its revenue equivalent). In reality, this can be anywhere between £5M & £7M depending on whether the premises are stand alone or built as part of a joint development.



- 6.2 As a crude 'rule of thumb', the combined Primary Care Estate could be costed at £500k per 1000 people, using 2022 standard costs. With a July 2022 list size of c590,000 (April 22) this equates to £295M. If we anticipate that premises require renewal every 25 years, this gives an annual capital requirement of £11.8M. Even if this calculation is adjusted to a 40-year life cycle, the annual expenditure required is £7.4M, simply to keep the current premises in reasonable condition. This figure then needs to be augmented by an additional £3.5m per year to reflect the requirements of the new population (ie minimum of 7000 additional). In short, a capital investment program of £10.9M per annum has been required since 2009 to keep up with population increase. Using the 40-year calculation over the period 1999-2017 inclusive, we should have invested £170-£190M. During this period c£45M was invested.
- 6.3 The 2014 assessment recommended a modest facilitating fund for a three-year period to enable increased capacity, alongside commitment to a sequence of additional strategic investments. The potential for a 'small scheme premises fund' to add flexibility is now all but exhausted, although a small number of practices continue to come forward with innovative ideas to augment their existing premises for increased population.
- 6.4 Practices which wish to improve the functionality of their buildings but are not increasing their population, have had no support since the Primary Care Improvement Grants disappeared more than a decade ago. In very recent years, practices have benefitted marginally from increased flexibility in the application of year end funds from Scottish Government.
- 6.5 In late 2012, a short-term measure was designed and proposed; the Edinburgh List Extension Grant Uplift (LEGUP), to help with the immediate pressure. This was intended to help Practices who could extend their list sizes to do so, and release pressure from surrounding Practices.
- 6.6 One-off LEGUP grants of £12.5K (originally £25K) enable practices to implement the necessary actions required to grow by the agreed amount of 500 patients over a 12-month period. There is a time lag between a practice making an investment in additional capacity and the additional income associated with list size increases. LEGUP grants help practices to bridge that gap. There have been 33 LEGUP grants made to City Practices up to June 2022, with an additional 2 received awaiting approval as at August 2022.
- 6.7 The modest annual provision of £200k for minor premises 're-organisation and expansion' grants (less than 50k per practice), will be a continuing program with Capital



slippage augmenting when available.

- 6.8 There have been 3 successful applications so far in 2022/23 for LEGUP consideration, with at least another 7 applications expected over the next few months.
- 6.9 The combination of our small schemes grants and the LEGUPs, have provided additional capacity for c50,500 patients across the city. The cost of this was approximately c£2m; a fraction of the cost of establishing 5 new practices and providing premises.
- 6.10 The Covid 19 Pandemic presented a challenge for many GMS premises. This resulted in double the applications in 2022 – 23 for small grants funding. Many of the requests focused on practice re-organisation to allow for eConsulting rooms created from record or storage rooms, thus also impacting on the need for digitization of patient's records.
- 6.11 There has been some speculation about the impact of the pandemic on the use of physical capacity. **Appendix iii** addresses this with a short statement. The picture is not yet settled and will vary depending on the population served, but there may be some marginal benefit to more intensive use of space. It should be emphasised that Edinburgh practices have **already** had to find ways to use their space more intensively and that a decrease in daily footfall will not yield significant additional capacity.
- 6.12 Previous Population and Premises Reports highlighted the lack of opportunity in a City where there was often considerable commercial interest in available sites. In 2022 and perhaps for the next year or two, there is a window with commercial sites potentially available to house new practices. This is immediately relevant in the Leith area.
- 6.13 The funding required to support digitization (of medical records) across City practices has been estimated at c£1.5M. The funding of this has therefore been restricted to a small number of practices which were moving to new premises and where there were considerable list size increases and population pressure.
- 6.14 Part of the Primary Care Premises Priority list (indicative cost c£90m), is the potential for 5 'intermediate' schemes; Bangholm, Muirhouse, Pentlands, South Queensferry & Craigmillar. Depending on project scope and funding, these may exceed the level of funding intermediate schemes and therefore increase the number of capital funded projects. At August 2022 three of these projects are at scoping / costing stage. NHS Lothian Estates Department have no capacity to undertake this



work, therefore PCST are working with Partners approved by NHS Lothian.

7. Governance

- 7.1 The four Edinburgh GP locality groups helped to develop this paper.
- 7.2 Considerable challenges have previously been posed in aligning urgent operational decision making and commercial opportunity with our governance decision-making. The risks of not being able to make decisions in a timely fashion are considerable and could result in service failure.
- 7.3 Infrastructure projects are required to comply with the terms of the Scottish Capital Investment Manual (SCIM). This applies to both capital schemes and schemes using third party developer funding or other ways of providing premises for independent contractors. For a decision to be made about the reprovision of a practice, the following groups need to be consulted in the order indicated:

- EHSCP EMT (fortnightly)
- LCIG (monthly)
- IJB (bi-monthly)
- F&P (NHSL) (bi-monthly)

These groups need to be consulted at each of the prescribed stages (below), resulting in a long process from a Strategic Assessment being presented to the EHSCP EMT to a Full Business Case being agreed by NHS Lothian Finance and Performance.

- Strategic Assessment
- Initial Agreement
- Standard Business Case (within delegated limits, i.e. <£5m) or Outline Business Case then Full Business Case if > £5m.

All schemes greater than £5m currently require Scottish Government approval at each stage, in addition to that of NHS Lothian and the Integrated Joint Board. Pragmatic and helpful decisions continue to be made to avoid the consequences of delays which threaten services, but the lack of an agreed mechanism to expedite is a weakness in the current arrangements.

It should be noted that the cost of each new medical practice development designed for 10,000 patients or more, is now likely to be in excess of £5M.



A newly formed (joint) Asset Investment Steering Group is intended to support alignment of governance arrangements and to explore challenges and new opportunities to translate strategic direction into physical capacity.

8. Beyond the Current Planning Period

- 8.1 The city will continue to grow and to put immediate and obvious pressures on the infrastructure required for education, transportation, and Primary Care. The wider impacts will be slower to materialize, but it is essential that the public sector is able to respond collectively to these immediate pressures.
- 8.2 Judgements which try to foresee the impact of technology, professional development and public preferences far ahead, quickly deteriorate into guesses. Nevertheless, when we build, we build for at least 20 and more commonly 40+ years. The inherent trade-offs between local access as perceived by communities and staff delivering services and the perceived advantages of co-location and scale is a perennial dilemma. Failure to adequately invest is almost certain to result in a very intense period of public dissatisfaction and the resultant scrutiny. In 2022 we see this developing quickly around south-east Edinburgh. Our experience of public sensitivity to changes in the geographical access to Primary Care, underline that any significant departure from current disposition would require careful public consultation.

9. Impact Assessment

A Rapid Impact Assessment was undertaken on 23.1.2014. The assessment highlighted the following points:

- The opportunity for Public and Third Sector services to plan for the population increase collectively through the Edinburgh Partnership.
- The risks associated with any new population being unable to access a GP list or appointments are thought to be greater for areas of widespread economic deprivation.
- The consequences of substantial numbers of the population by-passing Primary Care Services would be increased pressure on Acute and other direct access health and social care services.



(EPCST will submit their representations to City of Edinburgh Council Planning team by the end of 2022. Once this has been submitted, work will commence on a Rapid Impact Assessment).

David White - Strategic Lead Primary Care & Public Health

Lee Clark - Project Manager Edinburgh Health & Social Care

October 2022



Population Growth and Primary Care Premises Assessment: Edinburgh 2022 – 2030

Appendices

- I. Established & required Primary Care premises
- II. Locality summaries
- III. Model of care statement
- IV. Student population
- V. City Plan Housing Sites linked to proposed developments – excel spreadsheet
- VI. Developer contribution methodology
- VII. Existing (2018) 'contribution zones'

(As at October 2022)



Appendix I - Table 1 Primary Care Capital Projects July 2022

Project	Approval Status	Est.Cost £M	Progress July 2022	Priority
1. Fully Approved				
North West Locality				
Maybury – <i>New Practice</i> Joint Development with CEC	Full Business Case Completed	£5-7	Site start delayed due to C19; to Start Jan 23	1
2. In Governance				
North East Locality				
Meadowbank <i>Re-provision</i> of Brunton Medical Practice	Initial Agreement approved NHSL F & R July 2019	£5-7	Business case in develop- ment; progress depends on CEC Meadowbank develop- ment Start 2023	1
South East Locality				
South East Outer – <i>New Practice</i>	Initial Agreement supported by EIJB, NHSL F & R, and NHS Lothian Board March 2020	£5-7	NHS Lothian submitted Ini- tial Agreement to Scottish Government Sept 2020	1
Liberton Campus	Initial Agreement supported by EIJB and F & R (Mar 22)	£5-7	Full Business Case in prep- aration available Nov 22	1
Sub Total (in gov).		£24		
3. Prioritised (Locality order) Capital Requirements currently Out with Governance				
North West Locality				
Granton Waterfront – <i>New Practice</i>	Initial Agreement – Part of NHS L	£5-7	CEC led project – In phase 1 of project, to be delivered 2026	1



	overarching IA Priorities Request			
Milburn Tower (E) – <i>New Practice</i>	Initial Agreement – Part of NHS L overarching IA Priorities Request	£5-7	Subsequent to City Plan 2030 Further substantial site agreed by Scottish Government	2
Stockbridge – Re-provision of one Practice currently occu- pying Stockbridge Health Centre	Initial Agreement – Part of NHS L overarching IA Priorities Request	£5-7 (new Build) £4 (redevel- opment of existing build	Potential site on former RVH provides several op- tions for existing 2 prac- tices. If one practice re- mains in current building then the total investment would be c.£11m	2
<u>North East Locality</u>				
Leith Waterfront - Ocean Terminal New Practice	Initial Agreement – Part of NHS L overarching IA Priorities Request	£4.0	Potential for new GP Prac- tice at Ocean Terminal. Reduced capital cost due to existing infrastructure.	1
Leith Tram Depot - <i>Re-provision of one local practice</i>	Initial Agreement – Part of NHS L overarching IA Priorities Request	£5-7	CEC led project – site re- turned to CEC 2023, Phase 1 to commence 2023	2
Brunstane / Seafield – New Practice	Initial Agreement – Part of NSH L overarching IA Priorities request	£5-7	City Plan 2030 and signifi- cant housing development in Brunstane and Seafield. Specific proposal to be identified	2
<u>South East Locality</u>				
Grange / Meadows – Re-provision of practices		£10-12	Initial agreement to be de- veloped in anticipation of site opportunity	2
Hermitage/Morningside Re-provision of practices	Strategic Assess- ment prioritised	£10-12	Initial Agreement to be de- veloped – potential for in- clusion in REH phase 3	2
Sub Total (out with gov).		£60.0M		
Intermediate Projects - Service Re-provi- sion/ Refurbishment			SA planned	
Muirhouse Medical Group		£1	2022/23	



SHHC	£1	2023/24	
Craigmillar	£1	2022/23	
South Queensferry	£1	2023	
Bangholm	£1	2022/23	
Replacement of Inchkeith/Allander House	TBC	2023	
Sub Total (cost indicative only)	£5M		
<u>Overall TOTAL all recom- mended schemes</u>	<u>£89.0M</u>		

Costings in 3 groups:

- 10,000 Patients - £5M - £7M
- 20,000 Patients - £10M - £12M
- Practice Extension - £1M

Please note, average of range was used to create total



Appendix II - Locality summaries

<i>EHSCP POPULATION/ PREMISES PLAN</i>					
<i>NORTH EAST EDINBURGH SUMMARY</i>					
<i>July 2022</i>					
Key Understandings					
<p>The Edinburgh population has increased by 7,000 per year since 2009.</p> <p>NE population will continue to grow at c2,000 per year or by +10,000 by 2028. This rate of growth should be expected to continue for several years after 2028.</p> <p>We assess that 3 new practices will be required with premises over the next decade (+ Granton in NW)</p> <p>The new practices are:</p> <ul style="list-style-type: none"> ➤ Waterfront/Ocean Terminal ➤ Leith Tram Depot ➤ Brunstane/Seafield <p>The Initial Agreement for re-provision of Brunton Place has already been approved (Meadowbank).</p> <p>Leith Links can accommodate further growth although their premises does not have a long-term future.</p> <p>A new practice will be required for the Leith Waterfront Developments (see Ocean Terminal opportunity below)</p> <p>The Vaccination Programme clinic within Ocean Terminal may be developed to include CTAC and new GMS premises for a newly established practice</p> <p>Niddrie will require premises redesign to accommodate population growth</p> <p>Leith Tram Depot has potential for development of a new practice which could allow relocation of an existing practice.</p> <p>Restalrig can accommodate further growth but this is not easily matched with local population growth.</p> <p>Significant housing development in Brunstane and Seafield may require additional premises subject to discussions with practices directly affected</p>					
Population (GP List Size as at 1st July)					
	2018	2021	%	Additional population	Known developments of c1,000 people or more



				2021 – post 28	
East	58,812	62,028	+5.47	5,319	Greendykes, Brunstane
Leith	70,345	75,496	+7.32	9,275	Leith Waterfront, Western Harbour, Salamander, Seafield, Portobello
Local-ity	129,157	137,524	+6.39	14,594	
New build/New Premises (part of Lothian-wide Capital Prioritisation)					
				<u>Additional Capacity</u>	<u>Status</u>
Leith Walk				2,000	Completed 2017
Leith Tram Depot - Potential Practice				TBC	TBC Mid 20s
Brunton Place / Meadowbank				2,000	TBC 2025
Ocean Terminal – Vacc / Potential Practice				10,000	2024-2026
Seafield – potential growth c1900				TBC	Late 2020's
Brunstane – potential growth c2000				TBC	Late 2020's
Extension/reorganisation to enable growth					
		Extra capacity		Estimated £	Status
St Triduana's		500		10k	Actioned 2014
Niddrie		1000		5k	Actioned 2014
Long House		500		6k	Actioned 2014
Victoria		2000		28k	Actioned 2016
Leith Mount		500		4.3k	Actioned 2016
Brunton		500		6.1k	Actioned 2016
Links		500		5.6k	Actioned 2017/18
Baronscourt		1,000		24.6k	Actioned 2017
Victoria		1,000		25k	Actioned 2018
Durham Road		1,000		32.5k	Actioned 2018
Portobello		1,000		47k	Actioned 2018



Niddrie	500	5k	Actioned 2018
Southfield	500	5.3k	Actioned 2018
St Triduana's	500	25k	In progress 2018
Total	11,000		
Intermediate Schemes	Project		Status
Niddrie	Creation of consulting rooms		Completed 2020
Durham Road	Additional consulting rooms		Pending 2022
Small Schemes			
Brunton	Increased consulting Rooms/digitalisation		Pending 2022
Leith	BP Pod / segregation area		Approved 2022
Victoria	BP Pod		Approved 2022
Victoria	Digitalisation		Pending 2022
Bellevue	Working space		Approved 2022
St Triduana's	Digitalisation		Pending 2022
Southfield	Adaptation of Admin space		Approved 2022
LegUp			
Year	Practice	Extra population	Status
2014/15	Niddrie	500	Actioned
	St Triduana's	500	Actioned
	Victoria	500	Actioned
2015/16	St Triduana's	500	Actioned
	Leith Mount	500	Actioned
2016/17	Leith Mount	500	Actioned
	Durham Road	500	Actioned
2017/18	Baronscourt	500	Pending



2019/20	Brunton	500	Actioned
2021/22	Craigmillar	500	Actioned
	Durham Road	500	Actioned
	Leith	500	Actioned
	Annandale	500	Actioned
	Leith Mount	500	Actioned
	Victoria	500	Pending
Total		7,500	

North East Edinburgh - Planned Developments

The following table represents the expected completions of housing developments, based on the City of Edinburgh Council Housing Land Audit (HLA) 2021. The HLA, which is updated annually, programmes expected completions over the audit period 2021 - 26, and in the longer term. The audit includes housing sites that are under construction, sites with planning consent, sites in the Local Development Plan and constrained sites which have not been programmed yet. The audit is effectively a snapshot as at 1st April 2021, therefore sites which have received planning consent since that date may not appear until the 2022 HLA.

Population projections have been calculated by multiplying the planned number of units to be built by the average household size for Edinburgh, source National Records Scotland (NRS). The average household size projected for 2021 of 2.1 has been used in these calculations, although it is expected to decrease over time. It is worth bearing in mind that if the planned developments include family housing, the population projections from the developments will be much higher; therefore, the figures below are only indicative.



Housing Land Audit and Completions Programme 2021 North East Locality

Site Name /Address	Dwellings			Delivery Programme					
	Total	Complete by 4/21	Remain- ing as at 4/21	2021-26		2026-28		Post 2028	
				Units	Pop.	Units	Pop.	Units	Pop.
EAST CLUSTER									
LDP HSG 17: Greendykes Areas K and L	129	0	129	0	0	79	166	50	105
LDP HSG 17: Greendykes Road Areas N,P, Q and R	169	0	169	169	355	0	0	0	0
LDP HSG 18: New Greendykes Areas C & D	145	81	64	64	134	0	0	0	0
LDP HSG 18: New Greendykes Areas A & E	163	0	163	150	315	13	27	0	0
LDP HSG 18: New Greendykes Areas H/AH1	128	0	128	78	164	50	105	0	0
LDP HSG 27: Newcraighall East Phase 4	37	0	37	37	78	0	0	0	0
LDP HSG 27: Newcraighall East Phase 5	29	0	29	29	61	0	0	0	0
LDP HSG 29: Brunstane	1330	0	1330	237	498	200	420	893	1875
Abbey Mount	11	0	11	11	23	0	0	0	0



Corbieshot	54	0	54	54	113	0	0	0	0
Craigmillar Park (new site in 2021)	48	0	48	48	101	0	0	0	0
Duddingston Road West (new site in 2021)	8	0	8	8	17	0	0	0	0
Duddingston Row (new site in 2021)	40	0	40	40	84	0	0	0	0
Edinburgh Road (new site in 2021)	5	0	5	5	11	0	0	0	0
Figgate Street	6	0	6	6	13	0	0	0	0
Niddrie Mains Road	136	0	136	136	286	0	0	0	0
Peffermill Road	30	0	30	30	63	0	0	0	0
Rosefield Place	6	0	6	6	13	0	0	0	0
The Wisp	139	0	139	139	292	0	0	0	0
EAST CLUSTER	2613	81	2532	1247	2621	342	718	943	1980
LEITH CLUSTER									
LDP EW 1A: Western Harbour	978	0	978	190	399	200	420	588	1235
Central Leith Waterfront	390	60	330	330	693	0	0	0	0
Shrub Place	376	201	175	175	368	0	0	0	0
Albion Road	205	175	30	30	63	0	0	0	0
Ashley Place	65	0	65	65	136	0	0	0	0



Bath Road	218	0	218	218	458	0	0	0	0
Bernard Street	11	0	11	11	23	0	0	0	0
Bonnington Road Lane	453	0	453	150	315	150	315	153	321
Canon Street	11	0	11	11	23	0	0	0	0
Constitution Street	9	0	9	9	18.9	0	0	0	0
Dickson Street	7	0	7	7	15	0	0	0	0
Fishwives Causeway	435	108	327	287	603	40	84	0	0
Gayfield Square	11	0	11	11	23	0	0	0	0
Great Junction Street	37	0	37	37	78	0	0	0	0
Hopetoun Crescent	6	0	6	6	13	0	0	0	0
Leith Walk	10	0	10	10	20	0	0	0	0
London Road	712	0	712	241	506	150	315	321	675
Madeira Street	12	8	4	0	0	4	8.4	0	0
Maritime Lane	8	0	8	8	17	0	0	0	0
Meadowbank	11	0	11	11	23	0	0	0	0
Newhaven Road	52	15	37	37	78	0	0	0	0
Mitchell Street	9	0	9	9	19	0	0	0	0



Ocean Drive	338	0	338	150	315	188	395	0	0
Pitt Street	8	0	8	8	17	0	0	0	0
Restalrig Road	6	0	6	6	13	0	0	0	0
South Fort Street	115	0	115	115	242	0	0	0	0
St James Centre	150	0	150	150	315	0	0	0	0
Steads Place	11	0	11	11	23	0	0	0	0
Timberbush	5	0	5	5	10	0	0	0	0
Warriston Road	191	0	191	191	401	0	0	0	0
Wellington Place	32	0	32	32	67	0	0	0	0
West Bowling Green Street	101	0	101	101	212	0	0	0	0
LEITH CLUSTER TOTAL	4983	567	4416	2622	5507	732	1537	1062	2231
LOCALITY TOTAL	7596	648	6948	3869	8128	1074	2255	2005	4211

There are potentially a number of other sources of land for development, including constrained sites, windfall and other development land coming forward . Some examples are noted below. These are not included in the population projections above.

CONSTRAINED SITES NORTH EAST	Units
LDP EW1A Western Harbour Platinum Pt	452
LDP EW1A Western Harbour	669
LDP EW1A Western Harbour View	258
LDP EW1B Central Leith Waterfront	2,138
LDP EW1C Leith Waterfront Salamander Place	719
LDP HSG 15 Castlebrae	145
LDP HSG 17 Greendykes Road	10
LDP HSG 27 Newcraighall East (East Part)	88
London Road	30
Ocean Drive	57
	4,566
	Population c9,000

CARE HOMES/RETIREMENT FLATS NORTH EAST – (Since 2016) EAST CLUSTER			
Address	Bedrooms	Proposal	Status
Lauder Lodge, 99 Inchview Terrace	60	Care home	Completed 2017
Jameson Gate 17-20 Portobello High Stret	42	Retirement flats	Completed 2017
Elsie Inglis	69		Completed 2022



STUDENT ACCOMMODATION <i>(applications between Jan-Oct 2018)</i>	CLUSTER	STUDENT BED SPACES
Planning applications submitted		
11, Hillside Crescent	Leith	27
139, London Road (Meadowbank)	Leith	?
Completed 2017		
16-18, Bothwell Street	Leith	240
Consented		
43, Jeffrey Street	Leith	102
7, Shrub Place	Leith	38
2, Murano Place	Leith	9
151, London Road	Leith	350
40, Stanley Place	Leith	98
84-90 Leith Walk	Leith	17
63, Calton Road	Leith	83
Application withdrawn		
179, Canongate	Leith	117

STUDENT ACCOMMODATION	CLUSTER	STUDENT BED SPACES
Completed 2020		
Hillside Crescent, 11	Leith	27

Under construction 2020		
London Road, 61-62 [land at]	Leith	198
Consent given 2020		
Stanley Place, 44	Leith	102
Abbey Lane, 2	Leith	277
London Road, 65	Leith	76
London Road, 151	Leith	377
Montrose Terrace, 11-23	Leith	141
Peffer Place, 2 (Site 90 Metres South Of)	East	164
Unimplemented consents		
London Road, 139	Leith	14
Awaiting determination 2020		
Baltic Street 1-5 And Constitution Street 7-27	Leith	558
Iona Street, 48-50	Leith	250

NB: Student accommodation as per annual report Dec 2017 and HLA 2021

Prior to 2022 we advised that the student population was largely static although increasingly concentrated in purpose-built accommodation; in fact, student numbers across the city had been rising by c2,000 per year since 2016 which explains pressure on some practices. We are assured by all 4 universities that this period of growth is now finished and further numbers will be consolidated.



EHSCP POPULATION / PREMISES PLAN

NORTH WEST EDINBURGH SUMMARY

July 2022

Key Understandings

The Edinburgh population has increased by 7,000 per year since 2009. This rate of growth is almost certain to continue. Several of the City's areas of major population development are in the NW sector.

Population increase has taken place at c2,000 additional people per year and this is set to continue with c15,000* more people by 2028

Substantive planned development at Granton Waterfront will require a further new practice - opportunity for a GP Practice / Healthcare Facility close to the new Primary School

An Intermediate scheme for Parkgrove practice was completed in 2020, in conjunction with lease renewal, to provide capacity for the planned housing development at Cammo

CTAC space was developed within Parkgrove practice in 2020 to support local practices (Davidson's Mains)

Approval has been secured to develop a new practice in collaboration with CEC in the new primary school to be built as part of the Maybury development. Further work will be required to support the population associated with other developments in the west of the city including the International Business Gateway. In the meantime, Ratho boundary (SW Locality) has been extended to cover these areas

The City Centre population continues to put pressure on West End, Stockbridge(s) and Eyre, despite not being directly associated with large scale additional housing developments (until significant development 22/23)

South Queensferry population continues to expand as previously highlighted

All practices with pressure on current premises have been encouraged to consider adjusting their boundaries to reflect their 'natural population'

The approval of East of Milburn Tower site (c.3,000) and the City Plan 2030 has allocated a number of sites in West Edinburgh (pop c. 20,000) Crosswind, 205, Edinburgh Gateway, Saica and Turnhouse Road – subject to planning examination – ***These have not been included in the housing figures below at this time***

Population (GP List Size as at 1st July)

	2018	2021	%	Additional population 2021-post 2028	Known developments of c1,000 people or more
Bridge	80,241	85,860	7	10,231	Granton Waterfront



Tower	81,098	82,599	1.85	12,105	South Queensferry, Maybury, Cammo, Crosswinds, South Gyle		
Locality	161,339	168,459	4.41	24,232 (948 City Center included)			
New build/New Premises (part of Lothian-wide Capital Prioritisation)							
					Capacity	Status	Date
West End Medical Practice + 1,000 (already absorbed)					+1,000	complete	2014
Pennywell All Care Centre – new branch practice + 5,000					5,000	complete	2018
Extension/reorganisation to enable growth							
		Extra capacity	Estimated £		Status		
Davidson's Mains		1,000	40.5k		Actioned 2014		
Parkgrove & E Craigs		500	18k		Actioned 2014		
Inverleith		500	7.7k		Actioned 2014		
Longhouse		500	8k		Actioned 2015		
Eyre		500-1,000	49.5		Actioned 2016		
Ladywell West		500	5.5k		Actioned 2016		
Bangholm		1,000	48k		Actioned 2017		
Stockbridge Green		1,000	39k		Actioned 2018		
Stockbridge Blue		500	15k		Actioned 2018		
Blackhall		1,000	15-20k		Actioned 2019		
			251.2k				
Intermediate scheme							
Sth Queensferry		3,000	300k		Actioned 2018		
Cramond		1,000	266k		Actioned 2020		
			566k				



Small Schemes	Project		Status
Bangholm	Cycle storage		Pending 2022
Bangholm	Digitalisation		Pending 2022
Davidsons Mains	Automatic Door		Pending 2022
Eyre Medical Practice	Ventilation (Windows)		Approved 2022
Muirhouse	Digitalisation – consulting rooms		Approved 2022
Ladywell East	Improve Accessibility		Approved 2022
Ladywell East	Maximising Space		Approved 2022
Murrayfield	Information Screens		Approved 2022
Murrayfield	Convert store room into office		Approved 2022
South Queensferry	External lighting		Pending 2022
South Queensferry	Waiting room upgrade		Pending 2022
LegUp			
Year	Practice	Extra population	Status
2014/15	E raigs/Parkgrove	500	Actioned
	Longhouse	As above	Actioned
	Inverleith	As above	Actioned
2015/16	South Queensferry	500	Actioned
	Muirhouse	New premises	Actioned
2016/17/18	Muirhouse	New premises	Actioned & ongoing
2021/2022	West End	500	Actioned
	Leith Surgery	500	Actioned
	Leith Mount	500	Actioned

North West Edinburgh - Planned Developments

The following tables represent the expected completions of housing developments, based on the City of Edinburgh Council Housing Land Audit (HLA) 2021. The HLA, which is updated annually, programmes expected completions over the audit period 2021-2023, and in the longer term. The audit includes housing sites that are under construction, sites with planning consent, sites in the Local Development Plan and constrained sites which have not been programmed yet. The audit is effectively a snapshot as at 1st April 2021, therefore sites which have received planning consent since that date may not appear until the 2022 HLA.

Population projections have been calculated by multiplying the planned number of units to be built by the average household size for Edinburgh, source National Records Scotland (NRS). The average household size projected of 2.1 has been used in these calculations, although it is expected to decrease over time. It is worth bearing in mind that if the planned developments include family housing, the population projections from the developments will be much higher; therefore, the figures below are only indicative.

The tables are presented in 3 groupings:

1. City Centre – boundaries of some NW practices extend to these areas
 2. Bridge Cluster
 3. Tower Cluster
- (The latter two only combined overleaf to give a **locality** total)



Site name / address	Dwellings			Delivery Programme					
	Total	Complete as at 4/21	Remaining as at 4/21	2021 -26		2026 – 28		Post 2028	
				Units	Pop.	Units	Pop.	Units	Pop.
LDP CC2: New Street	167	0	167	137	288	30	63	0	0
Frederick Street	5	0	5	5	10	0	0	0	0
George Street	6	0	6	6	13	0	0	0	0
Melville Street (New site 2021)	31	0	31	31	65	0	0	0	0
North Castle Street (New site 2021)	6	0	6	6	13	0	0	0	0
Princes Street	17	0	17	17	36	0	0	0	0
Randolph Crescent	23	0	23	23	48	0	0	0	0
St James Centre	150	0	150	150	315	0	0	0	0
West Coates Crescent	203	157	46	46	97	0	0	0	0
City Centre total	608	157	451	421	885	30	63	0	0



Housing Land Audit and Completions Programme 2021 North West Locality

Site Name /Address	Dwellings			Delivery Programme					
	Total	Com- plete By 4/21	Remain- ing as at 4/21	2021-2026		2026-2028		Post 2028	
				Units	Pop.	Units	Pop.	Units	Pop.
BRIDGE CLUSTER									
Western Harbour	978	0	978	190	399	200	420	588	1235
Salamander Place	505	0	505	404	848	101	212	0	0
West Shore Road	444	0	444	250	525	194	407	0	0
Upper Strand Phase 3	89	0	89	89	187	0	0	0	0
Waterfront WEL	1149	0	1149	50	105	150	315	949	1993
Granton Harbour	1043	132	911	557	1170	302	634	52	109
Bells Brae	11	0	11	11	23	0	0	0	0
Eyre Place / Terrace	77	0	77	77	162	0	0	0	0
Groathill Road South	9	0	9	9	19	0	0	0	0
Pennywell Road	521	24	497	417	876	80	168	0	0
Warriston Road	191	0	191	191	401	0	0	0	0
West Granton	11	0	11	11	23	0	0	0	0
BRIDGE CLUSTER TOTAL	5028	156	4872	2256	4738	1027	2156	1589	3337



TOWER CLUSTER									
Edinburgh Park / South Gyle	1737	0	1737	150	315	200	420	1387	2913
Maybury East	250	0	250	250	525	0	0	0	0
Maybury Central (New site in 2021)	205	0	205	205	430	0	0	0	0
Maybury Central	1400	0	1400	550	1155	600	1260	250	525
Maybury West	130	0	130	0	0	75	158	55	116
Cammo	655	0	655	581	1220	74	155	0	0
Buileyon Road	840	0	840	125	262	200	420	515	1082
South Scotstoun	339	11	328	328	689	0	0	0	0
Barnton Avenue West	22	0	22	0	0	22	46	0	0
Barnton Brae (New site in 2021)	11	0	11	11	23	0	0	0	0
Corstorphine Road (New site in 2021)	104	0	104	104	218	0	0	0	0
Pinkhill (New site in 2021)	46	0	46	46	97	0	0	0	0
St Johns Road	36	0	36	36	76	0	0	0	0
TOWER CLUSTER TOTAL	5775	11	5764	2386	5010	1171	2459	2207	4636
LOCALITY TOTAL*	11,411	324	11,087	5,063	10,633	2,228	4,678	3,796	7,973

CONSTRAINED SITES NORTH WEST	Units	Cluster
LDP EW 1A Western Harbour	1379	Bridge
LDP EW 2A West Shore Road	779	Bridge
LDP EW 2C: Granton Harbour	768	Bridge
LDP EW 2D: Waterfront - WEL – Nth Shore	988	Bridge
LDP HSG 4 West Newbridge	490	Tower
LDP HSG 7: Edinburgh Zoo	80	Tower
Ardshiel Avenue	6	Tower
Belford Road	52	Tower
Shandwick Place	11	Tower
Fords Road	9	Tower

**Locality totals include City Centre aligned to NW Practices*

There are potentially a number of other sources of land for development, including constrained sites, windfall and other development land coming forward . Some examples are noted below. These are **not** included in the population projections above.



CARE HOMES/RETIREMENT FLATS NORTH WEST				
Address	Bed-rooms	Proposal	Status	Cluster
Northcare Suites 100, Telford Road	76	Care home	Under construction Oct 2018	Bridge
Murrayside Care Home 118 Corstorphine Road	63	Care home	Operational Oct 2018	Tower
Cramond Residence Cramond Road North	74	Care home	Operational Sept 2018	Tower
Queens Manor Care Home, 565, Queensferry Road	60	Care home	Under construction Oct 2018	Tower
Manor Grange Care Home 31, Pinkhill	49	Care home	Extension – consented	Tower
13, Whitehouse Road	50	Care home	Consent- minded to grant	Tower

STUDENT ACCOMMODATION (applications between Jan – Oct 2018)	STUDENT BED SPACES	CLUSTER
Consent granted in 2017		
22 Haymarket Yards	104	Bridge
Under construction		
Muirhouse Avenue	72	Bridge



Completed 2020		
St Johns Road, 64	16	Tower

NB: Student accommodation as per annual report Dec 2017 and HLA 2021

Prior to 2022 we advised that the student population was largely static although increasingly concentrated in purpose-built accommodation; in fact, student numbers across the city had been rising by c2,000 per year since 2016 which explains pressure on some practices. We are assured by all 4 universities that this period of growth is now finished and further numbers will be consolidated.



EHSCP POPULATION/ PREMISES PLAN

SOUTH EAST EDINBURGH SUMMARY

July 2022

Key Understandings

The Edinburgh population has increased by 7,000 per year since 2009.

The SE population increased from 2018 with over 2,000 additional people per year.

Another 10,000 can be expected in the SE locality up to 2028

Dalkeith Road and Boroughloch Practices co-located in a new development in Salisbury Court in Summer 2022 with additional capacity already largely accounted for

A new practice is required in the Gilmerton area to provide for the planned developments. An Initial Agreement has been with Scottish Government since October 2020 awaiting consideration

An Initial Agreement has been approved to develop new premises in Liberton High School. Discussions are ongoing with Southern Medical Practice

University practice may require new premises subject to Edinburgh University re-development

Phase 3 Royal Edinburgh Hospital development offers potential site for Hermitage/Morningside re-provision

Both Grange & Meadows Medical Practices require new premises

Further population can be accommodated by some existing practices if small schemes feasible

Proposed plan for Astley Ainsley Site proposal for 500 new homes (timescale tbc)

Development of housing site at Bio Q circa 2500 new homes (timescale tbc)

Population (GP List Size as at 1st July)

	2018	2021	%	Additional population 2021-post 28	Known developments of c1,000 people or more



North	45,707	48,708	+6.56	388	
South	80,521	85,194	+5.80	4,994	Gilmerton/Drum/Broomhills/Burdiehouse/Bio Quarter
Locality	126,228	133,902	+6.08	4,382	
New build/New Premises development (part of Lothian-wide Capital Prioritisation)					
					<u>Completion</u>
Edinburgh Access Practice					Completed 2021
South East Outer Area new practice/re-provision					early 2020s
Re-provision schemes x 2 North Cluster					early/mid 2020s
Liberton Campus					June 2025
Royal Edinburgh Hospital					Proposal
Practice moves					
Southside to Conan Doyle					2017
Extension/reorganisation to enable growth					
		Extra capacity	Estimated £	Status	
Mackenzie		500	10k	Actioned 2014	
St Leonard's		500	8.7k	Actioned 2015	
Morningside		500-1,000	34k	Actioned 2017	
Southern		1,000	Tbc	Feasibility study 2018	
Intermediate scheme					
Liberton		2,000	320k	Actioned 2016	
Small Schemes		Project		Status	
Ferniehill		Creating Small Consulting Room		Completed 10/2019	
Meadows		Reorganise Reception back office		Completed 09/2019	



Southern	Create HCA room	Completed 06/2019	
Bruntsfield	Flooring Reception and Consulting Room	Pending 2022	
Southern	Remove Wall	Declined 01/2022	
Dalkeith Road	Digitalisation of Records	Approved 01/2022	
Boroughloch	Digitalisation of Records	Approved 01/2022	
Ferniehill	Disable Access Door	Approved 01/2022	
Morningside	LED Lighting	Declined 01/2022	
Morningside	UPVC Window Frames	Declined 01/2022	
Morningside	GPST Consulting Room	Approved 01/2022	
Hermitage	Window in Treatment Room	Approved 01/2022	
LegUp			
Year	Practice	Extra population	Status
2014/15	Gracemount	500	Actioned
	St Leonard's	As above	Actioned
2015/16	Mackenzie	As above	Actioned
	Morningside	As above	Actioned
2018/19	Liberton	As above	Actioned
2021/22	Gracemount	As above	Actioned



South East Edinburgh - Planned Developments

The following tables represent the expected completions of housing developments, based on the City of Edinburgh Council Housing Land Audit (HLA) 2020. The HLA, which is updated annually, programmes expected completions over the audit period 2020-26, and in the longer term. The audit includes housing sites that are under construction, sites with planning consent, sites in the Local Development Plan and constrained sites which have not been programmed yet. The audit is effectively a snapshot as at 1st April 2020, therefore sites which have received planning consent since that date may not appear until the 2021 HLA.

Population projections have been calculated by multiplying the planned number of units to be built by the average household size for Edinburgh, source National Records Scotland (NRS). The average household size of 2.1 has been used in these calculations, although it is expected to decrease over time. It is worth bearing in mind that if the planned developments include family housing, the population projections from the developments will be much higher; therefore, the figures below are only indicative.

The tables are presented in 3 groupings:

4. City Centre
5. South Cluster
6. North Cluster

(The latter two only combined overleaf to give a **locality** total)



Site name / address	Dwellings			Delivery Programme					
	Total	Complete as at 4/21	Remaining as at 4/21	2021 -26		2026-28		Post 2028	
				Units	Pop	Units	Pop	Units	Pop.
LDP CC2: New Street	167	0	167	137	288	30	63	0	0
Frederick Street	5	0	5	5	10	0	0	0	0
George Street	6	0	6	6	13	0	0	0	0
Melville Street (New site 2021)	31	0	32	31	65	0	0	0	0
North Castle Street (New site 2021)	6	0	6	6	13	0	0	0	0
Princes Street	17	0	17	17	36	0	0	0	0
Randolph Crescent	23	0	23	23	48	0	0	0	0
St James Centre	150	0	150	150	315	0	0	0	0
West Coates Crescent	203	157	46	46	97	0	0	0	0
City Centre total	608	157	451	451	885	30	63	0	0



Housing Land Audit and Completions Programme 2020 South East Locality

South Cluster

Site Name /Address	Dwellings			Delivery Programme					
	Total Dwellings	Complete by 04/21	Remaining as at 04/21	2021 - 26		2026-28		Post 2028	
				Units	Pop.	Units	Pop.	Units	Pop.
LDP HSG 21: Broomhills	671	4290	242	242	508	0	0	0	0
LDP HSG 24: Gilmerton Station Road	198	151	47	47	99	0	0	0	0
LDP HSG 24: Gilmerton Station Road	294	26	268	268	563	0	0	0	0
LDP HSG 24: Gilmerton Station Road	315	23	292	231	485	61	128	0	0
LDP HSG 25: Candlemaker's Park	149	67	82	82	172	0	0	0	0
LDP HSG 28: Ellens Glen Road	240	0	240	0	0	120	252	120	252
LDP HSG 39: Lasswade Road	260	150	110	110	231	0	0	0	0



LDP HSG 40: SE Wedge South - Edmonstone	695	0	695	105	220	120	252	471	989
Burdiehouse Road – new site in 2021	116	0	116	116	244	0	0	0	0
Dumbiedykes Road	11	0	11	11	23	0	0	0	0
Lasswade Road	335	67	268	268	563	0	0	0	0
Simon Square	6	0	6	6	13	0	0	0	0
South cluster total	3290	4774	2377	1486	3121	301	632	591	1241
North Cluster									
Braid Road	7	0	7	7	15	0	0	0	0
Canaan Lane	10	0	10	10	21	0	0	0	0
Falcon Road West: new site in 2021	11	0	11	11	23	0	0	0	0
Jeffrey Street: new site in 2021	31	0	31	0	0	31	65	0	0
Sciennes Road: new site in 2021	126	0	126	126	265	0	0	0	0
North cluster total	185	0	185	154	323	31	65	0	0
Locality total	3475	4774	2562	1640	3444	332	697	591	1241



There are potentially a number of other sources of land for development, including constrained sites, windfall and other development land coming forward . Some examples are noted below. These are not included in the population projections above.

CONSTRAINED SITES SOUTH EAST	Cluster	Units
Moredunvale Road	South	200
Shandwick Place	South	11

CARE HOMES/RETIREMENT FLATS SOUTH EAST (since 2016) NORTH CLUSTER			
Address	Bed-rooms	Proposal	Status
Morningside Manor Care Home, 35 Balcarres St	41	Care home /residential development with associated parking	Completed 2017

STUDENT ACCOMMODATION (applications between Jan-Oct 2018)	CLUSTER	STUDENT BED SPACES
Planning application submitted 2018		
Mayfield Road and Braefoot	South	158
Completed 2017		
Bernard Terrace	South	237
Buccleuch Place	South	237
Buccleuch Street	South	138
Causewayside	South	187



St Leonard's	South	579
Under construction 2018		
Gilmerton Road	South	100
Potterrow	South	52
Under construction 2020		
Calton Road, 63		83
Dundee Street, 160		216
Duncan Street, 20		24
Gilmore Place, 41-45 (St Josephs Nursing Home)		230
Murieston Crescent, 27-29		120
Consent Given 2020		
Lower Gilmore Place, 7		74
Calton Road, 32		9
Mayfield Road, 200		89
Mayfield Road, 224-234, 14-15 Braefoot Road		154
Unimplmented Consents 2020		
Haymarket Yards, 22		104
Lothian Road, 91		12
Sciennes Road (RHSC)		323
St Peter's Place (St Kentigern's Church)		8



St Peter's Place (St Kentigern's Church)		31
Awaiting Determination 2020		
Lasswade Road, 115 9Northfield House Hotel)		103
Not proceeding 2018		
Duncan Street – permission refused	South	25
Closed 2018		
James Craig walk (St James development)	?	106

NB: Student accommodation as per annual report Dec 2017 and HLA 2021

Prior to 2022 we advised that the student population was largely static although increasingly concentrated in purpose-built accommodation; in fact, student numbers across the city had been rising by c2,000 per year since 2016 which explains pressure on some practices. We are assured by all 4 universities that this period of growth is now finished and further numbers will be consolidated.

Other potential sites for future development in the locality include Liberton Hospital and the Astley Ainslie Hospital.



EHSCP POPULATION/ PREMISES PLAN

SOUTH WEST EDINBURGH SUMMARY

July 2022

Key Understandings

The Edinburgh population has increased by 7,000 per year since 2009. New housing developments have accounted for around half of this growth.

Wester Hailes is well placed to absorb population from local new housing if space /team capacity allows

Sighthill Health Centre able to absorb planned adjacent housing

CTAC established in Sighthill Health Centre in 2019

Fountainbridge masterplan will bring significant additional housing and student accommodation

Increased population planned for Pentlands area from local developments

Further population can be accommodated by some existing practices if small schemes feasible

Plans for 800 new homes in Colinton (Redford Barracks)

Plans for further housing development Gorgie Road / Stevenson

Population (GP List Size as at 1st July)

	2018	2021	%	Additional population 2021-post 28	Known developments of c1,000 people or more
Canal	71,894	72,933	1.4%	3,217	Fountainbridge
Pent-lands	61,670	61,572	-0.01%	757	
Locality	133,564	134,505	0.07%	3974	

New build/New Premises development *(part of Lothian-wide Capital Prioritisation)*

<u>Healthcare</u>	<u>Completion</u>
Allermuir Health Centre – Craiglockhart/Oxgangs/Firrhill +2000	2017
Ratho Surgery – + 3000	2018
<u>Practice Moves</u>	



Polworth to Tollcross Health Centre		2018	
City Plan 2030 Housing			
Gorgie Road / Stevenson (469/290)		2022 – 2030	
Murrayburn (384)		2022 - 2030	
Redford Barracks (800)		2022 – 2030	
Broomhouse (320)		2022 - 2030	
Extension/reorganisation to enable growth			
	Extra capacity	Estimated £	Status
Braids	1,000	49.6k	Actioned 2014
Polwarth	500	28.8k	Actioned 2014
Pentlands	500	11k	Actioned 2016/17
Springwell	500	18.2k	Actioned 2016
Slateford	500	6k	Actioned 2018
SHHC	List redistribution	6.6k	Actioned 2018
Total	3,000		
Small Scheme			
		Project	Status
Colinton		Additional workstation	Approved 2022
Slateford		Reutilisation of existing space	Pending 2022
Springwell		Fixture Upgrades	Pending 2022
LegUp			
Year	Practice	Extra population	Status
2014/15	Slateford	500	Actioned
2015/16	Braids	As above	Actioned



South West Edinburgh - Planned Developments

The following table represents the expected completions of housing developments, based on the City of Edinburgh Council Housing Land Audit (HLA) 2018. The HLA, which is updated annually, programmes expected completions over the audit period 2021-26, and in the longer term. The audit includes housing sites that are under construction, sites with planning consent, sites in the Local Development Plan and constrained sites which have not been programmed yet. The audit is effectively a snapshot as at 1st April 2021, therefore sites which have received planning consent since that date may not appear until the 2022 HLA.

Population projections have been calculated by multiplying the planned number of units to be built by the average household size for Edinburgh, source National Records Scotland (NRS). The average household size projected of 2.1 has been used in these calculations, although it is expected to decrease over time. It is worth bearing in mind that if the planned developments include family housing, the population projections from the developments will be much higher; therefore, the figures below are only indicative.

The tables are presented by cluster, with a locality total at the bottom.



Housing Land Audit and Completions Programme 2021 South West Locality

Site Name /Address	Dwellings			Delivery Programme					
	Total	Complete	Remaining	2021-26		2026-2028		Post 2028	
CANAL CLUSTER	Dwellings	by 04/21	as at 04/21	Units	Pop.	Units	Pop.	Units	Pop.
LDP CC3: Fountainbridge	125	0	125	125	262	0	0	0	0
LDP CC3: Fountainbridge	205	0	205	205	430	0	0	0	0
LDP CC3: Fountainbridge	140	0	140	140	294	0	0	0	0
LDP CC3: Fountainbridge	64	0	64	64	134	0	0	0	0
LDP CC3: Fountainbridge	113	0	113	113	237	0	0	0	0
LDP CC3: Fountainbridge	258	0	258	78	164	180	378	0	0
LDP CC3: Fountainbridge	234	0	234	100	210	100	210	34	71
Calder Road	184	64	120	120	252	0	0	0	0
Clovenstone Gardens: new site in 2021	69	0	69	69	145	0	0	0	0
Colinton Road: new site in 2021	24	0	24	24	50	0	0	0	0
Dumbryden Drive	49	0	49	49	103	0	0	0	0
Gorgie Road	48	0	48	48	101	0	0	0	0
Viewforth	104	20	84	84	176	0	0	0	0
CANAL CLUSTER TOTAL	1617	84	1533	1219	2558	280	588	34	71
PENTLANDS CLUSTER									
LDP HSG 37: Newmills Road	206	178	28	28	59	0	0	0	0



LDP HSG 38: Ravelrig Road	140	101	39	39	82	0	0	0	0
Craighouse Road	145	30	115	115	242	0	0	0	0
Hailes Avenue: new site in 2021	11	0	11	11	23	0	0	0	0
Lanark Road	66	0	66	66	139	0	0	0	0
Lanark Road West	9	0	9	9	19	0	0	0	0
Long Dalmahoy Road	7	0	7	7	15	0	0	0	0
Oxgangs Green	85	0	85	85	178	0	0	0	0
PENTLANDS CLUSTER TOTAL	669	309	360	360	757	0	0	0	0
LOCALITY TOTAL	2286	393	1893	1579	3315	280	588	34	71

There are potentially a number of other sources of land for development, including constrained sites, windfall and other development land coming forward. Some examples are noted below. These are not included in the population projections above.

CONSTRAINED SITES SOUTH WEST	Units
West Newbridge	490
Curriemuirend	188
Fords Road	9
Gorgie Road	11



CARE HOMES/RETIREMENT FLATS SOUTH WEST			
Address	Bedrooms	Proposal	Status
Northcare Manor, 17-31 Allan Park Crescent	72	Nursing home	Completed Feb 2018
14 Drumbryden Drive	60	Nursing home	Lapsed consent

STUDENT ACCOMMODATION	Cluster	Student bed spaces
Planning application submitted		
101, Unit 1 Gorgie Road		54
236, Gorgie Road		152
Completed 2017		
396 Gorgie Road		256
Under construction		
125a Fountainbridge		261
Consent granted		
160, Dundee Street		216
22, Haymarket Yards		104
Pentland House, Robb's Loan		337
555 Gorgie Road		26
Murieston Crescent		101
St Peter's Place		31
King's Stables/Lady Wynd		245



Awaiting determination		
35 Lanark Road		97
91 Lothian Road		12

NB: Student accommodation as per annual report Dec 2017.



Appendix III – GMS Model of Care Statement

GMS Model of Care

The previous model of care can be summarised as a doctor led model operating 8am to 6pm, five days per week. Populations differ in their intensity of interaction with GMS, just as they vary in their need for physical consultation. Previously a practice with an ‘average demand’ population could expect to provide 60 doctor and 25 nurse appointments per 1000 patients per week. This would require a consultation room per 1000 patients for physical planning purposes.

The influence of the pandemic on practice behaviour and patient demand is far from settled. Nevertheless, it seems reasonable to assume that where previously 90% of appointment requests would result in a face to face (F2F) interaction, with only 10% dealt with by telephone, this **may** evolve to a steady average 50/50. Again, different populations will react differently, broadly with younger and more affluent people using fewer F2F appointments.

For planning purposes practice construction should continue to use 1 consulting room per 1000 patients and add a **dedicated** telephone/video consulting room per 5000. These rooms can be situated on the first floor of a building which may be important for some practices. Approximately 60/70% of consulting rooms would be designed to allow **both** F2F and remote consulting, with 30/40% designed for **mainly** remote consulting. This allowance should be sufficient to facilitate the additional PCIP/New Contract staff who are practice embedded at a ratio of approximately 1wte per 3000 patients. The availability of consulting space is dependent on non-exclusive use of clinical rooms, and therefore on sufficient non clinical space for clinicians to operate effectively.

The underlying assumption is that where doctor appointments can be augmented by New Contract staff appointments, the new workforce will convert similar proportions of their workload to F2F.

The waiting room space allowance required should be able to be reduced to 2 chairs per consulting room. This assumption presumes that the requirement for ‘social distancing’ and a meter between patients waiting will not be required.

Practices are exploring whether sections of clinical work can be undertaken both remotely and from outside the medical practice. This is thought to be an important local flexibility but does not impact on the practice footprint nor internal design.

A small number of Practices are currently considering whether adjustments in opening hours might offer more intensive use of buildings. As has been shown with the practice extended hours contract, this works well for some populations but is less popular with others. Whilst it is too early to be definitive, inner-city and or student dominated practices with generally younger populations, may be well-suited to this adjustment. In this case, the practices could facilitate a larger population from the same building.

In the context of sustained population growth across Lothian, consideration must be given to extended use of any of the suitable buildings to prevent the requirement for additional physical buildings where intensive



Appendix IV – Student Population

	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25	25/26	26/27
Undergraduate											
QMU	3,309	3,222	3,270	3,258	3,354	3,273	3,300	3,300	3,300	3,300	3,300
Edinburgh	21,513	22,541	23,094	23,335	24,569	25,692	25,744	25,888	25,632	25,060	25,182
HW	6,400	6,550	6,600	6,900	6,700	6,640	6,640	7,225	7,715	8,165	8,540
Napier	11,024	10,851	10,797	10,528	10,476	10,713	10,600	10,600	10,600	10,600	10,600
Postgraduate Taught											
QMU	1,289	1,271	1,253	1,245	1,335	1,086	1,200	1,200	1,200	1,200	1,200
Edinburgh	5,143	5,493	6,024	6,856	7,017	7,590	7,658	7,927	8,325	8,492	8,701
HW	1,920	2,000	2,390	1,900	2,400	2,445	2,795	3,315	3,365	3,415	3,450
Napier	1,580	1,824	2,070	2,952	3,279	3,771	3,700	3,700	3,700	3,700	3,700
Postgraduate Research											
QMU	158	144	147	141	148	116	142	142	142	142	142
Edinburgh	3,263	3,291	3,430	3,495	3,399	3,550	3,599	3,562	3,452	3,457	3,445
HW	1,075	1,030	1,020	1,010	1,025	820	795	795	760	705	675
Napier	258	220	237	220	218	240	230	230	230	230	230
Total	56,932	58,437	60,332	61,840	63,920	65,936					
Summary											
QMU total	4,756	4,637	4,670	4,644	4,837	4,474	4,642	4,642	4,642	4,642	4,642
Edinburgh Total	29,919	31,325	32,548	33,686	34,985	36,832	37,000	37,377	37,409	37,009	37,328
HW Total	9,395	9,580	10,010	9,810	10,125	9,865	10,230	11,335	11,840	12,285	12,665
Napier Total	12,862	12,895	13,104	13,700	13,973	14,724	14,530	14,530	14,530	14,530	14,530
Total	56,932	58,437	60,332	61,840	63,920	65,895	66,402	67,884	68,421	68,466	69,165

QMU and Napier have advised that Roll Numbers will not increase 22 /23 - 26/27



Appendix V – City Housing Sites Linked to Proposed Developments (under development v.6/10/22)

City Plan Ref	Alt Ref	Site_name	Capacity Estimate	Pop. Generated	New P	Extension	increase practice size	Infrastructure Required	Funding source
H19	328	Broughton Road	262	550	Tram D				
H21	404	East London Street	41	86	Tram D				
H22	255	McDonald Road (B)	158	332	Tram D				
H23	144	McDonald Place	152	319	Tram D				
H52	142	Iona Street	80	160	Tram D				
H53	112	Albert Street	28	59	Tram D				
H54	12	St Clair Street	373	783	Tram D				
H42	161	Leith Walk /Halmyre Street	235	494	Tram D				
H24	336	Norton Park / Rossie Place	69	145	Meadowbank				
H25	115.2	London Road (B)	113	237	Meadowbank				
H26	335	Portobello Road	41	86	Meadowbank				
H27	350	Willowbrae Road	24	50			Baronscourt		
H35	393	Salamander Place	113	237	OT				
H36	157	North Fort Street	8	17	OT				
H37	136	Coburg Street	152	319	OT				
H38	386	Commercial Street	45	95	OT				
H39	158	Pitt Street	48	120	OT	Bangholm			
H40	382	Steads Place	193	405	OT	Victoria			
H41	384	Jane Street	448	940	OT	Victoria			
H43	7	West Bowling Green Street	83	174	OT	Victoria			
H44	8.2	Newhaven Road (B)	90	189	OT	Bangholm			
H45	8.3	Newhaven Road (C)	193	405	OT	Bangholm			
H46	10	Bangor Road (Swanfield Industrial Estate)	290	609	OT	Victoria			
H47	134	South Fort Street	414	869	OT	Victoria			
H48	329	Stewartfield	207	435	OT	Bangholm			
H49	385	Corunna Place	24	50	OT	Bangholm			



H50	9	Bonnington Road	56	118	OT	Bangholm			
H51	230	Broughton Road	23	48	OT	?			
H55	0	Seafield	800	1680		Restalrig	?		
H56	400	Sir Harry Lauder Road	104	218	Brunstane /Seafield		?		
H57	210	Joppa Road	8	16	Brunstane /Seafield		?		
H58	225	Eastfield	40	80	Brunstane /Seafield		?		
H87	75	Duddingston Park South	24	50	Brunstane /Seafield		?		
H5	348	Roseburn Street	152	320			?		
H7	99	Murieston Lane	69	145			?		
H16	128	Eyre Terrace	245	515	Stock-bridge				
H17	151	Eyre Place	69	145	Stock-bridge				
H18	226	Royston Terrace	28	59	Stock-bridge				
H20	399	Broughton Market	41	86					
H29	277	Silverlea	120	252	Granton				
H30	330	Ferry Road	14	29	Granton				
H31	302	Royal Victoria Hospital	360	756	Granton				
H32	95	Crewe Road South	320	672	Granton				
H33	106	Orchard Brae Avenue	55	116			?		
H34	107	Orchard Brae	124	260			?		
H59	0	Land at Turnhouse Road (SAICA)	1000	2100	S Gyle				
H60	0	Turnhouse Road	200	420	S Gyle				
H61	0	Crosswinds	2500	5250	S Gyle				
H62	0	Land adjacent to Edinburgh Gateway	250	525	S Gyle				
H63	0	Edinburgh 205	7000	14700	S Gyle				
H64	509	Land at Ferry-muir	88	185		S Queens			
H66	342	St John's Road (A)	14	29	S Gyle				
H67	391	St John's Road (B)	72	151	S Gyle				
H68	397	Kirk Loan	16	34	S Gyle				
H69	345	Corstorphine Road (A)	16	34	S Gyle				
H70	346	Corstorphine Road (B)	8	17	S Gyle				
H3	257	Chalmers Street (Eye Pavilion)	68	143	M / G				
H8	259	Astley Ainslie Hospital	500	1050	M / G				
H14	124	Ratcliffe Terrace	97	204	M / G				
H10	249	Watertoun Road	72	151					
H11	89	Watson Crescent Lane	8	17	M/H				
H13	94	Gillspie Crescent	166	349	M/H				
H15	126	St Leonard's Street (car park)	24	50			Salisbury		
H28	371	Cowans Close	55	116			Salisbury		
H86	0	Edinburgh Bioquarter	2500	5250	SE Outer				



H88	374	Moredun Park Loan	32	67	SE Outer			
H89	375	Moredun Park View	24	50	SE Outer			
H90	503	Morrisons at Gilmerton Road	32	67	Lib			
H91	289	Liberton Hospital	120	252	Lib			
H92	187	Gilmerton Dykes Street	24	50	SE Outer			
H93	188	Rae's Crescent	32	67				
H94	364	Old Dalkeith Road	24	50			Salisbury	
H95	353	Peffermill Road	16	34			Braefoot	
H1	91	Dundee Street	45	95			West E	
H2	100	Dundee Terrace	45	95			West E	
H4	356	Dalry Road	45	95			West E	
H6	349	Russell Road (Royal Mail)	69	145				
H12	88	Temple Park Crescent	28	59				
H65	320	Old Liston Road	104	218				
H71	58	Gorgie Park Close	110	231				
H72	363	West Gorgie Park	110	231				
H73	401	Gorgie Road (Caledonian Packaging)	138	290				
H74	191	Craiglockhart Avenue	24	50			Craiglockhart	
H75	379	Lanark Road (D)	80	168				
H76	368	Peatville Gardens	10	21				
H77	62	Gorgie Road (east)	469	985				
H78	61	Stevenson Road	290	609				
H79	34	Broomhouse Terrace	320	672				
H80	37	Murrayburn Road	384	806				
H81	38	Dumbryden Drive	124	260				
H83	280	Clovenstone House	97	204				
H84	238	Calder Estate (H)	28	59				
H85	367	Redford Barracks	800	1680			Craiglockhart	
			24814	52115				

Proportionate contributions, in accord with the Circular 3/2012, will be sought from development towards the cost of new infrastructure

The final edition of this report will indicate all City Plan 2030 Housing sites linked to proposed Primary Care New or Existing Practices grouped by new Contribution Zones.

Appendix V(b)– City Plan + HLA 21 Housing Site summary linked to localities


Copy of
CityPlan_New_Housing



Appendix VI – Developers Contributions Methodology

CEC Planning carry out an assessment of the impact of development proposals on Primary Care at the point of planning application submission. Despite the Scottish Government’s direction to not allow the Council to adopt its finalised guidance as ‘statutory supplementary guidance’ ([Finalised Supplementary Guidance on Developer Contributions and Infrastructure Delivery August 2018](#)) the Council’s planning service continues to use it as a material consideration in determining how to address the impact and level of contribution, using a series of healthcare contribution zones. Accordingly, since 2016 just over £1m has been received in contributions.

The Supplementary Guidance sets out a series of relevant actions that developers will be expected to make proportionate contributions towards to address the development’s impact on primary care. The actions vary from small schemes whereby a practice increases capacity through relatively minor adjustments of existing premises, to full re-provision or new build. This approach enables a flexible and proportionate response to the population increases arising from developments. The generic cost of actions is identified below. These costs are based on average construction costs and do not include land costs.

1.1 **Small Schemes** Cost range: £0.02m-£0.1m

Schemes to increase capacity by creating additional consulting space / reorganisation within existing practice premises. Cost range is based on the work carried out for comparable schemes in over 20 practices in the past 8 years

1.2 **Intermediate schemes** Cost range £0.1m – £1.0m

An intermediate scheme is a more substantial scheme for existing practice premises, where an extension is added or significant internal refurbishment is required to add sufficient increased capacity. Costs are based on completed schemes or schemes in development in the last 3 years.

1.3 **Refurbishment/redesign entire practice premises** (£1M - £2M)

This involves extensive redesign which may include augmentation of premises. May not be wholly attributable to new development pressures in which case only a % would apply for developers’ contributions e.g. If a practice of 8,000 increases capacity by a further 2,000 to accommodate growth from developments, then only the % relevant to the development would apply for contributions i.e. 20% in this example.

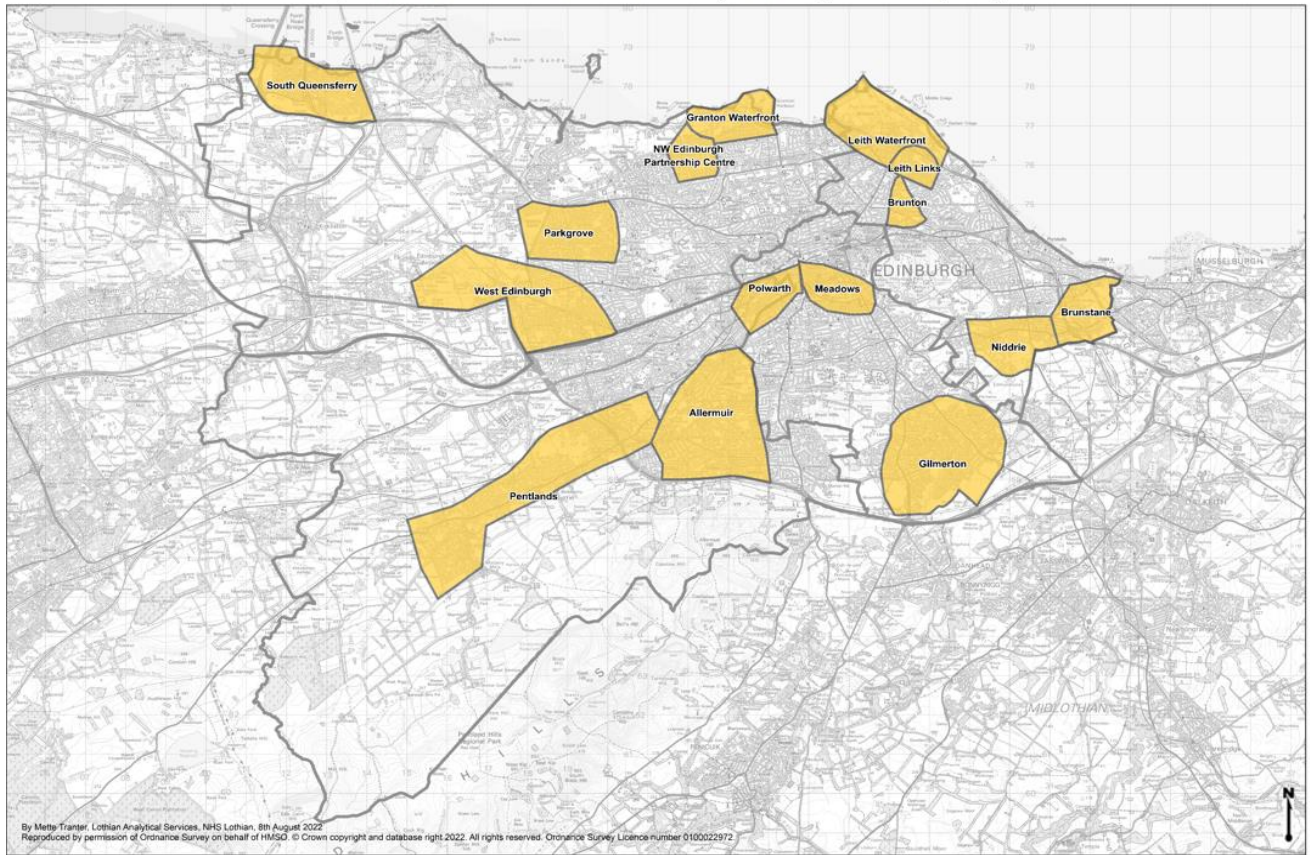
1.4 **New build** (Cost highly variable but in excess of £2M)

Likely to apply when an entirely new practice is required and where there is no general practice premises in the area, or that existing premises are unable to respond to the increased need. Indicative costs are based on Scottish Future Trust metrics.



Appendix VII – Existing Contribution Zones

Map of Health Care Contribution Zones, Edinburgh Council (2018)





REPORT

Bed Based Review: Public consultation on the future provision of older people's care

Edinburgh Integration Joint Board

13 December 2022

Executive Summary

The purpose of this report is to provide the Edinburgh Integration Joint Board with an overview to the development and implementation of the public consultation on the future provision of older people's care.

Recommendations

It is recommended that the Edinburgh Integration Joint Board:

- Consider and approve the draft proposal for the development and implementation of the public consultation on the future provision of older people's care and its associated documents.
- Consider and approve the cost for independent expertise and guidance from The Consultation Institute.

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 direction to City of Edinburgh Council & NHS Lothian	

Report Circulation

1. This report has not been circulated to any other groups or committees.



Main Report

Background

2. The bed base review (BBR) project presented the Bed Base Care – Phase 1 strategy to the Edinburgh Integration Joint Board (EIJB) at their meeting on 22nd June 2021. There were several recommendations within the strategy relating to the future provision of bed base services including a proposal to decommission the residential care provision in four older care homes across the city.
3. The EIJB requested that a full public consultation was completed before considering any proposals regarding the future of the four older care homes. Following this direction it has been agreed that the consultation will focus on the broad future provision of care and support for older people in Edinburgh.
4. This approach has been agreed as the EIJB would like to understand the views and opinions of a wide range of stakeholders on how care can be provided sustainably in the future, aligned to the strategic priorities, informed by our citizens and which recognises people's aspirations for care in later life.

Approach to consultation

Objectives

5. Although a lot of work has taken place to future proof our services within Edinburgh, the current model of care that the Partnership provides is unsustainable for the future. Population projections suggest that the over 75 age group will increase by approx. 29% in the next ten years. People are living longer at home which means that when they do need health and social care services, they are presenting with more complex care needs than previously seen. People are older and frailer than before, often with multi-morbidity and the current model of care is not designed to meet the needs of people presenting in this way.
6. We know that people live longer, more fulfilling lives in their own home and the Partnership must be able to support people to live at home for as long as they are able. For those who can no longer remain at home safely, the Partnership must provide bed-based care and support services alongside external partner providers.
7. The environment in which care is provided is extremely important. The Partnership must ensure that the estate accommodating care and support services is fit for purpose and meets all regulatory standards for the type of care provision offered.
8. The EIJB want to engage with a wide range of stakeholders to contribute to the development of the consultation on the future care provision for older people in Edinburgh.



9. The EIJB have **identified six priorities within their strategic plan** to shape our thinking and guide decision making. These priorities must be at the heart of everything we do and provide a useful guide when considering the key discussion points for the pre consultation engagement events. The priorities are:
1. Early intervention and prevention
 2. Tackling inequality
 3. Person-centred care
 4. Managing our resources effectively
 5. Making best use of capacity across the system
 6. Right care, right place, right time

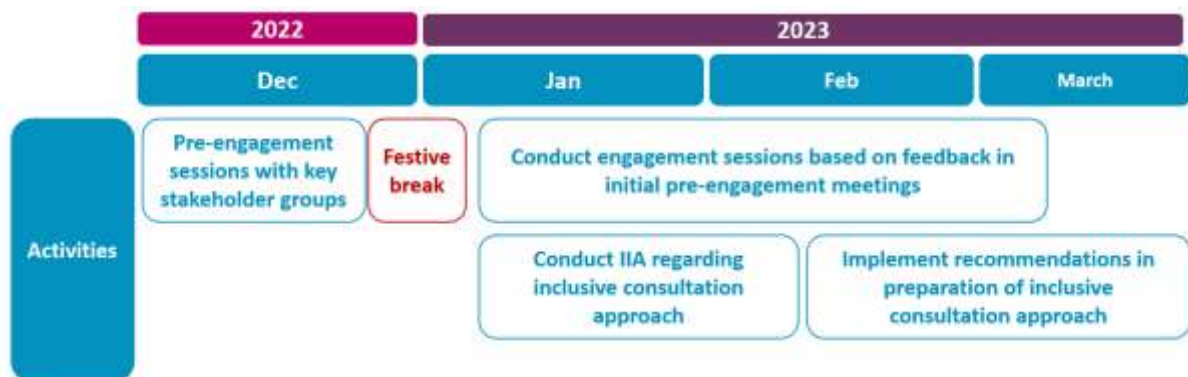
Structure of pre consultation engagement activities

10. The EIJB are committed to co-production and collaboration and therefore, the proposal is to engage widely on pre consultation engagement with a wide range of stakeholders to support the development of the consultation questions. This activity will be planned over a twelve-week period and will be delivered through a variety of engagement sessions to ensure maximum opportunity to participate. The communications plan included in [appendix 1](#) outlines the proposed engagement activities and the key stakeholder groups. A short briefing note has also been developed to for distribution to all stakeholders involved in the pre consultation engagement activities, this can be found in [appendix 2](#). More detail on the stakeholder groups can be found in [appendix 3](#).
11. The pre-consultation engagement activities will be used to inform the consultation questions. It is suggested that each group are asked to consider the following questions in advance of the sessions and come prepared to discuss these in more detail:
1. What is the current perception of older people's care provided by Edinburgh City Council?
 2. What is the current perception of older people's care provided by other providers in the private and third sectors?
 3. Has the pandemic influenced this perception – better / worse?
 4. If you needed care and support when you are older, how / where would you like this to be provided?
 5. What services would you like to be available to you when you are older?
 6. In what ways should we take account of the views of older people themselves and their families when planning care services?
 7. In what ways do you feel an ageing population is impacting on care provision for older people?
 8. Please comment on any direct experience you have of older peoples care and support in Edinburgh?
 9. Do you have any other views on the care and support available to the older population in Edinburgh – including any gaps in provision?

10. In what ways does community matter – is the location of services important?
12. From these sessions, we will draft the consultation questions using the dialogue from the sessions to structure the consultation.
13. Once all the engagement sessions have concluded and the consultation questions have been developed, we will publish the consultation through the City of Edinburgh Council’s Consultation Hub. The consultation will be live for twelve weeks during which time we will actively monitor responses. We will continue to promote participation throughout this time through a variety of different platforms and media channels.

Delivery of engagement activities

14. There will be pre-engagement meetings conducted with some of the key stakeholder groups to ascertain how we can effectively engage with staff groups and colleagues, considering everyone’s busy diaries and optimising existing meetings wherever possible. The objective is to complete these pre-engagement meetings before the festive break in 2022. Engagement sessions will be planned and scheduled in the new year. The pre-engagement meetings will be held with representatives from:
- Trade Unions
 - Acute Services
 - Care Homes
 - Carers – both statutory and third sector colleagues
 - EHSCP Operational and Strategic colleagues
15. The approach, format and dates of the pre consultation engagement sessions will be determined by conversations with colleagues in December 2022. An indicative high level plan is outlined below and subject to change based on the outcome of these initial discussions.





High level delivery plan of older people's care public consultation

Challenges

16. It is vital the people of Edinburgh who wish to participate in the consultation have any necessary support or resources available for them to share their views.
17. The commitment to inclusivity is demonstrated in the completion of an Integrated Impact Assessment (IIA) regarding how the consultation can be delivered inclusively.
18. Wider promotion for the public to engage in the consultation when live on the Consultation Hub is partly dependent on individuals across all sectors sharing the opportunity with their trusted networks.
19. The public perception of a fair and independent consultation to influence future decision making is a known challenge. The advice and involvement of The Consultation Institute would aim to provide a level of reassurance and independence to the public.

Post Consultation

20. Once the consultation has concluded we will consolidate responses and evaluate these. These will form the basis of a report on the information gathered during this time. This will be reviewed by the IJB and used to inform the next steps. Once the report is available this will be made public through the Consultation Hub.

Implications for Edinburgh Integration Joint Board

Financial

21. As the EIJB are consulting on the future provision of older people's care in their own right as an Integration Joint Board, the Partnership have enlisted the support of the Consultation Institute.
22. The Consultation Institute are a well established not for profit best practice institute, promoting high quality public and stakeholder consultation in the public, private and voluntary sectors. They offer a variety of support services for any person or body interested in public dialogue, engagement and participation.
23. The Consultation Institute have already reviewed the statutory and legal requirements of the consultation proposal and have provided advice on the duty to consult in the capacity of an Integration Joint Board.

24. The Consultation Institute offer continued support throughout the consultation activity and will provide an institute expert review on the pre consultation engagement activity to confirm that preparations for consultation are aligned to the Consultation Institute's expectations.
25. This results in the award of a Certificate of Consultation Readiness which provides assurance that the required standards have been met at each stage of the pre consultation planning.
26. Due to the high interest in the consultation activity and to be reassured that due diligence has been completed in the pre consultation engagement activity, the Partnership recommends enlisting the services of the Consultation Institute during the pre-consultation planning stage.
27. The proposal developed by the Consultation Institute to undertake this work can be found in [appendix 4](#), the indicative costs are £15,000 + VAT.
28. The Consultation Institute provide a unique service within the external market. We have therefore consulted colleagues in procurement should a waiver be required before entering a contract.

Risk implications

29. The consultation on the future provision of older people's care was requested by the EIJB in June 2021 to inform any strategic proposals on care delivery models of the future. It has been well documented and discussed widely and therefore, the risk of not consulting is severe:
 - The Edinburgh Health and Social Care Partnership (EHSCP) cannot offer the type of care people now require within the current infrastructure, the consultation will seek to understand how our citizens perceive the delivery of care and support when they are older
 - Much is said of shifting the balance of care into the community and enabling people to stay at home within their neighbourhoods for as long as they are able, but we need to understand what our citizen's think this means for them and their families
 - There are high levels of interest in the outcome of the Bed Based Review project and all citizens have an invested interest in how they will receive care both now and, in the future.
 - The outcome of this consultation will be used to inform any future strategic proposals relating to older people's care and support ensuring our citizen's opinions are considered during the development stages



Equality and Integrated impact assessment

30. To evidence our commitment to conducting a consultation with an inclusive approach, an IIA will be undertaken with a focus on how to conduct an inclusive consultation; considering growing inequalities in the city due to the cost of living crisis and ensure people within community interest groups, who are under-represented, or who would need additional support are encouraged and able to participate.
31. The recommendations from the IIA will be implemented in preparation of consultation planning and readiness during the New Year of 2023.

Sustainability impacts

32. Initial pre-engagement meetings will be carried out virtually over MS Teams
33. Engagement sessions will be informed by these pre-engagement meetings, but it is anticipated that these will be conducted through a mixture of virtual sessions and face to face meetings.
34. All discussions will be recorded electronically, and meeting notes will be circulated virtually after each session

Consultation

35. Formal consultation is not required for the consultation activity however, we will work closely with our partner organisations in positioning our strategy document and its outputs.

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board

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Appendices

Appendix 1	Proposed communications plan
Appendix 2	Briefing note
Appendix 3	Stakeholder groups
Appendix 4	Consultation Institute – Certificate of Readiness proposal



Appendix 1

EDINBURGH INTEGRATION JOINT BOARD – CONSULTATION BRIEFING NOTE

The Edinburgh Integration Joint Board are embarking on a public consultation on the future provision of care for older people in Edinburgh to gather views and opinions to inform any future proposals relating to care delivery models.

Background

The bed base review project presented the Bed Base Care strategy to the Edinburgh Integration Joint Board at their meeting on 22nd June 2021. There were a number of recommendations within the strategy relating to the future provision of bed base services including a proposal to decommission the residential care provision in four care homes across the city. The EIJB requested that a full public consultation was completed before any decision was reached on the four older care homes. Following this direction, a number of meetings have taken place with the Executive Management Team within the Partnership and the EIJB Chair and Vice Chair to define the focus of the consultation activity. From these meetings, it has been agreed that the consultation will focus on the future provision of care for older people in Edinburgh, broadening the scope beyond bed base services. This approach has been agreed as the EIJB are keen to understand the views and opinions of a wide range of stakeholders on how care can be provided sustainably in the future, aligned to the strategic priorities, informed by our citizens.

Objectives

Although a lot of work has taken place to future proof our services within Edinburgh, the current model of care that the EHSCP provides is unsustainable for the future. Population projections suggest that the over 75 age group will increase by approx. 29% in the next ten years. People are living longer at home which means that when they do need health and social care services, they are presenting with more complex care needs than previously seen. People are older and frailer than before, often with multi-morbidity and our current model of care is not designed to meet the needs of people presenting in this way.

We know that people live longer, more fulfilling lives in their own home and the Partnership must be able to support people to live at home for as long as they are able. For those who can no longer remain at home safely, the Partnership must provide bed based care and support alongside our external partners.

The environment in which care is provided is also extremely important. The Partnership must ensure that the estate used to provide care is fit for purpose and meets all regulatory standards for the type of care that is provided.

The EIJB want to ensure that everyone in the city can inform future service redesign by engaging a wide range of stakeholders to contribute to the development of the consultation on the future care provision for older people in Edinburgh.

The EIJB have identified six priorities within their strategic plan to shape our thinking and guide decision making. These priorities must be at the heart of everything we do and provide a useful guide when considering the key discussion points for the pre consultation engagement events. The priorities are:

7. Early intervention and prevention
8. Tackling inequality
9. Person-centred care
10. Managing our resources effectively
11. Making best use of capacity across the system
12. Right care, right place, right time

Structure of pre consultation engagement activities

The EIJB are committed to co-production and collaboration and therefore, we will be undertaking pre consultation engagement with a wide range of stakeholders to support the development of the consultation questions. This activity will be planned over a 12 week period and will be delivered through a variety of engagement sessions to ensure maximum opportunity to participate. The comms plan included in appendix 1 outlines the proposed engagement activities and the key stakeholder groups. More detail on the stakeholder groups can be found at appendix 2.

The engagement activities will be used to inform the consultation questions. It is suggested that each group are asked to consider the following questions in advance of the sessions and come prepared to discuss these in more detail:

1. What is the current perception of older people's care provided by Edinburgh City Council?
2. What is the current perception of older people's care provided by other providers in the private and third sectors?
3. Has the pandemic influenced this perception – better / worse?
4. If you needed care and support when you are older, how / where would you like this to be provided?
5. What services would you like to be available to you when you are older?
6. In what ways should we take account of the views of older people themselves and their families when planning care services?
7. In what ways do you feel an ageing population is impacting on care provision for older people?
8. Please comment on any direct experience you have of older peoples care and support in Edinburgh?
9. Do you have any other views on the care and support available to the older population in Edinburgh – including any gaps in provision?
10. In what ways does community matter – is the location of services important?

From these sessions, we will draft the consultation questions using the dialogue from the sessions to structure the consultation.

Once all the engagement sessions have concluded and the consultation questions have been developed, we will publish the consultation through the City of Edinburgh Council's Consultation Hub. The consultation will be live for 12 weeks during which time we will actively monitor

responses. We will continue to promote participation throughout this time through a variety of different platforms and channels.

Post Consultation

Once the consultation has concluded we will consolidate responses and evaluate these. These will form the basis of a report on the information gathered during this time. This will be reviewed by the IJB and used to inform the next steps. Once the report is available this will be made public through the Consultation Hub.



Communications plan

Bed base review - Consultation

Prepared by Hazel Stewart, Programme Manager

Background

Background to the Consultation

- The Edinburgh Integration Joint Board (EIJB) was presented with the Bed Based Care Strategy at its meeting held on 22nd June 2021. The strategy made a number of recommendations including decommissioning residential care provision provided at Clovenstone, Ford's Road, Jewel House and Ferrylee care homes in the City.
- The EIJB noted the Bed Based Care Strategy and recommendations were designed to meet the strategic intention of the IJB to deliver the right care, in the right place at the right time and noted that the four care homes recommended for decommissioning no longer met Care Inspectorate standards.
- The EIJB stated the consequences of a reduction in care home beds in the City needed to be connected to a commensurate reinvestment plan in alternative care provision
- The EIJB agreed to delay making a final decision on decommissioning the four older care homes until a full public consultation was completed with key stakeholders including the City of Edinburgh Council and Trade Union colleagues.
- The bed base review project team enlisted the Consultation Institute as an independent advisory body to support the planned consultation activity.
- Through meetings held with the Executive team and the IJB Chair and Vice Chair it was agreed that the focus of the consultation should be on "Future care provision for older people in Edinburgh"

Strategic drivers for change

- The Edinburgh Integration Joint Board's (EIJB) Innovation and Sustainability programme included the bed base review project which aims to identify the right bed configuration needed for Edinburgh both now and in the future to ensure services are sustainable and balanced
- The project aims to transform how bed-based services are delivered across the city and will identify how the Edinburgh Health and Social Care Partnership (EHSCP) can create a sustainable delivery model across all bed based services.
- The Edinburgh Health and Social Care Partnership (EHSCP) cannot offer the type of care people now require within the current infrastructure.
- The bed base review project has identified that there is an imbalance of beds within the city. More people are living at home for longer and therefore, have more complex care needs later in life. The EHSCP provides 24 hour bed based care to citizens within care homes across the city, these care homes offer residential care without any nursing provision or specialist dementia care offered.
- There is an increase in demand for nursing and dementia care in care homes which the Partnership does not offer at this time
- Traditional bed base services will not meet the needs of our future population and we need to understand how care can be delivered to meet the needs of our older population
- By shifting the balance of care into the community, more people are remaining at home for longer. Our services need to be able to meet people's care needs in community settings, the Partnership needs to understand what this looks like to ensure services are sustainable

Care homes

- Of the EHSCP care homes, four have surpassed their life design expectancy and do not meet modern day design standards for their function, nor do they support the best outcomes for residents
- The Partnership are implementing a new model of care within the three larger care homes within the estate to include registered nurses, enabling the shift from residential care to nursing and dementia care.
- The four older care homes within the estate cannot implement the new nursing model of care due to limitations in the environment

- Due to these limitations, the four older care homes need to be very selective about the residents they are able to accommodate and cannot accept people with complex care needs.
- Decommissioning these four care homes will have a system wide impact so changes cannot happen in isolation
- Residents who currently live in the older homes would need alternative onward accommodation and capacity is limited
- Staff would need redeployed if these care homes were to be decommissioned
- There are no replacement care homes identified at this stage

Recommended approach

As directed by the EIJB, a full public consultation on the future delivery of care for older people in Edinburgh is planned to inform any future proposals relating to care homes and bed base services

Key communications milestones		
Milestone	Date	Considerations
Staff engagement sessions (across bed base services, localities and home care and reablement)		Briefing paper to be circulated in advance including key points for consideration
Trade Union engagement sessions		Briefing paper to be circulated in advance including key points for consideration Review of previous TU feedback to ensure any points raised are covered in these sessions
EIJB Development sessions		Briefing paper to be circulated in advance including key points for consideration Review of previous correspondence from EIJB members to ensure any points raised are covered in these sessions
Existing residents/patients, families and relatives engagement sessions		Briefing paper to be circulated in advance including key points for consideration
3 rd sector engagement sessions		Briefing paper to be circulated in advance including key points for consideration
Carer groups engagement sessions (could form part of existing meeting structure)		Briefing paper to be circulated in advance including key points for consideration
Neighbourhood and community groups engagement sessions (town hall type events)		Briefing paper to be circulated in advance including key points for consideration
Wider public sessions (suggested to be held in locality offices)		Briefing paper to be circulated in advance including key points for consideration Potentially publish on web page for ease of access
Virtual teams sessions (drop in)		Briefing paper to be circulated in advance including key points for consideration

Audiences and audience-specific objectives	
Audience group	Audience-specific objective
EIJB members	To inform consultation questions on the future care provision for older people in Edinburgh
Colleagues	To understand that this exercise is about better outcomes for older people in Edinburgh To feel involved in the development of the consultation. To feel their skills and expertise are recognised and used to inform the development of the consultation. To support more people to stay cared for, healthy and safe.
Residents, patients, family members and relatives	To be assured that the programme is in line with our strategic objectives and focused on better outcomes for residents, families and colleagues. To provide assurance, information and opportunities to contribute To feel listened to
Other external stakeholders / interested parties	To have confidence about the programme and its impacts. To be assured that the programme is in line with our strategic objectives and focused on better outcomes for residents, families and colleagues. To provide assurance, information, and opportunities to contribute. To be part of shaping the consultation questions

Communications approach				
Audience group	Proposed communications channels	Responsible	Communications assets to be produced to support activity	Proposed frequency
EIJB	Development session	Programme team	Communications plan Briefing paper Engagement timeline Stakeholder map	Quarterly
	Board meeting updates	Programme team	Progress report Draft consultation document Key points from engagement sessions	Monthly
Colleagues	Colleague News	Communications team	Regular briefings in newsletter to update colleagues on consultation activities and planned engagement sessions	Fortnightly
	F2F engagement sessions	Programme team	Briefing note and key considerations	Weekly over 3 months
	Webpage updates	Comms team	Regular updates on progress – such as key dates/decisions / activity	Monthly
Residents/patients, family members and relatives	Formal meetings	Programme team	Briefing note and key considerations	As required
	Virtual meetings	Programme team	Briefing note and key considerations	As required
	Feedback mailbox	Programme team	Generic email for enquiries / feedback	As required

Other external stakeholders / interested parties	Formal meetings	Programme team	Briefing note and key considerations	As required
	Virtual meetings	Programme team	Briefing note and key considerations	As required
	Feedback mailbox	Programme team	Generic email for enquiries / feedback	As required
	Social media	Programme team	Links to events circulated on EHSCP social media sites	As required

Lines to take	
Key messages	<p>High level messaging / scene setting</p> <ul style="list-style-type: none"> • Our aim is to achieve a sustainable and trusted health and social care system for Edinburgh, keeping those living in the capital cared for, healthy and safe. • Our priority is always the health, safety and wellbeing of those we care for • We want to help as many people as possible to remain at home for as long as possible through our 'Home First' ethos • We are working closely with our partners and the voluntary and independent sectors to grow a culture of collaboration • Maximising resources available in our local communities. • There are six strategic priorities identified in the strategic plan which are there to shape our thinking and guide decision making. These are: <ul style="list-style-type: none"> ○ Prevention and early intervention ○ Tackling inequalities ○ Person centred care ○ Managing our resources effectively ○ Making best use of capacity across the system ○ Right care, right place, right time • The Edinburgh Health and Social Care Partnership are committed to improving outcomes for people, delivering high quality care in the right place, at the right time.

Activity timeline – to be developed following pre engagement sessions					
Month	Date	Activity / milestone	Channel	Content description (if required)	Status
December					
January					
February					
March					

Apr - Jun					

	Responsible	Accountable	Consulted	Informed
Stakeholder groups	Programme team	SRO	IC staff	IC patients
	I&S Board	EMT	IC Managers	IC patients families
	CEC	Prog SRO	HBCCC staff	HBCCC patients
	NHSL	EIJB	HBCCC Managers	HBCCC patients families
			CH staff	Media
			CH Managers	MSPs
			TUs inc Partnership	SG
			Elected members	
			CH residents	
			CH residents families	
			REAS staff	
			REAS Managers	
			MOE staff	
			MOE consultants	
			RVB staff	
			RVB managers	
			Acute site leads	
			Citizens	
			3rd Sector	
			Carer groups / reps	
		Localities		
		Neighbourhood community groups / residents		
		Councillors		



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**Consultation Institute Proposal
(Certificate of Consultation Readiness)**

Prepared for:

Hazel Steward - Programme Manager,
Innovation and Sustainability

Edinburgh **Health and
Social Care** Partnership



V1: Prepared by Karen Fourie

10 November 2022

About the Consultation Institute

The Consultation Institute is a not-for-profit, best practice membership organisation established in 2004. It is concerned with raising standards of consultation and engagement practices so that they might be effective and meaningful for all those involved.

The Institute has a wide remit and a broad definition of consultation which covers both formal and informal, deliberative and less dialogic methods (Our definition of consultation is as follows: The dynamic process of dialogue between individuals or groups, based upon a genuine exchange of views and, with the objective of influencing decisions, policies or programmes of action).

As well as our core team of ten people, we have access to around 30 Associates – experts in different fields of consultation and engagement within different sectors. Our members span the full range of profiles from academics to practitioners, communications professionals and those who design public dialogues. The Associates bring a wealth of experience and help us monitor what is happening ‘on the ground’.

An essential aspect of consultation is ensuring that stakeholders can make an informed view, that conflict and consensus are in equal measure and that dialogue is constructive, arguments are accurately recorded and synthesised. Over the years, we have developed our tools and methodologies to help Consultors achieve this. We have also strived to understand the dynamic of quality dialogues and how they relate to framing, incentives, equity, trust, usability etc.

Hence the Institute is a focal point for sharing good practice, experimentation and action. Our members are mostly public bodies or utility companies and come together as practitioners to share their knowledge. Consequently, we understand the relevant caselaw, administrative law and government standards that apply in public sector consultation.

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Introduction

The Consultation Institute (tCI) is delighted to provide an outline statement of intent detailing the manner in which we could support Edinburgh Integration Joint Board (EJIB) in their public consultation and engagement activity.

In the first instance, if you have any questions, please direct them to:

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Benefits of Engaging the Institute

The engagement and consultation process must be robust to stand up to scrutiny. It must also be lawful or risk challenge by judicial review. The Institute has extensive experience of what this means in practice (such as the need for a carefully crafted questionnaire) and will advise how your consultation activities align with best practice expectations, reducing the risk of costly errors and reputational damage.

The Institute will build on its experience of providing a support on many, similar consultations, ensuring that Edinburgh Integration Joint Board is adhering to the 'gunning principles' to minimise the risks of delivering an unlawful consultation. It will also ensure that the other duties are met, such as having due regard for equalities. A number of established methodologies will be deployed to steer the consultation to a successful conclusion.

The Institute's support has a number of incidental benefits too, such as: -

- Ensuring a meaningful consultation for consultees, with maximum reach, to support best practice standards.
- Providing the necessary reassurances to all stakeholders that the consultation was conducted with integrity. This is done by a written endorsement subject to successful completion of the scheme.
- Balancing the power between those conducting the consultation and the management team responsible for it.

Proposal

Following recent correspondence between Hazel Steward, Edinburgh Integration Joint Board and Karen Fourie, Consultation Institute (tCI), we understand the key requirement for support will focus initially on the Institute's Certificate of Consultation Readiness.

We recommend a certificate of consultation readiness for the pre-consultation activities. The review covers pre-consultative activities, preparation, planning and materials development, to ensure it meets best practice standard and reflects the changes in approach, particularly post-covid.

Typically, Institute clients use our review services in the following ways:

- To examine a proposal or plan for flaws that could lead to complications or challenges
- To provide feedback on the quality of a consultation document or impact assessment
- To add value to an engagement or consultation plan.

The requirements are structured into four key phases of activity:

- Pre-consultation
- Consultation scoping and governance
- Project planning
- Documentation.

In awarding the certificate, the Institute must be assured that Edinburgh Integration Joint Board has met the required standards at each stage. We will sign off each phase according to the quality standards expected by the Consultation Institute.

The Consultation Institute (tCI) Baystrait House, Station Road Biggleswade, Bedfordshire. SG18 8AL T +44 (0)1767 318350 E: info@consultationinstitute.org
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How it works

Certificate of Consultation Readiness is delivered using a team of experienced Institute Associates. An advisor will act as a 'critical friend' to request and review documents, discuss areas where evidence requires further work and support the development of suitable responses. The advisor will work with two independent peer reviewers from the Institute to provide the EJIB with the assurance that the proposed consultation meets the required standards for the Institute to be able to issue a Certificate of Consultation Readiness.

As with all professional services, the Institute reserves the right to withdraw its endorsement if, at any point, the review falls short of the agreed standards. In the unlikely event that we are not so persuaded, we would expect to use our best endeavours to reach an agreement, but if we fail, the Institute reserves the right to withdraw from the arrangement and negotiate equitable financial agreements.

The Consultation Institute does not provide formal legal advice. However, opponents of high-profile schemes are increasingly turning to the law to challenge elements of the process and we would strongly recommend that the programme consults its legal department before reports are finalised.

Delivery team

The proposed work will be delivered by a core team consisting some of the following tCI Associates: - **Nicholas Duffin** is an Institute Fellow. He is a highly experienced and expert consultation, engagement and stakeholder involvement practitioner. Nick's knowledge extends beyond process to a detailed appreciation of what might be lawful, based on the study of legislation and case law—he is regarded as an expert in mapping the correct 'process' on a case-by-case basis, helping clients formulate robust, safe and 'smart' involvement programmes. He has worked on projects for the Welsh Health Boards, Welsh Government and many NHS Bodies.

Kathy Graham is an Institute Senior Associate and a member of its Policy Council. She is highly experienced in stakeholder engagement, strategic development and public policy, working with the public, private, community and voluntary organisations. Kathy worked as Director of Policy at the Consumer Council. She has secured and delivered many highly influential research projects that have shaped the organisational strategy and public policy both within Northern Ireland and at the UK level. Kathy has experience of QA from a number of projects, most recently with York and North Yorkshire council in their pursuit of a devolution deal.

Paul Parsons is an Institute Fellow. Paul is highly experienced in providing operational and strategic support for consultation projects throughout the UK. Before joining the Institute, He was a senior manager for the North of England Commissioning Support Unit, leading formal public engagement on service transformation and reconfiguration programmes, ensuring that CCGs met their legal requirements in Consultation. Paul has also worked as Communications Manager at the RNID and as an Equalities Policy Advisor to the Welsh Government.

Brian Parry is an Institute Fellow and a member of the Institute's Policy Council. Former Head of Public Engagement at the Central Office of Information (COI), who has recently worked for the Institute delivering projects on best practice compliance for NHS Bedfordshire CCG, Suffolk Fire and Rescue, and Radioactive Waste Management. Brian is particularly experienced in stakeholder management, having worked with senior officials in several Central Government departments. He is also a specialist in ethical management practices, undertaking audits extensively outside the UK. He participates in the development of new methodologies for options development and appraisal.



Caroline Letta is an Institute Senior Associate and chair of the Associates' Council. Caroline is highly experienced in providing operational and strategic support for consultation projects throughout the UK. Caroline has worked for a range of NHS, local authorities and other clients nationally and internationally and she is an expert in healthcare policy in relation to significant service, communications, public engagement and public health behaviour change, service design and campaigns. Caroline draws upon her professional practice and significant experience to identify issues and problems in order to provide advice and guidance for practical solutions.

Fees

Based on our understanding of the project, the fee is £15,000 + VAT.

General Terms

- All quoted prices are valid for 90 days from the date of this proposal. After this time, please contact Karen Fourie to check if they need refreshing.
- All prices exclude VAT and any reasonably incurred expenses unless otherwise specified.
- Payment terms are 100% upon signature of this agreement.
- tCI undertakes that it shall not during the term of this agreement or at any time thereafter use, divulge or communicate to any person, except its professional representatives or advisers or as may be required by law or any legal or regulatory authority, any confidential information.
- It is envisaged that the client will have fully utilised any resources under this agreement within six months of the signature date.
- The Institute Account Senior Manager (Karen Fourie) will convene a monthly meeting with the client to ensure that the project is on track in line with the agreed timescale.
- The client shall be responsible for any additional costs reasonably incurred by tCI arising from client delays, documentation provision issues, failure to comply with reasonable requests in good time or unexpected changes in scope. Where possible, these will be assessed at the mid-point review meeting.

Procurement: East of England Framework

All public bodies in the United Kingdom are entitled to use the East of England NHS Collaborative Procurement Framework to purchase from the Consultation Institute without running their procurement process. If you wish to use this method, please call Sandra Atik on 07983 339079 or email Sandra.atik@eoecph.nhs.uk to obtain an access code.



Acceptance

To confirm agreement to this proposal please sign here:

Signature:	
Print name:	
Date:	
On behalf of:	

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REPORT

Finance update

Edinburgh Integration Joint Board

13 December 2022

Executive Summary	The report provides the Integration Joint Board with an update on the financial performance of delegated services for the first 6 months of the year. It provided the committee with moderate assurance of a break even position for 2022/23.
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Recommendations	It is recommended that the board notes the: <ul style="list-style-type: none"> a) financial position for delegated services to 30th September 2022; b) moderate assurance provided by the Chief Finance Officer.
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Directions

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

Report Circulation

1. The 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 30th November 2022.

Main Report

Background

2. 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.
3. 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.

Overview of financial position

4. 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.

5. The information in this report is based on the period 6 (September 2022) monitoring reports from the Council and NHS Lothian. This shows a small projected year end underspend of £0.25m as per table 1 below. Whilst this is an improvement from the position reported to the committee in September, it should be emphasised that the underlying issues, namely the budget deficit and ongoing pressure on set aside budgets, have not changed. These are offset by vacancies across some key Council and NHS services and slippage on investment funding to get to a break even position for the year. 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 September 2022			Year end forecast £k
		Budget £k	Actual £k	Variance £k	
NHS services					
Core	296,248	86,395	84,382	2,013	3,811
Hosted	93,136	45,327	45,762	(434)	1,326
Set aside	101,729	48,872	50,123	(1,251)	(4,887)
Sub total NHS services	491,113	180,594	180,267	328	250
CEC services	288,201	144,100	144,100	0	0
Total	779,314	324,695	324,367	328	250

Table 1: financial position for delegated services to September 2022

NHS Lothian

6. Delegated health services are reporting a small underspend of £0.3m for the 6 months to September 2022, or £0.2m 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 (£1.4m), district nursing (£1.4m), mental health (£1.1m), therapies (£0.8m 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;
- *Prescribing (£2.8m over)* – prescribing costs have been particularly volatile this year. This is evidenced in the latest actual information which highlights issues with both price and volumes trends, impacting the

forecast position. Short supply is currently having a significant impact on price per item (17p per item increase on the previous month) as well as significant volume growth in the month (9% higher than last year). Both these elements are being closely monitored but it is difficult to predict if they will continue longer term at this time;

- *Hosted services (£1.3m under by year end)* – the increased issue of community equipment continues to be a material pressure. Offsetting this pressure are underspends across a number of services impacted by staff vacancies (see above); and
- *Set aside services (£4.9m 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

7. Following a detailed review, Council delegated services are now reporting a break even position for the year. This is summarised in table 2 below:

	£k
Externally purchased services (<i>budget gap</i>)	(10,881)
Internally delivered services	6,545
Income	(153)
Sub total operational position	(4,490)
<i>Summary of Covid impact</i>	
Service costs	(1,480)
Sustainability payments	(5,801)
Loss of income	(565)
Sub total	(7,846)
<i>Interim care and additional capacity</i>	602
Council delegated services total	(11,733)
<i>Offset by</i>	
LMP funding	10,686
Slippage	1,048
Funding total	11,733
Projected outturn	0

Table 2: drivers of Council delegated services to September 2022

8. As demonstrated in table 2, there are 3 components to the operation position (ie before considering the impact of covid and system pressures). Taking these factors together gives an underlying in year overspend of £4.5m, and they can be described as follows:
- *External services (net projected overspend of £10.9m)* – also referred to as ‘purchasing’. This is effectively the £10.8m budgetary gap which is reported against this heading as it has arisen from the IJB's decisions to invest to support increased capacity and the unfunded impact of demography. Whilst the overspend is currently limited to the budget shortfall, it should be noted that there will be a financial impact of recent increases in capacity. Indications are that this will be manageable within the overall budgetary envelope and this will be monitored closely; and
 - *Internal services (forecast net underspend of £6.5m)* - can mainly be attributed to employee costs across the services, but mostly in

homecare, residential and day care services. This is despite the ongoing efforts to recruit and reflects the position nationally.

9. The costs associated with the pandemic are discussed in more detail below. Assuming these are fully funded via the LMP process would leave a residual in year gap of £1.0m. Working with service leads, the finance team carried out a review of planned investments (from a combination of the non recurring winter funding received in 2021/22 and funds received via the Scottish Government's (SG) budget for 2022/23). This focussed on the likely timing of implementation and this exercise identified that the recruitment challenges previously highlighted to the board mean there is a degree of slippage in the associated funding. It has therefore been assumed that this will offset the residual gap in the budget for the year.

Financial impact of Covid-19

10. 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 funding currently sitting in IJBs' reserves.
11. Further, the SG has now indicated that they will be recover from integration authorities any of this funding which is not required to offset in year Covid costs. Although the mechanism for doing this has not yet been finalised, the indications are that any reclaim will be based on the LMP return submitted at the end of October 2022. This included costs across both health and Council services of £39m, with £26m of this relating to the estimated cost of implementing the interim report from the Edinburgh Assistance Programme. This is the subject of ongoing discussion between the Chief Officer, Chief Finance Officer and the SG's Director of Health Finance and Governance. A verbal update will be provided at the meeting.

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 September 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. Taking these into account the Chief Finance Officer is in a position to give moderate assurance of a balanced position for the year. This will clearly be closely monitored as the year end approaches.

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.

Report Author

Judith Proctor
Chief Officer, Edinburgh Integration Joint Board

Contact for further information:

Moira Pringle, Chief Finance Officer
Email: moira.pringle@nhslothian.scot.nhs.uk

Appendices

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

FINANCIAL POSITION FOR NHS DELEGATED SERVICES TO SEPTEMBER 2022

	Annual Budget £k	To September 2022				Year end forecast £k
		Budget £k	Actual £k	Variance £k	%	
Core services						
Community hospitals	13,713	6,784	5,997	787	6%	1,401
District nursing	13,969	6,847	6,106	741	5%	1,386
Geriatric medicine	3,109	1,464	1,464	(0)	0%	1
GMS	88,691	45,390	45,843	(452)	-1%	(1,192)
Learning disabilities	1,259	632	576	56	4%	106
Mental health	9,300	4,593	3,790	803	9%	1,579
PC Services	10,491	5,799	5,781	18	0%	1,944
Prescribing	81,237	40,045	40,358	(314)	0%	(2,847)
Resource transfer and reserves	55,985	(34,712)	(34,871)	158	0%	839
Substance misuse	4,147	2,063	1,934	129	3%	393
Therapy services	13,466	6,880	6,741	139	1%	348
Other	880	612	663	(52)	-6%	(145)
Sub total core	296,248	86,395	84,382	2,013	1%	3,811
Hosted services						
Community Equipment	1,862	931	1,560	(629)	-34%	(1,280)
Hospices & Palliative Care	2,610	1,305	1,312	(7)	0%	(13)
Learning Disabilities	7,783	3,442	3,309	133	2%	373
LUCS	6,949	3,383	3,543	(160)	-2%	(114)
Mental Health	31,694	15,003	15,637	(634)	-2%	(439)
Oral Health Services	7,066	3,362	3,139	223	3%	518
Pharmacy	2,608	2,246	2,246	(0)	0%	391
Primary Care Services	2,894	1,459	1,463	(4)	0%	(117)
Psychology Services	5,933	2,728	2,535	193	3%	73
Public Health	1,104	391	378	12	1%	26
Rehabilitation Medicine	5,093	2,426	2,072	354	7%	725
Sexual Health	4,063	2,022	2,078	(56)	-1%	(128)
Substance Misuse	2,653	1,316	1,207	109	4%	220
Therapy Services	8,971	4,391	4,131	261	3%	446
UNPAC	3,746	1,332	1,299	33	1%	428
Other	(1,892)	(410)	(146)	(263)	14%	218
Sub total hosted	93,136	45,327	45,762	(434)	0%	1,326
Set aside services						
Acute management	3,532	1,746	1,748	(2)	0%	(712)
Cardiology	4,111	2,074	1,995	80	2%	71
Diabetes & endocrinology	2,528	1,196	1,311	(115)	-5%	(498)
ED & minor injuries	10,798	5,285	5,775	(489)	-5%	(502)
Gastroenterology	7,874	3,858	5,009	(1,150)	-15%	(1,965)
General medicine	27,316	13,590	14,342	(752)	-3%	(1,123)
Geriatric medicine	18,286	9,108	9,419	(311)	-2%	(515)
Infectious disease	3,056	(931)	(1,107)	176	6%	223
Junior medical	2,883	1,485	1,583	(98)	-3%	(183)
Other	730	374	324	50	7%	21
Rehabilitation medicine	1,740	866	900	(35)	-2%	70
Respiratory medicine	6,807	3,556	3,587	(31)	0%	297
Therapy services	10,589	5,188	5,237	(49)	0%	(71)
Covid funding	1,477	1,477	0	1,477	100%	0
Sub total set aside	101,729	48,872	50,123	(1,251)	-1%	(4,887)
Net position	491,113	180,594	180,267	328	0%	250

FINANCIAL POSITION FOR COUNCIL DELEGATED SERVICES TO SEPTEMBER 2022

	Annual Budget £k	To September 2022				Year end forecast £k
		Budget £k	Actual £k	Variance £k	%	
External						
Care and support	64,802	32,401	34,575	(2,174)	-7%	(4,347)
Care at home	37,507	18,754	19,234	(480)	-3%	(960)
Day services	13,676	6,838	6,352	486	7%	973
Direct payments/individual service funds	46,646	23,323	25,258	(1,935)	-8%	(3,870)
Other/generic/universal services	16,101	8,051	8,011	40	0%	79
Residential services	80,445	40,223	41,320	(1,097)	-3%	(2,194)
Transport services	1,316	658	939	(281)	-43%	(562)
Total external services	260,495	130,247	135,688	(5,441)	-2%	(10,881)
Internal						
Assessment and care management	16,266	8,133	7,634	499	6%	999
Care and support	7,801	3,900	3,903	(3)	0%	(6)
Care at home	27,279	13,639	11,955	1,684	12%	3,368
Day services	10,888	5,444	5,189	254	5%	509
Equipment services	10,406	5,203	5,199	4	0%	7
Management	2,567	1,284	1,302	(18)	-1%	(37)
Other operating costs	3,493	1,747	1,836	(89)	-5%	(179)
Other services	6,885	3,443	3,190	252	7%	505
Residential services	25,886	12,943	12,085	858	7%	1,716
Strategy/contract/support services	4,826	2,413	2,618	(205)	-8%	(409)
Therapy services	3,873	1,936	1,875	61	3%	123
Pension costs	439	220	220	0	0%	0
Digital transformation	1,720	860	877	(17)	-2%	(35)
Analogue to digital	21	11	19	(8)	-75%	(16)
Total internal services	122,350	61,175	57,903	3,272	3%	6,545
Total service wide COVID costs						
General COVID costs	0	0	3,923	(3,923)	N/A	(7,846)
Interim care costs	2,965	1,483	2,902	(1,420)	-96%	(2,840)
Additional capacity costs	7,582	3,791	2,070	1,721	45%	3,442
Total service wide COVID costs	10,547	5,274	8,895	(3,622)	-34%	(7,244)
Total costs	393,392	196,696	202,486	(5,790)	-1%	(11,580)
Income and funding						
Government grants	904	452	452	0	0%	0
Funding and cost recovery	83,480	41,740	41,663	(77)	0%	(153)
Customer and client receipts	19,618	9,809	9,809	0	0%	0
COVID LMP funding	0	0	5,343	5,343	N/A	10,686
Offsetting slippage	1,189	595	1,118	524	88%	1,048
Total income and funding	105,191	52,596	58,386	5,790	6%	11,580
Net position	288,201	144,100	144,100	0	0%	0

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. Services provided to clients in buildings owned by the Council or a third party.
DIRECT PAYMENTS	Option 1 of self directed support where the client has chosen to be responsible for organising their care.
GMS	General medical services – largely the costs of reimbursing GPs who, in the main, are independent contractors carrying out work on behalf of the NHS as opposed to being employees.
HOSTED SERVICES	Services which are operationally managed on a pan Lothian basis either through one of the 4 Health and Social Care Partnerships or Royal Edinburgh and Associated Services (REAS).
INDIVIDUAL SERVICE FUNDS (ISF)	Option 2 of self directed support where the client has chosen for a 3rd party (not the Council) to organise their care.
LUCS	Lothian Unscheduled Care Service – provides out of hours GP services
RESIDENTIAL SERVICES	Services provided to clients in care homes.
SET ASIDE SERVICES	Acute hospital based services managed on a pan Lothian basis by NHS Lothian
THERAPY SERVICES	Mainly occupational therapy teams.

PROGRESS WITH 2022/23 SAVINGS AND RECOVERY PROGRAMME

3.1 Progress RAG Scoring Guidance

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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

Note: Used across both the Savings Programme and Transformation Programme

PROGRESS WITH 2022/23 SAVINGS AND RECOVERY PROGRAMME

3.2 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

PROGRESS WITH 2022/23 SAVINGS AND RECOVERY PROGRAMME

3.3 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 SEP 22	Savings RAG** as of End AUG 22	Progress update as of end September 2022
1	Review Rehabilitation Services	£140,000	6	4	Full savings have been identified - £63k based on savings following the analysis of the staffing establishment which has been identified historical vacancies that have not been filled. Remaining £77k of savings identified, but further work required to ensure appropriate processes are followed prior to implementation of changes. New Hospital and Hosted Service Manager is prioritising this work and it will continue to be monitored regularly throughout Q3.
2	Sexual Health Service Review	£110,000	5	10	The Sexual Health Services review identified a number of potential options to deliver savings as part of the 2022-23 Savings and Recovery Programme, however all were likely to have a material impact on service delivery. Nevertheless, financial balance is likely to be achieved through underspend in year. The project has been closed under CR03.
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	6	7	Project is on track despite discrepancy between project in year target (£39k) and savings target in FP (£75). Based on discussion with PM and providers, it is 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 recurring saving remains high. Continue to monitor progress through Q3

PROGRESS WITH 2022/23 SAVINGS AND RECOVERY PROGRAMME

Project Number	Project Name	Target Saving as documented in Appendix 4 of the 22 nd MAR 22 EIJB report	Progress RAG* as of End SEP 22	Savings RAG** as of End AUG 22	Progress update as of end September 2022
5	The Works	£30,000	10	10	<p>Full savings have 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>
6	Hosted Service & Set aside	£570,000	8	6	All projects are on track and delivering beyond plan. £374k of £570k (66%) delivered, at month 5 (of 12). Continue to monitor progress through Q3.
7	Prescribing 21-11	£2,060,000	5	5	The Lothian-wide Prescribing Action Plan was presented and approved at the February 2022 Prescribing Forum. A template and methodology for reporting has been developed and agreed and delivery will be overseen by Prescribing Forum monthly. Reports to the SGB notes that the projects are now all on track with £1,022,072 /£2,020,000 (50%) of savings delivered at month 5 (of 12). Continue to monitor progress through Q3
8	Purchasing	£400,000	6	4	<p>Both elements of project overall on track.</p> <p><i>Gross Funding</i> - Senior Transactions Officer (Gross Funding) in post Oct 22. 3rd party agency commenced work on reviewing and recovering existing gross funding debts. CEC Debt Recovery Procedure was reviewed and IIA due to be completed.</p> <p><i>Direct Payments</i> – audit of All Pay high balance and ‘non-use’ accounts ongoing.</p> <p>Recruitment – Business Case for Project Manager and Senior Information Analyst awaiting senior management approval.</p> <p>Overall £190k/£400k or 47.5% of saving delivered. Project will continue to be monitored through Q3.</p>
9	Medical Day Hospitals	£200,000	10	10	An Integrated Community Model is progressing to deliver a consistent model across the City. This will include the delivery of services via 2 hubs and supporting community infrastructure. Through this work £200k of savings have been agreed. Close report CLR-02 submitted and approved at SGB on 11 October 22.

PROGRESS WITH 2022/23 SAVINGS AND RECOVERY PROGRAMME

Project Number	Project Name	Target Saving as documented in Appendix 4 of the 22 nd MAR 22 EIJB report	Progress RAG* as of End SEP 22	Savings RAG** as of End AUG 22	Progress update as of end September 2022
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 Q3.</p>

REPORT

Edinburgh Integration Joint Board Risk Register

Edinburgh Integration Joint Board

13 December 2022

Executive Summary

The purpose of this report is to present the latest iteration of the Edinburgh Integration Joint Board (EIJB) risk register and EIJB Risk management policy for endorsement.

Recommendations

It is recommended that the Edinburgh Integration Joint Board:

- a. Notes that the risk cards were discussed and reviewed by the Executive Management Team in November 2022 and the Audit and Assurance Committee on 5 December 2022.
- b. Consider, discuss and agree the risk cards.
- c. Notes that the EIJB risk management policy was endorsed by the Audit and Assurance Committee on 20 September 2022 and presented to EIJB for endorsement.

Directions

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

Main Report

Background

1. As a key part of its governance process, the risk register documents the risks that impact the Edinburgh Integration Joint Board's (EIJB) ability to deliver its objectives. Members of the EIJB Audit and Assurance Committee (AAC) are responsible for the oversight of risk management arrangements; this includes receipt, review, and scrutiny of reports on strategic risks and escalation of any issues that require to be brought to the attention of the EIJB. The AAC Committee reviews the EIJB risk register on a quarterly basis and refers it to the EIJB twice yearly (in June & December).

Risk update

2. As per the review process, the Operations Manager has met with all Executive Leads and the risk cards (Appendix 3) have been updated to reflect the current position and the controls have been refined. The risk cards were presented to the Executive Team on 10 November 2022 and were presented to AAC on 5 December 2022 for endorsement.
3. The risk cards at appendix 3 were presented to AAC on the 5 December and there was considerable discussion about the content contained with the risk cards. Committee members felt that the risk rating required to be reviewed and further work needed to be undertaken to address those risks that were outwith risk appetite / scored as very high risks with clear actions to bring within risk appetite. It was agreed that there would be a development session with committee members in January / February 2023 to resolve the points highlighted at AAC.



4. The following improvements have been made to the risk cards since they were last presented to the EIJB in 2021 and endorsed by AAC:
- The EIJB risks have been reworded to make the risks clearer.
 - The inclusion of a RAG status (Appendix 1) to show progress towards the EIJB target risk rating with the following criteria:
 - i. Red - there are delays to additional actions and these need to be achieved for the risk to achieve its target rating and these are detailed under additional actions that require to be completed.
 - ii. Amber – where additional actions are in progress, however they have not been achieved yet.
 - iii. Green - the target risk rating has been achieved
 - An exercise has been taken to understand the level of assurance available for each of the controls. Three levels of assurance have identified (and included at appendix 2 and contained within the risk cards):
 - i. Level 1 (Operational) - The lowest level of assurance and relates to local assurances provided by operational management, self-assessment.
 - ii. Level 2 (Executive) - Moderate level of assurance and relates to assurances provided by executive management/ Board, independent assessment (internal) e.g., clinical audit.
 - iii. Level 3 (External)- The strongest level of assurance and relates to e.g., external Reviews, external audit, external inspections etc.

EIJB Risk Management Policy

5. Alongside the revised risk cards, also included within this report is the EIJB risk management policy (Appendix 4) which was agreed by AAC on 20 September and formalises the approach to risk management for the EIJB and includes details on roles and responsibilities and a section on risk appetite which concludes the work undertaken with the Good Governance Institute (GGI). This policy also addresses two of the management actions relating to the EIJB risk management internal audit which was presented to Audit and Assurance Committee in August 2022.

Next steps

6. It is proposed that there will be a workshop with the EIJB on its risk management approach in January / February 2023. The Chief Finance Officer and Operations Manager will continue to embed risk management policy across the EIJB and look to further refine and develop the risk cards.



Implications for Edinburgh Integration Joint Board

Financial

7. There are no direct financial implications arising from this report, however it is important that all financial risks are closely monitored and escalated appropriately.

Legal / risk implications

8. The risk cards included at Appendix 3 highlights the current EIJB risks. The risk cards are a core component of the internal control system and is used as a systematic structured method of recording all risks that threaten the delivery of EIJB strategic objectives/priorities.

Equality and integrated impact assessment

9. There are no direct equalities implications arising from this report.

Environment and sustainability impacts

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

Quality of care

11. The management and mitigation of risks in key areas including strategic planning and commissioning and the issuing of directions should impact positively on the quality of care delivered.

Consultation

12. The EIJB risks were developed following consultation with the Executive Team AAC members, Chief Internal Auditor, representatives from the three Lothian EIJBs and the Council's Risk Officer.

Report Author

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Background Reports

None

Appendices

Appendix 1	Risk Rating Overview
Appendix 2	Risk Assurance Levels
Appendix 3	Risk Cards
Appendix 4	Risk Management Policy

Appendix 1 - Risk Rating Overview

ID	Risk Type	Risk Appetite	Risk	Sep (22) RAG	Dec (22) RAG	Target Rating	Path to target risk
1.	Strategic Planning and Commissioning						
1.1	Strategic & People	Medium – Very High	There is a risk that the Edinburgh Integration Joint Board (EIJB) is unable to deliver its strategic objectives.	Very High	Very High	High	
1.2	Strategic & People	Medium – Very High	There is a risk that the EIJB is not able to influence decision-making over delegated services that are not managed by the Partnership.	High	High	Med	
1.3	Financial	Low - High	There is a risk that the NHS Lothian and City of Edinburgh Council cannot deliver delegated services within available budgets.	High	High	High	N/A
2.	Issuing of Directions						
2.1	Strategic	Medium – Very High	There is a risk that NHS Lothian and City of Edinburgh Council do not deliver directions set by the EIJB.	High	High	Med	
3.	Management and Role of the EIJB						
3.1	Strategic	Medium – Very High	There is a risk that the EIJB is unable to operate effectively as a public body.	Med	Med	Low	
3.2	Strategic	Medium – Very High	There is a risk that the EIJB's workforce strategy is not delivered.	High	High	Med	
3.3	Strategic	Medium – Very High	There is a risk that the EIJB doesn't have an appropriate level of infrastructure delegated from NHS Lothian and the City of Edinburgh Council to operate effectively.	High	High	Med	
3.4	Regulatory	Low	There is a risk that the EIJB has insufficient assurance from assurance providers to support effective delivery of scrutiny responsibilities.	Med	Low	Low	
3.5	Regulatory	Low	There is a risk that the EIJB does not comply with the necessary legislative and regulatory requirements.	Med	Low	Low	



Appendix 2 – Risk Assurance Levels

Level 1 – Operational

The lowest level of assurance and relates to local assurances provided by operational management, self-assessment.













Level 2 - Executive

Moderate level of assurance and relates to assurances provided by executive management/ Board, independent assessment (internal) e.g., clinical audit.

Level 3 - External

The strongest level of assurance and relates to e.g., external Reviews, external audit, external inspections etc.

Appendix 3 - Risk Cards

1. Strategic Planning and Commissioning						
Risk 1.1 There is a risk that the Edinburgh Integration Joint Board (EIJB) is unable to deliver its strategic objectives.						
Strategic Objective: Deliver an affordable, sustainable, and trusted health and social care system for Edinburgh.		Source of objective: <ul style="list-style-type: none"> EIJB Strategic Plan Financial planning undertaken alongside development of strategic plan Engagement with stakeholders 		Risk Owner: Chief Officer Risk Contributor: Service Director – Strategic Planning (SD-SP)		
Historical Risk Score						
						
Sept 2020	Nov 2020	Jan 2021	June 2021	Sept 2021		
						
						
						
						
						
						
						
				Target Risk		
Current Risk Score & Risk Appetite						
Likelihood	Consequence	Risk Rating	Date assessed	Risk Appetite		
Almost Certain	Extreme	Very High	December 2022	Medium to Very High		
Current Risk Score			Target Risk Score			
Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH
	Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext
Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH
	Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext
Risk Assessment						
<i>Likelihood</i> - The EIJB has a budget gap because the income delegated by the City of Edinburgh Council and NHS Lothian (partners) is less than that projected cost of services and a savings and recovery programme has been agreed by the EIJB. Therefore, there is an almost certain risk that the EIJB doesn't deliver on its strategic objectives.						
<i>Consequence</i> - The current Strategic Plan's four key elements (Edinburgh Pact, Three Conversations, Home First and Transformation) are key parts of delivering the EIJB strategic objectives of delivering an affordable and sustainable health and social care system. If these key elements are not deliverable, the consequences would have extreme implications for the delivery of the EIJB strategic objectives.						
How would this risk happen? <ul style="list-style-type: none"> Insufficient resources (finances, workforce, infrastructure, etc.) delegated by the Council and/or NHS Lothian. Strategic priorities beyond current organisational experience. Lack of stakeholder support. 				What would the potential outcome be? <ul style="list-style-type: none"> If strategic priorities (prevention and early intervention; tackling inequalities; person-centred care; managing resources effectively; best use of capacity; and right care, right place, right time) are not adequately managed, the planned 		



<ul style="list-style-type: none"> • Underestimation of the complexity of issues. • Unable to make strategic decisions based on the quality or availability of data available. • Irregular assessment of objectives leading to unidentified impact of operational effectiveness. • New regulations changing direction of travel. • External forces (major incidents) presenting unexpected threats /opportunities (e.g., pandemic). • Impact of Scotland leaving the UK. • Impact of implementation of the National Care Service or similar resulting in a need to change priorities / direction of travel. • Not involving appropriate stakeholders in strategy/policy development. • Insufficient or ineffective representation from third sectors / stakeholders on the EIJB and its committees. • Poor relationships with providers in either the private or third sector. • Failure to make best use of the expertise, experience, and creativity of partners, third sector and private sector. • Insufficient asset planning arrangements leading to failure or delays in delivering the strategic plan. 	<p>improvements in health and wellbeing of people in Edinburgh would be negatively impacted.</p> <ul style="list-style-type: none"> • Reputational damage to the EIJB.
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Activity undertaken since September 22 Audit and Assurance Committee meeting:

- Update report on the development of a performance framework to measure performance against our refreshed Strategic Plan (in draft) presented to P&D Committee on 14 Sept.
- Update on progress against Directions considered by P&D Committee (14 Sept) and recommendation approved to close 2 Directions as achieved. Three directions ‘delayed’ with all others on track.
- Reporting to both EIJB and Policy and Sustainability Committee in relation to current system pressures and actions being taken to mitigate pressures. There are also currently 2 inspections running concurrently which affect staff groups who are responsible for implementing actions to address systems pressures.
- Regular engagement with external providers, to help the new care at home model.
- Work continues to make health and care an attractive career path and recruit to vacant posts.

What are we doing to currently manage the risk? (Controls in place)

Key Control/s	Assurance that control/s are effective	Level of Control
1. Weekly System Pressures meetings, Whole System Oversight Board, and support from Scottish Government in place to manage ongoing system pressures. Risks considered, reviewed, and escalated as appropriate.	Yes	Level 1 – Operational Assurance Level 3 – External Assurance
2. A range of activity continues to increase the social care workforce, including active ongoing recruitment of key frontline staff & Additional £300m funding has been targeted to increase recruitment to key posts within the Partnership to address systems pressures.	Yes	Level 1 - Operational Assurance



3.	Use of interim beds to support flow within the acute setting where this in an individual's best interest.	Yes	Level 1 – Operational Assurance	
4.	Development of the care at home procurement exercise and market shaping work involving a range of care at home providers which will make best use of the market.	Yes	Level 1 – Operational Assurance	
5.	Establishment of a daily data driven Command to drive forward immediate/short-term change that increases capacity of internal homecare service.	Yes	Level 1 – Operational Assurance	
6.	A range of third sector providers and key stakeholders are involved in shaping the future bed-base strategy / review and community mobilisation transformation project.	Yes	Level 1 – Operational Assurance	
7.	Programme management support in place to support the innovation and sustainability programme (which includes bed based review, community mobilisation projects).	Yes	Level 1 – Operational Assurance	
8.	Joint Strategic Needs Assessment (JSNA) is in place to ensure the EIJB strategic plan reflects the population needs and takes account of key areas that will affect the EIJB, including poverty, and dementia).	Yes	Level 1 – Operational Assurance	
9.	The publication of the 2020/21 annual performance report provides assurance on progress with key EIJB strategic objections contained within the Strategic Plan.	Yes	Level 1 – Operational Assurance	
10.	Risks and potential approaches are highlighted to EIJB Chair & Vice Chair at regular 1:1s with Chief Officer.	Yes	Level 2 – Executive Assurance	
11.	Regular engagement meetings with partners (EIJB, CEC Head of Finance, NHS Lothian Director of Finance, Chief Executives from both Council and NHS Lothian) to monitor performance, strategic direction and to foster good relationships and better understanding of partner organisation perspectives.	Yes	Level 2 - Executive Assurance	
12.	Governance arrangement for financial plan is in place and will be aligned to the strategic plan.	Yes	Level 2 - Executive Assurance	
13.	Regular reporting of directions to Performance and Delivery Committee	Yes	Level 2 - Executive Assurance	
14.	EIJB Risk Management Policy in place.	Yes	Level 1 – Operational Assurance & Executive Assurance	
15.	Performance against EIJB strategic objectives is regularly reported to the Performance and Delivery Committee and annually to the EIJB.	Yes	Level 2 - Executive Assurance	
Additional controls or actions needed to manage this risk / achieve target risk.		Action Owner	Delivery Date	Update
1.	Development of new performance framework has started in line with the production of the next 3-year strategic plan. It is due to be completed by the end of 2022.	SD-SP	March 2023	On track for publication by March 2023

1. Strategic Planning and Commissioning

Risk 1.2 **There is a risk that the EIJB is not able to influence decision-making over delegated services that are not managed by the Partnership.**

Objective: Ensure that the Edinburgh element of delegated Pan-Lothian services are delivered in line with EIJB’s Directions.	Source of objective: <ul style="list-style-type: none"> • EIJB Directions • Integration Scheme • EIJB Strategic Plan • Financial Plan • Annual Performance Report • Review of Directions 	Risk Owner: Chief Officer Risk Contributor: Service Director – Strategic Planning (SD-SP)
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Current Risk Score & Risk Appetite

Likelihood	Consequence	Risk Rating	Date assessed	Risk Appetite
Likely	Moderate	High	Dec 2022	Medium to Very High

Current Risk Score						Target Risk Score							
Likelihood	Almost Certain	M	H	H	VH	VH	Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH		Likely	M	M	H	H	VH
	Possible	L	M	M	H	H		Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H		Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M		Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext			Neg	Min	Mod	Maj	Ext
	Consequence						Consequence						

Risk Assessment

Likelihood - Gaps remain in how the EIJB plans for hosted and set aside services, therefore the likelihood of this risk materialising is likely.

Consequence - Hosted and set aside services represent a moderate proportion of overall delegated services and elements of planning for hosted and set aside services are currently in place, therefore the consequence is moderate.

How would this risk happen? <ul style="list-style-type: none"> • Conflicting priorities between managers of services and EIJB requirements/Directions. • Conflicting priorities between Mid, East, West Lothian, and Edinburgh IJB. • Unclear communication between relevant parties. • Lack of clarity in Directions. • Impact of external forces such as new regulations; unexpected threats or opportunities; and major incidents (e.g., pandemic). 	What would the potential outcome be? <ul style="list-style-type: none"> • Outcome for people in Edinburgh are poorer. • Resources are not the right place to deliver the EIJBs objectives. • Pathways are confused due the different requirements of four EIJBs.
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<ul style="list-style-type: none"> Impact of implementing the National Care Service or similar on financial planning. 				
Activity undertaken since September 22 Audit and Assurance Committee:				
<ul style="list-style-type: none"> Strategic Planning Group considered latest iteration of the draft Strategic Plan and associated appendices in October. This included detail on client group planning and innovation and sustainability future plans. Review of Governance of Directions will inform new EIJB directions policy. Budget Working Group met in October Work continues to develop bed base for learning disabilities, mental health, rehab, and older people beds. Annual Performance Report published, highlighting improvements in delegated services. 				
What are we doing to currently manage the risk? (Controls in place)		Assurance that control/s are effective	Level of Control	
1.	Consultation on the new strategic plan is in place, which will be shared with a wide range of stakeholders which will include set aside and hosted services	Yes	Level 1 – Operational Assurance	
2.	Regular (monthly) Chief Officer meetings attended by all four EIJBs and officers from NHS Lothian provide a forum to reach consensus, influence delegated services and raise any relevant issues.	Yes	Level 2 - Executive Assurance	
3.	Lothian Strategic Framework in place which sets out how the health and care service in Lothian will be set out over the next five years.	Yes	Level 1 – Operational Assurance	
4.	Specific service forums are established to consider and agree major service changes which impact on more than one EIJB.	Yes	Level 1 – Operational Assurance	
5.	EIJB Directions Policy in place (with directions template). Directions monitored via Performance and Delivery Committee, with annual review undertaken in June 2021 by the EIJB. Last undertaken on 9 th August 22	Yes	Level 2 - Executive Assurance	
6.	Financial reporting mechanisms in place for hosted and set aside services and reported to EIJB regularly.	Yes	Level 2 - Executive Assurance	
7.	Programme Recovery Board for Unscheduled care and Mental Health and Learning Disability Services has been established by NHS Lothian. These groups have cross cutting representation and are chaired by EIJB Chief Officers.	Yes	Level 2 - Executive Assurance	
8.	Budget Setting Protocol agreed by EIJB, NHS Lothian and the Council in place which will have an impact on Directions set by the EIJB in line with strategic intentions.	Yes	Level 1 – Operational Assurance	
Additional controls or actions needed to manage this risk		Action Owner	Delivery Date	Update
1.	Implications for hosted and set aside services will be picked up through the Transformation Programme as required.	SD-SP	Ongoing	Ongoing
2.	Structural gaps in hosted and set aside services planning to be addressed through the Partnership's new management structure.	CO	June 2023	Due to Covid and existing systems pressures, the restructure for hosted services have been delayed.

1. Strategic Planning and Commissioning

Risk 1.3

There is a risk that the NHS Lothian and City of Edinburgh Council cannot deliver delegated services within available budgets.

Objective:

Using available resources to deliver an affordable and sustainable health and care service for the people of Edinburgh.

Source of objective:

- EIJB Strategic Plan
- Financial Plan & regular updates
- Annual Performance Report

Risk Owner:

Chief Officer

Risk Contributor

Chief Finance Officer (CFO) & Service Director – Strategic Planning (SD-SP)

Historical Risk Score



Current Risk Score & Risk Appetite

Likelihood	Consequence	Risk Rating	Date assessed	Risk Appetite
Likely	Major	High	Dec 2022	Low – High

Current Risk Score

Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH
	Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext
	Consequence					

Target Risk Score

Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH
	Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext
	Consequence					

Risk Assessment

Likelihood - The projected costs for delegated services in 2021/22 outstrip the budget offers from CEC and NHS Lothian leading to a continued savings requirement. Although a comprehensive Savings and Recovery Programme has been adopted and will assist in mitigating the risk, the financial plan remains unbalanced at the current time. The EIJB recognised that the additional measures which would be required to balance the plan would have a significant negative impact on performance gains and outcomes for people, therefore the likelihood of this risk materialising is likely.

Consequence - The EIJB and its partners face a significant financial challenge over the next few years. Driven by growing demand, higher costs, increasing expectations for the delivery of health and social care, and a reduction of financial resources available and the consequence of this risk materialising is major.

<p>How would this risk happen?</p> <ul style="list-style-type: none"> • In year reduction in funding due to need of Council and/or NHS Lothian requirement to balance their overall budgets. • Unanticipated increase in costs of delegated services. • Failure to deliver agreed savings programmes. • Poor budget management. • Full financial impact of COVID-19 not fully reimbursed by Scottish Government. • Unanticipated financial impacts, other external forces such as new regulations; unexpected threats or opportunities; and major incidents (e.g., pandemic). • Unable to make strategic decisions based on the quality or availability of financial data available. • Impact of Scotland leaving the UK. • Impact of the development and implementation of the National Care Service (NCS) 	<p>What would the potential outcome be?</p> <ul style="list-style-type: none"> • Reprioritising spending. • Strengthen budgetary control. • Identify additional savings and recovery schemes. • Fail to maximise outcomes for people in Edinburgh. • Short term decision making to balance budget which compromises longer term objectives and increases costs in the longer term.
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Activity undertaken since September 22 Audit and Assurance Committee:

- Update report on the development of a performance framework to measure performance against our refreshed Strategic Plan (in draft) presented to P&D Committee on 14 Sept.
- Additional resource has been brought in to help the Chief Finance Officer with the savings programme.
- Budget Working Group met in October 2022 as part of development of the 23/24 budget process

What are we doing to currently manage the risk? (Controls in place)		Assurance that control/s are effective	Level of Control
1.	Performance and Delivery Committee scrutinise financial performance. Approach to monitoring progress with savings and recovery plan agreed with P&D.	Yes	Level 2 - Executive Assurance
2.	Chief Finance Officer supported by Council and NHS Lothian finance teams agreed financial objectives/priorities for the year with key stakeholders.	Yes	Level 1 – Operational Assurance
3.	Financial Plan in place and agreed by EIJB for 22/23 budget. At this point the plan had a deficit of £17m, this has now reduced to £11m as reported to the Edinburgh Integration Joint Board in August 2022. Work remains ongoing to balance the plan in collaboration with partners.	Yes	Level 1 – Operational Assurance
4.	Finance is a standing item on the EIJB agenda. Latest update presented on x October 22 with regular reporting to Partnership Executive Team and governance forums within CEC & NHSL	Yes	Level 2 - Executive Assurance
5.	EIJB Budget Working Group has been established to work on the budget setting process.	Yes	Level 2 - Executive Assurance
6.	Operational financial monitoring undertaken monthly by both NHS Lothian and the Council with regular dialogue between finance teams and operational budget holders	Yes	Level 1 – Operational Assurance
7.	Savings Governance Framework in place in line with requirements highlighted in recent Internal Audit Reports.	Yes	Level 1 – Operational Assurance



8.	Partnership Savings Governance Group chaired by Chief Officer meets monthly to scrutinise progress against the savings and recovery programme.	Yes	Level 2 - Executive Assurance
9.	Regular tripartite meetings in place. Attended by: CO, CFO CEC Head of Finance, NHS Lothian Head of Finance).	Yes	Level 2 - Executive Assurance
10.	Additional funding allocated for financial impact of COVID-19 following regular submissions to SG on via the mobilisation planning process. Although no further funding will be allocated in 22/23, current projections indicate that costs will be met in full from monies carried forward in IJB reserves. Yes	Yes	Level 1 – Operational Assurance
11.	Financial performance of Partnership services scrutinised at joint performance review meetings with Council Chief Executive and NHS Lothian Deputy Chief Executive.	Yes	Level 2 - Executive Assurance
12.	Innovation and Sustainability Programme agreed with Learning Disabilities agreed as first project for a focus.	Yes	Level 1 – Operational Assurance
13.	Performance and Evaluation Manager is developing a framework which should ensure that decisions made by the EIJB are supported by accurate quantitative and qualitative data.	Yes	Level 1 – Operational Assurance
14.	Final local mobilisation plan (LMP) submitted to Scottish Government to support reclaim of COVID19 costs. Forecast Covid related costs have been updated and submitted to the Scottish Government.	Yes	Level 1 – Operational Assurance
15.	Financial reporting mechanisms in place and will be monitored through Performance and Delivery Audit and Assurance ?	Yes	Level 2 - Executive Assurance
Additional controls or actions needed to manage this risk		Action Owner	Delivery Date
1.	Enhance support for CFO built into proposed new structural arrangements.	CO	Dec 22
			Work ongoing.

2. Issuing of Directions

Risk 2.1 There is a risk that NHS Lothian and City of Edinburgh Council do not deliver directions set by the EIJB.

Objective: Clear, concise, and measurable directions in place which cover all services, and which are routinely monitored with corrective action taken where necessary.	Source of objective: <ul style="list-style-type: none"> EIJB directions policy, EIJB directions, Directions tracker Strategic Plan 	Risk Owner: Chief Officer Risk Contributor: Service Director – Strategic Planning (SD-SP)
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Current Risk Score & Risk Appetite

Likelihood	Consequence	Risk Rating	Date assessed	Risk Appetite
Possible	Major	High	December 2022	Medium – Very High

Current Risk Score						Target Risk Score							
Likelihood	Almost Certain	M	H	H	VH	VH	Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH		Likely	M	M	H	H	VH
	Possible	L	M	M	H	H		Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H		Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M		Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext			Neg	Min	Mod	Maj	Ext
	Consequence					Consequence							

Risk Assessment

Likelihood - Although much progress has been made in respect of the directions policy and approach, further work is required to ensure that directions are clearly articulated, particularly in terms of performance measures, therefore the likelihood of this risk materialising is possible.

Consequence - If services are not delivered as intended the consequences could be material. Risk relates mainly to services not delivered by the Partnership.

How would this risk happen? <ul style="list-style-type: none"> Because directions are not: <ul style="list-style-type: none"> well-articulated properly understood realistic/achievable non-SMART performance targets issued timeously Directions are not implemented by partners as intended because of conflicting priorities. 	What would the potential outcome be? <ul style="list-style-type: none"> Failure to deliver delegated services in line with strategic objectives. Overspends against delegated budgets. Consequential impact on outcomes for the people of Edinburgh.
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<ul style="list-style-type: none"> Directions are not tracked / monitored / implemented due to lack of available performance data, or the quality of data is poor. 				
Activity undertaken since September 22 Audit and Assurance Committee:				
<ul style="list-style-type: none"> All extant directions reissued in September on new template which meets Internal Audit requirements Scope of Internal Audit on Governance of Directions agreed, and initial fieldwork commenced. Outcome of IA anticipated early Dec. The timescale for the review of the Directions Policy has changed to take account of the IA to ensure that any recommendations arising are addressed through the review process. Review of Directions undertaken at P&D on 14th September. 				
What are we doing to currently manage the risk? (Controls in place)		Assurance that control/s are effective	Level of Control	
1.	Directions Policy in place with annual review of directions undertaken. Annual Review undertaken 09 August 2022. Directions are required for any service changes agreed by the EIJB.	Yes	Level 2 - Executive Assurance	
2.	Regular monitoring of directions via the Performance and Delivery Committee.	Yes	Level 2 - Executive Assurance	
3.	Directions policy is flexible in that Directions can be withdrawn or amended at any time if they are no longer to be appropriate/realistic/achievable.	Yes	Level 1 – Operational Assurance	
Additional controls or actions needed to manage this risk		Action Owner	Delivery Date	Update
1.	Review of directions policy to ensure it remains aligned with Scottish Government guidance and emerging best practice.	SD-SP	March 2023	This has been delayed to ensure any findings from the IA of Governance of Directions are included in a revised policy.
2.	Ongoing refinement of directions and expansion to cover wider range of delegated services.	SD-SP	Ongoing	Ongoing
3.	Directions to be considered / formulated as part of the developing the new Strategic Plan 2022-25.	SD-SP	March 2023	Ongoing

3. Management and Role of the EIJB

Risk 3.1 There is a risk that the EIJB is unable to operate effectively as a public body.

<p>Objective: EIJB is recognised as the sole body responsible for the strategic oversight and planning of delegated services.</p>	<p>Source of objective:</p> <ul style="list-style-type: none"> Public Bodies (Joint Working) (Scotland) Act 2014. Code of Conduct. Compliance with Good Governance Handbook principles. Compliance with EIJB regulations and legislation. Scheme of Integration. <p>Strategic Plan.</p>	<p>Risk Owner: Chief Officer</p>
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Current Risk Score & Risk Appetite



Current Risk Score: High

Likelihood	Consequence	Risk Rating	Date assessed	Risk Appetite
Possible	Moderate	Medium	Dec 2022	Medium – Very High

Current Risk Score

Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH
	Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M
			Neg	Min	Mod	Maj
		Consequence				

Target Risk Score

Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH
	Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M
			Neg	Min	Mod	Maj
		Consequence				

Risk Assessment

Likelihood - The EIJB has matured since the establishment of the EIJB, however it does continue to develop its governance and reputation as a separate public body and the likelihood that the risk materialises is possible.

Consequence - There are moderate consequences to the delivery of strategic objectives if the EIJB is unable to operate effectively as a public body.

How would this risk happen?

- Board Members lack the necessary skills, knowledge, and experience to undertake their role.
- Board Members unclear about their role as an EIJB member (i.e., code of conduct, integration scheme).
- A lack of clarity about the separate roles of the EIJB, Partnership, Council and NHS Lothian.
- Lack of public identity/understanding of the EIJB.
- EIJB governance arrangements are unclear.
- Failure to engage and collaborate appropriately with third, independent and housing sectors and other parties.

What would the potential outcome be?

- Failure to deliver the benefits of integration.
- Duplication or contradictory of decision making.
- Gaps in decision making.
- Poorer outcomes for the people of Edinburgh.



<ul style="list-style-type: none"> • Insufficient or ineffective representation from third sectors / stakeholders on the EIJB and its committees. • Failure to make best use of the expertise, experience, and creativity of third sector and private sector. • Officers with operational responsibilities are being asked to scrutinise performance in areas where they are not totally independent leading to inadequate oversight of delegated EIJB functions. 	
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Activity undertaken since September 22 Audit and Assurance Committee meeting

<ul style="list-style-type: none"> • Assurance report for 21/22 presented to Integration Joint Board in September 2022. • Workshop/development session for audit and assurance committee and clinical and care governance members held in November 2022. • Integration Joint Board agreed to invite the Chair of Edinburgh Association of Community Councils to join the Strategic Planning Group. • Further discussion ongoing about increasing membership to Audit and Assurance Committee and Clinical and Care Governance to increase the range of views shared across the committee and provide scrutiny. • Training for chairs being organised.
--

What are we doing to currently manage the risk? (Controls in place)		Assurance that control/s are effective	Level of Control
1.	Regular development sessions in place for EIJB members.	Yes	Level 1 – Operational Assurance
2.	New members have been allocated to committees	Yes	Level 1 – Operational Assurance
3.	Induction programme in place for new EIJB members as well as new CEC Elected Member emphasising the interdependencies between CEC, NHSL, EIJB.	Yes	Level 1 – Operational Assurance
4.	The third, independent and housing sectors are represented on EIJB committees and are involved in the development of the strategic plan and have an integral role as the plan is implemented.	Yes	Level 1 – Operational Assurance
5.	Annual review of the EIJB support arrangements to ensure EIJB can fulfil its statutory and legislative obligations, with an annual report presented to Audit and Assurance Committee.	Yes	Level 1 – Operational Assurance
6.	Carer and service user representatives are members of the Board and its committees to ensure we are compliant with legislation.	Yes	Level 1 – Operational Assurance
7.	Members are advised that they can meet with Partnership Officers/ report owners prior to meetings to discuss the report content.	Yes	Level 1 – Operational Assurance
8.	Board members chair committees which should broaden members knowledge, understanding, and decision making.	Yes	Level 1 – Operational Assurance
9.	EIJB Standing Order / Code of Conduct in place.	Yes	Level 1 – Operational Assurance
10.	‘Declaration of Interest’ - members are responsible for declaring certain interest in EIJB proceedings.	Yes	Level 1 – Operational Assurance



11.	The EIJB Chair monitors the quality of the debates and if necessary, will ask the Chief Officer for additional information if the subject matter requires further clarification for members.	Yes	Level 1 – Operational Assurance	
Additional controls or actions needed to manage this risk		Action Owner	Delivery Date	Update
1.	Review the training and development needs of EIJB members.	CO	March 23	Initial induction sessions have been undertaken but recognising that induction (including training and development) will run over a longer period.
2.	Look at a mechanism to ensure that Board members are getting adequate information in relation to national, policy, technical development to enable it to fulfil its role and responsibilities.	CO /SD-SP	March 23	Considering the significant pressures within the system, this work has slowed, therefore it will be delivered by March 23

3. Management and Role of the EIJB

Risk 3.2 There is a risk that the EIJB's workforce strategy is not delivered.

Objective: Matching future service demand with future workforce supply.	Source of objective: <ul style="list-style-type: none"> Strategic Plan National Integrated Health and Social Care Workforce Plan and Associated Guidance, Workforce Strategy 	Risk Owner: Chief Officer Risk Contributor: Chief Nurse (Workforce Plan) Lead for Sustainability
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Current Risk Score & Risk Appetite

Current Risk Score	Likelihood	Consequence	Risk Rating	Date assessed
	Likely	Major	High	Dec 2022

Current Risk Score						Target Risk Score							
Likelihood	Almost Certain	M	H	H	VH	VH	Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH		M	M	H	H	VH	VH
	Possible	L	M	M	H	H		L	M	M	H	H	H
	Unlikely	L	M	M	M	H		L	M	M	M	M	H
	Rare	L	L	L	M	M		L	L	L	M	M	M
		Neg	Min	Mod	Maj	Ext		Neg	Min	Mod	Maj	Ext	Ext
Consequence						Consequence							

Risk Assessment

Likelihood - The probability of achieving a comprehensive workforce plan has improved however further work is still needed to ensure that sufficient resource and appropriate support arrangements and are in place to deliver this piece of work, therefore the likelihood of this risk materialising is likely this time.

Consequence - Not meeting the challenges of demographic changes (both population and staff) could lead to unbearable pressure on services. There's a need to attract or retain the right people and have an engaged and resilient workforce to ensure that the people of Edinburgh needs are met. Emergencies including the COVID-19 pandemic put enormous pressure on our services, however it did provide an opportunity in revealing functional problems in the organisation that will be addressed through workforce planning and the consequences of this risk materialising is major.

How would this risk happen? <ul style="list-style-type: none"> Lack of a Workforce Plan. Lack of a Workforce Strategy. 	What would the potential outcome be? <ul style="list-style-type: none"> Inability to deliver against strategic priorities.
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<ul style="list-style-type: none"> • Lack of capacity and capability to lead on workforce and workforce planning at a local level. • Lack of consultation with key stakeholders. • Added complexities from unanticipated workforce impacts other external forces such as new regulations; unexpected threats or opportunities; and major incidents (e.g., pandemic). • New workforce policies or other workforce impacts related to the UK leaving the EU or Scotland leaving the UK. • Poor horizon scanning. • Impact of COVID-19 pandemic. 	<ul style="list-style-type: none"> • Additional pressures on financial budgets due to unanticipated increase in staffing pressures (e.g., costs, vacancies, agency costs, etc.). • Poorer outcomes for people of Edinburgh. • Negative perception of EHSCP as an employer.
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Activity undertaken since September 22 Audit and Assurance Committee meeting:

- Co-chairs for 3 delivery/implementation groups identified.
- Realistic but deliverable objectives for the next 6 months agreed.
- Progress report scrutinised by Performance and Delivery Committee in September 2022.
- Discussion/presentation to Partnership Forum in September 2022.
- Work continues to promote health and care roles via Capital City Partnership.

What are we doing to currently manage the risk? (Controls in place)		Assurance that control/s are effective	Level of Control
1.	Workforce plan have been drafted, submitted to Scottish Government. They have provided comment which we are incorporating to the plan.	Yes	Level 1 – Operational Assurance
2.	Three working groups have been set up to deliver on the workforce plan.	Yes	Level 1 – Operational Assurance
3.	Engagement with Partnership’s Wider Leadership Team has taken place to shape engagement strategy with workforce as well as with colleagues in CEC and NHSL.	Yes	Level 1 – Operational Assurance
4.	A range of initiatives are being undertaken to improve attraction and retention of workforce across the Partnership: <ul style="list-style-type: none"> • working with Edinburgh College to recruit students to deliver care via the NHS Lothian student bank, • through our One Edinburgh approach • optimise the capacity available with the existing Homecare service and community care at home provision. 	Yes	Level 1 – Operational Assurance
5.	Additional £300m used to address workforce issues within the Partnership and maximise homecare capacity.	Yes	Level 1 – Operational Assurance
6.	Work with Capital City Partnership to promote health and care as an attractive career path.	Yes	Level 1 – Operational Assurance
7.	Working closely with colleague in partner organisations and utilising local and national networks	Yes	Level 1 – Operational Assurance
Additional controls or actions needed to manage this risk		Action Owner	Delivery Date
			Update



1.	Delivery of EHSCP Workforce Plan.	Chief Nurse	Dec 2022	On track
2.	Review capacity to undertake EIJB workforce planning.	Chief Nurse	Dec 2022	On track

3. Management and Role of the EIJB

Risk 3.3

There is a risk that the EIJB doesn't have an appropriate level of infrastructure delegated from NHS Lothian and the City of Edinburgh Council to operate effectively.

Objective:

Sufficient and appropriate infrastructure is in place to support the EIJB to achieve its strategic objectives.

Source of objective:

- Scheme of Integration
- Regular Engagement with partners

Risk Owner:

Chief Officer

Historical Risk Score



Current Risk Score & Risk Appetite

Likelihood	Consequence	Risk Rating	Date assessed	Risk Appetite
Likely	Moderate	High	Dec 2022	Medium – Very High

Current Risk Score

Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH
	Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext
	Consequence					

Target Risk Score

Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH
	Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext
	Consequence					

Risk Assessment

Likelihood - The EIJB does not physical own any assets or have direct managerial responsibilities for staff through a pre-determined budget. It is reliant on the resources allocated to it from both partners (NHS Lothian and The City of Edinburgh Council). Partners also have their own resourcing challenges and are not able to provide the level of resource required to fully support the EIJB as a separate public body, therefore it is likely this risk will occur.

Consequence - Without adequate resource the EIJB will be unable to develop and deliver against its strategic objectives, therefore the consequences of this risk occurring is major.

How would this risk happen?

- NHS Lothian and the Council are unable to meet their obligations to provide adequate professional, administrative, and technical support.
- Impact of organisational restructures/staffing reviews within partner organisations leading to the deletion of posts.
- Specialist resources / knowledge skills not dedicated to the EIJB (e.g., health planning, project management, resourcing).
- There is a lack of key data sets or the level of data available is of a poor quality hampering the ability to

What would the potential outcome be?

- Failures in governance, scrutiny, and performance arrangements.
- Compromised efficiency of the EIJB.
- Ability to deliver change at desired pace.
- Ultimately poorer outcomes for the people of Edinburgh.
- Conflict of interest for one or more partner organisation within its governance, scrutiny, and performance arrangements.

<p>make robust / informed decisions based on the data sets available.</p> <ul style="list-style-type: none"> • Lack of sufficient independent professional, administrative and technical resources. • Lack of clarity over EIJB requirements. • Conflict between partner and EIJB priorities. • Inefficiencies in delivery. • Impact of the implementation of the NCS, meaning partners reduce the infrastructure available to the EIJB. 	
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Activity undertaken since September 22 Audit and Assurance Committee:

- Chair has written to Chief Executives in the Council and NHS Lothian to raise the issue of Chief Risk Officer and seek support for resolution.
- Discussions continue with partners in relation to professional support for data analytics, communications to support work arising from the EAP action plan / inspection activity.
- Work continues to shape the Performance Framework in relation to data sets
- The EIJB workforce strategy continues to be developed which will include plans from professional, administrative, and technical support that supports the EIJB as well as front line staff.
- Engagement continues with partners to support two inspections, one into Adult Social Work and one into Adult Support and Protection which is putting significant pressure on existing staff.
- The EIJB has agreed additional funding in key areas (e.g., innovation and sustainability and data analytics) however this is being utilised to support systems pressures work and this may result In the EIJB not having an appropriate infrastructure to operate effectively – this is being monitored closely.

	What are we doing to currently manage the risk? (Controls in place)	Assurance that control/s are effective	Level of Control
1.	The Chief Officer is a member of the senior management teams in both NHS Lothian and The City of Edinburgh Council, thus in a position to influence decision-making and has regular 1:1's with both partner Chief Executives	Yes	Level 1 – Operational Assurance
2.	Programme of activity underway to provide additional resource to support the EIJB in performance and strategic activity. It should be noted that there continues to be workforce and operational pressures that may impact on the ability of the EIJB to deliver on its priorities.	Yes	Level 1 – Operational Assurance
3.	Performance Framework approved at Performance and Delivery; however, work continues to develop better data sets to inform decision making and allow the EIJB to make the best use of resources available.	Yes	Level 1 – Operational Assurance
4.	Submission to the National Care Service, highlighting key opportunities as well as risks that the Bill posed in its current form.	Yes	Level 2 - Executive Assurance
5.	The Chair has written to both partner Chief Executives outlining the current support arrangements and identified gaps and requested further discussion. Engagement with this is ongoing.	Yes	Level 2 - Executive Assurance
6.	Integration Scheme has been reviewed by partners and with Scottish Government for sign off.	Yes	Level 1 – Operational Assurance
7.	Comprehensive audit plan in place to understand the quantum of risk to the EIJB.	Yes	Level 2 - Executive Assurance



8.	Innovation and Sustainability team is in place to deliver on key EIJB strategic projects.	Yes	Level 1 – Operational Assurance	
9.	New Performance and Evaluation team in place and is working to enhance the EIJB performance reporting.	Yes	Level 1 – Operational Assurance	
10.	For legal conflicts of interest: <ul style="list-style-type: none"> Partner Legal Team made aware of potential risk of conflict of interest. When a conflict has been identified, discussion with Chief Officer/Executive Team on best approach which may result in obtaining external advisers or formal risk acceptance (noted in risk register). Legal team must be clear when they are advising the EIJB as opposed to the Council/NHSL side of EHSCP. 	Yes	Level 1 – Operational Assurance	
Additional controls or actions needed to manage this risk		Action Owner	Delivery Date	Update
1.	Work with partners to formalise levels of support including resolution of outstanding issue of EIJB Chief Risk Officer.	CO	Ongoing	Work is ongoing to resolve this issue.
2.	Work has begun to develop a performance framework which will help ensure that data gathered is meaningful and robust and can be used to inform decision making.	CO	March 2023	Work continues to develop data sets to support the performance framework.

3. Management and Role of the EIJB

Risk 3.4 **Insufficient or poor-quality assurance from assurance providers to support effective delivery of their scrutiny responsibilities.**

Objective: Reliable and effective assurance quality from assurance providers.	Source of objective: • Internal & External Annual Audit Opinion	Risk Owner: Chief Officer
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Current Risk Score & Risk Appetite

Likelihood	Consequence	Risk Rating	Date assessed	Risk Appetite
Possible	Moderate	Low	December 2022	Low

Current Risk Score						Target Risk Score										
Likelihood	Almost Certain	M	H	H	VH	VH	Likelihood	Almost Certain	M	H	H	VH	VH			
	Likely	M	M	H	H	VH		Likely	M	M	H	H	VH			
	Possible	L	M	M	H	H		Possible	L	M	M	H	H			
	Unlikely	L	M	M	M	H		Unlikely	L	M	M	M	H			
	Rare	L	L	L	M	M		Rare	L	L	L	M	M			
	Consequence							Consequence								
						Neg	Min	Mod	Maj	Ext						

Risk Assessment

Likelihood - the EIJB receives assurance through its Audit and Assurance Committee on the robustness of the assurance / scrutiny from Internal and External Audit. It also receives assurance from the other committees in relation to their specific areas of focus (e.g., clinical issues via Clinical and Care Governance, performance via Performance and Delivery). Therefore, the likelihood of the risk occurring is rare.

Impact - Insufficient assurance from both internal and external assurance providers opens the EIJB to a higher level of risk exposure that would be deemed unacceptable and would compromise the governance of the EIJB. However due to the significant controls in place, the impact would be moderate.

<p>How would this risk happen?</p> <ul style="list-style-type: none"> • Sole reliance of assurance provision from partner organisation’s Internal Audit Teams. • Gaps between EIJB risks and Annual Internal Audit Plan. • Lack of review and follow-up process for EIJB & Edinburgh Health and Social Care Partnership Internal Audits. • Lack of data available or poor-quality data. • Lack of independent external review of Internal Audits (IA). • Officers with operational responsibilities are being asked to scrutinise performance in areas where they are not totally independent leading to inadequate oversight of delegated EIJB functions. 	<p>What would the potential outcome be?</p> <ul style="list-style-type: none"> • Poor quality assurance that would compromise effective EIJB governance. • Inadequate risk management, internal controls – increase in risk exposure. • Limited growth and improvement of EIJB processes.
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- Lack of EIJB oversight of Internal audit activities.

Activity undertaken since September 22 Audit and Assurance Committee meeting

- Only 6 EIJB management actions remain outstanding (from 28 in Dec 21).
- Review of Board / Committee Assurance Framework in place, including process for tracking actions arising from previous years.
- Risk Management Policy in place.
- Independent external review of IA is scheduled for presentation at A&A Committee in December 2022.
- Internal Audit work on directions commenced.

What are we doing to currently manage the risk? (Controls in place)		Assurance that control/s are effective	Level of Control
1.	Board / Committee Assurance Framework in place.	Yes	Level 2 - Executive Assurance
2.	EIJB risk management policy in place	Yes	Level 1 – Operational Assurance and Level 2 – Executive Assurance
3.	The EIJB has both internal and external audit assurance providers: Internal - NHS Lothian & Council; External – Audit Scotland.	Yes	Level 3 - External Assurance
4.	Internal Audit (IA) delivers four EIJB Audits per year – one from NHS Lothian IA and three from the Council IA.	Yes	Level 2 - Executive Assurance
5.	The EIJB risk register are mapped to the annual IA plan to ensure that all key risks are covered.	Yes	Level 1 – Operational Assurance
6.	Annual IA plans of NHS Lothian and the Council are subject to review and scrutiny by the EIJB Audit and Assurance Committee.	Yes	Level 2 - Executive Assurance
7.	Clear internal review process for all audits completed on behalf of the EIJB and the Partnership.	Yes	Level 2 - Executive Assurance
8.	Independent external review of IA is performed every 5 years in line with Public Sector Internal Audit Standards (PSIAS) requirements (review was completed in 2022).	Yes	Level 3 - External Assurance
9.	Annual IA opinion for the EIJB is required to highlight any instance of non-compliance with the PSIAS.	Yes	Level 2 - Executive Assurance
10.	The governance statement (incorporated in the annual accounts) and the annual IA opinion is subject to review and scrutiny by the EIJB Audit and Assurance Committee.	Yes	Level 2 - Executive Assurance
11.	A clearly established follow-up process to ensure that all IA findings raised are appropriately closed and risks mitigated – an area of non PSIAS compliance for 2017/18.	Yes	Level 1 – Operational Assurance
12.	IA progress reports are provided to the Audit and Assurance Committee quarterly, updating on progress on the audit plan and the status of open and overdue IA findings.	Yes	Level 2 - Executive Assurance
13.	A significant reduction in the amount of open and overdue IA findings, moving the annual audit opinion from an amber (heading to red) to amber (heading to green).	Yes	Level 1 – Operational Assurance



14.	Established IA system that records and retains the audit work performed by the IA team. Also includes 'layered' levels of review and sign off that are linked to the roles in the team.	Yes	Level 2 - Executive Assurance
15.	Each year, external audit will perform a sample-based review of IA work to determine whether they can rely on the outcomes in relation to best value. A comment will be included in the annual accounts to reflect this.	Yes	Level 3 – External Assurance
16.	The actions required to achieve an EIJB green audit opinion have been presented to EIJB Audit and Assurance Committee.	Yes	Level 1 – Operational Assurance
Additional controls or actions needed to manage this risk		Action Owner	Delivery Date

3. Management and Role of the EIJB

Risk 3.5 There is a risk that the EIJB does not comply with the necessary legislative and regulatory requirements.

Objective: Ensure the EIJB complies with the necessary regulatory and legislative requirements	Source of objective: <ul style="list-style-type: none"> Integration Scheme Relevant legislation as specified in regulatory and legislative log. 	Risk Owner: Chief Officer Risk Contributor: Chief Finance Officer
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Historical Risk Score



Current Risk Score & Risk Appetite

Likelihood	Consequence	Risk Rating	Date assessed	Risk Appetite
Unlikely	Moderate	Low	Dec 2022	Low

Current Risk Score

Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH
	Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M
			Neg	Min	Mod	Maj
		Consequence				

Target Risk Score

Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH
	Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M
			Neg	Min	Mod	Maj
		Consequence				

Risk Assessment

Likelihood - The EIJB has a range of duties specified in a range of legislation (e.g., Cat 1 responder, requirement to produce a strategic plan and annual report under Public Bodies Scotland Act) and there is a risk that the EIJB doesn't fulfil these duties, however the likelihood of this risk materialising is rare due to the controls in place.

Consequence - If the EIJB doesn't fulfil its duties, there would be a moderate impact to the EIJB, as it would result in fines, reputational damage to the EIJB and potential sanctions.

How would this risk happen?

- The EIJB not aware of its duties in relation to statutory and legislative responsibilities.

What would the potential outcome be?

- People in Edinburgh would be negatively impacted.
- Reputational damage to the EIJB.

Activity undertaken since September 22 Audit and Assurance Committee meeting:

- Annual Governance report presented to A&A, providing an update on key regulatory and statutory duties.
- Committee annual cycles of business have also been scrutinised to ensure any key reports are programmed to support compliance with regulatory and legislative requirements.
- All outstanding Internal Audit actions in relation to regulatory and legislative internal audit have been addressed.

What are we doing to currently manage the risk? (Controls in place)	Assurance that control/s are effective	Level of Control
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1.	The regulatory and legislative log is reviewed every six months to ensure it captures the necessary workstreams and are formally presented to committees and EIJB annually as part of the committee terms of reference review.	Yes	Level 1 – Operational Assurance
2.	Established Controls within NHSL and CEC to ensure policies and procedures are aligned with legislation and regulation and consistently applied.	Yes	Level 1 – Operational Assurance
3.	Partnership report writing guidance has been reviewed and circulated to authors	Yes	Level 1 – Operational Assurance
4.	Directions now include a standard statement relating to compliance with legislation and regulatory requirements.	Yes	Level 1 – Operational Assurance
5.	Completion of annual statements that cover the internal control environment as part of the Internal Audit opinion.	Yes	Level 1 – Operational Assurance
Additional controls or actions needed to manage this risk		Action Owner	Delivery Date
1.			



EDINBURGH INTEGRATION JOINT BOARD RISK MANAGEMENT POLICY

Plan Owner	Angela Ritchie, Operations Manager
Version Number	V.03
Date Plan created	28 February 2022
Date last modified	
Approved by	Edinburgh Integration Joint Board Audit and Assurance Committee
Review Period	Annually (Sept 2023) with full review every three years (Sept 2025)

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Introduction

The Edinburgh Integration Joint Board (EIJB) recognises that risk management is one of the key principles of good governance and adopts best practice in the identification, evaluation, and proportionate control of risks, ensuring risks are managed at an appropriate level.

The EIJB strives to ensure that risk management is at the heart of strategic decisions and operates in a risk 'aware' environment. This means that the EIJB can take an effective approach to managing risk which addresses significant challenges and enables a positive outcome. The scope applies to all risks, whether relating to the clinical and care environment, employee safety and wellbeing, business risk, opportunities, or threats.

This policy will:

- promote awareness of risk and define responsibility for managing risk within the EIJB.
- agree the communication and sharing of risk information through all areas of the EIJB.
- reduce the exposure to risk and potential loss for the EIJB; and,
- establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.

Risk Management Principles

The EIJB face many different types of risk which will change in line with the complex landscape the EIJB operates in. Risks can be categorised into four main types of risk:

- Strategic: risks that may arise that impact on the delivery of the Strategic Plan and represent the potential to achieve or fail to meet. These typically require strategic leadership in the development of activities and controls to manage the risk/s.
- Operational: those risks arising from or impacting on clinical care and treatment, health and social care services, other service delivery, business continuity, supply chain and/or asset management that may adversely impact on the EIJB strategic objectives.
- Financial: risks around the management of and impact on limited financial resources.
- People: risks arising from or impacting upon the workforce that delivers on EIJB objectives.
- Regulatory: risks arising from the regulatory environment within which the EIJB operates.

Measures of Success

Appropriate and effective risk management supports the EIJB to ensure that there are:

- good financial outcomes for the EIJB.
- successful delivery of the strategic plan, objectives, and targets.
- successful outcomes from external scrutiny.

- fewer unexpected/ unanticipated problems.
- fewer incidents/ accidents/ complaints.
- fewer claims/ less litigation.
- better outcomes for the people of Edinburgh.
- protecting the health, safety and well-being of individuals who use health and care services.
- maximising opportunity, delivering innovation and best value, and increasing performance.

Risk Appetite

The EIJB operates in an environment where safety, quality and sustainability of service are key to individuals in Edinburgh, to stakeholders and to partners.

The EIJB will balance several different risks to achieve its priorities. A risk appetite approach supports the EIJB in its decision making. It encourages Board Members to consider the risk/s to strategic priorities in making and not making decisions. The EIJB will set a level of appetite ranging from “none” up to “very high” for different dimensions and the EIJB will adopt the following principles:

- zero tolerance of instances of fraud.
- no or low risk in relation to breaches of regulatory and statutory compliance.
- no or low risks of harm to service users or to staff.
- low to high risk in relation to financial loss and to operational and quality outcomes which predict clearly identifiable benefits and can be managed within statutory safeguards.
- medium to very high risks to reputation and strategic priorities where the decision being proposed has significant benefits for the organisation’s strategic priorities.

Higher levels of all risk types may be accepted if specific and effective controls are demonstrably in place and there are clear advantages for integration objectives.

Risk classification	Low	Medium	High	Very High
Strategic (including reputational)				
Financial				
Operational				
People				
Regulatory				

The EIJB’s tolerance for risk is informed by the following risk matrix, rating the impact of the risk materialising and the likelihood of the risk occurring from 1 – 5 as noted below:



Likelihood	Consequences / Impact				
	Negligible 1	Minor 2	Moderate 3	Major 4	Extreme 5
Almost Certain 5	Medium 5	High 10	High 15	V High 20	V High 25
Likely 4	Medium 4	Medium 8	High 12	High 16	V High 20
Possible 3	Low 3	Medium 6	Medium 9	High 12	High 15
Unlikely 2	Low 2	Medium 4	Medium 6	Medium 8	High 10
Rare 1	Low 1	Low 2	Low 3	Medium 4	Medium 5

All risks will be analysed consistently with an evaluation of risk as being:

Risk Score 1 - 3	Low	Risk Score 10 - 16	High
Risk Score 4 - 9	Medium	Risk Score above 16	Very High

Any risk with a current risk score of VERY HIGH or HIGH would be deemed to be 'significant' and therefore subject to **quarterly** review and scrutiny by the EIJB Audit and Assurance Committee. Risks with a MEDIUM score are reviewed every 6 months with LOW risks reviewed annually. All risks regardless of risk score can and should be reviewed and updated if there are changes in the situation affecting the risk.

Any risks above the risk appetite will be subject to increased monitoring, scrutiny, and the implementation of appropriate control actions to mitigate either the consequences or likelihood (or both) of the risk.

Partners will retain responsibility for managing operational risks as operational risks will be more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Where several operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the EIJB and will be facilitated by the Operations Manager.

Risk Management Roles and Responsibilities

Edinburgh Integration Joint Board Members of the IJB are responsible for:



- oversight of the EIJB's risk management arrangements.
- receipt and review of an annual summary report on the risk management framework.
- consideration of strategic risks and any key operational risks that require to be brought to the EIJB's attention; and,
- ensuring they are aware of any risks linked to recommendations from the Chief Officer concerning new priorities/ policies and the like.

This will be facilitated by a 'Risk Implications' section which should be completed by authors on all reports to the EIJB and its committees.

Audit and Assurance Committee on behalf of the EIJB are responsible for:

- reviewing and scrutiny of the risk management arrangements for EIJB strategic risks.
- receipt of a quarterly report on the status of the EIJB risk cards.
- providing assurance to the EIJB as required on the risk management arrangements.

Chief Officer - has overall accountability for the EIJB risk management policy and operating procedures, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the EIJB. The Chief Officer will keep the Chief Executives of the partner bodies informed of any significant existing or emerging risks that could seriously impact the EIJB's ability to deliver the outcomes of the Strategic Plan or the reputation of the EIJB.

Chief Risk Officer - responsible for assessing and mitigating strategic, compliance and regulatory and operational risks. Also responsible for promoting EIJB risk arrangements Currently being fulfilled by the Chief Finance Officer.

Executive Management Team are responsible for:

- supporting the Chief Officer and Chief Finance Officer in fulfilling their risk management responsibilities.
- arranging professional risk management support, guidance, and training from partner bodies.
- receipt and review of regular risk reports on strategic, shared, and key operational risks and escalating any matters of concern to the EIJB.
- ensuring that the standard procedures are actively promoted across their teams and within their areas of responsibility.

Individual Risk Owners should ensure that:

- risks assigned to them are analysed and assessed in line with the agreed risk matrix.
- data on which risk evaluations are based are robust and reliable so far as possible.
- risks are defined clearly to make explicit the scope of the challenge, opportunity or hazard and the consequences that may arise.
- risk is reviewed not only in terms of likelihood and impact of occurrence but takes account of any changes in context that may affect the risk.

- controls that are in place to manage the risk are proportionate to the context and level of risk.
- risks assigned to or owned by them are reviewed and updated in line with the reporting and monitoring arrangements of the EIJB.

Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement safe working practices developed within their service areas. This approach requires everyone to:

- understand the risks that relate to their roles and activities.
- understand how their actions relate to their own, their patient's, their services user's/ client's, and public safety.
- understand their accountability for risks and how they can manage them.
- understand the importance of flagging up incidents and/ or near misses to allow lessons to be learned and contribute to ongoing improvement of risk management arrangements.
- understand that good risk management is a key part of the EIJB's culture.

Partner Bodies - are responsible for providing relevant specialist advice across a range of activities, (such as internal audit, external audit, clinical and non-clinical risk managers and health and safety advisers), attend relevant meetings as necessary to consider the implications of risks and provide relevant advice. It is the responsibility of the partner bodies to ensure they routinely seek to identify any residual risks and liabilities they retain in relation to the activities under the direction of the EIJB.

Application of risk management across the EIJB

Risk management information should (wherever possible) be used to guide major decisions. The following diagram provides the overarching EIJB risk management approach:



Identification of risk

Consideration should be given to the following risk categories:



- **Strategic Risks:** such as risks that may arise from Political, Economic, Social, Technological, Legislative and Environmental factors that impact on the delivery of the EIJB's Strategic Plan priorities:
 - Prevention, early intervention, and harm reduction
 - Providing greater self-determination and choice
 - Shifting the balance of care
 - Enabling independent living for longer
 - Public Protection
- **Operational Risks:** such as risks that may impact on the EIJB meeting its strategic priorities:
 - Clinical Care and Treatment
 - Social Care and Treatment
 - Customer Service
 - Employee Health, Safety & Well-being
 - Business Continuity
 - Supply Chain
 - Information Security and Asset Management

Identification of risk should be undertaken through standard methodologies and involving subject experts who have knowledge and experience of the activity or process under consideration.

Specific risks will be owned by whoever is best placed to manage the risk and oversee the development of any new risk controls required.

Analyse and Evaluate Risks

Once a risk has been identified a risk assessment should be done for all risks and an evaluation (qualitative or quantitative) of the nature and magnitude of the risk. The risk assessment process measures current risk according to the following formula **Likelihood x Impact= Risk Rating.**

Risks may be terminated; transferred elsewhere (i.e., to another partner or third party); tolerated as it is; or, treated with cost effective measures to bring it to a level where it is acceptable or tolerable for the EIJB in keeping with its tolerance for risk depending on the most appropriate response.

A risk card will be the mechanism to collate risk information in a consistent format allowing comparison of risk evaluation, inform decision-making in relation to prioritising resources and ease of access to information for risk reporting.

Monitoring and reporting of risks

The EIJB operates in a dynamic and challenging environment and a suitable system is required to ensure risks are monitored for change in context and scoring so that an appropriate response is made.

Risk cards will be monitored, reviewed, and updated quarterly by the Executive Team and reported to the Audit and Assurance Committee on a quarterly basis, with submission to the EIJB on a 6-monthly basis with an annual summary of the risk management framework to the EIJB. Appendix 1 provides the process.

The Audit and Assurance Committee, as part of its scheduled scrutiny of the risk cards, may request additional information about the arrangements for risks associated with service areas to assess and mitigate the level of risk to it. The Committee will also be supported through its existing EIJB governance arrangements to carry out focussed scrutiny of specific risk items.

Routine reporting of risk information within and across teams and a commitment to a 'lessons learned' culture that seeks to learn from both good and poor experiences, replicate good practice and reduce adverse events and associated complaints and claims.

It is expected that partners will use risk update reports to the Audit and Assurance Committee and EIJB to keep their own organisations updated on the management of the risks, highlighting any EIJB risks that might impact on the partner organisation.

Reviewing the risk management arrangements on a regular basis will also constitute a 'Plan/ Do/ Study/ Act' review cycle that will shape future risk management priorities and activities of the EIJB, inform subsequent revisions of this policy and strategy and drive continuous improvement in risk management across the EIJB.

Resourcing Risk Management

The development and maintenance of the risk management approach for the EIJB will be resourced through the Executive Team's arrangements, led by the Chief Finance Officer, and supported by the Operations Manager.

Wherever possible the EIJB will ensure that any related risk management training and education costs will be kept to a minimum, with most risk-related courses/ training being delivered through resources already available to the EIJB.

Where risks impact on a specific partner and new risk control measures requires to be developed and funded, it is expected that the costs will be borne by that partner organisation.

Financial decisions in respect of the EIJB's risk management arrangements will rest with the Chief Financial Officer.

Risk Management Training and Development

Training is essential to embed a positive risk management culture across all activities under the direction of the EIJB and in developing risk management maturity. The Operations Manager on behalf of the Chief Finance Officer will regularly review risk management training and development needs and source the relevant training and development opportunities required.



Communicating the Risk Management Framework

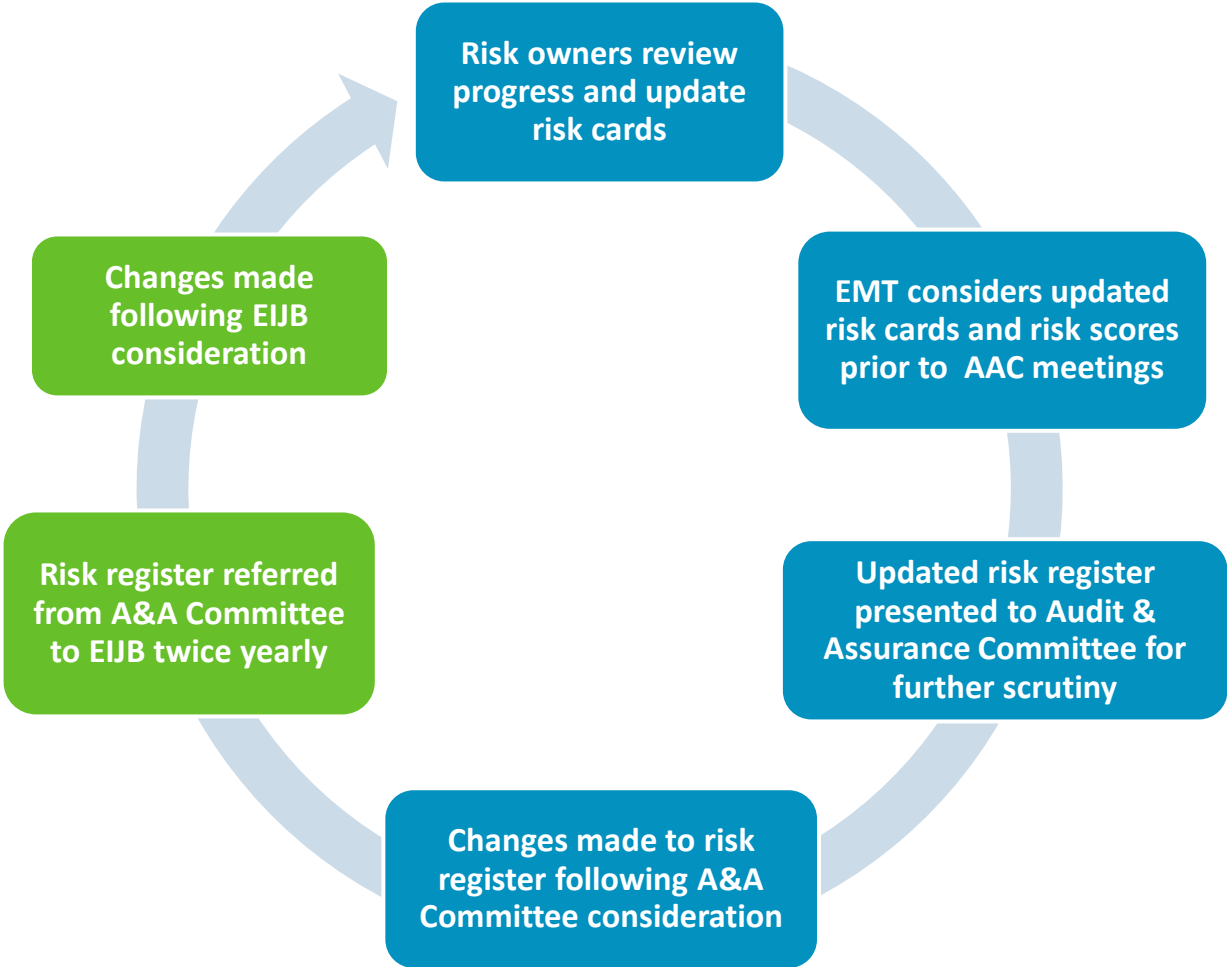
Effective communication of risk management information across the EIJB is essential to developing a consistent and effective approach to risk management.

Copies of this policy and strategy will be widely circulated via the Executive Team and will form the basis of any risk management training arranged by the EIJB.

This version of the policy (Version 3) was approved by the Audit and Assurance Committee at its meeting on 20th September 2022.

This policy will be fully reviewed every 3 years to ensure that it reflects current standards and best practice in risk management, fully reflects the EIJB operating environment and aligns with the EIJB Strategic Plan. The next full review of this Policy will be undertaken in August 2025 or where there are significant changes to approach to risk management or operating environment.

Appendix 1



REPORT

Appointments to the Edinburgh Integration Joint Board and Committees

Edinburgh Integration Joint Board

13 December 2022

Executive Summary

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

Recommendations

It is recommended that the Edinburgh Integration Joint Board:

1. Note the appointment of Rose Howley as the Interim Chief Social Work Officer which holds a statutory, non-voting membership on the EIJB.
2. Appoints Rose Howley as a non-voting member to the Clinical and Care Governance Committee.

Directions

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



Report Circulation

This report has not been considered elsewhere.

Main Report

1. The Joint Board is responsible, in line with section 3 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (the Order), for appointing non-voting members to the Board. The City of Edinburgh Council and NHS Lothian are responsible, under the same Order, for appointing their own members to the Joint Board.
2. In line with section 7 of the Order, the term of office of a member of the Joint Board is not to exceed three years, but members can be reappointed for a further term of office.
3. Jackie Irvine resigned from her role as the Chief Social Work Officer. This has left a non-voting vacancy on the EIJB and the Clinical and Care Governance Committee.
4. Rose Howley has been appointed as the interim Chief Social Work Officer and therefore undertakes the statutory post of a non-voting member on the EIJB.
5. It is recommended that Rose Howley is appointed to the Clinical and Care Governance Committee to fill the non-voting vacancy.

Implications for Edinburgh Integration Joint Board

Financial

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

Legal / risk implications

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

8. Equality and integrated impact assessment

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

Environment and sustainability impacts

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

Quality of care

11. Not applicable.

Consultation

12. None.

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Background Reports

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

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REPORT

Committee Update Report

Edinburgh Integration Joint Board

13 December 2022

Executive Summary

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

Strategic Planning Group - 12 October 2022

2. **Strategic Plan Update Version 4** – was presented to consider and approve the current draft (version 4) of the refreshed EIJB Strategic Plan and approve the timeline and actions.
3. **Population Growth and Primary Care Premises Assessment** – the committee considered and approved the current draft.
4. **Carers Refresh** – the committee were asked to note the presentation.
5. **Digital Strategy Approach** – the committee were asked to note the presentation.



6. **The Market** – the committee were presented with an update on One Edinburgh and the internal and external market in Edinburgh and were asked to note the presentation.

Performance and Delivery – 13 October

7. **‘Working Together’; our inaugural Workforce Strategy – Implementation Update** – the committee recommended the delivery governance approach which was set-out in the report and agreed to further consider the reporting mechanisms and timelines at their meeting in November 2022.
8. **Review of Reserves Policy** – the committee agreed the updated Reserves Policy and agreed the review of the Reserves Policy would remain as an annual review.
9. **Financial Regulations** – the committee were presented with the financial regulations for noting.
10. **Performance Report** – the committee had before it a report on the performance for noting.

Forward Planning

11. Clinical and Care Governance – 3 November 2022
12. Performance and Delivery – 30 November 2022
13. Audit and Assurance – 5 December 2022

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