

Notice of Meeting and Agenda

Edinburgh Integration Joint Board

10.00 am, Tuesday, 13th June, 2023

Hybrid Meeting - Dean of Guild Court Room / Microsoft Teams

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

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 Any items under "Private Business" will not be published, although the decisions will be recorded in the minute.

Contacts

Email: lesley.birrell@edinburgh.gov.uk / Andrew.henderson@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 21 March 2023 - submitted for approval as a correct record 7 - 10

5. Forward Planning

- 5.1 Rolling Actions Log 11 - 18
- 5.2 Annual Cycle of Business 19 - 20

6. Items of Governance

- 6.1 Appointments to the Edinburgh Integration Joint Board and Committees – Report by the Service Director, Operations, Edinburgh Health and Social Care Partnership 21 - 24
- 6.2 Chief Officer Appointment for the Edinburgh Integration Joint Board and Health and Social Care Partnership – report by the Service Director, Human Resources, City of Edinburgh Council 25 - 28

7. Items of Strategy

- 7.1 Adult Support and Protection and Social Work and Social Care Inspection Improvement Plans – Report by the Service Director, 29 - 68

Operations, Edinburgh Health and Social Care Partnership

7.2	Medium Term Financial Strategy and 2023-24 Financial Plan Update – Report by the Chief Finance Officer, Edinburgh Integration Joint Board	69 - 120
7.3	Bed Base Review Update – Report by the Service Director, Operations, Edinburgh Health and Social Care Partnership	121 - 128
7.4	Self-Directed Support - Direct Payments – Report by the Service Director, Operations, Edinburgh Health and Social Care Partnership	129 - 134

8. Items of Performance

8.1 None.

9. Committee Updates

9.1	Committee Update Report – Report by the Service Director, Operations, Edinburgh Health and Social Care Partnership – submitted for noting	135 - 138
9.2	Minute of the Performance and Delivery Committee of 1 February 2023 – submitted for noting	139 - 142
9.3	Draft Minute of the Clinical and Care Governance Committee of 1 March 2023 – submitted for noting	143 - 148
9.4	Minute of the Performance and Delivery Committee of 8 March 2023 – submitted for noting	149 - 152
9.5	Draft Minute of the Audit and Assurance Committee of 20 March 2023 – submitted for noting	153 - 158
9.6	Draft Minute of the Strategic Planning Group of 23 March 2023 – submitted for noting	159 - 162
9.7	Performance and Delivery Committee Minute of 26 April 2023	163 - 168

Board Members

Voting

Councillor Tim Pogson (Chair), Katharina Kasper (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, Rose Howley, Grant Macrae, Jacqui Macrae, Allister McKillop, Moira Pringle and Emma Reynish.

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Minute

Edinburgh Integration Joint Board

10.00am, Tuesday 21 March 2023

Held remotely by video conference

Present:

Board Members:

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

Officers: Jessica Brown

1. Minutes

The minute of the Edinburgh Integration Joint Board of 28 February 2023 was submitted for approval as a correct record.

Decision

To approve the minute as a correct record.

2. Savings and Recovery Programme 2023-2024

The proposed 2023-2024 Savings and Recovery Programme was submitted to the Board for consideration. The Programme had been developed in tandem with the medium term financial strategy for the Integration Joint Board.

Engagement had taken place with stakeholders across the Edinburgh Integration Joint Board, Council, NHS Lothian, elected members and third sector partners.

Within the Savings and Recovery Programme there were 12 savings projects and proposals which had been identified. Assuming the proposals were approved in full, a savings gap of £35.55m would still remain.

Decision

- 1) To agree proposals 8 to 12 which formed the Savings and Recovery Programme for 2023-2024 as set out in Appendix 2 of the report by the Chief Finance Officer, Edinburgh Integration Joint Board.
- 2) To agree the proposed plan to review and finalise Integrated Impact Assessments for individual projects and the programme as set out in appendix 4 of the report.

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

Declaration of Interests

Grant Macrae declared a non-financial interest as he had a family member in receipt of Self-Directed Support, as a Board Member of St Columba's Hospice Care and as a Board Member of the Scottish Police Authority.

Christine Farquhar made a transparency statement as the carer of a person in receipt of a direct payment from the City of Edinburgh Council.

Bridie Ashrowan made a transparency statement as she was the Chief Executive of EVOC which received funding from the Edinburgh Health and Social Care Partnership.

3. 2023-2024 Financial Plan

The draft 2023-2024 Financial Plan for the Edinburgh Integration Joint Board was presented. The Financial Plan incorporated the latest available information including the budgets from the Board's partners and compared these to projected costs based on the current forecast outturn, anticipated growth and assumptions around additional resources.

To address the projected financial shortfall over a 3-year period, a medium-term financial strategy was being developed. This would set out a range of initiatives, aligned wherever possible to the Board's strategic plan which, over time, would support financial balance. Delivering a plan of this complexity would require appropriate resource.

To bridge this gap, an initial in-year savings and recovery programme had been presented to the Board. However, even with this, the modelling indicated that delivering financial balance by the end of the year was not achievable without negative impact on outcomes for people and performance more generally.

This position had been the subject of tripartite talks with partners. All involved in these discussions recognised and accepted a number of complex inter-related factors, namely, the ongoing improvements in performance, the likely increased demand for services as the IJB emerged from the Covid pandemic and the IJB's structural deficit and inflation price pressures.

In this context, partners were supportive of the proposed approach and committed to working with IJB officers to bridge the financial gap as the year progressed.

Proposal

- 1) To note the 2023/24 budget offers from the City of Edinburgh Council and NHS Lothian and the resultant financial plan based on the revised delegated budgets, expenditure forecasts and proposed savings and recovery programme.
 - 2) To acknowledge the need for further development of the financial strategy.
 - 3) To agree to issue a direction to the City of Edinburgh Council for the uplifting of contracts in line with nationally agreed methodology if fully funded.
 - 4) To request that an updated financial strategy be returned to the next meeting of the EIJB that provides additional funding options or, if required, further savings to enable the EIJB to set a balanced budget as well as further detail that would allow the EIJB to approve a medium-term financial strategy.
- moved by Councillor Mitchell, seconded by Councillor Miller

Decision

To approve the proposal by Councillor Mitchell.

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

Declaration of Interests

Grant Macrae declared a non-financial interest as he had a family member in receipt of Self-Directed Support, as a Board Member of St Columba's Hospice Care and as a Board Member of the Scottish Police Authority.

Christine Farquhar made a transparency statement as the carer of a person in receipt of a direct payment from the City of Edinburgh Council.

Bridie Ashrowan made a transparency statement as she was the Chief Executive of EVOC which received funding from the Edinburgh Health and Social Care Partnership.

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No	Agenda item	Date	Action	Action Owner	Expected completion date	Comments
1	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	August 2023	<p>June 2023 update</p> <p>Work on the MTFs has taken precedence meaning the briefing paper has been delayed.</p> <p>February 2023 Update</p> <p>Briefing note is being drafted and will be circulated by the end of March.</p> <p>December 2022 Update</p> <p>The Board agreed to keep this action open and to circulate the briefing note to members as requested in decision 1).</p>
			2) To hold a development session to discuss the workforce strategy in more detail with members.		September 2023	2) workforce strategy is scheduled for development session in September 2023.
2	Chief Social Work Officer Annual Report 2021-22 – report by the Chief Social Work Officer	18-10-22	1) To agree an update would be provided on the actions being taken to address the increase in the number of emergency detention order.	Chief Social Work Officer and Service Director for Children’s and Criminal Justice Services Contact: Rose Howley rose.howley@edinburgh.gov.uk	March 2023	<p>June 2023 Update</p> <p>1) It is recommended this action is closed. The increase in use of Emergency Detention Orders (EDOs) (and indeed all types of order) is a national trend and the Mental Welfare Commission report on and</p>

No	Agenda item	Date	Action	Action Owner	Expected completion date	Comments
			2) To agree the next CSWO update report would include more detail on the steps being taken to improve supervision, awareness and recording.	v.uk	October 2023	investigate this and produce an annual MH Act Monitoring Report. Clearly there are multiple and complex factors impacting on the increase nationally of the use of all types of order under MH Act. Deprivation data shows that detentions are much more common in areas with higher social deprivation. The Commission will continue to provide the Scottish Government and wider stakeholders with up-to-date data on detentions annually to inform local scrutiny, analysis and understanding, including identification of the need for resource allocation. 2) Agreed a full update will be provided in the CSWO report. A review of supervision has been undertaken. Currently supervision focuses predominantly on staff welfare and not case management and case reflection. Leaders of practice across all areas of services need training and support to ensure effective supervision is in place.

No	Agenda item	Date	Action	Action Owner	Expected completion date	Comments
			3) To confirm by email the data in Table 1 (p. 16) which is noted as “NA”.		June 2023	3) It is recommended this action is closed. After investigation and interrogation of the data ‘Na’ means ‘not available’ as there was a change in recording process, and these were not counted as Contacts
3	Bed Based Review – Public Consultation on the Future Provision of Older People’s Care – report by the Chief Officer, EIJB	13-12-22 28-02-23	To agree that the final draft of the consultation questions would be circulated to Board members for feedback as early as possible prior to be submitted to the Board for final approval. An update to be provided to Board members on the arrangements for the pre-consultation meeting with Trades Unions.	Chief Officer, EIJB Contact: Tony Duncan Service Director Strategic Planning Tony.duncan@edinburgh.gov.uk Contact: Hazel Stewart, Programme Manager hazel.stewart@edinburgh.gov.uk	August 2023	June 2023 update A Reference Group and supporting Working Group were established in March 2023. The proposed questions, audiences, channels, timeline and milestones were then to be cleared through the Reference Group and brought back to the EIJB for approval. This process is ongoing. A proposal to conduct a new strategic commissioning exercise on the Bed Base is being recommended in a paper to the June meeting of the board. Included in this paper is a recommendation that the care home consultation would be re-aligned to this new work. February 2023 Update Formal consultation to take place April to July 2023. A Briefing Note will be circulated to EIJB members in mid-

No	Agenda item	Date	Action	Action Owner	Expected completion date	Comments
						March. With proposed questions, audiences, channels, timeline and milestones
4	EIJB Risk Register – report by the Chief Officer, EIJB	13-12-22	To request the Chief Officer to provide the Board with an overview of the services that the Edinburgh Integration Joint Board had issued directions to deliver, those which had not been delivered or only partially delivered and information on any mitigations planned to address these.	Chief Officer, EIJB Contact: Angela Brydon, Operations Manager angela.brydon@edinburgh.gov.uk	August 2023	<p>June 2023 Update</p> <p>The annual review of directions was presented to the Performance and Delivery Committee on 26 April and will be coming to the EIJB on 8 August 2023.</p> <p>February 2023 Update</p> <p>The Performance and Delivery Committee is responsible for the monitoring of directions as set out the EIJB’s direction policy . A full review of directions is undertaken by the EIJB annually (April) with a progress update presented to P&D around the six month mark.</p> <p>The annual review of directions 2023 is currently in process.</p>
5	Access to the ModernGov app for External Members	28-02-23	To investigate access issues to the ModernGov app for users external to the Council.	Chief Officer, EIJB Contact: Lesley Birrell Lesley.birrell@edinburgh.gov.uk	Ongoing	<p>June 2023 update</p> <p>There are ongoing discussions between the Council’s digital team and Civica who are the providers of the ModernGov app in an attempt to find a resolution to</p>

No	Agenda item	Date	Action	Action Owner	Expected completion date	Comments
						these access issues.
6	Annual Cycle of Business	28-02-23	<p>1) To review the annual cycle of business to ensure the timetable captured the full range of the Board’s regular and other scheduled pieces of work throughout the year.</p> <p>2) To add Inspections to “Items of Strategy”.</p>	<p>Chief Officer, EIJB Contact: Angela Brydon, Operations Manager angela.brydon@edinburgh.gov.uk</p>	June 2023	<p>June 2023 update</p> <p>It is recommended this action is closed. The ACOB has been updated to reflect the current business at this time and will be subject to change and inspections reports has been included.</p>
7	General Medical Services Provision in South-East Edinburgh – Liberton High School Campus	28-02-23	<p>1) To agree that the Chair would write to the Scottish Government and NHS Lothian expressing the Board’s concerns about the recent position of Scottish Government to pause all NHS Lothian capital commitments and the detrimental impact withdrawal from this project would have on the provision of medical services in South-East Edinburgh but to iterate that the Board were open to dialogue in terms of seeking a positive solution to the issue.</p> <p>2) To agree that any response would be reported back to the Board.</p>	<p>Chair, EIJB Contact: Tim Pogson tim.pogson@edinburgh.gov.uk</p> <p>Chief Officer, EIJB Contact: David White david.white@nhslothian.scot.nhs.uk</p>	August 2023	<p>June 2023 update</p> <p>It is recommended this action is closed. Letters were sent to the Cabinet Secretary and NHS Lothian on 16 Mar 23 with responses being received back on 26 Apr 23 and 12 Apr 23 respectively. The responses outlined the current issues and offered dialogue with officials. A meeting is in the process of being scheduled. The letters have now been shared with Board members.</p>

No	Agenda item	Date	Action	Action Owner	Expected completion date	Comments
8A	Drumbrae Care Home – Status Update	28-02-23	1) To agree that a further update report be provided to the Board on Drumbrae Care Home as matters progressed.	Service Director Strategic Planning, EIJB Contact: Tony Duncan tony.duncan@edinburgh.gov.uk	June 2023	June 2023 update It is recommended this action is closed. This is included on the agenda for this meeting.
			2) To agree that a further report be brought to the Board to include information on the following: <ul style="list-style-type: none"> The wider strategic issues of the bed-based review and the impact of the bed-based public consultation A full system-wide pathway review. 3) To refer the following process issues to the Audit and Assurance Committee for review with a request that the outcome of these considerations be reported back to the Board: <ul style="list-style-type: none"> Ways of improving information sharing and communication with stakeholders, the workforce and Board members Governance processes and methodology. 	Service Director Strategic Planning, EIJB Contact: Tony Duncan tony.duncan@edinburgh.gov.uk Contact: Hazel Stewart, Programme Manager hazel.stewart@edinburgh.gov.uk	June 2023	June 2023 update It is recommended this action is closed. This is included on the agenda for this meeting.

No	Agenda item	Date	Action	Action Owner	Expected completion date	Comments
8B	Drum Brae Care Home Status Report	16.03.23 (City of Edinburgh Council)	The briefing paper referenced at section 5 of the report should include detail of the steps that those undertaking the full pathway review will take in order to engage carer representatives, patient and service user groups and the Trade Unions in the review process.		June 2023	June 2023 update It is recommended this action is closed. This is included on the agenda for this meeting.
9	2023-2024 Financial Plan		To request that an updated financial strategy be returned to the next meeting of the EIJB that provides additional funding options or, if required, further savings to enable the EIJB to set a balanced budget as well as further detail that would allow the EIJB to approve a medium-term financial strategy.	Chief Finance Officer, EIJB Contact: @Moira Pringle moira.pringle@edinburgh.gov.uk	June 2023	June 2023 update It is recommended this action is closed. This is included on the agenda for this meeting.

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Edinburgh Integration Joint Board - Annual Cycle of Business

Grouping	Agenda Item	Frequency	Responsibility	2023							
				28-Feb-23	21-Mar-23	18-Apr-23	13-Jun-23	08-Aug-23	26-Sep-23	17-Oct-23	12-Dec-23
				Board	Board	Cancelled	Board	Board	Board	Board	Board
Items of Governance	Conflicts of interest	Every meeting	Committee Services	✓	✓		✓	✓		✓	✓
	Rolling Action Log (RAL)	Every meeting	Committee Services	✓	✓		✓	✓		✓	✓
	EIJB Risk Register	Twice yearly	Operations Manager						✓		
	Calendar of meetings	Annually	Committee Services					✓			
	Review of Standing Orders	Annually	Committee Services							✓	
	Committee Terms of Reference	Annually	Operations Manager						✓		
	Board assurance annual report	Annually	Operations Manager						✓		
	Review of Governance Handbook	Annually	Operations Manager							✓	
	Escalation Report	Adhoc	Operations Manager	✓							
	Appointments Report	Adhoc	Committee Services	✓			✓				
Items of Strategy	Directions Policy	Annually	Service Director - Strategic Planning								✓
	Annual Review of Directions	Annually	Service Director - Strategic Planning					✓			
	Improvement Plan for Adult Social Work and Social Care	Adhoc	Service Director - Operations				✓				
	Review of Learning Disabilities Services	Adhoc	Service Director - Strategic Planning					✓			
	Strategic Plan	Adhoc	Service Director - Strategic Planning							✓	
	Report on Bed Based Review	Adhoc	Service Director - Strategic Planning				✓				
	Consultation on bed based review	Adhoc	Service Director - Strategic Planning							✓	
	Liberton High School Business Case	Adhoc	Service Director - Strategic Planning	✓							
	Report on Primary Care Improvement Plan	Adhoc	Service Director - Strategic Planning					✓			
	Report on a Place to Live	Adhoc	Service Director - Strategic Planning					✓			
Report on Carers Strategy	Adhoc	Service Director - Strategic Planning					✓				
Update report on One Edinburgh	Adhoc	Service Director - Operations					✓				
Items of Finance	Finance Update	Every Meeting	Chief Finance Officer	✓	✓		✓	✓	✓	✓	✓
	Financial Plan	Annually	Chief Finance Officer		✓		✓				
	Savings and Recovery Plan	Annually	Chief Finance Officer		✓		✓				
	EIJB Annual Accounts	Annually	Chief Finance Officer						✓		
Items of Performance	Annual Performance Report	Annually	Service Director - Strategic Planning					✓			
	Report of Self Directed Support -request from Full Council	Adhoc	Service Director - Operations				✓				
	Evaluation of Winter Plan 21/22	Annually	Service Director - Operations					✓			
	Chief Social Work Annual Report	Annually	Chief Social Work Officer							✓	
Papers for Noting	Committee Update Report	Every Meeting	Operations Manager	✓	✓		✓	✓	✓	✓	✓
	Annual cycle of business	Every Meeting	Operations Manager	✓	✓		✓	✓	✓	✓	✓

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REPORT

Appointments to the Edinburgh Integration Joint Board and Committees

Edinburgh Integration Joint Board

13 June 2023

Executive Summary

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

Recommendations

The Edinburgh Integration Joint Board is recommended to:

Joint Board

1. Note that on 4 May 2023, The City of Edinburgh Council re-appointed Councillor Tim Pogson as Chair of the Joint Board.
2. Note that the Lothian NHS Board agreed to appoint Katharina Kasper to replace Angus McCann as its lead voting member on the Joint Board and as Vice-Chair with effect from 5 April 2023.
3. Note that in accordance with the Integration Scheme, Katherina Kasper will take up the position of Chair of the Joint Board and Councillor Tim Pogson will take up the position of Vice-Chair with effect from 27 June 2023.

Strategic Planning Group

4. Note that in accordance with the Strategic Planning Group Terms of Reference, Katharina Kasper took up the position of Chair of the Group with effect from 5 April 2023.



	<p>5. Note that in accordance with the Strategic Planning Group Terms of Reference, Councillor Tim Pogson took up the position of Vice-Chair of the Group with effect from 4 May 2023.</p> <p>6. Note that Councillor Tim Pogson will take up the position of Chair of the Strategic Planning Group and that Katharina Kasper will take up the position of Vice-Chair with effect from 27 June 2023.</p>
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Directions

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

Report Circulation

This report has not been considered elsewhere.

Main Report

1. The Joint Board is responsible, in line with section 3 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (the Order), for appointing non-voting members to the Board. The City of Edinburgh Council and NHS Lothian are responsible, under the same Order, for appointing their own voting members to the Joint Board.
2. In line with section 7 of the Order, the term of office of a member of the Joint Board is not to exceed three years, but members can be reappointed for a further term of office. Under Section 3.2 of the Edinburgh Integration Joint Board's Integration Scheme, the term of office for the chairperson and vice-chairperson is two years.

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

3. The position of Chair is currently held by the City of Edinburgh Council, and when the current term of office expires on 27 June 2023, it will be held by the NHS Lothian with a City of Edinburgh Council member assuming the Vice-Chair position. The Lothian NHS Board agreed on 5 April 2023 to appoint Katharina Kasper as lead voting member for NHS Lothian and Vice-Chair of the Joint Board.
4. The City of Edinburgh Council agreed at its meeting on 4 May 2023 to re-appoint Councillor Tim Pogson as Chair of the Joint Board.
5. The updated terms of reference and membership for each of the four Joint Board committees were approved at the Board's meeting on 19 April 2022. The Terms of Reference for the Strategic Planning Group (SPG) sets out that the positions of Chair and Vice-Chair of the SPG are held by the Chair and Vice-Chair of the Joint Board in the opposite roles.
6. With effect from 27 June 2023, Katharina Kasper will become the Chair of the Joint Board and Vice-Chair of the SPG and Councillor Tim Pogson will become the Vice-Chair of the Joint Board and Chair of the SPG.

Implications for Edinburgh Integration Joint Board

Financial

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

Legal / risk implications

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

Equality and integrated impact assessment

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.

Report Author

Mike Massaro-Mallinson

Service Director, Operations Edinburgh Health and Social Care Partnership

Email: mike.massaro-mallinson@nhslothian.scot.nhs.uk

Contact for further information:

Name: Andrew Henderson, Committee Services

Email: andrew.henderson@edinburgh.gov.uk

Background Reports

1. [Edinburgh Integration Joint Board Governance Report](#), 19 April 2022
2. [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)
3. [Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Order 2014](#)
4. [Integration Scheme](#)

REPORT

Chief Officer Appointment for the Edinburgh Integration Joint Board and Health and Social Care Partnership

Edinburgh Integration Joint Board

13 June 2023

Executive Summary	The purpose of this report is to seek approval from the Edinburgh Integration Joint Board (EIJB) on the recruitment process for the permanent appointment of the Chief Officer position.
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Recommendations	<p>It is recommended that the Edinburgh Integration Joint Board:</p> <ol style="list-style-type: none"> 1. Note that following the departure of Judith Proctor there is a requirement for permanent arrangements to be put in place in relation to the role of Chief Officer for the Edinburgh Integration Joint Board. 2. Approve the proposed recruitment arrangements. 3. Appoint 2 IJB members to participate in the recruitment committee.
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Directions

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

Report Circulation

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

Main Report

2. Following the departure of Judith Proctor, there is a requirement for permanent arrangements to be put in place for the role of Chief Officer for the Edinburgh Integration Joint Board.
3. The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to appoint a Chief Officer who will be employed by either the City of Edinburgh Council or NHS Lothian.

Permanent Appointment

4. Detailed below is a proposed recruitment timetable for the permanent appointment of the Chief Officer vacancy.

13 June 2023	Integration Joint Board Meeting
15 June 2023	Finalisation of Recruitment Pack
16 June 2023	Role Advertised
7 July 2023	Closing Date for Applications
w/c 17 July 2023	<i>Longlist Application Review*</i>
w/c 17 July 2023	Assessment Centre
w/c 24 July 2023	<i>Longlist Interviews*</i>
w/c 31 July 2023	Recruitment Panel Shortlisting Meeting
w/c 7 August 2023	Interviews
8 August 2023 26 September 2023	IJB Meeting.

** If required.*

All dates are tentative and required to be agreed by the confirmed Panel.

5. The recruitment panel should be made up of representatives from the following:
 - Chair of IJB Chair (Recruitment Panel Chair)
 - Vice Chair of IJB
 - IJB Members (2 members)
 - Chief Executives of the City of Edinburgh Council and NHS Lothian
 - City of Edinburgh Council and NHS HR Advisor to the Panel
6. The IJB is asked to nominate 2 members to sit on the Recruitment Committee along with the Chair, Vice Chair and Chief Executives of the City of Edinburgh Council and NHS Lothian.

Implications for Edinburgh Integration Joint Board

Financial

7. Budget will be utilised from the vacant Chief Officer post.

Legal / risk implications

8. Risk that no suitable candidates available or limited/poor response to permanent advert. This will be discussed with the Recruitment Committee when interest has been gauged.

Equality and integrated impact assessment

9. N/A

Environment and sustainability impacts

10. N/A

Quality of care

11. N/A

Consultation

12. N/A

Report Author

Nareen Owens, Service Director, HR – City of Edinburgh Council

Contact for further information:

Name: Nareen Owens

Email: Nareen.owens@edinburgh.gov.uk

Telephone: 07075 14927750

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REPORT

Adult Support and Protection and Social Work & Social Care Inspection Improvement Plans

Edinburgh Integration Joint Board

13 June 2023

Executive Summary	<p>The purpose of this report is to:</p> <ul style="list-style-type: none"> a) Inform the EIJB of the actions taken in response to the Joint Inspection of Adult Support and Protection and the Inspection of Social Work and Social Care. b) Request that the EIJB agree the improvement plan in response to the Inspection of Social Work and Social Care.
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Recommendations	<p>It is recommended that the EIJB:</p> <ul style="list-style-type: none"> a) Note the Adult Support and Protection Improvement Plan submitted to the Care Inspectorate b) Review the progress underway to implement necessary improvements c) Agree the plan to implement further improvements, in response to the Social Work and Social Care Inspection d) Agree that implementation of the Improvement Plan will be overseen and scrutinised by the EIJB Policy and Development Committee, with reports relating to governance referred to the Clinical and Care Governance Committee. Reporting and scrutiny will also be in place within the Council through the Policy and Sustainability Committee. e) Agree that an annual review of the Improvement Plan is undertaken that actively engages stakeholders including people using services and carers.
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Directions

Direction to City of	No direction required	✓
	Issue a direction to City of Edinburgh Council	

Edinburgh Council, NHS Lothian or both organisations	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council & NHS Lothian	

Report Circulation

1. This report has not been circulated to any other Committee; however, the improvement plan is being shared with Full Council for noting on 22 June 2023.

Main Report

2. Adult Support and Protection across Scotland is subject to a Joint Inspection process, and Edinburgh was inspected in relation to its multi-agency Adult Support and Protection work in the last quarter of 2022. A [report](#) on this inspection was published on 14 February 2023.
3. Areas of weakness with key areas for improvement were found to be in:
 - Requests for capacity assessments
 - Case related chronologies
 - Quality of case conferences
 - Quality assurance activity
 - Social work workforce capacity
 - Consistency of support and protection for all people when required.
4. While the Adult Support and Protection Inspection was underway, a further inspection of adult social work and social care in Edinburgh was announced and undertaken. The [report](#) on this inspection was published on 21 March 2023 with key areas for improvement focusing on:
 - The design, structure, implementation and oversight of key processes, including the assessment of people's needs and in their case management.
 - Approaches to early intervention and prevention, which were uncoordinated and inconsistent
 - Self-directed support, which had not been implemented effectively.
 - Insufficient support for unpaid carers
 - Staff being under considerable pressure and sometimes overwhelmed
 - Strategic leadership and management oversight of key processes, meeting legislative requirements, policies, procedures and guidance and to ensure sufficient capacity and capability to deliver safe and effective services for vulnerable people
 - Embedding approaches to self-evaluation for improvement and quality assurance were not well-embedded
 - Social Work governance with strategic decisions being well informed by a social work perspective.

5. The report also acknowledged that:
 - Steps had recently been taken to address issues and practice in relation to adults with incapacity
 - Long standing significant delays in discharging people from hospital, people waiting for assessment of their care needs, and meeting vulnerable peoples' unmet needs had recently begun to improve
 - Most staff experienced and valued positive, responsive and person-centred support from their immediate line manager.
6. The Partnership and Council have taken very seriously, and accepted, the findings from both inspections and has developed improvement plans to prioritise key actions to deliver good quality social work and social care services to keep people safe from harm.
7. An improvement plan in response to the Joint Adult Support and Protection Inspection was submitted to the Care Inspectorate (See appendix 1) on 29 March 2023. Recognising the interdependencies with the Social Work and Social Care Inspection, officers have cross referenced areas for improvement across both reports and also mapped against the findings of the Scottish Government's Edinburgh Assistance Programme in September 2022. This is to ensure that there is a clear plan for improvement that encompasses all recent feedback and scrutiny.

Development of the Plan

8. In developing the plan, we are listening to feedback which has also shaped our priorities. On presentation to the EIJB Development Session on 15 May 2023, it was agreed that the Improvement Plan needed to take stronger cognisance of early intervention and prevention, be linked to improved performance and be aligned with the Medium-Term Financial Strategy.
9. Officers from the Partnership and Council have met with the Care Inspectorate and Scottish Government's Chief Social Work Adviser office to discuss the plans. The key message taken from the meeting was to focus on the priority areas for improvement identified in the Adult Support and Protection Inspection report. Our approach, including actions undertaken, was well received and movement at pace was encouraged.
10. On 4 May 2023, a motion from Councillor Miller was agreed that unpaid carers/parents and service users are involved in the development of all improvement plans. A meeting was held on 29 May 2023 between the Service Director – Operations and the Carers Strategic Planning Group. The group welcomed further engagement regarding the plan and recognised the tight deadline of completion for the EIJB and Full Council meetings. It was requested that review periods are built in so that there can be ongoing engagement to help influence further development of the plan. This is a welcome suggestion that officers agree with, providing opportunity to engage with a wider range of stakeholders, especially those in receipt of services.

Current Status of the Improvement Plans

11. As stated above, the Adult Support & Protection Inspection Improvement Plan has been submitted to the Care Inspectorate. Now that we have greater clarity of the interface with the Social Work and Social Care Inspection actions, timescales and leads have been allocated to each action. The plan has started being implemented. This will gather momentum now that the new Adult Protection Lead Officer has been appointed and furthermore with the start of the Partnership's Principal Social Work Officer at the end of July. Improvement actions already underway are outlined in the improvement plan against each of the areas for action.

12. Priorities for year one have been identified and are predominantly focused on adult support and protection, so to ensure that the people of Edinburgh are safe. Priorities and high level actions are below with a detailed action plan outlined in appendix 2:

	Priority	Related High Level Actions
1	Early intervention, prevention and demand management	<ul style="list-style-type: none"> • Draft and consult on a prevention strategy • Improve access for people at the point of contact through a focus on Social Care Direct. Ensure people at risk of harm are identified with the right action taken quickly.
2	Reducing waiting lists and improving access to services	<ul style="list-style-type: none"> • Increase capacity through an agency Social Work team to undertake reviews of people in receipt of services to ensure needs are being met. • Develop trajectory to demonstrate tangible and quantifiable improvement for waiting lists to be brought in line with national averages as priority.
3	Best use of resources to meet demand and improved structure.	<ul style="list-style-type: none"> • Undertake strategic commissioning exercise to ensure that the IJB has a clear understanding of bed based services (including dementia, nursing, intermediate care) to meet people's needs • Undertake strategic commissioning exercise to ensure that the IJB has a clear understanding of service need for people with mental health problems • Continue with One Edinburgh programme, increasing capacity for people requiring a package of care to live at home independently. • Implement a revised, strengthened professional line management structure that achieves more benefit from integration and ensures resources are directed at the priorities being identified in response to the inspection findings.
4	Basic and key processes	<ul style="list-style-type: none"> • Introduce new ASP Investigation processes with specific chronologies and risk assessment • Roll out one assessment tool that ensures consistent approach across the city. • Replace SWIFT with a system that improves processes and creates service capacity, efficiency and safety.

5	Workforce – recruitment, retention and governance	<ul style="list-style-type: none"> • Increase work on advert and recruitment through more innovative routes • Progress incentives and recruitment on a higher salary scale with HR for experienced Social Workers
6	Governance, including professional supervision, manager oversight and quality assurance.	<ul style="list-style-type: none"> • Induction of Principal Social Work Officer • Implement Quality Assurance audit for effective manager oversight and supervision recording • launch of Quality Assurance Practice framework with monthly learning from practice audits

13. Years 2 and 3 will build on the momentum of activity in year 1 and expand into broader practice social work and social care practice. For example, once good adult support and protection practice is established at Social Care Direct, other opportunities for training, service development, links with wider 3rd sector and community groups will be introduced. Similarly, while priority is to have a prevention strategy, this will be followed by other strategies for specific priority groups including older people, people with a learning disability and also a market position statement that will underpin our strategic commissioning.
14. Key Performance indicators will be developed for each priority area so to understand the impact of the improvement actions.

Resources

15. This plan is highly ambitious and being undertaken at a time when resources are tight and savings are needing to be made. The priority is to maximise existing resources and allocate to the priorities outlined in this plan. Work is underway to identify any activity that can be deprioritised but minimises impact on people – people needing services and our staff. This will be reviewed ongoing.
16. This plan cannot be delivered with resources only from the Partnership. Resource is required from colleagues in Corporate Services, including HR and Learning & Development in addition to the Chief Social Work Officer's Office. There is also work ongoing across the country led by the Scottish Government's Social Work Adviser and Social Work Scotland. We will actively work with support agencies to learn from best practice and implement locally.
17. Additional resource is required to increase front-line Social Work teams to improve performance and improve access to assessment and care management. Strategic commissioning expertise and capacity has also been identified as a gap in the Partnership and will be required to move forward the strategic commissioning work on bed base and mental health at pace.
18. Resource capacity will continue to be reviewed; however, it should be acknowledged that once we get into the details of the implementation further resource may be

required. This will be managed within existing delegation of resource and reported to EIJB as appropriate.

Reporting and Governance

19. With Social Work Services delegated to the Edinburgh Health and Social Care Partnership, the Edinburgh Integration Joint Board are requested to agree the plan. A report will be submitted to Performance and Delivery Committee three times per year so to monitor the implementation of the Improvement Plan from an investment and service improvement perspective. Update reports will also be referred to Clinical and Care Governance Committee for information.
20. The improvement plan will be presented to Full Council for information and noting on 22 June 2023. It is proposed that the Council Policy and Sustainability Committee receive a progress report three times per year so to monitor the implementation of the statutory and service improvement aspects of the plan with a formal annual review. To minimise the burden on reporting, the same report where possible, should be submitted to Policy and Sustainability and Performance and Delivery Committees.
21. An oversight group has been in operation developing the improvement plan. It is proposed that a new Social Care and Social Work Improvement Plan Group is established. If agreed, a terms of reference will be established and group formed. This group will report to the Council Leadership Team, the Partnership's Executive Management Team and then report into the Chief Officers Group for senior oversight.

Implications for Edinburgh Integration Joint Board

Financial

22. There are evident strong links between the improvement plan and the Medium-Term Financial Strategy (and is a separate agenda item for this meeting). Many of the workstreams will deliver across our 3 change objectives:

- improving lives in Edinburgh
- improving services
- improving costs

As such, the financial impact of those workstreams in the improvement plan which will deliver improved services at less cost have been reflected in the Medium-Term Financial Strategy. Those workstreams which have been prioritised and which are projected to lead to in year financial benefits have been presented for approval in the separate paper to this meeting.

23. As outlined above, it is also acknowledged that many of the individual proposals in the improvement plan will require resourcing to support successful delivery. As the implementation plans are being developed the exact requirements will become clearer, however, emerging themes range from learning and development support for

improving staff practice to resourcing service gaps, e.g. specific bed capacity and supported living. Details will be presented to the board for approval in due course.

24. Where there is a degree of clarity on the level of investment required to deliver savings, these costs have been reflected in the proposals in the separate Medium-Term Financial Strategy paper. Specifically, this includes reworking our approach to review and assessment and consequently reducing waiting lists and improving performance. It also involves bolstering our commissioning teams to ensure we have appropriate system wide capacity and that it is delivered in the way which best represents best value for money. We expect there will be some offsetting of these additional requirements over the life of the MTFS as existing resources are refocused on these priorities.

Legal/risk implications

25. The main risks of non-delivery are that the Council's statutory duties are not met. Through implementing this plan while working across the Council, with strengthened professional Social Work leadership and governance and active engagement with the Care Inspectorate and Scottish Government and regular reporting as set out within sections 19 – 21 above, this risk is mitigated.
26. The other main risk relates to Operational and Strategic Commissioning capacity to drive forward improvements. Resource requirements have been estimated and factored into the Medium-Term Financial Strategy.
27. There remain high levels of vacancies which are impacting on staff's ability, physically and mentally, to engage fully in improvement activity. Resource capacity management to deliver improvement will be a standing agenda item on the Oversight Group.
28. It is important to note that this is very hard work and many staff are already exhausted. Other areas will not be able to get full attention while this journey is in place. Prioritisation of activity and resource while balancing risk to people requiring/in receipt of service will be an ongoing tension and balance.

Equality and integrated impact assessment

29. No Integrated Impact Assessment has been completed for the purpose of this report. As elements of the improvement plan are inter-related with the Medium-Term Financial Strategy, some priorities have been impact assessed through that process, i.e. undertaking assessments and reviews and strategic commissioning. This is reported in the Medium-Term Financial Strategy report presented at EIJB

Environment and sustainability impacts

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

Quality of care

31. As outlined throughout this report, this plan will impact positively on the quality of care provided to the people of Edinburgh.

Consultation

32. This report has been prepared with the support of the colleagues in the City of Edinburgh Council and Health and Social Care Partnership. It has been developed through engagement with staff, meeting with the Care Inspectorate, Scottish Government's Chief Social Work Adviser office and through a meeting with the Carers Strategic Planning Group.
33. Considering that engagement with stakeholders has been limited, this first year will scope how people that use services, carers and staff can be involved in the plan's further development and a broader set of views will be incorporated into the annual review process.

Report Author

Mike Massaro-Mallinson

Service Director, Operations

Edinburgh Health and Social Care Partnership

Email: mike.massaro-mallinson@nhslothian.scot.nhs.uk

Background Reports

1. [Joint Inspection of Adult Support and Protection, City of Edinburgh](#)
2. [Inspection of Adult Social Work and Social Care Services in Edinburgh](#)

Appendices

Appendix 1: Adult Support and Protection Inspection Improvement Plan

Appendix 2 Adult Social Work and Social Care Inspection Improvement Plan

ADULT SUPPORT AND PROTECTION INSPECTION

IMPROVEMENT PLAN

EDINBURGH 2023

Version 7

ASP Practice	13 improvement areas
IRD	4 improvement areas
Investigations	2 Improvement areas
Chronologies	1 improvement area
Case conferences	4 improvement areas
Assurance	2 improvement areas
Training	1 improvement area
Capacity	1 improvement area
APC	2 improvement areas

ASP Practice

1. ASP Practice (key processes)
The partnership's strategic leaders should ensure there is consistent, competent, effective adult support and protection practice that keeps adults at risk of harm safe and delivers improvements to their health and wellbeing.
Improvement activity
Review existing practice standards.
Ensure that practice standards outline and make explicit issues of consistency, competence, and effectiveness for risk of harm and improving health and wellbeing.
Audit for assurance against the practice standards
2. ASP Practice (consistency)

Social work did not routinely carry out adult protection investigations when it should have.

Improvement activity

Review existing procedures and expectations.

Offer consultation and training for all Social Workers and senior Social Workers regarding adult protection.

Audit for assurance

3. ASP practice (Management oversight)

Management oversight of screening was an acknowledged area for improvement. This also applied to initial inquiries.

Improvement activity

The SCD Response Team will be managing most of the incoming work and ASP DTI cases, ensuring a city-wide consistent approach to screening and management oversight. The team will receive bespoke training to support this.

This training will also be delivered to all locality team managers and Seniors.

Audit for assurance against this screening standard.

4. ASP practice (3 point criteria)

Almost all initial inquiries did not record application of the three-point criteria. Most showed no sign of management oversight. This called for improvement. Specific fields in the partnership's initial inquiry template would help.

Improvement activity

There are new ASP DTI and ASP Investigation templates in development which will be added to AIS in the Assessment tab as questionnaires. These make a clear distinction between an ASP DTI and an ASP Investigation. The new ASP DTI also has specific fields in the template to record the three-point criteria.

Ensure that the process for management oversight of the DTI and ASP Investigation are in place.

Audit for assurance

5. ASP practice (Risk assessment)

Most of the time a risk assessment was included in the report of the interagency referral discussion. Most adults at risk of harm had a risk assessment. Significantly, some did not have one. This needed improvement. A standard risk assessment template for adults at risk of harm would support improvement.

Improvement activity
There are new ASP DTI and ASP Investigation templates in development which will be added to AIS in the Assessment tab as questionnaires. These have specific risk assessment fields in the template. These ASP needs to be authorised by a Senior on completion, which will ensure the risk assessments are present and of a required standard.
Audit for assurance

6. ASP Practice (capacity assessments)
Social work did not request a capacity assessment from health for some adults at risk of harm who required one. This called for improvement.
Improvement activity
Review existing process to access capacity assessments.
Ensure practitioners know how, who, and when to ask for a capacity assessment.
'Working Across the Acts' training to be finalised and become a mandatory training module.
Ensure that there is a clear process in place and that this is well understood across the workforce. GP – can make onward referrals, mental health – mental health clinician, psychiatry of old age.
Audit for assurance.

7. ASP Practice (Police)
The divisional concern hub and inquiry officers focused on criminality when a holistic approach to needs and expectations may have supported early and effective prevention and intervention.
Improvement activity
Recognised that in some cases the frontline Police officers who initially attend an incident submit the interim vulnerable person's database report in a style that can resemble a crime report. Concern Hub staff have the ability to edit and redact the report prior to it being shared and this editing could temper the language and focus more on an individual's needs.
There has been an improved procedure brought into place whereby Concern Hub staff interact and share information with Social Care Direct counterparts. This newly introduced procedure has allowed for increased channels of communication.
Audit for assurance.

8. ASP Practice (Police)

Where the criteria for the application of the escalation protocol was met (repeated police involvement), there was an inconsistent approach. In some cases an escalation review was not carried out when it should have been. There were missed opportunities to develop existing local practice, by involving local area command in response or protection planning.

Improvement activity

The Interim Vulnerable Persons Database has had a software update to address this issue. This update will mean that the escalation protocol is automatically applied and removes the inconsistent professional judgement.

Work continues to discuss the involvement of local area commanders. Part of the escalation protocol will be to alert the local area in which an individual or problem exists.

9. ASP Practice (feedback to referrer)

Just under half of staff surveyed said social work gave them prompt feedback about adult support and protection concerns they raised. Just under half said they got no feedback. This merited improvement.

Improvement activity

Review existing practice.

Standardise feedback to referrer.

Remind all colleagues to provide feedback.

Audit for assurance.

10. ASP Practice (Social Work records)

For just under half of adults at risk of harm the recording, mainly in their social work record, was not in keeping with their needs. There was no record of supervision decisions in some of social work records – this merited improvement.

Improvement activity

Review existing practice.

Develop a standardised approach to supervision recording.

Create and roll out training for managers recording supervision into case files.

Audit for assurance.

11. ASP Practice (Outcomes)

Most adults at risk of harm were supported throughout their adult protection journey. Just over half of support was good or better, which indicated there was room for improvement. Adults at risk of harm had improvements to their safety, health, and wellbeing because of the partnership's joint efforts to support them. For others, critical actions were not executed, or vital support services were not delivered quickly enough.
Improvement activity
Review practice standards for adult protection.
Review what support for adults looks like in Adult Protection.
Develop clear guidance for supporting people through Adult protection.
Review and clarify escalation process for unmet need, complex circumstances and unforeseen delays.
Audit for assurance.

12. ASP Practice (Advocacy)
The partnership did not offer an independent advocate to just under half of adults at risk of harm who would potentially have benefited from one. This called for improvement.
Improvement activity
Review advocacy arrangements including referral.
Ensure referral for advocacy discussions part of ASP process.
Capture unmet need.
Audit for assurance.

13. ASP Practice (action against harm)
For all known alleged perpetrators of harm, the partnership took some action against most of them. The quality and effectiveness of the partnership's actions against known alleged perpetrators had room for improvement, with some weak or unsatisfactory.
Improvement activity
Review existing practice with perpetrators of harm through audit.
Review existing tools and approaches to working with perpetrators of harm.
Review training on working with perpetrators of harm.
Audit for assurance

IRD

14. IRD (Recording)

The interagency referral discussion report was often not an account of a person-to-person discussion among core partners. Rather, it was a rolling record of partners' views, often copied and pasted from other documents such as interim vulnerable persons database reports.

Improvement activity

The practice of copy and paste is recognised. Refresh training and briefing to curb this practice and to ensure that the discussion of fact and statement forms the record and not the rolling record of views.

Review and update the IRD Guidance for Adult IRDs.

Use IRD workshop to revisit expectations around discussion led IRDs.

Audit for assurance.

15. IRD (Health involvement)

The partnership needed to take prompt decisive action to ensure city-wide direct health inclusion in interagency referral discussions.

Improvement activity

Reiterate to partners that in absence of known, involved specialist clinicians or and services, contact GP.

Roll out of current plan to include health participants in IRDs in all localities in Edinburgh.

Provision of peer support and supervision by adult support and protection advisors and peers, to support staff as health participants in IRDs.

Robust feedback from IRD Review group to support staff and share good practice.

When health practitioners are participants in IRDs in all areas – add functionality on eIRD for health to sign off.

16. IRD (information sharing)

Health professionals almost always shared information appropriately. But there were some instances where the quality of information shared could be improved.

Improvement activity

Distribution of newly revised NHS Lothian ASP procedure highlighting information sharing.

Incorporate detailed information sharing component into training.

Robust IRD review feedback mechanism for health staff undertaking IRDs.

17. IRD (Case conference)

For a significant few there was no case conference when there should have been.

Improvement activity

Better understanding of ASP and what constitutes the threshold for holding a case conference. The updates to the Revised Code of Practice allow for a consistent approach.

Audit for assurance.

Investigations

18. Investigations (Responsiveness)

The partnership should carry out a prompt adult protection investigation for all adults at risk of harm who require one.

Improvement activity

The new SCD Response Team will support localities by managing work at the front door and ASP DTI referrals. This will give more capacity to localities to carry out a prompt ASP Investigations and meet agreed standards.

Review and reissue guidance on the standard for ASP investigations.

Review and renew training regarding ASP investigations.

Audit for assurance.

19. Investigation (Quality of and the direct involvement of people)
Social work did not consistently interview adults at risk of harm about the adult protection concerns raised about them. Other parties, such as paid and unpaid carers and alleged perpetrators were often not interviewed. When the partnership did conduct an investigation, quality was uneven, with some weak.
Improvement activity
There is a new ASP Investigation template in development which will be added to AIS in the Assessment tab as a questionnaire. This has specific fields for who has been interviewed. The ASP Investigation needs to be authorised by a Senior on completion, which will ensure relevant people are interviewed and of a required standard.
Specific training for Council Officers will be developed to cover the revised ASP Policy and Procedure, and Codes of Practice, with specific emphasis on good, evidenced based recording, which will include conducting investigations, which will consider interviewing.
The ASP standards will be reviewed to consider whether standards need to be added about who is to be interviewed as part of an ASP Investigation.
Audit for assurance.

Chronologies

20. Chronologies
The partnership should improve the quality of chronologies and risk assessments for adults at risk of harm. And all adults at risk of harm who require a chronology and a risk assessment should have one.
Improvement activity
There is a new ASP Investigation template in development which will be added to AIS in the Assessment tab as a questionnaire. This has specific chronologies and risk assessment fields. The ASP Investigation needs to be authorised by a Senior on completion, which will ensure the chronology and risk assessment are present and of a required standard.
Specific training for Council Officers will be developed to cover the revised ASP Policy and Procedure, and Codes of Practice, with specific emphasis on good, evidenced based recording, which will include chronologies and risk assessment.
Audit for assurance.

Case conference

21. Case conference (Health attendance)
Attendance at adult protection case conferences was variable. Health attended just over half they were invited to.
Improvement activity
Review of recent case conference health attendance to better understand practice.
Ensure accurate recording of attendance at case conferences is in place.
Health to explore barriers for non-attendance at case conferences – what is in place? – who is not attending? timescales, invites, reports/analysis, templates? communication within health to agree standard and expectations of responsibilities.
Senior management support in implementation of actions
Social Work to be supported to understand line management structures and how to agree appropriate representation and to notify line manager of non-attendance.
GPs –exploration and agreement with GPs through Clinical Director regarding role and responsibilities in case conferences.
22. Case conference (Police invitation)
Social work did not invite police to some case conferences when they should have.
Improvement activity
At the signing off and agreement to close the IRD Police and Social Work to clearly agree and document whether Police attendance is required.
Audit for assurance – check to be put in place to ensure that when this has been agreed Police have been invited.
23. Case conference (quality of minutes and distribution)
Often, there were no business support staff available to take minutes. In these situations, social workers had to take the minutes. This could lead to substantial delays in circulating minutes to attendees and others. Case conference minutes could be sparse and not a full, accurate record of the participants' discussion and decisions made.
Improvement activity
Review number of case conferences and those minuted.

Review existing number of minute takers in Business Support.
Report to ASPC on quarterly basis the number of APCs minuted and by whom.
Audit the quality of minutes.

24. Case conference (Safety planning)
“safety plans” - Quality issues included not stating clear timescales for actions and who was responsible for carrying them out, and not addressing significant risks.... some review case conferences did not determine the necessary actions to keep the adult at risk of harm safe.
Improvement activity
Review plan templates to ensure that the format enables easy recording of action timescales and who holds responsibility for their action.
Ensure that plans have clear timescales, actions and persons responsible noted.
Review and renew training on safety planning for case conferences.
Audit for quality of plans that respond to the risks assessed.

Assurance

25. Assurance (Activity recommencement)
The partnership should prioritise recommencement of multi-agency audits of adult support and protection records, quality assurance, and self-evaluation activities for adult support and protection.
Improvement activity
Re-establish multi-agency audit programmes.
Establish self-evaluation programme for ASP work – single and multi-agency.

26. Assurance (Outcomes)

The partnership did not carry out any activity with adults at risk of harm or their unpaid carers to ascertain their perception of the outcomes adult support and protection activity realised for them. This merited improvement.

Improvement activity

Establish a mechanism for discussing outcomes of adult protection with those people involved.

Report outcomes from these discussions into APC.

Report outcomes for these discussions into Clinical and Care Governance Group.

Link outcomes to broader self-evaluation activities (above).

Capacity

27. Capacity

Inadequate capacity within social work services impacted adversely on the competent, effective, and efficient execution of key processes for adult support and protection. There was recent improvement action, with the creation of senior adult practitioner posts. It was too early to tell the impact of this.

Improvement activity

A longer-term recruitment and retention plan will be developed across all social work areas – Adult Service, Children’s Services and Justice Services led by the CSWO, in conjunction with other relevant managers from those services.

The new PSWO will support efficient execution of key processes for adult support and protection.

The interim CSWO and EHSCP Service Director – Operations are developing a workforce plan focussed on short-term recruitment and retention.

Training

28. Training

But only just over half of staff considered they participated in regular, local multi agency adult protection training – some said they had not had this training.

Improvement activity
Review L&D strategy and suite of training.
Explore whether dedicated Council Officer training and refresher training required.
Promote L&D strategy and review multi-agency strategy.
Establish what barriers to accessing training exist within partner agencies. Line management responsibility for staff to be able to attend training pertinent to roles and responsibilities.
Review how ASP multi-agency training is promoted and whether improvements can be made.
Audit for impact.

APC

29. APC (Governance and insight)
governance for social work adult support and protection practice, in particular, needed improvement. The adult protection committee did not have effective mechanisms to inform it about the existing critical adult protection key processes deficits.
Improvement activity
Commit to audit activity to understand the current working practices and identify methods of improvement this will better inform the APC and in turn allow to keep the chief officers informed of progress.
Better lines of communication with frontline workforce from the APC will be created and maintained.
PSWO to attend the APC and report on any escalation requirements.

30. APC (Lived experience representation)
The adult protection committee did not have a delegate who was an adult at risk of harm. It did not have an unpaid carer who cared for an adult at risk of harm as a delegate.
Improvement activity
Review previous work undertaken on this.
Establish purpose, meaning, and supports required for involvement to be of value and not tokenistic.

Appendix 2: Social Work and Social Care Improvement Plan

Improvement Plan summary outlining priorities for year 1 and key themes for improvement

Categories		Supply			Demand			Engine Room	
Workstreams	Priorities for delivery in year 1	Workforce and Resources	Commissioning and Market	Operational Effectiveness	Early intervention and prevention	Front Door	Care Delivery & ASP response	Governance, QA and Policy	Digital
Summary	<ul style="list-style-type: none"> • Early intervention, prevention & demand management • Improving access to services • Best use of resources via commissioning • Improved structure • Basic and key processes • Workforce – recruitment, retention • Governance/ Quality Assurance 	A programme addressing vacancies, retention, our practice and morale in social care and throughout the Partnership.	Bringing good commissioning skills and lifecycle to fruition, managing the market back into control through, negotiation, frameworks, reverse auctions, market engagement, new entrants to the market, block contracts and price agreements.	Ensuring we are maximising the use of resources, being efficient with our monies and ensuring we have a future proof structure to deliver good quality services that meet people's needs.	Getting further upstream to get people care earlier and stop people tipping into crisis. Bring Thrive, social prescribing and embedding of 3Cs / asset-based working. Base on community mobilisation programme.	Changing our front door to identify people at risk, improve review and assessment, reduce waiting lists, and improve access to care. Prevent hospital admission and reduce delayed discharges.	Modernising the offer of care in various services and ensuring our services are safe in line with the CI Inspection. Bed based review, housing support, LD review, MHO, interim beds.	Getting in place stronger, leaner governance and decision making underpinned with clear policy to enable staff to offer the right care.	Moving to a more digital care offer including Swift replacement, telecare and telehealth, Social Care Direct improvements.

Improvement Plan summary outlining resource requirements currently identified

Where there is a degree of clarity on the level of investment required to deliver savings, these costs have been reflected in the proposals in the separate Medium-Term Financial Strategy. Specifically, this includes reworking our approach to review and assessment and consequently reducing waiting lists and improving performance and bolstering our commissioning teams to ensure we have appropriate system wide capacity and that it is delivered in the way which best represents best value for money

Categories		Supply			Demand			Engine Room	
Workstreams	Priorities for delivery in year 1	Workforce and Resources	Commissioning and Market	Operational Effectiveness	Early intervention and prevention	Front Door	Care Delivery & ASP response	Governance, QA and Policy	Digital
Resource Gaps and support required	Front line backfill Project & Programme Managers (PM) Digital PM Comms 2 x Commissioners High impact team (Social Work Team for Reviews and Assessment) Quality Improvement capacity	CEC HR Support CEC Recruitment Support Programme Management Planning Modelling	Contracting Backfill Commissioning Support	Finance Support CEC HR Support	EIP Commissioner	Front line back-fill PM Quality Improvement capacity	Front line back-fill PM	Council Democratic service support Business Support PM	Business case expertise Digital Strategy Digital PM CGI

Detailed Improvement Plan in response to the inspection of Social Work and Social Care in Edinburgh

Action	Lead	Outcome	Evidence	Progress made	
Workforce – workforce morale					
1	Service Director - Operations Council HR Council Corporate Services Council HR/L&D and PSWO	Social work effectiveness and staff morale are good. Vacancies are kept low, and staff wellbeing is supported across the service. Improved efficiency through use of an effective system that is fit for purpose. Staff feel invested in and have development needs met.	Clear structure in place.	Principal Social Work Officer starting in July 2023.	
2			Workforce strategy – including benchmarking – in place and supporting low vacancy rates, high retention rates, and offering Edinburgh as a highly attractive and sought after employer.	Initial structure drafted that would strengthen social work management and governance. Oversight Group established.	
3			Build a business case for swift replacement and delivery plan.	New social work operating model.	Business case well underway for replacement of Swift – being submitted to F&R Committee on 20 June 2023.
4			Review training and development offer for workforce incl. managers via:	Clearer processes – with less paperwork.	HR approached re TNA and in discussion regarding what is required.
4a			Training Needs Assessment (TNA) to be undertaken with all Assessment and Care Management Staff, to ensure strategic priorities addressed.	One clear model used across social work and social care.	Working with CSWO – prioritising supervision training with Children’s Services.
4b			TNA to be developed.	Clear workforce development and professional development opportunities and offer.	
4c			TNA to be undertaken.	Looking back conversations evidencing meeting of training needs.	Full Training Needs Analysis undertaken with staff involved in hospital discharge re adults with
4d			Analysis of need.		
4e			Develop Learning and Development Strategy based on outcome of TNA		

Action		Lead	Outcome	Evidence	Progress made
4f	Commission training in line with strategic priorities.				incapacity, this informed development of the 'Working Across the Acts' training module. Module under ongoing development. Human Rights focused training delivered by 3rd sector partners CAPS and Carer's Council in place and accessible.
4g	Evaluate training to ensure that it meets needs outlined in TNA.				
5	Explore opportunities to develop training in collaboration with voluntary sector, where appropriate.				
Workforce – Recruitment of social workers and social care workers					
6	Undertake review and benchmarking of recruitment including T&Cs to support improved attractiveness, length of onboarding, pay, and reward.			Workforce strategy – including benchmarking – in place and supporting low vacancy rates, high retention rates, and offering Edinburgh as a highly attractive and sought after employer.	Council HR undertaking benchmarking exercise.
7	Develop key linkages with both universities and colleges supporting courses in social work and social care.		Vacancies are low and staff are retained.	Increased and sustained levels of student placements leading to high rates of onboarding from placement opportunities.	2 Student Hub Practitioners appointed in (insert date) and will be increasing student placements from (insert date).
8	Streamline recruitment process and strategy.		Improved recruitment process that reduces length of time from advert to starting date.	Recruitment and onboarding timescales at or better than benchmarked organisations.	2 Business Support Officers appointed to streamline the recruitment processes.
9	Recruitment campaign to be put in place to recruit permanent staff for both children's and adult services. This will include (and be an opportunity to test):	Council HR Cluster Manager/ PSWO	Recruitment delays and vacancies do not impact upon social work staff experiencing higher workloads.		
9a	A new brand for social work in Edinburgh – Working for Edinburgh Children.	CSWO/ Locality Manager PSWO/CSWO	Increased interest in working in Edinburgh HSCP.	Establishment and	1st open day held on 3 May 2023 in collaboration with Children's Services, second planned for June 2023.

Action	Lead	Outcome	Evidence	Progress made
9b			implemented workload management tool.	
9c				
10				
Workforce – pressure upon workforce				
11	Service Director	Improved management, accountability and responsibility.	Clear structure in place.	Principal Social Work Officer starting in July.
12	Locality Manager/ PSWO	Colleagues have the right balance between work demand and pressure and their own development and wellbeing.	Workforce development strategy and skills map in place.	Initial structure drafted that would strengthen social work management and governance. Oversight Group established.
13	CSWO/ PSWO	We have the right level of suitably skilled and qualified workforce. Where vacancies occur, we have a speedy response to covering these.	Establishment and implemented workload management tool.	2 Business Support Officers appointed to streamline the recruitment processes.
14	Council HR		Recruitment and onboarding timescales at or better than benchmarked organisations .	
14	Streamline recruitment process (as 8 above).			
Workforce – hybrid working				
15	Locality Manager/ CSWO	Colleagues working arrangements support the opportunity for informal peer support and discussion.	Established policy in place reflecting hybrid working and clearly outlining formal and informal support access.	Staff in office minimum of 2 days per week from March 2023.
	Service Director/ CSWO			
16	PSWO	Teams experience increased cohesion and new staff have	Guidance written explaining hybrid approach to meetings	From March 2023, staff teams encouraged to

Action	Lead	Outcome	Evidence	Progress made	
	face versus use of technology and virtual attendance.	Hub and Cluster Managers	as much support as is required to understand processes and building relationships with colleagues.	and contact with people.	discuss how hybrid working can be most effective.
17	Review existing formal and informal support for social workers and social care workforce and develop workforce ideas on how these can be improved.			Workforce clarity on the informal and formal supports offered to assist undertake roles and responsibilities.	
18	Develop clear Team Plans on support, professional development, and quality standards of service.			Team plans.	
Workforce – Workforce Strategy and Plan					
19	Develop and implement Recruitment and Workforce Plan (Note: Recruitment and Workforce Plan to incl. succession planning, training and development; skill enhancement, T&Cs and strengthening the attractiveness of EHSCP as an employer of SW/SC workforce) Note interface with actions 6-10.	CSWO/ PSWO Locality Manager/ PSWO	A detailed plan that is owned by the Social Work workforce. Staff that are retained, well developed, effective and proud to work in Edinburgh. The workforce strategy takes account of existing and future staffing, succession, and absence planning and career structures.	Workforce strategy – including benchmarking – in place and supporting low vacancy rates, high retention rates, and offering Edinburgh as a highly attractive and sought-after employer. Annual reporting in line with the EHSCP Workforce Plan. Workforce development strategy and skills map in place. Workforce data is available and has a level of	Working Together joint workforce strategy 2022-2025 approved by EIJB. Workforce plan being updated.
20	Review workforce skills, mix and size to ensure that we have the workforce capable of meeting the demand, now and in the future – benchmark with other HSCPs (see action 12).	CSWO/PSWO			

Action	Lead	Outcome	Evidence	Progress made
21			segmentation that allows in-depth analysis and projection. Staffing levels are monitored as well as being reviewed in line with changing needs over time.	
SP17. Workforce – workload volume, complexity and resource availability				
22	Service Director – Strategic Planning	People receive services at the right time.	Clear planning and commissioning plan in place to address service gaps. Better outcomes for people as good services in place.	One Edinburgh programme for care at home has been agreed at EMT and will be presented to EIJB in first draft in June 2023 Development Session.
23	CSWO/ PSWO	Staff are not holding onto people because services are unavailable to access.	Establishment and implemented workload management tool.	Work underway for mental health commissioning plan.
SP6. Demand – care package waiting times				
24	Locality Manager	Care packages are provided timeously.	Reporting in line with trajectory. Review of delivery gaps, and plans in place to address these resource issues.	Number of people waiting for a package of care has reduced steadily throughout 2022/23.
25		People live independently at home.	Clear planning and	One Edinburgh Command Centre meets daily to review progress.

Action	Lead	Outcome	Evidence	Progress made
26				
Develop new contract for care at home in tandem with inhouse model of reablement.			commissioning plan in place to address service gaps.	Future plans for One Edinburgh agreed at EMT in April 2023, including commissioning being presented to EIJB on 20 June 2023.
Demand – Number of Mental Health Officers and Mental Health Officer waiting times				
27				
Revise MHO working model – training, backfilled cover for training workload, supply and demand.	PSWO/ MHO Service Manager	The partnership delivers the Scottish average for mental health officers' work.	Revised MHO working model exists.	
28		Develop plan that supports MHO workforce to meet the demand for service, and establishes a workable caseload for MHOs.	There is sufficient staff capacity to meet increasing demand.	
		MHOs are supported, trained and equipped to manage basic statutory roles and responsibilities.		
SP9. Demand – ineffective management of demand				
29				
Extend strategic leadership and commitment to areas beyond delayed discharge and ASP.	Service Director – Strategic Planning	Effective management of demand that is understood by staff and the public.	Demand and capacity modelling.	Refer to actions 43-50 for progress made to date.
30	CSWO/ Locality Manager		Reduced waiting lists.	Performance framework in development to support management and oversight.
	Locality Manager/ PSWO		Reduced purchasing levels.	Assessment waiting list
	CSWO/PSWO			

Action		Lead	Outcome	Evidence	Progress made
31	Establish and report on the data regarding service support for matters in addition to delayed discharge and ASP.				performance report developed.
32	Develop a caseload/work analysis tool or mechanism - work with SWS to identify how possible (see action 13).				
Demand – workload pressures					
33	Conclude work on Organisational Structure (see Action 1).	Service Director – Operations	First line managers have the support and resources available to them that assist them manage their workload and demands of them.	Clear structure in place. Clarity of supervision roles, responsibilities and expectations.	Principal Social Work Officer starting in July. Council L&D approached to support Training Needs Analysis.
34	Review the support and supervision arrangements of first line managers.				
35	Review workload demands on SSWs.	Locality Manager/ PSWO	Senior social workers are supported in balancing demand, service capacity, risk and overseeing staff, including newly qualified social workers.	Clear workload management statement/guidance for SSW.	
36	Review SSW post, experience, skills T&Cs, training needs, etc. (link to TNA in Action 4).	PSWO	Clarity on the role, responsibilities, training, development, pay and reward for SSW role.		
Demand – hospital discharge					
37	Continue roll out of Discharge Without Delay in RIE and WGH.	Locality Manager Service Director – Strategic Planning	People prevented from being admitted to hospital. People being supported home on their planned day of discharge.	Number of occupied bed days. Number of people delayed in hospital.	Well established delivery plan for Dwd. One Edinburgh programme for care at home has been agreed at EMT and will be presented to EIJB in first
38	Dedicate capacity to Hospital Social Work.	Service Director – Strategic Planning/		Feedback from service users.	

Action		Lead	Outcome	Evidence	Progress made
39	Undertake strategic commissioning exercise to address resource gaps with bed base (inc respite and Care at Home as priority in year 1) (see Action 23).	Strategic Programme Manager	People living independently at home.		draft in June 2023 Development Session. People in REH rehab wards currently being assessed with a view to a commissioning plan being completed by September 2023.
40	Undertake strategic commissioning exercise for people in Royal Edinburgh Hospital (Rehabilitation , Old Age and Psychiatry).				
Demand – Disproportionate time on screening					
41	Improve decision making at Social Care Direct, allowing all work coming through to be allocated (see action 32).	CSWO/ Locality Manager	Improved communication between teams. Stronger understanding of people’s needs. Effective management of demand that is understood by staff and the public.	Case note audit. Waiting list data and trends.	Project Initiation Document currently being drafted for a collaboration with children services, developing an integrated front door. Council Corporate Services identifying resource to support development of self assessment and single tool to support access to the front door.
42	Review and update Eligibility Policy and procedure to support staff’s accurate implementation.		Released capacity for other meaningful activities.		
Early Intervention and Prevention - Social Care Direct – personal strengths and assets					
43	Review Social Care Direct function, capacity and processes.	CSWO/Locality Manager	Increased focus on prevention, early intervention and asset-based community development working at front-door. Reduction in the number of people needing social work	Review of SCD complete.	Initial meeting held with Glasgow HSCP – follow up meeting being arranged on back of data/reports being shared with EHSCP. Project Initiation Document currently being drafted for
44	Options appraisal report to move to an integrated front door.			Options report completed. Change programme in place.	
45	Change Programme with multi-agency operation and governance meeting.			Learning disseminated.	

Action		Lead	Outcome	Evidence	Progress made
46	Learn from other HSCP (including Glasgow) front door and multi-agency safeguarding models.	CSWO/ Locality Manager	support.	Review of one system completed.	a collaboration with children services, developing an integrated front door – detailed dates will follow on it's completion.
47	Review opportunities for one system that can support SCD to tap into voluntary sector and other resources (Thrive) that facilitate self-management.		Increased access to local resources and non-statutory services.	Asset based team created.	
48	Develop initial response team, using asset-based approach.		Online platform for self-assessment and signposting in place.		
49	Develop on-line platform where people can self-assess and be redirected to voluntary sector and other resources that facilitate self-management.		Efficient and effective linkage with voluntary sector in place for support and self-assessment.		Council Corporate Services identifying resource to support development of self assessment and single tool to support access to the front door.
50	Enable improved interface with voluntary sector support – self assessment and access to support.				
Early Intervention and Prevention – inconsistent approach					
51	Commit to full implementation of strength based practice using 3 Conversations model – develop communications based on way forward.	Locality Manager/ Communications Manager	Staff have a strong understanding of strength-based practice. A consistent understand of what a good service looks like.	3Cs fully implemented and the only recognised approach being used. Good service training suite in place.	
52	Develop and deliver leadership training and development focussing on delivering a good service from start to finish.	Locality Manager	Approaches to early intervention and prevention are coordinated and consistent.	Rolling programme of quality assurance of early intervention and prevention in place.	

Action	Lead	Outcome	Evidence	Progress made
53	Quality Assure early intervention and prevention work.		Staff Surveys. Audit of case notes.	
Early Intervention and Prevention – policy and procedure				
54	Develop an early intervention and prevention strategy and procedure.		Prevention strategy exists – or included explicitly in strategic plan.	
55	Review commissioning plans for service gaps or need for transformation e.g. respite, bed base, carers support etc.		Approval of policies. Audit of implementation.	Build on the work of Community Mobilisation, community grants and the Edinburgh Pact which has a direct correlation with early intervention.
56	Improve and implement a joining up/reading across of existing preventative supports/frameworks.	Service Director - Strategic Planning/ Strategic Programme Manager Council L&D	Procedures that staff can use to support practice. An understanding of staff's training needs.	The EIJB Strategic Plan is built on principles of early intervention.
57	Include early and prevention in training needs analysis to identify learning needs for workforce and commission resources appropriately.		Reporting to Governance Group. Clear early intervention planning and commissioning plan in place to address service gaps. Training and workforce development and change programme in place.	Above can be used as basis of procedures.
Early Intervention and Prevention – investment in Telecare				
58	Develop a telecare/ digital strategy and commission in response to need.	Chief AHP	We invest in preventative services such as telecare. The City of Edinburgh is delivering	Increased use of telecare package and investment in place. Initial work undertaken to link to Medium Term Financial Strategy. More

Action	Lead	Outcome	Evidence	Progress made	
59	Review of existing budgetary use to determine how 'preventative spend' can be measured, tracked and evaluated.	HHS Manager/ Strategic Programme Manager	Scottish average levels of telecare across all age groups.	Measurement for preventative spend in place with data linked to spend available and produced for governance.	work required to evidence preventative spend.
Key Processes – Average waiting times against Scottish average and communication on waiting times					
60	Train and develop colleagues on managing waiting lists – take learning from NHS Lothian waiting list management.	Service Director – Operations	Our activities on the following areas are at or better than the Scottish average: period between first contact and having a completed assessment; average waiting times for an assessment; hours of unmet need.	Waiting list management training in place.	See 43-50 for progress relating to front door.
61	Review whether existing waiting lists are fit for purpose and if waiting lists can be merged, with view to making easier to manage waiting list.	Locality Manager/ PSWO PSWO/ CSWO		Establishment and implemented workload management tool.	
62	Develop a caseload management tool (see action 13) – work with SWS to see feasibility of this action.	Service Director – Strategic Planning	Our service responds to demand in a timely and prioritised manner.	Data reports available for managers to understand demand and supply data affecting service areas.	Performance report for assessment has been developed but needs further refinement.
63	Creation of improved data/management reports.	CSWO/PSWO		Social work and care standards in place.	
64	Establish social work and care standards.	CSWO Office	People on the waiting list are informed of their position, when they can expect to be seen.	Quality assurance framework in place with monthly audits.	Adult Support Protection practice standards in development with social work practice leads.
65	Develop a quality assurance framework with monthly learning from practice audits.	CSWO/ Locality Manager Locality Manager/ PSWO		Workforce development strategy and skills map in place.	
66	Manage demand at the front door - move away from contact - waiting list and move towards supports.	Service Director – Strategic Planning	We have a clear process and practice in place that keeps people informed as to what happens next and when for them, no matter the stage of	Clear planning and	Quality assurance practice framework and audit program to start July.

Action	Lead	Outcome	Evidence	Progress made	
	needs being actioned as soon as additional needs identified (see actions 43-50).	Locality Manager	their assessment for care, support and protection.	commissioning plan in place to address service gaps.	
67	Review workforce skills, mix and size to ensure that we have the workforce capable of meeting the demand, now and in the future (see action 12).			Process in place that ensures those people who are awaiting a service or review, are advised and receive clear and regular communication regarding their wait.	
68	Review of process for communication to people whose needs cannot be met immediately and require to be placed onto a waiting list.			Case not audits.	
Social Work Practice – Quality of risk assessments					
69	Review and refresh procedure on risk assessment and management.			New procedure on risk assessment and management in place.	New Duty to Investigate with investigatory powers will be implemented 12 June 2023 which includes 3-point criteria, and the new codes of practice interpretations and risk assessment. 6 briefing sessions undertaken.
70	Establish social work and care standards (see action 66).	CSWO Office/ASP Lead	A robust approach to risk, supported by clear procedures and training is in place.	Social work and care standards in place.	
71	Develop Leadership training and development to focus on risk assessment and management (link to action 4).	CSWO Council HR/ L&D and PSWO	Defensible decision making clearly documented regarding actions and mitigation.	Leadership training suite in place.	
72	Develop a quality assurance framework with monthly learning from practice audits (see action 67).	CSWO		Rolling programme of quality assurance case file audits in place.	Quality assurance practice framework and audit program to start July.
Social Work Practice – quality of assessments					
73	Establish social work and care standards (see action 66).	CSWO	We produce assessments of people's needs which are of a	Social work and care standards in place.	Full Training Needs Analysis undertaken with staff

Action	Lead	Outcome	Evidence	Progress made
74	CSWO Office and PSWO Council HR/ L&D and PSWO CSWO Office	high standard. We have management oversight arrangements, as well as Quality Assurance Frameworks that support consistent practice in this area.	3Cs fully implemented and the only recognised approach being used. Social work key processes and skill straining suite in place.	involved in hospital discharge re adults with incapacity, this informed development of the 'Working Across the Acts' training module. Module under ongoing development.
75			Rolling programme of quality assurance of management and supervision in place.	Human Rights focused training delivered by 3rd sector partners CAPS and Carer's Council in place and accessible.
76			Rolling programme of quality assurance case file audits in place.	See actions in response to 67 above as further evidence.
77				
Key Processes – number of outstanding and overdue reviews and inconsistent approach to reviews				
78	CSWO Locality Manager Service Director/ Locality Manager/ CSWO	Overdue reviews are rare, and where they do occur, a clear mechanism of escalation exists. Reviews of support are a clear priority for social care and social work colleagues.	Social work and care standards in place. Review policy in place.	2 x agencies approached and identifying resource to support high impact team. Business case being drafted, linked to MTFP.
79	Locality Manager/ CSWO Office	We have a consistent and standard approach to reviews. We have clear procedure on undertaking, conducting and	Backlog of reviews has been addressed. Use of AIS/SWIFT has been reviewed and recording guidance updated.	HR L&D been approached to support TNA. Two new templates, embedded onto AIS

Action	Lead	Outcome	Evidence	Progress made	
80	Council HR/ L&D and PSWO	recording the outcomes of reviews. This has included streamlining the recording process for reviews.	Social work key processes and skill straining suite in place. Rolling programme of quality assurance case file audits in place.	improving recording and consistency for Adult Support and Protection risk assessment.	
81					Streamline AIS/SWIFT recording.
82					Review training and development offer for workforce incl. on the need to improve key social work functions (see action 4).
Key Processes – welfare guardianship reviews					
83	PSWO/CSWO	We have clear standards, processes and reviews in place for welfare guardianships. We have a system in place that ensures that lapses in applications do not occur.	Data on welfare guardianship reviews available and reported to governance group. Welfare guardianship review guidance created and issued.	Data reporting in place but needs to be revised to meet current needs.	
84					Review and implement improved review and standards for welfare guardianship reviews.
Key Processes – out of date policy and procedure					
85	CSWO Office Corporate Services	Our policies and procedures are up to date and regularly reviewed.	All policies covering social work and social care are up to date and annually reviewed.	Adult Support and Protection Policy and procedure drafted and will come to Policy and Sustainability Committee for approval by October 2023.	
G3. Governance – oversight of key processes, legislation and service delivery					

Action		Lead	Outcome	Evidence	Progress made
86	Undertake legislative mapping of tasks required and systems in place to complete social work and social care duties.	Council HR/ L&D and PSWO	We have sufficient strategic leadership and management oversight of key processes, meeting legislative requirements, policies, procedures and guidance and ensure sufficient capacity and capability to deliver safe and effective services for vulnerable people.	Assurance and evidence that all legislative duties are mapped and have key processes in place. Training suite on key legislation and duties in place. Identifiable and secured capacity to undertake preparation and readiness for new legislation.	6 briefing sessions recently delivered for staff undertaking Adult Support and Protection work in advance of new process being introduced from 12 June 2023. Working Across the Acts' training module under ongoing development (focusing on Adults with Incapacity).
87	Ensure key legislation and statutory duties are linked to continuing professional development through workforce training (cross reference with action 4).				
88	Establish capacity to support effective change management for future legislative changes and requirements.				
G4. Governance – establishment of Social Work Governance arrangements					
89	Appoint a Principal Social Work Officer.	Locality Manager	The partnership has effective social work governance arrangements in place. Strategic decisions are always well informed by a social work perspective.	PSWO in post. Social Work and Social Care governance framework in place. Strategic developments are borne from data and business intelligence informed by operational demands.	Post appointed and successful candidate starting on 31 July 2023.
90	Establishment of a social work and social care governance framework – including mapping of what falls into the framework, and what sits elsewhere.	CSWO Office Service Director – Operations and Service Director - Strategy			
91	Improve links between strategic planning and commissioning and operational pressures and priorities.				
G5. Governance – Social Work Governance Group and partnership/CSWO linkages					

Action	Lead	Outcome	Evidence	Progress made	
92	CSWO/ PSWO	The partnership has fully effective social work governance arrangements in place. SWGG - The interface between this group and the partnership's wider clinical and care governance arrangements is effective and well-functioning.	There are effective and visible connections between SWGG and CCGG. ToR for SWGG exists detailing its activity for social work governance and reporting to the CCGG/CSWO and EMT.		
93					Review relationship of Social Work Governance Group and Clinical and Care Governance Group. Set out revised ToR for Social Work Governance Group to reflect the development of social care governance framework.
G6. Performance and Improvement – self-evaluation and strategic priorities					
94	CSWO Office	We have a clearly linked our self-evaluation activity directly to the strategic plan's priorities to support beneficial performance delivery.	Self-evaluation framework with linkages to strategic planning cycles is in place.		
G7. Social Work Practice - 3Cs – Implementation					
95	Locality Manager Corporate Services	There are clear 3Cs procedures and guidance in place, as well as supporting tools. Colleague feedback helps support, improve and develop our 3Cs approach. 3Cs is used as the primary framework for supportive help by all teams.	3Cs implementation and uniformity of framework in place.	Business case for SWIFT replacement submitted to F&R for 20 June 2023.	
96			Develop capacity to develop policies and procedure not reliant on seconding and not replacing front line staff.		Capacity exists that supports developments in social work and social care developments that does not remove colleagues from main roles.
97			Develop a new social work operating model (i.e. SWIFT replacement).		SWIFT has been replaced.
G8. Social Work Practice - 3Cs – Forms and associated documentation					

Action		Lead	Outcome	Evidence	Progress made
98	Develop capacity to support wider engagement of external sector in 3Cs work.	Strategic Programme Manager HR/L&D	Service providers are knowledgeable of the 3Cs. 3C paperwork provides sufficient information to service providers to support the person.	Service providers are confident of the model of 3Cs.	
99	Development of training and development of staff and leaders to support effective change management.			A training suite for internal and external workforce in place.	
G9. Social Work Practice – SDS – roll out and implementation of SDS					
100	Develop capacity and expertise to support training and development of staff and managers.	Locality Manager HR L&D	Self-directed support has been fully implemented as an approach. Our approach builds on people's strengths and finding creative solutions.	Capacity exists that supports implementation of SDS and the choices that this provides people with.	
101	Explore opportunity to re-introduce Funding Independence Team.			All colleagues see themselves have a role in promoting SDS as an option.	
G10. Social Work Practice – supervision policy and procedure					
102	Review supervision policy, procedure and tools.	CSWO Office	The supervision policy and procedure have been refreshed. All staff are aware of the supervision procedure and policy and there is consistent use of the templates. Recording of supervision is also consistent.	Refreshed supervision policy, procedure and tools in place.	Policy review under way and will be complete by summer 2023.
103	Develop training and development of workforce and managers.			Training on supervision in place.	
104	Develop Quality Assurance framework in place that looks at quality and frequency of supervision.			Quality Assurance in place providing assurance regarding workforce supervision.	

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REPORT

Medium Term Financial Strategy & 2023/24 Financial Plan Update

Edinburgh Integration Joint Board

13th June 2023

Executive Summary

This report presents: the outturn for 2022/23; an update on progress with the medium-term financial strategy (MTFS); phase 2 savings proposals for 2023/24; and outlines a range of options which would be required to balance the plan in year.

Good progress has been made with the development of the MTFS and, initial modelling indicates that a near balanced position can be achieved over a 3-year period. The elements of the MTFS are congruent with the improvement plan. Priority has been given to workstreams which support the 3 aims of improving lives, services and reducing costs simultaneously. Whilst the plan can be balanced over 3 years there remains a material in year financial gap of c£14m.

Work will continue with our partners to identify additional proposals however, to bridge the residual deficit in one year is not achievable without significant negative impact on outcomes for people and performance more generally.

This position has been the subject of tripartite talks with our partners. All involved in these discussions recognise and accept a number of complex inter-related factors, namely: the ongoing improvements in performance; the likely increased demand for services as we emerge from

the Covid pandemic; and the IJB's structural deficit and inflation price pressures.

Recommendations

It is recommended that the Board notes:

1. that, subject to external audit, a balanced outturn position was achieved in 2022/23;

and agrees:

2. to reallocate £4m of slippage on reserves to reduce the 2023/24 financial deficit;
3. proposals 1 to 4, which form the second phase of the savings programme for 2023/24, as set out in this report and associated appendices;
4. the Chair writes to Scottish Ministers strongly expressing concerns over the funding settlement and outlining the severity of cuts which will be needed should additional funding not be made available to the IJB, and requesting that funding is increased; and
5. that officers continue tripartite efforts with colleagues in the City of Edinburgh Council, NHS Lothian and the Scottish Government to bridge the remaining anticipated in year shortfall.

Directions

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

Report Circulation

1. This report has not been presented elsewhere but the content and issues raised in the paper have been explored and discussed through a series of IJB Budget Working Group sessions. The outturn position for 2022/23 has been scrutinised by the Performance and Delivery Committee.

Main Report

Background

2. At its meeting in March 2023, the Integration Joint Board (IJB) considered the financial plan for 2023/24 and supported the continuing development of the board's medium term financial strategy (MTFS). An initial savings and recovery programme which will deliver savings of £11.8m was agreed. As this did not entirely address the initial £47.0m budget deficit, the Chief Finance Officer (CFO) was asked to further develop the MTFS and to present the options for balancing the in year plan to a future meeting.
3. Accordingly, this paper sets out:
 - a) the outturn for 2022/23;
 - b) progress with the MTFS;
 - c) savings proposals for 2023/24 which the IJB is asked to agree; and
 - d) further savings which would balance the plan in year.

2022/23 outturn

4. An overall break even position was achieved for the year. Delegated health services reported a balanced outturn which was achieved by NHS Lothian making additional resources of £3.5m available to partially offset the set aside position. This was possible as NHS Lothian itself reached financial balance for the year. After the application of £2.0m of slippage from agreed investments, Council delegated services also broke even. Table 1 below summarises the overall position.

	Budget £k	Actual £k	Variance £k
NHS services			
Core	282,293	281,564	728
Hosted	114,577	114,037	540
Set aside	115,152	119,956	(4,805)
Additional support	3,537		3,537
Sub total NHS services	515,558	515,558	0
CEC services	286,571	286,571	0
Total	802,129	802,129	0

Table 1: financial position for delegated services for 2022/23

5. Whilst this is clearly a positive outcome for 2022/23, it should be noted that we have relied on one off measures to achieve balance. Despite this, the underlying deficit remains and, indeed, increases when we move into 2023/24.
6. As part of closing the books for 2022/23, an exercise to review the remaining reserve balances was undertaken. This identified elements of funding attributed to specific projects which have not been fully spent. This is largely due to slippage in implementation timescales. As recurring budgets are in place for where these initiatives are continuing then it is **recommended** that the unspent balances, totalling £4m, are used to offset the in year financial position. Details are included in appendix 1.

Financial context

7. The paper which was presented to the board in March summarised the wider context in which the IJB was setting its budget. It referenced a number of official publications, from both UK and Scottish Governments, which set the scene of tightening resources, increasing demands, workforce shortages and the requirement to prioritise and target key priorities.

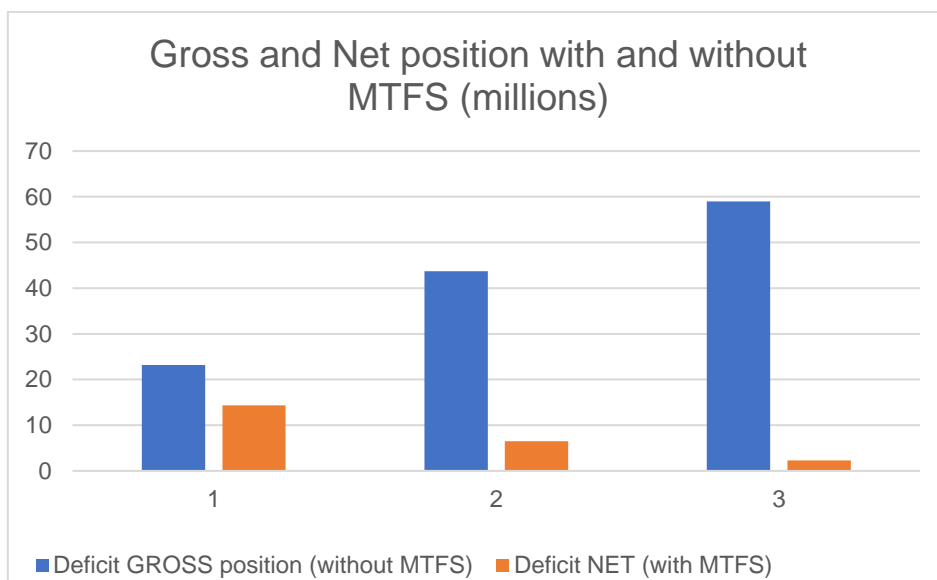
8. In May 2023 the Scottish Government (SG) published its 6th [medium term financial strategy](#). This document continues the themes of a challenging fiscal outlook and reinforces the need to prioritise public spending, ensuring best use of resources in the delivery of government objectives.
9. Thus, in common with most public services, the IJB is agreeing a budget at a time when demand for our services is increasing, costs are rising and we are striving to improve performance. IJB Chief Officers have estimated the size of the financial challenge facing Scotland's integration authorities at c£305m, warning that sustaining current levels of service provision will not be possible. While each integration authority is in a slightly different position, there are common themes and challenges which cannot be addressed in isolation and will have a significant impact across the whole system. This is likely to be exacerbated by continuing public finance constraints, service pressures, increasing demand, unmet need in our communities, and the impact of pay awards and fair work measures across the health and social care system compounding the critical risks around provider sustainability.

Improvement and savings – the medium-term financial strategy

10. We recognise the need to evolve our thinking and adopt a longer term, strategic approach to financial planning which drives improvement and savings. As a result, the board has supported the development of our MTFS. This is effectively a set of longer-term transformation change programmes and projects, expected to deliver improved care and financial benefits as part of a multi-year programme. The MTFS is the vehicle to move the IJB towards sustainability, but the planning and implementation of such large-scale, strategic change takes time and many of the financial benefits will only be realised over a number of years.
11. There are evident strong links between the improvement plan (a separate agenda item for this meeting) and the MTFS. Many of the workstreams will deliver across 3 change objectives underpinning the improvement plan:
 - a) **improving lives in Edinburgh**
 - b) **improving services**
 - c) **improving costs**

12. Included in the 15+ projects being initiated this year are initiatives which are essential for a strong health and care system, including:
- improving **review and assessment** to get the right packages of care of for need
 - improving **commissioning** to get the most for the Edinburgh pound and quality of care
 - enhancing **early intervention and prevention** and making it central to the care approach
 - strengthening **care practice** and increasing safety
13. These not only improve services and the quality of life of those we care for, but also help us manage down our costs. There are more challenging decisions to take in coming years but putting in place these fundamentals now improves our ability to identify future schemes which will deliver on all 3 of our change objectives. We will continue to refine and align the improvement plan and MTFS wherever possible and will prioritise projects and programmes which would minimise impact on the people of Edinburgh.

14. The graph below builds on the financial plan agreed in March and shows both the estimated financial gap over the next 3 years (a) if no action is taken and (b) the impact that the MTFS would have. Doing nothing would result in an estimated deficit of £59m by April 2025. If agreed, the MTFS has identified programmes of work which would move us towards a break even position by year 3.



2023/24 financial plan

15. Table 2 below is a reminder of the drivers of budget deficit which are reported for this financial year. These reflect a combination of longstanding pressures as well as in year increases.

	£m
Demographic pressures	(12.3)
Performance linked capacity increases	(15.3)
Insourcing services	(2.0)
Living wage & contract uplifts	(5.1)
Pay awards	(2.9)
Vacancies	6.1
Sub total Council services	(31.5)
Prescribing	(10.7)
Set aside services	(9.1)
Vacancies	8.9
Other	(4.6)
Sub total health services	(15.5)
Savings requirement	(47.0)

Table 2: drivers of the savings requirement 2023/24

16. To start to address this, the IJB agreed the first phase of a savings and recovery programme with a value of £11.8m in March 2023. There are 3 further elements which have been identified at this point which will further reduce that gap:
 - a) support from NHS Lothian for set aside;
 - b) a proposed release of IJB reserves; and
 - c) phase 2 of the savings and recovery programme.
17. These are discussed in paragraphs 18 to 21 below.
18. As illustrated in table 2 above, the projected overspend on set aside services is a key determinant of the IJB's financial gap. The Chief Finance Officer and the NHS Lothian Director of Finance have agreed a shared ambition to work collaboratively to deliver a balanced outturn and, if this was achieved, NHS Lothian would be in a position to contribute sufficient additional funding to allow set aside to break even. On that basis, the working assumption built into the financial plan is that set aside services will be fully funded. This will improve the financial position by an estimated £8m. As NHS Lothian has not yet fully identified how they will balance its budget there is a degree of risk with this assumption.
19. Paragraph 6 above describes the review of reserves carried out the Chief Finance Officer in conjunction with the Council and NHS Lothian finance teams. This work has identified that the in-year deficit can be reduced by a further £4m.

20. As detailed above, the board supported further work on the MTFS and agreed that an update would be provided to a future meeting. Presented in this paper is the initial outcome of that work – a second phase of savings proposals for 2023/24. In line with the approach used previously these have been separated into grip and control proposals (which are presented for information only) and a further set of proposal for which approval is sought. The financial impact is summarised in table 3 below with a summary of all proposals included in appendix 2. Proposals 1 to 4 are presented for formal approval. Project overviews have been provided for all projects in appendix 3.

	£m
New proposals	4.1
Operational grip and control proposals	4.7
Total	8.8

Table 3: financial impact of phase 2 savings proposals 2023/24

21. The combined impact of the actions set out in paragraphs 16 to 20 above would further reduce the IJB's remaining budget gap to £14.4m as summarised in table 4 below:

	£m
Savings Requirement	(47.0)
1. Phase 1 savings (<i>approved</i>)	11.8
2. Additional measures (set aside break even and reserves)	12.0
3. Phase 2 savings (<i>for approval</i>)	8.8
Total savings and other actions	32.6
Remaining gap	(14.4)

Table 4: remaining budget gap 2023/24

Integrated impact assessments (IIAs)

22. The significant and challenging financial landscape means the options presented may impact adversely on a combination of: service quality; the level of services provided; outcomes for people; and our ability to make or maintain performance improvements. However, these proposals should be considered in the wider context of the work and services commissioned by the IJB (for which there is a total budget of c£850m), and through which there are opportunities to positively impact upon equality, human rights, the environment, and the economy.

23. In considering the impacts of proposals which form part of the savings programme, officers take account of the integrated impact assessment guidance. This has been developed and agreed for use by Councils, Health and Social Care Partnerships and Health services in the Lothians. In line with this guidance either an IIA or an IIA statement has been undertaken for each of the proposals. Further detail on the approach is given in appendix 4 as well as the link to the individual IIAs.
24. In addition to individual IIAs/IIA statements for each of the proposals, a cumulative programme IIA has been completed (see appendices 4 and 5). The cumulative IIA provides a cross-system overview of the impacts on all groups, to help ensure that no group or area is cumulatively, disproportionately impacted by the savings programme and that appropriate mitigating actions are identified. Like the individual proposal IIAs, the cumulative IIA will be reviewed and revised as projects develop and to reflect any additional impacts identified.
25. The completion of the cumulative IIA has highlighted that attention should be given to the impact on older people, those with a disability, low income families and carers and steps to mitigate against any negative impact, have been identified within the IIA recommendations and actions.
26. Ongoing risks associated with the individual proposals and programme will be monitored and managed via the Savings Governance Board and escalated through the agreed governance route as appropriate.

Balancing the plan

27. We are facing unprecedented challenges to the sustainability of our health and care system; an ageing population; an increase in the number of people living with long term conditions; a reduction in the working age population which compounds the challenge in workforce supply, and fundamentally resource availability cannot continue to match levels of demand. These issues are longstanding and have been recognised on a UK and Scotland wide basis.
28. In the case of Edinburgh this is evidenced by the structural deficit which the IJB inherited from partners. Since its inception the IJB has routinely faced an underlying budget gap which we are unable to bridge on a sustainable basis.

29. The MTF5 offers an opportunity to redesign services over a 3-year period in a way which maximises alignment with the strategic plan and improvement programme. It provides a potential path to balancing our finances over the 3-year period in a managed and controlled manner. However, the plans set out in this paper remain insufficient to secure financial balance in 2023/24. Opportunities to deliver further efficiencies in the timescale required and, at the same time maintain performance and improve outcomes for people, have now been exhausted. Savings beyond the level currently built into the plan will have a significant negative impact on performance gains and, ultimately on outcomes for people.
30. Delivering against the remaining budget gap will require a series of measures which are set out in the bullet points below.
- **Need** - we would look to review our assessments criteria to focus on those with only the highest levels of need. Others would be supported through universal services and advice. This would require a change to existing policies, delaying the impact until the last 2-3 months of the financial year.
 - **Non-residential care and medical day units** – increasing the use of external provision and closing off some provision.
 - **Reviewing and closing residential, respite and facility care** – increasing occupancy and reducing the number of care homes and respite placements.
 - **Reviewing and closing services bridging care** – affecting services supporting between home and hospitals, leaving people at greater risk of readmission and not retaining independence.
 - **Reducing grants to anchor and third sectors organisations** - supporting those in need including marginalised, disadvantaged, migrant population, those in poverty and homeless.
31. In total, these schemes could deliver c£15m of savings to cover the year 1 gap. The rapid nature of implementation as opposed to planned, strategic improvements which deliver financial benefits will undoubtedly have wide ranging impacts. It is expected that individually and collectively there would be

negative in-year and future year consequences. As such this approach is **not recommended**.

32. In arriving at this position, officers have worked closely with senior leaders in both partner organisations. These tripartite discussions have been productive and reflect a shared intent. It is **recommended** in this paper that efforts to identify alternative means to bridge the remaining in year financial gap are accelerated.

Implications for Edinburgh Integration Joint Board

Financial

33. Outlined in the main body of this report.

Legal/risk implications

34. Even if agreed in full, the propositions outlined in this report remain insufficient to support financial balance. This clearly presents a material risk for the IJB and its partners. However we have secured the commitment of our partners to work collaboratively to address this as the year progresses, including the development of the MTFS. Regular updates will be provided for the board with the quarter 1 review providing a key milestone for review.
35. Whilst every effort has been made to ensure all likely additional costs have been incorporated into the financial outlook at this time, there remain a number of inherent uncertainties and associated risks. The financial planning process is an ongoing and iterative cycle, and it is not possible to fully identify all financial risks facing individual service areas, or the wider organisation, at this stage.

Equality and integrated impact assessment

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

Environment and sustainability impacts

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

Quality of care

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

Consultation

39. This report has been prepared with the support of the finance teams in the City of Edinburgh Council and NHS Lothian.

Report Author

Moira Pringle, Chief Finance Officer, Edinburgh Integration Joint Board

moira.pringle@nhslothian.scot.nhs.uk

Appendices

Appendix 1	Reserves recommended for release
Appendix 2	Summary of phase 2 savings proposals
Appendix 3	23/24 savings and recovery programme: project overviews
Appendix 4	23/24 savings and recovery programme: integrated impact assessments
Appendix 5	23/24 savings and recovery programme: cumulative integrated impact assessment

RESERVES RECOMMENDED FOR RELEASE

	£m
1. Home first	1.3
2. Winter pressure funding – care at home capacity	1.4
3. Closure of REH beds 2022/23	0.3
4. MDT monies	0.3
5. Miscellaneous	0.7
Total	4.0

SUMMARY OF 2023/24 PHASE 2 SAVINGS PROPOSALS

No.	Title	Lead	Amount (£m)
New proposals			
1	Review and Assessment - 3 Conversations - Digital Front Door - Digital Care Development	Mike Massaro-Mallinson Nikki Conway Linda Irvine Fitzpatrick Heather Tait	£1.22
2	Commissioning - Brokerage	Tony Duncan Deborah Mackle	£1.00
3	Decommission interim beds	Mike Massaro-Mallinson	£1.60
4	Employability services	Linda Irvine-Fitzpatrick	£0.25
Operational/ Grip and Control Projects			
5	Community Equipment	Heather Tait	£0.08
6	Continence Supplies	Heather Tait	£0.05
7	Community Transport	Emma Pemberton	£0.30
8	Agency and overtime	Tony Duncan	£0.60
9	Contracts grip and spot purchasing	Emma Gunter	£1.00
10	Optimising Self-Directed Support	Nikki Conway	£2.00
11	One Edinburgh	Deborah Mackle	£0.50
12	Structural Reorganisation	Tony Duncan/Mike Massaro-Mallinson	£0.13
13	2C Primary Care Practices	Robin Balfour	£0.05
TOTAL			£8.78

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	1	Savings Proposal:	Review and Assessment	Lead:	Mike Massaro-Mallinson							
Page 82	Proposal Summary (Scope)	<p>Person-centred, outcome-focused, high-quality assessment and review is one of the basic foundations of effective social work. Recent rises in demand, systems pressures and recruitment challenges mean that there is currently a backlog in Edinburgh of 1500 people awaiting assessment and 7000 overdue reviews. This may be associated with poorer outcomes for individuals, increased levels of unmet need and increased pressure on the workforce, and was highlighted in the recent inspection of adult social care services as a particular cause for concern.</p> <p>This proposal will strengthen and improve assessment and review processes and embed best practice to support people in Edinburgh. Investment in additional temporary review and assessment resource will address the backlog and support front-line staff. The focus will be on maximising independence and ensuring that packages of care are tailored to meet the needs of individuals. Building on the 3 Conversations approach and maximising early intervention and prevention through strong partnership working with the third and community sector involving local groups and collective, we will embed innovative and creative person-centred care planning. Universal services will be utilised where appropriate and opportunities presented by modern telecare and digital solutions will be harnessed. This will help to manage the risk associated with unmet need and deliver improvements identified by the Care Inspectorate. The identified efficiency relates to estimated release of cost and capacity as a result of right-sizing and tailoring support packages as well as more timely reviews post hospital discharge.</p>			Financial Impact							
	Impacts	<p>An Integrated Impact Assessment (IIA) has been conducted to identify any equalities, human rights, environmental or economic impacts, as well as any appropriate mitigations and is available here: Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p> <p>This proposal has been impact assessed in conjunction with enabling workstreams – digital care, digital front door and 3 Conversations (see templates 1A, 1B and 1C).</p>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #1a3d4d; color: white;"><i>Full Year Effect (£k)</i></td> <td style="text-align: center;">£5,225,700</td> </tr> <tr> <td style="background-color: #1a3d4d; color: white;"><i>Forecast Savings for 23/24 (£k)</i></td> <td style="text-align: center;">£1,220,000 (net of investment in temporary resource)</td> </tr> <tr> <td style="background-color: #1a3d4d; color: white;"><i>Delivery Investment</i></td> <td style="text-align: center;">£1,160,000</td> </tr> </table>		<i>Full Year Effect (£k)</i>	£5,225,700	<i>Forecast Savings for 23/24 (£k)</i>	£1,220,000 (net of investment in temporary resource)	<i>Delivery Investment</i>	£1,160,000
	<i>Full Year Effect (£k)</i>	£5,225,700										
	<i>Forecast Savings for 23/24 (£k)</i>	£1,220,000 (net of investment in temporary resource)										
<i>Delivery Investment</i>	£1,160,000											
Benefits & Disbenefits	<p>Benefit: Tackling the backlog will help manage risk to individuals, ensure appropriate levels of support and address unmet need and crisis; creative approaches to care planning, involving third sector and telecare will maximise independence and mitigate against social isolation; improved processes and practice will ensure consistency; opportunities to strengthen prevention and early intervention; release of financial efficiencies as outlined.</p> <p>Disbenefits: Individuals may receive smaller/different packages of support than previously, though this will be appropriate to their level of need and in line with existing eligibility criteria; potential increase in complaints for those whose care package changes.</p>			Dependencies								
Risks/ Considerations	<ul style="list-style-type: none"> • Risk that costs may increase as assessments and reviews are completed, to reflect unknown levels of unmet need • Risk that individuals perceive the right-sizing of packages of care as a reduction or withdrawal of support they previously received. • Risk that it may prove difficult to recruit to the team, thus affecting timescales and efficacy 			Strategic Alignment								
				Links with enabling workstreams, including 3 Conversations, Digital front Door & Early Intervention and Digital care (telecare) Key mechanism to deliver improvements as outlined in Care Inspectorate inspections Links to Edinburgh Pact and Community Mobilisation workstreams								
				<ul style="list-style-type: none"> • Person Centred Care • Making best use of capacity across the system • Managing our resources effectively 								

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	1A	Savings Proposal:	Enabler - Three Conversations and social prescribing	Lead:	Nikki Conway	
Proposal Summary (Scope)	<p>The Three Conversations (3Cs) approach is a person-centred, asset-based approach to the delivery of social care support, which recognises individuals as the experts in their own lives and ensures choice, flexibility and control. The approach enables us to support people more quickly and at the earliest possible opportunity and is a key strand of our early intervention and prevention approach. 3Cs is currently implemented across 70% of Locality assessment and care management teams.</p> <p>This proposal will see the completion of the roll-out of 3Cs to locality assessment and care management teams, ensuring consistency of approach. A key principle of 3Cs centres around making best use of our vibrant third-sector community within Edinburgh, connecting individuals to their communities and maximising their strengths. It is therefore proposed that we bring together the work done to date through both 3Cs and the Community Mobilisation project, strengthening connections and partnership working with community services and widening access to appropriate universal supports for those who can benefit from them. This workstream will act as an enabling support for the release of financial efficiencies relating to assessment and review (see template 1).</p>					
	Impacts	<p>An Integrated Impact Assessment (IIA) has been conducted to identify any equalities, human rights, environmental or economic impacts, as well as any appropriate mitigations and is available here: Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p> <p>This proposal has been impact assessed in conjunction with the review and assessment savings proposal (1).</p>				
		Benefits & Disbenefits	<p><u>Benefits</u></p> <ul style="list-style-type: none"> Improved outcomes for individuals receiving tailored support, with a clear focus on community connection, choice and control Reduced pressure on Locality teams leading to reduced waiting times for individuals seeking support Increased collaboration/improved pathways between third sector workers and in-house professional staff <p><u>Disbenefits</u></p> <ul style="list-style-type: none"> Potential lack of capacity within community 			
	Risks/ Considerations		<p>Risk that community resources are insufficient to support demand, will be mitigated through continued partnership working and building on the successes seen to date through the Community Mobilisation project, the Edinburgh Wellbeing Pact and the Thrive Welcome Teams.</p>			
Financial Impact						
<table border="1"> <tr> <td data-bbox="1512 357 1870 467"><i>Full Year Effect (£k)</i></td> <td data-bbox="1870 357 2168 467">N/A</td> </tr> </table>					<i>Full Year Effect (£k)</i>	N/A
<i>Full Year Effect (£k)</i>	N/A					
<table border="1"> <tr> <td data-bbox="1512 467 1870 743"><i>Forecast Savings for 23/24 (£k)</i></td> <td data-bbox="1870 467 2168 743">N/A</td> </tr> </table>					<i>Forecast Savings for 23/24 (£k)</i>	N/A
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<table border="1"> <tr> <td data-bbox="1512 743 1870 946"><i>Delivery Investment</i></td> <td data-bbox="1870 743 2168 946">Nil</td> </tr> </table>					<i>Delivery Investment</i>	Nil
<i>Delivery Investment</i>	Nil					
Dependencies	<p>Links to:</p> <p>Review and assessment savings proposal; Digital Care savings enabler; Digital front door savings enabler.</p> <p>Supports improvement outlined in recent Care Inspectorate inspections.</p>					
Strategic Alignment	<ul style="list-style-type: none"> Person Centred Care Making best use of capacity across the system Managing our resources effectively 					

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	1B	Savings Proposal:	Enabler: Digital Care Development	Lead:	Heather Tait							
Page 84	Proposal Summary (Scope)	<p>Digital care (telecare) offers opportunities to support individuals in innovative and modern ways and to ensure that service provided are appropriately tailored to meet need. As part of this proposal, digital care knowledge and expertise will be embedded into assessment and review practice, ensuring that the widest range of individuals have the opportunity to benefit from this approach. This workstream will act as an enabling support for the release of financial efficiencies relating to assessment and review (see template 1). Two key workstreams are planned:</p> <p>Data Driven Decision Making</p> <ul style="list-style-type: none"> Promote and adopt the use of technology-based assessment tool ‘Just Checking’ to support data and evidence-based decision making within the scope of assessment and review. The tool should support appropriate right sizing of existing and new packages of care, by gaining detailed insight to individual’s activities of daily living and ensuring that support is tailored to need and delivers on personal outcomes. <p>Digital Care Promotion</p> <ul style="list-style-type: none"> Promote and upskill assessors and public on the use of Digital Care services across the partnership. Ensure consideration of Telecare services as a default for all citizens receiving care and to provide early intervention and prevention supports where individuals do not fully meet the eligibility criteria for formal, statutory support. 			Financial Impact							
	Impacts	<p>An Integrated Impact Assessment (IIA) has been conducted to identify any equalities, human rights, environmental or economic impacts, as well as any appropriate mitigations and is available here: Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p> <p>This proposal has been impact assessed in conjunction with, and as an enabler for, the review and assessment savings proposal (1).</p>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #1a3d4d; color: white;"><i>Full Year Effect (£k)</i></td> <td style="text-align: center;">N/A (enabler)</td> </tr> <tr> <td style="background-color: #1a3d4d; color: white;"><i>Forecast Savings for 23/24 (£k)</i></td> <td style="text-align: center;">N/A (enabler)</td> </tr> <tr> <td style="background-color: #1a3d4d; color: white;"><i>Delivery Investment</i></td> <td style="text-align: center;">Nil</td> </tr> </table>		<i>Full Year Effect (£k)</i>	N/A (enabler)	<i>Forecast Savings for 23/24 (£k)</i>	N/A (enabler)	<i>Delivery Investment</i>	Nil
	<i>Full Year Effect (£k)</i>	N/A (enabler)										
	<i>Forecast Savings for 23/24 (£k)</i>	N/A (enabler)										
<i>Delivery Investment</i>	Nil											
Benefits & Disbenefits	<p>Benefits:</p> <ul style="list-style-type: none"> Choice, flexibility and control for individuals, with digital care solutions offering the potential for better connection and less social isolation. Technology-based assessment tool will create more person-centred and cost effective solutions for individuals, tailored to meet individual need and outcomes. Better alignment with national practices on usage of digital solutions / alignment with levels of care at home <p>Disbenefits:</p> <ul style="list-style-type: none"> Some individuals may receive different forms of support that do not match expectations Face to face care may reduce, but only where this is appropriate and meets an individual’s needs. 			Dependencies								
Risks/ Considerations	<p>Ongoing national issues around global supply of technologies, with long lead times, may create a risk to timely increase. Increased need and complexity of individuals presenting over recent years means there is a risk that opportunities to meet need via digital solutions are more limited.</p>			Strategic Alignment								
				<ul style="list-style-type: none"> Prevention and early intervention Person Centred Care Right care, right place, right time 								

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	1C	Savings Proposal:	Enabler - Digital Front Door (supporting Early Intervention)	Lead:	Martin Sherry / Linda Irvine Fitzpatrick
<p>Page 85</p> <p>Proposal Summary (Scope)</p>	<p>As part of our approach to prevention and early intervention, and to widen choice in how people access services and information, this proposal will see the development and improvement of our digital front door. A series of changes are proposed which will include:</p> <ul style="list-style-type: none"> - Better self care information - Options to self refer for social prescribing - Self-referral for basic community equipment and online access to manuals and video tips - Consolidation of content of service directories, ensuring consistent and up to date information - Eligibility checking tools to provide information and manage expectation - Investigation of options around chatbots/automation to improve experience - Improve and expand online forms functionality - Improved website navigation and explanation of options available to citizens - Longer term: provision of digital services/citizen portal (part of swift replacement) <p>This workstream will act as an enabling support for the release of financial efficiencies relating to assessment and review (see template 1).</p>				<p>Financial Impact</p>
	<p><i>Full Year Effect (£k)</i></p>	<p>N/A (enabler)</p>			
	<p><i>Forecast Savings for 23/24 (£k)</i></p>	<p>N/A (enabler)</p>			
	<p><i>Delivery Investment</i></p>	<p>Nil</p>			
<p>Impacts</p>	<p>An Integrated Impact Assessment (IIA) has been conducted to identify any equalities, human rights, environmental or economic impacts, as well as any appropriate mitigations and is available here: Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p> <p>This proposal has been impact assessed in conjunction with, and as an enabler for, the review and assessment savings proposal (1).</p>				
<p>Benefits & Disbenefits</p>	<p>Benefits:</p> <ul style="list-style-type: none"> • Meeting demand at earliest point of contact where possible • Reduction in number of callers to SCD requesting progress updates or seeking advice and information • Clearer expectations of eligibility for citizens • More straightforward online user-journeys and easier access to information • Better information and sign-posting to appropriate non-statutory supports and services • Greater accuracy and consistency of information on community resources • Potential for earlier intervention (eg provision of information about proactive telecare) <p>Disbenefits:</p> <ul style="list-style-type: none"> • Increasing access to information requires processes to maintain data, effort from staff, checking processes, etc 				<p>Dependencies</p> <p>Links to: Review and assessment savings proposal; Digital Care savings enabler; 3 Conversations savings enabler.</p> <p>Changes to external websites not managed by EHSCP (eg EVOG, Vocal, iThrive, etc)</p> <p>Wider community mobilisation work and The Edinburgh Wellbeing Pact</p>
<p>Risks/ Considerations</p>	<ul style="list-style-type: none"> - Longer term commitment to maintaining website content can be problematic - EHSCP will require input and agreement from partner organisations to affect change to CEC and NHSL websites, which may delay decision making. 				<p>Strategic Alignment</p> <ul style="list-style-type: none"> • Prevention and early intervention • Making best use of capacity across the system • Right care, right place, right time

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	2	Savings Proposal:	Commissioning	Lead:	Tony Duncan	
Page 86	Proposal Summary (Scope)	<p>This proposal seeks to improve commissioning and efficiency within EHSCP, with a focus on residential and nursing care for older people and people with a learning disability. Commissioning is the process of working with the market to attain better contractual arrangements and price points which give us better value for money and stability of price and supply, in line with the commissioning lifecycle. Effective ethical commissioning which is based on the Christie principles of prevention, performance, people and partnership can act as a powerful tool to drive service improvement and deliver not just financial efficiency, but also better outcomes for the individuals we support. Effective commissioning has been recognised by the Care Inspectorate as an area needing focused improvement in Edinburgh. This will support future placements of OP, LD and PD. Long term commissioning will look to maximise use of internal estate and third sector capacity and align to the future of the bed and estate strategy and direction for Edinburgh and attain value for money. The EHSCP is projected to spend £72m this year on residential care. Currently, almost 60% of this is purchased via spot contracts, which may lead to poorer, more expensive forms of care. Over half of residential and nursing care is purchased at rates above the National Care Home Contract rates. This proposal will involve using focused commissioning best practice to shape the market within the city and seek to drive down the cost of circa 500 care home placements by approximately £100 per week. This will build on the learning from third sector/community commissioning approaches and ethical commissioning exercises such as Thrive and One Edinburgh, and will be aligned to the future estates strategy and direction of the City of Edinburgh Council. This improvement is anticipated to release an in-year saving of £1m.</p>			Financial Impact	
	Impacts	<p>An Integrated Impact Assessment (IIA) has been conducted to identify any equalities, human rights, environmental or economic impacts, as well as any appropriate mitigations and is available here: Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p>			<i>Full Year Effect (£k)</i>	£2,210,000
	Benefits & Disbenefits	<p>Benefits -</p> <ul style="list-style-type: none"> Embedding of ethical and participative commissioning approaches, shaped by the voice of the service user; improved access to high-quality residential and nursing care options, increasing flow within the system and freeing up front-line practitioners to focus on assessment and care management support; driving up quality and capacity within the market, with improved partnership working with the market offering greater stability and value for money. <p>Disbenefits:</p> <p>Supplier agreements may change which could lead to changes in provider/placement for some individuals; suppliers would be impacted by lower rates and some risk of staffing impacts or provider failure.</p>			<i>Forecast Savings for 23/24 (£k)</i>	£1,000,000 (net of investment)
	Risks/ Considerations	<ul style="list-style-type: none"> Risk of provider and market impacts Some cases may be more complex and not possible to reduce costs by £100 pw, with associated risks to achieving efficiencies as outlined above. 			<i>Delivery Investment</i>	£100,000
				Dependencies	<p>Supports delivery of improvements relating to the recent Care Inspectorate inspection of social work services.</p> <p>Links to savings proposal on contract grip and control.</p>	
				Strategic Alignment	<p>Person Centred Care</p> <p>Best use of capacity across the system</p> <p>Managing our resources effectively</p>	

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	2A	Savings Proposal:	Brokerage	Lead:	Deborah Mackle	
Page 87	Proposal Summary (Scope)	<p>Any approach to how we broker services must deliver not only on the existing and changing needs of the individual, but also on the multiple additional aspects and considerations required to ensure a sustainable, resilient, and collaborative external market for the benefit of all Edinburgh citizens. This proposal would see the introduction of a brokerage approach for the EHSCP, building on work within the One Edinburgh programme. 'One Edinburgh' is a vision of a city-wide approach to home-based care (and ultimately other support services through expansion of the brokerage model) that maximises all available care at home capacity in the city. Phase 1 will involve the establishment of 4 FTE brokerage officers initially to focus on home based care. Phase 2 will build on research currently underway in partnership with Heriott Watt University to define the model and best-practice for a broader brokerage approach for all support services.</p> <p>The proposed change is expected to deliver:</p> <ul style="list-style-type: none"> • Reduction in hospital and community delay both numbers of people but also days delayed • Increasing flow in the system and enabling more people each year to benefit from reablement • Improved outcomes for individuals, people living independently for longer at home • Optimisation and maximisation of provider capacity • Targeted matching of referrals will ensure resilience of providers in smaller geographical areas and their ability to maximise contact time of their workforce 			Financial Impact	
	Impacts	<p>An Integrated Impact Assessment (IIA) has been conducted to identify any equalities, human rights, environmental or economic impacts, as well as any appropriate mitigations and is available here: Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p>			<i>Full Year Effect (£k)</i>	N/A (enabler)
	Benefits & Disbenefits	<ul style="list-style-type: none"> • Benefits: • Person Centred approach; Reduction in delays; Reduce duplication and administration for a range of operational staff; Sustainable and resilient market; Better utilisation of resources • Disbenefits: • Model will take time to develop and embed, some change management required; Market may react negatively. 			<i>Forecast Savings for 23/24 (£k)</i>	N/A (enabler)
	Risks/ Considerations	<p>Minor risk to process as changes take place</p>			<i>Delivery Investment</i>	Nil (phase 1 delivered within existing budgets)
				Dependencies	<p>Links to assessment and care management teams, home care, hospitals, SMU, finance and external providers</p> <p>Links to wider savings proposals relating to commissioning of care services.</p>	
				Strategic Alignment	<ul style="list-style-type: none"> • Person Centred Care • Best use of capacity across the system • Managing our resources effectively 	

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	3	Savings Proposal:	De-commission remaining interim beds	Lead:	Mike Massaro-Mallinson	
Page 88	Proposal Summary (Scope)	<p>Interim beds provide a temporary solution to enable people who are medically fit to leave hospital but are awaiting some form of additional support, to be looked after in a more homely and appropriate setting. The interim beds were originally intended to provide a solution for people leaving hospital who were awaiting provision of a package of care in their own home. Access to these interim beds, along with the work to improve, redesign and strengthen care at home services through the One Edinburgh approach, have positively impacted unmet need performance over the last 12 months.</p> <p>55 Interim Beds were commissioned in 2021, utilising funding from the Scottish Government, to assist with system pressures and provide additional bed capacity during the pandemic and to ease flow from hospital through the winter months. This funding ceased from 31 March 2023, with no ongoing funding stream available to meet the cost of continuing to commission this service. Phase 1 of the savings programme, approved by the EIJB in March 23, agreed to reduce interim beds by 10, releasing a saving of £1.6m. This phase 2 proposal would see the de-commissioning of all remaining 45 interim beds from October 23, releasing a further £1.6m in year, with a full year effect of £3.2m. It is recognised that this proposal is likely to have an adverse effect on performance relating to hospital delays, but given the challenging financial context, an alternative funding stream cannot be identified without ongoing support from the Scottish Government.</p>			Financial Impact	
	Impacts	<p>An Integrated Impact Assessment (IIA) has been conducted to identify any equalities, human rights, environmental or economic impacts, as well as any appropriate mitigations and is available here: Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p>			<i>Full Year Effect (£k)</i>	£3,200,000
	Benefits & Disbenefits	<p>Benefits:</p> <ul style="list-style-type: none"> Financial saving of £1.6m in 23/24, with full year effect of £3.2m will ease the unfunded budget pressure. <p>Disbenefits:</p> <ul style="list-style-type: none"> Risks exist to flow and capacity, delayed discharge performance may deteriorate, however this will be mitigated if SG funding can be secured to avoid decommissioning There will be a reduction in capacity for reablement, therapy and support in a homely setting. 			<i>Forecast Savings for 23/24 (£k)</i>	£1,600,000
	Risks/ Considerations	<ul style="list-style-type: none"> Risks to flow and capacity; Risk that delayed discharge performance improvements made over recent months may stall or reverse; Risk that individuals remain in hospital for longer, with consequent impacts relating to deterioration of their health and wellbeing; Risk that cost savings are offset by higher costs elsewhere in the system if people need to remain in more expensive forms of care (eg acute hospital). 			<i>Delivery Investment</i>	Nil
				Dependencies	<p>Links to wider Bed base Review and Home First programmes</p> <p>Links to Phase 1 Interim Beds Savings Proposal</p>	
				Strategic Alignment	Managing our resources effectively	

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	4	Savings Proposal:	Employability Services	Lead:	Linda Irvine Fitzpatrick	
Page 89	Proposal Summary (Scope)	<p>This savings proposal will reduce budgeted investment in the specialist mental health employability service (“The Works”) within the EHSCP, instead creating enhanced links with the Capital City Partnership and other third sector providers of employability support.</p> <p>The Works delivers an Individual Placement Support (IPS) Model focussed on supporting adults with complex mental health difficulties into paid employment or higher/ further education. It has an annual budget of £500,00 which funds 9 WTE occupational therapy and administrative roles. It has a current caseload of 41 individuals receiving support. The Works has been scaled down over the last three years due to the pandemic (when many people supported by the Works were on furlough) and recruitment and retention difficulties. There are currently 4.00 WTE in post.</p> <p>This proposal will involve the closure of The Works with existing staff redeployed to other vacancies. £70,000 of investment will be retained to allow for the role of the Lead OT to be retained, to work with key partners across the city to develop and enhance employment opportunities for people with severe and enduring mental health problems. This would include work with the Capital City Partnership and third sector providers to develop specific opportunities for those with mental health problems (including IPS models). This work will be overseen by a multi- agency and multi professional steering group including people with lived experience and carers.</p>			Financial Impact	
	Impacts	<p>An Integrated Impact Assessment (IIA) has been conducted to identify any equalities, human rights, environmental or economic impacts, as well as any appropriate mitigations and is available here: Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p>			<i>Full Year Effect (£k)</i>	£430,000 (net of investment)
	Benefits & Disbenefits	<p>Benefits:</p> <ul style="list-style-type: none"> An annual financial saving as outlined; <p>Disbenefits:</p> <ul style="list-style-type: none"> The loss of a specialist service for individuals with complex mental health difficulties; upheaval for staff who would require to be redeployed; development of alternative opportunities, including potential IPS models, may take time to embed and is unlikely to be able to offer the same intensity of support as the Works service. 			<i>Forecast Savings for 23/24 (£k)</i>	£250,000 (net of investment)
	Risks/ Considerations	<ul style="list-style-type: none"> Loss of dedicated specialist service presents risks for those who use the service, who may not be able to access similar levels of support and employment opportunities elsewhere Risk that the full saving may not be delivered if suitable alternative redeployment opportunities cannot be identified for staff. 			<i>Delivery Investment</i>	£70,000
				Dependencies	<p>Links to:</p> <p>Wider improvement work within mental health services</p>	
				Strategic Alignment	Managing our resources effectively	

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	5	Savings Proposal:	Community Equipment	Lead:	Heather Tait	
Proposal Summary (Scope)	<p>The Community Equipment Loans Service (CELS) provides a range of equipment to enable people to live independently at home for as long as possible. This is a pan-Lothian service funded jointly on a recharge basis. Proposals have been brought in previous years to achieve efficiencies in this service, and although for a number of reasons these have not progressed as far as intended. The intention is now to review the structure of the programme with a view to streamlining further work priorities and releasing further efficiencies.</p> <p>Phase 1: Review internal CELS processes, criteria for provision, stock control, SLAs and crisis delivery service, ensure tighter financial accountability with additional grip and control mechanisms in place.</p> <p>Phase 2: Integrate the NHSL budget with the City of Edinburgh Council budget for the CELS, and streamline and simplify the financial recharge model to our Partners in East and Midlothian. Improve the financial accountability to the 3 partnerships and at locality level. The intention is to offer greater financial transparency thus enabling local scrutiny of spend. The further intention would then be to devolve the purchasing budget to each of the partner agencies and the localities, once appropriate scrutiny and accountability processes are in place.</p>				Financial Impact	
	<p>An IIA was completed in March 23 for the phase 1 savings proposal and is available on the EHSCP website here: : Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot) The IIA has been reviewed and is considered appropriate to also cover phase 2 proposals.</p>				Full Year Effect (£k)	£150,000
					Forecast Savings for 23/24 (£k)	£80,000 (net of required investment)
Impacts					Delivery Investment	£50,000 (project management support)
Benefits & Disbenefits	<p>Benefits</p> <ul style="list-style-type: none"> Improved systems and processes; improved accountability and transparency of the process including decision making; Improved reporting, and audit trails; “Future-proofing” strategy created to support people leaving hospital, prevent admissions and support end of life care. <p>Disbenefits</p> <ul style="list-style-type: none"> Potential impact on choice of products in order to maximise best value, although eligible needs will continue to be met. 				Dependencies	Close working with other HSCPs and clinical teams will be required to realise savings. Links to Phase 1 savings proposal.
Risks/ Considerations	<p>Increase in raw material and equipment costs and supply chain delays may impact target-setting and delivery of identified savings. Purchasing equipment which requires to be built, rather than ready to use, has achieved savings in our costs, but requires sufficient warehouse space and staffing to build the items inhouse. Completion of the delivery of some of the activities within Phase 1 may impact Phase 2, and availability of project management resource may represent a risk to successful delivery. Delivery of phase 2 is reliant on locality teams implementing sufficient grip and controls measures to realise benefits.</p>				Strategic Alignment	<ul style="list-style-type: none"> Prevention and early intervention Person Centred Care Managing our resources effectively

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23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	6	Savings Proposal:	Continance Supplies	Lead:	Heather Tait							
Page 91	Proposal Summary (Scope)	<p>Part 1 – review of continence supplies in Care Homes by the nursing team. A test of change has identified possible savings linked to the over-prescription of continence supplies. This is to be scaled up to more care homes delivering between £20k and £50k of cost reductions in the year, reducing the overall pressure across continence supplies.</p> <p>Part 2 – identify possible procurement savings within the service:</p> <ul style="list-style-type: none"> • Agreement in place with one supplier to secure 21% rebate on orders of certain products, saving approximately £130k on product costs per year. • Evaluation of new contract once in place to identify opportunities to review preferred product choice to ensure best value is achieved – impact unknown until contract details released • Review continence team staffing once new ELMS system is introduced and embedded – potential opportunity to reduce admin time. System is going live in June 2023 and would need a 3 month bed period to bed in. Re-visit in September 2023. • Mitigate increase in Care Home delivery costs (from £0 to £55 per delivery) by reducing delivery frequency. Would need care homes to move to Synergy. Potential impact = ~£3k. 			Financial Impact							
	Impacts	<p>The continence proposal is considered to be a grip and control/financial management saving. There are no identified impacts for patients, who would continue to have their needs met. As such, it is considered that an Integrated Impact Assessment (IIA) will not be required. An IIA statement has been drafted and is available here: Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #1a3d4d; color: white;"><i>Full Year Effect (£k)</i></td> <td style="text-align: center;">£100,000</td> </tr> <tr> <td style="background-color: #1a3d4d; color: white;"><i>Forecast Savings for 23/24 (£k)</i></td> <td style="text-align: center;">£50,000</td> </tr> <tr> <td style="background-color: #1a3d4d; color: white;"><i>Delivery Investment</i></td> <td style="text-align: center;">Nil</td> </tr> </table>		<i>Full Year Effect (£k)</i>	£100,000	<i>Forecast Savings for 23/24 (£k)</i>	£50,000	<i>Delivery Investment</i>	Nil
	<i>Full Year Effect (£k)</i>	£100,000										
	<i>Forecast Savings for 23/24 (£k)</i>	£50,000										
<i>Delivery Investment</i>	Nil											
Benefits & Disbenefits	<p>Benefits:</p> <ul style="list-style-type: none"> • Reduction of overall supplies costs mitigating the inflationary pressures across the service • Improved patient care and patient experience by ensuring correct prescriptions of products 			Dependencies								
Risks/ Considerations	<p>Stock availability, price increases and delivery costs continue to grow bringing further pressures across the service.</p>			Strategic Alignment								
				<p>District Nursing have operational management of Bladder and Bowel Nursing Team and are overseeing Care Home project. Requires engagement with care homes to review and assess all patient and work with the service to transition to Synergy ordering system. Some proposals are depending on NHS Lothian procurement taking action.</p> <ul style="list-style-type: none"> • Person Centred Care • Managing our resources effectively 								

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	7	Savings Proposal:	Community Transport	Lead:	Emma Pemberton							
Page 92	Proposal Summary (Scope)	<p>Community transport provides flexible and accessible community-led solutions to help local people access health, other services and social opportunities. Phase 1 of the SRP for 23/24 identified a £150k saving relating to appropriate reductions in single-occupancy taxi use, replacing with more cost effective shared alternative methods of transport.</p> <p>This second phase will focus on ensuring that current and projected future travel demand within EHSCP services is clearly identified and that provision via the Council's Transport Hub is at a level appropriate to need. Service provision patterns have changed over time and as a result of changing behaviour through Covid. An internal commissioning plan will be developed to ensure that the EHSCP can optimise any transport provision and reduce provision (and therefore costs) for any unused capacity currently being charged. This will be supported by the introduction of Flexi Route software within the Transport Hub, which will allow for more effective and efficient fleet scheduling. As part of this proposal, the existing transport policy will be reviewed and updated to provide clarity and manage expectations. Grip and control processes for the approval of new transport packages and for the timely and flexible update of any changes in individual requirements will be reviewed and strengthened.</p>			Financial Impact							
	Impacts	<p>An Integrated Impact Assessment (IIA) has been conducted to identify any equalities, human rights, environmental or economic impacts, as well as any appropriate mitigations and is available here: Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p> <p>Should changes be proposed to the transport policy as part of this work, a further IIA will be completed and the policy would require approval via the Council's Policy and Sustainability Committee.</p>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #1a3d4d; color: white;"><i>Full Year Effect (£k)</i></td> <td style="text-align: center;">£300,000</td> </tr> <tr> <td style="background-color: #1a3d4d; color: white;"><i>Forecast Savings for 23/24 (£k)</i></td> <td style="text-align: center;">£300,000</td> </tr> <tr> <td style="background-color: #1a3d4d; color: white;"><i>Delivery Investment</i></td> <td style="text-align: center;">Nil</td> </tr> </table>		<i>Full Year Effect (£k)</i>	£300,000	<i>Forecast Savings for 23/24 (£k)</i>	£300,000	<i>Delivery Investment</i>	Nil
	<i>Full Year Effect (£k)</i>	£300,000										
	<i>Forecast Savings for 23/24 (£k)</i>	£300,000										
<i>Delivery Investment</i>	Nil											
Benefits & Disbenefits	<p>Benefits:</p> <ul style="list-style-type: none"> • Value for money approach to transport provision, with improved clarity of current and projected demand and appropriate commissioning of the right transport solutions to meet identified need; Better collaboration with stakeholders; Clear and robust transport policy; Improved grip and control systems. <p>Disbenefits:</p> <ul style="list-style-type: none"> • Service Users perception the service is being reduced. 			Dependencies								
Risks/ Considerations	<p>Some risk that transport users and their carers may resist any change or perceived change. Will be mitigated through clear and appropriate engagement and communication.</p>			Strategic Alignment								
				<p>Links to Phase 1 transport saving</p> <p>Links to the current review and redesign of Learning Disability Services</p> <p>Links to City of Edinburgh Council's travel demand programme</p> <ul style="list-style-type: none"> • Prevention and early intervention • Person Centred Care • Making best use of capacity across the system • Managing our resources effectively 								

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	8	Savings Proposal:	Agency and Overtime	Lead:	Tony Duncan							
Page 93	Proposal Summary (Scope)	<p>Delivering duty of care and safe working environments for our employees and service users, remains a priority. The rising demand for agency, bank and overtime is as a result of a number of vacancies amongst key roles, including social workers/social care workers. Recruitment and retention within the social care sector is a challenge across Scotland. To balance the challenges of delivering high quality services whilst demand for care increases, agency, bank and overtime is sometimes used. Ensuring sufficient staff levels, cover for staff training, special leave and sickness and other absences are key factors for calling on agency, overtime and bank, which leads to higher costs.</p> <p>The proposal is to work with managers across the Partnership to:</p> <ul style="list-style-type: none"> Drive down sickness absence by improving absence management approaches; make efficient use of existing framework contracts; ensure staff provided by agency are matched to the grade/level requested; develop the reason/codes for more accurate reporting agency, overtime and bank use; ensure robust control and sign off mechanisms are in place; investigate potential to use NHS bank staff rather than paying costly agency fees; work with HR to introduce innovative ways to recruit to hard-to-reach roles such as social workers, care home workers; review staffing establishment for Care Homes to ensure fit for purpose. 			Financial Impact							
	Impacts	<p>This is a grip and control proposal which will be delivered through process improvement, tighter control, a focus on sickness absence management, supplier management, holiday management and recruiting to permanent vacancies to avoid the need for agency cover. It is not considered that an Integrated Impact Assessment will be required, as there are no adverse impacts anticipated. An IIA statement has been drafted and is available here: Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #1a3d4d; color: white;"><i>Full Year Effect (£k)</i></td> <td style="text-align: center;">£1,000,000</td> </tr> <tr> <td style="background-color: #1a3d4d; color: white;"><i>Forecast Savings for 23/24 (£k)</i></td> <td style="text-align: center;">£600,000</td> </tr> <tr> <td style="background-color: #1a3d4d; color: white;"><i>Delivery Investment</i></td> <td style="text-align: center;">Nil</td> </tr> </table>		<i>Full Year Effect (£k)</i>	£1,000,000	<i>Forecast Savings for 23/24 (£k)</i>	£600,000	<i>Delivery Investment</i>	Nil
	<i>Full Year Effect (£k)</i>	£1,000,000										
	<i>Forecast Savings for 23/24 (£k)</i>	£600,000										
<i>Delivery Investment</i>	Nil											
Benefits & Disbenefits	<p>Benefit:</p> <ul style="list-style-type: none"> Better control on spend; improved compliance with contract terms; improved spending analysis; opportunity to learn from the hiring manager and candidate experience to improve process; supporting the strategic aim to change the model of provision; more permanent workforce provides greater stability and continuity of care; more effective and supportive approaches to sickness absence will impact positively on the workforce. <p>Disbenefits:</p> <ul style="list-style-type: none"> Potential limited availability of resource from Framework Contractors 			Dependencies								
Risks/ Considerations	<p>Risk that full savings may not be achieved if staff vacancy levels increase in key areas and agency/bank use is required to provide safe staffing levels.</p> <p>Risk that there may be limited availability of resource from agency framework contracts, leading to higher off-contract spend and/or costs to ensure appropriate staffing levels.</p>			Strategic Alignment								
				<p>Links to: Wider workforce planning across EHSCP</p> <p>Findings of the recent Care Inspectorate inspections</p> <p>Making best use of capacity across the system</p> <p>Managing our resources effectively</p>								

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	9	Savings Proposal:	Contracts Grip and Spot Purchasing	Lead:	Emma Gunter	
Page 94	Proposal Summary (Scope)	<p>Purchasing within the EHSCP is currently split between framework, block and spot contracts. The spend profile for 23/24 is approximately £306m and approximately £250m of that relates to “spot purchasing”, outwith block or framework contract arrangements. Frameworks or block contracts can be used to control spend, mitigate against market fluctuations, and to ensure appropriate contractual controls are in place. In contrast, spot contracting involves a heavy administrative burden on social work teams, which can lead to a lack of scrutiny of agreed rates. The active approach to commissioning in Care at Home could be expanded across all pathways to build strong and effective relationships with providers.</p> <p>It is therefore proposed that:</p> <ul style="list-style-type: none"> • Grip and control measures are employed to channel spend through appropriate pathways • Management oversight is redesigned to ensure budgetary control is optimised • Contracts and commissioning staff are realigned to increase active commissioning and contractual control. This may involve increasing the current contracts resource • A robust contract management framework is implemented • Respite costs are reviewed with a view to creating an appropriate contractual arrangement to bring costs down • All elements of the process are reviewed including payment of spot contracts, uplifts, exceptions, communication with both providers and frontline staff, use of waivers etc. 			Financial Impact	
	Impacts	<p>This is a grip and control proposal and it is not anticipated that there will be adverse impacts on people in receipt of services or on staff. As such, it is not considered that an Integrated Impact Assessment will be required. An IIA statement has been drafted and is available here: Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p>			<i>Full Year Effect (£k)</i>	£2,000,000
	Benefits & Disbenefits	<p>Benefits:</p> <ul style="list-style-type: none"> • Increased financial control allowing for more robust forecasting of spend • Reduced cost for same service • Market shaping work with providers enables a more robust market • Reduction in workload for frontline social work staff 			<i>Forecast Savings for 23/24 (£k)</i>	£1,000,000
	Risks/ Considerations	<p>There is a risk that some changes to contracts may only realise savings in the next financial year. This will be kept under review as implementation plans are developed.</p>			<i>Delivery Investment</i>	Nil
				Dependencies	<p>Links to: There are dependencies with the brokerage proposal and the assessment and review work.</p>	
				Strategic Alignment	<ul style="list-style-type: none"> • Making best use of capacity across the system • Managing our resources effectively 	

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	10	Savings Proposal:	Optimising Self Directed Support	Lead:	Nikki Conway	
Page 95	Proposal Summary (Scope)	<p>There are challenges acknowledged by Scottish Government across Scotland in delivering all the Options within the SDS Act 2013 . Edinburgh is not unique in facing these challenges, however our higher than average take up rates of SDS Option 1 - Direct Payments (DP's) suggests that this area offers fuller opportunities for "right sizing", with any payments made better matching actual assessed need.</p> <p>Recovery of unused funds is a normal aspect of individualised funding and a public duty common to all Councils. This proposal involves working closely with those receiving DPs and their families or carers to carry out person-centred reviews and ensure spend is appropriate to deliver on their outcomes. Experts in the use of SDS will review unspent funds against the assessment of eligible needs, ensuring that individuals are able to access the care they need and right-sizing levels of support where appropriate. Additional resource will be secured (1.8 WTE Self Directed Support Advisors and 0.5 WTE Senior Social Worker) to increase capacity to carry out reviews and to provide tailored support. Work will also be undertaken to maximise the number of DP's paid via Allpay rather than by BACS, which will allow for greater transparency and simpler review and recovery, where this is appropriate.</p> <p>A further workstream will focus on action required to maximise the personal assistant (PA) workforce within the city, which may make increase the uptake of SDS Option One and offer greater flexibility and control to more people. The use of PA's can be hugely beneficial for both the individual and the public pound by removing overhead and management cost layers, however currently this market is limited by a low pay rates which limits the pool of people interested in working as PA's.</p>			Financial Impact	
	Impacts	<p>An Integrated Impact Assessment (IIA) has been conducted to identify any equalities, human rights, environmental or economic impacts, as well as any appropriate mitigations and is available here: Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p>			<i>Full Year Effect (£k)</i>	£2,000,000
	Benefits & Disbenefits	<p>Benefit:</p> <ul style="list-style-type: none"> Right-sizing of packages and support; greater clarity on and support with the use of DPs, removing reported stress associated with the holding of large financial balances; a larger size PA workforce, offering choice and better value for money; better view of spend. <p>Disbenefits:</p> <ul style="list-style-type: none"> Some in service change management to enact; training needs for workforce on SDS and the flow of options with DP criteria being clear 			<i>Forecast Savings for 23/24 (£k)</i>	£2,000,000
	Risks/ Considerations	<p>Risk of some challenge as some packages are reduced, however this would be mitigated by robust review which ensures that eligible needs are still being met and by clear communication with individuals and their families.</p>			<i>Delivery Investment</i>	Nil
				Dependencies	Dependencies on other change programmes around operational effectiveness, including spot buying and commissioning.	
				Strategic Alignment	<ul style="list-style-type: none"> Person Centred Care Making best use of capacity across the system Right care, right place, right time Managing our resources effectively 	

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	11	Savings Proposal:	One Edinburgh	Lead:	Deborah Mackle	
Page 96	Proposal Summary (Scope)	<p>'One Edinburgh' is a vision of a city-wide approach to home-based care that maximises all available care at home capacity in the city enabling better economies of scale. The approach will ensure a range of improvements in both internally delivered and externally commissioned home based care services. Phased improvements include the introduction of the Total Mobile system to support more efficient scheduling; improvements in the efficiency of the internal homecare service; a shift towards provision of reablement within the internal service; and the delivery of a new effective contract for commissioned care at home.</p> <p>One Edinburgh will deliver significant improvement and financial benefit over a period of 3 years. The first phase of financial savings in this proposal relates to additional capacity gain within the internal service of 200 hours per week. This will be realised through effective management of sickness absence and improving contact time. The increased capacity will be supported by the implementation of the Total Mobile scheduling system, which will have a part-year effect this year and scale up to deliver greater financial impact once fully implemented in 24/25.</p> <p>The financial savings will be achieved through increasing the number of hours delivered by the internal homecare team (based on existing FTE, with no additional staff or overtime assumed), with a corresponding reduction in the number of hours commissioned externally.</p>			Financial Impact	
	Impacts	<p>This is a grip and control proposal, which will see productivity increased and additional capacity gained from within the internal service. There are no anticipated negative impacts for service users, whose needs will continue to be met as required. There are no anticipated negative impacts for staff, with potential positive impacts through more effective and supportive management of sickness absence, according to agreed policy and with a focus on staff wellbeing. As such, it is not considered that an Integrated Impact Assessment (IIA) will be required for this first phase of savings. An IIA statement has been drafted and is available here: Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p>			<i>Full Year Effect (£k)</i>	£500,00
	Benefits & Disbenefits	<p>Benefits:</p> <ul style="list-style-type: none"> Financial saving as outlined, without detrimental impact on service quality A more effective and efficient internal service with a corresponding reduction in hours needing to be commissioned to meet need. More effective and supportive absence management will improve staff experience and wellbeing. 			<i>Forecast Savings for 23/24 (£k)</i>	£500,000
	Risks/ Considerations	<ul style="list-style-type: none"> Any further reduction in the internal service workforce (through natural turnover) may affect the amount of additional capacity which can be provided. 			<i>Delivery Investment</i>	Nil
				Dependencies	Links to the wider improvement and transformation underway within home based care, as part of the One Edinburgh programme.	
				Strategic Alignment	Person Centred Care Making best use of capacity across the system Managing our resources effectively	

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	12	Savings Proposal:	Structural Reorganisation / Operating Model						
Lead:	Mike Massaro-Mallinson / Tony Duncan								
Proposal Summary (Scope)	<p>As part of a new structure and operating model we would look to make several changes. Detail at this time would be restricted so as not to impact any consultation process. But this role review would look to;</p> <ul style="list-style-type: none"> Rationalise the locality model and move the EHSCP to the pathway model which links financial accountability, front line spend and a commissioning golden thread Restructure the support services to ensure appropriate support to frontline practitioners and clinicians and ensure optimal skill mix within teams Restructure the strategy function to have a leaner and more focussed model with increased emphasis on active, ethical commissioning. <p>Further work is still required to confirm the preferred model and to consult with affected staff.</p>		Financial Impact						
Impacts	<p>An Integrated Impact Assessment (IIA) will be conducted at an appropriate point in the organisational review process, as per agreed policy, to identify any equalities, human rights, environmental or economic impacts, as well as any appropriate mitigations. The IIA cannot happen until firm structure proposals have been developed and will be conducted as a standard part of organisational review preparation.</p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"><i>Full Year Effect (£k)</i></td> <td style="text-align: center;">£250,000</td> </tr> <tr> <td><i>Forecast Savings for 23/24 (£k)</i></td> <td style="text-align: center;">£130,000</td> </tr> <tr> <td><i>Delivery Investment</i></td> <td style="text-align: center;">Nil</td> </tr> </table>	<i>Full Year Effect (£k)</i>	£250,000	<i>Forecast Savings for 23/24 (£k)</i>	£130,000	<i>Delivery Investment</i>	Nil
<i>Full Year Effect (£k)</i>	£250,000								
<i>Forecast Savings for 23/24 (£k)</i>	£130,000								
<i>Delivery Investment</i>	Nil								
Benefits & Disbenefits	<p>Benefit:</p> <ul style="list-style-type: none"> Financial saving Less ambiguity of decision making and pathways More streamlined processes, with clarity of ownership and accountability <p>Disbenefits:</p> <ul style="list-style-type: none"> Some risk of upheaval as new structure is embedded Risk of knowledge loss with any staff reductions 		Dependencies						
Risks/ Considerations	<p>Risk that savings are not fully realised if there are insufficient vacancies and staff choose to remain on redeployment.</p>		Strategic Alignment						
			<ul style="list-style-type: none"> Managing our resources effectively 						

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	13	Savings Proposal:	2C Primary Care practices	Lead:	Robin Balfour	
Page 98	Proposal Summary (Scope)	<p>2C practices within Edinburgh are the practices which have been brought in house for management within the IJB (formerly 17C practices). We now have around 8 practices which are now S2C.</p> <p>Phase 1 of this proposal will involve grip and control measures to ensure that we are reducing our reliance on supplementary staffing and locums. This will deliver a saving in 23/24 of £50,000.</p> <p>There is a further phase of work planned in relation to 2C Practices which is anticipated to deliver further financial benefit in 24/25 and beyond. This will involve scoping the possibility of returning the practices to independent management. If this is not successful, plans would be developed to increase income streams via local enhanced services, for example, provision of junior medical training within the practices. This second phase will form part of next year's savings proposals.</p>			Financial Impact	
	Impacts	<p>An Integrated Impact Assessment (IIA) will not be required for phase 1, as this involve grip and control and tighter budgetary management. It does not impact on individuals and will not change service delivery models or policies.</p> <p>Phase 2 may require an IIA. This would be developed in conjunction with appropriate stakeholders once firm plans and proposals have been identified and if appropriate, presented to the EIJB as part of the 24/25 savings programme.</p>			<i>Full Year Effect (£k)</i>	£50,000
	Benefits & Disbenefits	<p>Benefit:</p> <ul style="list-style-type: none"> • Delivers savings • Ensures most appropriate and stable staffing models, with less reliance on supplementary staff, delivering better experience for patients. 			<i>Forecast Savings for 23/24 (£k)</i>	£50,000
	Risks/ Considerations	<p>Risk that recruitment of medical and nursing staff to reduce supplementary staffing is not successful or does not happen quickly enough to deliver benefit.</p>			<i>Delivery Investment</i>	Nil
				Dependencies	N/A	
				Strategic Alignment	<ul style="list-style-type: none"> • Managing our resources effectively 	

23/24 SAVINGS AND RECOVERY PROGRAMME: INTEGRATED IMPACT ASSESSMENTS

1. The guidance sets out the circumstances in which an IIA is required. This includes where the proposal:
 - could potentially affect people for example in the availability, accessibility or quality of goods, facilities, or services;
 - has potential to make an impact on equality and/or socioeconomic disadvantage even when this only affects a relatively small number of people
 - has the potential to make a significant impact on the economy and the delivery of economic outcomes;
 - is likely to have a significant environmental impact; and/or
 - is considered strategic and high level in the organisation.
2. For projects which don't require an IIA, an IIA statement will instead be completed. Specifically this would be where: it is considered that there will be no relevant impact on equality, human rights, the environment or the economy; where at this early stage of project development it is not possible to assess impact; or where an IIA is planned at a later date.
3. To enable a properly informed decision-making process, potential impacts have been identified for each individual savings proposal within the phase 2 savings programme for 23/24.
4. For projects under operational/grip and control, either an IIA or an IIA statement has been completed. For new proposals, an IIA has been completed. IIAs have been completed with a range of stakeholders, including both hospital and community-based staff, third and independent sector partners and citizen and carer representatives.
5. While a final IIA is a required document for a decision or approval, it should be noted that the IIAs completed for all proposals are evolving documents. IIAs will be kept under review and are required to be refreshed and updated as part of the ongoing assurance activities for each project within the programme. This is in recognition of the fact that further consultation and engagement with staff and stakeholders and gathering of further evidence to inform implementation approaches, may highlight additional actions required to mitigate impacts.
6. The table below sets out which proposals have had a full IIA and which have an IIA statement.

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NEW PROPOSALS	
Review and assessment - 3Cs and social prescribing - Maximising Digital Care (Telecare) - Digital Front Door (Early Intervention)	IIA
Commissioning	IIA
Brokerage	IIA
Decommissioning interim beds	IIA
Employability Services	IIA
GRIP AND CONTROL PROPOSALS	
Optimising SDS	IIA
Contracts Grip and Spot Purchasing	IIA STATEMENT
Community Transport - Phase 2	IIA
Community equipment – Phase 2	IIA STATEMENT
Continence	IIA STATEMENT
Agency +	IIA STATEMENT
Structural Reorganisation	IIA STATEMENT
One Edinburgh	IIA STATEMENT
Primary Care – 2C Practices	IIA STATEMENT
WHOLE PROGRAMME CUMULATIVE IIA	IIA

7. IIAs and IIA statements have been published on the EHSCP website: [Integrated Impact Assessments - Edinburgh Health & Social Care Partnership \(edinburghhsc.scot\)](https://www.edinburghhsc.scot.nhs.uk/integrated-impact-assessments/). The Some IIA's have embedded documents which can be found within the published IIA's.

**23/24 SAVINGS AND RECOVERY PROGRAMME: CUMULATIVE
INTEGRATED IMPACT ASSESSMENT**

Summary Report Template

Each of the numbered sections below must be completed

Interim report		Final report	✓	(Tick as appropriate)
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1. Title of plan, policy or strategy being assessed

Edinburgh Integration Joint Boards (EIJB's) Savings Programme 2023/24 – Cumulative Integrated Impact Assessment.

2. What will change as a result of this proposal?

We have a legal duty to set a balanced budget each year. To meet our commitment to a fairness test for key decisions and our legal obligations under the Equality Act 2010, we carry out integrated impact assessments (IIAs or Impact Statements) of proposals that will result in a change to services or policies in the next financial year.

It is recognised that the opportunities for developing and effectively delivering significant savings proposals within a single financial year has become increasingly challenging and brings risk to performance and quality outcomes. In the current financial climate, the delivery of further savings will depend on complex funding, workforce and service change and redesign initiatives, that extend past a single financial year. To address this, we need to evolve our thinking and adopt a longer term, strategic approach. As a result, we are developing our Medium Term Financial Strategy (MTFS), which will address sustainability in the longer term and avoid the need to relentlessly develop savings programmes that lead to inefficient "salami slicing". Effectively the MTFS is a set of longer term transformation change projects, expected to deliver improved care and financial benefits as part of a multi-year programme.

However, the planning and implementation of such large-scale, strategic change takes time and many of the financial benefits will only be realised over a number of years. It is important to recognise that this is a long-term approach, and as such there is still a requirement to deliver savings in the short term. Therefore, a savings and recovery programme has been developed for 2023/24 to help bridge the transition to this new approach.

The savings proposals have been developed, to where possible help:

- Achieve a balanced budget
- Improve efficiencies in service delivery

23/24 SAVINGS AND RECOVERY PROGRAMME: CUMULATIVE INTEGRATED IMPACT ASSESSMENT

- More effectively target resources
- Minimise negative impacts on service delivery and outcomes for individuals.

This Cumulative IIA provides an opportunity to review collectively, the equality impact of the proposals on the population of Edinburgh. It provides a level of assurance that a robust consideration of potential impacts has taken place. As well as providing an overarching strategic perspective of how projects link together, this process is helping to ensure that work is not progressing in silos. The IIA also highlights any interdependencies between projects and work streams, within the savings programme and the EHSCP's wider transformation schemes of work.

As well as the impact of individual proposals, it is essential to consider how our overall plan could affect people. In this report, we have tried to consider the emerging cumulative impacts of our proposals from several perspectives. The information and evidence used to inform this cumulative analysis draw on the individual IIAs produced for proposals that will change services in 2023-24, both those which were approved by the EIJB on 21 March 2023 and the phase 2 proposals that will be considered on 13 June 2023.

Summaries of the proposals will be available on the City of Edinburgh Council website from 5 May 2023 when papers will be published in advance of the EIJB meeting on 13 June 2023.

3. Briefly describe public involvement in this proposal to date and planned

The Saving Recovery Programme is currently undergoing option approval. Several budget workshops involving EIJB members, including elected members and non-executive NHS Board members have taken place.

The proposals align as far as possible with the intentions of the strategic direction laid out within the EIJB Strategic Plan, though it is recognised that the current challenging financial situation means that some savings proposals may not be without impact.

4. Date of IIA: 30 May 2023

The cumulative IIA has embedded documents which can be found within the published cumulative [here](#)

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5. Who was present at the IIA? Identify facilitator, Lead Officer, report writer and any partnership representative present and main stakeholder (e.g. NHS, Council)

Name	IIA role	Job Title	Date of IIA training
Mike Massaro-Mallinson	Lead Officer	Head of Operations	
Moira Pringle	Lead Officer	Chief Finance Officer	
Tony Duncan	Contributor	Head of Strategy	
Rhiannon Virgo	Facilitator	Project Manager	Feb 2020
Jessica Brown	Contributor	Innovation and Sustainability Senior Manager	
Peter Pawson	Contributor	Interim Director for Savings and Transformation	22 Mar 2023
Deborah Mackle	Contributor	Locality Manager - South West Edinburgh	
Nikki Conway	Contributor	Locality Manager – South East Edinburgh	
Helen FitzGerald	Contributor	NHS Lothian Partnership rep – NHS	
Kirsten Hey	Contributor	TU rep – CEC	
Emma Pemberton	Contributor	Disability Strategy Manager	
Emma Gunter	Contributor	Contracts Manager	
Katie McWilliam	Contributor	Strategic Planning and Commissioning Lead – Older People	

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Sylvia Latona	Contributor	Senior Manager – ATEC	
Hazel Stewart	Contributor	Programme Manager	
Bridie Ashrowan	Contributor	Chief Executive, EVOG	
Rene Rigby	Contributor	Scottish Care representative	
David Walker	Contributor	Principal Accountant	
Siobhan Murtagh	Contributor	HR Business Partner, CEC	
Louise Morgan	Contributor	Senior Employee Relations Practitioner, NHS Lothian	
Denise McInerney	Note Taker	Executive Assistant	22 Mar 2023





6. Evidence available at the time of the IIA

The purpose of the cumulative IIA is to consider potential cumulative impacts arising from the various budget proposals. The individual IIAs have considered and noted the appropriate evidence in relation to the corresponding budget proposal. The table below only notes the overarching evidence.

1

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Data on populations in need	Joint Strategic needs Assessment City of Edinburgh HSCP (2020) Edinburgh HSCP	Provides current and projected data on the wider population in the City of Edinburgh <i>(Population and demographics - Edinburgh Health & Social Care Partnership (edinburghhsc.scot))</i> Provides an understanding of what contributes to poor health and wellbeing and the barriers and challenges to seeking and obtaining support (many being interrelated).


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Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p>Joint Strategic Needs Assessment: Health and Care Needs of People from Minority Ethnic Communities (April 2018)</p> <p>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</p> <p>Cultural Curiosity Survey 26 May 23 – Edinburgh Children’s Partnership Board</p> <p>Public Health Annual Report</p>	<p>Actions highlighted as needed to address these include:</p> <ul style="list-style-type: none"> • Staff training including cultural sensitivity • Recognition of the role of the Third Sector • Effective community engagement • Developing effective approaches to prevention including overcoming isolation. <p>https://www.edinburghhsc.scot/wp-content/uploads/2020/03/JSNA-Health-Needs-of-Minority-Ethnic-Communities-Edinburgh-April-2018.pdf</p> <p>Details the Strategic direction of the EHSCP https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf</p> <p> Cultural Curiosity Survey- Presentation ;</p> <p>Shows activities that each organisation is undertaking to better understand and support diversity across the city.</p> <p> item 1 - Director of Public Health Annual I</p> <p> ITEM 1 - NHS Lothian Public Health Annual I</p>
Data on service uptake/access	Data on service uptake/access	See individual IIAs
Data on socio-economic disadvantage e.g. low income, low wealth, material	The Edinburgh Partnership Digital Inclusion	<p> Digital Inclusion Paper by EVOC People</p>

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Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
deprivation, area deprivation.	<i>Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</i>	
Data on equality outcomes	Individual Savings Proposals IIAs	<p>Completed/Interim IIAs and IIA statements for the 2023/24 savings programme proposals (will be available here: https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/) and provide details of identified impacts that may come from the implementation of the proposed changes:</p> <p>Phase1: (approved by EIJB in March 2023 and cumulative IIA available here: Savings and Recovery Programme March 23)</p> <ol style="list-style-type: none"> 1. Purchasing (Statement) 2. Prescribing (IIA) 3. Community Equipment (IIA) 4. Hosted and Set Aside (Statement) 5. Contract Uplifts (Statement) 6. Community Transport (Statement) 7. Learning Disability Overnight (IIA) 8. Review Blood Borne Virus Investment (statement) 9. Pentland Ward Closure (Statement) 10. Community Investment funding (Statement) 11. Commissioned Interim Beds (IIA) 12. Housing Support (IIA) <p>Phase 2 (to be considered by EIJB on 13 June):</p> <ol style="list-style-type: none"> 1. Community Equipment Phase 2 (Statement) 2. Continence (Statement) 3. Community Transport Phase 2 (IIA) 4. Agency and overtime (Statement) 5. Contracts grip and spot purchasing (Statement) 6. Optimising self-directed support (IIA) 7. One Edinburgh (Statement) 8. Structural reorganisation (Statement) 9. 2C Practices (Statement) 10. Review and Assessment (plus enablers) (IIA)

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Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
		11. Commissioning and brokerage (IIA) 12. Decommission interim beds 13. Employability Services (IIA)
Research/literature evidence	No	See individual IIAs
Public/patient/client experience information	No	See individual IIAs
Evidence of inclusive engagement of people who use the service and involvement findings	Edinburgh Integration Joint Board Strategic Plan (2019-2022) VOCAL Carers' Survey	Details consultation completed with stakeholders about the EIJB Strategic Plan: https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf The Strategic Plan is currently being refreshed and engagement is underway. Insert presentation title here (vocal.org.uk)
Evidence of unmet need	Edinburgh Integration Joint Board Strategic Plan (2019-2022)	See individual IIAs Details the health needs and priorities for the people of Edinburgh https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf
Good practice guidelines	No IIA Guidance	See individual IIAs  IIA_guidance_June_2 2_FINAL_VERSION_2
Carbon emissions generated/reduced data	No	See individual IIAs
Environmental data	No	See individual IIAs
Risk from cumulative impacts	Savings Programme	

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Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	Phase 1 cumulative IIA Savings Programme Phase 2 Cumulative IIA Evidence Document Individual IIAs	<p>Health and social care services face a challenging time, with the impacts and consequences of the Covid pandemic still evident and ongoing problems with recruitment and retention of key workforce groups, increasing risk and impacting service delivery and quality.</p> <p>The EHSCP has made performance improvements in key areas over the last 12 months, in relation to delayed discharge and unmet need. However, backlogs and waiting lists still exist in some areas. There is some risk that any savings proposals which impact on capacity and flow through the system could make it more difficult to make and maintain performance improvements. It is also a risk that some savings proposals may negatively impact performance.</p> <p>Several of the savings proposals represent an “opportunity cost” where funding that could have been made available to support development of community infrastructure has instead been taken to the bottom line as a recurring saving. While it is not possible to accurately assess the specific impacts of such proposals, since no specific plans for investment had been developed, it is recognised that without alternative funding being identified, this will impact on our ability to invest in services and initiatives that would help to deliver on some of the ambitions set out in the EIJB Strategic Plan. Impacts identified within each individual budget proposal IIA have been considered to undertake this cumulative impact assessment.</p>
Other (please specify)		<p>The Independent Review of Adult Social Care https://www.gov.scot/groups/independent-review-of-adult-social-care/</p> <p>A National Care Service for Scotland: Consultation A National Care Service for Scotland: consultation - gov.scot (www.gov.scot)</p>

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Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Additional evidence required		

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7. In summary, what impacts were identified, and which groups will they affect?

Equality, Health and Wellbeing and Human Rights	Affected populations
<p><i>An overview of the individual IIAs highlights that the main groups of people who may be impacted by the proposals, both positively and negatively, are older people, people with disabilities and carers.</i></p>	
<p>Positive The savings proposals take a person-centred/human right and assets-based approach as far as is possible, and are guided by the values, priorities, and guiding principles of the EIJB's Strategic Plan</p>	<p>All people who receive services – more of which are older people, people with disabilities and carers</p>
<p>There will be an opportunity to help ensure choice, control and equality of outcomes for people. Service provision will be based on needs rather than people's expectations, with priority given to the most vulnerable.</p>	<p>All people who receive services – more of which are older people, people with disabilities and carers</p>
<p>Priority will be given to the most vulnerable and a focus on ensuring equity of access across the population, with the focus on reducing waiting lists particularly beneficial to this group</p>	<p>All people who receive services and carers</p>
<p>In order to deliver savings and improvements required, all services cannot continue to be delivered as they currently are. Those affected (either positively or negatively) will more likely be older people, people with disabilities and carers due to the inherent demographics of service users.</p>	<p>All people who receive services</p>
<p>There is an opportunity to incorporate technological solutions to aid and provide flexible access to service delivery.</p>	<p>All people who receive services</p>
<p>Changes will provide a level of support which we can afford, that achieves current and future sustainability.</p>	<p>All people who receive services</p>
<p>The rationale behind any service changes will be clearly communicated to staff and that the required support, training, skills, policies and procedures will be put in place.</p>	<p>All staff</p>
<p>Proposals have focused on ensuring consistency, equity and fairness in application of charging policies and debt</p>	

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<p>recovery policies, with effective and efficient commissioning to ensure best value.</p> <p>A broader, more person-centred approach to provision of services in non-traditional ways will support people across all groups. There are great opportunities for partnership working with the community to maintain supports. This approach will benefit all people in receipt of services but has potential to particularly benefit younger adults.</p> <p>A number of proposals focus on maximising independence and providing a wider choice of access for the people supported.</p> <p>Negative Savings will be made through efficiencies and improved effectiveness, which may result in some people not receiving the same support to that which they currently receive or would expect to.</p> <p>Some services may be delivered through a different approach, or through different providers, which may cause anxiety, disruption and stress, particularly to those most vulnerable (including their unpaid carers), and a perceived sense of loss. This must be recognised and alleviated through considered planning and good communication.</p> <p>Cumulative impact of proposals, if not carefully managed and monitored, could affect flow through the system and result in people spending more time in inappropriate care settings such as hospital, negatively affecting outcomes for individuals such as increasing frailty.</p> <p>Due to the volume of change, it may be difficult to pinpoint the specific change which causes an adverse impact due to the cumulative impact. This may make it harder to address the root cause.</p> <p>Anxiety and stress due to perceived or actual financial and/or safety concerns with obtaining and receiving care.</p> <p>Those with poor health literacy skills, language difficulties and those with limited or no digital skills or with less online access may be impacted more. Steps will be taken to whilst developing any technology enabled services or</p>	<p>All people in receipt of services including younger adults</p> <p>All people who receive services</p> <p>All populations</p> <p>All people using services, carers (who are predominantly female) and families</p> <p>Those with poor literacy skills; those for whom English is not as a first language, and those with less access to digital technology</p>
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<p>any move to a more self-managed care approach to ensure that people are not disadvantaged.</p> <p>People living alone may potentially be impacted more than people living with partners or family. This may be mitigated by sensitive assessment or review and consideration of an individual's strengths and assets.</p> <p>Homeless people may need specific consideration as some proposals may impact on them with less scope for mitigation as they have no fixed residence in which to benefit from community-based supports.</p> <p>People living in specific geographical locations may experience a cumulative impact through reduced access to services, poorer digital connectivity and potential barriers to homecare support such as parking. This can be mitigated by a tailored person-centred conversation to identify such issues and address them.</p>	<p>Single people</p> <p>People suffering from homelessness</p> <p>People in different geographical locations</p>
<p>Staff</p>	
<p>Positive Clear operational and organisational policies and procedures will protect and help support staff in their roles and provide a level of confidence.</p>	<p>All Staff</p>
<p>Clear performance measures to support expectations and understanding of roles and responsibilities within and across teams and individuals.</p>	<p>All staff</p>
<p>Any shift in service provision/service re-prioritisation will require a degree of investment in skills development and support for staff which will help increase staff morale.</p>	<p>All Staff</p>
<p>Flexible approaches to working are likely to lead to digital investment to support the workforce, enabling them to deliver services in a different way, providing opportunities for innovation and skills development.</p>	<p>All Staff</p> <p>All staff</p>
<p>A reduction in backlogs and waiting lists will benefit staff via improving morale as staff recognise the difference they have made</p>	<p>All staff</p>
<p>Negative</p>	

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<p>The changes may bring additional stress and a sense of loss if staff feel that they are not able to provide the services which they think people are entitled to.</p> <p>Any change of service provision may also lead to increased levels of stress and anxiety for staff as they undertake challenging conversations with citizens (including people in receipt of services, families and unpaid carers). Changes to service provision may lead to a rise in the number of complaints which may also be stressful/anxiety provoking and can place a considerable time burden on staff.</p> <p>Staff shortages, recruitment and retention issues has continued to impact the physical and mental health and wellbeing of the current workforce. With less personnel in posts, overall workloads have increased. This has resulted in increased anxiety and stress in staff associated with a lack of capacity to provide safe and optimal care services on an ongoing and sustained basis. Delivery of identified savings proposals could increase workload for some groups of staff involved in implementation.</p> <p>Steps will be taken to ensure staff are supported and any impacts are minimised.</p> <p>Consideration will be given to staff who for reasons of medical conditions or age who may be more greatly impacted than others. Mitigating actions such as referral to occupational health will be implemented where appropriate.</p>	<p>All staff</p> <p>All staff</p> <p>Staff with protected characteristics</p>
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<p>Environment and Sustainability including climate change emissions and impacts</p>	<p>Affected populations</p>
<p>Positive</p> <p>The EIJB commitment to influencing and encouraging an environmentally responsible approach to the provision of health and social care services in Edinburgh wherever possible, through its strategic aims and decision-making processes</p> <p>Both NHS Lothian and City of Edinburgh Council have carbon reduction plans as part of their responsibilities linked to the Climate Change Act.</p>	<p>ALL</p>

**23/24 SAVINGS AND RECOVERY PROGRAMME: CUMULATIVE
INTEGRATED IMPACT ASSESSMENT**

Environment and Sustainability including climate change emissions and impacts	Affected populations
<p>Staff are encouraged to travel sustainably.</p> <p>Reduction in travel using technology and digital staff scheduling solutions. Ensures any changes proposed will support the NHS Lothian Sustainable Development Framework, CEC Sustainability Strategies and the Edinburgh 2030 net zero carbon target.</p>	
<p>Negative</p> <p>No negatives were identified in this IIA exercise.</p>	

Economic	Affected populations
<p>Positive</p> <p>The aims to make better use of resources through furthering the integration health and social care, with more joined up working and better systems and processes to reduce duplication of effort.</p> <p>There are good quality jobs available in health and social care. The EIJB is committed to further development of workforce planning and a number of these proposals will lead to job creation either directly or for providers.</p>	All
<p>Negative</p> <p>Any reduction in external commissioning may lead to a reduction in third sector and independent staffing. This impact should be limited as there is a recognised shortage of care staff across most organisations.</p> <p>Any reduction in commissioning may also destabilise the independent market and lead to some providers withdrawing. This should be limited through the One Edinburgh approach and the commissioning and contract management workstreams.</p> <p>Any reduction in investment in third sector projects and innovations may reduce the ability to leverage additional benefit and place greater pressure on statutory services in the longer term.</p>	All those that access services and staff in third/ independent sector

23/24 SAVINGS AND RECOVERY PROGRAMME: CUMULATIVE INTEGRATED IMPACT ASSESSMENT

9. Is any part of this policy/ service to be carried out wholly or partly by contractors and if so how will equality, human rights including children’s rights, environmental and sustainability issues be addressed?

Procurement processes and contract documents will consider how potential contractors will address equality, human rights, environmental and sustainability issues including how contractors will support the implementation of relevant sustainability strategies referred to in this document.

10. Consider how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.

All communications plans/ strategies will include specific information for patients, unpaid carers, staff and wider stakeholders compliant with;

- UK Government guidance on Accessible Communication formats (2021); and
- The Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018.

Consideration will also be given to health literacy and the use of different mediums and channels for sharing information.

Feedback from ongoing communication with stakeholders will inform the wider Savings Programme.

11. Is the plan, programme, strategy or policy likely to result in significant environmental effects, either positive or negative? If yes, it is likely that a [Strategic Environmental Assessment](#) (SEA) will be required and the impacts identified in the IIA should be included in this. See section 2.10 in the Guidance for further information.

No

12. Additional Information and Evidence Required

If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.

The Savings Programme 2023-24 Cumulative IIA will be reviewed and updated to reflect any identified impacts in each of the individual IIA’s throughout the year.

**23/24 SAVINGS AND RECOVERY PROGRAMME: CUMULATIVE
INTEGRATED IMPACT ASSESSMENT**

13. Specific to this IIA only, what recommended actions have been, or will be, undertaken and by when? (these should be drawn from 7 – 11 above) Please complete:

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and job title)	Deadline for progressing	Review date
Relevant leads for savings proposals should progress any specific actions identified in individual IIAs	Savings Proposal Leads	Ongoing	Ongoing
Overarching report re delivery of the savings programme to be provided to Savings and Governance Board (SGB) monthly	Finance Programme Manager	Monthly	July 2023
Ongoing reporting to EIJB bimonthly	Chief Finance Officer (with support from the Finance Programme Manager)	Bi-Monthly	Aug 2023
Continue development of One Programme to ensure dependencies between inspection action plans and the MTFS are integrated smoothly	Service Director - Operations	Ongoing	Ongoing
Training and support for staff is provided where changes in process or approach is required.	Savings proposal leads – where pertinent to their proposal	Ongoing	Ongoing
Procedures and policies should be clearly set out and available.	Savings proposal leads – where pertinent to their proposal	Ongoing	Ongoing
The rationale for the changes should be clearly communicated to staff including the over-riding financial position.	Savings proposal leads	Ongoing	Ongoing
Proposals to be implemented in line with appropriate strategies and relevant workstreams, taking account of dependencies.	Savings proposal leads	Ongoing	Ongoing

**23/24 SAVINGS AND RECOVERY PROGRAMME: CUMULATIVE
INTEGRATED IMPACT ASSESSMENT**

14. Are there any negative impacts in section 8 for which there are no identified mitigating actions?

No.

15. How will you monitor how this proposal affects different groups, including people with protected characteristics?

An overarching view on delivery of the savings programme, including monitoring of activity and spend, will be provided at the monthly Savings Governance Board, chaired by EHSCP's Chief Officer. Bi-monthly reports will also be provided to the EIJB and quarterly reports provided to the Performance and Delivery Committee.

Existing NHS Lothian & CEC finance reporting processes will also be utilised as appropriate. Where appropriate there will be ongoing consultation with staff, patients, and carers about any change

16. Sign off by Head of Service

Name: Mike Massaro-Mallinson, Service Director for Operations

Date: 2 June 2023

17. Publication

Completed and signed IIAs should be sent to:

integratedimpactassessments@edinburgh.gov.uk to be published on the Council website www.edinburgh.gov.uk/impactassessments

Edinburgh Integration Joint Board/Health and Social Care

sarah.bryson@edinburgh.gov.uk to be published at www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/

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REPORT

Bed base review update

Edinburgh Integration Joint Board

13 June 2023

Executive Summary	The purpose of this report is to provide the Edinburgh Integration Joint Board with an update on the status of the bed-based review and to request approval to undertake a strategic commissioning exercise on older people's bed-based services. A separate briefing paper, will be circulated to members addressing the decisions and actions that have led to this point.
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Recommendations	<p>It is recommended that the Edinburgh Integration Joint Board:</p> <ul style="list-style-type: none"> a) approve the request to undertake a strategic commissioning exercise on older people's bed-based services to validate work completed to date and to expand the scope to all older people's bed requirements; b) consider the governance arrangements for the oversight group; and c) agree to pause the proposed consultation until the strategic commissioning exercise is completed and agree at that point the purpose of any consultation.
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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

- This report has not been to any other committee prior to submission to the Edinburgh Integration Joint Board (EIJB) although elements have been reflected in the paper which will be presented to the Council's Finances and Resources Committee on 20th June 2023.

Main Report

Background

2. The bed-based review (BBR) has faced a significant challenge in implementing the agreed redesign identified in the bed-based care strategy. A key element of the BBR was to establish a 60 bed hospital based complex clinical care (HBCCC) unit in the previous Drumbrae care home. In summer 2022, due diligence identified that Drumbrae was not compliant for the delivery of clinical services, in part due to updated fire safety regulations particularly in relation to evacuation procedures. The adaptations required to make Drumbrae fully compliant with healthcare standards have significantly increased and are estimated to cost £10m with a 24-month schedule for work to be completed. Discussions have continued with all partners to try to get a resolution to the issues faced with the transition throughout 2022 to present but no agreed way forward has been identified at this stage.
3. A number of issues have emerged since the strategy was approved in 2021 which need consideration. The IJB is already experiencing a change in demographics and many people presenting to bed-based services are older, frailer and with more co-morbidity. There is also an increase in the number of people with dementia adding to the complexity of need. The impact of the pandemic is also emerging. People have increased vulnerability to frailty through deconditioning and isolation. More people are presenting later resulting in them being more acutely unwell with more complex conditions. The perception of hospital versus care home has also shifted, with people perceiving care homes to be unsafe and hospitals to be much safer environments to receive care and support.
4. The whole system remains under severe and sustained pressure. There is a lack of community care capacity to meet demand, primary care services are under enormous pressure, the unscheduled care system is extremely stressed, there are increasingly long waiting lists for scheduled care, people are in hospital who do not need to be there and there are extensive delayed discharges across acute and community hospital settings. All these factors need to be considered when designing a sustainable bed base for Edinburgh.
5. Considerable time has passed since the IJB set the direction to redesign bed-based services as identified in the BBR. The emerging issues outlined above need incorporated into projections to validate that the identified bed base will meet future demand.



6. The BBR focused on those beds which supported flow from acute hospital settings into the community (intermediate care, HBCCC and care homes). By limiting the scope in this way means we do not have system wide oversight of the bed requirements needed to meet current and future demand. It is therefore, recommended that a strategic commissioning exercise is undertaken to identify all the bed requirements for older people across hospital and community settings. This would be underpinned by a full system wide pathway review to fully assess the beds required to support people from hospital into the community and home.
7. This exercise would be conducted by external consultants to provide assurance to members and affected services that the outcomes of the exercise have been identified by an independent organisation with expertise in commissioning. An initial assessment would be completed within 3 months and a final report by the end of the calendar year with an implementation plan and associated timescales for delivery.
8. The intended scope of the commissioning exercise would cover validation of the work completed to date, expanding the bed modelling to all older people's bed-based services in both hospital and community settings and incorporate the assumptions based on the emerging trends outlined above. This approach is supported by both corporate management and leadership teams in NHS Lothian and the City of Edinburgh Council as well as the service areas prioritised in the BBR. Senior clinical teams have requested that this exercise is completed before any reconfiguration of existing beds is undertaken.
9. If the strategic commissioning exercise is approved, a public consultation will be required on the proposals based on the findings. As care home provision will be included in the scope of the exercise, there appears to be limited point in continuing with the planned, separate consultation on care homes. By separating these two pieces of work there is a risk of duplication and misalignment. Combining these will ensure robust engagement will take place with the citizens of Edinburgh on the strategic redesign of older people's bed-based services. It is therefore recommended that the planned public consultation is aligned to the findings of the strategic commissioning exercise (should it be approved).
10. All relevant organisations and stakeholders will have the opportunity to input into both the commissioning exercise and the consultation activity, relevant governance arrangements will be established to ensure robust engagement with all stakeholders throughout the process. It is proposed that an implementation group is established to oversee this work, reporting

back to the IJB. The board is asked to consider if this should be chaired by an IJB member to formalise the relationship between the group and the IJB.

11. It is proposed that Drumbrae remains unoccupied during this exercise until the findings of the exercise are available. As there are limited facilities in Edinburgh to accommodate bed-based services, and it is unlikely that a suitable alternative for HBCC services would be available in similar timescales. Utilising the facility on an interim basis could lead to challenges if and when the facility is required to be returned for health and social care purposes.
12. It is acknowledged that the facility remaining unoccupied during this time poses an ongoing business and reputational risk, particularly when the system is under sustained pressure. As the building owners, the final decision on the future use of Drumbrae sits with the Council. This decision would be informed by the views of its partners in the IJB and NHS Lothian. A report which shares the recommendations of this paper will be submitted to the Council's Finance and Resources Committee and the Council for consideration on 20th June and 22nd June respectively. This paper also presents options for alternative use for consideration.

Implications for Edinburgh Integration Joint Board

Financial

13. The strategic commissioning review is estimated to cost £120k and anticipated to take 6 months to complete.

Legal/risk implications

14. Due to the reputational damage caused by the non-delivery of the redesign identified in the bed-based care strategy, the lack of confidence in the projected bed numbers and the challenges faced by the project on the transition of Drumbrae, it would be a greater risk to proceed regardless. This exercise would provide assurance that the projected bed numbers were accurate and reflective to meet existing and future demand.

Equality and integrated impact assessment

15. An IIA has not been completed on the proposed strategic commissioning exercise but IIAs would be completed on the findings of the exercise and any subsequent redesign proposals.

Environment and sustainability impacts

16. These would be identified through any subsequent proposals developed following the findings of the strategic commissioning exercise.

Quality of care

17. The ultimate objective of any bed-based redesign is to ensure bed-based services are able to meet current and future demand and can deliver quality care to our citizens both in hospital and community settings.

Consultation

18. As outlined above, it is recommended the consultation activity is aligned to the findings of the strategic commissioning exercise to provide assurance that the public will be fully consulted on the redesign of older people's bed-based services.

Report Author

Mike Massaro-Mallinson

Head of Service - Operations, Edinburgh Health and Social Care Partnership

Contact for further information:

Name: Hazel Stewart, Programme Manager

Email: Hazel.Stewart@edinburgh.gov.uk

Background Reports

Bed Based Care Strategy – Phase 1, presented to the Edinburgh Integration Joint Board on 22nd June 2021, Item 7.1 can be accessed [here](#).

Report to Edinburgh Integration Joint Board on 28th September 2021, Item 4.1 can be accessed [here](#).

The report to the Finance and Resources Committee agreeing the lease arrangements for Drumbrae on 16th June 2022, Item 8.1 can be accessed [here](#)

A progress report presented to the Council on 9th February 2023, item 7.8 can be accessed [here](#), this was also presented to the EIJB as an additional item at their meeting on 28th February 2023.

A progress report presented to the Governance, Risk and Best Value committee on 14th March 2023, item 8.15 can be accessed [here](#)

A status report presented to the Council on 16th March 2023 can be accessed [here](#)

Appendices

Appendix 1 Direction to the City of Edinburgh Council and NHS Lothian

DIRECTION FROM THE EDINBURGH INTEGRATION JOINT BOARD (EIJB)

Partner agencies are required to carry out this direction in accordance with statutory and regulatory obligations, ensuring adherence to relevant guidance, policies and procedures, in pursuit of the EIJB's strategic objectives.

Reference number	EIJB-13/06/2023-xxx		
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	Yes EIJB-22/06/21-1		
Approval date	13/06/2023		
Services / functions covered	Older people's bed-based services.		
Full text of direction	<p>a. Commission a strategic commissioning exercise on older people's bed-based services by appointing an external independent commissioner.</p> <p>b. Stop all consultation activity pending the findings of the strategic commissioning exercise.</p>		
Direction to	NHS Lothian and The City of Edinburgh Council		
Link to relevant EIJB report / reports	<p>Bed Based Care Strategy – Phase 1, presented to the Edinburgh Integration Joint Board on 22nd June 2021, Item 7.1 can be accessed here.</p> <p>Report to Edinburgh Integration Joint Board on 28th September 2021, Item 4.1 can be accessed here.</p>		
Budget / finances allocated to carry out the direction.	State the financial resources allocated to enable NHS Lothian or the Council or both to implement the direction.	NHS Lothian	City of Edinburgh Council

	Year one funding (delete if not year one) and specify financial year eg 2022/23	£120k in total, allocation to partners will be based on procurement approach	
	Recurring funding	n/a	n/a
Performance measures	DCAQ analysis of all older people's bed-based services. Modelling and projections to meet existing and future demand. Occupancy rates across all older people's bed-based services.		
Date direction will be reviewed	January 2024		

REPORT

Self Directed Support – Direct Payments

Edinburgh Integration Joint Board

13 June 2023

Executive Summary	<p>The purpose of this report is to:</p> <ul style="list-style-type: none"> a) Update the Edinburgh Integration Joint Board on the process for reclaiming unused funds from people receiving a direct payment.
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Recommendations	<p>It is recommended that the EIJB:</p> <ul style="list-style-type: none"> a) Notes the operational approach to determining if those in critical need have underspent; b) Notes the impact on outcomes for people in need of removing allocated support; c) Notes the budget setting process and financial impacts; d) Notes that officers have committed to revising information for recipients of direct payments by September 2023 and publish this on the Edinburgh Health and Social Care Partnership website.
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Directions

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

Report Circulation

1. This report has not been presented elsewhere but the content and issues raised in the paper have been explored and discussed at Full Council, Policy and Sustainability Committee and Finance and Resource Committee.

Main Report

2. On 16 March 2023, Full Council received a [report](#) on Self Directed Support (SDS) in response to a motion by Councillor Nicolson regarding the reclaiming of unused funds from people receiving a direct payment. A [report](#) was referred to Policy and Sustainability Committee on 23 May 2023 and a briefing note was circulated to Finance and Resource Committee members for their information on the use of surplus direct payment funds. This report consolidates recent reports and briefings for EIJB members to consider.
3. A Direct Payment is a mechanism that an individual can use in order to have more choice and control over their care and support. A Direct Payment is a cash payment paid directly from the Local Authority to an individual (or a third party) who has been assessed as being eligible for social care support. The aim of the Direct Payment is to fulfil the individual's agreed outcomes. By choosing to use their social care money as a Direct Payment, an individual is choosing Option 1 of 4 options of Self-directed Support (SDS) within the Social Care (Self-directed Support) (Scotland) Act 2013. It is not a state benefit, personal income stream or cost of living payment.
4. A direct payment can purchase any outcome that any of the other Self Directed Support Options delivers. While the care and support arrangements may differ across the Options (e.g., recipients of a direct payment can contract unregulated care, by exemption from the Regulation of a Care Act 2001) the *outcomes* (living a more independent life by greater choice and control) should not differ.
5. As public funds are at stake, the Council needs to evidence due diligence in their disbursement, management and recovery of direct payments. Apart from any other audit reporting, either internal or external such as to Audit Scotland, accountability to the citizens of Edinburgh is paramount. The recovery of surplus direct payment funds is a considered process and one that is used by all other local authorities.

Operational approach to determining if those in critical need have underspent:

6. Identification of surplus funds can be identified in a range of different ways. It may be through the individual highlighting this or alternatively by a family carer, social care worker, managed account service or another relevant third



party. Contact is made by the Edinburgh Health and Social Care Partnership (EHSCP) with the person through a member of the social worker team to establish if the indicative surplus is an actual surplus. An actual surplus is considered as funds unused and unusable on any likely framework or pattern of approved purchase. Identifying an actual as opposed to an inferred surplus involves consideration of complex of factors that include the following:

- An unused respite allocation still appropriately being usable within the framework of a full year;
- 6 weeks of weekly direct payment being excluded from calculation as an inherent timing variation in all direct payments;
- Account is taken of unpaid invoices or unmet payroll costs including payments due to HMRC falling to the supported person;
- Contributions from other funders such as Independent Living Fund (ILF) or the persons' own assessed care charge;
- Recruitment delays that disrupt normal patterns of direct payment expenditure;
- The temporary unavailability of care provision, e.g., due to the impact of Covid and related restrictions;
- Fluctuations in purchase, normal to the supported person's life;
- Reporting delays generated by factors outside the person's control.

All of this needs to be considered in collaboration with the individual receiving the direct payment.

7. Briefing sessions have recently been delivered in localities and to relevant others on SDS with a particular focus on direct payments. The purpose of the briefing sessions is to increase or refresh staff's knowledge regarding direct payment and staff's duties under the act and ensure a more consistent approach to the use of SDS, including direct payments, across the city.
8. Officers have committed to revising the operational procedure for direct payments to include reclaiming of unused funds. This procedure will be used as written documentation to further support Assessors and complement briefings provided to staff.

Impact on outcomes for people in need of removing allocated support

9. Given the complexity of the factors relevant to identifying an actual surplus, a conversation with the supported person is key to any sound judgement and decision making regarding the allocated funds. No recovery is made without first raising and agreeing with the person concerned an appropriate sum to recover. Working to consent, while not a binding legal necessity given these are public funds, is good practice that we adhere to.

10. Care is taken to ensure that sufficient funds remain in the direct payment account to purchase in full on an ongoing basis the original outcome identified on the person's approved support plan.
11. In the remote and unintended event that, in consequence of recovery, insufficient funds remain in the direct payment account to deliver the approved support plan then any or all the recovered sums can be restored.
12. In addition, work is undertaken with the person to update or improve the support plan in such a manner as to avert future surpluses. Included in this is further advice that can extend the use of the direct payment to ensure the plan outcome is met in full - and for the person's better support.
13. Any recovery should aim to improve future outcomes for the person whose care and welfare is the primary purpose.
14. An accessible, public facing version of the procedure will be published on the Edinburgh Health and Social Care Partnership website so that recipients of direct payment will be aware of the process to better illustrate that unused funds are appropriately recovered. An update is also being made to the Direct Payment Agreement Form that will state that any unused funds can be reclaimed. These actions will be undertaken by September 2023.

The budget setting process and financial impacts

15. The 2022/23 budget for Direct Payments is £34.8m and is included in the overall budget delegated to the Edinburgh Integration Joint Board (IJB). When the budget is set it includes an assumption that there will be a certain level of reclaim of unused funds achieved. In 2022/23 this was £2.4m. Any change in practice agreed by the Council will therefore have a direct impact on the IJB's financial position. This which would have to be funded by the Council increasing the budget delegated to the IJB.

The total value of recovering unused funds each year for the last 5 year

16. The total funding reclaimed over the past five years is as follows:

Year	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023
Amount recovered	£1.9m	£2.6m	£2.2m	£1.9m	£5.6m

17. All funding that is recovered through this audit process is returned to the Direct Payment budget, so it can be reused to meet the needs of other people who have been assessed as being eligible for social care support.

Implications for Edinburgh Integration Joint Board

Financial

18. This process continues to be factored into the Medium-Term Financial Strategy as an efficient means of managing existing resource. A £3.4m recovery has been factored into the 2023/24 budget
19. Any recovered unused funds are returned to the Locality Direct Payment budget where the initial payment originated from.

Legal/risk implications

20. There are no legal implications with regard to the process outlined in this report.
21. If the Council did not recover unused funds in 2023/24, then it would increase the Partnership's financial deficit by £3.4m.

Equality and integrated impact assessment

22. No Integrated Impact Assessment has been completed for the purpose of this report.
23. As the recovery of direct payment funds is based on surplus funds, there should be no adverse impacts on the individual. As stated in sections 9 - 12 above, care is taken to ensure that sufficient funds remain in the direct payment account to purchase in full on an ongoing basis, the original outcome identified on the person's approved support plan.

Environment and sustainability impacts

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

Quality of care

25. As outlined throughout this report.

Consultation

26. This report has been prepared with the support of the colleagues in the City of Edinburgh Council and Health and Social Care Partnership.

Report Author

Mike Massaro-Mallinson

Service Director, Operations

Edinburgh Health and Social Care Partnership

Email: mike.massaro-mallinson@nhslothian.scot.nhs.uk

Background Reports

The legislative background underpinning direct payments:

- National Assistance Act 1948
<https://www.legislation.gov.uk/ukpga/Geo6/11-12/29>
- Social Work (Scotland Act) 1968
<https://www.legislation.gov.uk/ukpga/1968/49/section/12A>
- Community Care Act 1990
Part IV Scotland
<https://www.legislation.gov.uk/ukpga/1990/19/contents>
- Children (Scotland) Act 1995
<https://www.legislation.gov.uk/ukpga/1995/36/contents>
- Direct Payments Act 1997
<https://www.legislation.gov.uk/uksi/1997/734/contents/made>
- Community Care and Health (Scotland) Act 2002
<https://www.legislation.gov.uk/asp/2002/5/section/22>
- Social Care (Self-directed Support) (Scotland) Act 2013
<https://www.legislation.gov.uk/asp/2013/1/contents/enacted>
most recent guidance
<https://www.gov.scot/publications/statutory-guidance-accompany-social-care-self-directed-support-scotland-act-2013-2/>

Appendices

None

REPORT

Committee Update Report

Edinburgh Integration Joint Board

13 June 2023

Executive Summary

The purpose of this report is to provide the Edinburgh Integration Joint Board with an update on the business of Committees covering January – May 2023.

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 the period January – May 2023. This report has been compiled to support the Edinburgh Integration Joint Board (EIJB) in receiving timeous information in relation to the work of its committees and balances this with the requirement for the formal note of committees to have undertaken due process and agreement by those committees. All reports are stored in the EIJB document library for information.

Clinical and Care Governance Committee – 24 January 2023

2. A workshop was held with the aim of (and following the recent appointment of a new Chair), allowing committee members to get to know each other better and identify how the committee would function moving forward.
3. Terms of reference were reviewed and discussions held about how the committee operated and how this could be improved.



Performance and Delivery Committee – 1 February 2023

4. **Performance Report** – the committee were presented with an overview of the activity and performance of the Edinburgh Health and Social Care Partnership (EHSCP).
5. **Health and Social Care Grant Programme Evaluation 2021/22** – the committee noted a report on the evaluation of the Health and Social Care Grant Programme for 2021/22.
6. **Equality and Diversity Training** – the committee heard from officers about the Equality and Diversity training available to staff within EHSCP.
7. **Recruitment** - the committee had before it a briefing on the City Capital Partnership (CCP) support on recruitment.
8. **Edinburgh Pact** – the committee were provided with an update on the Edinburgh Pact.

Clinical and Care Governance Committee – 1 March 2023

9. **Themed Integrated Assurance Session** – the committee were presented with a report on the Clinical and Care Governance Reporting Framework; a position statement on the Clinical and Care Governance Group; and, a presentation on District Nursing.
10. **Health and Safety** – the committee had before it an update on Health and Safety arrangements within the Partnership and assurance that health, safety, and welfare of staff was being properly managed.
11. **South West Hub – Re-ablement Service** – the committee received an update on a report by the Care Inspectorate on the Re-Ablement Service at Wester Hailes Healthy Living Centre.

Performance and Delivery Committee – 8 March 2023

12. **Terms of Reference** – the committee were presented with a revised set of terms of reference for the Performance and Delivery Committee.

13. **Finance Update** – the committee had before it an update on the financial performance of delegated services for the first 10 months of the year.
14. **Savings and Recovery Programme 2022/23** – the committee received a report providing an update on the position of the Edinburgh Integration Joint Board (EIJB) 2022/23 Savings and Recovery Programme.
15. **NHS Lothian – Set Aside** – the committee were provided with a presentation on NHS Lothian – Set aside services.

Audit and Assurance Committee – 20 March 2023

16. **Terms of Reference** – the committee had before it a revised set of terms of reference for the Audit and Assurance Committee.
17. **Register of Interests** – the committee were provided with a report detailing the process for registration and recording of members' interests.
18. **Internal Audit Annual Plan** – the committee were presented with the internal audit annual plan, which included the Internal Audit plan for the Edinburgh Integration Joint Board (EIJB).
19. **Internal Audit Update** – the committee received a report on the progress of Internal Audit (IA) assurance activity on behalf of the EIJB performed by the EIJB's partners (the City of Edinburgh Council (the Council) and NHS Lothian (NHSL) IA teams).
20. **Internal Audit Charter 2023/24** – the committee considered the revised Internal Audit (IA) Charter for the EIJB 2023/24.
21. **EIJB Risk Register** – the committee had before it the latest iteration of the EIJB risk register.

Strategic Planning Group – 23 March 2023

22. **Terms of reference** – the committee considered the revised terms of reference for the Strategic Planning Group.
23. **Strategic Plan** – the committee had before it the latest iteration of the draft Strategic Plan for consideration.

24. **Learning Disability Services** – the group were presented with initial plans for the prioritised proposals for the Learning Disability Services in Edinburgh.

Performance and Delivery Committee – 26 April 2023

25. **Annual Review of Directions** – the committee were presented with the annual review of directions in place between April 2022 - March 2023 and given a progress update on the achievement of directions, and amendments to existing directions.

26. **Primary Care Improvement Plan (PCIP)** – committee were provided with a progress report on the implementation of the Primary Care Improvement Plan.

27. **EIJB Annual Performance Report 2022/23** – the committee received a report on the timeline and proposed content framework for the EIJB Annual Performance Report (APR) for 2022/23.

Forward Planning

28. Performance and Delivery Committee – 31 May 2023

29. Audit and Assurance Committee – 8 June 2023

30. Strategic Planning Group – 14 June 2023

31. Performance and Delivery Committee – 21 July 2023

32. Performance and Delivery Committee – 2 August 2023

Report Author

Mike Massaro-Mallinson

Service Director Operations, Edinburgh Integration Joint Board

Contact for further information:

Name: Gary Gray

Email: gary.gray@edinburgh.gov.uk

Telephone: 07502 324577

Minute

IJB Performance and Delivery Committee

10.00am, Wednesday 1 February 2023

Microsoft Teams

Voting Members:

Councillor Max Mitchell (Chair), Councillor Euan Davidson, George Gordon and Peter Knight.

Non-Voting Members: Helen Fitzgerald and Ruth Hendery.

In Attendance:

Ian Brooke (EVOG)

Phillip Brown (Data Performance & Business Planning, CEC)

Sarah Bryson (Planning & Commissioning Officer, EHSCP)

Tony Duncan (Service Director Strategic Planning, EHSCP)

Helen Elder (Executive Management Support, EHSCP)

Linda Irvine Fitzpatrick, Strategic Programme Manager, Thrive Edinburgh

Suzanne Lowden (Planning & Commissioning Officer, EHSCP)

Katie McWilliam (Strategic Planning and Quality Manager, EHSCP)

Deborah Mackle (EHSCP Locality Manager, South West)

Mike Massaro-Mallinson (Service Director Operations, EHSCP)

Moira Pringle (Chief Finance Officer, IJB)

Rhiannon Virgo (Senior Change & Delivery Officer, CEC)

Louise Williamson (Clerk, Committee Services, CEC)

Apologies:

Susan McMillan (Performance and Evaluation Manager)

1. Minutes

The minute of the Performance and Delivery Committee from 30 November 2022 was presented for approval of the recommendations, and any matters arising.

Decision

- 1) To approve the minute as a correct record.
- 2) To note that questions raised by Ruth Hendery in respect of the report presented for item 6 below on the Performance Monitoring Framework, and their answers, had been circulated to members.

2. Annual Cycle of Business

The Annual Cycle of Business updated to November 2023 was presented to Committee based on 8 meetings per year.

Decision

To agree the updated annual cycle of business attached as an appendix.

(Reference – Annual Cycle of Business, submitted).

3. Rolling Actions Log

The Rolling Actions Log updated to November 2022 was submitted.

Decision

- 1) To agree that the following actions be closed:

Action 10 - Annual Assurance Statement

Action 2 – Finance Update

Action 3 – Equality Outcomes and Mainstreaming Progress Report

- 2) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted).

4. Performance Report

An overview of the activity and performance of the Edinburgh Health and Social Care Partnership was provided. Overall, while there continued to be ongoing pressures throughout the health and social care sector, there had been tremendous improvements over the last year in performance on key metrics around delays and unmet need, moving Edinburgh from an outlier position.

Members discussed performance measures and focused on the three trajectories to be revised in March 2023 to cover the 2023/24 financial year. These will come forward within future performance reports.

There was a short discussion on KPI's for the strategic plan and how these would be presented to the Committee. IT was explained that this would be done at regular intervals to be determined.

Members questioned the information provided under "unmet need" and agreed it would be useful to have a summary narrative providing an overview of what was happening with this.

Decision

- 1) To note the performance of the Partnership on key indicators as detailed in the report and appendices.
- 2) To note the proposed Strategic KPIs that would go to SPG and EIJB for approval as part of the EIJB Strategic Plan.
- 3) To agree that in future data would be provided through regular performance reports.

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

5. Health and Social Care Grant Programme Evaluation 2021/22

Details were provided on an evaluation of the Health and Social Care Grant Programme for 2021/22 which highlighted the positive impacts which the grant funded activities had had on the health and well-being of service users; how the programme had helped achieve several of the Strategic Priorities and National Well-Being Outcomes; and demonstrated the additional benefits which the programme brought to Edinburgh.

Members questioned the level of monitoring and the evaluation of the impact and outcomes of the grants awarded.

Decision

To note the findings of the Health and Social Care Grant Programme Evaluation Report 2021/22 as attached as Appendix 1 to the report by the Chief Finance Officer.

(Reference – Report by the Chief Finance Officer, EIJB, submitted)

6. Equality and Diversity Training

Details were provided on the Equality and Diversity training available to staff within EHSCP.

Members raised concerns about the different approaches to training by the NHS and the Council and the elements which were considered mandatory. Members questioned the recording of the various training modules and any follow up that was being taken to ensure that members of staff were completing their training.

It was felt that officers needed to look further how to support and take forward the concerns raised by members at an operational level including the recording and

monitoring of training, the type of training being carried out and the synergy between the two different organisations. Members also felt that questions should be raised around the training in place by external care providers and how to influence what happened there.

Decision

- 1) To note the Equality and Diversity Training which was currently available to staff within the EHSCP both CEC and NHS.
- 2) To agree that further engagement on refresher training for CEC staff be restarted with CEC HR and training and development colleagues.
- 3) To ask the Partnership Forum to look at how it could provide support for tracking training and taking this forward operationally.

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

7. Recruitment – Capital City Partnership

Details were provided on the City Capital Partnership (CCP) support on recruitment. The EHSCP had commissioned CCP to employ two recruitment executives with recruitment and Health and Social Care experience to respond to the increasing recruitment pressures for health and social care staff. The CCP team were on two-year contracts and would conduct outreach activity and community focused engagement to identify and generate interest in joining EHSCP.

Concerns were raised at the length of time it was taking to fill vacancies and it was hoped that this could be improved upon.

Decision

- 1) To note the current position on CCP support to EHSCP recruitment activity.
- 2) To note the wider pressures on recruitment (and retention) and the steps that needed to be taken to try and speed up the recruitment process.

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

8. Edinburgh Pact

Due to the lack of time remaining for the meeting schedule, it was agreed that the information pack on the Edinburgh pack be circulated to members and any points of interest or concern raised at the next meeting.

9. Date of Next Meeting

Wednesday, 8 March 2023.



Minute

IJB Clinical and Care Governance Committee

10:00am, Wednesday 1 March 2023

Microsoft Teams

Present:

Councillor Vicky Nicolson (Chair), Helen FitzGerald, George Gordon, Jacqui Macrae, Councillor Claire Miller and Robin Balfour.

In attendance: Catriona Drummond, Helen Elder, Jen Evans, Jon Ferrer, Rose Howley, Mike Massaro-Mallinson and Emily Traynor.

Apologies: Peter Knight.

1. Minutes

Decision

To approve the minute of the meeting of the Clinical and Care Governance Committee held on 8 September 2022 as a correct record.

2. Annual Cycle of Business

The Annual Cycle of Business updated to March 2023 was presented.

Members were updated on any changes to future Committee agendas. It was recommended that the next meeting of Wednesday 24 May be used to discuss the ASPI and SCSW inspection reports.

Decision

- 1) To agree the updated annual cycle of business.
- 2) To agree to continue the work of discussing with the Minister's Office and Scottish Government Officials, how the Committee could align their views with those mentioned to create a cohesive improvement plan.

(Reference – Annual Cycle of Business, submitted)

3. Rolling Actions Log

The rolling actions log updated to March 2023 was presented.

Decision

- 1) To agree to close Action 2 – 2021-22 Annual Assurance Statement.
- 2) To note the Self-Directed Support Update would be brought to Committee in September 2023.

(Reference – Rolling Actions Log, submitted)

4. Clinical and Care Governance Reporting Framework

Details were provided of the proposed Clinical and Care Governance arrangements for Edinburgh Health and Social Care Partnership.

Decision

- 1) To note the Clinical and Care Governance framework and assurance reporting arrangements for the Edinburgh Health and Social Care Partnership.
- 2) To provide direction to the Edinburgh Health and Social Care Partnership Clinical and Care Governance Group to adopt and implement the framework.

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

5. Clinical and Care Governance Group - Position Statement

The Clinical and Care Governance Group - Position Statement presentation was shared with members.

Members were informed that the Clinical and Care Governance Group (CCGG) had not met since 2022, and that following the Chair and Vice-Chair both standing down in 2022, Dr Robin Balfour had since taken over stewardship and the role of chair.

The new revised framework focused on 7 themes - workforce, standards, feedback, internal and external scrutiny, improvement and innovation, risk and safety. These themes would form the foundation of the new quarterly and annual reporting structure to the Clinical and Care Governance Committee.

The new framework aimed to move away from data reporting to assurance-based reporting on resilience, risk and impact.

A simplistic assurance matrix rating from significant to not yet assessed would allow officers to carry out deep dives into lower rated areas and higher rated areas would provide assurance of strong systems and processes.

Members raised concerns over moving away from data, and the language used throughout the presentation. Officers responded by confirming data would still be gathered and used, but that reporting would be less data focused and provide greater context and understanding of the areas analysed and reviewed at a wider level.

Members expressed concern over understanding who the Senior Accountable Officers and the Clinical Leads of the 9 CCGG were. Dr Robin Balfour, Chair of the CCGG, notified members of a letter sent to all responsible officers and advised this would be circulated to members of the CCGC.

Decision

- 1) To note the presentation.
- 2) To agree to share the letter circulated from Dr Robin Balfour, confirming the Clinical Lead and Senior Accountable Officers of the 9 Clinical and Care Governance Groups.
- 3) To agree to review the presentation and use clearer language around 'moving away from data'.

(Reference – presentation by Jon Ferrer and Jen Evans, submitted)

6. District Nursing

A presentation on District Nursing was shown to members.

Members were informed that the District Nursing Service provides nursing care for people in their own home or homely setting.

Members raised concern over the lack of appropriate resources for District Nurses and the need for laptops, Wi-Fi etc to decrease the need for return visits to their base. Officers advised laptops are on order and that they should be available shortly.

Decision

To note the presentation.

(Reference – presentation by Jacqui Macrae and Catriona Drummond, submitted)

7. Health & Safety Update

An update was provided on the work of the Partnership Health and Safety Group and relevant sub-groups to provide assurance that the health, safety and welfare of staff was being properly managed across the Partnership.

Members were also updated on any health and safety issues arising across the Partnership and the mitigating actions put in place to resolve the issues.

Staff would have a 'Purple Pack' tool available, which was used to undertake risk assessment and mitigate actions. Previously Council and NHS staff used different tools and the 'Purple Pack' combined this into one.

Decision

- 1) To note the update.
- 2) To note the schedule of areas next being reviewed would be shared in future reports.

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

8. SW Hub - Re-ablement Service at Wester Hailes Healthy Living Centre

The Care Inspectorate report on the SW Hub - Re-ablement Service at Wester Hailes Healthy Living Centre was presented for information.

Members were advised that the SW Hub - Re-ablement Service achieved a 'Very Good' care inspection. Supported by members, the Chair of the Committee committed to writing to the SW Hub - Re-ablement Service to commend them for their hard work and commitment. In addition the Committee agreed to the Chair sharing this positive feedback and discussion from members at the next EIJB meeting.

Decision

- 1) To note the information in the report.
- 2) To agree the Chair of the Committee would share members thanks and commendation to the SW Hub - Re-ablement Service for achieving a Very Good Inspection Report.
- 3) To agree the Chair of the Committee would share the positive feedback and discussion from members at the next EIJB meeting.
- 4) To note that any future reports shared with Committee for information should include a covering report with a brief summary.

(Reference – Report by the Care Inspectorate, submitted)

9. Date of Next Meeting

The date of the next meeting was noted as Wednesday 24 May 2023.

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Minute

IJB Performance and Delivery Committee

10.00am, Wednesday 8 March 2023

Microsoft Teams

Voting Members:

Councillor Max Mitchell (Chair), George Gordon and Peter Knight.

Non-Voting Members: Helen Fitzgerald.

In Attendance:

Ian Brooke (EVOC)

Nancy Brown (Finance Programme Manager, CEC)

Phillip Brown (Data Performance & Business Planning, CEC)

Tony Duncan (Service Director Strategic Planning, EHSCP)

Helen Elder (Executive Management Support, EHSCP)

Graeme McGuire (Finance Manager, NHS Lothian),

Eleanora Ho (Management Accountant, NHS Lothian)

Susan McMillan (Performance and Evaluation Manager, EHSCP)

Deborah Mackle (EHSCP Locality Manager, South West)

Moira Pringle (Chief Finance Officer, IJB)

Rhiannon Virgo (Senior Change & Delivery Officer, CEC)

David Walker (Principal Accountant, CEC)

Louise Williamson (Clerk, Committee Services, CEC)

Apologies:

Councillor Euan Davidson

Mike Massaro-Mallinson (Service Director Operations, EHSCP)

1. Minutes

The minute of the Performance and Delivery Committee from 1 February 2023 was presented for approval as a correct record, and any matters arising.

Decision

To approve the minute as a correct record.

2. Annual Cycle of Business

The Annual Cycle of Business updated to March 2023 was presented to Committee based on 8 meetings per year.

Decision

To agree the updated annual cycle of business attached as an appendix.

(Reference – Annual Cycle of Business, submitted).

3. Rolling Actions Log

The Rolling Actions Log updated to February 2023 was submitted.

Decision

1) To agree that the following action be closed:

Action 1 - Annual Assurance Statement (Edinburgh Pact)

2) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted).

4. Terms of Reference

The Performance and Delivery Committee Terms of Reference were presented for Review.

Decision

1) To agree Terms of Reference for the Performance and Delivery Committee as detailed in the report by

2) To refer the Terms of Reference for the Performance and Delivery Committee to the EIJB for formal ratification.

5. Finance Update

An update on the financial performance of delegated services for the first 10 months of the financial year was presented for noting. The level of assurance provided for a break even position for 2022/23 remained at moderate and should be clearer by the end of March.

Decision

1) To note the financial position for delegated services to 31st January 2023.

- 2) To note the moderate assurance provided by the Chief Finance Officer of a break even position for 2022/23.

(Reference – Report by the Chief Finance Officer, EIJB, submitted)

6. Savings and Recovery Programme 2022/23 Update

An update on the position of the 2022-23 savings and recovery programme was presented for noting.

Members discussed the possibility of being provided with additional details of items within the programme than were provided at present, how this could be achieved and whether or not information was required on a more regular basis. At present the Committee alternated their meetings between finance and performance information and it may not be possible to provide the necessary information on a more regular basis than was already being done. It would be for the Committee to decide what would work for them.

It was agreed that officers would consider how best this could be done based on bringing forward existing operational performance measures and/or dashboards.

Decision

- 1) To note the current position of the 2022/23 Savings and Recovery Programme.
- 2) To bring forward a proposal on how key performance measures could be presented routinely to the Committee in addition to the more detailed performance reports.

(Reference – Report by the Chief Finance Officer, EIJB, submitted)

7. NHS Lothian – Set Aside – Edinburgh IJB - Presentation

The Committee received a presentation from Graeme McGuire, Finance Manager (Acute), NHS Lothian which provided information on the context and insight into how financial support was set up and the set-aside with the acute setting together with details of the acute budget structure. The presentation outlined the growing issue with non-recurring finance and the trend of pressure areas and the proposals for financial recovery. Information was also provided on the way forward, its limitations, current mitigation and future improvements.

Members raised concerns on particular drug costs, pressure within staff costs and availability and lack of available funding. It was felt that these matters required further investigation and that the Committee needed to be made more aware of key pressures as they arose.

The Committee asked that further information be provided on what the set-asides were achieving, with this being built into the Committee's regular finance update, together with assurances from acute services that they were coping with the current

situation and more input from relevant managers on this. It was agreed that officers investigate further on how to take this forward.

Decision

- 1) To note the presentation by Graeme McGuire.
- 2) To ask officers to investigate how additional information on the set-asides could be provided to members in a meaningful and regular way, and consult with members on the detail of the information they required.

(Reference – Presentation by the Finance Manager, NHS Lothian, submitted)

8. Date of Next Meeting

Wednesday, 26 April 2023.

Minutes

IJB Audit and Assurance Committee

10:00am, Monday 20 March 2023

Virtual Meeting, Microsoft Teams

Present:

Peter Murray (Chair), Elizabeth Gordon, Councillor Euan Davidson and Councillor Claire Miller.

Officers:

Emily Traynor (Clerk), Angela Brydon (Operations Manager EHSCP), Laura Calder (Senior Audit Manager), Moira Pringle (Chief Finance Officer), Colin McCurley (Acting Principal Audit Manager), Christopher Gardner & Michael Oliphant (Audit Scotland)

Apologies:

Kirstein Hay & Grant Macrae

1. Minutes

The minute of the Audit and Assurance Committee of 5 December 2022 was presented for approval as a correct record.

Decision

To approve the minute of 5 December 2022 as a correct record.

2. Annual Cycle of Business

The updated annual cycle of business for the Committee was presented.

Decision

To note the report.

(Reference – Annual Cycle of Business, submitted)

3. Outstanding Actions

The outstanding actions updated to March 2023.

Decision

1) To agree to close the following actions:

- Action 1 – Any Other Business – CRO
- Action 2 – Internal Audit Annual Plan 2022-23
- Action 3 (1) – Review of Audit and Assurance Terms of Reference
- Action 4 – Chief Risk Officer – Edinburgh Integration Joint Board
- Action 5 (1&2) – Edinburgh Integration Joint Board Risk Register
- Action 6 – Committee Annual Assurance Framework – 2022/23 cycle
- Action 7 – Governance Report
- Action 8 (1,2,3&4) – Internal Audit Update
- Action 9 – Induction Training – Verbal Update by the Operations Manager

2) To otherwise note the remaining outstanding actions.

(Reference – Outstanding Actions 20 March 2023, submitted)

4. Review of Audit and Assurance Terms of Reference

Members were provided with a revised Terms of Reference and advised there were no material changes from the previous version presented in December.

Members also discussed the increase in membership of the Committee and were provided with an update on the recruitment of these additional members.

Decision

3) To endorse the terms of reference for the Audit and Assurance Committee.

- 4) To refer the revised terms of reference for Audit and Assurance Committee to the Edinburgh Integration Joint Board for approval.
- 5) To note the proposed increase in membership of an additional three members and the time commitment associated with that.

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

5. Register of Interests

Members were informed of the Code of Conduct for Members of the Edinburgh Integration Joint Board ('the Code'), whereby members of the Joint Board must register relevant interests, financial or otherwise.

Decision

- 1) To note the procedure and requirements for registration and recording of members' interests.
- 2) To note that it was each members' responsibility to ensure their register of interests was kept up to date.
- 3) To note that six-monthly reminders would be issued to members to assist them in keeping their interests information updated.

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

6. Internal Audit Charter 2023/24

Members were presented with the Internal Audit Charter for 2023/24.

Members were advised this was a standard report to Committee, which covered revisions to the Internal Audit Journey Map and Key Performance Indicators (KPIs) and proposed to adopt the CIPFA standard definitions for audit report overall opinions.

Decision

To approve the refreshed 2023/24 Internal Audit (IA) Charter, including:

- revisions to the Internal Audit Journey Map and Key Performance Indicators (KPIs).
- proposals to adopt the CIPFA standard definitions for audit report overall opinions from 2023/24 onwards.

(Reference – Report by the Head of Internal Audit, submitted)

7. Internal Audit Annual Plan 2023/24

Members were provided with the Internal Audit Annual Plan for 2023/24, which was derived from the risk register presented to Committee in December. Members were also advised the Strategic Plan would be ready soon.

Decision

- 1) To review and approve the 2023/24 Internal Audit plan and supporting risk assessment.
- 2) To note the costs associated with delivery of IA services to the EIJB.
- 3) To refer the approved EIJB IA plan to both the Council's Governance, Risk and Best Value Committee, and the NHS Lothian Audit and Assurance Committee for information.

(Reference – Report by the Head of Internal Audit submitted)

8. Internal Audit Update

Members were provided with detail of the progress of Internal Audit (IA) assurance activity on behalf of the Edinburgh Integration Joint Board (EIJB) performed by the EIJB's partners (the City of Edinburgh Council (the Council) and NHS Lothian (NHSL) IA teams.

Members were advised discussions had taken place with the Care Inspectorate to understand their ongoing inspection work and outcomes of relevant audits across both the EIJB and the Council.

Decision

- 1) To note progress with delivery of the EIJB 2022/23 IA plan.
- 2) To note outcomes of recent discussions between IA and the Care Inspectorate.
- 3) To note audit work completed by both NHSL and the Council in the last period.
- 4) To note progress with implementation of agreed management actions.

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

9. Risk Register

Members were provided with the latest iteration of the Edinburgh Integration Joint Board (EIJB) risk register for endorsement.

Members were advised that following discussions from the AAC of 5 December 2022 and a subsequent session of 31 January 2023 that actions were in place to review the rationale for some of the risk ratings where members had raised concern.

Decision

- 1) To note that the risk cards were reviewed by the Executive Management Team in March 2023.
- 2) To agree the risk overview, assurance levels and risk cards at appendix 1,2 & 3, acknowledging that further work is underway (as per paragraph 3-7) to strengthen and improve the narrative and evidence base contained within the risk cards.
- 3) To agree that the Chief Finance Officer and Operations Manager will continue to embed the EIJB risk process.

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

10. Edinburgh Integration Joint Board Annual Audit Plan 2022/23

Members were provided with details of the Edinburgh Integration Joint Board Annual Audit Plan for 2022/23.

Audit Scotland had been appointed as the external auditor of the Edinburgh Integration Joint Board for the next five year period. A summary of the work plan for 2022/23 was presented.

Decision

To note the report.

(Reference – Report by Audit Scotland, submitted)

11. Internal Audit: Open and Overdue Internal Audit Actions – Performance Dashboard as at 5 December 2022 – referral from the Governance, Risk and Best Value Committee

Details were provided of the Internal Audit: Open and Overdue Internal Audit Actions – Performance Dashboard as at 5 December 2022.

The next Internal Audit: Open and Overdue IA Findings – Performance Dashboard would be brought to the Governance, Risk and Best Value Committee in May 2023 and thereafter referred to the Audit and Assurance Committee.

Decision

To note the report.

(Reference – referral report from the Governance, Risk and Best Value Committee 24 January 2023 (item 5), submitted)

12. Date of Next Meeting

To note that the next meeting would be held on Thursday 8 June 2023.



Minute

IJB Strategic Planning Group

10.00am, Thursday 23 March 2023

Virtual Meeting – Via Microsoft Teams

Present: Angus McCann (Chair), Councillor Tim Pogson (Vice-Chair), Bridie Ashrowan, Christine Farquhar, Peter McCormick, Allister McKillop, Councillor Max Mitchell, Peter Murray, Flora Ogilvie and Rene Rigby.

In attendance: Jessica Brown, Rachael Docking, Tony Duncan, Mark Grierson, Linda Irvine-Fitzpatrick, Peter Pawson, Emma Pemberton, Donna Rodger, Julie Tickle, and Louise Williamson

Apologies: Stephanie-Anne Harris, Grant Macrae, Katie McWilliam and David White.

1. Minutes

Decision

To approve the minute of the EIJB Strategic Planning Group of 24 January 2023 as a correct record.

2. Rolling Actions Log

The Rolling Actions Log updated to January 2023 was presented to the Group.

Decision

To note the outstanding actions.

(Reference – Rolling Actions Log, submitted.)

3. Annual Review of Terms of Reference – Strategic Planning Group

The Committee's Terms of Reference (ToRs) were submitted for review and included minor amendments.

Members were concerned that there was still no representative on the Group from EACC although they had been advised that there was a place for them. Officers agreed that they would follow this up.

Discussion was also held on the possibility of the Group returning to "in-person"/hybrid meetings and this would be looked into.

The members also asked for adjustment to the following in ToRs:

Paragraph 4.11 – Quorum – clarification of "Chair" and look at the inclusion of "alternative Chair".

Paragraph 6.1 – include "via the minutes".

Appendix 1 – Angus McCann still listed as "Chair".

Decision

- 1) To approve the proposed changes to the Terms of Reference, detailed in Appendix 1 to the report.
- 2) To refer the proposed changes to the Edinburgh Integration Joint Board for approval.

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

4. Annual Cycle of Business

The annual cycle of business was presented to the Group.

Decision

To agree the updated annual cycle of business.

(Reference – Annual Cycle of Business, submitted.)

5. EIJB Strategic Plan Update

An update was provided on the EIJB Strategic Plan. Feedback from a EIJB deep dive development session held in December 2022 had been incorporated into the updated version. It was intended to present the final version of the Strategic Plan to the EIJB for consideration on 18 April 2023. A formal consultation was then to run from June to August 2023 and the EIJB Strategic Plan would then be returned to the EIJB for final sign off in October 2023. However, concerns regarding how the Strategic Plan would be received in light of draft budget savings proposals and how we plan to respond to recent social care inspections, would likely delay the approval of the Strategic Plan.

Members raised concern about the length and complexity of the current version. The Service Director for Strategic Planning agreed to adjust the current version and the separate Executive Summary.

Decision

The Service Director for Strategic Planning to adjust the length and content of the Strategic Plan, align it with the emerging budget savings proposals and to refer back to the SPG as soon as possible for final approval.

Declarations of Interest

Peter McCormick made a statement of transparency as a Director of a Care Home.

Bridie Ashrowan made a statement of transparency as the Chief Executive of EVOC, an organisation in direct receipt of payments from the Partnership.

(Reference – report by Service Director - Strategic Planning, EHSCP, submitted)

6. Innovation and Sustainability: Learning Disability Proposals

Approval was sought from the Group on the recommended proposals and initial plans for the prioritised proposals for the Learning disability Services in Edinburgh. To support this decision, the report sought to provide the Group with an overview of the work completed to date, updates on recent activities, the prioritised proposals to initially focus efforts on, and next steps to achieve each of them.

Work was progressing towards a detailed summary of each proposal, to include an action plan, any necessary business cases, impact assessments, and the anticipated financial and non-financial benefits. As these proposals were developed, they would be taken through the SPG and, where appropriate, presented to the EIJB for consideration and approval.

Comments were made in relation to supporting people in the community and the visibility of work being done by SDS, figures for dis-aggregation and maintaining ongoing engagement.

Decision

- 1) To agree the list of proposals as detailed in the report.
- 2) To agree the prioritisation of proposals 1-5 as detailed in the report.
- 3) To agree the next steps to progress with agreed leads for each.

(Reference – report by Service Director - Strategic Planning, EHSCP, submitted)

7. Direction Policy - Presentation

Officers gave a presentation to the Group on the process of refreshing the Directions Policy which had initially been developed in tandem with new Scottish Government guidance (published in early 2020) and approved by EIJB in August 2019. The policy set out procedures for formulating, approving, issuing, monitoring and reviewing directions and gave a commitment to reviewing after a period of

implementation. The existing directions policy had been subject to two Internal Audits (IA) since 2019.

Further discussions were required with Scottish Government, within the EHSCP and with the Performance and Delivery Committee and it was proposed to bring the refreshed policy to the EIJB later in 2023.

Decision

To note the presentation.

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

8. Any Other Business - A Place To Be - Presentation

Officers gave a presentation to the Group on the process of rehabilitation which outlined the essential element of a comprehensive mental health care system, work with individuals with complex psychosis, or other serious mental health problems, whose needs could not be met by general adult mental health services.

On average, people referred for rehabilitation care had been in contact with mental health services for more than 13 years and had repeated admissions. Often the process was the next step in a pathway for people moving on from acute inpatient services, repeated community placement failures or from secure services who had not recovered sufficiently to be discharged home.

It was stressed that hospital should never be considered home and that rehabilitation must provide an active programme of treatment of the client's mental disorder and therapy aimed at enabling them to acquire or reacquire the skills needed to live independently.

A summary was given of provision in various areas, the current profile of those accessing the services and future possibilities for the delivery of the service.

Decision

To note the presentation.

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

9. Valedictory - Angus McCann

Tim Pogson indicated that this would be Angus Cann's last meeting as Chair and member of the SPG before he retired and thanked him for his work on the EIJB over the past 9 years.

10. Date of Next Meeting

To note the next SPG meeting was scheduled to be held on Wednesday 14 June 2023.

Minute

IJB Performance and Delivery Committee

10.00am, Wednesday 26 April 2023

Microsoft Teams

Voting Members:

Councillor Max Mitchell (Chair), Councillor Euan Davidson, George Gordon and Peter Knight.

Non-Voting Members: Helen Fitzgerald and Ruth Hendery

In Attendance:

Nancy Brown (Finance Programme Manager, CEC)
Tony Duncan (Service Director Strategic Planning, EHSCP)
Helen Elder (Executive Management Support, EHSCP)
Eleanora Ho (Management Accountant, NHS Lothian)
Susan McMillan (Performance and Evaluation Manager, EHSCP)
Deborah Mackle (EHSCP Locality Manager, South West)
Maira Pringle (Chief Finance Officer, IJB)
Julie Tickle (Strategic Planning Officer, EHSCP)
David White (Strategic Lead: Primary Care & Public Health, EHSCP)

Apologies:

Ian Brooke (EVOG), Phillip Brown (Data Performance and Business Planning) and Mike Massaro-Mallinson (Service Director – Operations, EHSCP)

1. Minutes

The minute of the Performance and Delivery Committee from 8 March 2023 was presented for approval as a correct record, and any matters arising.

Decision

To approve the minute as a correct record.

2. Annual Cycle of Business

The Annual Cycle of Business updated to April 2023 was presented to Committee.

Decision

To agree the updated annual cycle of business attached as an appendix.

(Reference – Annual Cycle of Business, submitted).

3. Outstanding Actions

The Outstanding Actions updated to April 2023 was submitted.

Decision

1) To note the outstanding actions.

(Reference – Outstanding Actions, submitted).

4. Annual Review of Directions 2023

The Annual Review of Directions for the period of April 2022 – March 2023 was presented for consideration.

Concerns were raised regarding the recent Care Inspectorate report into Adult Social Care in Edinburgh, and the fact that the directions tracker did not include any agreed remedial actions to be taken. Members were provided with assurance that a recovery plan relating to the Care Inspectorate report would be presented to the Edinburgh Integration Joint Board (EIJB) alongside the June budget report, and once a recovery plan was agreed, directions could be included, tracked and subsequently presented to the Committee for monitoring.

Members also raised concerns on the level of detail included in certain directions. Although it was noted that information included was based on the current position only – and further information would have been presented through previous iterations – more background information was requested on directions being requested for retention.

Decision

1) To consider the update on progress of directions in place during the period April 2022 – March 2023 provided at Appendix 1.

- 2) To consider the recommendations for retaining, varying, closing or superseding existing directions (also provided at Appendix 1) prior to referral to the Edinburgh Integration Joint Board (EIJB).
- 3) To consider the draft varied direction provided at Appendix 2 prior to referral to the EIJB.
- 4) To note the recommendations arising from the recent Internal Audit (IA) of the governance of directions and the work undertaken to meet these requirements.
- 5) To note the ongoing work to refresh the EIJB's Direction Policy.
- 6) To agree to present the progress of the Recovery Plan arising from the Care Inspectorate report into Adult Social Care in Edinburgh following agreement at the EIJB.
- 7) To include further information, or links to previous reports, when presenting directions for retention in future reporting.

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

5. Primary Care Improvement Plan

The progress made within the Primary Care Improvement Plan (PCIP) was presented.

Members were encouraged by the desire of GP Practices for pharmacotherapy services, as well as the additional spending in mental health services. Further, the provision of phlebotomies in GP practices was noted to be more efficient and of greater benefit to patients.

Despite acknowledgement that patients had provided an overwhelmingly positive response to changes delivered through the PCIP, members requested sight of the patient's voice within the report, and any positive commentary was requested to be included in future iterations.

Decision

- 1) To note the summary of progress and associated issues as of March 2023 and the end of the PCIP investment period.
- 2) To note a new requirement for this (6.0) tracker to be agreed by the NHS Lothian Chief Executive.
- 3) To recognise the disconnect between population growth and PCIP share and consider how this should be pursued.
- 4) To consider the merit of an annual comprehensive IJB report and brief on Primary Care, following the end of the PCIP investment period.

(Reference – Report by the Strategic Lead: Primary Care and Public Health, EHSCP, submitted)

6. EIJB Annual Performance Report 2022/23

The Committee was updated on the timeline and proposed content framework for the EIJB Annual Performance Report (APR) for 2022-23.

Given that the statutory publication date for the Annual Performance Report fell before large amounts of data became available, members were assured officers were continuing to pressure the Government to amend the publication date to enable the APR to reflect all available annual data.

Decision

- 1) To note the timeline for production of the APR 2022/23.
- 2) To confirm the proposed content framework for the APR 2022/23.

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

7. Performance Report

An overview of the activity and performance of the Edinburgh Health and Social Care Partnership was presented. Alongside the overview, the plans to evolve the committee performance reporting around the strategic performance indicators proposed within the forthcoming Strategic Plan were presented.

Members noted the plans to reform the ways in which performance reporting will be presented moving forward, and requested the inclusion of data from the community and preventative health space, as well as the potential to include Telecare within the preventative model.

Decision

- 1) To consider the performance of the Partnership on key indicators as detailed in the report and appendix.
- 2) To note the baseline table provided with details of performance indicators as confirmed for future performance reporting.

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

8. AOB

Detailed performance dashboards were presented, as requested at a previous Committee meeting. Members were asked whether the data would help inform decision-making and understanding of the wider performance reports moving forward.

Decision

To continue the decision to the July meeting, where the regular performance update would be presented alongside the dashboard.

9. Date of Next Meeting

Wednesday, 31 May 2023.

Members noted the date of the next meeting may change following offline discussions. Any changes would be communicated.

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