



## Notice of Meeting and Agenda

### Edinburgh Integration Joint Board

**10.00 am, Tuesday, 8th August, 2023**

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

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 Any items under "Private Business" will not be published, although the decisions will be recorded in the minute.

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## 1. Welcome and Apologies

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

## 2. Declaration of Interests

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- 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

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- 3.1 If any.

## 4. Minutes

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- 4.1 Minute of the Edinburgh Integration Joint Board of 13 June 2023 submitted for approval as a correct record 5 - 20

## 5. Forward Planning

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- 5.1 Rolling Actions Log 21 - 38

## 6. Items of Governance

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- 6.1 Edinburgh Integration Joint Board and Committee Dates 2024 – Report by the Interim Chief Officer, Edinburgh Integration Joint Board 39 - 44

## 7. Items of Strategy

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- 7.1 The Joint Edinburgh Carer Strategy Refresh 2023-26 – Report by the Interim Chief Officer, Edinburgh Integration Joint Board 45 - 168
- 7.2 Primary Care Improvement Plan (PCIP) 6.0 Tracker Submission – Report by the Interim Chief Officer, Edinburgh Integration Joint Board 169 - 190

<b>7.3</b>	Revised EIJB Directions Policy – Report by the Service Director, Strategic Planning, Edinburgh Health and Social Care Partnership	191 - 206
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## **8. Items of Performance**

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<b>8.1</b>	Annual Performance Report 2022/23 – Report by the Service Director, Strategic Planning, Edinburgh Health and Social Care Partnership	207 - 260
<b>8.2</b>	Finance Update – Report by the Chief Finance Officer, Edinburgh Integration Joint Board	261 - 272
<b>8.3</b>	Annual Review of Directions – Referral from the Performance and Delivery Committee	273 - 290

## **9. Committee Updates**

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<b>9.1</b>	Chief Officer’s Update – Report by the Interim Chief Officer, Edinburgh Integration Joint Board	291 - 308
<b>9.2</b>	Committee Update Report – Report by Interim Chief Officer, Edinburgh Integration Joint Board – submitted for noting	309 - 312
<b>9.3</b>	Draft minute of the Strategic Planning Group of 14 June 2023 – submitted for noting	313 - 318
<b>9.4</b>	Draft minute of the Clinical and Care Governance Committee of 28 June 2023 – submitted for noting	319 - 322
<b>9.5</b>	Draft minute of the Performance and Delivery Committee of 31 May 2023 – submitted for noting	323 - 328
<b>9.6</b>	Draft minute of the Audit and Assurance Committee of 08 June 2023 – submitted for noting	329 - 332

## **Board Members**

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### **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.

## **Webcasting of Integration Joint Board meetings**

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



## Minute

### **Edinburgh Integration Joint Board**

**Tuesday 13 June 2023 and Tuesday 27 June 2023  
(reconvened on 27 June 2023)**

Hybrid Meeting – Dean of Guild Court Room / Microsoft Teams

**Present on 13 June 2023 (items 1 to 9)**

#### **Board Members**

Councillor Tim Pogson (Chair), Katharina Kasper (Vice-Chair), Bridie Ashrowan, 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 and Moira Pringle.

#### **Officers**

Lesley Birrell, Jack Blaik, Angela Brydon, Calum Campbell, Tony Duncan, Emma Gunter, Linda Irvine-Fitzpatrick, Andrew Henderson, Andrew Kerr, Gavin King, Deborah Mackle, Mike Massaro-Mallinson, Peter Pawson, Emma Pemberton and Heather Tait.

#### **Apologies**

Robin Balfour and Colin Beck

**Present on 27 June 2023 (items 10 and 11)**

#### **Board Members**

Councillor Tim Pogson (Chair), Katharina Kasper (Vice-Chair), Bridie

Ashrowan, Councillor Euan Davidson, Christine Farquhar, Helen Fitzgerald, Andrew Flemming (substituting for Peter Murray) Kirsten Hey, Fiona Ireland (substituting for Elizabeth Gordon), Jacqui Macrae, Craig Marriot (substituting for George Gordon), Mike Massaro-Mallinson, Councillor Claire Miller, Tracey-Anne Miller (substituting for Peter Knight) Councillor Max Mitchell, Allister McKillop, Councillor Vicky Nicolson and Moira Pringle.

### **Officers**

Colin Briggs, Jack Blaik, Angela Brydon, Calum Campbell, Tony Duncan, Helen Fitzgerald, Andrew Henderson and John McKee.

### **Apologies**

Robin Balfour, Elizabeth Gordon, George Gordon, Ruth Hendery, Peter Knight and Peter Murray

## **1. Deputations**

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### **a) Trades Unions in Communities (TUIC)**

A deputation was submitted in relation to Item 7.1, Adult Support and Protection and Social Work and Social Care Inspection Improvement Plans.

The deputation made the following key points:

- That the act of driving Social Health Care into the hands of the private sector was resulting in the deterioration of working conditions for migrant workers who are being exploited in conditions similar to modern day slavery.
- That foreign workers are being brought to the UK on tier two visas are then at the beck and call of their employers 7 days a week and that staff are being punished for not working on days off.
- The deputation asked that members take this into consideration and asked them to take this into consideration when considering item 7.1.

### **Decision**

To thank the deputation for their presentation.

### **b) UNISON**

A deputation was submitted in relation to item 7.3 Bed Base Review.

The deputation made the following key points:

- Staff morale was low and care home residents and families

were worried about their future and public trust had been lost.

- The deputation expressed concern that elected members had been left out of the decision-making process and that there had been no active participation from staff in the creation of the report submitted by the Edinburgh Assistance Programme.
- That information provided regarding the future of Drumbrae Care home was incomplete, inaccurate, or out of context.
- Understood there was to be a public consultation regarding the care homes and that it was decided arbitrarily that this would focus on closure. It was highlighted that the EIJB did not make this decision, nor were they privy to it.
- The deputation highlighted that if the proposals submitted by the Service Director were accepted, trade unions would take their seats at the table and urged members to consider the need for the future in addition to Self Directed Support for the future.

#### **Decision**

To thank the deputation for their presentation.

#### **c) Community Wellbeing Collective**

A deputation was submitted in relation to Item 7.1 Adult Support and Protection and Social Work and Social Care Inspection Improvement Plans, Item 7.2 Medium Term Financial Strategy and 2023-24 Financial Plan Update and Item 7.4 Self Directed Support – Direct Payments

The deputation made the following key points:

- That Social Care must be more robust and should respond to diagnosis and that vulnerable people deserve dignity when meeting the needs for their care.
- Those who are working class find themselves isolated outside networks of care.
- Front line workers are seeing the impact of savings proposals.
- The deputation asked the IJB to write to Scottish ministers outlining the impact of the savings proposals and that members vote against the savings proposals.

#### **Decision**

To thank the deputation for their presentation.

#### **d) UNITE Edinburgh Not for Profit Branch**

A deputation was submitted in relation to item 7.2 Medium Term Financial Strategy and 2023-24 Financial Plan Update, Item 7.3 Bed Base Review and Item 7.4 Self Directed Support – Direct Payments.

The deputation made the following key points:

- The deputation outlined that the local authority is relying on the third sector to provide services to relieve pressure whilst the third sector is in its own staffing crisis with nothing being done to affect the root causes.
- Third sector organisations are struggling to recruit staff with little being done to tackle the root causes of the crises. In addition, the impact of long hours and stress on staff and that use of staffing agencies, results in increased costs and that appropriate staff training can not be guaranteed.
- Agreed that assessment of needs is necessary but that restricting funding to only substantial or critical needs is misguided and that this runs counter to the aim for early intervention.
- Expressed concern that if there is no investment the partnership could fail to meet statutory requirements.
- The deputation asked that when writing to Scottish ministers:
  - i) Highlight that officers do not support the consequences caused by funding cuts and include impacts on third sector staff and service users.
  - ii) Request funding is adequate and that enough is provided to ensure that service provision is above what is required to minimally meet statutory obligations.
  - iii) To make the letter public.
- With reference to the report published highlighting that the Edinburgh H&SCP found that two thirds of care homes inspected were not compliant with health and safety law, The deputation asked that the EIJB begin effective health and safety monitoring.

### **Decision**

To thank the deputation for their presentation.

#### **e) Edinburgh Trade Union Council**

A deputation was submitted in relation to item 7.2 Medium Term Financial Strategy and 2023-24 Financial Plan Update, Item 7.3 Bed Base Review and Item 7.4 Self Directed Support – Direct Payments.



The deputation made the following key points:

- The deputation supported writing to Scottish ministers and asked that the contents and funding requested should be specifically approved by the EIJB and should be capable of attracting public support.
- The deputation asked the board to vote against the savings proposals or to postpone the decision until meaningful consultation had been undertaken.

### **Decision**

To thank the deputation for their presentation.

## **2. Minutes**

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The minute of the Edinburgh Integration Joint Board of 21 March 2023 was submitted for approval as a correct record.

### **Decision**

To approve the minute as a correct record.

## **3. Rolling Actions Log**

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The Rolling Actions Log updated to June 2023 was presented.

### **Decision:**

- 1) To agree to close the following actions:
  - Action 6 Annual Cycle of Business
  - Action 8A 1 & 2 Drumbrae Care Home – Status Update
  - Action 8B Drumbrae Care Home – Status Report
  - Action 9 2023-2024 Financial Plan
- 2) To agree to continue the following actions:

Action 2.1 & 2.3 to remain open until the next meeting pending completion of the action.

Action 7.1 & 7.2 to remain open until the dialogue with Scottish Government and NHS Lothian had concluded.
- 3) To otherwise note the remaining outstanding actions.  
(Reference – Rolling Actions Log, submitted)

## **4. Annual Cycle of Business**

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The annual cycle of business was presented.

### **Decision**

To note the annual cycle of business.

(Reference – Annual Cycle of Business, submitted)

## **5. Appointments to the Edinburgh Integration Joint Board and Committees**

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An update was provided in relation to changes to membership of the Edinburgh Integration Joint board and its committees.

### **Decision**

- 1) To note that on 4 May 2023, The City of Edinburgh Council re-appointed Councillor Tim Pogson as Chair of the Joint Board.
- 2) To note that the Lothian NHS Board had 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) To note that in accordance with the Integration Scheme, Katherina Kasper would take up the position of Chair of the Joint Board and Councillor Tim Pogson would take up the position of Vice-Chair, with effect from 27 June 2023.
- 4) To 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.
- 5) To 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.
- 6) To note that Councillor Tim Pogson would take up the position of Chair of the Strategic Planning Group and that Katharina Kasper would take up the position of Vice-Chair with effect from 27 June 2023.

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

## **6. Adult Support and Protection and Social Work & Social Care Inspection Improvement Plans**

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An update was provided the actions taken in response to the Joint Inspection of Adult Support and Protection and the Inspection of Social Work and Social Care. The Joint Board was requested to agree the improvement plan in response to the Inspection of Social Work and Social Care.

### **Proposal 1**

- 1) To note the Adult Support and Protection Improvement Plan submitted to the Care Inspectorate.
  - 2) To review the progress underway to implement necessary improvements.
  - 3) To agree the plan to implement further improvements, in response to the Social Work and Social Care Inspection
  - 4) To agree that implementation of the Improvement Plan would be overseen and scrutinised by the EIJB Performance and Delivery Committee, with reports relating to governance referred to the Clinical and Care Governance Committee and to note that reporting and scrutiny would also be in place within the Council through the Policy and Sustainability Committee.
  - 5) To agree that an annual review of the Improvement Plan be undertaken that actively engages stakeholders including people using services and carers.
- moved by Councillor Pogson, seconded by Councillor Davidson.

### **Proposal 2**

To approve the report recommendations as set out in Proposal 1 and to add the following recommendation:

To note this would be further discussed at the City of Edinburgh Council meeting on 22 June 2023 and to note this may raise additional actions.

- moved by Councillor Nicolson, seconded by Councillor Miller

In accordance with Standing Order 10(1), the Board reached a consensus and agreed to include Proposal 2 as an addendum to Proposal 1.

### **Decision**

- 1) To note the Adult Support and Protection Improvement Plan submitted to the Care Inspectorate.
- 2) To review the progress underway to implement necessary improvements.
- 3) To agree the plan to implement further improvements, in response to the Social Work and Social Care Inspection
- 4) To agree that implementation of the Improvement Plan would be overseen and scrutinised by the EIJB Policy and Development Committee, with reports relating to governance referred to the Clinical and Care Governance Committee and to note that reporting and scrutiny would also be in place within the Council through the Policy and Sustainability Committee.
- 5) To agree that an annual review of the Improvement Plan be undertaken that actively engaged stakeholders including people using services and carers.
- 6) To note this would be further discussed at the City of Edinburgh Council meeting on 22 June 2023 and to note this may raise additional actions.

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

### **Declaration of Interests**

Councillor Miller made a transparency statement as a member of Unite the Union.

Councillor Nicolson made a transparency statement as a member of UNISON.

Councillor Pogson made a transparency statement as a member of Unite the Union.

Grant Macrae made a transparency statement in relation to a family member who was in receipt of self-direct support and as a Board Member of St Columba's Hospice Care.

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

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

## **7. Medium Term Financial Strategy & 2023/24 Financial Plan Update**

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An overview was provided of the outturn for 2022/23 together with an update on progress with the medium-term financial strategy (MTFS). Phase 2 savings proposals for 2023/24 were also outlined and the range of options which would be required to balance the plan in-year. Good progress was noted regarding the development of the MTFS and, initial modelling had indicated that a near balanced position could be achieved over a 3-year period.

It was acknowledged that elements of the MTFS were congruent with the improvement plan and that priority had been given to workstreams which supported the three aims of improving lives, services and reducing costs simultaneously. Whilst the plan could be balanced over 3 years there remained a material in-year financial gap of £14m.

### **Proposal 1**

- 1) To note that, subject to external audit, a balanced outturn position was achieved in 2022/23.
- 2) To agree to reallocate £4m of slippage on reserves to reduce the 2023/24 financial deficit.
- 3) To agree proposals 1 to 4 which formed the second phase of the savings programme for 2023/24 as set out in the report and associated appendices.
- 4) To agree that the Chair write to Scottish Ministers strongly expressing concerns over the funding settlement and outlining the severity of cuts which would be needed should additional funding not be made available to the IJB, and requesting that funding be increased.

- 5) To agree 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.

- moved by Councillor Pogson, seconded by Councillor Davidson

## **Proposal 2**

To replace recommendation 3 in the report with:

- 1) To note £160,000 had been spent since November 2022 on a contract with Gatenby Sanderson to progress the EIJB medium term financial plans. Further notes this sum was never approved at the EIJB and was kept from Councillors and agreed off-table with the Council's Finance Committee Convener being the only elected member involved in the decision to spend this level of funding.
- 2) To remove the Community transport proposal to cut services by £300,000 due to the impact on vulnerable people accessing lifeline services.
- 3) To note the proposals for community equipment and agrees to the improved managed process set out in the proposal but rejects a review of criteria for provision to protect service access.
- 4) To agree that further work will be carried out to identify the total spend on agency and separately on overtime citywide and per locality and measures to reduce this spend, including increasing pay for staff to retain within service and attract new talent into the sector, paying rates directly to frontline staff that can enhance pay while reducing the amount paid to external companies.
- 5) To note the positive impact of One Edinburgh and request this involves a data-driven approach to enable care maximisation – without taking any additional savings and using any additional maximised capacity to provide additional care to those on the waiting lists.
- 6) To note the Care Inspectorate report which found “limited implementation of self-directed support” is at odds with the contents of the report and agrees this element of saving is not agreed and comes back for future consideration when an effective SDS regime is in place to minimise claw backs of residents' entitlements and maximise the availability of creatively finding solutions and building people's strengths.
- 7) To agree that work to close the remaining budget gap takes learning and adopts best practise from well-performing IJB's across Scotland on the allocation of care and clinical approach to assessment of support.
- 8) To agree the remaining proposals subject to regular monitoring.

- moved by Councillor Nicolson, seconded by Councillor Miller

## **Voting**

For Proposal 1: 8 votes

For Proposal 2: 1 vote

Abstention: 1

(For Proposal 1 – Councillor Davidson, Elizabeth Gordon, George Gordon, Katharina Kasper, Peter Knight, Councillor Mitchell, Peter Murray and Councillor Pogson.

For Proposal 2 – Councillor Nicolson.

Abstention - Councillor Miller.)

## **Decision**

- 1) To note that, subject to external audit, a balanced outturn position was achieved in 2022/23.
- 2) To agree to reallocate £4m of slippage on reserves to reduce the 2023/24 financial deficit.
- 3) To agree proposals 1 to 4 which formed the second phase of the savings programme for 2023/24 as set out in this report and associated appendices.
- 4) To agree that the Chair write to Scottish Ministers strongly expressing concerns over the funding settlement and outlining the severity of cuts which would be needed should additional funding not be made available to the IJB, and requesting that funding be increased.
- 5) To agree 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.

**Dissent** – Councillor Miller requested that her dissent be recorded to the above decision.

(References – Edinburgh Integration Joint Board 21 March 2023 (item 3); report by Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

## **8. Bed Base Review Update**

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An update was provided on the status of the bed-base review and approval was sought to undertake a strategic commissioning exercise on older people's bed-based services.

A separate briefing paper would be circulated to members addressing the decisions and actions that had led to this point.

## **Decision**

- 1) To 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.

- 2) To agree that a voting member of the Edinburgh Integration Joint board would sit as Chair of the implementation group.
- 3) To agree to pause the proposed consultation until the strategic commissioning exercise was completed and agree at that point the purpose of any consultation.

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

### **Declaration of Interests**

Councillor Miller made a transparency statement as a member of Unite the Union.

Councillor Nicolson made a transparency statement as a member of UNISON.

Councillor Pogson made a transparency statement as a member of Unite the Union.

Grant Macrae made a transparency statement in relation to a family member who was in receipt of self-direct support and as a Board Member of St Columba's Hospice Care.

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

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

## **9. Chief Officer Appointment for the Edinburgh Integration Joint Board and Health and Social Care Partnership**

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### **a) Chief Officer Appointment for the Edinburgh Integration Joint Board and Health and Social Care Partnership**

Approval was sought to progress the recruitment process for the permanent appointment of a Chief Officer.

#### **Decision**

- 1) To note that following the departure of the previous Chief Officer, there was 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) To approve the proposed recruitment arrangements.
- 3) To appoint Councillor Miller and Peter Murray as the Joint Board's representatives on the recruitment committee along with the Chair, Vice-Chair and Chief Executives of the City of Edinburgh Council and NHS Lothian.

(Reference - report by the Service Director, Human Resources, City of Edinburgh Council, submitted)

**b) Appointment of Interim Chief Officer**

The Board agreed, in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973, to exclude the public from the meeting during consideration of the following item of business for the reason that it involved the likely disclosure of exempt information as defined in Paragraph 1, of Part 1 of Schedule 7A of the Act.

A verbal update was provided in relation to the arrangements for the appointment of an interim Chief Officer.

**Decision**

Detailed in the Confidential Schedule, signed by the Chair, with reference to this minute.

## **10. Self Directed Support – Direct Payments**

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An update was provided on the process for reclaiming unused funds from people receiving a direct payment.

**Proposal 1**

- 1) To note the operational approach to determining if those in critical need had underspent.
- 2) To note the impact on outcomes for people in need of removing allocated support.
- 3) To note the budget setting process and financial impacts.
- 4) To note that officers had committed to revising information for recipients of direct payments by September 2023 and publish this on the Edinburgh Health and Social Care Partnership website.

- moved by Councillor Pogson, seconded by Councillor Davidson

**Proposal 2**

- 1) To note the operational approach to determining if those in critical need had underspent.
- 2) To note the concerning impact on outcomes for people in need of removing allocated support with such a large sum “£5.6m in the 2022/23 financial year” coming back out of resident’s self-directed support accounts who have been assessed as being entitled to this funding.
- 3) To note the budget setting process and financial impacts require more consideration in relation to self-directed support with £3.4m projected claw back in 2023/24 remaining a significant level which will undermine meeting people’s needs.



- 4) To note that officers had committed to revising information for recipients of direct payments by September 2023 and publish this on the Edinburgh Health and Social Care Partnership website and to agree that, within the process prior to all claw backs, service users would be offered the opportunity to engage with disabled people's organisations for advocacy and guidance owed to the main reason for claw backs being the lack of service availability and failure to deliver as the service currently had an "emphasis on needs and deficits rather than building on people's strengths and finding creative solutions" according to the Care Inspectorate findings.
- 5) To request a further report in 2 cycles identifying levels of clawback resources held at the locality levels as described in sections 17 and 19 of the report and to agree this report should also set out a plan on how this process could be reformed to be fit for purpose, providing accurate levels of financial entitlements and wide enough scope of opportunities and services to creatively meet people's statutory needs.

- moved by Councillor Nicolson, seconded by Councillor Miller

In accordance with Standing Order 10(1) the Board reached a consensus and agreed paragraphs 1 and 3 of Proposal 1 and paragraphs 2 and 4 of Proposal 2 together with an additional verbal proposal by Councillor Pogson.

### **Decision**

- 1) To note the operational approach to determining if those in critical need had underspent.
- 2) To note the budget setting process and financial impacts.
- 3) To note the concerning impact on outcomes for people in need of removing allocated support with such a large sum "£5.6m in the 2022/23 financial year" coming back out of resident's self-directed support accounts who had been assessed as being entitled to this funding.
- 4) To note that officers had committed to revising information for recipients of direct payments by September 2023 and publish this on the Edinburgh Health and Social Care Partnership website and to agree that within the process, prior to all claw backs, service users would be offered the opportunity to engage with disabled people's organisations for advocacy and guidance owed to the main reason for claw backs being the lack of service availability and failure to deliver as the service currently had an "emphasis on needs and deficits rather than building on people's strengths and finding creative solutions" according to the Care Inspectorate findings.
- 5) To note that Self Directed Support was included in the Adult Support and Protection and Social Work & Social Care Inspection Improvement Plans

approved by the Joint Board on 13 June 2023 and that practice would continue to be reviewed.

(References – Act of Council No.10 of 16 March 2023; Policy and Sustainability Committee of 23 May 2023 (item 21); report by Service Director - Operations, Edinburgh Health and Social Care Partnership, submitted)

### **Declaration of Interests**

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 Chief Executive of EVOC which received funding from Edinburgh Health and Social Care Partnership.

## **11. Committee Update Report**

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An update was provided on the work of the Board's Committees which had met since the last Board meeting.

### **Decision:**

To note the work of the Board's Committees.

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

by virtue of paragraph(s) 1 of Part 1 of Schedule 7A  
of the Local Government(Scotland) Act 1973.

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# Rolling Actions Log

08 August 2023

No	Agenda item	Date	Action	Action Owner	Expected completion date	Comments
1	<a href="#">System Pressures Update</a> – 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.	Interim Chief Officer, EIJB Contact: Mike Massaro-Mallinson <a href="mailto:mike.massaro-mallinson@nhslothian.scot.nhs.uk">mike.massaro-mallinson@nhslothian.scot.nhs.uk</a>	March 2023 <b>Now amended to August 2023</b>	<p><b>August 2023 update</b> Briefing will be circulated by the end of this month</p> <p><b>June 2023 update</b> Work on the MTFs has taken precedence meaning briefing paper has been delayed.</p> <p><b>February 2023 Update</b> Briefing note is being drafted and will be circulated by the end of March.</p> <p><b>December 2022 Update</b> The Board agreed to keep this action open and to circulate the briefing note to members as requested in decision 1). This was covered in the budget working group on 25 October</p>

No	Agenda item	Date	Action	Action Owner	Expected completion date	Comments
			2) To hold a development session to discuss the workforce strategy in more detail with members.		September 2023	Workforce strategy is scheduled for development session in September 2023.
2	<a href="#">Chief Social Work Officer Annual Report 2021-22</a> – 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 orders.	Chief Social Work Officer and Service Director for Children’s and Criminal Justice Services Contact: Jon Ferrer <a href="mailto:jon.ferrer@edinburgh.gov.uk">jon.ferrer@edinburgh.gov.uk</a>	March 2023	Agreed for closure at meeting 13 June 2023.
			2) To agree the next CSWO update report would include more detail on the steps being taken to improve supervision, awareness and recording.		October 2023	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.
			3) To confirm by email the data in Table 1(p. 16) which is noted as “NA”.		March 2023	Agreed for closure at meeting 13 June 2023.

No	Agenda item	Date	Action	Action Owner	Expected completion date	Comments
3	<p><a href="#"><u>Bed Based Review – Public Consultation on the Future Provision of Older People’s Care</u></a> – report by the Chief Officer, EIJB</p>	<p>13-12-22</p> <p>28-02-23</p>	<p>1) 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.</p> <p>2) An update to be provided to Board members on the arrangements for the pre-consultation meeting with Trades Unions.</p>	<p>Chief Officer, EIJB Contact: Tony Duncan Service Director Strategic Planning: <a href="mailto:Tony.duncan@edinburgh.gov.uk">Tony.duncan@edinburgh.gov.uk</a></p> <p>Contact: Hazel Stewart, Programme Manager <a href="mailto:hazel.stewart@edinburgh.gov.uk">hazel.stewart@edinburgh.gov.uk</a></p>		<p><b>August 2023 update</b> <b><u>Recommended for closure</u></b></p> <p>This has been superseded by the commissioning exercise agreed at the meeting in June 2023.</p> <p><b>June 2023 update</b></p> <p>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</p>

No	Agenda item	Date	Action	Action Owner	Expected completion date	Comments
						realigned to this new work. <b>February 2023 Update</b> Formal consultation to take place April to July 2023. A Briefing Note will be circulated to EIJB members in mid-March. With proposed questions, audiences, channels, timeline and milestones.
4	<a href="#">EIJB Risk Register</a> – 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 <a href="mailto:angela.brydon@edinburgh.gov.uk">angela.brydon@edinburgh.gov.uk</a>	April 2023	<b>August 2023 update</b> <b><u>Recommended for closure</u></b> Incorporated in annual review of directions being presented to this meeting <b>June 2023 update</b> The annual review of directions was presented to the Performance and Delivery Committee on 26 April and will be coming to the board in August 2023.



No	Agenda item	Date	Action	Action Owner	Expected completion date	Comments
						<p><b>February 2023 Update:</b></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&amp;D around the six-month mark. The annual review of directions 2023 is currently in process.</p>
5	<b>Access to the ModernGov app for External Members</b>	28-02-23	To investigate access issues to the ModernGov app for users external to the Council.	Chief Officer, EIJB Contact: Lesley Birrell <a href="mailto:Lesley.birrell@edinburgh.gov.uk">Lesley.birrell@edinburgh.gov.uk</a>	Ongoing	<p><b>August 2023 update</b> <b><u>Recommended for closure</u></b></p> <p>Updated access arrangements are in place with papers being issued digitally.</p> <p><b>June 2023 update</b></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 these access issues.</p>

No	Agenda item	Date	Action	Action Owner	Expected completion date	Comments
6	<a href="#">General Medical Services Provision in South-East Edinburgh – Liberton High School Campus</a>	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 <a href="mailto:tim.pogson@edinburgh.gov.uk">tim.pogson@edinburgh.gov.uk</a> Chief Officer, EIJB Contact: David White <a href="mailto:david.white@nhslothian.scot.nhs.uk">david.white@nhslothian.scot.nhs.uk</a></p>	Ongoing	<p><b>August 2023 update</b> Letters have now been circulated.</p>
7	<a href="#">Rolling actions log</a>	13.06.23	Correspondence and letters with First minister to be circulated as appendices to the rolling action log.	<p>Committee Services Contact: Andrew Henderson <a href="mailto:Andrew.Henderson@Edinburgh.gov.uk">Andrew.Henderson@Edinburgh.gov.uk</a></p>	August 2023	<p><b>August 2023 update</b> <b><u>Recommended for closure</u></b> Letters attached as appendices.</p>

No	Agenda item	Date	Action	Action Owner	Expected completion date	Comments
8	<a href="#">Chief Officer Appointment for the Edinburgh Integration Joint Board and Health and Social Care Partnership</a>	13.06.23	Officers to share the recruitment pack for the post of the Chief Officer with members of the EIJB.	Service Director, HR – City of Edinburgh Council Contact: Nareen Owens, <a href="mailto:Nareen.Owens@Edinburgh.gov.uk">Nareen.Owens@Edinburgh.gov.uk</a>	August 2023	<b>August 2023 update</b> <b><u>Recommended for closure</u></b> Recruitment pack circulated
9	<a href="#">Medium Term Financial Strategy &amp; 2023/24 Financial Plan Update</a>	13.06.23	Briefing note regarding reserves to be circulated.	Chief Finance Officer, EIJB Contact: Moira Pringle <a href="mailto:moira.pringle@nhslothian.scot.nhs.uk">moira.pringle@nhslothian.scot.nhs.uk</a>	August 2023	<b>August 2023 update</b> <b><u>Recommended for closure</u></b> Briefing note circulated
10	<a href="#">Bed base review update</a>	13.06.23	Officers to share scoping document of the bed base review with IJB members when available.	Service Director, Operations, Edinburgh Health and Social Care Partnership Contact: Mike Massaro - Mallinson <a href="mailto:mike.massaro-mallinson@nhslothian.scot.nhs.uk">mike.massaro-mallinson@nhslothian.scot.nhs.uk</a>	September 2023	

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Mr John Connaghan  
Chairman NHS Lothian  
**VIA EMAIL**

16 March 2023

Dear Mr Connaghan,

I am writing in my capacity as Chair of the Edinburgh Integration Joint Board. At our meeting on 28<sup>th</sup> February, the board considered the standard business case for General Medical Services Provision in South-East Edinburgh. Specifically, this was the proposition to provide some much needed additional primary care capacity as part of the development of the Liberton High School Campus. The board were extremely supportive of the proposal and consequently dismayed to hear that the development is now placed on hold pending further clarity on the availability of capital funding.

Whilst we appreciate the requirement for spending restrictions in almost every part of the public realm, the implications of this position for South Edinburgh are hugely concerning for the board. The significant house building which has taken place, particularly since 2018, has resulted directly in 5 practices in the Liberton-Gilmerton area of the city having closed their lists to new patients. Previously, during a period which has seen c80,000 more people come to live in Edinburgh, we never had a medical practice list closed. Local medical practice teams have responded to the mismatch of population and premises capacity with great flexibility and imagination, absorbing more of the additional population than they were comfortable with. They did this in the knowledge that despite the time-lag, every opportunity to expand capacity was being explored and would be grasped at the appropriate time. The opportunity to build a new practice as part of the Liberton School campus was therefore extremely welcome and we have been grateful to our partners, NHS Lothian and the City of Edinburgh Council, who have both been flexible in marrying the different governance routes to secure capital investment. The current situation is that the Council has committed to the development which starts construction in two months' time, whilst the NHS is not in a position to progress.

As I say, this is particularly disappointing as the area of Edinburgh this proposed expansion would serve includes high levels of deprivation and is geographically adjacent to the Royal Infirmary of Edinburgh. The consequences of large numbers of new population being forced to rely on emergency services, will take us further away from the balance we are all seeking to re-establish.

I am aware that a meeting is currently being scheduled between officers from the Edinburgh Health and Social Care Partnership and NHS Lothian and I would ask you to encourage your team to work with us in exploring all possible avenues to allow this scheme to progress.

Yours sincerely



**Tim Pogson**  
**Chair, Edinburgh Integration Joint Board**

Mr Humza Yousaf  
Cabinet Secretary for Health and Social Care  
**VIA EMAIL**

16 March 2023

Dear Mr Yousaf,

I am writing in my capacity as Chair of the Edinburgh Integration Joint Board, specifically to raise our concerns about the delays in delivering much needed new primary care capacity required to deal with the significant population increases in Edinburgh. You will no doubt be aware of the significant pressure on primary care services and that this is exacerbated by the current lack of capital which means we are unable to provide appropriate facilities to meet the level of demand.

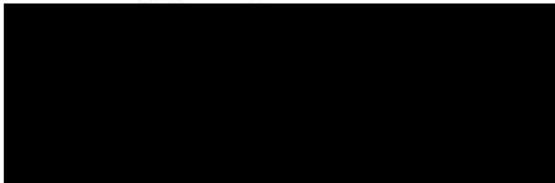
It is in this context that I wanted to raise with you some of the specific issues we are facing in the capital city. At our meeting on 28<sup>th</sup> February, the board considered the standard business case for General Medical Services Provision in South-East Edinburgh. Specifically, this was the proposition to provide some much needed additional primary care capacity through the construction of a new GP practice building as part of the development of the Liberton High School Campus. The board were extremely supportive of the proposal and consequently dismayed to hear that NHS Lothian has now advised that the development has been placed on hold pending further clarity on the availability of capital funding.

Whilst we appreciate the requirement for spending restrictions in almost every part of the public realm, the implications of this position for South Edinburgh are hugely concerning for the board. The significant house building which has taken place, particularly since 2018, has resulted directly in 5 practices in the Liberton-Gilmerton area of the city having closed their lists to new patients. Previously, during a period which has seen c80,000 more people come to live in Edinburgh, we never had a medical practice list closed. Local medical practice teams have responded to the mismatch of population and premises capacity with great flexibility and imagination, absorbing more of the additional population than they were comfortable with. They did this in the knowledge that despite the time-lag, every opportunity to expand capacity was being explored and would be grasped at the appropriate time. The opportunity to build a new practice as part of the Liberton School campus was therefore extremely welcome and we have been grateful to our partners, NHS Lothian and the City of Edinburgh Council, who have both been flexible in marrying the different governance routes to secure capital investment. The current situation is that the Council has committed to the development which starts construction in two months' time, whilst the NHS is not in a position to progress. As I say, this is particularly disappointing as the area of Edinburgh this proposed expansion would serve includes high levels of deprivation and is geographically adjacent to the Royal Infirmary of Edinburgh. The consequences of large numbers of new population being forced to rely on emergency services, will take us further away from the balance we are all seeking to re-establish.



As well as the particular circumstances I've outlined above, my board were keen to ensure that you were appraised of the position in Edinburgh more generally. Our population is growing at a rate of c8,000 p.a, which puts huge strain on the facilities we have, many of which are already not ideal for delivering first class care. Our modelling has indicated that, to address the twin challenges of an ageing infrastructure and an expanding population NHS Lothian require investment of c£90 over the medium term (5-10 years). I would welcome the opportunity to engage with you and your officials to explore how we can deliver this requirement for the people of Edinburgh.

Yours sincerely



**Tim Pogson**  
**Chair, Edinburgh Integration Joint Board**



**Sent by Email**

[Cllr.Tim.Pogson@edinburgh.gov.uk](mailto:Cllr.Tim.Pogson@edinburgh.gov.uk)

Date 12 April 2023

Your Ref  
Our Ref JC/JL/GS

Enquiries to John Connaghan  
Extension 35808  
Direct Line 0131 465 5808  
Email john.connaghan@nhslothian.scot.nhs.uk  
EA georgia.sherratt@nhslothian.scot.nhs.uk

Dear Cllr Pogson

## GENERAL MEDICAL SERVICES PROVISION IN SOUTH-EAST EDINBURGH

Thank you for your letter dated 16 March 2023 about the planned new general practice premises at Liberton High School campus.

All NHS boards are required to have a governance process in place for the approval of projects requiring capital funding. The Initial Agreement for the new GP premises on the Liberton High School Campus was agreed in March 2022, and both NHS and Edinburgh council colleagues have subsequently worked together to develop the Standard Business Case. All parties have worked together in good faith to progress plans and with the awareness that the Standard Business Case still needed approval by the NHS to progress.

At the present time Scottish Government have instructed all NHS boards to pause new capital projects until further direction is provided. Scottish Government requires each Board to carry out a board-wide capital prioritisation exercise and to return this to SG by the end of this calendar year. We should have clarity on how available funding matches priorities shortly after that point.

I am very aware of the challenges for new patients wishing to register with a GP practice, particularly in South-East Edinburgh. List closures are dynamic, and we currently have two practices with closed lists to new patients, we anticipate this may increase again over coming months and we are attempting to manage that risk. While we have not had formally closed lists prior to 2022, this is due to a process change we have implemented recently to follow the contractual framework. Previously we have had many practices with informally 'restricted' lists.

We are closely monitoring the situation and patients should continue to try to register with their local practice where lists are open, although in some cases it may take longer than usual to register. A primary care enquiry inbox



Headquarters  
Waverley Gate  
2-4 Waterloo Place  
Edinburgh EH1 3EG

Chair Professor John Connaghan CBE  
Chief Executive Calum Campbell  
Lothian NHS Board is the common  
name of Lothian Health Board

[loth.primarycareenquiries@nhslothian.scot.nhs.uk](mailto:loth.primarycareenquiries@nhslothian.scot.nhs.uk)) can provide advice and potentially assign patients who are struggling to register with a practice.

We are also finalising our updated strategic programme Initial Agreement for general practice infrastructure for submission to Scottish Government that has encompassed priorities from across the four Lothian HSCPs. This sets out the infrastructure needed to provide for existing and new population demand over the next 10 years. However, again this is dependent on capital funding availability from Scottish Government.

Several meetings have already taken place between EHSCP and capital finance colleagues, as well as meetings with CEC colleagues, and we are exploring all possible options within the current funding constraints to progress provision of a general practice premise at the Liberton High School Campus.

The Chief Executive and his team are happy to continue to work with you on making this important investment a reality.

Yours sincerely

A solid black rectangular box used to redact the signature of Professor John Connaghan.

**PROFESSOR JOHN CONNAGHAN CBE**  
Chairman

Cabinet Secretary for NHS Recovery Health and Social Care  
Rùnaire a' Chaibineit airson Ath-shlànachadh NHS, Slàinte agus Cùram Sòisealta  
Michael Matheson MSP/BPA



Scottish Government  
Riaghaltas na h-Alba  
gov.scot

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

Edinburgh Health and Social Care Partnership  
debbie.adams@edinburgh.gov.uk

Our Reference: 202300347889  
Your Reference: Additional Primary Care Provision in Edinburgh

26 April 2023

Dear Mr Pogson,

Thank you for your letter to Humza Yousaf MSP, now First Minister of Scotland. Given changes within Cabinet and my appointment to Cabinet Secretary for NHS Recovery, Health and Social Care I will respond to your email outlining your concern over delays to deliver additional primary care capacity in Edinburgh, and in particular to the South West area of the city.

I recognise that the growth in population in Edinburgh creates a need for investment in healthcare facilities in Edinburgh and I understand the Board's disappointment that the NHS is not in a position to progress the construction of a new GP practice building in Liberton. I would welcome the opportunity to meet with you, your officials and clinical staff to hear first hand of the pressures that population growth is creating for health and care services in South Edinburgh.

The Scottish Government's Infrastructure Investment Plan sets out the government's infrastructure priorities for the period 2021-22 to 2025-26, and is available online at: [A National Mission with Local Impact: Infrastructure Investment Plan for Scotland 2021-22 to 2025-26 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/infrastructure-investment-plan-2021-22-to-2025-26/pages/introduction.aspx). However, since this publication there have been some major developments which has affected the Scottish Government's ability to fund capital projects: firstly, the amount of capital grant from the UK Government over the next two years was lower than expected; and secondly, construction costs have increased quickly and significantly.

Consequently we are focusing healthcare infrastructure spending on the priority projects identified in that plan, which for NHS Lothian is the National Treatment Centre and an upgrade of the existing Edinburgh Cancer Centre. In addition, NHS Lothian is progressing other key projects, including a new  
Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

Tha Ministearanna h-Alba, an luchd-comhairleachaidh sònraichte agus Rùnaire Maireannach fo chumhachan Achd Coiteachaidh (Alba) 2016. Faicibh [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1  
3DG  
[www.gov.scot](http://www.gov.scot)



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Eye Hospital and a new Regional Specialist Cancer Centre at the Western General Hospital.

In terms of preparing for the period beyond 2025-26, an exact timeline has not been agreed for publication of the next Infrastructure Investment Plan for 2026 and the following 5 years, but in line with previous iterations of the plan, I would expect it to be published in late 2025.

I believe it is important that Health Boards have a capital investment plan which balances the needs for investment across all parts of the system and I am happy to meet with you to better understand the infrastructure challenges your organisation is facing.

I look forward to hearing from you.

Yours sincerely,



**MICHAEL MATHESON**

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

Tha Ministearanna h-Alba, an luchd-comhairleachaidh sònraichte agus Rùnaire Maireannach fo chumhachan Achd Coiteachaidh (Alba) 2016. Faicibh [www.lobbying.scot](http://www.lobbying.scot)

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3DG  
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Mr Michael Matheson  
Cabinet Secretary for NHS Recovery, Health and Social Care  
**Via email**

18 July 2023

Dear Mr Matheson,

**Edinburgh Integration Joint Board**

I am writing at the request of the members of the Edinburgh Integration Joint Board (EIJB), the public body of which I am Chair. You will be sighted on the financial challenges facing integration authorities in Scotland but I have been asked by my Board to ensure that you are aware of the specific issues facing us in Edinburgh.

Our health and care system is facing unprecedented challenges to the sustainability; a growing and 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 the financial implications are reflected in the gap in the EIJB's budget. For 2023/24 this was c£47m, a deficit which is forecast to rise to c£80m by 2025/26. To address this and, with the support of the Board, officers have been developing our medium-term financial strategy (MTFS). This will set out the path to financial balance over the 3-year period. As such, it incorporates a range of programmes and projects which, wherever possible align with our strategic intent.

The EIJB has recently received two inspection reports on adult support and protection and social work & social care, both of which highlighted some serious weakness in our processes, approach and resourcing. We have taken very seriously, and accepted, the findings from both inspections and, in response, have developed an improvement plan which prioritises key actions to deliver good quality social work and social care services to keep people safe from harm.

Whilst this clear plan for improvement encompasses all recent feedback and scrutiny, it is recognised that it is highly ambitious and being undertaken at a time when resources are tight and savings are needing to be made. Many of the initiatives in the improvement plan will deliver improved services and better lives for the people of our city at the same time as improving (i.e. reducing) costs. It is these schemes which have been prioritised for inclusion in the MTFS. They will start to deliver savings this financial year, stepping up in future years as the changes are embedded.

The MTFS offers an opportunity to redesign services over a 3-year period in a way which maximises alignment with the strategic plan and improvement programme. This work has supported the EIJB in agreeing a savings and recovery programme for 2023/24. Alongside a range of other mitigations, this will reduce the predicted in year deficit to £14m. Whilst the MTFS provides a potential path to balancing the EIJB's finances over the 3-year period in a managed and controlled manner, these plans are insufficient to secure financial balance in 2023/24.



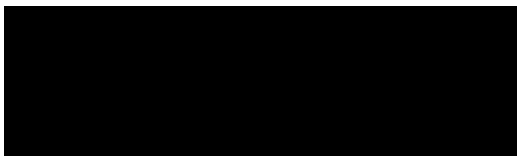
The Board received, and accepted, advice from officers that opportunities to deliver further efficiencies in the timescale required and, at the same time maintain performance and improve outcomes for people, have now been exhausted. Savings beyond the level currently built into the plan will have a significant negative impact on performance gains and, ultimately on outcomes for people. We were presented with a series of measures which could deliver the savings required to balance the financial position this year. The Board unanimously agreed that the rapid nature of implementation would undoubtedly have wide-ranging impacts, both for the outcomes for people in our city and for performance more generally.

It is in this context that the Board remitted that I write 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 EIJB, and requesting that funding is increased. For further background, I have included links to the papers which were presented to the EIJB on 13 June 2023. [Link here](#).

I am also aware that when you met recently with Andrew Kerr, Calum Campbell and Mike Massaro-Mallinson, there was discussion regarding interim beds, for which funding from Scottish Government ceased on 31 March 2023. While the EIJB has continued to commit funding for 45 interim beds during the first 6 months of this financial year, a decision was made at the EIJB meeting on 13 June 2023 that considering the current financial circumstances and the withdrawal of funding from Scottish Government, funding for interim beds could not be sustained any further. We do recognise that this could impact on Edinburgh's performance, particularly on the number of people delayed in hospital and occupied bed days. If funding of £3.84m (full year of 45 beds plus overdue provider uplift) can be confirmed for interim beds, this would help stabilise Edinburgh's performance, while we continue to explore every other opportunity to improve our performance. We accept that Scottish Government may want to go for a lesser amount of beds or time period to cover winter pressures, this may be more in the region of £2m to protect our delay discharge performance.

I appreciate that this request comes at a time when public finances are extremely stretched requiring some difficult decisions to be made. However, additional investment is vital to ensure no further deterioration in our valued health and social care services. The Board's Vice Chair and I would welcome the opportunity to engage with you and your officials to explore how we can deliver this.

Yours sincerely,



Katharina Kasper

**Chair, Edinburgh Integration Joint Board**

## REPORT

### Edinburgh Integration Joint Board and Committee Dates 2024

Edinburgh Integration Joint Board

Tuesday 8 August 2023

#### Executive Summary

The purpose of this report is to present the proposed schedule of meetings for the Edinburgh Integration Joint Board, Development Sessions, Budget Working Groups and Committees for 2024.

#### Recommendations

It is recommended that the Edinburgh Integration Joint Board:

1. Agree the proposed schedule of meeting dates for 2024.

#### Directions

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

#### Report Circulation

1. This report has not been considered elsewhere.
2. The proposed committee dates have been circulated to the Chair of each committee for consideration.

## Main Report

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1. In October 2022 the Integration Joint Board approved the revised Board, Committee, Development Session and Working Group dates for the 2023 Calendar Year.
2. Committee dates follow patterns outlined in the terms of reference for each committee which are as follows:
  - a) Audit and Assurance – Quarterly
  - b) Clinical and Care Governance – Quarterly
  - c) Performance and Delivery – Bi monthly – two weeks prior to the IJB
  - d) Strategic Planning Group – Six meetings a year.
3. The only exception to the above is the Performance and Delivery Committee. Last year, the Chair requested two additional meetings – one in April and one in September – to consider the savings reports. Following consultation with the new Performance and Delivery Committee Chair and members, the Committee agreed to continue with the meeting schedule as implemented under the previous Chair.
4. Following discussions between the Interim Chief Officer, Chair and Vice Chair it is proposed that meetings of the Edinburgh Integration Joint Board will now take place in person/hybrid. It is proposed that Development Sessions and Working Groups for 2024 continue to alternate between virtual and in person/hybrid. It is also proposed that Committees continue to operate via Microsoft Teams, with exception to the Clinical & Care Governance Group which at its meeting on the 28 June 2023, agreed to meet in person/hybrid for future meetings.

## Implications for Edinburgh Integration Joint Board

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### Financial

1. There are no financial implications to this report.

### Legal / risk implications

2. The availability of the schedule of meeting dates contributes to the mitigation of risk by:
  - a) facilitating forward planning for meetings;
  - b) contributing to the governance framework which allows the Board to conduct its business; and



- c) providing a timetable to which Officers can work to ensure that reports are submitted timeously.

### **Equality and integrated impact assessment**

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

### **Environment and sustainability impacts**

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

### **Quality of care**

5. Not applicable.

## **Consultation**

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None.

## **Report Author**

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**Mike Massaro Mallinson**

**Interim Chief Officer, Edinburgh Integration Joint Board**

Contact for further information:

Name: Andrew Henderson

Email: Andrew.Henderson@Edinburgh.gov.uk

## **Background Reports**

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None.

## **Appendices**

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Appendix 1      Schedule of Meeting Dates



**Edinburgh Integration Joint Board**  
**Schedule of Meeting Dates January – December 2024**

<b>Day/Date</b>	<b>Time</b>	<b>Meeting</b>
<b>January</b>		
Thursday 18 January 2024	10am	Board Development Session
Monday 22 January 2024	10am	Budget Working Group
Wednesday 24 January 2024	10am	Performance and Delivery Committee
Tuesday 30 January 2024	10am	Strategic Planning Group
<b>February</b>		
Friday 9 February 2024	10am	Edinburgh Integration Joint Board
Monday 26 February 2024	10am	Budget Working Group
Wednesday 28 February 2024	10am	Clinical and Care Governance Group
<b>March</b>		
Tuesday 5 March 2024	10am	Audit and Assurance Committee
Tuesday 5 March 2024	1pm	Budget Q&A
Wednesday 6 March 2024	10am	Performance and Delivery Committee
Monday 11 March 2024	10am	Board Development Session
Wednesday 13 March 2024	10am	Strategic Planning Group
Tuesday 19 March 2024	10am	Edinburgh Integration Joint Board (Budget)
<b>April</b>		
Wednesday 10 April 2024	10am	Performance and Delivery Committee
Monday 15 April 2024	1pm	Governance Group
Monday 22 April 2024	10am	Edinburgh Integration Joint Board

## **May**

Tuesday 21 May 2024	10am	Clinical and Care Governance Group
Wednesday 22 May 2024	10am	Board Development Session
Wednesday 29 May 2024	10am	Strategic Planning Group
Thursday 30 May 2024	1pm	Governance Session

## **June**

Monday 3 June 2024	10am	Audit and Assurance Committee
Wednesday 5 June 2024	10am	Performance and Delivery Committee
Monday 17 June 2024 10am	10am	Edinburgh Integration Joint Board

## **July**

Recess - No meetings scheduled.

## **August**

Tuesday 6 August 2024	1pm	Governance Session
Wednesday 7 August 2024	10am	Performance and Delivery Committee
Wednesday 14 August 2024	10am	Strategic Planning Group
Tuesday 20 August 2024	10am	Edinburgh Integration Joint Board
Wednesday 28 August 2024	10am	Clinical and Care Governance Group

## **September**

Tuesday 3 September	10am	Budget Working Group
Tuesday 10 September 2024	10am	Audit and Assurance Committee
Wednesday 11 September 2024	10am	Performance and Delivery Committee
Tuesday 17 September 2024	10am	Board Development Session
Tuesday 24 September 2024	10am	Edinburgh Integration Joint Board (Annual Accounts)

## **October**

Wednesday 2 October 2024	10am	Strategic Planning Group
Wednesday 9 October 2024	10am	Performance and Delivery Committee
Tuesday 22 October 2024	10am	Edinburgh Integration Joint Board
Wednesday 30 October 2024	10am	Clinical and Care Governance Group

## **November**

Tuesday 12 November 2024	1pm	Budget Working Group
Tuesday 19 November 2024	10am	Board Development Session
Wednesday 27 November 2024	10am	Strategic Planning Group

## **December**

Tuesday 3 December 2024	10am	Audit and Assurance Committee
Wednesday 4 December 2024	10am	Performance and Delivery Committee
Wednesday 11 December 2024	10am	Board Development Session
Tuesday 17 December 2024	10am	Edinburgh Integration Joint Board
Wednesday 18 December 2024	10am	Governance Group

## REPORT

### The Joint Edinburgh Carer Strategy Refresh 2023-26

Edinburgh Integration Joint Board

8 August 2023

#### Executive Summary

The purpose of this report is to provide the Edinburgh Integration Joint Board with the opportunity to consider the draft Joint Edinburgh Carer Strategy Refresh 2023-26, prior to publication.

The Strategy has been developed by the Edinburgh Carers Strategic Partnership Group and sets out how planning partners will enhance carer support, reflecting the Scottish Government's commitments set out in the *Carers (Scotland Act 2016)* and subsequent guidance, and reflecting the vision for improved health and social care support, set out in the [Independent Review of Adult Social Care](#) and in the revised [National Carers Strategy 2023-2026](#).

The refreshed strategy builds on the progress made through the [Edinburgh Joint Carer Strategy 2019-2022](#) maintains a focus on the agreed 6 priority areas for Edinburgh unpaid carers, placing carer at the centre of our work, and focusses on the 5 key themes of the National Carer Strategy:

- Living With COVID-1,
- Valuing, Recognising and Supporting Carers
- Health and Social Care Support
- Social and financial inclusion
- Young Carers

## Recommendations

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

1. Consider and approve the draft Joint Edinburgh Carer Strategy Refresh 2023-26 for publication and implementation.

## Directions

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

Appendix 1 provides detail on the direction to be issued.

## Report Circulation

1. This report has been circulated to members of the Executive Management Team and discussed at its meeting of 13 July 2023.
2. The refreshed Strategy has been co-produced by the Edinburgh Carer Strategic Partnership, and shared with colleagues and senior managers across Children, Education and Justice
3. The outline and development of the Strategy has been discussed at the Edinburgh Integration Joint Board in December 2022, and Strategic Planning Group in June 2023.



## Main Report

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4. The Carers (Scotland) Act 2016 requires that each local authority and relevant health board must jointly publish a local carer strategy and review this within 3 years. Following the review, the local authority and relevant health board may prepare a revised local carer strategy.
5. The refreshed Edinburgh Joint Carer Strategy 2023-26 is attached in Appendix 2. This refreshed strategy builds on the 6 key priority areas identified and progressed in the Edinburgh Joint Carer Strategy 2019- 2022:
  - Identifying carers
  - Information and Advice
  - Carer health and wellbeing
  - Short Breaks
  - Young carers
  - Personalising support for carers
6. In the refreshed Carer Strategy document, Appendix 1 shows the Joint Strategic Needs Assessment (JSNA) topic paper undertaken on Carers. This paper has been updated with the latest available data. This topic paper has informed the Joint Edinburgh Carers Strategy refresh and will also be published in its own right to allow others to access the data around unpaid carers in Edinburgh. The paper will be presented to the Strategic Planning Group (SPG), as the lead EIJB committee for the JSNA on 16 August 2023 for approval to publish.
7. The refresh has provided an opportunity to reflect, and address changes in the carers landscape since the launch of the 2019-22 strategy. These changes include:
  - The impacts of Covid restrictions and subsequent remobilisation
  - Staff resource difficulties and budget implications
  - Cost of living crisis
  - The implications of the Review of Adult Social Care in Scotland and the Inspection of Adult Social Work and Social Care Services: City of Edinburgh
  - And the publication of the [National Carer Strategy](#)
8. The [National Carer Strategy](#) was published by the Scottish Government in December 2022. This Strategy recognises that unpaid care is vital to how

social care is provided in Scotland, and that the value of the dedication and expertise of carers cannot be overstated. The COVID-19 pandemic created significant difficulties and hardships for many carers and the pressures of the past two years have left many carers at breaking point. Carers are in acute need of support and now, more than ever, steps need to be taken to address the problems caused by the pandemic as well as the long-term, systemic issues that continue to affect unpaid carers. The National Strategy sets out key themes and a range of actions to ensure carers are supported, in a joined up and cohesive way, with the aim of getting it right for every carer.

9. The key themes of the National Strategy intend to put the individual carer at the centre, and focus on five different aspects of unpaid carer support:
  - Living With COVID-19
  - Valuing, Recognising and Supporting Carers
  - Health and Social Care Support
  - Social and financial inclusion
  - Young Carers
10. The draft refreshed Joint Edinburgh Carers Strategy aligns to the 5 key themes and associated outcomes of the National Carer Strategy. These have been used as a basis to develop organisational and personal outcomes for each theme and to develop local actions and commitments to support carers over the period of the strategy. The majority of the actions is, and will continue to be, applied through commissioned and internal health and social care provision, with other key contributions coming from the wider carer supports, networks and communities, enabling unpaid carers to live as good a life as possible, and allow them to continue to undertake their caring role, as long as they are willing to do so.
11. This draft refreshed Edinburgh Joint Carer Strategy 2023-26 has been developed through the Carer Strategic Partnership Group (CSPG) and various short life working groups. Membership comprises of several commissioned voluntary sector and internal partners, EHSCP staff working in both the strategic and operational field and carer representatives who bring carer insight. The views of carers have also been sought and incorporated into the development of the Edinburgh Strategy by consideration and analysis of local and national surveys, research and consultations.
12. An earlier version of the draft refreshed Strategy was presented for discussion at the EIJB in December 2022 and further discussion took place at the Strategic Planning group in June this year. Feedback has now been incorporated with



key changes being a reduction in length of the document, with much of the context and demographic information being summarised, and a rationalisation of the outcomes to improve clarity and measurability. Key has been the development of the section in the strategy highlighting Edinburgh's contribution to the national outcomes, which is in effect our implementation plan over the next 3 years.

13. Key focus areas for development for the forthcoming year are indicated, and will form the focus for the Carer Strategic Partnership work plan going forward, are aligned with the key implementation plan of the refreshed Strategy 2023-26, and include developments around aspects that mean the most to carers:
- SDS considerations, optimising creative opportunities for carers.
  - Place based, and other short breaks and breaks from caring developments.
  - Young adult carer action plan.
  - Adult Carer Support Plan roll out.
  - Change to reporting timeline, and review of KPIs.
  - Exploring impact on female carers and engaging nationally to progress.

**Social Work & Social Care Inspection Improvement Plan**

14. The Care Inspectorate undertook an inspection of adult social work and social care in Edinburgh and published its [report](#) on 21 March 2023. Several Key areas for improvement were identified, including the need to take a co-ordinated approach to early intervention and prevention, the need to reduce waiting lists and improve access to services and the need to provide better support for unpaid carers.
15. The Partnership and Council have developed and agreed an [improvement plan](#) to prioritise key actions to address the issues raised. They have also agreed that unpaid carers and service users are involved in the further development of all improvement plans. This is welcomed by the Edinburgh Carers Strategic Planning Group.
16. There is clear alignment of the refreshed Carer Strategy with the Improvement Plan. The vision for the refreshed Strategy is that Edinburgh is a city where carers feel valued and well supported and the actions identified within the Strategy take a person-centred, early intervention and preventative approach to provision of support.

### **Strategic Commissioning**

17. In addition, a report went to the Performance and Sustainability committee, on 20 June 2023, regards to Drumbrae care home, and as part of the recommendations, it was noted that the Edinburgh Integrated Joint Board, (EIJB) have agreed to undertake a strategic commissioning exercise looking at capacity and demand for bed-based care. This exercise will include looking at place based short breaks and breaks from caring, (previously referred to as respite care).

### **Monitoring, Reporting & Governance**

18. In 2021, the EHSCP and partner organisations developed a performance and evaluation framework to understand the collective impact of the work to support unpaid carers. The report from 2021 can be found [here](#). The performance report covering 2022-23 will be presented to the EIJB's Performance and Delivery Committee on 2 August 2023.
19. The Performance and evaluation framework is being further developed to provide a focus on outcomes for carers across the strategy and will report on both quantitative and qualitative data. Carer Strategy Performance and Evaluation Reports will be presented to the IJB's Performance and Delivery Committee on an annual basis.
20. In addition to the reporting through the Outcomes Framework, VOCAL carry out a bi-annual survey of unpaid carers in Edinburgh, which is now sponsored through the Carers spend plan. This is an opportunity for carers to comment on the impact of caring on their lives and the carer support services. Key findings will be reported in subsequent Performance and Evaluation reports which will inform ongoing development work.
21. The multi-agency joint Edinburgh Carers Strategic Partnership Group has overseen the implementation of the Strategy. There is the opportunity in this year to review the role of that Carer Strategic Partnership Group, to consider how best to progress the strategic focus, operational implementation and contract monitoring and reporting.

### **Next Steps**

22. An Executive Summary will be prepared and will be published on the Partnership's website alongside the refreshed Strategy, once the Strategy has been ratified.

## Implications for Edinburgh Integration Joint Board

### Financial implications

23. There are no direct financial implications associated with this report. The outline spend plan, ratified by EIJB, at the same time as the Edinburgh Joint Carer Strategy 2019-2022 is highlighted below:

#### Carer Investment Plan ratified by EIJB 2019

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

### Legal / risk implications

24. There is a risk of non-compliance with the duties of the Carers (Scotland) Act 2016 if the refreshed local strategy is not published, and associated implementation plan not progressed.

### Equality and integrated impact assessment

25. Consideration of equality has been considered throughout the development of the strategy with a wide range of equality outcome evidence incorporated. The strategy takes a person-centred approach to support for carers which helps ensure that equality and human rights are central to the provision of care. An Integrated Impact Assessment (IIA) has been carried out the draft report is attached in Appendix 3.

## Environment and sustainability impacts

26. The environmental and sustainability impacts were considered as part of the IIA process and no significant impacts on greenhouse gas emissions nor biodiversity were noted. The strategy recognises that unpaid care is vital to how social care is provided in Edinburgh and aims to ensure that the health and well-being of carers is supported fully, in a joined-up way, to ensure the resilience and sustainability of carers.

## Quality of care

27. The strategy has been developed to help improve the support available to carers across the city, to provide choices and opportunities for carers and improve the confidence and health of carers. Without this support, carers' health and wellbeing may suffer, leading to a detrimental impact on the cared-for person or a break-down in the provision of care.

## Consultation

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28. This draft Refreshed EJCS 2023-26 has been developed through the Carer Strategic Partnership Group (CSPG) and various short life working groups. Membership comprises of several commissioned voluntary sector and internal partners, EHSCP staff working in both the strategic carer field and in the operational field and carer representatives who bring carer insight. The views of carers have also been sought and incorporated into the development of the Edinburgh Strategy by consideration and analysis of local and national surveys, research and consultations.
29. An earlier draft version of the refreshed Strategy was presented for discussion at the EIJB in December 2022, highlighting how the strategy was developing to align the national themes and commitments to the 6 key priority areas agreed for Edinburgh unpaid carers, and discussion also took place at the Strategic Planning group in June this year.
30. Details of consultation can be found in Appendix 11 of the refreshed strategy.

## Report Author

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## Background Reports

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None.

## Appendices

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Appendix 1	Directions Template
Appendix 2	The draft Joint Edinburgh Carer Strategy 2023-26
Appendix 3	Integrated Impact Assessment for Edinburgh Joint Carer Strategy 2023-26

## Appendix 1 – Directions Template

### 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-9/08/2023-xxx
Does this direction supersede or vary an existing direction? If yes, please provide reference number of existing direction	Yes This direction supersedes Direction IJB-02/02/2021-1 - Implement the Edinburgh Joint Carers Strategy 2019-22 and associated implementation plans
Approval date	08/08/2023

Services / functions covered	The services/functions covered are in relation to support for unpaid carers.		
Full text of direction	<p>Implement the Edinburgh Joint Carers Strategy 2023-26 and actions.</p> <p>The actions are listed in the Strategy and are aligned to the National Care Themes:</p> <ul style="list-style-type: none"> <li>• Living With COVID-19</li> <li>• Valuing, Recognising and Supporting Carers</li> <li>• Health and Social Care Support</li> <li>• Social and financial inclusion</li> <li>• Young Carers</li> </ul>		
Direction to	NHS Lothian and the City of Edinburgh Council and NHS Lothian		
Link to relevant EIJB report / reports	<p><a href="#">Provide hyperlinks</a></p> <p><a href="#">Link to be provided when report goes live</a></p>		
Budget / finances allocated to carry out the direction.	<p><a href="#">State the financial resources allocated to enable NHS Lothian or the Council or both to implement the direction.</a></p>	<p><i>NHS Lothian</i></p> <ul style="list-style-type: none"> <li>• 2023/24 - £0.55m</li> <li>• 2024/25 - £0.56m</li> <li>• 2025/26 - £0.58m</li> </ul>	<p><i>City of Edinburgh Council</i></p> <ul style="list-style-type: none"> <li>• 23/24 - £6.95m</li> <li>• 24/25 - £6.95m</li> <li>• 25/26 - £6.92m</li> </ul>
Performance measures	The performance measures linked to the strategy are:		

	<ul style="list-style-type: none"> <li>• the National Health and Wellbeing Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.</li> <li>• the <a href="#">National Care Outcomes</a></li> <li>• the Edinburgh Joint Carer Strategy Outcomes, detailed in the strategy attached as appendix 2 to this report</li> <li>• results of the bi-annual survey of unpaid carers in Edinburgh</li> <li>• the KPIs identified for contracts.</li> </ul> <p>An evaluation and monitoring framework has been developed to ensure the above measures are monitored. Reports on performance against the outcome measures and the contract KPIs will be presented annually to the Carers Strategic Group and the EIJB Performance &amp; Delivery Committee. The National Health and Wellbeing outcome is also reported in the EIJB Annual Performance Report.</p> <p>The multi-agency joint Edinburgh Carers Strategic Partnership Group will continue to oversee the implementation of the Strategy.</p>
Date direction will be reviewed	April 2024 as part of the next Annual review of directions



# The Joint Edinburgh Carer Strategy

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



Working together for a caring,  
healthier, safer Edinburgh



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## **Introduction**

This refreshed Edinburgh Carers Strategy 2023-26 sets out the vision, priorities and outcomes for health and social care planning partners to make Edinburgh a caring city.

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

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

The lessons of the COVID-19-19 pandemic and the challenges of a fast-changing world do not allow a return to an ‘old normal’. On the contrary, they demand ‘new radical’ approaches. The Scottish Government commissioned [Independent Review of Adult Social Care<sup>1</sup>](#) set the benchmark for wide-ranging changes in the way health and social care support will be provided in future.

This refreshed Edinburgh Carers Strategy sets out how planning partners will expand carer support, reflecting the Scottish Government’s commitments set out in the *Carers (Scotland Act 2016)* and subsequent guidance, and reflecting the vision for improved health and social care support, set out in the [Independent Review of Adult Social Care<sup>1</sup>](#) and in the revised [National Carers Strategy 2023-2026<sup>2</sup>](#). The Strategy sets out strategic priorities of planning partners to act as gateways for carers, not as gatekeepers. To this end, it commits to strengthening our partnerships city-wide and in our communities, building on the progress made through the implementation plan of [Edinburgh Joint Carer Strategy 2019-2022<sup>3</sup>](#) .

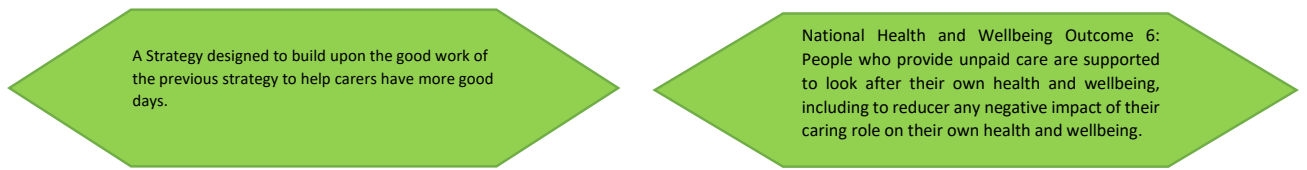
We all play a unique role to contribute to seamless carer support: the right care at the right time and in the right place. This Strategy sets out the direction for future carer support and our commitment to engaging carers individually and collectively. It set out measures to increase our capacity to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

<sup>1</sup>[Adult social care: independent review - gov.scot \(www.gov.scot\)](http://www.gov.scot)

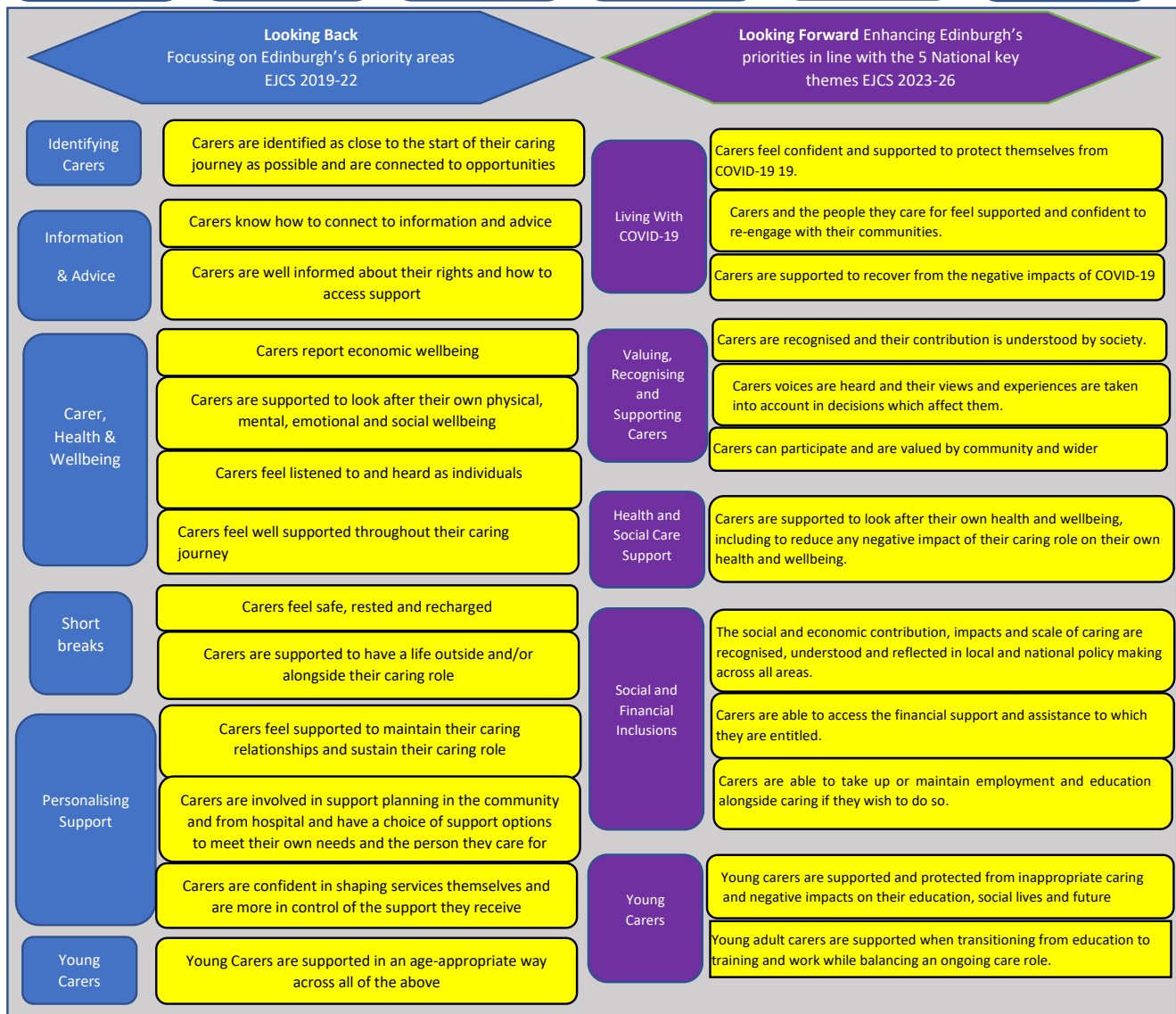
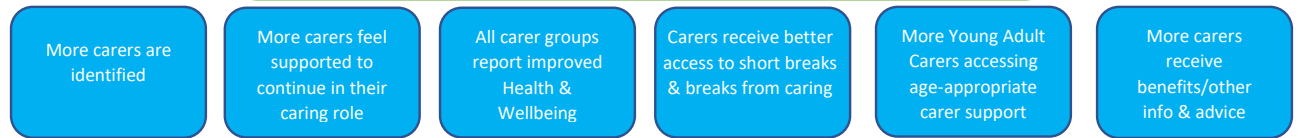
<sup>2</sup>[National carers strategy - gov.scot \(www.gov.scot\)](http://www.gov.scot)

<sup>3</sup> [Edinburgh-Joint-Carers-Strategy-2019-2022-FINAL.pdf \(edinburghhsc.scot\)](#)

# Edinburgh Joint Carer Strategy – at a Glance



## Targets



## **Scotland's Carers & Edinburgh's Carers**

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

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

Most carers are female and of working age; come from any background which can include the LGBT+ Community, BME and travelling communities; be affected by their own mental or physical health conditions or disabilities, or indeed experience different socio-economic situations. Some carers may have more than one caring role and, with the effect differing from carer to carer across the city and the nation.

In order to set the context that this refreshed Carer Strategy for 2023-2026 is set against, it is important to first develop our understanding of the pressures and challenges that Carers are experiencing both at a national and local level around certain key areas. The recent Joint Strategic Needs Assessment for Edinburgh ([put in link when published, included as an Appendix 1 for now](#)) contains key information, providing this clear and recent context:

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

### **Key points about carers in Edinburgh**

The full details can be found [put in link](#) and the key findings are highlighted below:

- It is estimated that there are between 45,000 and 70,000 adult carers in Edinburgh.
- The age range of carers is spread fairly consistently across the ages with a peak in the 55 to 64 age group where 21% of the population identify as carers.

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

- The Department for Works and Pensions (DWP) data shows that, in Edinburgh, 4,644 carers receive Carers Allowance and 250, sixteen- to eighteen-year-olds, received Young Carers Grants. The number of people in receipt of Carers Allowance had been increasing annually but has recently plateaued. The relatively low number of carers receiving carers allowance may be due to a number of factors including eligibility criteria, carer identification and that often pensioners become illegible for Carers Allowance once they receive pensionable income. The number of young carers applying for, and receiving a Young Carer Grant has been increasing since the benefit launched in 2019.
- The Scottish Government [Carers Census](#) published in December 2021, reports 89% of adult carers provide 20 hours or more of care per week.
- The Health and Care Experience Survey indicates that 16% of carers in Edinburgh do not have a good balance between caring and other areas of life and a quarter do not feel supported to continue caring. 75% of carers report their emotional welling being is affected by their caring role.
- The [Scottish Health Survey](#) estimates that nationally 13% of men and 18% of women identify as carers. Women are four times as likely to give up paid work due to multiple caring responsibilities and are more likely to be in low-paid, part-time employment than male carers.  
The responsibility of care has significant ramifications on women’s access to employment, career development and progress, access to training and higher education, as well as on physical and mental health.
- There is little information on particular issues arising in minority ethnic communities however we know that minority ethnic communities face significant inequalities with higher chances of living in poverty and disparity in access to affordable housing. Minority ethnic people were also amongst the worst affected by COVID-19 19. Being a carer in addition to being from a minority ethnic community will only increase the risk of poorer financial and well-being outcomes. In the 2011 Scotland’s Census, in Edinburgh, 9.7% of carers identified as an ethnic minority.
- Unpaid carers save Scotland an estimated £12.8bn per year ([National Carer Service - Business and Regulatory Impact Assessment.](#))

- There is little difference in the number of adult carers by deprivation in the Carers Census in 2020-21; however, there is a marked difference for young carers. 14% of young carers in the Carers Census lived in the most deprived Scottish Index of Multiple Deprivation (SIMD) decile compared to 5% who lived in the least deprived SIMD decile.
- In Edinburgh, the 2021, Voice of Carers Across Lothian (VOCAL) survey of carers<sup>1</sup>, reports that 41% of respondents reported more contact with health services about their own health (up from 35% in 2017). 67% reported that their physical health has been affected and 79% that their mental health has been affected compared with 59% reporting that being a carer made their health worse in 2017.
- In terms of the financial impact of caring, 69% of respondents reported that being a carer had a financial impact. There have been increases in people reporting they have stopped or reduced employment and lost NI or pension contributions. 15% had to borrow money due to their caring role and 7% have had to use a food bank.

### **Impact of the Cost of Living**

Carers Scotland, in their recent report "[State of Caring in Scotland 2022 - A cost-of-living crisis for unpaid carers in Scotland](#)"<sup>2</sup>, state that *"We are living through an unprecedented time, with the cost of energy, food, fuel, and basic commodities all rising at the same time. The inflation rate is at its highest level in over 40 years<sup>3</sup> and is due to increase to 13% by the end of the year."* They go on to suggest *"Unpaid carers have been among the groups hardest hit by the cost-of-living crisis in Scotland"*.

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

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

Another recent report published by Carers UK entitled *"Heading for Crisis - caught between caring and rising costs"*, where just over 13,000 carers responded, highlights the impact upon unpaid carers of the current cost-of-living crisis. It pays particular attention to carers financial challenges and how their sense of health and well-being are affected. Key findings include:

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<sup>2</sup> [State of Caring in Scotland - A Cost of Living Crisis for carers- FINAL Embargoed.pdf](#)

<sup>3</sup> [UK inflation rises to 9.1%, its highest rate in 40 years | Inflation | The Guardian](#)

- 1 in 6 carers are in debt as a result of their caring role, increasing to 2 in 5 for carers in receipt of Carer's Allowance (approximately 8% of carers in Edinburgh receive carers allowance).
- The proportion of carers unable to afford their utility bills has more than doubled since last year to 14%.
- Carers in receipt of Carer's Allowance are more likely to be cutting back on food and heating.
- Nearly all carers who are struggling to make ends meet (93%) agreed that the increase in the cost of living was having a negative impact on their mental and physical health.

## **The Carer (Scotland) Act 2016**

### Definition of a Carer:

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

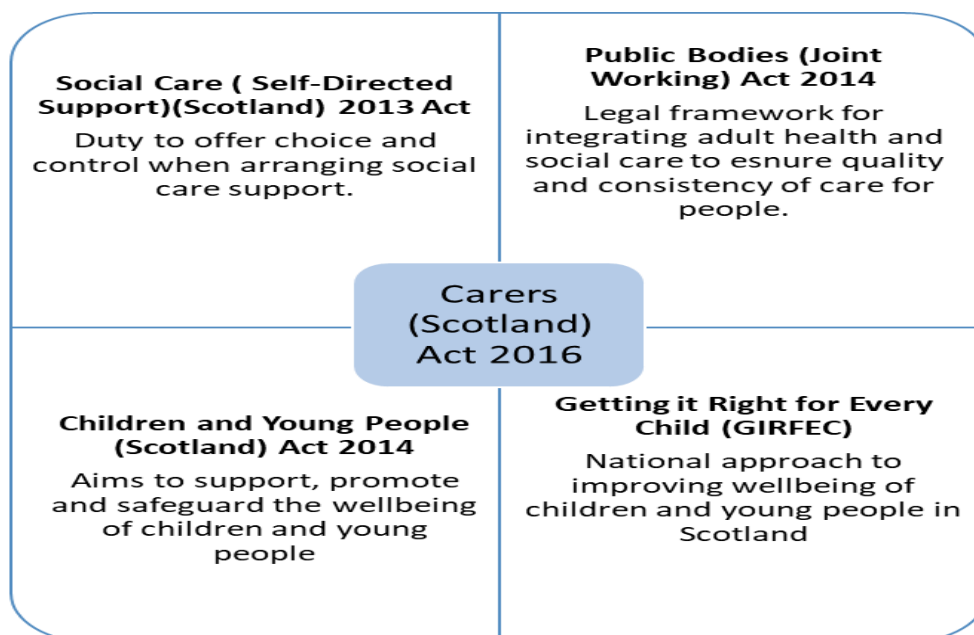
The Carers (Scotland) Act 2016 distinguishes between young carers, young adult carers and adult carers;

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

### Carer Act Overview

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





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

This includes:

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

- Income maximisation
- Carer's rights

### **Edinburgh Joint Carer Strategy 2019 – 2022<sup>4</sup>**

The city-wide strategy highlighted 6 priority areas for carers and associated intended outcomes, based on carer feedback and direction at national and local levels. These are listed in the table below along with the associated outcomes and cross-referenced to the relevant National Theme(s) in the new National Carer Strategy.

Priority Area	Associated Outcomes	National Theme
1. Identifying Carers	<ul style="list-style-type: none"> <li>• Carers are identified as close to the start of their caring journey as possible, &amp; are connected to opportunities &amp; support</li> </ul>	1.Living with COVID-19 3.Health & Social Care Support
2. Information and Advice	<ul style="list-style-type: none"> <li>• Carers know how to connect to information and advice.</li> <li>• Carers are well informed about their rights and how to access support.</li> <li>• Carers report economic wellbeing</li> </ul>	4.Social and Financial Inclusion
3. Carer Health and Wellbeing	<ul style="list-style-type: none"> <li>• Carers are supported to look after their own physical, mental, emotional and social wellbeing.</li> <li>• Carers feel listened to and heard as individuals.</li> <li>• Carers feel well supported throughout their caring journey</li> </ul>	3.Health & Social Care Support
4. Short Breaks and Breaks from Caring	<ul style="list-style-type: none"> <li>• Carers feel safe, rested and recharged.</li> <li>• Carers are supported to have a life outside and/or alongside their caring role.</li> <li>• Carers feel supported to maintain their caring relationships and sustain their caring role</li> </ul>	3.Health & Social Care Support
5. Young Carers	<ul style="list-style-type: none"> <li>• Are identified as close to the start of their caring journey as possible and are connected to opportunities and supports.</li> <li>• Can access good quality, age-appropriate information and advice using a range of media and are well informed about their rights and how to access support.</li> <li>• And their families report economic wellbeing.</li> <li>• Sustain their physical, mental, emotional, and social wellbeing.</li> <li>• Feel listened to and heard as individuals.</li> <li>• Feel well supported throughout their caring journey.</li> <li>• Feel safe and rested and are able to be children and young people first.</li> </ul>	5.Young Carers

<sup>4</sup> [Edinburgh-Joint-Carers-Strategy-2019-2022-FINAL.pdf \(edinburghhsc.scot\)](#)

	<ul style="list-style-type: none"> <li>• Are supported to have a life outside and/or alongside their caring role.</li> <li>• Feel supported to maintain their caring relationship and sustain their caring role.</li> <li>• Are supported into a positive destination from school.</li> <li>• Are involved in support planning and have a choice and options to meet their needs and the person they care for</li> <li>• Are confident in shaping services for themselves and those they support and are more in control of the support they receive.</li> <li>• Feel supported to move into a life after caring and feel supported with the transition into adulthood</li> </ul>	
6. Personalising Support	<ul style="list-style-type: none"> <li>• Carers are involved in support planning in the community and from hospital, and have a choice of support options to meet their own needs and the person they care for</li> <li>• Carers are confident in shaping services for themselves and those they support and are more in control of the support they receive</li> </ul>	2. Valuing, Recognising and Supporting Carers

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

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

Funding from the Carers Act legislation, averaging £7.5m per year remains key to the delivery of the implementation plan (see appendix 9 for overall spend plan).

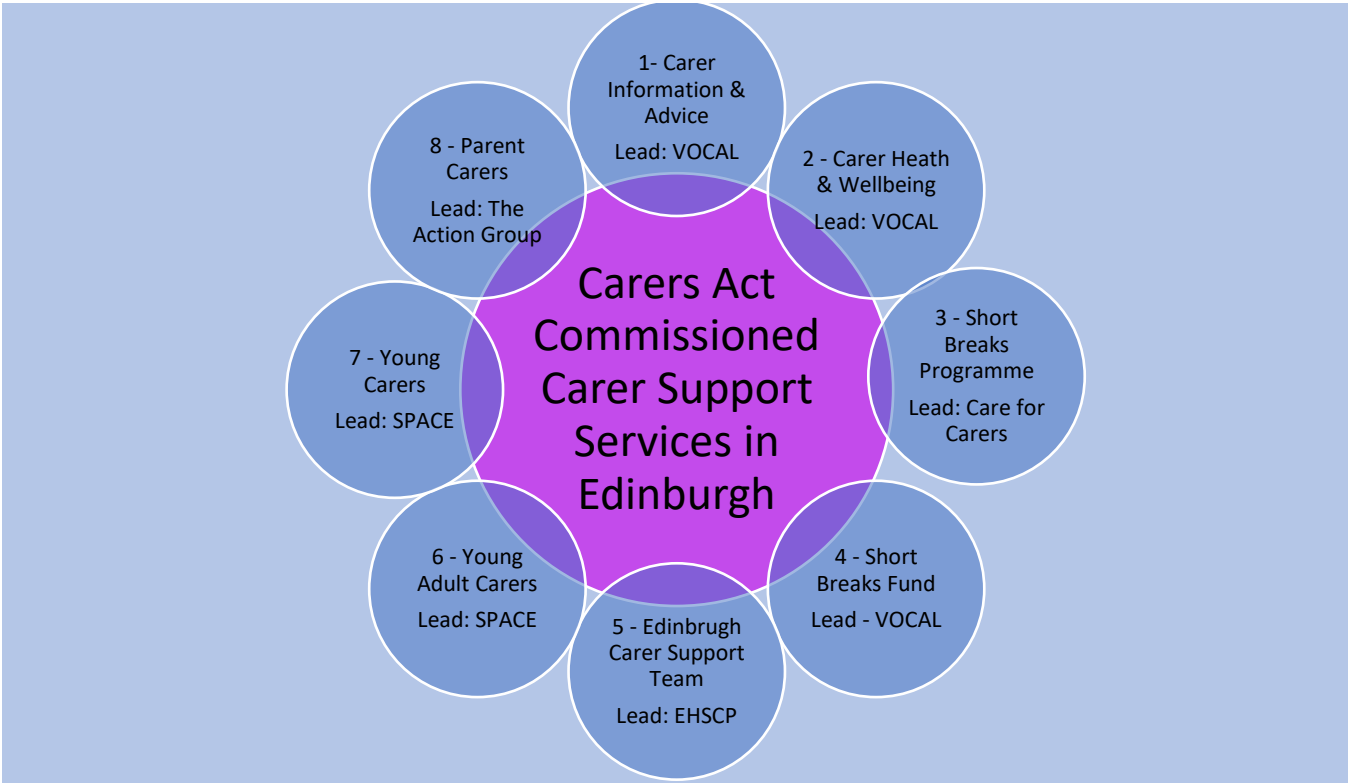
#### **Edinburgh's Investment in Carers Through Contracted Provision 2021-2026 (£35.86m)**

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

This funding allowed the EHSCP to award eight contracts, the specifications for which were co-produced with various voluntary sector partners and launched in January 2021. These were awarded on a five-year basis, and three further 1-year periods if required to reduce short termism, stabilise the market, and progress on a continuous improvement and development basis, responding to local and national considerations. A key consideration for this was to allow the space and time for the Outcomes Framework to be developed.

The City of Edinburgh Council awarded contracts associated with young carer delivery, with young carer partners being an integral part of the Edinburgh Strategic Partnership Group, (see Appendix 10 for membership), to ensure aspects of young carers transitioning to young adult carers are considered, as well as the impact on adults being cared for by young carers.

In addition to the spend through the contracted provision noted above, the EHSCP also provides carer support through its mental health and disability workstreams and through its Grant Programme. Wider support is also provided through statutory services, individuals, community groups and organisations' work. Work to quantify the extent of this wider support is being carried out through the CLEAR action research.



Commissioned partners are supported via quarterly meetings with Planning and Commissioning personnel with end of year data drawn together and collated to form the [annual performance report](#) against several key performance indicators forming the contractual arrangement. This report is then scrutinised by the Performance and Delivery Committee, again on an annual basis.

## **The National Carer Strategy**

*“We want Scotland to be a place where all carers are recognised and valued for the contribution they make, where they are enabled to provide the right support for the people they care for while living full, rounded lives. No-one should need to put their aspirations and ambitions on hold because they are providing care to a loved one. There are several key principles that must be central to our approach. We must make sure that providing care does not mean that someone needs to give up their job or reduce their hours, that it does not plunge them into financial hardship or social exclusion. All carers must be seen as equal partners in care and involved in decisions relating to their caring role. We must ensure that the importance of unpaid care is recognised and that its value is acknowledged and respected, by the public sector, employers and by society.”*

*Kevin Stewart MSP Minister for Mental Wellbeing and Social Care, December 2022.*

The National Strategy recognises that unpaid care is vital to how social care is provided in Scotland, and the value of the dedication and expertise of carers cannot be overstated. The strategy sets out a range of actions to ensure they are supported fully in a joined up and cohesive way.

The Strategy was developed through consultation with carers and carer organisations and a range of delivery partners to make sure those with first-hand experience of caring and those with responsibilities to support carers helped shape the Strategy.

The Strategy covers activity during the current Scottish Parliament to spring 2026 but will be reviewed annually to monitor progress and ensure it is focussed on the most important issues.

The 5 key themes and associated national strategic outcomes of the strategy intend to put the individual carer at the centre and focus on five different aspects of unpaid carer support.

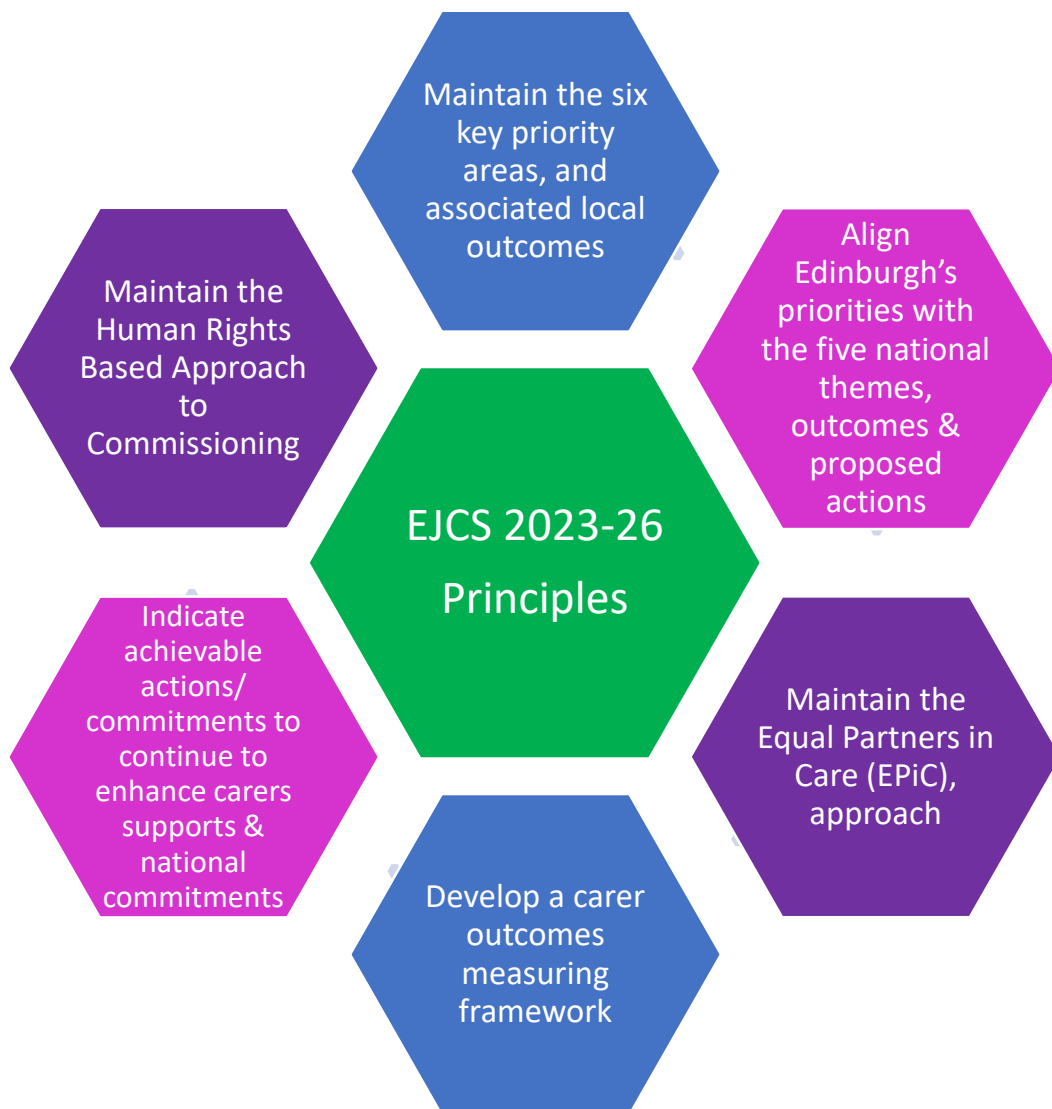
## The National Carer Strategy – Key Themes and National Outcomes

National Themed aspects of carer support	National Strategic Outcomes
Living with COVID-19-19	<p>Carers feel confident and supported to protect themselves from COVID-19-19.</p> <p>Carers and the people they care for feel supported and confident to re-engage with their communities.</p> <p>Carers are supported to recover from the negative impacts of COVID-19-19.</p>
Valuing, Recognising and Supporting Carers	<p>Carers are recognised and their contribution is understood and valued by society.</p> <p>Carers' voices are heard, and their views and experiences are taken into account in decisions which affect them.</p>
Health and social care support	<p>People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing. (National health and wellbeing outcome 6)</p>
Social and financial inclusion	<p>That the social and economic contribution, impacts and scale of caring are recognised, understood and reflected in local and national policy making across all areas.</p> <p>Carers are able to access the financial support and assistance to which they are entitled.</p> <p>Carers are able to take up or maintain employment and education alongside caring if they wish to do so.</p> <p>Carers can participate in and are valued by their community and wider society.</p>
Young carers	<p>Young carers are supported and protected from inappropriate caring and negative impacts on their education, social lives and future opportunities.</p> <p>Young adult carers are supported when moving from education to training and work while balancing an ongoing caring role.</p>

## The Edinburgh Joint Carer Strategy 2023-2026

The Carers (Scotland) Act 2016 requires that each local authority and relevant health board must jointly publish a local carer strategy and review this within 3 years. Once the review has been carried out, with the views of carers taken into account, they may prepare a revised or refreshed local carer strategy, or, where they do not prepare a revised strategy, publish a statement to that effect.

This refreshed strategy was developed by a group who report to the Edinburgh Carer Strategic Partnership Group, (CSPG), whose membership includes carer organisations, EHSCP and CEC services and strategic managers, Director of Planning, Performance and Evaluation, and EIJB Carer representative. The CSPG is led by the Strategic Programme Manager for Older People, Carers and Dementia. The refreshed strategy is the result of collaboration and wide engagement with carers, supported people and other key stakeholders (see appendix 11 for more details on the consultation). It is based on a set of Key Principles:



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

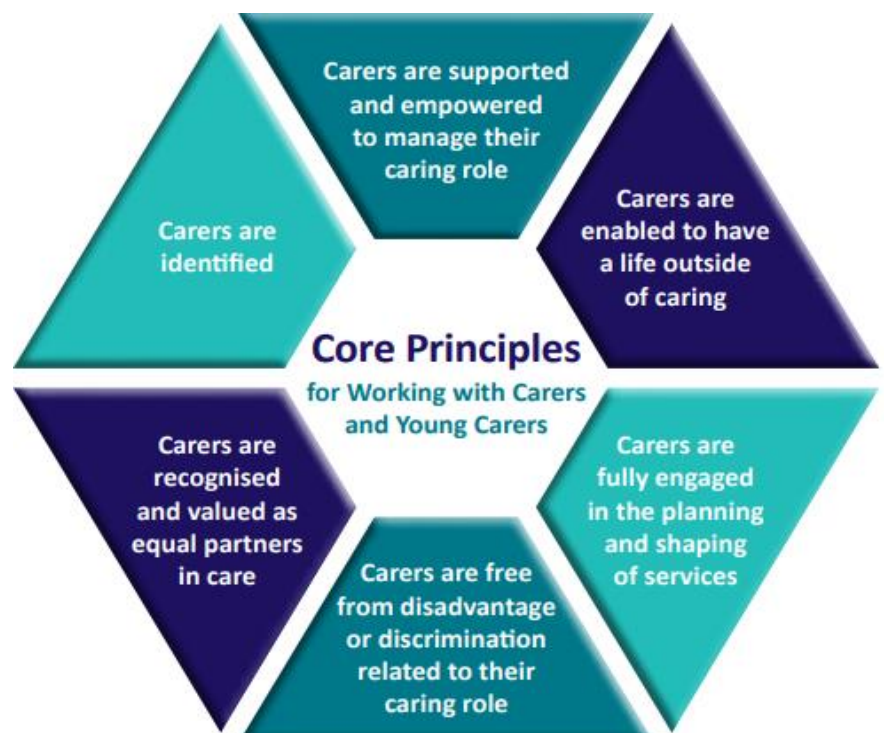
- The carer voice being heard through various routes, and engagement with stakeholders.
- A commitment to continuing to work with the voluntary sector, working closely with all other sectors, including ever-closer working with Primary Care.
- A priority to support carers in greatest need through early identification, needs assessment, and referrals to support in order to prevent crisis, build carer resilience and allow people to have more good days.
- The view that carers should not be worse off by caring and are clear about the support they are entitled to.
- To ensure carers with complex and different needs will have those assessed and met through equal access to services and support.

### **The EPiC Approach**<sup>5</sup>

Edinburgh's Joint Carers Strategy shall continue to encompass the EPiC principles as described below as it has throughout the 2019-2022 Carer Strategy:

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

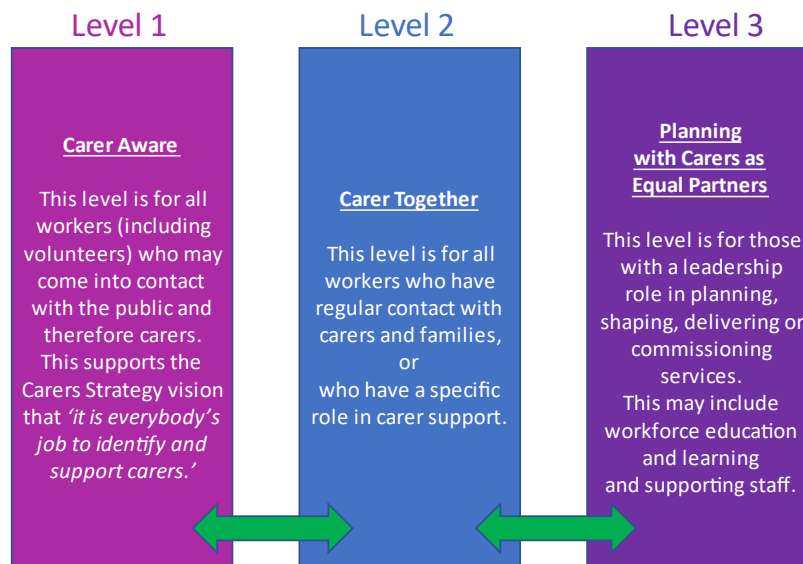
These were initially informed by the vision of the Carers Strategy 2010-15 and are based on proposed outcomes for all carers (diagram right). Each outcome highlighted intends to highlight the necessary requirements and skills of workers to effectively support carers.



<sup>5</sup> [EPiC Principles.pdf](#)



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



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

### **Edinburgh's Alignment with the Emerging Getting It Right for Everyone (GIRFE) Approach**

As Edinburgh's Carer strategy is person centred, there is clear alignment with the emerging national approach for getting it right for everyone, which is drawing on the learning from Getting it Right For Every child. The working principles are currently:

- Focused on individual care needs
- Based on an understanding of the physical and mental well-being of individuals in their current situation
- Based on early intervention
- Requires joined up working/information sharing
- Based on a human rights approach

The approach looks across the whole system, to improve the experience for individuals, with the key elements including: prevention, reducing inequalities; community building, ensuring as much care and support can occur out with hospitals; enhancing quality to improve outcomes and sustaining services and supports by effective and efficient use of available resources. As the

GIRFE approach further develops, the key aspects will be embedded in the ongoing implementation and development work associated with this strategy.

**Edinburgh’s Alignment with the National Carer Strategy, December 2022**

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



This section highlights the National Carer Strategy themes and national outcomes, the organisational outcomes for partner organisations within each theme and personal outcomes for each theme and a descriptor of what these mean for carers. There is an indication of what Edinburgh will do, to contribute to the outcomes overall. The majority of the action is, and will continue to be applied through commissioned and internal health and social care provision, with other key contributions coming from the wider carer supports, networks and communities.

Key system wide developments required will be led through the Carer Strategic Partnership Group, applying their recognised multi agency short life working group approach as resources allow.

The outcomes are aligned with the Edinburgh Carer Outcome Framework, which started development in late 2022.

### **National Strategic Outcomes:**

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

### **Organisational Outcomes**

- Carers are identified as close to the start of their caring journey as possible.
- Carers are recognised as a priority group in their own right for future public health emergencies.
- Public, private and voluntary sector agencies are COVID-19-19 prepared for rapid response(s).

### **Personal Outcomes**

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

Living with COVID-19-19 demands a flexible approach and an ability to respond quickly and decisively. There is no absolute certainty in what lies ahead, but by carefully monitoring the situation and having in place effective contingency plans, we can reduce risk and harm in more proportionate and less restrictive ways.

We must maintain and improve our strategies to:

- Optimise people sustaining immunity and enhance the availability of, and access to treatments.
- Support carer providers to adapt behaviours and physical environments.
- Monitor risk from the virus and develop contingency plans.

### Why this is important

All adult carer groups have been significantly affected by the pandemic. For example, there was suspension of short breaks/breaks from caring; participation in training/education; reduced employment opportunities and cessation of assisted transport services during the initial lockdown from March 2020. In Edinburgh, some services have not remobilised, with recruitment of staff proving extremely challenging. Others have been reinstated fully or partially, and in some cases took until late 2021 to be back at the level of service offered pre-pandemic, as staffing levels and safety restrictions have allowed.

This was evidenced locally by an EVOC [review](#) of support with travel and short breaks and breaks from caring for adults with disabilities or additional support needs and those that care for them, published in December 2021<sup>6</sup>, which has informed ongoing work where

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<sup>6</sup> <https://www.evoc.org.uk/wordpress/wp-content/media/2021/12/Getting-About-Getting-A-Break-Phase-1-DEC-2021.pdf>

commissioners have worked with carers, and providers to consider alternative options, optimising the national approach of promoting choice and variety.

**Short & Long-Term Impact**

It is understood that short term impacts of COVID-19 on all adult Carers included; the rapid suspension of all building-based services and delays to medical treatment and operations for cared for people; the non-viability of breaks from caring; increased caring role and increased caring hours; and a decrease in formal supports and care at home services. Loneliness, isolation, anxiety, loss of face-to-face emotional support, and difficulties around maintaining education, employment and income had a major impact on unpaid carers of all ages and backgrounds as a result.

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

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

**Living with COVID-19-19: How Edinburgh will contribute to the Outcomes**

<p>Living with COVID-19-19 National Outcome 1.1: “Carers feel confident and supported to protect themselves from COVID-19-19”</p>	<p>EJCS Priority</p>
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> <li>• Commit to support the national carer identification and registration system.</li> <li>• Continue the collective Carer Awareness Raising programme targeting all sectors.</li> <li>• Continue to ensure that accurate and up to date information is available to carers</li> <li>• Develop information in accessible formats to support carers to improve their wellbeing.</li> </ul>	<p>1,2,3</p>

<p>Living with COVID-19-19 National Outcome 1.2: “Carers and the people they care for feel supported and confident to re-engage with their communities”</p>	<p>EJCS Priority</p>
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> <li>• Work with providers to build confidence in the preparedness of their support.</li> </ul>	<p>2</p>

<ul style="list-style-type: none"> <li>• Commit to introduce specific prompts in the ACSP guidance around COVID-19 19.</li> <li>• Encourage all carer support providers to have the key aim of ensuring support for the ‘cared for’ person returns to and surpasses, pre-COVID-19 levels, using their wide network of community intelligence to optimise community engagement</li> <li>• Review provision of assisted transport and day support services for the cared-for and seek to ensure that these returns to pre-covid levels as a minimum or alternative services are put in place</li> </ul>	
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<p>Living with COVID-19-19 National Outcome 1.3: “Carers are supported to recover from the negative impacts of COVID-19-19”</p>	<p>EJCS Priority</p>
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> <li>• Continue to promote unpaid carers in Edinburgh being treated on a par with paid carers in relation to COVID-19 and treated as equal partners in care.</li> <li>• Commit to develop stronger links with Primary Care and public health information, on their developments, to support carers, and to optimise link worker availability.</li> <li>• Build on the EPiC and <i>Think Carer</i> training programme in the city as a key element of core training for Primary and Secondary Care Staff, and wider where possible.</li> <li>• Promote carer access to and awareness of self-directed support (policy/ information and advice).</li> <li>• Continue the offers of health and wellbeing supports to all carers and enhance those where possible.</li> <li>• Continue to have a focus on recovery support to all carers, this may be practical, physical, financial, social, or mental and emotional supports.</li> <li>• Consider all <i>Living With COVID-19</i> outcomes in the development of a Young Adult Carer Action Plan</li> </ul>	<p>3</p>

## National Theme 2 – Valuing, Recognising and Supporting Carers

### National Strategic Outcomes:

- Carers are recognised and their contribution is understood and valued by society.
- Carers' voices are heard and their views and experiences are taken into account in decisions which affect them.

### Organisational Outcomes

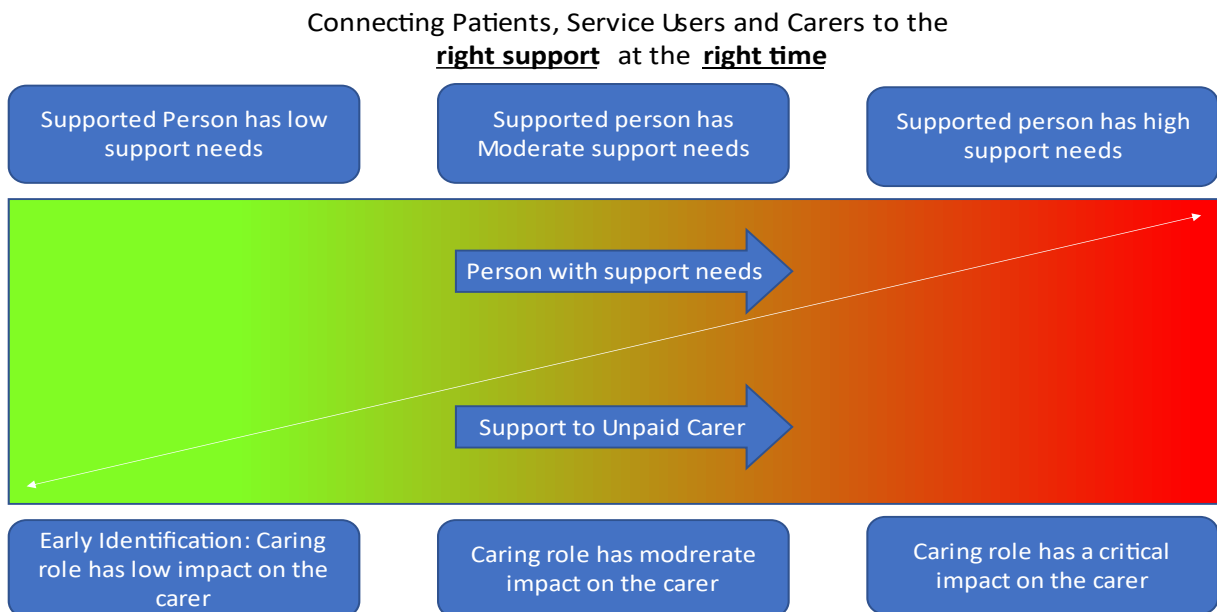
- Carers are identified as close to the start of their caring journey as possible and are connected to opportunities and support.
- Carers needs are understood within the system and it works better for their needs.
- Services and supports are designed and improved based on what carers tell us is important and their ongoing feedback.

### Personal Outcomes

- Carers feel welcomed, valued and listened to and heard as individuals.
- Carers have the capacity to engage and take action.

## 2.1 Recognising Carers

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



In Scotland, 15% of the population have a caring role.<sup>7</sup> Public recognition of carers' role as 'equal partners in care', early carer identification by practitioners, especially in Primary Care and Hospital Discharge settings<sup>8</sup>, and automatic referral to carer support agencies are critical pre-conditions for preventive support, good information and carer health, wellbeing and resilience.

Most carers can take years to recognise their role<sup>9</sup>. Over-reliance on self-identification all too often means that carers are not identified until they are struggling or in crisis when caring relationships are at risk of breaking down and when the situation places additional pressures on families, employers, health and social care and hospital systems.

Critical to a prevention approach and early carer support are the responsibilities of practitioners, such as GPs<sup>10</sup> and the evolving role of GP receptionists and wider Primary Care workers, front line health and social care staff and employers. They play a critical part in systematic identification of people with a caring role. It has been indicated that previous perceived barriers to identifying carers, such as lack of awareness, knowledge, time, and fears of breaching confidentiality<sup>11</sup> cannot be accepted as factors preventing systematic carer identification and referral for assessment.

The Carers (Scotland) Act 2016 requires practitioners in community and acute sectors to offer an Adult Carer Support Plan (ACSP) to any carer they identify, yet a 2019 Coalition report<sup>12</sup> suggests only 16% of carers surveyed knew about the legislation and the rights it provides. Slow implementation of the Act and the impact of the COVID-19-19 pandemic have exacerbated the situation. Service suspension and the redeployment of health and social care staff eroded many established carer referral pathways. This, combined with an estimated 400,000<sup>13</sup> carers taking on new caring roles during the pandemic, had a cumulative effect requiring urgent attention.

Extensive evidence from carers suggests that early identification leads to improved personal outcomes – particularly in their financial, emotional and social wellbeing. A 2016 Carers UK report<sup>14</sup> found 91% of carers missed out on financial or practical support (or both), as a result of not identifying as a carer, and carers responding to VOCAL's Carer Survey 2017<sup>15</sup> were more likely to report a positive outcome if they had accessed support.

Evidence also suggests parent carers, mental health carers and distance carers<sup>16</sup> take longer than average to identify their role. Additional barriers can be cultural or influenced by socio-economic factors, language, sexuality, dynamics of the caring relationship or nature of the caring role. People with less intense or 'stereotypical' caring roles; caring roles that increase over time or concerns about diminishing the independence of the person they care for by identifying as their carer<sup>17</sup> – are all factors which make carer identification a personal and complex issue. The term itself can also be problematic, with some feeling it can imply dependency, burden or even an obligation to care<sup>18</sup>.

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<sup>7</sup> Scottish Government Survey 2019-20; <https://www.gov.scot/publications/health-care-experience-survey-2019-20/pages/8/>

<sup>8</sup> <https://bmcfampract.biomedcentral.com/articles/10.1186/1471-2296-15-48>

<sup>9</sup> Carers UK, Missing out report; <https://www.carersuk.org/for-professionals/policy/policy-library/missing-out-the-identification-challenge>

<sup>10</sup> General practices contractually required to have protocol for carer identification; <https://bmcfampract.biomedcentral.com/articles/10.1186/1471-2296-15-48>

<sup>11</sup> [https://www.macmillan.org.uk/\\_images/doyoucarehelpinghealthprofessionalstoidentifyandsupportcarers\\_tcm9-271232.pdf](https://www.macmillan.org.uk/_images/doyoucarehelpinghealthprofessionalstoidentifyandsupportcarers_tcm9-271232.pdf)

<sup>12</sup> Coalition of Carers in Scotland 2019; [www.carersnet.org](http://www.carersnet.org)

<sup>13</sup> Carers UK. June 2020. <https://www.carersuk.org/news-and-campaigns/news/COVID-19-19-pandemic-392-000-become-unpaid-carers-in-scotland-in-a-matter-of-weeks>

<sup>14</sup> Carers UK, Missing out report; <https://www.carersuk.org/for-professionals/policy/policy-library/missing-out-the-identification-challenge>

<sup>15</sup> VOCAL 2017 survey; <https://www.vocal.org.uk/news/survey2017reports/>

<sup>16</sup> Carers UK, Missing out report; <https://www.carersuk.org/for-professionals/policy/policy-library/missing-out-the-identification-challenge>

<sup>17</sup> [Hidden caring, hidden carers?](#)

<sup>18</sup> Carers UK, Missing out report; <https://www.carersuk.org/for-professionals/policy/policy-library/missing-out-the-identification-challenge>

This diversity of caring situations and the significant increase in new carers during the pandemic, demands better awareness of what motivates carers to identify and seek support, and requires more systematic referral pathways and more informed and ambitious carer identification strategies. During the pandemic, the ‘Carer ID’ and vaccination letters, alongside the promotion of increased short breaks funding, encouraged record numbers of new carers to self-identify<sup>19</sup> – highlighting the value of incentivised self-identification<sup>20</sup>. Digital tools have transformed and underpinned services and support for carers over the last year. More carers are engaging with support digitally and there is greater expectation for seamless online experiences and quick access routes into support.

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

**Recognising Carers: How Edinburgh will contribute to the Outcomes**

Actions to Recognise Carers	EJCS Priority
<p>In Edinburgh, carers will be identified early in their caring role, and we will....</p> <p>(a) undertake a range of measures to aid carer self-identification:</p> <ul style="list-style-type: none"> <li>• Promote positive images of caring in the city in all local communities, with employers and through public and private sector agencies, to reach people of all ages and raise awareness of carers’ rights to support.</li> <li>• Promote self-referral.</li> <li>• Continue to identify, support and refer carers as part of hospital discharge planning.</li> <li>• Encourage all partners and carer support agencies to practice systematic carer identification and referral.</li> </ul> <p>(b) in partnership with third, private and educational sector agencies we will:</p> <ul style="list-style-type: none"> <li>• Continue to work in partnership with higher and further education establishments to support and identify carers.</li> <li>• Continue to develop links with employers to support and identify carers.</li> <li>• Work ever-more closely with Primary Care and GP receptionists to help identify carers.</li> <li>• Determine the best way to deliver <i>Think Carer</i> training to health, social care, education and private sectors to encourage early identification and onward referrals to supports and services</li> </ul> <p>(c) within the H&amp;SCP we will provide training for frontline staff to raise awareness that recognition and early intervention is integral to their roles, and they are clear about the duties and responsibilities in relation to the Carers Act and have a good awareness of the carer support team and wider support available</p>	1,2,5
<p>In Edinburgh, carers will be referred to support agencies early in their caring role and we will....</p>	2,3,5

<sup>19</sup> <https://www.vocal.org.uk/wp-content/uploads/2021/11/Edinburgh-Report-2021.pdf>

<sup>20</sup> NCO Scottish Election Manifesto 2021 calls for a new national carer card [nco-carers-manifesto-for-scottish-parliament-election-2021.pdf](https://www.nco.gov.uk/manifesto-for-scottish-parliament-election-2021.pdf)



(a) in partnership with health, social care, children, education, justice and partner agencies

- Reinforce the benefits of methodical carer identification at GP practices, health centres, and health and social points of contact.
- Strengthen referral pathways and establish more systematic carer referral by health and social care services to carer support agencies.
- Increase engagement from minority ethnic and migrant carers across mainstream carer supports so that who we support, better reflects our local communities<sup>21</sup>
- Strengthen referral pathways between all professionals involved in diagnosis and identification of children affected by disability and Carer Support services.
- Undertake a mapping exercise and establish follow-up actions to ensure parent carers are connected to carer supports

(b) in partnership with employers

- Work with employers in the city to develop carer identification and support, making use of Scotland's *Carer Positive* programme and Edinburgh's *Think Carer* training.
- Identify and support carers following referral from employers.
- Consolidate and expand the employers' network in the city.
- Strengthen referral pathways with *Carer Positive* employers.
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## 2.2 Valuing Carers

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

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

Planning partners will draw on carer needs and aspirations, as indicated by the reality of demand for support, and information provided through the adult carer support plans, and work with providers to analyse trends and directions for future support and service developments.

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

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

Planning partners will continue to commit to engage carer representatives and local carer organisations in planning for carers, including the Edinburgh Integrated Joint Board, associated committees, and planning fora emerging from health and social care reviews.

<sup>21</sup> <https://www.scotlandscensus.gov.uk/census-results/at-a-glance/ethnicity/>

## Valuing Carers: How Edinburgh will contribute to the Outcomes

Actions to value carers.	EJCS Priority
<p>In Edinburgh, carer policy and support will be evidenced by national and local data of carer need and we will....</p> <ul style="list-style-type: none"> <li>• Undertake a bi-annual survey of carers' needs, aspirations and satisfaction with health and social care supports, starting in 2023.</li> <li>• Include within the carer support planning, systematic recording of the carer's ability and willingness to care, with identified measures to complement the carer's contribution of care with additional care support, against their assessed need.</li> <li>• Embed Self-directed Support options in all carer conversations and care planning, increasing the number of unpaid carers each year to consider the SDS options, to support implementing new measures contained in Scottish Government Self-directed Support (SDS) Guidance.</li> </ul>	2,3,4,5,6
<p>In Edinburgh, evidence-based research will inform the development of carer support planning and we will....</p> <ul style="list-style-type: none"> <li>• From available data sources, including carer surveys and analysis of ACSP, identify the main areas and trends of unmet need, and invest available resources to enhance support in these areas.</li> <li>• Increase engagement from minority ethnic and migrant carers so that who we support, better reflects our local communities.</li> <li>• Encourage the carer focus and impact assessment on carers in wider areas of planning, including housing, transport, etc.</li> <li>• Work with City of Edinburgh Council to encourage 'Carer Positive' criteria to commissioned services.</li> </ul>	2
<p>In Edinburgh, carers are equal partners in care and carers will be represented on all strategic and service planning boards, committees and appropriate fora. We will also</p> <ul style="list-style-type: none"> <li>• Consider how carer representatives on the Edinburgh IJB and other committees can be better supported.</li> <li>• Consider how and where carers can be more visible and involved in strategic planning, and have their voices heard through community conversations</li> </ul>	2,3

### 2.3 Supporting Carers: Carer Health & Wellbeing

Improved carer health and wellbeing is a key outcome that will matter to many carers, and may be improved through receiving a range of supports, which may include timely information and advice, person-centred support, peer support and training, emotional support and counselling, and regular breaks from caring. This chapter sets out measures to continue to improve the Edinburgh offer to carers although it is recognised that carers' health may deteriorate for a number of reasons not related to their unpaid caring role.

## Information, advice and transitions

Carers seek different information at various stages in their caring journey, pre-diagnosis, following diagnosis and at times of change and transitions when choices needed to be made<sup>22</sup>. Transitions or changing circumstances can impact caring responsibilities and affect the wellbeing of adult carers, young adult carers, young carers or cared for people. Changing circumstances may be short or long term and relate to a number of factors, including age, moving on to high school, leaving school, adults becoming carers for their parents, death of a parent resulting in siblings becoming carers, carers moving into retirement, moving home, change of income, moving towards long term care or hospital, illness or caring for people with terminal conditions, etc. A carer's income and housing situation may also be impacted due to changes in circumstances of the cared for person, for example if the person goes into care or dies. Information and financial advice is a key priority of the Strategy.

For young carers and young adult carers, life beyond school can be a daunting prospect and this transitional change and the options for consideration can feel particularly overwhelming. Young carers and young adult carers have the same hopes as other young people; to have a voice, a social life, to be involved and to participate as active, included and valued citizens. Young carers and young adult carers often require additional support in the different areas of their lives, for example, moving from school to further education or employment, benefits, welfare and/or housing support.

The range of information carers seek is varied<sup>23</sup> and can include navigating complex health and social care systems: financial advice; legal advice (e.g., on employment or Power of Attorney); information on balancing education or employment with the caring role; re-entering employment; relationship changes, coping skills and managing challenging behaviour; on end-of-life care and other difficult areas of their lives.

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

Enabling carers to develop and implement a support plan to improve their personal outcomes and make caring more sustainable, the adult carer support plans and young carer statements have been in use in Edinburgh for some years, with the adult carer support plans having even wider implementation across agencies in 2023. This follows a series of developments, and testing of the plan, with carer agencies, and the national Carer Strategy being key to the finalisation of the document.

Evidence shows carers benefit from conversational, person centred, asset-based support to identify and achieve personal outcomes<sup>24</sup>. This approach has increasingly been practiced by many third sector agencies. Self-directed support brokerage, the three conversations model<sup>25</sup> and other innovative practices have been introduced in Edinburgh to promote more holistic approaches to carer support.

It is acknowledged however that it can often be challenging for the carer if the cared for person is not assessed as eligible for support.

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<sup>22</sup> [Training for Carers \(iriss.org.uk\)](http://iriss.org.uk)

<sup>23</sup> [Scotland's Carers - gov.scot \(www.gov.scot\)](http://www.gov.scot)

<sup>24</sup> Cook, A. and Miller, E. *Talking Points Personal Outcomes Approach: A practical guide for organisations*. Edinburgh, Joint Improvement Team. 2012. Available for download at: <http://www.ccpscotland.org/wp-content/uploads/2014/01/practical-guide-3-5-12.pdf>

<sup>25</sup> [Partners4Change home – Conversations that change lives](http://partners4change.org)

Carers report lack of support, feeling isolated, worried about their capacity to care and lack of time to focus on themselves<sup>26 27</sup>. Unsurprisingly, that many carers say caring adversely affects their health and wellbeing<sup>28 29</sup>. A 2016 study found carers had a considerably lower health and wellbeing score compared to the national average (18.9 compared to 23.6) with 20% considering themselves to have a mental health condition. More recent research shows this situation has further deteriorated<sup>30</sup> and carers have sought higher levels of emotional support and presented more complex situations.

Access to adequate replacement care for the cared-for person (so that carers are only providing the care that they are willing and able to provide) is intrinsically linked with a carer's own health and well-being. Despite investment to the replacement care budget through the Edinburgh carer spend plan over-stretched health and social care budgets, and the current national social care staffing crisis means that some carers are unable to access the replacement care they need to maintain their own health and wellbeing.

### **Training, learning and peer support**

Carers need accurate and timely information to plan, deliver and coordinate care and this has been well documented in research and policy for many years<sup>31</sup>. Early policy commitments are set out in the 'New Deal for Carers' in the 2006 White Paper 'Our health, our care, our say'<sup>32</sup>, which committed to a national carer training programme 'Confidence in Caring'<sup>33</sup>.

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

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

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

Carers regularly report how much they value opportunities to meet and hear from other carers. Peer support helps reduce the sense of isolation many carers face in their caring role and encourages peer to peer support, with evidence of powerful benefits<sup>34</sup>.

### **Emotional support**

The emotional impact of caring for a close relative or friend – child, adult or older person, often with various levels of disability – is well documented, internationally and in the UK: Caring often leads to social isolation, changing relationships, feelings of guilt and loss, distress and a sense

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<sup>26</sup> [The Health and Wellbeing of Unpaid Carers - Carers UK](#)

<sup>27</sup> [Scotland's Carers - gov.scot \(www.gov.scot\)](#)

<sup>28</sup> [Who cares for the carer? The often forgotten patient | Australian Family Physician \(informat.org\);](#)

<sup>29</sup> [2020 Vision: Hear Me, See Me, Support Me and don't Forget Me. - Resources - Carers Trust](#)

<sup>30</sup> <https://www.carersuk.org/news-and-campaigns/campaigns/caring-behind-closed-doors>

<sup>31</sup> [www.carersuk.org/images/News\\_and\\_campaigns/Behind\\_Closed\\_Doors\\_2020/Caring\\_behind\\_closed\\_doors\\_Oct20.pdf](https://www.carersuk.org/images/News_and_campaigns/Behind_Closed_Doors_2020/Caring_behind_closed_doors_Oct20.pdf)

<sup>32</sup> [Meeting carers' information needs | Carer Research and Knowledge Exchange Network \(CAREN\) \(open.ac.uk\).](#)

<sup>33</sup> [Our health, our care, our say: a new direction for community services - GOV.UK \(www.gov.uk\)](#)

<sup>34</sup> [Caring with confidence: new programme for carers - Carers UK](#)

<sup>34</sup> [Understanding the impact of peer support | Nesta](#)

of being overwhelmed. All can contribute to despair, hopelessness, anger or resentment of the situation.<sup>35, 36, 37, 38,</sup>

The 2019 State of Caring report by Carers UK (pre-COVID-19) found that, in pre pandemic conditions, nearly two thirds of carers (63%) were feeling more stressed because of their caring role and 55% reported that it had an impact on their health and wellbeing. 27% of carers reported 'bad' or 'very bad' mental health. The survey also revealed that 93% of carers reported feeling lonely and isolated because of their caring role. The 2019 report went on to highlight that carers are seven times more likely to say they are always or often lonely compared with the general population. This research report also evidenced carers experiencing levels of anxiety nearly twice as high as the general population.

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

VOCAL's 2017 survey (reporting base 915 carers) highlighted the increased importance carers place on counselling: 29% found emotional support and counselling to be one the most useful services. 59% of carers reported "being a carer has made my health worse", with 49% of carers reporting that they had experienced depression since becoming a carer. The 2021 survey<sup>39</sup> further shows how the loss of support services and breaks from caring increased the sense of isolation, the impact on their emotional and mental wellbeing and significantly increased levels of stress, worry and helplessness.

## Digital Support

The restrictions due to COVID-19, advancements in technology and cultural shift have led to an ever-increasing reliance on digital technology. The important role which digital access plays in maintaining health and wellbeing is well recognised and the negative consequences of being digitally excluded are worse than ever. It is therefore important that encouragement and assistance is provided to those who need help in making the transition to the use of digital technology, or that non-digital service provision is provided where required and appropriate.

## Supporting Carers: How Edinburgh will contribute to the National Outcomes

Actions to Support Carers.	EJCS Priority
<p>In Edinburgh, carers health and wellbeing are supported throughout their caring journey, and we will....</p> <ul style="list-style-type: none"> <li>• Work, through the variety of improvement and service development plans to ensure appropriate and adequate services are in place for cared for person to enable carers to only provide the care that they are willing and able to do, through replacement care.</li> <li>• Encourage City of Edinburgh Council, as part of their overarching commissioning principles, to include carer positive criteria to encourage organisations to demonstrate</li> </ul>	2,3,4,5,6

<sup>35</sup> The Impact of Caring on Family Carers. OECD 2011. <http://www.oecd.org/els/health-systems/47884865.pdf>

<sup>36</sup> Psychological Distress in Carers of People with Mental Disorders. BJMP 2011. <http://www.bjmp.org/content/psychological-distress-carers-people-mental-disorders>

<sup>37</sup> State of Caring. Carers UK 2019.

<sup>38</sup> The experiences of therapy from the perspectives of carers of people with dementia: An exploratory study. Ruth Elvish, Rosanne Cawley & John Keady. 2013. <http://www.tandfonline.com/doi/pdf/10.1080/14733145.2013.768284>

<sup>39</sup> <https://www.vocal.org.uk/news/carer-survey-2021/>

<p>that they have flexible working contracts for their employees who may have an unpaid caring role.</p> <ul style="list-style-type: none"> <li>• Refer carers who experience barriers to digital inclusion, to organisations who can assist to remove those barriers.</li> <li>• Consider the transition pathway for young/ adult/young adult carers and use findings to make improvements and support carers to plan successful transitions and change at all life junctions.</li> </ul>	
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<p>In Edinburgh, we want carers to report improved health and wellbeing and we will....</p> <ul style="list-style-type: none"> <li>• Progress with the carer outcomes measurement framework developments.</li> <li>• Continue to collect data on commissioned carer contracts.</li> <li>• Include findings from the wider Carer Landscape in Edinburgh Action Research (CLEAR) to inform reports.</li> <li>• Support the carer census data collection exercise and learn from findings in this area.</li> <li>• Report upon data drawn from outcome focussed adult carer support plans.</li> <li>• Continue work to increase access to health and wellbeing services and support for carers across all agencies, within available resources.</li> <li>• Consider all <i>Valuing, Recognising and Supporting Carers</i> outcomes in the development of a Young Adult Carer Action Plan</li> </ul>	2,3
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### National Theme 3 – Health & Social Care Support

<p><b>National Strategic Outcomes:</b></p> <ul style="list-style-type: none"> <li>• People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on the own health and wellbeing. (National Health and Wellbeing outcome 6)</li> </ul> <p><b>Organisational Outcomes</b></p> <ul style="list-style-type: none"> <li>• Carers are supported to look after their own physical, mental, emotional and social wellbeing.</li> <li>• Carers are supported to have a life outside and/or alongside their caring role.</li> </ul> <p><b>Personal Outcomes</b></p> <ul style="list-style-type: none"> <li>• Carers feel listened to and heard as individuals.</li> <li>• Carers feel well supported throughout their caring journey.</li> <li>• Carers feel safe, rested and recharged.</li> <li>• Carers feel that they have choice and control over their services and supports.</li> <li>• Carers feel supported to maintain their caring relationships and sustain their caring role.</li> <li>• Carers build relationships with and gain peer support from other carers and families.</li> <li>• Carers access the right supports at the right time, including taking breaks from their caring role.</li> <li>• Carers report improved physical and mental wellbeing.</li> <li>• Carers report improved social participation and wellbeing.</li> </ul>
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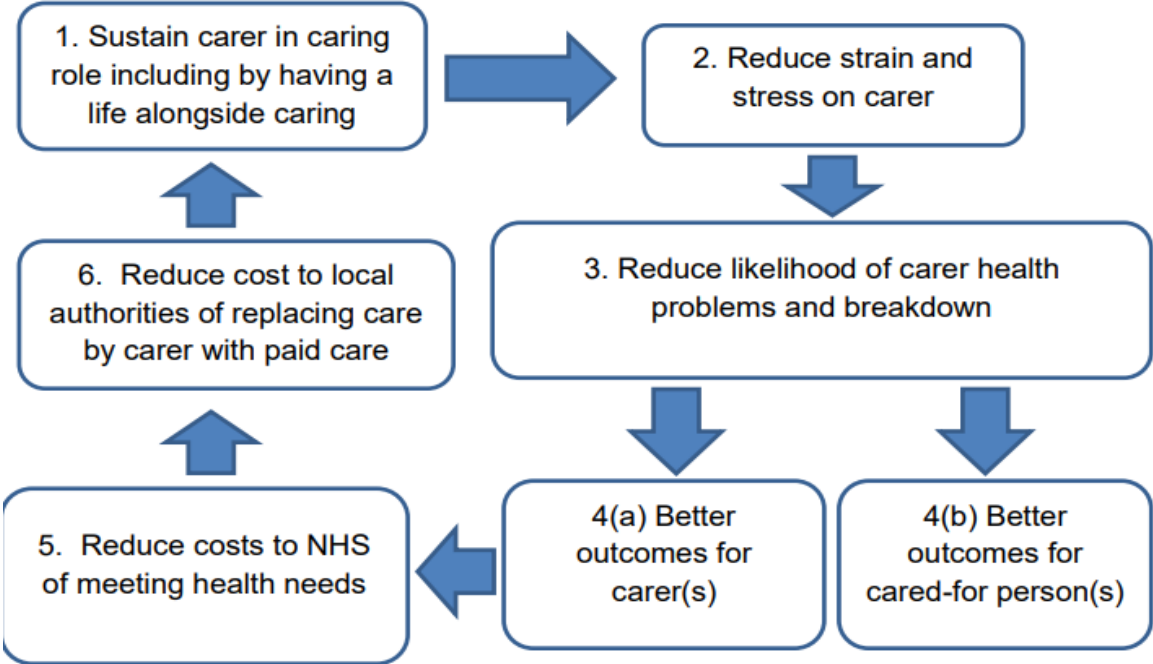
This refreshed carer strategy is primarily intended to take the requirements stipulated in The Act and to translate these into local plans of action. In Edinburgh, this strategy should also be used to inform how other public services are planned for and delivered, thus taking a more holistic view around carer support. This will be important in areas of strategic and operational development currently underway in Edinburgh, emerging from inspection improvement and development plans, service reviews, and strategic capacity and demand work, ensuring carer support is embedded in the fabric of the city. The National Carer Strategy helpfully indicates synergy with various parallel National Strategies and associated actions, which will also encourage a carer focus across all these associated areas, including:

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

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

Across Scotland approximately 1 in 5 of the population have a caring role whose dedication and hard work is reported to save local authorities in the region of c.£10.8bn per year<sup>40</sup>. Unpaid Carers therefore play a significant role not only in the support of people with health and social care needs, but in preventing or delaying the need for costly packages of care to be introduced.

Demands and pressures on our Health and Social Care system are projected to increase significantly in coming years<sup>41</sup>, and the impact in Edinburgh has been highlighted through the Edinburgh Joint Integration Board. Against a backdrop of an ageing population and challenging financial circumstances, directing the right support to carers at the right time will be critical in preventing carers and families from reaching crisis point. This will also ensure the health and social care system continues to deliver support to those with the highest need for it. The need therefore to establish what support a carer needs, if they are to feel able and willing to continue in their caring role, is an imperative now and for the future. The benefits associated with sustaining unpaid carers in their caring roles, including having a life alongside caring, is indicated below:



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

*“The Act<sup>42</sup> aims to ensure carers have choice and control and can access preventative support to protect their wellbeing and keep caring situations manageable. It puts in place a system of carers’ rights designed to listen to carers; expand and transform carer support; and prevent*

<sup>40</sup> [Improved support for Scotland’s unpaid carers - gov.scot \(www.gov.scot\)](http://www.gov.scot)

<sup>41</sup> <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/pages/2/>

<sup>42</sup> [Carers \(Scotland\) Act 2016 \(legislation.gov.uk\)](http://legislation.gov.uk)



*problems – helping sustain caring relationships and protect carers’ health and wellbeing”. – National Carer Strategy*

A central tenet of The Act, through the Carers Charter<sup>43</sup> was the introduction of the carer’s right to an **Adult Carer Support Plan (ACSP)** or, in the case of Young Carers, a Young Carer Statement (YCS) (appendices 4-10). These key plans, designed to be **preventative** in nature and implemented at a local level, are used to capture what is important to carers, such as feeling more skilled in their caring role, or having a life outside of their caring role. The conversations that flow from these provide an opportunity for the carer to explain how their situation affects them; to be supported to identify their **personal outcomes**, and to feel supported towards these as they continue in their caring role. The Act also stipulates that these plans must help a carer to consider:

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

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

The development of **Local Carer Strategies** was also highlighted as a duty for Local Integration Authorities across Scotland. Edinburgh launched their 3-year [Joint Carer Strategy](#) in mid-2019. The developments, initiatives and collaborations flowing from this shall continue to be built upon and improved through this refreshed version.

Accompanying the Act at the point of its production, was the National Plan<sup>44</sup>. This covers six key priorities and includes:

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

Since the Act was introduced in 2018, the Local Integration Authorities across Scotland, and in Edinburgh, have worked to take forward these developments. It is critical in these early stages, and in a post-pandemic era, to consider just how effective these strategies are, and how well carers are supported as a result of them.

Actions around the Carers Act	EJCS Priority
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<sup>43</sup> [Carers' charter: Your rights as an adult carer or young carer in Scotland \(www.gov.scot\)](http://www.gov.scot)

<sup>44</sup> [Carers+Act+Post-Implementation+Plan+-+Final.pdf \(www.gov.scot\)](#)

<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> <li>• Continue to align with the 6 key priorities detailed in the National Plan for implementing the Carers Act</li> <li>• Work collaboratively to determine best uses of available funds to further the positive impacts to carers through Carer’s Act implementation.</li> <li>• Build upon the progress made through the 2019-2022 Edinburgh Joint Carer Strategy</li> <li>• Make the case for extending the lifespan of the Edinburgh Joint Carer Strategy, particularly if there are no new major drivers.</li> </ul>	1-6
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<p>In Edinburgh we will continue to support improvements in the data collected to demonstrate impact for carers, including:</p> <ul style="list-style-type: none"> <li>• Work to improve carer awareness and importance of the Carer Census, to assist in informing the needs of carers.</li> <li>• Take on and incorporate support and advice provided from national bodies around improving data gathering exercises.</li> <li>• Build upon previous experiences of data gathering returns across the carer support landscape: commissioned and statutory provision and wider carer landscape, and use this to inform future developments.</li> <li>• Continue with developments around the measurement of carer outcome framework and subsequent application.</li> </ul>	1-6
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### 3.2 Short Breaks and Breaks from Caring

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

Short Breaks and Breaks from Caring are an integral part of this strategy refresh to ensure that we meet the key guidance within the Carers Act (Scotland)<sup>45</sup>, the National Carers Strategy and most importantly the needs of local carers in Edinburgh in relation to getting a break from caring.

As indicated in the COVID-19- section above, it is acknowledged that carers have been significantly affected by reduced access to short breaks and breaks form caring, with key shorter and longer term impacts being articulated.

It is acknowledged that the term ‘Respite’ is often used to describe a break from something which is unpleasant. Most carers and partners therefore feel that the term ‘respite’ is negative and is often associated with institutional services or emergency situations. ‘Short Breaks’ is a more positive, broader and inclusive term and captures the flexibility and creativity that carers

<sup>45</sup> <https://www.gov.scot/publications/carers-scotland-act-2016-statutory-guidance-updated-july-2021/>

have told us matters to them and will replace the term 'respite.' Short breaks and breaks from caring also supports the promoting variety<sup>46</sup> approach being adopted across Scotland.

Edinburgh Voluntary Organisations' Council (EVOC), carried out a review of support with travel and respite for adults with disabilities or additional support needs and those that care for them, published in December 2021<sup>47</sup>

Two surveys were carried out:

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

Initial conclusions from these include:

- The number of people accessing day support five days per week has dropped by just over 50% since the start of the pandemic.
- There has been a significant increase in the number of people providing their own transport to day support or respite services, compared to a significant decrease in people travelling by minibus or sharing transport – both of which were of course not possible in many cases due to COVID-19 safety issues.
- The way in which decisions regarding service changes were communicated was variable, as was the pattern of negotiating to resume services i.e., in many cases this required an assessment for a service that had been provided prior to the pandemic.
- While 40% of respondents reported no change to respite arrangements, 23% said the service had been reduced, and 28% said it had not been available at all since the pandemic.

This highlights some of the key areas for ongoing development in the provision of short breaks and breaks from caring.

By taking a preventative and innovative approach we will develop a Short Breaks Implementation Plan, incorporating key aspects associated with the EHSCP *Supporting Adult Carers and Caring Relationships* Policy. This policy was developed with partners and carers, ensuring the key purpose of a 'break from caring/short break' continues to be to support carers to have a life outside of, and/or alongside of their caring role. The key foci should continue to be helping to support unpaid carer health and wellbeing, sustain their ability to continue in their caring role as long as they are willing and able to do so, and support breaks planned around what is important in their life and improve their personal outcomes.

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<sup>46</sup> [Promoting variety | Shared Care Scotland](#)

<sup>47</sup> <https://www.evoc.org.uk/wordpress/wp-content/media/2021/12/Getting-About-Getting-A-Break-Phase-1-DEC-2021.pdf>

We will undertake to extend, and update any new statutory requirements associated with the Edinburgh [Short Break Services Statement](#) 2019, the purpose of which is, and will continue to be, to provide information to carers and cared for people so that they:

- Know they can have a break in a range of ways
- Are informed about short breaks that are available
- Have choice in the support they access, and are able to optimise self-directed support options
- Can identify what a short break means for them, and how they can be supported to meet their needs and achieve their personal outcomes and more.

The range of ways (not exhaustive), in which a carer can have a short break may

- Take place during the day, evening or overnight
- Be for short or extended periods
- Involve the person with support needs having a break away from home allowing the carer time for themselves in their own home
- Enable the carer to have a break away from caring, and the home if needed, by temporarily providing replacement care, or other support as indicated
- Allow the carer and the cared for person/family to have breaks together
- Enable the carer to have a break from caring with a group of their peers
- Provide a range of supported and bespoke break options for groups of carers with or without their cared for person

The Short Breaks Implementation Plan will seek to build caring relationships, and collaborations between partners to promote and expand a variety of short breaks and breaks from caring and optimise availability across partner agencies. The plan will also recognise that carers may often require a significant level of support prior to, during and post the short break.

Work through the current contracts and early learning from the Promoting Variety work within Edinburgh, has identified joint working partnerships, development of bespoke break options for carers and expansion of offers that include the carer and the cared for person sharing breaks, safely, securely and in a supported manner. Short breaks are not one size fits all, and we will aim to have a portfolio of offers and approaches and will seek to develop these over the life of this strategy.

Edinburgh carers who are in the most complex and challenging caring roles may experience significant gaps in break options or replacement care for their cared for person. This can result in these carers not being able to access the expanded service offers and provision in the city for themselves because they cannot safely leave the cared for person unattended.

Befriending Services and Sitter Services that can cater for people with high level care needs would be valued, particularly to support the unpaid carer to get a break. Carers also tell us that overnight services that can cater for people with high level care needs in their own home to enable the carer to get a break away from the home environment is not available or affordable.

Opportunities will be identified for services to be developed to provide high quality short breaks to meet carers strategic and personal outcomes. Options around Short Breaks Brokerage will be explored and developed, supporting carers to have an outcomes focused plan, increased

knowledge and support to access more short break opportunities and to therefore have a more balanced life alongside or outside of their caring role.

Actions about breaks from caring	EJCS Priority
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> <li>• Encourage engagement in national conversations about the introduction of a statutory right to breaks from caring.</li> <li>• Respond to any resulting statutory changes, through proactive preparation by the Carer Strategic Partnership Group to ensure compliance.</li> <li>• Seek to extend the Short Breaks Statement, and refresh with any new statutory requirements indicated</li> <li>• Continue meeting the key guidance within the Carers Act (Scotland) and the National Carers Strategy.</li> <li>• Commit to continue to support the recommendations of the Independent Review of Adult Social Care, and other Inspection and Review Reports.</li> </ul>	2,3,4,5,6

<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> <li>• Continue to take a preventative, innovative, long-term &amp; sustainable approach to Short Breaks and breaks from caring.</li> <li>• Continue to build upon Short Breaks and Breaks from Caring options to promote variety and choice, which will be detailed in the Short Breaks implementation Plan</li> <li>• Develop the Short Breaks Implementation Plan, incorporating the key aspects of the <i>Supporting Adult Carers and Caring Relationships</i> Policy, and national guidance to consider collaboration; promotion of variety; sustainable group options; optimisation of SDS options; explore short breaks brokerage model, to ensure a range of opportunities are available to meet a variety of complex needs</li> <li>• Increase involvement of all adult carers in proposed developments around short breaks and breaks from caring.</li> <li>• Seek to better understand the barriers to flexible short breaks and breaks from caring for all carers.</li> </ul>	3,4,5,6
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**3.3 Self-Directed Support**

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

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

The Social Care (Self-directed Support) (Scotland) Act 2013<sup>48</sup> requires local authorities to offer people who are eligible for social care a range of choices over how they receive their support. The option of how the supported person’s funded support should be arranged, will therefore be discussed with both the carer (of any age or background), and the supported person in a way they can understand, through the involved professional Social Worker or Occupational Therapist. Information on the 4 SDS options will be presented and collectively, a decision on the best route shall be reached. The options are:

- Option 1: A Direct Payment (DP), which gives you the most choice and control over your care and support.
- Option 2: An Individual Service Fund (ISF) where a service, registered as an ISF provider, manages a Direct Payment on your behalf
- Option 3: A direct service where your care and support are fully arranged by the involved Social Worker or Occupational Therapist
- Option 4: Simply a combination of any of the three options above.

By being involved in these decisions, the carer can ensure the support can fit around their caring role more easily and lead to them finding a better balance around their work, relationships, and personal life. However, SDS has not been implemented as fully and widely as was the expectation. For this reason, work at a National Level has been completed, resulting in SDS Framework of Standards<sup>49</sup> designed with Carers and supported people’s outcomes at the centre ensuring the key aspects of the SDS Act are fully implemented. It was recognised that much positive work has been done however there is still more to be done.

The [Self-directed Support \(SDS\) Improvement Plan 2023-2027](#) was therefore developed and published in June 2023 and aims to take a whole system approach to the improvement of SDS, recognising that delivery partners across statutory, third and independent sectors all play an essential role in SDS improvement. The SDS Improvement Plan 2023 – 2027 sets out the priorities to drive forward improvement in Self-directed Support over the next few years. The plan recognizes that Self-directed Support should be the way that social care support is delivered for adults, children and young people, families and carers.

Actions about self-directed support (SDS)	EJCS Priority
In Edinburgh we will... <ul style="list-style-type: none"> <li>• Continue to develop and implement local eligibility criteria.</li> <li>• Continue involvement in work underway around SDS implementation, taking into consideration the latest national SDS improvement<sup>50</sup></li> </ul>	1,2,6

<sup>48</sup> [Social Care \(Self-directed Support\) \(Scotland\) Act 2013: statutory guidance - gov.scot \(www.gov.scot\)](#)  
<sup>49</sup> <https://www.gov.scot/publications/self-directed-support-framework-standards-including-practice-statements-core-components/>  
<sup>50</sup> <https://www.sdsscotland.org.uk/sds-improvement-plan-2023-2027/>

<ul style="list-style-type: none"> <li>• Continue to develop referral routes to carer groups for those involved in assigning SDS budgets.</li> <li>• Continue to promote the principle of carer involvement in SDS spending decisions.</li> <li>• Support the implementation of the SDS framework of standards and the Self-directed Support (SDS) Improvement Plan.</li> </ul>	
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<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> <li>• Identify where the barriers to SDS flexibility exist and seek ways to minimise or eliminate these and encourage use of funds as fully as possible within legal parameters.</li> <li>• Communicate the circumstances whereby SDS budgets may not be used.</li> <li>• Work with partners to produce a comprehensive menu of SDS examples to help carers and practitioners to decide what form the right support may take.</li> </ul>	2,3,6
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<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> <li>• Continue to engage with, input to, and learn from national conversations around the challenges of SDS implementation.</li> <li>• Through those national conversation, create links with local Scottish Government funded SDS carer projects to ensure joined up communications, planning and development.</li> </ul>	6
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### 3.4 National Care Service

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

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

## National Care Service: How Edinburgh will contribute to the Outcomes

Actions about the National Care Service	EJCS Priority
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> <li>• Work with National Carer organisations to understand and make provision for the NCS at the appropriate time.</li> <li>• Respond as a health and social care partnership and integration authority in ways dictated by incoming legislation.</li> <li>• Continue to raise the profile of carers to Scottish Government and policy makers</li> </ul>	1-6
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> <li>• Revisit our Local Eligibility framework once NCS guidance around this is published, and where possible meet identified needs.</li> </ul>	1-6

### **3.5 Carers, Hospitals & Healthcare**

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

- Identification of carers
- Connecting carers to opportunities and support
- Social prescribing
- Healthcare-located carer support, such as, contact with outreach workers, welfare and benefits, counselling, and emotional support.
- Working alongside the Discharge Without Delay programme. This programme is being piloted in Edinburgh from 2022, to support speedy discharge from hospital for those patients who no longer have a clinical requirement to be there. This model will depend on unpaid carers to be partners at every stage to ensure success. The Hospital Discharge Carer Support Team (HDCST) are already involved in this multi-discipline programme, and it is envisaged that the Edinburgh Carer Strategic Partnership Group (ECSPG) will also have a role.
- Exploring how the carer support organisations/teams/services will exploring closer working with the Marie Curie Caring for Someone at Home - End of Life at Home, Hospice or Hospital – Learning from Lived Experience Project. Identifying the gaps and resources needed to support carers and families to have more choices around End-of-Life care at home.
- Advocacy
- Access to fast tracked ACSP and YCS



## Carers, Hospitals & Healthcare: How Edinburgh will contribute to the Outcomes

Actions about breaks from caring.	EJCS Priority
<p>In Edinburgh we will...</p> <ul style="list-style-type: none"> <li>• Determine how key messages about unpaid carers can become embedded within health and social care access teams to encourage flexible health and social care appointments.</li> <li>• Continue with development of a Short Breaks Implementation Plan incorporating the key aspects of the <i>Supporting Adult Carers and Caring Relationships</i> Policy, and national guidance to consider collaboration; promotion of variety; sustainable group options; optimisation of SDS options; explore short breaks brokerage model, to ensure a range of opportunities are available to meet a variety of complex needs</li> <li>• Work with a range of volunteer networks across Edinburgh to optimise opportunities for volunteers to engage with carers to allow them to have short breaks from caring that enable carers to access health appointments.</li> </ul>	3,6
<p>In Edinburgh we will...</p> <ul style="list-style-type: none"> <li>• Encourage work to influence patient visiting policy and ensure there is a carer representative involved in consultation around future visiting policies.</li> </ul>	2,3,5,6
<p>In Edinburgh we will...</p> <ul style="list-style-type: none"> <li>• Ensure there is consideration about the role of the Hospital Discharge Carer Support workers, and the value this will bring to the Discharge Without Delay programme roll out to raise the profile of carers of all ages and background, and to encourage that carers are routinely and meaningfully involved in discharge planning, wherever possible.</li> </ul>	2,3,5,6
<p>In Edinburgh we will...</p> <ul style="list-style-type: none"> <li>• Seek to include key members of existing multi-disciplinary teams, across the whole system, and provide them with the opportunity to contribute Carer Strategic Partnership Group developments, where appropriate</li> </ul>	2,6
<p>In Edinburgh we will...</p> <ul style="list-style-type: none"> <li>• Strengthen work with Primary Care across the city, ensuring the key priorities for carers are focussed upon.</li> <li>• progress the expansion of the EHSCP Hospital Discharge Carer Support team, within available resources to enhance presence across Edinburgh hospital sites.</li> </ul>	1,2,3,6
<p>In Edinburgh we will...</p>	2,3,5

- Work with colleagues across programmes, to raise the profile of unpaid carers and encourage optimisation of available programme resources to support carers to meet their outcomes.
- Consider all *Health & Social Care Support* outcomes in the development of a Young Adult Carer Action Plan

#### 4. National Theme 4 - Social & Financial Inclusion

##### **National Strategic Outcomes:**

- That the social and economic contribution, impacts and scale of caring are recognised, understood and reflected in local and national policy making across all areas.
- Carers are able to access the financial support and assistance to which they are entitled.
- Carers are able to take up or maintain employment and education alongside caring if they wish to do so.
- Carers can participate in and are valued by their community and wider society.

##### **Organisational Outcomes**

- Carers know how to connect to information and advice.
- Carers are well informed about their rights and how to access support.
- Carers report economic wellbeing.
- Carers are better supported at work and better able to manage.
- Employers have knowledge of what it takes to be a carer aware employer and how to improve.
- Employers develop better policies to support carers and commit to further support.

##### **Personal Outcomes**

- Carers understand their rights and how to access support, information and advice.
- Carers report economic wellbeing.
- Carers have access to the replacement care that they need, to enable them to work and have meaningful social connections.
- Carers feel heard and understood by their employer.
- Carers report they are supported towards work and in employment.

Caring can have a dramatic impact on personal finances as highlighted in many studies. Poverty disproportionately affects households where someone is disabled. Nearly half of all individuals in poverty live in such a household and a quarter of unpaid carers live in poverty<sup>51</sup>.

Poverty is more likely to affect carer finances where carers reduce paid employment to provide care to another person. An estimated 600 carers a day gave up work across the UK to look after someone, prior to the pandemic<sup>52</sup>. Evidence also shows increasing in-work poverty rates, with dramatic increases in households with children – seven in ten children in poverty are now in a working family in the UK<sup>53</sup>.

<sup>51</sup><https://www.jrf.org.uk/report/uk-poverty-2019-20>

<sup>52</sup><https://www.theguardian.com/money/2020/feb/29/carers-financial-pressures-supporting-loved-ones>

<sup>53</sup><https://www.jrf.org.uk/report/uk-poverty-2019-20>

Female carers are disproportionately affected by poverty as are younger adult carers, with nearly four in ten younger female carers living in poverty compared to just over one in four young male carers. Carers who have been caring for an extended period are more likely to experience financial difficulties. Just two in five of those caring for more than 15 years could afford to pay their bills without struggling financially compared with three in five (62%) of carers in their first year<sup>54</sup>. Caring can also have a negative impact on household income, particularly where carers give up paid work<sup>55</sup>.

The impact of COVID-19 has further worsened many carers' financial situation, with as many as 106,000 unpaid carers in the UK having relied on a food bank during the pandemic (twice as likely as the general public to have used a food bank)<sup>56</sup>. This research found that younger adult carers (aged 17-30) were more likely to live in a household that experienced hunger than carers aged 66 or older.

In 2020, the UK economy contracted by 9.9% - the largest ever recorded drop<sup>57</sup>, with benefit claims increasing by 113.2%<sup>58</sup>. The Edinburgh Poverty Commission<sup>59</sup> highlights the significant rise and threat of poverty. The report finds that poverty is widespread across the city and is not limited to those living in 'deprived area', with two-thirds of the people in poverty in Edinburgh **not** living in those areas commonly considered as 'deprived'. Very often these families will be affected by physical and mental health burdens related directly to the poverty they experience. The report also finds that carers are one of the groups of people more likely to be living in poverty than others in the city. The report identified six areas for action – fair work, a decent home, income security, opportunities to progress, connections, health and wellbeing and notes that the single biggest transformation Edinburgh could achieve to help end poverty would be to make the experience of seeking help less painful, less complex, more humane, and more compassionate.

## Carer employment

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

The 2021 Carer VOCAL Carer survey produced further evidence that poverty risks had worsened: Of 826 carer respondents in Edinburgh 33% had stopped working (up from 27% in 2017); 30% had reduced their hours of work (up from 27% in 2017); 23% had lost NI or pension contributions as a result of giving up work (against 13% in 2017); 15% of had been forced to borrow money and 7% had been forced to use food banks.<sup>60</sup>

In 2017, almost half of respondents agreed with the statement: *'Being a carer has made money and finances more difficult'*, this increased in the 2021 survey to over 50%. Over one third of carers report that they use some of their own finances to pay for care.

Talking about finances is not straightforward, with 40% of respondents in 2017 and 39% in 2021 expressing difficulties talking about how caring affects them financially. This highlights

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<sup>54</sup> [https://www.carersuk.org/images/News\\_and\\_campaigns/Carers\\_Rights\\_Day/CUK-Carers-Rights-Day-Research-Report-2018-WEB.PDF](https://www.carersuk.org/images/News_and_campaigns/Carers_Rights_Day/CUK-Carers-Rights-Day-Research-Report-2018-WEB.PDF)

<sup>55</sup> [Caring & Family Finances Inquiry: UK report - Carers UK](https://www.carersuk.org/images/News_and_campaigns/Carers_Rights_Day/CUK-Carers-Rights-Day-Research-Report-2018-WEB.PDF)

<sup>56</sup> <https://www.birmingham.ac.uk/news/2020/unpaid-carers-going-hungry-during-COVID-19-lockdown-says-study>

<sup>57</sup> [UK economy suffered record annual slump in 2020 - BBC News](https://www.bbc.com/news/business-55844444)

<sup>58</sup> [The UK's COVID-19 unemployment crisis in six charts | Business | The Guardian](https://www.theguardian.com/business/2020/sep/16/the-uk-s-covid-19-unemployment-crisis-in-six-charts)

<sup>59</sup> [20200930 EPC FinalReport AJustCapital.pdf \(edinburghpovertycommission.org.uk\)](https://www.edinburghpovertycommission.org.uk/20200930-EPC-FinalReport-AJustCapital.pdf)

<sup>60</sup> <https://www.vocal.org.uk/wp-content/uploads/2021/11/Edinburgh-Report-2021.pdf>

the need for carer support staff to be adept at sensitively opening conversations regarding finances.

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

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

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

The impact of the current cost of living crisis has been well documented. Citizens Advice research confirms that more people than ever will seek access to advice, information and additional supports. *'More people will be hitting crisis point'*<sup>61</sup>

Carers UK research confirms that unpaid carers are now facing unprecedented financial challenges in light of the UK's cost of living crisis<sup>62</sup>. *'Thousands of carers are now having to make extremely difficult choices about whether they eat or heat their homes. Many cannot afford both. Others are having to get into debt to manage their living costs or are turning to foodbanks and other means of support to cope.'*

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

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

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

Across 2021-22, Fair, The Action Group and VOCAL (whose advice services assist carers and people with disabilities) generated over £2,850,000 of income through various sources for Edinburgh households.

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<sup>61</sup> <https://wearecitizensadvice.org.uk/our-new-cost-of-living-dashboard-the-crisis-were-seeing-unfold-aac74fb98713>

<sup>62</sup> <https://www.carersuk.org/for-professionals/policy/policy-library/under-pressure-caring-and-the-cost-of-living-crisis>

## Social & Financial Inclusion: How Edinburgh will contribute to the Outcomes

Actions about Social and Financial Inclusion	EJCS Priority
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> <li>• Influence the training of practitioners and carer support staff to embed conversations about financial wellbeing, in all carer conversations, Adult Carer Support planning and young carer statements, so that carers are connected to appropriate income maximisation and debt advice supports</li> </ul>	1,2,3,6
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> <li>• Extend the focus on identifying and supporting all carers to advice and support agencies across the city – e.g., food banks; food initiatives, housing agencies, housing associations – in line with current policy.</li> <li>• Through providers, raise carers awareness of their rights to financial support under existing and new Social Security Scotland benefits, regardless of their age.</li> <li>• Support ethnic minority adult parent carers of disabled children and provide holistic advice and support and welfare rights advice and representation.</li> <li>• Provide casework support, advice and information for minority ethnic carers.</li> <li>• Support carers through Adult Carer Support Plans to engage in future planning and refer to specialist Power Of Attorney, legal and guardianship support.</li> </ul>	1,2,3,5
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> <li>• Highlight the importance of income maximisation adviser role to help address cost of living crisis and raise awareness about particular issues carers may face.</li> <li>• Consider how developments around replacement care may help all adult carers maintain and re-enter paid employment and have meaningful social connections.</li> <li>• Encourage City of Edinburgh Council, as part of their overarching commissioning principles, to include carer positive criteria to encourage organisations to demonstrate that they have flexible working contracts for their employees who may have an unpaid caring role.</li> <li>• Consider all <i>Social &amp; Financial Inclusion</i> outcomes in the development of a Young Adult Carer Action Plan</li> </ul>	1,2,3,5

### 5. National Theme 5 - Young Carers

In Edinburgh, our work continues to be underpinned by the Getting It Right For Every Child<sup>63</sup> (GIRFEC) approach in order to improve outcomes for young carers and support their wellbeing, by offering timely and relevant supports. We see young carers as children and young people first and foremost and recognise them as unique individuals, each entitled to find and reach their full potential. Caring responsibilities can occur at any time in a child or young person's life and the impact can be far reaching. Early identification is key to ensure young carers with these

<sup>63</sup> [Getting it right for every child \(GIRFEC\) - gov.scot \(www.gov.scot\)](http://www.gov.scot)

responsibilities receive appropriate support, whilst protecting them from any inappropriate roles that could negatively impact their wellbeing.

The Edinburgh Young Carers Collaborative was established in October 2020 and is comprised of three young carer support services who collectively support young carers across the city, working closely with education, health, social care and third sector services.

The pandemic understandably created challenges both in terms of the provision of, and access to supports for young carers. However, as with support for adult carers, the Young Carers Collaborative adapted their response to ensure that young carers and their families continued to receive a high level of specialist support, utilising technology to maintain both individual and group support. As post COVID-19 remobilisation has occurred, the Collaborative has continued to use technology to extend the reach of the support delivered, particularly for those young carers who may struggle to access face-to-face opportunities.

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

Nationally it is recognised that there are many young carers who struggle to identify as young carers, either through lack of awareness or choice. As a city, we are committed in our efforts to raise awareness amongst both young people themselves and the adults in their lives to support early identification, ensuring that young carers rights and availability of supports are well understood in allowing informed choices to be made. There is a valuable connection with Education services throughout the city, where a young person is often identified as having a caring role.

In this section of the refreshed strategy there is alignment with the strategic outcomes with those from each of the relevant sections in the national strategy, with the local strategic outcomes highlighting support for young carers in schools.

### 5.1 Recognising, Valuing and Involving Young Carers

**National Strategic Outcomes:**

- Young Carers are supported and protected from inappropriate caring and negative impacts on their education, social lives and future opportunities.
- Young adult carers are supported when moving from education to training and work while balancing an ongoing caring role.

**Organisational Outcomes**

- We will continue to recognise and involve young carers as part of all of the actions highlighted in Sections 1 to 4 of this refreshed strategy.
- Young carers can access good quality, age-appropriate information and advice using a range of media and are informed about their rights and how to access support.
- Young carers are at the centre of shaping services, support planning and decision making for themselves and the people they care for and have a choice and options to their needs and the person they care for.

- Education, health, social care and third sector services work in partnership to identify young carers and provide a range of appropriate support opportunities.

### **Personal Outcomes**

- Young carers report increased feelings of being “included” and “respected” with regards to their involvement in decisions affecting their own, and the cared-for person’s wellbeing, evidenced through their Young Carer Statement and statement reviews.
- Young carers will be aware of their option to no longer provide care and will be supported with this choice.
- Feel safe and rested and are able to be children and young people first.
- Young carers are supported at key transition points in their lives.
- Young carers feel supported to move into a life after caring and feel supported with the transition into adulthood.
- Young carers are confident in shaping services for themselves and those they support and are more in control of the support they receive.

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

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

Young carers feel that their experiences and knowledge in relation to the cared-for person are often overlooked by professionals leaving them feeling excluded and undermined<sup>64</sup>. In response to this, with the continued support of their local young carer service and the implementation of Young Carer Statements and Adult Carer Support Plans, young carers across Edinburgh are now involved in support planning and have choice and options in meeting their needs and the person they care for.

Throughout the pandemic there has been ongoing involvement, discussions, consultation and feedback with young carers and the organisations supporting them about the issues they face, and how best we can help them. Young carers have indicated that they needed more personalised individual support during this time. In response to this, the Collaborative provided 1,351 one to one support sessions for young carers. Access to local young carers service has been of great benefit to young carers, and since the pandemic many of these services are utilising technology to reach out and provide support. During the pandemic the Collaborative provided young carers with a total of 33 laptops, 30 iPads and 76 tablets, as well as 30 mobile phone top-ups and 60 Wi-Fi boosters, alongside providing 691 digital and face-to-face respite groups across the city.

There are also opportunities locally and nationally for young carers to be involved in decisions that affect them. This includes the Scottish Youth Parliament, a youth-led democratic

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<sup>64</sup> [Young, gifted, and caring: A project narrative of young carers, their mental health, and getting them involved in education, research and practice — Research Explorer The University of Manchester](#)

organisation where young carers can get involved in consultations and parliamentary motions. Young carers from Edinburgh will also participate in the national Scottish Young Carers Festival.

The Edinburgh Young Carers Collaborative have established a young carers/young adult carers forum to provide the opportunity to have their say and take-action on what matters to them from an Edinburgh perspective. Carer Centres across Scotland can get involved in the 'Carers Parliament - Cross-party group' with its purpose being to ensure equality of opportunity for unpaid carers in Scotland by liaising with carers' organisations, lobbying the Scottish Government and promoting legislation on unpaid carers' behalf. Any relevant Scottish policy changes or decisions relating to Young Carers across Scotland will benefit Young Carers in Edinburgh.

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

Actions about Recognising, valuing and involving young carers	EJCS Priority
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> <li>• Raise awareness of children’s rights in line with the UNCRC (Incorporation) (Scotland) Bill 2021 and support others to take a child rights-based approach to policy and practice on behalf of young carers.</li> <li>• Ensure that there is young carer representation from Edinburgh on the ‘Carers Parliament-Cross-Party’ group, the Scottish Young Carers Festival, and that young carers have the opportunity to get involved in the Scottish Youth Parliament and the Young Carer/Young Adult Carer Forum.</li> <li>• Engage young carers in the planning and shaping of services.</li> </ul>	5
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> <li>• Continue to apply the principles of GIRFEC in our work with young carers to support their wellbeing.</li> <li>• Involve young carers in decisions made about them through the implementation of young carer statements.</li> <li>• Work closely with education, health, social care and third sector services to identify young carers and provide a range of appropriate support opportunities.</li> </ul>	5,6



## 5.2 Young Carers: Health and Social Care

Over the past three years of the Edinburgh Joint Carers Strategy, young carers in Edinburgh have had their rights under the Carers (Scotland) Act 2016 developed and delivered. In particular, young carers, third sector partners and City of Edinburgh Council have worked together to create new paperwork and processes for the Young Carer Statement, an outcomes-based conversation model and action plan that puts young carers at the centre of their wellbeing and support choices.

Since 2021, the Edinburgh Young Carer Collaborative have been offering Young Carer Statements to young carers aged 5 – 18 years across the city. The Young Carer Statements have supported young carers to identify their own personal outcomes and support action plans, linked to the Wellbeing Indicators. Furthermore, the Collaborative have responded to the introduction of the Carers (Scotland) Act 2016 Terminal Illness Directions to ensure young carers are supported with a Young Carer Statement in a timely fashion through these most difficult of times.

The Collaborative have continued to support the emotional wellbeing and mental health of young carers across Edinburgh. Many young carers reported a decline in their mental wellbeing throughout the pandemic and resulting lockdown period due to anxiety, isolation and the intensity of caring roles, without the regular respite of school, short-breaks or replacement care. This continues to be a major presenting issue in this recovery period. In research by the Carers Trust Scotland, 45% of young carers say their mental health is worse than it was before the pandemic began and 40% feel overwhelmed by the pressures they are now facing which is having an inevitable impact on their mental health and wellbeing<sup>65</sup>.

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

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

A key action is to extend this good practice and ensure we are involving young carers in the health pathways of the cared-for person, including, but not limited to, age-appropriate involvement in needs assessments, support plans and hospital discharge. Young carers currently report that they are 'overlooked' when it comes to decisions around the cared for person, and in a review of the needs of sibling young carers in Edinburgh, one young carer

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<sup>65</sup> <https://carers.org/resources/all-resources/109-2020-vision-hear-me-see-me-support-me-and-donot-forget-me>

said that one of the difficult things about caring for his brother was *“professionals not taking your seriously as a carer – listening to your parents more than you”*.<sup>i</sup>

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

**Health and Social Care Young Carers: How Edinburgh will contribute to the Outcomes**

Actions about Health and social care for young carers	EJCS Priority
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> <li>• Work with teams across education, the council, health and social care to enhance skills, knowledge and confidence to identify, support and involve young carers in line with the Carers (Scotland) Act 2016</li> <li>• Encourage teams across Edinburgh to adopt a trauma-informed approach to increase services’ abilities to support the emotional health and wellbeing of all young carers.</li> <li>• Work together to further develop the offer of health and wellbeing supports that are flexible and meet need depending on young carers personal circumstances, for example; 1:1, group, emotional support and/or counselling and digital supports and support for minority communities.</li> <li>• Plan to provide young carers with more access to early and meaningful supports for their mental health and wellbeing, within available resources.</li> <li>• Continue to deliver and enforce young carers’ rights as adopted by the Carers (Scotland) Act 2016 and the UNCRC (Incorporation) (Scotland) Bill 2021, with a focus on ensuring all young carers are offered a Young Carer Statement and have the knowledge (and support thereafter) that they can choose to stop caring at any point in their caring role.</li> <li>• Through the Young Carer Statement pathway, offer every identified young carer appropriate support with Emergency Planning</li> <li>• Through relevant information and advice provision, ensure young carers know what they need to in a way that is accessible to them e.g., about their caring role, short breaks, the cared-for person’s health needs, their own health needs, further and higher education, employment and training, digital safety, healthy relationships, access to C Card, LGBT issues, and others.</li> </ul>	2,3,4,5,6

<ul style="list-style-type: none"> <li>• Make young carers <i>Equal Partners in Care</i> by actively listening and involving them in age-appropriate ways in the decisions and health pathways of the cared-for person(s) including but not limited to involvement in needs assessments, support plans and hospital discharge.</li> <li>• Recognise the unique needs and impacts of key groups of young carers, including but not limited to, young carers caring for parents with substance use problems, sibling young carers and BAME young carers. We will work with young carers, families and key partners to ensure the support is relevant and provide training so that all professionals are aware of their roles in identifying and supporting these hard-to-reach groups.</li> </ul>	
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<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> <li>• Support all young carers to prevent them from taking on inappropriate caring roles and ensure they are protected from harm, by continuing to work in partnership to intervene quickly, report risk of harm accordingly, and adopt appropriate family supports when concerns are raised.</li> <li>• Act immediately for those children and young people who are at risk of harm, in line with local multi-agency child protection guidelines.</li> <li>• Collect and report on inappropriate referrals to young carer services so that we can develop a view of unmet carer need across the city which will inform ongoing and future planning with council, education, transport and health and social care colleagues</li> </ul>	3,5,6
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### 5.3 Young Carers: Support in Schools

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

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

In the 6 months up to March 2022, over 400 education staff across the city accessed training opportunities delivered by the Edinburgh Young Carer Collaborative, with almost 8,000 school pupils having engaged in awareness raising assemblies and workshops during the same

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

The work to ensure young carers are identified in a timely way in school will continue through the application of GIRFEC. This approach is well embedded in schools, placing the child’s health and well-being at the centre when considering relevant supports. Increasing the number of young carers statements being offered will be key. A robust system is in place in Edinburgh for tracking attendance and attainment data in schools which also ensures needs can be identified early and relevant supports considered.

Following a collaborative event with young carers in Edinburgh in July 2021, Good Practice Guidelines for Supporting Young Carers in schools<sup>66</sup> has been created and shared with all schools. The aim is to ensure all schools embed these guidelines into their practice and have policies in place that demonstrate their commitment to identifying and supporting young carers.

The ‘*We Care Schools for Young Carers*<sup>67</sup> Award has been developed by Edinburgh Young Carers to recognise and reward good practice around identifying and supporting young carers in school in Edinburgh, and across Scotland. By developing approaches, policies and through regular self-evaluation, schools taking part in *We Care* will ensure young carers are supported in achieving their identified personal outcomes and the barriers they may be facing in accessing a full education will be reduced or removed. In September 2022, 6 schools across primary, secondary and independent sectors have achieved awards across the different levels.

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

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

Actions about Support in Schools for young carers	
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> <li>• Record all young carers on SEEMiS when they have been identified and ensure they have been offered a young carer statement.</li> <li>• Work with schools to ensure all schools have participated in awareness raising training to identify and support young carers.</li> <li>• Record and monitor reported incidents of young people being at risk of harm, or bullying across young carers and act immediately through Child Protection Guidance</li> </ul>	1,2,3,5

<sup>66</sup> <https://www.youngcarers.org.uk/wp-content/uploads/2023/06/EYC-Toolkit-Final-2023-1-1.pdf>

<sup>67</sup> [We Care Awards – Edinburgh Young Carers](#)

<ul style="list-style-type: none"> <li>• Through GIRFEC planning, the young carer statements and regular monitoring of attendance and attainment data ensure a holistic approach is taken to meeting the needs of young carers in schools and ensuring they have access to appropriate and timely supports.</li> <li>• Work with schools to encourage implementation of the Good Practice Guidelines to support young carers.</li> <li>• Encourage more schools to participate in, and in turn 'We Care' awards to recognise and support young carers in their school and wider community</li> </ul>	
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<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> <li>• Through partnership working, support young carers at key transition points in their life, such as moving to high school, leaving school or entering further education, or pursuing job opportunities.</li> <li>• Ensure information shared at transition times is done sensitive and in sufficient time to allow for planning and appropriate supports to be identified and accessed</li> <li>• Continue to engage with young carers in their own planning and that the appropriate information is shared</li> </ul>	1,2,3,5
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#### 5.4 Young Carers: Social and financial inclusion

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

Young carers deserve to be able to live a full life and to be children first, which includes time for socially connecting. During the pandemic, research from Carers Trust in Scotland found that '74% of young carers and 73% of young adult carers in Scotland are feeling less connected to others since Coronavirus'<sup>68</sup>. Lack of connection to others socially leads to poorer mental health outcomes for many young carers, such as feelings of isolation, loneliness, and hopelessness. Therefore, it is vital for support to be put in place for young carers so they can feel better connected now and continue to in the years ahead.

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

The City of Edinburgh have committed to providing all young people aged primary 6 to S6 with digital devices<sup>69</sup>. This commitment is particularly important for young carers as it will mean they can use technology at home to access aspects of learning at times that may suit them better

<sup>68</sup> <https://carers.org/what-we-do/our-survey-on-the-impact-of-coronavirus-on-young-carers-and-young-adult-carers->

<sup>69</sup> <https://digitaleducationteam.com/>

and making the likes of homework more accessible, whilst also creating more potential for virtual learning experiences if required.

The Edinburgh Poverty commission states: ‘Levels of poverty are particularly high among families with children. In Edinburgh an estimated 23% of children grow up in relative poverty. In some areas this rate rises to more than 1 in 3 of all children. These areas rank among the highest levels of child poverty recorded anywhere in Scotland.’<sup>70</sup> Young carers are disadvantaged and are amongst the 1 in 3 children living in poverty due to the increased likelihood of them living in households of worklessness and limited access to disposable income. Young carer grants can be accessed via their young carers statement and various other financial benefits in the city, for example, Edinburgh clothing grants, School uniform grants, EMA, Young Scot for free travel and Young Scot young carer packages.

**Young Carers Social and Financial Inclusion: How Edinburgh will contribute to the Outcomes**

Actions about Social and Financial Inclusion for young carers	EJCS Priority
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> <li>• Provide support to access short break opportunities away from home (locally and nationally i.e., SYCF)</li> <li>• Work with agencies, to enhance access to transport for all young carers to allow them to attend support and mainstream community opportunities.</li> <li>• Provide information and access to financial grants and opportunities (including young carer grants, EMA, Young Scot Package, clothing and food grants, free bus travel via Young Scot), and continue to work with agencies and carers to optimise their financial inclusion</li> </ul>	2,3,5,6
<p>In Edinburgh we will....</p> <ul style="list-style-type: none"> <li>• Support and provide young carers with opportunities to connect with others both professionally and socially.</li> <li>• Continue to work with agencies to enhance the level of access to digital services for young carers.</li> <li>• Consider the <i>Young Carers</i> outcomes in the development of a Young Adult Carer action plan.</li> </ul>	1,2,3,5

<sup>70</sup> <https://edinburghpovertycommission.org.uk/poverty-in-edinburgh/>

## **Monitoring, Reporting & Governance**

The multi-agency joint Edinburgh Carers Strategic Partnership Group will continue to oversee the continuing implementation of the Strategy.

The Group are responsible for: ensuring that the actions in the Strategy are implemented, monitoring their impact, monitoring the implementation of the Carers Contracts against the agreed spend ratified by the EIJB in 2019, overseeing developments associated with the strategy, through co-production with partners, and, ensuring that the Strategy remains relevant.

The six priority areas developed as part of the 2019-2022 Carer Strategy remain relevant and remain a focus for this refreshed strategy. These priorities, in the main continue to be delivered through the contracts underway with partner organisations, the performance of which is reported to the Performance and Delivery Committee.

Delivery of the strategy is also through wider work through statutory services, grants, individuals, community groups and organisations' work. As part of the learning from the 2019-2022 strategy, it was considered that the contribution to the strategy outcomes from these wider carer supports and contributions across other programmes of work, needed to be explored further. To this end, a piece of Action Research looking at the Carers Landscape across Edinburgh has been commissioned, with the aim of reporting this contribution in some way through the Performance and Evaluation annual report.

In years one and two of the contracts, the EHSCP developed a performance and evaluation framework with partner organisations to understand the collective impact of their work to support unpaid carers. During discussion with the Performance and Delivery Committee, it was agreed that as the reporting on activity and the quantitative elements had become established, it would be helpful to provide a balance, through a focus on outcomes for carers. Through the Carer Strategic partnership Group, work to deliver this was commissioned, for all contracted carer organisations for young and adult carers to develop an outcomes framework.

Matter of Focus<sup>71</sup> were selected to support the outcomes framework development associated with the strategy since late 2022. This is progressing through the development of the OutNav<sup>ii</sup> approach, in the form of four key phases of tailored support, which includes:

- co-producing a shared outcomes map and monitoring framework
- all partners being supported to get up and running with OutNav, to understand the data, and start to use the framework to track effectiveness of their work
- all partners accessing the framework, and allowing a start to be made on reporting progress around carer outcomes
- a final phase, to continue use of OutNav for the EHSCP and commissioned partners to sustain meaningful reporting for unpaid carer outcomes

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<sup>71</sup> [Home - Matter of Focus \(matter-of-focus.com\)](https://www.matter-of-focus.com)

The progress associated with the OutNav developments will be included in future Performance and Evaluation Reports, with learning along the way about opportunities for this type of approach elsewhere across the EHSCP being considered.

In addition to the reporting through the Outcomes Framework, VOCAL carry out a bi-annual survey of unpaid carers in Edinburgh, which is now commissioned through the Carers spend plan. This is an opportunity for carers to comment on the impact of caring on their lives and carer support services. Key findings will be captured in subsequent Performance and Evaluation reports which will inform ongoing development work.

As indicated, governance of the delivery of the strategy is through the Edinburgh Integration Joint Board's Performance and Development Committee and Carer Strategy Performance and Evaluation Reports are presented to this committee annually.

Governance associated with carer strategy refresh, and any future extensions, will be a matter for the Edinburgh Integrated Joint Board's Strategic Planning Group to consider, as has been the position in the development of this refreshed strategy.

Final ratification of the strategy remains Edinburgh Integrated Joint Board's responsibility.

#### Key Individuals involved in developing the EJCS 2023-2026

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

The development of this refreshed strategy would not have been possible without the key contributors indicated above, alongside the membership of the Edinburgh Carer Strategic Partnership Group, and wider



strategic and operational colleagues. All of whom will play a valuable role in the implementation, monitoring and reporting on the associated actions and development work.

## Appendices

Appendix 1	Draft Carer joint Strategic Needs Assessment
Appendix 2	Eligibility Framework (Adults) (currently under review)
Appendix 3	Adult Carer Support Plan Template (currently under review)
Appendix 4	Adult Carer Support Plan leaflet (currently under review)
Appendix 5	<p>Young Carer Statement Leaflet</p> <p><a href="#">Materials – Edinburgh Young Carers</a></p> <p><a href="#">Young Carer Statement • Capital Carers</a></p>
Appendix 6	<p>Young Carer Statement template (Younger Carers)</p> <p><a href="#">Materials – Edinburgh Young Carers</a></p> <p><a href="#">Young Carer Statement • Capital Carers</a></p>
Appendix 7	<p>Young Carer Statement template (Older Children)</p> <p><a href="#">Materials – Edinburgh Young Carers</a></p> <p><a href="#">Young Carer Statement • Capital Carers</a></p>
Appendix 8	<p>Young Carer Statement Guidance (Inc. Eligibility)</p> <p><a href="#">Materials – Edinburgh Young Carers</a></p> <p><a href="#">Young Carer Statement • Capital Carers</a></p>
Appendix 9	Agreed Spend Plan
Appendix 10	Membership of the Edinburgh Carer Strategic Partnership Group
Appendix 11	Consultation

## Appendix 1 - Draft Carer Joint Strategic Needs Assessment Topic Paper

### Carers

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

The Joint Edinburgh Carer Strategy notes that some carers may provide care for a long period of time, whereas others may only provide care for a short period of time depending upon the factors and circumstances of the caring situation, indeed for some carers, their caring role can be a life-long one. Carers may therefore be of any age and their need for support can vary as a result. For instance, young and young adult carers may need additional support when it comes to pressures arising from their caring role affecting their education, starting employment or training and establishing an independent life outwith their caring role. Whereas older carers, or carers who have made this commitment for some time, may need additional support to rest and have a break from their caring role. All carers may benefit from support and learning on how to safely help the person they care for.

As with other chapters in the JSNA, no account of the impact of COVID-19 has been explicitly considered in the analysis. Carers UK have carried out [research](#)<sup>1</sup> on the impact of COVID-19 on carers in 2020, which provides some insights but is not provided at an Edinburgh level. There were 12 key findings which highlight strengths, weaknesses and opportunities in the system. Additionally, in December 2022 the [Care Inspectorate](#)<sup>1</sup> published a report on adult carers' experiences of social work and social care. Similarly, the impact of increases in cost of living is not explicitly considered in the analysis, but Carers UK published briefings in [March 2022](#)<sup>1</sup> and [October 2022](#)<sup>1</sup> which highlight pressures for carers and the people they look after.

This chapter aims to collate published data and research on unpaid carers to assist in strategic and service planning across the Partnership. Feedback from unpaid carers and those with lived experience has been key to developing the Joint Edinburgh Carer Strategy and it is in this document that the issues arising and support required for unpaid carers can be addressed more appropriately.

#### Key points

Detailed key points are highlighted at the end of each section, however, as a summary, a number are noted here:

- It is estimated that there are between 45,000 and 70,000 adult carers in Edinburgh.
- The carers census reports 91% of adult carers provide 20 hours or more of care per week.
- The Health and Care Experience Survey indicates that 16% of carers in Edinburgh do not have a good balance between caring and other areas of life and a quarter do not feel supported to continue caring.

#### Policy background

The Carers (Scotland) Act 2016 came into effect in 2018. The Act placed a number of responsibilities on NHS Boards, Local Authorities and Integration Authorities. These include setting local eligibility criteria for supporting carers, preparing Adult Carer Support Plans and Young Carer Statements for people who identify as carers and preparing a strategy for their area.

The [National Care Service \(Scotland\) Bill](#), currently at Stage 1, as introduced will make a number of changes to the Carers (Scotland) Act 2016 including the right to a break from caring. These changes are shown in a [Keeling Schedule](#)<sup>1</sup> published by the Scottish Government.

The [report and evaluation](#) of the first year of contracted provisions supporting the [Joint Edinburgh Carers Strategy 2019-22](#)<sup>1</sup> was considered at the Performance and Delivery Committee on 2 March 2022<sup>1</sup>. The Joint Edinburgh Carer Strategy 2023-2026 will be considered by the Strategic Planning Group and Integration Joint Board in the second half of 2023.

### **Benefits for carers**

The Scotland Act 2016 devolved powers over a number of benefits to the Scottish Parliament. Carer's Allowance was one of the benefits to be devolved and in September 2018 became the first benefit to come under the competency of Social Security Scotland. [Research](#) published by the Scottish Government in December 2020<sup>1</sup> details the impact of Carer's Allowance Supplement on the lives of carers. It highlights that although carers felt more recognised and valued it also helped with their mental health and wellbeing. The benefit had not however raised the profile of carers more generally and therefore carers did not feel more recognised or valued by society generally. An additional Coronavirus Carer's Allowance Supplement, equal to the Carer's Allowance Supplement, was paid in June 2020 and December 2021<sup>1</sup>.

Policy Position Papers published by the Scottish Government in [October 2017](#) and [February 2019](#) outline Scottish Government policy related to benefits for carers. To help develop the new benefits, the Scottish Government has established Social Security Experience Panels, the members of which have recently been in receipt of benefits. In the summer of 2020 a [report](#) on the panel's views on carer benefits for those caring for disabled children was published<sup>1</sup>. The report identifies how carers would like to apply for the benefit online and how they have positive experiences of benefits for carers. Respondents were concerned about the impact of receiving the benefit on other benefits and how rules on work and study did not reflect the reality of lives of carers.

In 2022 the Scottish Government held a [consultation](#) on the development of Scottish Carer's Assistance, the replacement of the Carer's Allowance. The [response](#) to the consultation was published in November 2022. Scottish Carer's Assistance will be piloted by the end of 2023 and launched in the spring of 2024<sup>1</sup>.

### **Estimated number of carers**

Although not broken down to a local authority level by age, The [Scottish Health Survey](#)<sup>1</sup> provides a wide range of information on carers across Scotland. The survey estimates that nationally 15% of adults (13% of men and 18% of women) identify as carers. This is a proportion that peaks for the 55-64 age group where 1 in 4 (25%) of the population identify as carers.

The survey report estimates that 10% of adults in Edinburgh aged 16+ are carers. This would provide an estimate of 44,764 carers, however, there are no details of the breakdown of this number. The survey does provide a breakdown nationally (shown in table 4.1) but given the different population structures cannot be used to estimate a breakdown of carers in Edinburgh.

**Table 4.1: People identifying as carers by age**

Percentage identifying as carers by age	16-24	25-34	35-44	45-54	55-64	65-74	75+	All adults
Male	6%	11%	12%	13%	23%	10%	10%	13%
Female	13%	14%	18%	25%	27%	17%	7%	18%
All Adults	9%	12%	15%	20%	25%	14%	8%	15%

The [Health and Care Experience \(HACE\) Survey](#)<sup>1</sup> is a bi-annual survey which provides insight to the experiences of people using health and social care services in Scotland. Data for the caring responsibilities section are available at Health and Social Care Partnership level. The latest results, for 2021, were published in May 2022. In the Caring Responsibilities section of the Health and Care Experience Survey show that 15% of respondents in Edinburgh identify as a carer, compared with 18% nationally. Unlike other results from the HACE survey, this is an unweighted result (no adjustment has been made to the data to take into account any groups of the population that may be under-represented in the survey). As such it may not be representative of the population, but 15% would represent an estimated 67,147 carers (applying the 2021 Mid-year population estimate).

These estimates of carers in the City of Edinburgh are far greater than the number of carers identified in the [2021/22 Carers Census](#)<sup>1</sup>. Nationally there were 42,050 carers in the census and no breakdown to Health and Social Care Partnership was published. In contrast to the Scottish Health Survey the Carers Census only considers carers who have been in contact with carer centres or Health and Social Care Partnerships; some carers in the Scottish Health Survey will not be supported in any way and this may reflect the higher number of carers who self-identify in the Scottish Health Survey or Health and Care Experience Survey. It should be remembered that the carers census is a new data return and as such should be seen as a dataset under development; it was noted that in the 2020/21 census there were 31,760 carers identified and the 30% increase may be due in part to the greater number of organisations submitting data.

Carers Allowance is payable to carers providing more than 35 hours of care per week and who meet certain criteria, including earning less than £139 (net) per week. Given the criteria in place not all carers will receive Carers Allowance, however, using (DWP) data in *Stat-Explore*<sup>1</sup> it is possible to identify the number of recipients by locality.

The number of people in receipt of carers allowance in each locality at six monthly intervals is shown in the table below (due to disclosure control at ward level, the sums do not always add match the total):

**Table 4.2: Carers allowance recipients by locality, 2018-2022**

	May 18	Nov 18	May 19	Nov 19	May 20	Nov 20	May 21	Nov 21	May 22	Nov 22
North West	1,320	1,342	1,369	1,360	1,378	1,408	1,382	1,369	1,385	1,354
North East	1,265	1,260	1,257	1,269	1,288	1,297	1,277	1,270	1,287	1,276
South East	832	813	841	845	901	939	899	898	895	901

South West	1,030	1,063	1,081	1,033	1,059	1,090	1,090	1,062	1,057	1,069
<b>Total</b>	<b>4,442</b>	<b>4,472</b>	<b>4,552</b>	<b>4,507</b>	<b>4,621</b>	<b>4,727</b>	<b>4,641</b>	<b>4,606</b>	<b>4,638</b>	<b>4,615</b>

Across Edinburgh, the number of people in receipt of Carers Allowance increased by 285 between May 2018 and November 2020, following an upward trend over the period, however the number of recipients has since fallen back slightly. It is not known if the increase reflects a greater number of carers eligible to receive the benefit, or a greater uptake of those eligible to receive the benefit who may have been supported to maximise benefit income. This may also have been affected by an increasing number of people fulfilling the criteria due the COVID-19 lockdowns.

Young Carer Grants, a benefit administered by Social Security Scotland launched on 21 October 2019, provides an annual payment to carers aged 16-18 meeting certain criteria including providing an average of at least 16 hours of care per week. The latest [Young Carer Grant: high level statistics<sup>1</sup>](#) publication shows that by the end of between 2019-20 and 2022-23, 525 applications had been received for young carers living in Edinburgh, of which 330 had been authorised. Grants worth £98,931 had been disbursed.

**Table 4.3: Young Carer Grants**

	2019-20	2020-21	2021-22	2022-23
Applications	65	125	155	180
Processed	50	135	145	155
Authorised	40	90	105	95

Key points:

- The number of people in receipt of Carers Allowance had been increasing but has plateaued.
- The number of young carers applying for a Young Carer Grant has been increasing since the benefit launched, however the number authorised has flattened.

Table 4.4 lists the different estimates, and counts, of carers by source; carers can appear in more than one source.

**Table 4.4: Estimate of carers in Edinburgh by source**

Data source	Estimated number of carers
Scottish Health Survey (local authority)	44,764
Health and Care Experience Survey	67,147
Carers Allowance recipients	4,615
Young Carer Grant recipients	95

## **Caring in Black and Minority Ethnic Communities**

There is little information available on particular issues arising in Black and Minority Ethnic (BME) communities in Edinburgh. A MECOPP (Minority Ethnic Carers of People Project) briefing paper from 2017, *Informal Caring within Scotland's Black and Minority Ethnic Communities*<sup>1</sup>, references a small study from 1996 as the most substantive Scottish document. It should be emphasised the study is 25 years old and the sample size was small.

### **Impact of caring**

In December 2021 the Scottish Government published results of the first collection of the annual [Carers Census](#)<sup>1</sup>. The census provides the most recent national data on the impact of caring for those carers known to carers centres and Health and Social Care Partnerships. As many organisations, both Health and Social Care Partnerships and Carer Centres, are still developing systems and processes, the data are incomplete and the publication provides national data only. Due to COVID-19 no census was carried out in 2019/20, however, this was requested during 2021 and the publication covers both 2019/20 and 2020/21. The data are only available at Scotland level so we are unable to show figures for Edinburgh but the results provide an idea of the types of needs unpaid carers face that need to be responded to in each local area. As noted earlier, the second publication of the [Carers Census 2022](#) results were published in December 2022.

The Carers Census shows that 91% of adult carers provide 20 hours or more of care per week.

**Table 4.5: Hours spent caring per week, Scotland**

<b>Hours caring per week</b>	<b>Adult Carers</b>
up to 19 hours	9%
20 - 49 hours	28%
50+ hours	63%

The impact of caring presents itself more broadly with a range of impacts, emotional well-being the most common (68%).

**Table 4.6: Impact of caring, Scotland**

<b>Impact</b>	<b>Adult Carers</b>
Emotional well-being	68%
Life balance	66%
Health	56%
Future plans	54%
Carer feels valued	42%
Finance	36%

Employment	30%
Living environment	30%

Locally VOCAL, Voice of Carers Across Lothian, carry out a [survey of carers](#). The latest survey was carried out in 2021<sup>1</sup>. Although not directly comparable, it indicates a change from the previous survey in 2017 in a number of areas. For example the age of carers has reduced, in 2017 45% of respondents were aged over 65 compared with 27% in 2021. This is reflected in the economic activity of the respondents between 2017 and 2021 where the proportion in paid employment has increased from 25% to 31% and the proportion retired and in receipt of a pension has fallen from 50% to 33%.

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

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

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

Key points include:

- 91% of carers nationally, identified in the carers census, provided 20 or more hours of care per week.
- 68% of carers report their emotional wellbeing is affected by their caring role.

### **Support provided**

The carers census reports on the different support that has been provided to carers included in census submissions.

Almost 17 in 20 carers received advice and information whereas just over a third (34%) received support via a short break or respite. It should be noted that 8% report as receiving no help or support, however, as these records relate to people known to carers centres or Partnerships it may be that having the opportunity to talk with a worker about their situation was a support in and of itself and no further input was required.



**Table 4.7: Support provided for adult carers, Scotland**

<b>Support</b>	<b>Carers with support provided</b>
Advice & information	84%
Short breaks or respite	34%
Counselling or emotional support	28%
Practical support (e.g. transport, equipment, adaptations)	17%
Other support	15%
Peer support/group activities	14%
Assistance with benefits, e.g. Carer's allowance	14%
Training and learning	13%
Emergency planning	8%
No help / support required	8%
Advocacy	7%
Future planning	6%

The HACE survey asks four questions related to the experience of people with caring responsibilities. Two of the questions could be seen as proxies for carers ability to continue in that role. It shows that carers in Edinburgh are no different in their balance between carer and other things in life and how supported they feel to continue caring. It should be noted that respondents to this survey self-identify as carers and therefore may reflect people who have not approached services for support, rather than people who are discontent with the support they are receiving.

**Table 4.8: Balance of caring and support for caring**

	<b>Edinburgh</b>			<b>Scotland</b>		
	<b>Positive</b>	<b>Neutral</b>	<b>Negative</b>	<b>Positive</b>	<b>Neutral</b>	<b>Negative</b>
I have a good balance between caring and other things in my life	64%	20%	16%	63%	20%	17%
I feel supported to continue caring	30%	42%	28%	30%	43%	28%

Key points include:

- Two thirds (64%) of carers in Edinburgh have a good balance between caring and other things in their lives; 16% do not have this balance.
- Almost a third (30%) of carers feel supported to continue caring; just over a quarter 28% do not.

**Philip Brown**

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Strategy and Communications, City of Edinburgh Council

**Appendix 2 - Eligibility Framework (Adults) (Currently Under Review)**

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Local Carers Eligibility Criteria	4
How we Apply the Local Carers Eligibility Criteria	7

## 1 Introduction

Under the Carers (Scotland) 2016 Act we have powers and duties to support adult and young carers.

You are a carer if:

- you care for, or intend to care for, another person
- and you are not paid for the care you provide
- and you are not providing the care through a voluntary organisation.

If you are a parent of a child (someone under 18) you may be a carer if your child has additional care and support needs which are not because of their age.

As a carer, we have a duty<sup>1</sup> to offer you an Adult Carer Support Plan (ACSP) or a Young Carer Statement (YCS) (for those who are under 18 or over 18 but still at school) and prepare it if you want one. We will offer to do this for every carer we identify, or for any carer who requests one.

Our ACSP is based on the personal outcomes approach and our YCS is based on the national wellbeing indicators for children and young people. As part of the ACSP/YCS, together with you, we look at the care you give and the impact this has on your life. We also look at personal supports, access to supports in the community and areas in which you need more individualised supports.

To help us determine the impact of caring we ask the following questions:

- Is the caring role sustainable?
- How great is the risk of the caring role becoming unsustainable?

## 2 Carers Eligibility Criteria

The Scottish Government has asked Local Authorities to set local eligibility criteria for carers. Eligibility criteria help guide Local Authorities to be consistent when deciding what level of support to provide to different people.

The Scottish Government have outlined a set of 7 'indicators' which cover key areas of a carer's life. They have asked Local Authorities to use these indicators as the basis of their Eligibility Criteria. The indicators are:

1. health and wellbeing
2. relationships
3. living environment
4. employment & training
5. finances
6. life balance
7. future planning

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Our eligibility criteria is set out in the table on page 5 using these seven indicators

<sup>1</sup> A duty is something we must do.

### 3 Local Eligibility Threshold

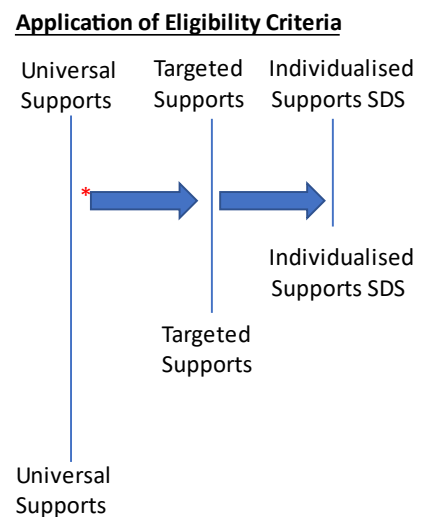
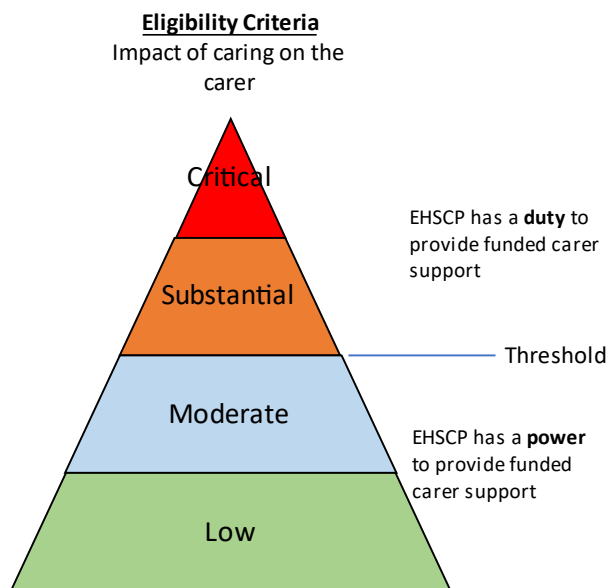
When completing your ACSP/YCS we use this eligibility criteria to make sure we make consistent decisions about the level of support to provide and also to decide who is eligible to receive individualised support.

In Edinburgh we have said that if caring is having either a **substantial** or **critical** impact on the carer we have **duty** to support that carer using individualised support. This is known as our threshold. Through this individualised support our aim is to reduce the impact of caring to a manageable level. Carers can request a new ACSP or YCS where they believe their circumstances have changed.

The impact only has to meet the threshold for one indicator for us to have a duty to provide support for that indicator. Future planning is the one nationally recognised exception to this. This indicator will be considered alongside the others rather than on its own. In Edinburgh’s ACSP we also look at the relationship (partnership) between carers and services. In a similar way to future planning, we will consider how this is working alongside the other national indicators.

We can use our discretion to consider individualised support even if the threshold has not been met. We will do this if it is clear that without this support the impact of caring would reach a critical level within a short space of time (normally considered to be within 6 months).

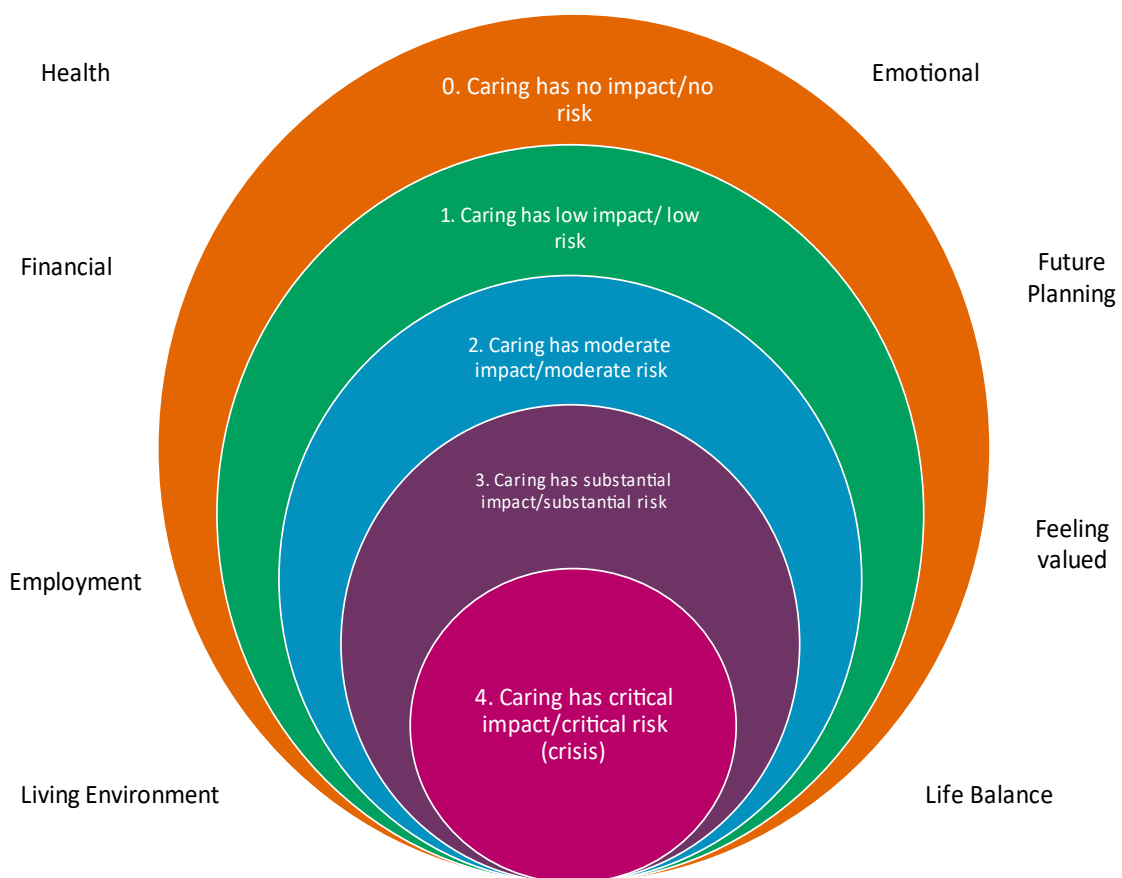
Illustrative threshold for carer support



\*The order in which supports will be considered across all areas o

## 4 Local Carers Eligibility Criteria

The tables below provides a detailed breakdown of Edinburgh Health & Social Care Partnership's eligibility criteria. We know people do not fit neatly into boxes but it is important that we have some way of ensuring we are as consistent as possible when supporting carers. The term carer means both adult and young carers.



National Indicator	Critical	Substantial	Moderate	Low	No impact/no risk
Health	Carer's health is breaking/has broken down	Carer's health requires attention	Carer's health is at risk without intervention	Carer's health beginning to be affected	Carer in good health
Emotional	Carer's emotional wellbeing is breaking/has broken down Relationship with cared-for person is breaking/has broken down	Significant impact on carer's emotional wellbeing Relationship with cared for person is significantly affected	Some impact on carer's emotional wellbeing Some detrimental impact on relationship with cared-for person	Caring role beginning to have an impact on emotional wellbeing Risk of detrimental impact on relationship with cared-for person	Carer has good emotional wellbeing. Good relationship with cared-for person
Finance	Caring is causing severe financial hardship e.g. carer cannot afford household essentials and utilities, not meeting housing payments	Caring is having a significant impact on finances e.g. difficulty meeting housing costs AND utilities	Caring is causing some detrimental impact on finances e.g. difficulty meeting either housing costs OR utilities	Caring is causing a risk of financial hardship e.g. some difficulty meeting housing costs and utilities	Caring is not causing financial hardship, e.g. carer can afford housing costs and utilities

National Indicator	Critical	Substantial	Moderate	Low	No impact/no risk
Life Balance	Carer feels their knowledge and expertise is never valued by health, social care and other practitioners and consequently they always feel excluded and disempowered	Due to their caring role, the carer has few and irregular opportunities to achieve the balance they want in their life. They have little access to breaks and activities which promote physical, mental, emotional wellbeing	Due to their caring role, the carer has limited opportunities to achieve the balance they want in their life. They have access to a few breaks and activities which promote physical, mental, emotional wellbeing	Carer has some opportunities to achieve the balance they want in their life. They have access to a choice of breaks and activities which promote physical, mental, emotional wellbeing	Carer has regular opportunities to achieve the balance they want in their life. They have a broad choice of breaks and activities which promote physical, mental, emotional wellbeing
Feeling valued	Carer feels their knowledge and expertise is never valued by health, social care and other practitioners and consequently they always feel excluded and disempowered	Carer often feels their knowledge and expertise is not valued by health, social care and other practitioners and consequently they often feel excluded and disempowered	Carer increasingly feels their knowledge and expertise is not valued by health, social care and other practitioners and consequently they sometimes feel excluded and disempowered	Carer feels their knowledge and expertise is sometimes valued and consequently they generally feel included and empowered	Carer feels their knowledge and expertise is always valued by health, social care and other practitioners and consequently they feel included and empowered

National Indicator	Critical	Substantial	Moderate	Low	No impact/no risk
Future Planning	Carer is very anxious about the future and has severe concerns	Carer is anxious about the future and has significant concerns	Carer is not confident about the future and has some concerns	Carer is largely confident about the future but has minor concerns	Carer is confident about the future and has no concerns
Employment	Carer has significant difficulty managing caring and employment and/or education and there is an imminent risk of giving up work or education. Carer is not in paid work or education but would like to be now	Carer has significant difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the short term Carer is not in paid work or education but would like to be soon.	Carer has difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the medium term Carer is not in paid work or education but would like to be in medium term	Carer has some difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the long term Carer is not in paid work or education but would like to be in the long term	Carer has no difficulty in managing caring and employment and/or education Carer does not want to be in paid work or education.
Living environment	Carer's living environment is unsuitable and there are immediate and critical risks to the health and safety of the carer and cared for person	Carer's living environment is unsuitable and poses an immediate risk to the health and safety of the	Carer's living environment is unsuitable but poses no immediate risk.	Carer's living environment is mostly suitable but could pose a risk to the health and safety of the carer	Carer's living environment is suitable, posing no risk to the physical health and safety of the carer and

<b>No Impact (0)</b>	<b>Indicates that there are no quality of life issues resulting from the caring situation and at this moment no need for support or advice.</b>
<b>Low Impact (1)</b>	Indicates that there may be some quality of life issues but low risk to a carer's capacity for independence or health and wellbeing. There may be some need for universal and/or preventative support or advice.
<b>Moderate Impact (2)</b>	Indicates that there is some risk to a carer's capacity for independent living and health and wellbeing. This may call for provision of some health and social care services.
<b>Substantial Impact (3)</b>	Indicates that there is major risk to a carer's capacity for independent living and health and wellbeing. Likely to require urgent provision or health and social care services.
<b>Critical Impact (4)</b>	Indicates that there are significant risks to a carer's capacity for independent living and health and wellbeing. Likely to require immediate provision or social care services.



## 5 How we Apply the Eligibility Criteria

We will look at the impact your caring role is having on you, what needs to change, if anything, and the best way to support those changes. By doing this our aim is to help you to continue to care for the person you care for (if that's what you want). There are three broad categories of support which are detailed below with examples<sup>2</sup>:

### 5.1 Universal/Preventative & Existing Support

Universal supports are those which are open to everyone. We will help guide you to support that is already generally available and help you to make the best use of the strengths, capabilities and supports you already have. We will always look at these types of support first across all levels of impact and risk.

#### Examples of Universal Supports

Adult & Young Adult Carers	Young Carers
<ul style="list-style-type: none"> <li>• Adult Carer Organisations</li> <li>• Local health services</li> <li>• Peer and family support</li> <li>• Advocacy</li> <li>• Community and support groups</li> <li>• Supported self-care</li> <li>• Social and leisure opportunities</li> <li>• Emergency planning</li> </ul>	<ul style="list-style-type: none"> <li>• Young Carer Organisations</li> <li>• Support through local health services and education</li> <li>• Peer and family support</li> <li>• Community and local youth groups</li> <li>• Social and leisure opportunities</li> <li>• Advocacy</li> <li>• Emergency planning</li> </ul>

### 5.2 Targeted Supports

If your needs are either not met, or not fully met through universal and/or informal supports then we will look at more targeted support. Most targeted supports have a referral or screening process and tend to be more specialist or focused on a particular issue. Some of these projects or services may be funded or provided by support from the Integration Authority or health board.

Table 2 Examples of Targeted Supports

Adult Carers	Young Carers
<ul style="list-style-type: none"> <li>• Edinburgh Leisure Card (gym access)</li> <li>• Counselling and Mediation services i.e. family group conferencing</li> <li>• Access to learning and development sessions</li> <li>• Groupwork around key carer issues</li> <li>• 1:1 support</li> </ul>	<ul style="list-style-type: none"> <li>• Edinburgh Leisure Card (Gym Access)</li> <li>• Group work</li> <li>• Work with schools</li> <li>• Help with employment and training opportunities</li> <li>• Help with budgeting</li> <li>• Counselling and therapy</li> </ul>

<sup>2</sup> Please note the examples do not provide an exhaustive list. Individual need and desired outcome (what matters to you) will determine the best way to support you.

### 5.3 Individualised Supports

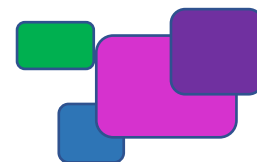
Individualised support applies to the ‘remaining’ needs and is support that cannot be provided by universal or targeted supports. This is arranged through self-directed support, which gives you options about the level of choice and control you want over your support. If the ‘remaining’ needs do not meet the eligibility threshold we must decide whether our discretionary power to provide support should be used.

The purpose of individualised support is to reduce the impact and risks of caring to below the threshold (moderate). There is a large degree of flexibility in individualised support and it is agreed on a case by case basis, in line with what would be considered a reasonable cost to reduce the risk(s).

**Examples of Individualised Supports** (the National Indicators have been included to illustrate the types of support available in Edinburgh under each indicator). **The examples below are for illustrative purposes only.**

National Indicator	Adult Carers	Young Carers
<b>Health and wellbeing</b>	<ul style="list-style-type: none"> <li>• Short breaks/ breaks from caring</li> <li>• Support to pursue a particular hobby/interest</li> <li>• Membership of a group/activity</li> </ul>	<ul style="list-style-type: none"> <li>• Short breaks/ breaks from caring</li> <li>• Support to pursue a particular hobby/interest</li> <li>• Membership of a group/activity</li> </ul>
<b>Relationships</b>	<ul style="list-style-type: none"> <li>• Replacement care to allow a break from caring</li> <li>• Support to reduce carer stress for example funding to enable the carer to pursue an interest which reduces the impact of caring on their relationships.</li> </ul>	<ul style="list-style-type: none"> <li>• Replacement care to allow a break from caring</li> <li>• Support to reduce carer stress for example funding to enable the carer to pursue an interest which reduces the impact of caring on their relationships.</li> </ul>

National Indicator	Adult Carers	Young Carers
<b>Employment and Training</b>	<ul style="list-style-type: none"> <li>• Training specific to the caring role i.e. manual handling, condition specific training</li> <li>• Individualised support is not generally available to assist with the payment of further education. This is the responsibility of educational services.</li> </ul>	<ul style="list-style-type: none"> <li>• Individualised support is not generally available to assist with the payment of further education. This is the responsibility of school/ educational services</li> <li>• Training specific to the caring role i.e. manual handling, condition specific training (age appropriate)</li> <li>• Individualised support may be appropriate specific to the young carer i.e. to purchase equipment to help them stay on top of school work.</li> </ul>
<b>Finances</b>	<ul style="list-style-type: none"> <li>• Individualised support is not generally available to help pay for household/utility bills</li> <li>• Individualised support may be appropriate specific to the carer such as paying for a bus pass to reduce the financial impact of travel as part of caring role.</li> </ul>	<ul style="list-style-type: none"> <li>• Individualised support is not generally available to help pay for household/utility bills and this would generally not be a responsibility for most young carers, although may be relevant to those aged 16-18</li> <li>• Individualised support may be appropriate specific to the carer such as paying for a bus pass to reduce the financial impact of travel as part of caring role.</li> </ul>
<b>Life Balance</b>	<ul style="list-style-type: none"> <li>• Short Breaks/ break from caring</li> <li>• Funding to pursue a particular hobby/interest</li> <li>• Membership of a group/activity</li> <li>• Equipment to enable a carer to continue with an interest.</li> </ul>	<ul style="list-style-type: none"> <li>• Short breaks/ break from caring</li> <li>• Funding to pursue a particular hobby/interest</li> <li>• Membership of a group/activity</li> <li>• Equipment to enable a carer to continue with an interest.</li> </ul>
<b>Future planning</b>	<ul style="list-style-type: none"> <li>• Future planning is considered alongside the other indicators. It is also something we would look at in an assessment of the needs of the cared for person.</li> </ul>	<ul style="list-style-type: none"> <li>• Future planning is considered alongside the other indicators. It is also something we would look at in an assessment of the needs of the cared for person.</li> </ul>



## Appendix 3 – Adult Carer Support Plan (currently under review)

### Adult Carer Support Plan

#### Carer Information

Title	
First name(s)	
Surname	
DOB	
Preferred pronoun	
Ethnic Group	
Address line 1	
Address line 2	
Address line 3	
Address Line 4	
Postcode	
Contact number	
Carer Advocacy/ communication needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would carer like a copy of this plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>

#### Supported Person Information

Full Name (with consent)	
Terminal Illness?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diagnosis date	DD/MM/YY
6 Months Prognosis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Substantive conversation date	DD/MM/YY
Light Touch ACSP ( <b>blue sections only</b> ) date complete	DD/MM/YY

#### Worker Information

Name of worker completing this plan	
Organisation	
Contact number	
Email address	

Can we share this plan? (required for processing carer payments/ onward referrals - certain anonymous data used in stats/ census; <b>not</b> for marketing)			Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, who do you agree we can share it with?			
<b>NHS</b>	<b>The City of Edinburgh Council</b>	<b>Carer Agencies</b>	Other (please list below)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Carer Name:		Worker Name:	
Carer Signature:		Worker Signature:	



Date:	Date:
-------	-------

**Consent to Share Information**

**Background Information/ Carer Story**

What is your relationship with the person you care for? (consider supported person's diagnosis/ relationship/ what carer wants for supported person/ history/ length of relationship/ length of caring/ needs of supported person/ other caring responsibilities/ any other information)

[Empty text area for relationship details]

Who and/or what helps you care for the person? (consider Legal arrangements/ technology/equipment/ friends/ family/ neighbours/other)

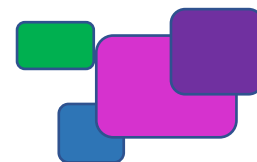
[Empty text area for support details]

What do you really want to share about your situation? (what does the carer want the worker to understand about their situation, what are their priorities)

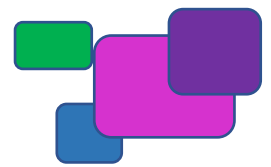
[Empty text area for sharing situation]

What does a typical day look like for you? (consider daily tasks & routine/ likely daily events/ regularity of support/ other caring responsibilities/ work, training, education/ time for self/ any additional information)

[Empty text area for typical day]



What might a good/better day look like for you? (consider supported person/ carer/ social, physical, emotional wellbeing/ any other factors)
What does a bad day look like for you? (consider supported person/social, physical, emotional wellbeing/ any other factors)
What is going well for you and why? (consider relationship with supported person/ other relationships/ social supports/ environmental factors/ employment/training opportunities)
What worries you in your caring role? (Own health/ supported person's health/ finances/ state of housing/ future/family relationships)



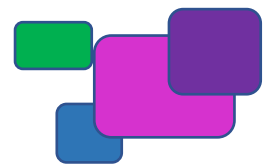
At this present time, are you able to continue with your caring role?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "NO" what would need to change in order to continue in caring role? (add to action plan)	
At this present time, are you willing to continue in your caring role	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "NO" what, if anything, could change in order to continue the caring role? (add to action plan)	
Comments:	

**Additional Information**

How long have you been caring for?	Less than 1 year <input type="checkbox"/> 1 year but less than 5 years <input type="checkbox"/> 5 years but less than 10 years <input type="checkbox"/> 10 years but less than 20 years <input type="checkbox"/> 20 years or more <input type="checkbox"/> Unknown <input type="checkbox"/>		What type of care do you provide? (tick all that apply)	Medication <input type="checkbox"/> Personal Care <input type="checkbox"/> Shopping, Cleaning and Domestic tasks <input type="checkbox"/> Transport <input type="checkbox"/> Financial Support <input type="checkbox"/> Supervision/ Emotional Support <input type="checkbox"/> Other <input type="checkbox"/>
Care hours provided in a typical week?	Up to 4 hours <input type="checkbox"/> 5-19 hours <input type="checkbox"/> 20-34 hours <input type="checkbox"/> 35-49 hours <input type="checkbox"/> 50+ hours <input type="checkbox"/> Unknown <input type="checkbox"/>		What area of your life has caring impacted on? (tick all that apply)	Health <input type="checkbox"/> Emotional wellbeing <input type="checkbox"/> Finances <input type="checkbox"/> Life balance <input type="checkbox"/> Feeling valued <input type="checkbox"/> Future Plans <input type="checkbox"/> Employment <input type="checkbox"/> Living environment <input type="checkbox"/>

Are you Benefits Appointee for the Supported Person	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no would you like more information?	Yes <input type="checkbox"/> No <input type="checkbox"/> (add to action plan if yes)
Do you hold Welfare or Financial Power of Attorney?	Welfare <input type="checkbox"/> Financial <input type="checkbox"/> Neither <input type="checkbox"/>
Would you like more information?	Yes <input type="checkbox"/> No <input type="checkbox"/> (add to action plan if yes)
Are you Welfare or Financial Guardian for the supported person?	Welfare <input type="checkbox"/> Financial <input type="checkbox"/> Neither <input type="checkbox"/>
Would you like more information?	Yes <input type="checkbox"/> No <input type="checkbox"/> (add to action plan if yes)
Do you have an Anticipatory Care Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>

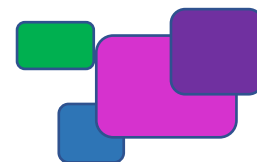




If no, would you like more information?	Yes <input type="checkbox"/> No <input type="checkbox"/> (add to action plan if yes)
Do you have an emergency plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, would you like more information?	Yes <input type="checkbox"/> No <input type="checkbox"/> (add to action plan if yes)
Do you have an emergency card?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, would you like more information?	Yes <input type="checkbox"/> No <input type="checkbox"/> (add to action plan if yes)

### Action Plan

<b>Outcome 1</b>				
<b>To continue in my caring role, I need:</b>				
<b>What would be helpful?</b>	<b>Actions</b>	<b>By Who?</b>	<b>By When?</b>	<b>Action Complete Date</b>
<b>Review Date:</b> <b>Outcome Achieved:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (if no, assign new actions to plan) <b>Next Check in Date:</b> (Worker can add new rows, actions and dates as necessary for new tasks relating to each outcome)				
<b>Outcome 2</b>				
<b>To continue in my caring role, I need:</b>				
<b>What would be helpful?</b>	<b>Actions</b>	<b>By Who?</b>	<b>By When?</b>	<b>Action Complete Date</b>
<b>Review Date:</b> <b>Outcome Achieved:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (if no, assign new actions to plan) <b>Next Check in Date:</b> (Worker can add new rows, actions and dates as necessary for new tasks relating to each outcome)				
<b>Outcome 3</b>				
<b>To continue in my caring role, I need:</b>				
<b>What would be helpful?</b>	<b>Actions</b>	<b>By Who?</b>	<b>By When?</b>	<b>Action Complete Date</b>
<b>Review Date:</b> <b>Outcome Achieved:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (if no, assign new actions to plan) <b>Next Check in Date:</b> (Worker can add new rows, actions and dates as necessary for new tasks relating to each outcome)				
<b>Outcome 4</b>				
<b>To continue in my caring role, I need:</b>				



What would be helpful?	Actions	By Who?	By When?	Action Complete Date

**Review Date:**  
**Outcome Achieved:** Yes  No  (if no, assign new actions to plan)  
**Next Check in Date:**  
 (Worker can add new rows, actions and dates as necessary for new tasks relating to each outcome)

### Eligibility Level

(Please refer to the Carer Eligibility Framework)

Eligibility Level	Critical	<input type="checkbox"/>
	Substantial	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Low	<input type="checkbox"/>

### Completed Plan

Copy of the plan received	Yes <input type="checkbox"/> No <input type="checkbox"/>
Authorisation of completed plan (by the carer)	Signature:  Date:

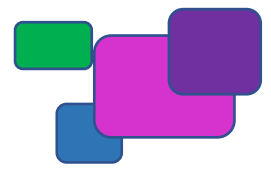
### Carer Payment Requested (for worker to complete)

Carer Payment Requested	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, amount	£
Summary of requested support with link to Outcome (above)	
Details of other funding applied for (if applicable)	

### For Office Use Only (For completion by Edinburgh Carer Support Team)

#### Referral Information

Initial referral by? (name/ organisation)	
Date referral made?	
Date referral received?	
Is this a re-referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If re-referral state reason	

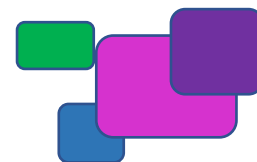


Swift/ Trak number	
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**Plan Information**

ACSP Completion date	DD/MM/YY
Carer Payment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, amount?	£
Eligibility Criteria	Critical <input type="checkbox"/>
	Substantial <input type="checkbox"/>
	Moderate <input type="checkbox"/>
	Low <input type="checkbox"/>
Authorised Date	DD/MM/YY
Authorised Name	XXXX
Case Closure Date	DD/MM/YY

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## Appendix 4 – Adult Support Plan Leaflet

# What to expect from an adult carer support plan

### Do you provide care for someone?

You may be a parent, partner, son, daughter, brother, sister, friend or neighbour to someone who needs support.

This may be due to a physical or mental illness, alcohol or substance use, a long term condition or a disability. If you give someone help and support to manage their life – you are a carer.

### What is an adult carer support plan?

An adult carer support plan (ACSP) allows you to discuss your caring role and its impact on your life. The plan can help you balance your life alongside your caring role. The plan will also set out what supports can help you achieve what is important to you. An ACSP can also help identify what can be done if you feel you cannot continue caring.

### Carer support

All carers can access free information and support from community organisations like local carers centres and from staff within the Health and Social Care Department. In addition, each local authority sets eligibility criteria to decide support carers are entitled to. This support will depend on your identified needs and personal outcomes.

### The Carers (Scotland) Act 2016

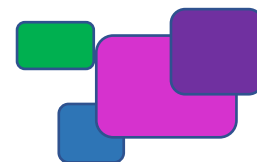
The Carers Act means all adult carers have a right to an adult carer support plan.

For young carers this is called a young carer statement.

The Act introduced a power for local authorities to support carers generally and required them, under specific duties to:

- support carers who have needs that meet the local eligibility criteria
- provide an information and advice service to carers
- publish a Short Breaks Services Statement

Local health boards also have duties under the Act to involve carers in discharge from hospital and to prepare a local carer strategy with the relevant authority.



## How do you make an adult carer support plan?

Most carer support plans will be prepared during conversations between you and the practitioner supporting you. It can help to think of a typical day and the type of support you provide.

Think about how your life could improve and what you might need to achieve this. If your caring situation changes from day to day, think what a good day and bad day looks like. Services often use the term 'outcomes' to describe what is important to you and your aims and hopes. Typical outcomes carers tell us they want include:

- being mentally and physically healthy
- feeling valued
- feeling informed
- having a life outside of caring
- being listened to

The adult carer support plan will record key points, and any agreed actions. You can keep a copy and share it with anyone you choose. You will be offered a review of your plan within an agreed timescale or earlier if your situation changes substantially.

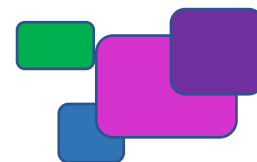
## How can I find out more about having an adult carer support plan?

In Edinburgh you can ask any carer organisation about an adult carer support plan or you can contact the Edinburgh Carer Support Team on 0131-536-3371 who can advise you further.

### Examples of support for carers

- information and advice
- welfare rights and advocacy
- carer support groups and cafes
- short breaks or respite
- counselling or one to one support
- relaxation therapies, stress management sessions
- carer training courses
- Emergency planning
- leisure and recreational activities like exercise, singing or art



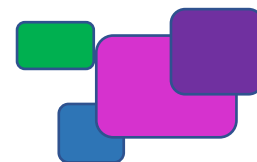


Appendix 5	Young Carer Statement Leaflet <a href="#">Materials – Edinburgh Young Carers</a> <a href="#">Young Carer Statement • Capital Carers</a>
Appendix 6	Young Carer Statement template (Younger Carers) <a href="#">Materials – Edinburgh Young Carers</a> <a href="#">Young Carer Statement • Capital Carers</a>
Appendix 7	Young Carer Statement template (Older Children) <a href="#">Materials – Edinburgh Young Carers</a> <a href="#">Young Carer Statement • Capital Carers</a>
Appendix 8	Young Carer Statement Guidance (Inc. Eligibility) <a href="#">Materials – Edinburgh Young Carers</a> <a href="#">Young Carer Statement • Capital Carers</a>

## Appendix 9 – Agreed Spend Plan

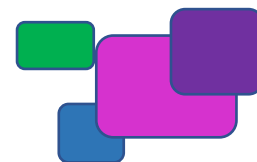
### EJCS Spend Plan

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



## Appendix 10 - Membership of the Edinburgh Carers Strategic Partnership Group

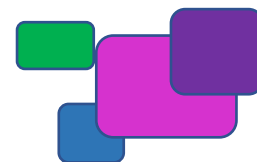
Attendees	
Amanda Farquhar	Youth and Families Service Manager, Space and Broomhouse Hub
Christine Farquhar	Carer representative: EIJB
Hugo Whitaker	Development Worker for Carers, EVOG
Jo Kirby	Advice Service Manager, The Action Group
Kimberley Swan	Chief Executive, FAIR
Kirsty Mackay	Young carer strategic lead, communities and families, EHSCP
Madeleine Martin	Interim Carer Services Development Manager, EHSCP
Margaret Chianza	Chief Executive Officer, MECOPP
Margaret Murphy	Chief Executive, Edinburgh Young Carers
Maureen Martin	Chief Executive, Edinburgh Development Group
Ron Carthy	Manager, Capital Carers
Ruth MacLennan	Manager, Care for Carers
Kirsty Dewar	North East Cluster Manager, EHSCP
Tony Duncan	Director for strategic planning, EHSCP
Luan Sanderson	Planning and Commissioning Officer, Communities and Families, City Of Edinburgh Council
Deborah Clark	Development Officer, Adult Health and Wellbeing Team, EVOG
Helen Hunter	Development Officer – Holiday Support, CEC
Emma Pemberton	Care and Support Manager, Disability Services, EHSCP
Lasma Rancane	Assistant Manager, FAIR
Lora Vernon	Head of digital communications, VOCAL
Ruth Rooney	Chief Executive, ECC
Kyle Oram	Policy and Commissioning Officer (Carers and Older People), EHSCP
Katie McWilliam (chair)	Strategic Planning & Quality Manager for Older People and Carers, EHSCP
Catherine Corbett	Carer Services Development Manager, EHSCP
Glen Scott	Advocacy Worker, Edinburgh Carers' Council
Laura Stirling	Home First Lead, EHSCP
Gavin Hay	Admin Assistant, Carer Support Team, EHSCP
Rosie McLoughlin	Deputy CEO, VOCAL
Laura Hill	Head of Carer Support Edinburgh & Midlothian



## Appendix 11 - Consultation

Date	Group
July 2023	Consultation with Senior Managers in Education, Children's and Justice Services
13 July 2023	EHSCP Executive Management Team
13 December 2022	Edinburgh Integration Joint Board (EIJB)
12 October 2022	EIJB Strategic Planning Group
Ongoing throughout development of the Edinburgh Carer Strategy refresh.	The refreshed strategy has been progressed in collaboration with the Edinburgh Carer Strategic Partnership Group (CSPG), (Membership comprising several commissioned voluntary sector and internal partners, key planning and commissioning colleagues and EIJB Carer representatives).
Ongoing throughout development of the Edinburgh Carer Strategy refresh.	Various working groups developed the refreshed strategy and those included Carer representation, EIJB Carer representative, voluntary sector and internal partners and key planning and commissioning colleagues.
Ongoing throughout the development of the Edinburgh Carer Strategy refresh.	Views of carers were considered and incorporated by consideration and analysis of local and national surveys, research and consultations.
Ongoing throughout development of the Edinburgh Carer Strategy refresh.	Consideration and incorporation of the National Carer Strategy which included extensive carer consultation in its development.





Published March 2023

Consideration of the findings of the Adult Social Work and Social Care Services: City of Edinburgh.

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## Appendix 3– Integrated Impact Assessment for Edinburgh Joint Carer Strategy 2023-26

### Integrated Impact Assessment – Summary Report

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Each of the numbered sections below must be completed.

Please state if the IIA is interim or final - FINAL.

**1. Title of proposal**  
Carer Strategy Refresh

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

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

The 5 key themes and associated national strategic outcomes of the strategy intend to put the individual carer at the centre and focus on five different aspects of unpaid carer support:

- Living With COVID-19
- Valuing, Recognising and Supporting Carers
- Health and Social Care Support
- Social and financial inclusion
- Young Carers

The Strategy sets out strategic priorities and commits to strengthening our city-wide and community partnerships, building on the progress made through the implementation plan of [Edinburgh Joint Carer Strategy 2019-2022](#)<sup>3</sup>. The refreshed strategy also addresses the impacts of Covid and the cost-of-living crisis.

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

Date	Group
26 June 20223 to 11 July 2023	Edinburgh Carers Strategic Partnership Group discussion and wider feedback through member reps
14 June 2023	EIJB Strategic Planning Group
13 December 2022	Edinburgh Integration Joint Board (EIJB)
12 October 2022	EIJB Strategic Planning Group
Ongoing throughout development of the Edinburgh Carer Strategy refresh.	The refreshed strategy has been progressed in collaboration with the Edinburgh Carer Strategic Partnership Group (CSPG),  (Membership comprising several commissioned voluntary sector and internal partners, key planning and commissioning colleagues and EIJB Carer representatives).
Ongoing throughout development of the Edinburgh Carer Strategy refresh.	Various working groups developed the refreshed strategy and those included Carer representation, EIJB Carer representative, voluntary sector and internal partners and key planning and commissioning colleagues.
Ongoing throughout the development of the Edinburgh Carer Strategy refresh.	Views of carers were considered and incorporated by consideration and analysis of local and national surveys, research and consultations.
Ongoing throughout development of the Edinburgh Carer Strategy refresh.	Consideration and incorporation of the National Carer Strategy which included extensive carer consultation in its development.

Published March 2023	Consideration of the findings of the Adult Social Work and Social Care Services: City of Edinburgh.
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**4. Is the proposal considered strategic under the Fairer Scotland Duty?**

Yes

**5. Date of IIA**

11 July 2023

**6. Who was present at the IIA? Identify facilitator, lead officer, report writer and any employee representative present and main stakeholder (e.g., Council, NHS)**

<b>Name</b>	<b>Job Title</b>	<b>Date of IIA training</b>
Sarah Bryson	Strategic Planning and Commissioning Officer, Health and Social Care (Facilitator and Report writer)	Nov 2017
Katie McWilliam	Strategic Programme Manager, Health and Social Care	
Catherine Corbett	Carer Service Development Manager	
Luan Sanderson	Strategic Planning & Commissioning Officer, Children, Education and Justice Services	
Christine Farquhar	Carer Rep, Edinburgh integration Joint Board	
Ruth MacLennan	Care for Carers	
Laura Stirling	Northwest Locality Hub Manager Health and Social Care Partnership	



<b>Name</b>	<b>Job Title</b>	<b>Date of IIA training</b>
Sune Skaarup	National Policy and Engagement Officer, MECOPP	
Lisa Mullen	Contract Advisor, Children and Families	
Glen Scott	Edinburgh Carers Council	
Tony Duncan	Service Director Strategic Planning Edinburgh Health & Social Care Partnership	
Amanda Farquhar	Head of Service Youth and Families Broomhouse Hub	
Maureen Martin	CEO, Edinburgh Development Group	

7. Evidence available at the time of the IIA

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Data on populations in need	Carers in Edinburgh joint Strategic Needs Assessment (JSNA) (see Appendix 1 of Carer Strategy)	<p>The JSNA provides the context for Carers and the pressures and challenges that Carers are experiencing both at a national and local level around certain key areas including:</p> <ol style="list-style-type: none"> <li>1. Age &amp; Gender</li> <li>2. Demographic Pressures</li> <li>3. Intensity of Caring</li> <li>4. Impact of Caring</li> <li>5. Cost of Living</li> </ol> <p>It is estimated that there are currently between 50,000 and 70,000 adult carers in Edinburgh.</p>
Data on service uptake/access	<a href="#">annual performance report</a>	<p>Commissioned partners provide end of year data re their services and key performance indicators. This is drawn together and collated to form the <a href="#">annual performance report</a>. This year's report shows that:</p> <ul style="list-style-type: none"> <li>• 13 targets were exceeded</li> <li>• 102 were met and</li> <li>• 7 were partially met</li> <li>• 14 were not met</li> <li>• 1 is under development</li> </ul> <p>Work to quantify the wider uptake and access to support through statutory services, individuals, community groups and organisations' work is currently being carried out through the</p>

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
		CLEAR action research and will be available later in 2023
Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.	<a href="#">State of Caring in Scotland 2022 - A cost-of-living crisis for unpaid carers in Scotland</a> <i>Heading for Crisis - caught between caring and rising costs</i>	<p>Unpaid carers have been among the groups hardest hit by the cost-of-living crisis in Scotland.</p> <p>This report highlights the impact upon unpaid carers of the current cost-of-living crisis. It pays particular attention to carers financial challenges and how their sense of health and well-being are affected:</p> <ul style="list-style-type: none"> <li>• 1 in 6 carers are in debt as a result of their caring role, increasing to 2 in 5 for carers in receipt of Carer’s Allowance.</li> <li>• The proportion of carers unable to afford their utility bills has more than doubled since last year to 14%.</li> <li>• Carers in receipt of Carer’s Allowance are more likely to be cutting back on food and heating.</li> <li>• Nearly all carers who are struggling to make ends meet (93%) agreed that the increase in the cost of living was having a negative impact on their mental and physical health.</li> </ul>

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><a href="#">The Voice of Carers Across Lothian (VOCAL) survey of Edinburgh carers 2021</a></p> <p>The Department for Works and Pensions (DWP) data</p> <p><a href="#">“It’s hard work being poor” Women’s Experiences of</a></p>	<p>Outlines the financial impact of caring, 69% of respondents reported that being a carer had a financial impact.</p> <p>There have been increases in people reporting they have stopped or reduced employment and lost NI or pension contributions. 15% had to borrow money due to their caring role and 7% have had to use a food bank.</p> <p>The Department for Works and Pensions (DWP) data shows that, in Edinburgh, 4,644 carers receive Carers Allowance and 250, sixteen- to eighteen-year-olds, received Young Carers Grants. The number of people in receipt of Carers Allowance had been increasing annually but has recently plateaued. The relatively low number of carers receiving carers allowance may be due to a number of factors including eligibility criteria, carer identification and that often pensioners become illegible for Carers Allowance once they receive pensionable income. The number of young carers applying for, and receiving a Young Carer Grant has been increasing since the benefit launched in 2019.</p>



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><a href="#">the Cost-of-Living Crisis in Scotland</a>, The Poverty Alliance, Nov 2022</p> <p><a href="#">WOMEN'S SURVEY 2023 Experiences of rising costs across Scotland</a> Scottish Women's Budget Group</p>	<p>This report shares the experiences of women in Scotland on low incomes affected by the cost-of-living crisis. Women are being disproportionately impacted by the cost-of-living crisis due to existing inequalities across all areas of life. They are more likely to be living in poverty, have lower levels of savings and wealth and are less able to increase paid work than men due to caring responsibilities. The role of unpaid caring is significant for women in Scotland. 85% of those economically inactive due to caring are women' the stat is referenced to the Scottish Government 2020 Gender Equality Index.</p> <p>In total, 871 women from all 32 local authorities in Scotland took part in SWBG Women's Survey from February to March 2023. The current cost-of-living crisis has not impacted everyone equally. Issues such as austerity, wage stagnation, rising inflation, and the impact of the Covid-19 pandemic, all impact women due to pre-existing structural inequalities. Rising costs have hit individuals on the lowest incomes the hardest. This disproportionately impacts women as they are more likely to experience poverty throughout their lifetime with</p>

Evidence	Available – detail source	<b>Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal</b>
		lower levels of savings and wealth in comparison to men as well as being unable to increase paid work due to caring responsibilities.
Data on equality outcomes	<p>The Scottish Health Survey</p> <p><a href="#">Impact of Poverty on Women and Girls</a></p> <p>2011 Scotland's Census MECOPP Briefing Papers based on data from 2011 Census: <a href="#">Gypsy/Traveller Carers</a> – May 2020 <a href="#">Informal Caring within the LGBT</a></p>	<p>It is estimated that 60% of carers are women.</p> <p>Women are four times as likely to give up paid work due to multiple caring responsibilities and are more likely to be in low-paid, part-time employment than male carers.</p> <p>The responsibility of care has significant ramifications on women's access to employment, career development and progress, access to training and higher education, as well as on physical and mental health.</p> <p>There is little recent evidence re particular issues arising in minority ethnic communities however we know that minority ethnic communities face significant inequalities with higher chances of living in poverty and disparity in access to affordable housing. Minority ethnic people were also amongst the worst affected by COVID-19. Being a carer in addition to being from a minority ethnic community will only increase the risk of poorer financial and well-being</p>



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><a href="#">Experiences of Older Adult Unpaid Carers in Scotland</a> – Carers Trust Scotland – May 2023</p>	<p>health (up from 35% in 2017). 67% reported that their physical health has been affected and 79% that their mental health has been affected compared with 59% reporting that being a carer made their health worse in 2017.</p> <p>Survey of older carers over 65. Key findings from respondents:</p> <p>80% said their physical health had been affected by their caring role. 87% said that their health and wellbeing had been affected by their caring role.</p> <p>65% said that they experience feelings of loneliness some of the time, and a further 19% said they often felt lonely. 18% feel as though they have no time for themselves.</p> <p>82% felt as though their caring role has financially impacted them. In the past 12 months 37% have used gas and electricity as a way to save money, and 19% have skipped meals in the past 12 months.</p>
Research/literature evidence	<p><a href="#">The National Carers Strategy</a></p>	<p>This strategy sets out a range of actions to ensure they are supported fully in a joined up and cohesive way</p>

<b>Evidence</b>	<b>Available – detail source</b>	<b>Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal</b>
Public/patient/client experience information	<p><a href="#">annual performance report</a></p> <p><a href="#">State of Caring in Scotland, Nov 2022, Carers UK</a></p>	<p>Case studies of people using the services are provided.</p> <p>This report explores the key findings from our latest State of Caring survey. The annual State of Caring report provides comprehensive research into the lives of unpaid carers in Scotland, along with the experiences of carers.</p> <p>The 2022 State of Caring survey was carried out between July and September 2022 and completed by <b>2,044</b> unpaid carers across Scotland.</p>
Evidence of inclusive engagement of people who use the service and involvement findings	<p><a href="#">Carer Strategy annual performance report</a></p>	<p>Feedback from service users</p>
Evidence of unmet need	<p>As noted above</p> <p><a href="#">Care Inspectorate inquiry into Adult Carers' Experiences of social work and care services</a></p>	<p>As noted above</p> <p>The report highlights the need for improvement in support of adult unpaid carers and makes a series of recommendations. Inspectors from the Care Inspectorate carried out this work between March and July 2022</p>

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><a href="#">published December 2022</a></p> <p><a href="#">Care Inspectorate Report of adult social and social care services City of Edinburgh published March 2023</a></p>	<p>An inspection of adult social work and social care services in the City of Edinburgh which identified areas for improvement in adult social work and social care services in the City of Edinburgh</p>
<p>Good practice guidelines</p>	<p><b>Carers (Scotland) Act 2016: statutory guidance - updated July 2021</b></p> <hr/> <p><a href="#">Equal partners in care</a></p>	<p>Statutory guidance for local authorities, health boards and integration authorities on effective implementation of the provisions of the Carers (Scotland) Act 2016 ('the Act'). It will also be of interest to other organisations working alongside statutory bodies to deliver carer support.</p> <p>Equal Partners in Care (EPiC) is a learning resource for health and social care staff to help have better conversations and interactions with carers. The aim is to make a positive difference and improve outcomes for carers and the people they care for.</p>

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><a href="#"><u>Independent Review of Adult Social Care</u></a></p> <p><a href="#"><u>Self-directed Support (SDS) Improvement Plan 2023-2027</u></a></p> <p><a href="#"><u>Carers' charter - gov.scot (www.gov.scot)</u></a></p>	<p>Outlines the vision for improved health and social care support in Scotland.</p> <p>The <a href="#"><u>Self-directed Support (SDS) Improvement Plan 2023-2027</u></a> aims to take a whole system approach to the improvement of SDS, recognising that delivery partners across statutory, third and independent sectors all play an essential role in SDS improvement. The SDS Improvement Plan 2023 – 2027 sets out the priorities to drive forward improvement in Self-directed Support over the next few years. The plan recognizes that Self-directed Support should be the way that social care support is delivered for adults, children and young people, families and carers.</p> <p>The charter aims to help carers understand their rights under the Carers (Scotland) Act 2016.</p>
Carbon emissions generated/reduced data	N/A	
Environmental data	N/A	
Risk from cumulative impacts	EVOC <a href="#"><u>review of support with travel and short</u></a>	All adult carer groups have been significantly affected by the pandemic. For example, there was suspension of

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><i>breaks and breaks form caring for adults with disabilities or additional support needs and those that care for them,</i></p> <p><a href="#">EIJB Medium Term Financial Strategy &amp; 2023/24 Financial Plan Update</a></p>	<p>short breaks/breaks from caring; participation in training/education; reduced employment opportunities and cessation of assisted transport services during the initial lockdown from March 2020.</p> <p>In the long term, the cared for persons' condition is likely to have progressed and the caring role to have increased in relation to this. Meanwhile the demand for carer support planning and assessment for the cared for person is increasing too.</p> <p>The report outlines Phase 2 savings proposals for 2023/24 and a range of options which would be required to balance the plan in year.</p>
Other (please specify)		
Additional evidence required		



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

Equality, Health and Wellbeing and Human Rights	Affected populations
<p><b>Positive</b></p> <p>The strategy encourages and assists individuals to identify as a carer and seek support at an early stage in their caring journey. This early intervention and prevention approach will not only help ensure the wellbeing of carers but will also help us understand better any unmet need and aid improved measurement of the number of carers in Edinburgh. This will allow us to collate evidence, understand and articulate the growing need for resource allocation to carer support and help lobby for further resource allocation for carer support from Scottish Government.</p> <p>The strategy and supporting evidence referenced, recognises that a high percentage of carers are women and understands the additional pressures which women in particular, are facing.</p> <p>Actions to encourage people to come forward as carers are included in the Strategy however all partners present were also asked to encourage carers to identify and come forward for support.</p> <p>The Strategy aligns to the principles of Getting It Right For Everyone (GIRFE). GIRFE is still in the early stages however it is unlikely that the principles will change. These are:</p> <ul style="list-style-type: none"> <li>• Focused on individual care needs.</li> <li>• Based on an understanding of the physical and mental well-being of individuals in their current situation</li> <li>• Based on early intervention</li> <li>• Requires joined-up working/information sharing.</li> <li>• Based on a human rights approach</li> </ul>	<p>All although women in particular</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>The Strategy recognises the Gender Pay Gap, how this affects women carers, the difficulties for women carers in getting access to training, the difficulties for women in maintaining employment if they are carers, that women often become lone parents if caring for children, that women often become carers of siblings if the parent dies and that the situation is worsening for this particular group.</p> <p>The Strategy recognises that responsibility of caring is often unplanned and sudden (this can often be due to the death of a parent and a sibling may take on the caring role). This transition stage is recognised in the strategy and actions to raise awareness of support for new carers are identified.</p> <p>The needs of young Adult Carers will be further recognised in the development of the proposed Young Adult Carer Action Plan.</p> <p>The strategy includes work to continue implementation of the Carer Support Plans. Gypsy/Roma/Traveller communities, and other families which are moving through the area, will have the option of taking their plan with them if moving away from the area and this helps to reduce barriers to support. There may be opportunities to better connect to the community working with these groups. Opportunities for strengthening links to the community worker should be investigated.</p> <p>The Strategy recognises that language can be a barrier, not only for those whose English is not their first language, but also because many people have caring roles but do not recognise themselves as carers. For example, older gay men who care for their partners, often refer to themselves as a friend. Some ethnic minorities do not regard themselves as carers. The use</p>	

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>of inclusive language is acknowledged in training and refined through practice.</p> <p>The Strategy recognises that a carer's income and housing may change due to changes in circumstances of the cared for person for example if the cared for person goes into care or dies. The Carer Support Plan can assist/be a prompt for these difficult conversations and can help identify support and assistance (getting back to employment for example) and aid longer term planning. Financial advice and information are a key priority of the Strategy.</p> <p>There is a finite envelope of funding and it is vital that we ensure that we know what is working well and what does not work so well. This will help ensure value for money and efficiency. The Strategy identifies that a Performance Management Framework is currently being developed.</p> <p>The Strategy has endeavoured to ensure that breaks from caring are organised on a locality basis, where viable, to try and ensure that travel time for the carer does not negate any break from caring time. Transport is a crucial part of carer's lives.</p> <p>The Strategy recognises the valuable role which employers have in supporting carers and works to promote carer positive status in Edinburgh. Work to advance carer friendly policies and enhance carer employer status for both NHS Lothian and CEC will be considered.</p> <p>The Strategy prompts more choice and a creative approach to meeting needs, in particular through the use of SDS. (Options to buy more smaller services to give cumulative effect)</p>	

<b>Equality, Health and Wellbeing and Human Rights</b>	<b>Affected populations</b>
<p><b>Negative</b></p> <p>The Strategy identifies links to other areas of development and strategies however joined up plans around these could be areas for further development.</p> <p>The Strategy does not explicitly note any link to the Veterans covenant and the support which is available to veterans and their families. There appears to be inconsistencies in information available.</p>	

<b>Environment and Sustainability including climate change emissions and impacts.</b>	<b>Affected populations</b>
<p><b>Positive</b></p> <p>Goods, services and works will be procured in a way that supports the key priorities to tackle poverty through Fair Work, support initiatives that grow opportunities and capacity in the city, use community benefit spend to support disadvantaged communities and contribute to the impact of climate change on the city.</p>	
<p><b>Negative</b></p>	

<b>Economic</b>	<b>Affected populations</b>
<p><b>Positive</b></p> <p>The cost of living crisis and economic considerations for carers, including employment, are a key aspect of the Strategy.</p> <p>The Young Carer Action Plan which will be developed will consider transitions and employment.</p>	
<p><b>Negative</b></p>	

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

No

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

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.

No further evidence is required.

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
Assess opportunities to better connect/strengthen links to community workers/communities with families which might be moving through the area.	Edinburgh Carer Strategic Partnership Group (ECSPG)		

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
Continue to encourage the use of inclusive language through training and in practice.	ECSPG		
The Strategy identifies links to other areas of development and strategies however joined up plans around these could be areas for further development.	ECSPG		
The Strategy recognises the valuable role which employers have in supporting carers. Work to advance carer friendly policies and enhance their carer positive employer status for both NHS Lothian and CEC will be considered. Best practice in other organisations to be considered e.g. Independent Living Fund Scotland.	ECSPG		
Opportunities to establish/strengthen carer staff groups/colleague networks/peer support groups at CEC and NHS Lothian will be investigated and encouraged.	CEC/NHS Lothian		
The Strategy does not explicitly note any link to the <a href="#">Veterans Covenant</a> Fund Trust and the support which is available to veterans and their families. Actions will be considered which	ECSPG		

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
will help ensure that consistent information is widely available.			

**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?**

**16. Sign off by Head of Service**

Name Tony Duncan



Date 25-07-23

**17. Publication**

Completed and signed IIAs should be sent to:

[integratedimpactassessments@edinburgh.gov.uk](mailto:integratedimpactassessments@edinburgh.gov.uk) to be published on the Council website [www.edinburgh.gov.uk/impactassessments](http://www.edinburgh.gov.uk/impactassessments)



**Edinburgh Integration Joint Board/Health and Social Care**  
[sarah.bryson@edinburgh.gov.uk](mailto:sarah.bryson@edinburgh.gov.uk) to be published at  
[www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/](http://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/)



## REPORT

### Primary Care Improvement Plan (PCIP) 6.0 Tracker Submission

Edinburgh Integration Joint Board

8 August 2023

<b>Executive Summary</b>	This report updates progress and should be read together with the 'tracker' (appendix 1) which was submitted to Scottish Government as part of the governance process for PCIP funding (by 12.5.23) and following agreement through the Lothian GP Sub Committee/LMC (24.4.23). The EIJB Performance & Development Committee approved submission (12.4.23) in lieu of the IJB.
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<b>Recommendations</b>	<p>It is recommended that the <b>Edinburgh Integration Joint Board:</b></p> <ol style="list-style-type: none"> <li>1. Note this summary of progress and associated issues as of March 2023 and the end of the PCIP investment period</li> <li>2. Note a new requirement for this (6.0) tracker to be agreed by the NHS Lothian Chief Executive.</li> <li>3. Recognise the disconnect between population growth and PCIP share and consider how this should be pursued.</li> <li>4. Consider the merit of an annual comprehensive IJB report and brief on Primary Care, following the end of the PCIP investment period.</li> </ol>
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### Directions

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

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5. EHSCP Performance and Development Committee (12.4.23)
6. EHSCP EMT (13.4.23)
7. Primary Care Leadership & Resources Group (28.4.23)
8. NHS Lothian EMT (tbc)
9. Lothian GP Sub Committee / LMC (24.4.23)

## Main Report

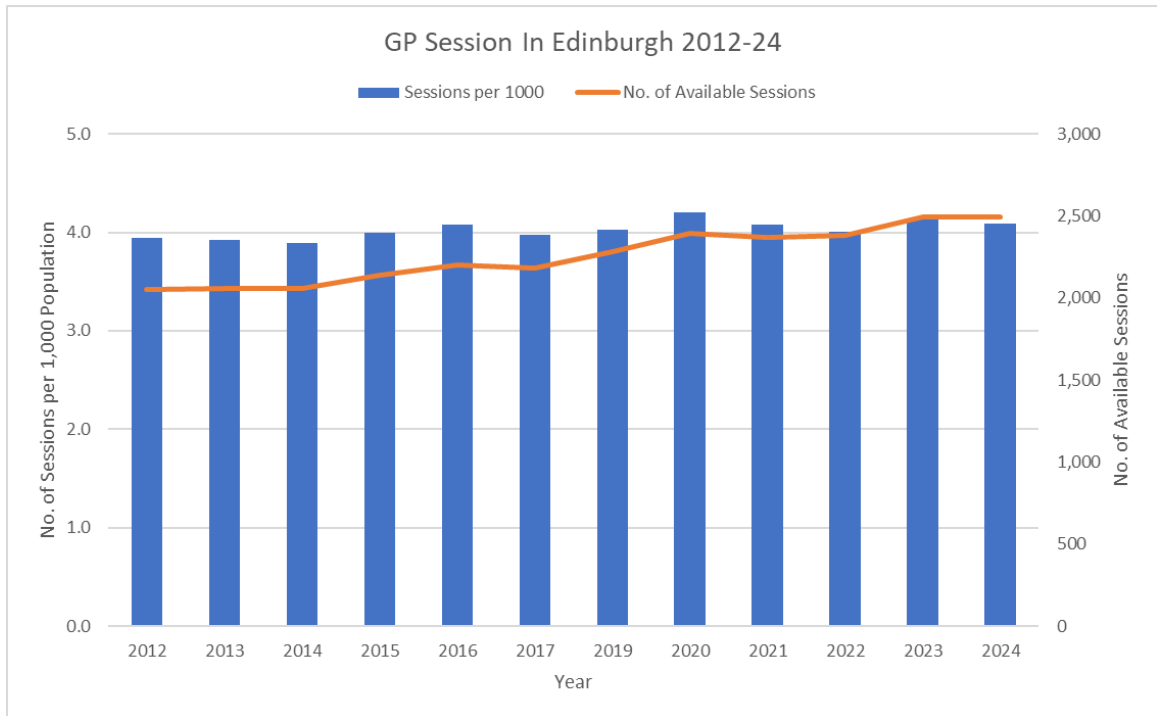
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### Background

10. 'Trackers' of PCIP progress are required by Scottish Government each 6 months. This offers the opportunity to review progress internally and consolidate into a single summary report. The last comprehensive review of both PCIP and the associated 'Transformation' of Primary Care in Edinburgh, can be found in the [August 2021 submission](#).
11. One intention of the PCIP reporting, has been to inject some optimism into Primary Care in Edinburgh and build ownership; that despite all the challenges we are making steady progress.
12. A host of other non-PCIP support is offered to practices by the Edinburgh Primary Care Support Team; support to Clinical Quality networks, grants to improve the application of technology, support for 'clinical admin' etc. This report references some of these but concentrates on the PCIP fund.
13. Whilst the report demonstrates continued progress, we also rehearse the parallel message that the weight of population increase, relative lack of medical staff and pandemic workload 'hangover', continues to threaten to overwhelm several of our practices at any time.
14. In South-East Edinburgh several practices have had no choice but to close their lists formally, whilst many others effectively informally restrict access to registration as they cannot support all requests. We anticipate this situation becoming more pronounced in North-East Edinburgh during 2023. The removal

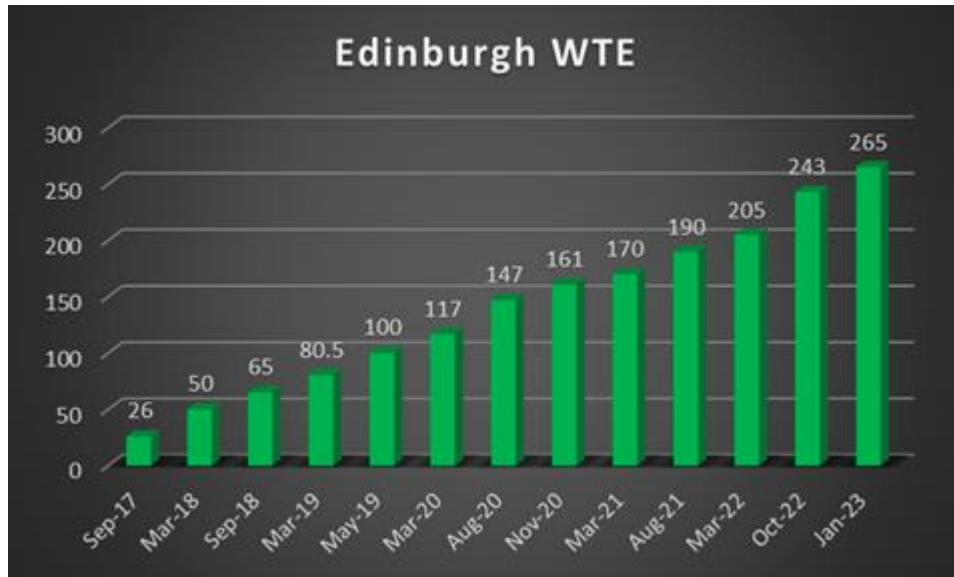
of 'restricted' status in 2021 has simply made this pressure less obvious. In reality, almost every Edinburgh practice needs to limit access to patients seeking to join their list.

15. In making this situation explicit, is important to acknowledge the flexibility and resilience of Edinburgh Primary Care in response to the population challenge. As of January 2023, c90,000 more patients were registered than in 2012 and we expect to confirm a GMS population of 600,000 in April this year.
16. This report comes at the end of the investment phase of the PCIP. £14.2M of PCIP funds have been committed, along with £2.9M of Transformation and Stability Funds and the reinvestment of c£1M of ex- 17C funding. We anticipate a further allocation of c£4.7M for Covid related vaccination. Application of this combined fund of £22.8M continues be reported to and guided by the Edinburgh Primary Care Leadership and Resources Group (L&R) as agreed by the EIJB.
17. The workload challenge resulting from population increase and complexity was well established before the PCIP funding began to be invested in mid-2018. At the beginning of the investment period, Edinburgh HSCP estimated that c600 weekly sessions of additional medical capacity were required to re-establish stability and the PCIP funds were to be deployed to try to impact on this deficit. The additional workload and staffing challenges subsequently brought by the pandemic, are common to primary care across the world.
18. Figure 1 (below) shows the number of GP sessions available in Edinburgh (using a consistent sessional yield of 6 sessions per GP on the Performers List.



The blue columns demonstrate a relatively stable picture despite population building, with c2500 medical sessions available to the City per week, or 4 per 1000 people. The brown line shows the absolute number building, as we continue to attract more GPs and build the GP Performers List. Whilst this is a much more positive picture than in many primary care systems across the UK, it demonstrates that the ratio of GPs to population has been unable to get beyond 4 sessions per 1000, when it should be nearer 5.

19. PCIP Staffing progress (Figure 2)



As can be seen in Figure 2 the PCIP staffing continues to grow steadily, although vacancies reduce these numbers by 10-15% at any time. The number will increase to c300wte, excluding the (non PCIP) vaccination workforce. The removal of the underspend now limits flexibility round opportunistic appointments and has made workforce planning more restrictive.

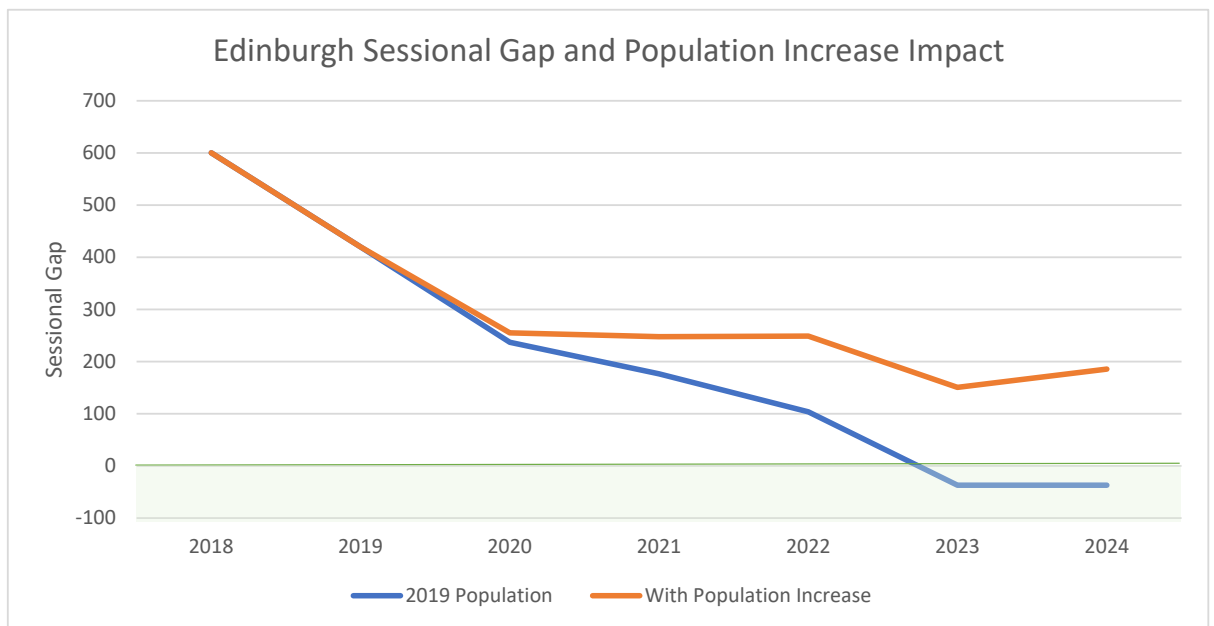
20. The previous report anticipated two further developments which would give the potential to add capacity to the combined impact of PCIP + Transformation and Stability (T&S) Fund + 17C reinvestment.

- Vaccination Workforce; as this settles, a net benefit to Community Treatment and Care (CTAC) workforce for the periods between the spring booster and winter flu/covid campaigns, is now within reach.
- Secondly, the anticipated funding for the Primary Care Mental Health & Wellbeing Teams (PCMHWTs) has not materialised and is not anticipated during 2023/4. This has caused understandable frustration and significant difficulty in terms of capacity across primary care, as the greatest reported increase demand comes from distress and anxiety.

Aspiration vs Delivery

21. In 2018 the Edinburgh IJB considered and supported the first Edinburgh PCIP. An important, if financially modest, investment in evaluation of the PCIP was supported as part of our plan. This resource has proved invaluable. Figure 3 (below) shows the impact of PCIP capacity with and without population increase. The blue line shows the impact of additional PCIP resource on closing the estimated clinical (medical) sessional gap, based on population remaining stable since 2019. The brown line demonstrates the same impact after accounting for the actual 50k population increase since 2018. In short, the undoubted impact of the growing and increasingly effective PCIP workforce, has been materially diluted by population increase.

22. Figure 3 Impact of PCIP in Medical Session Equivalents



23. As was seen in Figure 2, we have almost reached the point where we have appointed all the staff we are funded for. We anticipated a recurring underspend on these staff of c£1M and have agreed that this funding is recycled through our Transformation and Stability (T&S) fund to be able to be paid directly to practices for phlebotomy. In turn, this satisfies one of the expectations of the New Contract where phlebotomy was to be delivered by CTACs. It was recognised that to support CTACs to do this would require a very resource intensive and expensive service to be established. To illustrate,

we estimated that we could deliver phlebotomy at c£9 per episode, where practices could do this for c£3 per episode. Practices can very economically, provide almost 1000hrs additional capacity per week, or an average of 14hrs per practice a week.

24. The easiest way to understand the average picture for Edinburgh practices, is that they now have an 'allocation' of c1.0wte PCIP resource per 2500 patients. The average Edinburgh practice of 8500 will have c3.5wte. As a rough guide, 0.7wte will be delivered outside the practice through vaccination and CTAC support and with another c2.5-3.0wte recognised as embedded members of the Multidisciplinary Team (MDT). If the practice had a 17C contract, they may have chosen to retain an element of direct funding as part of their PCIP allocation. Practices with high levels of deprivation are also augmented by 'core' Community Link Workers, who are not counted against their PCIP allocation.
25. Appendix 2 is a detailed spreadsheet which shows the benefit to each practice of the PCIP, retained ex-17C and T&S investments. This is essential for transparency and allows all practices sight of what benefit other practices are receiving. The spreadsheet results in regular and very welcome challenges from practices, seeking to understand if they have been disadvantaged or why some other practices have been advantaged.
26. Whilst we believe that there has been and continues to be a commitment to equity, we explicitly acknowledge those practices where we assess that they have been under or over resourced (shown in orange on Appendix 2). At next opportunity (ie staff movement) these investments will be adjusted in each practice.
27. Turnover of appointed staff and the training and support required for new MDT members has been referred to as 'turbulence' for the last couple of years, with the expectation that this would settle. The current situation is that this effect is no longer a significant factor outside pharmacotherapy and CTACs. With both, significant additional training is required for most new staff and the likelihood is

that relatively high turnover will continue (albeit less than the current rate). This may reasonably be considered as a symptom of service strength – although no less frustrating for a practice which has invested considerable effort with a new member of staff who then moves on.

28. For other groups of practice embedded staff, the experience is of more stability. This is testament to the efforts of our practices in welcoming the MDT staff into their teams and most consider their roles to be well appreciated and dynamic, with opportunity to evolve and innovate. We continue to maintain the clear commitment never to move embedded staff out of a practice to solve a problem elsewhere – unless we have the explicit agreement of the host practice.
29. Table 1 (below) gives an assessment of the equivalent sessional impact of all the PCIP investments. The assessment is a mix of objective evaluation such as the direct workload contribution of fully embedded physiotherapists, mental health nurses and ANPs, along with the more elusive estimates attached to pharmacotherapy and Link Workers. The final column estimates how much of the ‘full benefit’ we have had from these investments to date. Although this full benefit estimate is subjective, there is some substantiation available, such as our (2023) Evaluation Report on CTACs.
30. Table 1 Overall PCIP Impact Assessment

Staff Group	No. of WTE	No. of Weekly Appointments	Adjusted Sessional Equivalent Contribution Per Week (75%)	% of Delivery Achieved
ANP	26	1,872	90	80%
PA	5	350	13	80%
SAS AP	5	150	15	80%
MSK	19.1	764	57	90%
APP	1.2	46	5	95%
CTAC	23	782	31	50%
Mental Health	25	1,225	62	90%
Link Working	21.9	262	13	80%
Pharmacotherapy*	94.6	N/A	170	70%
Vaccination**	50	9,000	113	80%
<b>Total</b>	<b>270.8</b>	<b>14,451</b>	<b>568</b>	

\*Assuming 60% of total to account for non-workload activity.

\*\*Assuming 5mins per patient for 450k annual vaccination population.



31. The number of weekly appointments is an evaluation-based average based on staff being present and fully trained. The 'Adjusted Sessional Equivalent (ASE)' reduces this number by 25% to account for absence and staff inexperience, before converting to the equivalent number of medical sessions which would otherwise have been required to deliver the service. The ASE can be seen to apply differentially across the PCIP programs, but nevertheless provides us with an **estimate** of the extent to which the investments impact on workload. The real impact is of course much more nuanced and described by the individual evaluations.
32. Vaccination provides a good example. GPs and Practice Nurses will recall delivering flu vaccinations in intense one-off weekend clinics, where a single practitioner might deliver c150 in a day. This would no longer be possible with the consent, checks and information gathering required and GP/PNs would be obliged to work within this framework. With delivery of 9000 per week over the course of a year, this is therefore calculated as equivalent to 150 sessions of GP time. It should be noted that this ratio includes housebound and care home residents who would be much more time consuming than patients attending a practice clinic. The estimate of workload impact therefore combines both work **removed** (flu/pneumococcal/travel) and paid for by the PCIP, with work **diverted** (covid) from GMS and paid for with additional funds.
33. Pharmacotherapy has been a success in terms of the workforce building and increasingly being trained to make an impact on workload, clinical quality and safety. There is much more to be done with the development of hubs for 'Level 1' support and meeting our own target of 80-85% of qualified pharmacists being Independent Prescribers. Our evaluation cannot use weekly appointments but estimated that the average pharmacotherapy staff member in post contributes 3 sessions per week across the grades from technician to team leads. The average member of the pharmacotherapy team uses 20% of their capacity for non GMS delivery and the Team Lead's contribution is reduced by 50% to account for their other duties. The sessional contribution is therefore determined by staff in post less c5.0wte for team leads, x 3 for average

sessional contribution, x 0.8 for non-workload activity x 0.75 to account for leave and experience, giving c170 sessions per week as a realistic estimate of contribution.

34. Edinburgh did not embrace CTACs early in the process, but we have been building quickly to a recognisable network able to consistently remove a growing portion of the Practice Nursing workload. We undertook a review of current and anticipated contribution at the end of 2022. As a result of this, we are confident that activity can be increased significantly over 2023 as further capacity is put in place. Further assessment of the impact on Practice Nurses workload and consequent opportunity, is being considered.
35. Setting aside the complexity of reporting helpfully on each individual MOU area, the overall impact can be seen as an additional 15,000 patient appointments per week added to primary care capacity. If vaccination is removed and the remaining c6000 weekly appointments are adjusted for leave/training etc then the additional weekly capacity is reduced to c4500 appointments, reliably delivered by PCIP investment. The GP workforce is estimated to deliver c42,000 patient appointments per week, so we can reasonably estimate that we are augmenting GMS workload with c12% additional capacity. In addition, a considerable Covid Vaccination workload was deflected from Primary Care and we are using Transformation & Stability resources to promote clinical admin and to ensure the majority of phlebotomy is funded (amongst other investments).
36. As part of the tracker submission in mid-2022 we were asked what 'full implementation' would cost. We found this a very difficult question to establish consensus on. This is because the New GMS Contract (2018) 'promised' service and workload shifts which were out with either financial or operational reality. This is not a criticism of the New Contract, simply a reflection on what we have learnt during 4 years of implementation. We believe that without Edinburgh's increasing population challenge, we could have credibly claimed to have effectively augmented more than c10-12% of workload. We assess that if

the resource were doubled, this could be increased to c20% and primary care would be re-stabilised, as well as being much more resilient into the future. This doubling would not however, deliver all of the New Contract potential, but would be an effective application of public funds.

37. The Government 'PCIP -Update and Next Steps' (31.3.23) proposes (Annex A) that we, 'make available sufficient staff to ensure that an adequate service continues to be available, including annual leave, sickness, parental leave etc.' This was specifically addressed in the 2019 Edinburgh consultation, where we highlighted the choice between putting as much resource out to practices as possible, or to retain c20% to provide cover. We have in place adequate non PCIP resource for our vaccination team to provide cover. In addition, partial cover is available for our pharmacotherapy hubs and CTACs. It is both financially out of reach and operationally almost impossible to provide cover provision for practice embedded staff. These staff work as an integrated (not discrete) and **embedded** part of the clinical team, and it is misleading to suggest that any arrangement can be put in place which allows their work to be regarded as separate. The risk is that work not undertaken by an absent PCIP staff member would not be picked up by the rest of the team, resulting in both backlogs and clinical risk. If more funding for MOU areas was available, it would remain difficult to deliver cover except for CTACs, vaccination and pharmacotherapy hubs.

#### Where Next?

38. The PCIP implementation process still has some way to go to reach a 'settled' picture where we assess that turnover is as low as it can be, the number of staff undergoing intense support and training is limited to c10%, and each of the services are well established and appropriately accessed.
39. The government has signalled the ultimate intention to issue enforceable directions for both CTACs and pharmacotherapy. We continue to voice our concerns over the associated risk of trying to impose a defined specification, on

service investments made at a point in the PCIP implementation where local variation was emphasised.

40. Whilst work on establishing a 'settled picture' continues, our evaluation focus has begun to turn attention to the benefits of certain PCIP staff offering an increasingly connected service between them. We have already seen elements of this with GPs/Mental Health Nurses/Pharmacists/Link Workers, co-ordinating their response to demand.
41. This work will inform our aspiration to develop 'enhanced Primary Care Expansion Teams (CETs)' attached to certain practices. CETs have been proposed to help us to absorb more population in the absence of any commensurate investment in the primary care premises required for our growing population. Like our 'LEGUPs' and extensive small and intermediate premises schemes, these should be seen as buying us more time, rather than solutions in themselves. At time of writing, we understand that the current 'pause' in capital investment available from government to support population expansion could last 3 years. A separate report (Edinburgh Population Growth and Primary Care Premises Assessment 2022-2030) made clear the requirement for urgent and substantial investment.
42. The additional outstanding investment into mental health remains a critical gap in capacity, which would make a huge difference to both medical workload and to the experience of those who need support. The foundations for this were laid in 2022 and not to capitalise on this momentum would be a huge opportunity missed.

## **Implications for Edinburgh Integration Joint Board**

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### **Financial**

43. During 2022 an important issue was the application of the underspend. Early conversations with Scottish Government about whether a proportion of the underspend could be applied more widely to support primary care and over an

extended timescale, were abruptly stopped as the wider funding predicament facing public services became clearer. Edinburgh, like other HSCPs, was obliged to forfeit accumulated underspend (c£5M) which could have helped to support the continued transformation, allow us to develop further ways to cope with additional population and ensure stability. Nevertheless, subsequent conversations confirmed support for Distress Brief Intervention (DBI) to be developed over 2022/3 & 2023/4 with the expectation of PCMHWT funding becoming available at some future date.

44. Appendix 1 reports our 2022/23 out-turn against the £14.7M available (Including 22/23 Pay Award); £13.5M giving a surplus of £1.2M. We have agreed that £680k of this will be carried into 2023/24 for investment currently ear marked for DBI. The remaining £520K will be retained for (non-recurring) core PCIP investment, on top of the full 2023/24 PCIP allocation.

It should be noted that this £1.2M carry forward should be uplifted for 2023/24 costs in due course.

This retained flexibility will be vital to allow us to support population increase in 2023/24, whilst recurring adjustments are agreed.

### **Risk implications**

45. The risk associated with PCIP implementation is that it is insufficient to prevent the recurrence of instability in medical practices across the City, as experienced most acutely in the period 2015-18. This risk remains at 'severe' on the HSCP and NHS Lothian corporate risk registers. Previous experience of instability clearly showed the direct links between struggling practices and increased prescribing costs and increased admissions to hospital.
46. The issue of population increase has materially diluted the impact which the PCIP investment in Edinburgh would otherwise have made. A resource which was agreed for a population of c550,000 (GMS list size) is now spread across 600,000. This means a reduction of impact of almost 10%.

47. This reduction manifests in 2 obvious ways. Firstly, as a practice grows its list to try to accommodate all the patient demand in the area, they naturally wish to see their PCIP allocation grow at a rate of an additional 0.5wte per 1000-1500 more patients. Secondly, there are many practices which cannot grow their list and need to direct new people to the city to another practice with capacity. To establish 4 practices in the city with this extra capacity, we need to be able to establish strengthened PCIP teams for these practices.
48. A separate paper has been developed, 'Fair Shares for a Growing Population', which addresses the disconnect between population increase and our proportion of the national PCIP allocation.
49. The potential introduction of directions on two of the MOU areas; Pharmacotherapy and CTACs, risks the constructive relationship with local GPs being eroded from one which makes the best possible use of the resources available, to the HSCP being held accountable by GPs for the undeliverable.

## Final Comment

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50. The PCIP investment and associated transformation process is not yet over, and the Government has hinted at additional PCIP resources. The whole process has undoubtedly been successful and shown that the careful embedding of other clinicians into primary care teams can add both capacity and expertise, without adding the burden of direct management and responsibility of further employed staff. The starting point for the first PCIP plan in 2018 was one of crisis and widespread service risk. The implementation period then had to absorb the additional strains of the pandemic and is still absorbing the aftershocks. That could not be foreseen nor avoided. What can be foreseen and avoided, is that Edinburgh's population is growing steadily and both PCIP and premises resources are being diluted by funding arrangements which are not sufficiently sensitive to this context.

## Report Author

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**David White**

**Edinburgh HSCP Primary Care Strategic Lead**

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Telephone: 07974 185419

## Background Reports

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1. EHSCP 2019 Consultation on equity of distribution of PCIP funds. [EHSCP 2019 Consultation on equity of distribution of PCIP funds.pdf](#)

## Appendices

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**Appendix 1** Edinburgh PCIP 6 Tracker (Password 171078)

**Appendix 2** Edinburgh PCIP, TS & 17C Investment

**Appendix 3** Acronyms

## PCIP 6 - Local Implementation Tracker Guidance

### Purpose of Tracker

We are collecting information about the primary care workforce funded through the Primary Care Improvement Fund (PCIF) and other funding streams, and the activity which is being delivered by these staff. We are also collecting financial information relating to your Primary Care Improvement Plan (PCIP). These trackers have been combined in order to simplify the process.

### What information is mandatory/voluntary?

Please note that all information is mandatory at this time. We are using the following colour scheme:

Orange cells are required to be completed.

Grey cells are for guidance or are automatically populated

### Returning the template

The template should be completed and returned via eRDM connect. Those requiring access to eRDM connect should email [julia.vanaart@gov.scot](mailto:julia.vanaart@gov.scot) and instructions will be provided on the site on how to download and return the template.

Trackers should be returned by **12th May**.

If you have any accessibility issues with filling out the tracker, please get in touch.

### Guidance for completing the form - general

To help you fill out these trackers, we have scheduled support sessions on 13th April and 20th April. As part of these sessions we will talk you through the tracker, and you will be able to ask questions. We will circulate the slides for those who can't make it to these sessions.

### Guidance for completing the form - definitions and detailed guidance

More detailed guidance is available in a word document also on eRDM connect. [Please read this document before completing the tracker.](#)



PCIP 6	
Health Board Area:	NHS Lothian
Health & Social Care Partnership:	Edinburgh City
Total number of practices (overwrite if necessary):	70

MOU PRIORITIES					
<b>2.1 Pharmacotherapy</b>		Practices with access to service by 31/3/23 (overwrite if necessary)			
Level 1: Authorise/action acute prescribing requests		60			
Level 1: Authorise/action repeat prescribing requests		50			
Level 1: Authorise/action hospital discharge letters/outpatient requests		68			
Level 1: Other		6			
Level 2: Medication review (more than 5 medicines)		58			
Level 2: other		50			
Level 3: poly pharmacy reviews and specialist clinics		58			
Level 3: other		0			
What type of model are you running this service with? GP embedded or hub based etc.					
Mixture of GP embedded and Hub					
How many practices have no access to any of the subservices listed?					
0					
Please provide an estimate of the percentage of the population that has no access to any of the subservices listed.					
0					
Please provide a (rough) estimate of the percentage of Pharmacotherapy activity that is funded through PCIP.					
1					
If responded "other model" being used to run this service, please provide more details here.					
<b>2.2 Community Treatment and Care Services</b>		Practices with access to service by 31/3/23 (overwrite if necessary)			
		Total weekly appointment capacity (based on your current workforce), PCIF and non-PCIF funded.	Total current number of appointments taken up (activity) in a typical week, PCIF and non-PCIF funded.	Standard/average appointment time (in minutes), on which activity numbers are based.	
General Practice phlebotomy	70	4500	4500	10	
Chronic Disease Monitoring	0				
CTAC treatment services including but not limited to ear syringing, suture removal etc	56	925	825	20	
What type of model are you running this service with? GP embedded or hub based etc.					
Mixture of GP embedded and Hub					
How many practices have no access to any of the subservices listed?					
0					
Please provide an estimate of the percentage of the population that has no access to any of the subservices listed.					
>0% - 25%					
Please provide a (rough) estimate of the percentage of Community Treatment and Care Services that are funded through PCIP.					
>50% - 75%					
What adjustment factor did you use to calculate your appointment capacity? (The adjustment factor is the percentage of capacity at 100% workforce availability anticipated to be lost through leave.)					
22%					
Please provide further details on the source and methodology used for capacity and activity data - see guidance document for more information.					
CTAC capacity and activity data captured via local activity dashboard.					
<b>2.3 Vaccine Transformation Program</b>		Practices with access to service by 31/3/23 (overwrite if necessary)			
Pre School - Practices covered by service	70				
School age - Practices covered by service	70				
Out of Schedule - Practices covered by service	70				
Adult immms - Practices covered by service	70				
Adult flu - Practices covered by service	70				
Pregnancy - Practices covered by service	70				
Travel - Practices covered by service	70				
What type of model are you running this service with? GP embedded or hub based etc.					
Hub					
How many practices have no access to any of the subservices listed?					
0					
Please provide an estimate of the percentage of the population that has no access to any of the subservices listed.					
0					
Please provide a (rough) estimate of the percentage of the Vaccine Transformation Program that is funded through PCIP.					
>0% - 25%					
If responded "other model" being used to run this service, please provide more details here.					
<b>2.4 Urgent Care Services</b>		Practices with access to service by 31/3/23 (overwrite if necessary)			
		Weekly appointment capacity (based on your current workforce), PCIF and non-PCIF funded.	Current weekly appointment activity, PCIF and non-PCIF funded.	Standard/average appointment time (in minutes), on which activity numbers are based.	
In-practice	32	1600	1310	15	
External appointments e.g. house visits or care homes	10	180	150	30	
What type of model are you running this service with? GP embedded or hub based etc.					
GP embedded					
How many practices have no access to any of the subservices listed?					
38					
Please provide an estimate of the percentage of the population that has no access to any of the subservices listed.					
>50% - 75%					
Please provide a (rough) estimate of the percentage of Urgent Care Services that are funded through PCIP.					
1					
What adjustment factor did you use to calculate your appointment capacity? (The adjustment factor is the percentage of capacity at 100% workforce availability anticipated to be lost through leave.)					
22%					
Please provide further details on the source and methodology used for capacity and activity data - see guidance document for more information.					
Urgent Care represents ANPs, NPs, Physician Associate and Paramedic. Capacity and activity data captured through local, multi-source evaluation conducted in 2022. Data was collated via manual audit as well as Practice Data Systems, with approach tailored based on the					
<b>Additional professional services</b>					
<b>2.5 Physiotherapy / MSK</b>		Practices with access to service by 31/3/23 (overwrite if necessary)			
		Weekly appointment capacity (based on your current workforce), PCIF and non-PCIF funded.	Current weekly appointment activity, PCIF and non-PCIF funded.	Standard/average appointment time (in minutes), on which activity numbers are based.	
Practices accessing APP	32	650	550	20	
What type of model are you running this service with? GP embedded or hub based etc.					
GP embedded					
Please provide an estimate of the percentage of the population that has no access to APP.					
>50% - 75%					
Please provide a (rough) estimate of the percentage of Physiotherapy/MSK that is funded through PCIP.					
1					
What adjustment factor did you use to calculate your appointment capacity? (The adjustment factor is the percentage of capacity at 100% workforce availability anticipated to be lost through leave.)					
22%					
Please provide further details on the source and methodology used for capacity and activity data - see guidance document for more information.					
Capacity and activity data collected via monthly activity audit returns from APPs.					
<b>2.6 Mental health workers</b>		Practices with access to service by 31/3/23 (overwrite if necessary)			
		Weekly appointment capacity (based on your current workforce), PCIF and non-PCIF funded.	Current weekly appointment activity, PCIF and non-PCIF funded.	Standard/average appointment time (in minutes), on which activity numbers are based.	
Practices accessing MH workers / support	23	1134	1000	20	
What type of model are you running this service with? GP embedded or hub based etc.					
GP embedded					
Please provide an estimate of the percentage of the population that has no access to MH workers / support through PCIP.					
>50% - 75%					
Please provide a (rough) estimate of the percentage of Mental Health Workers that are funded through PCIP.					
1					
What adjustment factor did you use to calculate your appointment capacity? (The adjustment factor is the percentage of capacity at 100% workforce availability anticipated to be lost through leave.)					
22%					
Please provide further details on the source and methodology used for capacity and activity data - see guidance document for more information.					
Capacity based on standardised rotas used by MH staff, adjusted for leave. Activity based on capacity, adjusted for DNA, cancellation etc.					
<b>2.7 Community Links Workers</b>		Practices with access to service by 31/3/23 (overwrite if necessary)			
		Weekly appointment capacity (based on your current workforce), PCIF and non-PCIF funded.	Current weekly appointment activity, PCIF and non-PCIF funded.	Standard/average appointment time (in minutes), on which activity numbers are based.	
Practices accessing Link workers	44	334	250	60	
What type of model are you running this service with? GP embedded or hub based etc.					
GP embedded					
Please provide an estimate of the percentage of the population that has no access to Link workers.					
>25% - 50%					
Please provide a (rough) estimate of the percentage of Community Links Workers that are funded through PCIP.					
1					
What adjustment factor did you use to calculate your appointment capacity? (The adjustment factor is the percentage of capacity at 100% workforce availability anticipated to be lost through leave.)					
22%					
Please provide further details on the source and methodology used for capacity and activity data - see guidance document for more information.					
Data taken from CLW Annual Report - data collated via audit returns from CLWs.					
<b>2.8 Other - please provide details in the description box below</b>		Practices with access to service by 31/3/23 (overwrite if necessary)			
		Weekly appointment capacity (based on your current workforce), PCIF and non-PCIF funded.	Current weekly appointment activity, PCIF and non-PCIF funded.	Standard/average appointment time (in minutes), on which activity numbers are based.	
Other	70				
Please provide a (rough) estimate of the percentage of Other services that are funded through PCIP.					
0					
What adjustment factor did you use to calculate your appointment capacity? (The adjustment factor is the percentage of capacity at 100% workforce availability anticipated to be lost through leave.)					
Please provide further details on the source and methodology used for capacity and activity data - see guidance document for more information.					
Clinical Admin c20wte					

Workforce profile

Health Board Area:	NHS Lothian
Health & Social Care Partnership:	Edinburgh City

Table x: Workforce profile (WTE)

Funding category	Financial Year - Please overwrite data if necessary	Service 2: Pharmacotherapy			Service 1: Vaccinations			Service 3: Community Treatment and Care Services			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers
		Pharmacist	Pharmacy Technician	Pharmacotherapy Assistant / Other Pharmacy Support Staff	Nursing	Healthcare Assistants	Other [a]	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Other [a]	
WTE staff funded through PCIF	In post at 31 March 2022	73.9	31.1	0	9	0	0	14.6	5.3	4.5	26.3	5	6	23	16	0	22.4
	In post at 31 March 2023	71.65	33	2	9	0	0	24	4.29	5.2	24.49	5	5	26.09	21.77	0	24.7
	FORECAST: In post at 31 March 2024 [b]	72.6	37	2	9	0	0	25.5	16.29	6.2	26.99	5.46	6	28.09	21.77		24.7
WTE staff not funded through PCIF	In post at 31 March 2022	1	0	0	16	23	20	0	0.6	0	2.7	1	0	0	0	0	0
	In post at 31 March 2023	2	0	0	15	23	17	0	0.6	0	3.12	1	0	0	0	0	0
	FOPRECAST: In post at 31 March 2024 [b]	2	0	0	21.5	23	16	0	0.6	0	3.12	1	0	0	1	0	0

[a] please specify workforce types in the comment field  
 [b] If planned number cannot be estimated, add n/a  
 [c] please provide more details in the comment field

Comment: Vaccination workforce supported with an extra c20wte in peak time. Vaccinations Programme is delivered via Edinburgh Primary Care Support Team Management (Scottish Government funding for the Vaccination programme, CTAC Team, NHS Lothian Travel Clinic, Practice Nurses through Staff Bank, Midwives, School Nurses & Health visitors).

Key: IAs need to input to all orange shaded cells These are Cells D17:E30, G17:G30, G36, F43:F56  
 Grey cells are calculated cells - no input required

Integration Authority: **Edinburgh City**

NHS Board Area: **Lothian**

Total PCIF 2022-23 (£000): **£14,192**

**1. Expenditure Forecast 2022-23**

All values are in £000s

PCIF programme:	Category	Actual YTD Spend £000s	Actual Spend to the year-end £000s	Total Spend 2022-23 £000s	PCIF AfC uplift costs agreed with Health Boards (3)	Brief Description of Funded Activities (4):
		at 31 October 2022	1 November 2022 to 31 March 2023			
		Total YTD costs (1)	Total Actual Costs (2) - Overwrite if necessary	Total Costs 2022-23		
Vaccination Transfer Programme	Staff costs	467	23	490	0	(pre-school programme, school-based programme, travel vaccinations and travel health advice, influenza programme cohort as at 2018, at risk and age group
	Non-staff costs	0	0	0	0	0
Pharmacotherapy services	Staff costs	2,598	2,305	4,903	237,908	The PCIP share of the fund will only allow for 79wte but Edinburgh will recruit up to 112wte relying on at least 10% staff turnover so Pharmacotherapy budget c£6.75m.
	Non-staff costs	0	0	0	0	0
Community Treatment and Care Services	Staff costs	547	659	1,206	49,951	36wte CTAC + 12 HCA Domiciliary Phlebotomy + £775k (c25wte) Phlebotomy; Edinburgh will have a multi CTACs to support the City practices with 1. Complex
	Non-staff costs	0	0	0	0	0
Urgent care services	Staff costs	775	1,021	1,796	68,502	c42.50wte ANPs, SPP or Physician Associate (Includes 4wte Vacancies). Responsible for providing a level of support to practices on urgent care.
	Non-staff costs	0	0	0	0	0
Additional Professional Roles (including MSK physiotherapists and mental health)	Staff costs	1,196	1,252	2,448	113,690	MSK 21.77wte & Mental Health 28.09wte (Includes 2wte Vacancies). Responsible for providing a level of support to practices.
	Non-staff costs	0	0	0	0	0
Community Link Workers	Staff costs	720	648	1,368	8,188	16.90wte National Programme & 7.80wte PCIP. Responsible for providing a level of support to practices.
	Non-staff costs	0	0	0	0	0
Other - please provide detail in Description box	Staff costs	141	586	727	0	Support: £690,000 per annum: ANP Training / Phlebotomy, Technology, Practice Support and Clinical Management & Evaluation. 2018/2019: £540,907, 2019/2020:
	Non-staff costs	0	0	0	0	0
<b>Total Expenditure</b>		<b>6,444</b>	<b>6,494</b>	<b>12,938</b>		

**2. Legal commitments and reserve position**

Value in £000s

Forecast PCIF reserve position at 31 March 2023 (5)	£1,198
Actual spend on legal commitments agreed with SG in 2022/23 (6)	£156,000
Forecast spend on legal commitments agreed with SG for future years (7)	£680,000

**3. Three year spend summary**

All figures in £000s

PCIF programme:	Category	2021-22 outturn	2022-23 outturn	2023-24 forecast (8)
		Total	Total	Total
Vaccination Transfer Programme	Staff costs	401	490	1,000
Pharmacotherapy services	Staff costs	3,290	4,903	4,700
	Non-staff costs	100	0	0
Community Treatment and Care Services	Staff costs	600	1,206	2,004
	Non-staff costs	91	0	340
Urgent care services	Staff costs	1,301	1,796	2,552
	Non-staff costs	37	0	0
Additional Professional Roles (including MSK physiotherapists and mental health)	Staff costs	1,550	2,448	3,115
	Non-staff costs	46	0	0
Community Link Workers	Staff costs	1,158	1,368	1,336
	Non-staff costs	100	0	0
Other - please provide detail in Description box	Staff costs	N/A	727	350
	Non-staff costs	N/A	0	0
<b>Total Expenditure</b>		<b>8,709</b>	<b>12,938</b>	<b>15,397</b>

NB: Figures shown for Ayrshire and Arran, and Forth Valley are aggregated by Board and not broken down by HSCP.

Please provide any additional comments on your forecast 2023-24 spend below (9);

The 2023/24 Budget is based on Edinburgh share of the national £170m and as of 2022/23 staff cost. The above budget is not to deliver the MOU 100%. For example, Edinburgh PCIP share of the fund and after committing c 45% on non MOU2. Edinburgh can only afford for 79wte in Pharmacotherapy however will recruit up to 112wte relying on at least 10% staff turnover across the workforce and other funding streams, by this Pharmacotherapy budget c£6.75m. The latter will only support the Management of 33% of the acute and repeat prescriptions, medicines reconciliation, performing polypharmacy reviews and serial prescribing. The Scottish Government Vaccination Programme Fund will support the PCIF and ensure at least 90% of the Vaccination & agreed local CTAC services to be delivered. Please note that all costing based on 2022/23 Pay scale

Table x: Intended workforce (WTE)

Service intentions (based on staffing complement required to deliver against each of the MoU services as defined in section 7 the guidance).

Funding category	Service 2: Pharmacotherapy			Service 1: Vaccinations			Service 3: Community Treatment and Care		
	Pharmacist	Pharmacy Technician	Pharmacothe rapy Assistant / Other Pharmacy Support Staff	Nursing	Healthcare Assistants	Other [a]	Nursing	Healthcare Assistants	Other [a]
WTE Service intentions funded through PCIF	97	92	2	9	0	0	34	21	11
WTE Service intentions <u>not funded through PCIF</u>	0	0	0	41.5	23	16	0	0	0

[a] please specify workforce types in the comment field

Comment:

Cost to deliver service intentions (based on staffing complement required to deliver against each of the MoU services as defined in section 7 the guidance).

All figures in £000s

PCIF programme:	Category	Total - Overwrite if necessary
Vaccination Transfer Programme	Staff costs	1,200
	Non-staff costs	0
Pharmacotherapy services	Staff costs	12,500
	Non-staff costs	0
Community Treatment and Care Services	Staff costs	2,700
	Non-staff costs	0

NB: Figures shown for Ayrshire and Arran, and Forth Valley are aggregated by Board and not broken down by HSCP.

Please provide any additional comments on your service delivery spend below;

We have tabled above what we (Edinburgh HSCP Primary Care Support Team) believe would be an 'ideal' PCIP investment modelled on Edinburgh's population, which will shortly reach 600,000 (combined GP list size). This ideal MoU2 investment would be just:  
 Pharma: 95.0 B6/7/8a: 1.25wte per 10,000 (Includes 20% Cover & c5% management) & 95.0 B4/5/6: 1.25wte Per 10,000 (includes 20% Cover & c5% management).  
 Vaccination Travel, Child, Maternity & Flu (65+ & 18-64 At Risk) (excludes Gov vaccination funds, Gov vaccination fund c£4.6m; c60wte)

P Code	Practice	Locality	PCIP WTE	PCIP WTE	Jan-23	T&S	17C	Pharmacotherapy	ANP	NP	PA	SPP	MSK	Mental Health	DBI	HCA	CTAC	Phleb.	Vacc.	LW PCIP	LW NP	C Admin	e Consult
70658	Baronscourt Surgery, 89 Northfield	NEE	3 - 3.5	3.3	2.3			0.98					0.50				0.47	0.33	0.30		0.50	0.29	
70198	Niddrie Medical Practice, Craigmill	NEE	1.5 - 2	1.9	2.7	0.64		0.65						1.00			0.27	0.24	0.17		1.00	0.16	
70215	Craigmillar Medical Group, Craigmillar	NEE	5 - 5.5	5.1	6.5			1.20	1.00	0.61			0.50	2.00			0.74	0.63	0.46		1.00	0.41	
70605	Durham Road Medical Group, 25 Durham Road	NEE	2.5 - 3	2.9	3.6			1.13	0.80	1.00							0.42	0.29	0.26		0.20	0.27	
70785	St Triduana's Medical Practice, 54 St Triduana's	NEE	5.5 - 6	5.6	6.5	0.60		1.40	0.55		1.00		0.50	0.91			0.81	0.54	0.51	0.20	0.50	0.51	
70427*	Milton Surgery, 132 Mountcastle Drive	NEE	4 - 4.5	4.1	3.9		2.50	0.40									0.60	0.39	0.37		0.60	0.36	
70639*	Dr Comiskey & Partners, Conan Drive	NEE	4 - 4.5	4.5	5.3		2.40	0.88		1.00					v		0.65	0.47	0.40			0.41	
70126	Southfield Medical Practice, 132 Mountcastle Drive	NEE	1.5 - 2	2.0	1.5			0.60					0.40				0.29	0.22	0.18		0.20	0.17	
70521	The Hopetoun Practice, Bellevue N	NEL	2 - 2.5	2.4	2.5			0.85					0.40	0.50			0.35	0.26	0.22	0.20		0.23	
70499	Annandale Medical Practice, Bellevue N	NEL	2 - 2.5	2.3	2.5			1.10					0.40	0.50			0.33	0.29	0.21			0.21	Jun-21
70179	Leith Surgery, 2 Duke Street, Edinburgh	NEL	3.5 - 4	3.8	4.6			1.20	0.69				0.50	1.00			0.54	0.40	0.34	0.30		0.35	
70268	Brunton Place Surgery, 9 Brunton Place	NEL	3 - 3.5	3.3	4.0			1.20			2.00						0.48	0.34	0.30			0.32	Jan-21
70982	The Victoria Practice, Leith Community Centre	NEL	1.5 - 2	2.0	1.8			0.98					0.40		v		0.29	0.22	0.18			0.20	
71114	Leith Mount Surgery, 2 Lindsay Street	NEL	4.5 - 5	4.7	4.2			1.08					1.00	1.00			0.68	0.48	0.42		0.40	0.43	Apr-20
70747	Summerside Medical Practice, Sunningdale	NEL	2.5 - 3	2.9	3.2			0.83	1.00							0.69	0.42	0.29	0.26			0.27	
71364	Mill Lane Surgery, 4 Mill Lane, Edinburgh	NEL	-	-	2.0			0.50						1.00			0.32	0.26	0.20			-	
71398	Links Medical Centre, 4 Hermitage	NEL	-	-	1.9			0.33						1.00			0.33	0.28	0.21			-	
70569	Restalrig Park Medical Centre, 40 A	NEL	-	-	1.7			1.00						1.00			0.42	0.29	0.26		0.50	-	
70408	Dr Thyne & Partners, Stockbridge	NWB	3 - 3.5	3.5	3.2		0.50	1.00					0.55		v		0.50	0.38	0.31	0.30		0.33	May-22
71326*	The Group Practice - Eyre, 31 Eyre	NWB	3.5 - 4	3.8	3.4			1.00					0.50				0.55	0.41	0.34	0.50		0.36	
70319*	West End Medical Practice, 36 Maxwell	NWB	3.5 - 4	3.7	3.0		0.50	1.10					0.50				0.54	0.44	0.33			0.35	
70094	The Green Practice, Stockbridge Hill	NWB	3 - 3.5	3.5	3.5		0.50	0.95					0.76				0.50	0.41	0.31	0.50		0.35	Jan-21
70234	The Long House Surgery, The Long	NWB	3.5 - 4	3.6	3.3			0.70	1.00			0.40					0.52	0.36	0.32	0.40		0.32	
70662*	Muirhouse Medical Group, Muirhouse	NWB	7.5 - 8	8.0	7.6		0.50	1.70	1.00				0.50	2.00			1.15	0.97	0.72		1.60	0.65	
70573*	Crewe Medical Centre, 135 Boswell	NWB	4.5 - 5	4.9	5.1		0.50	0.70			1.00		0.75	1.00	v		0.70	0.54	0.44		1.00	0.40	
70272	Dr Steve Allan & Partners, Bangholm	NWB	4 - 4.5	4.5	5.9			1.25	0.80	1.00	1.00					0.25	0.65	0.46	0.41	0.50		0.44	
71401	Parkgrove Medical Practice, 22B Parkgrove	NWT	-	-	1.1			0.10						0.40			0.25	0.15	0.15	0.20		-	
78171	South Queensferry Medical Practice	NWT	4.5 - 5	5.0	5.3		1.00	0.80	1.00				0.33	1.00			0.72	0.53	0.45			0.47	
71434	Barclay Medical Practice East Craighall	NWT	3 - 3.5	3.4	3.9	2.80		0.25									0.50	0.37	0.31			0.31	
70709*	Davidson's Mains Medical Centre, Davidson's	NWT	2 - 2.5	2.5	1.8		0.20	0.50					0.50				0.36	0.26	0.22			0.23	
70220	Ladywell Medical Centre (West), Ladywell	NWT	4.5 - 5	5.0	4.1	0.20		1.35				1.38					0.73	0.47	0.45			0.45	
70361	Ladywell Medical Centre (East), 26 Ladywell	NWT	4.5 - 5	4.9	5.3			1.35	1.00			1.38					0.71	0.48	0.45	0.40		0.45	
71129	Cramond Medical Practice, 2 Cramond	NWT	3.5 - 4	4.0	4.3		0.50	0.90	1.00					1.00			0.58	0.40	0.36			0.37	
70535	Blackhall Medical Centre, 51 Hillhead	NWT	2.5 - 3	3.0	3.0		0.50	0.95	0.84								0.43	0.31	0.27			0.27	
70501	Murrayfield Medical Practice, 13b Murrayfield	NWT	3 - 3.5	3.2	4.0		0.50	1.40	0.80			0.23					0.47	0.33	0.29	0.30		0.31	
71025*	Murrayfield Medical Centre, 35 Sauchiehall	NWT	3.5 - 4	3.6	2.5		0.50	1.20									0.52	0.35	0.32			0.33	
70766	Marchmont Medical Practice, 10 Victoria	SEN	-	0.8	0.4			0.20									0.11	0.07	0.07			0.08	
70323	Bruntsfield Medical Practice, 11 Fife	SEN	4 - 4.5	4.5	4.5			1.20	0.85				1.00				0.66	0.49	0.41	0.40		0.43	
71379	Boroughloch Medical Practice, 1 M	SEN	2.5 - 3	1.2	3.6	1.00		1.20					1.13				0.17	0.28	0.11			0.12	
70451	Meadows Medical Practice, 9 Brough	SEN	1.5 - 2	1.8	1.4			1.00							v		0.27	0.19	0.17			0.17	
70790	Morningside Medical Practice, 2 Morningside	SEN	3 - 3.5	3.5	1.8			1.00									0.51	0.37	0.32			0.35	
70412	Grange Medical Group, 1 Beaufort	SEN	3 - 3.5	3.2	3.5			1.15	1.00				0.60				0.46	0.34	0.29			0.31	May-21
71449	Hermitage Medical Practice, 5/6 Hermitage	SEN	2.5 - 3	3.0	2.2			1.55									0.43	0.31	0.27			0.28	
70592	University Health Service, 6 Bristo	SES	3 - 3.5	3.5	1.9			0.60					0.50				0.51	0.70	0.32			0.32	Jan-21
70893	Braefoot Medical Practice, Conan Drive	SES	-	-	1.4			0.65									0.29	0.22	0.18	0.30		-	
70963	Edinburgh Access Practice, The Sp	SES	-	-	1.2			1.20									0.00	0.03	0.00		1.00	-	
70841	St Leonard's Medical Centre, 145 Fife	SES	2.5 - 3	3.0	2.9			1.05	0.45				0.50				0.44	0.28	0.27	0.20		0.28	
70381	Mackenzie Medical Centre, 20 West	SES	3 - 3.5	3.4	3.1			1.60					0.50				0.50	0.32	0.31	0.20		0.32	
70470	Dalketh Road Medical Practice, 14 Dalketh	SES	1.5 - 2	1.6	1.3			0.50									0.23	0.16	0.15	0.40		0.16	
70516	Gracemount Medical Practice, 24 Gracemount	SES	3.5 - 4	3.9	3.5			1.55						1.00			0.57	0.44	0.36		0.50	0.32	
70376	Liberton Medical Group, 65 Liberton	SES	3 - 3.5	3.5	3.1			1.30								1.00	0.51	0.38	0.32		0.30	0.31	
70588	The Southern Medical Group, 322 The Southern	SES	3.5 - 4	3.6	3.3	0.08		0.90					0.50	1.00			0.52	0.38	0.32		0.50	0.31	Jul-20
70291	Inchpark Surgery, 10 Marmion Crescent	SES	2.5 - 3	2.9	2.3			1.15					0.50				0.42	0.28	0.26		0.20	0.25	
70164	Ferniehill Surgery, 8 Ferniehill Road	SES	3 - 3.5	3.5	3.2			1.00	1.00					0.40			0.51	0.36	0.32		0.30	0.31	
71222	Gilmore Medical Practice, Tollcross	SWC	2 - 2.5	2.4	3.3			1.43	1.00								0.35	0.26	0.22	0.30		0.24	
70107	Leven Medical Practice, Tollcross Hill	SWC	2 - 2.5	2.3	2.6			1.15	0.50						v		0.34	0.22	0.21	0.40		0.23	Apr-20
71082	Springwell Medical Group, Springwell	SWC	3.5 - 4	3.9	3.0			1.33					0.50		v		0.57	0.40	0.35	0.30		0.37	
70997	Slateford Medical Practice, 27 Slateford	SWC	4 - 4.5	4.2	5.0			1.45	1.00				0.61	1.00			0.61	0.43	0.38			0.39	
70253	Whinpark Medical Practice, Whinpark	SWC	5 - 5.5	5.5	6.3			2.00			1.00	1.38	0.64				0.80	0.55	0.50		0.60	0.48	
70911	Sighthill Green Medical Practice, Sighthill	SWC	4.5 - 5	4.9	4.5			1.55	0.80					1.00			0.70	0.52	0.44		0.70	0.40	Feb-21
70906	Drs Sharpe, Putta & Burns Practice	SWC	1.5 - 2	1.9	2.5			0.60	1.00					0.40			0.28	0.20	0.17		0.30	0.17	
71011	Polwarth Medical Practice, Tollcross	SWC	-	-	1.5			0.73							v		0.28	0.17	0.17	0.30		-	
70978	Wester Hailes Medical Practice, Wester Hailes	SWC	-	-	2.8			1.05						1.00			0.43	0.41	0.27		1.00	-	Y
70075	Braids Medical Practice, 6 Camus Braids	SWP	3.5 - 4	3.9	3.6	0.90		0.95					0.50				0.57	0.43	0.35	0.30		0.36	
71420	Ratho Medical Practice, 14a Wilkie	SWP	1 - 1.5	1.1	1.2			0.35		0.50							0.16	0.12	0.10	0.10		0.09	
70131	Colinton Surgery, 296b Colinton Road	SWP	4.5 - 5	4.8	5.2	0.50		1.75	1.00					0.80			0.70	0.51	0.44			0.45	
70930	The Pentlands Medical Practice, Pentlands	SWP	5.5 - 6	5.7	5.5			2.70				0.46	1.00				0.83	0.60	0.52			0.53	
71097	Firrhill Medical Centre, Allermuir Hill	SWP	2 - 2.5	2.5	2.2			0.80	0.80						v		0.36	0.26	0.22			0.23	Sep-20
70610	Craiglockhart Medical Group, Allermuir	SWP	4 - 4.5	4.2	3.8			1.30					1.00		v		0.61	0.43	0.38	0.50		0.39	
70925	Riccarton General Practice, Heriot Road	SWP	1 - 1.5	1.5	1.0			0.35									0.22	0.29	0.14	0.30		0.25	
	North East																						



**Acronyms Used in PCIP 6.0 Tracker Submission Report**

ANP	Advanced Nurse Practitioner
APP	Advanced Physiotherapy Practitioner
ASE	Adjusted Sessional Equivalent
CET	Primary Care Expansion Teams
CTAC	Community Treatment and Care
DBI	Distress Brief Intervention
EHSCP	Edinburgh Health & Social Care Partnership
EIJB	Edinburgh Integration Joint Board
EMT	Executive Management Team
GMS	General Medical Services
GP	General Practitioner
HSCP	Health & Social Care Partnership
L&R	Primary Care Leadership and Resources Group
LMC	Local Medical Committee
MDT	Multidisciplinary Team
MOU	Memorandum of Understanding
MSK	Musculoskeletal
NHS	National Health Service
PA	Physician Associates
PCIP	Primary Care Improvement Plan
PCMHWT	Primary Care Mental Health & Wellbeing Teams
Phlebotomy	Blood taking (to test)
PN	Practice Nurse
SAS AP	Scottish Ambulance Service Advanced Practitioner
T&S	Transformation & Stability Fund

## REPORT

### Revised EIJB Directions Policy

### Edinburgh Integration Joint Board

8 August 2023

<b>Executive Summary</b>	<ol style="list-style-type: none"> <li>1. The purpose of this report is to provide the EIJB with an overview of the work that has taken place to refresh the Directions Policy, taking account of lessons learned over the last four years and feedback from the Strategic Planning Group (SPG) and Performance and Delivery (P&amp;D) Committee.</li> <li>2. A revised Directions Policy and associated appendices are presented for the EIJB's consideration and approval.</li> </ol>
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<b>Recommendations</b>	<p>It is recommended that the EIJB:</p> <ol style="list-style-type: none"> <li>1. Approves the revised draft policy on directions attached to this report.</li> </ol>
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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. The draft revised policy was considered by the Strategic Planning Group (SPG) on 14 June 2023. SPG members were also provided with the opportunity to submit additional comments. The draft policy was also shared with members of the Performance and Delivery (P&D) Committee and feedback received has been used to shape the final draft now being shared with the EIJB.

## Main Report

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### Background

2. The inaugural EIJB Directions Policy was approved by the EIJB in August 2019. The policy was developed in line with the provisions set out in the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) (the Act) and the requirements of the [Scottish Government statutory guidance](#) on issuing and implementing directions (in development during 2019 and published formally in January 2020).
3. The EIJB's approach to directions has been subject to two internal audits since 2019. The first audit focussed on direction setting and was timed to align with finalisation of the new directions policy and the creation of new directions linked to the strategic plan 2019-22. The report, published in December 2019, concluded that there was significant assurance in respect of three of the four control areas, with the remaining area being assessed as moderate. On the back of this report, further work was undertaken to refine the directions template and strengthen the approach to performance indicators.
4. The second Internal Audit focused on the governance of directions and took place late 2022. Findings from this audit, together with feedback gathered during the last four years of policy implementation, and views from SPG and P&D Committee members have all been used to shape the revised policy.
5. A meeting with the Scottish Government took place to discuss Edinburgh's experiences of implementing our inaugural directions policy, with feedback from this meeting helping to define our approach to the implementation of directions.

### Implementation of policy – key learning

6. The established governance processes are generally working well. A recent Internal Audit into the governance of directions (November 2022) provided assurance that the controls in place were effective (highest level of control). However the requirement to continue to refine performance measures was highlighted, with particular attention to be given to ensuring that directions are time-bound.
7. The role of P&D Committee in respect of the monitoring and review of directions is well established with the use of a tracker to support performance reporting and an annual review process. There has been recent discussion about the level of detail provided to P&D Committee: in essence, the tracker is intended to provide an overview of progress but members are also able to report additional briefing on any direction(s). This approach is now clearly stated in the refreshed policy.



8. The articulation of directions has improved over the last three years. There is a greater understanding about when directions are appropriate and required together with improvement in the way directions are expressed. The directions template has evolved accordingly and in line with recommendations from other audits focussing on regulatory and statutory obligations.
9. The initial directions policy provided detail about the process to be followed should either partner agency (NHS Lothian or the City of Edinburgh Council) be unable to implement an issued direction; however, learning over the last year has indicated the need to amend this section of the policy. The requirement for an improved process is also noted in the governance statement which accompanied the unaudited annual accounts, presented to Audit and Assurance committee on 6 June 2023. Final audited accounts will be presented to the EIJB in September.

### **Revised policy – summary of main changes**

10. The section outlining the requirements for formulating directions has been expanded to ensure that any new directions are expressed appropriately and in line with the approach taken in Edinburgh. The emphasis on the requirement to provide delivery timescales will aid with the closure of directions in due course.
11. There have been minor adjustments to the policy in respect of the processes in place when formulating directions. Specifically, it is now made clear that the SPG has a role to play in considering draft directions when these relate to strategic developments and service redesign but there may be other directions (for example those relating to financial uplifts) that will be a matter for direct EIJB consideration. This change is reflected in the governance process schematic presented as Appendix i to the policy.
12. There are minor amendments to the section which sets out the responsibilities for monitoring and review of directions. Clarification is provided around the reporting schedules and referral and escalation from Performance and Delivery Committee to the EIJB. In addition, and in response to comment from P&D members, it is also confirmed that additional briefing or reporting may be requested by the Committee in respect of any direction(s).
13. Further clarity is provided about the processes to be followed should it prove difficult for partner agencies to implement a direction. The policy now specifies that any period of negotiation should not exceed six months. There is also a clear commitment given to keeping partner organisations and EIJB members up to date on progress.
14. Should resolution prove difficult, a formal report to the EIJB will be required at the end of the six-month period of negotiation. This report will update on outcomes and recommend that the direction be revoked. This approach acknowledges that situations can change following the issuing of directions, allows alternative

proposals to be brought forward in due course, and emphasises the partnership approach which is key to the delivery of the EIJB's strategic objectives.

15. In response to Internal Audit recommendations around performance measures, the directions template (Appendix ii) has been amended to include detail of any partnership, committee or programme board that has oversight of performance in addition to the P&D Committee, and detail about how performance is routinely reported.
16. In response feedback, further clarity has been provided regarding the terminology used to define the status of directions. Appendix iii of the revised policy provides guidance about when a direction should be retained, varied, closed, superseded or revoked.

## Implications for EIJB

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### Financial

17. There are no direct financial implications arising from this report.

### Legal / risk

18. Failure to comply with the legislative requirement in respect of directions would place the EIJB in breach of its statutory duties.
19. Failure to provide sufficiently detailed directions to partner organisations (NHS Lothian and the City of Edinburgh Council) may impact on the ability to deliver key areas of the Health and Social Care Partnership's work.

### Equality and integrated impact assessment

20. There are no direct equality implications arising from this report. However, partner agencies are required to adhere to statutory and regulatory obligations in respect of directions.

### Environment and sustainability impacts

21. Partner agencies required to carry out directions in accordance with statutory and regulatory obligations, including adherence to relevant guidance, policies and procedures around sustainability.

### Quality of Care

22. Directions are intended to impact positively on quality of care by setting out service delivery requirements and associated performance measures alongside budget allocation.

## Consultation

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23. The draft policy has been shared with SPG and P&D Committee members prior to bringing to the EIJB and comments received. The broad approach has been discussed within the EHSCP and more widely including the Scottish Government and the governance lead in the Council.

## Report Author

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**Service Director – Strategic Planning**

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07770 884320

## Appendices

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**Draft Revised Directions Policy and associated appendices**

## Draft directions Policy (revised 2023)

### Edinburgh Integration Joint Board

#### Purpose of this policy

This revised policy sets out the process for formulating, approving, issuing and reviewing directions from the Edinburgh Integration Joint Board (EIJB) to partner organisations NHS Lothian and the City of Edinburgh Council. This policy has been developed in line with the provisions set out in the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) (the Act) and most recent [Scottish Government statutory guidance](#) published in January 2020. This revised policy also incorporates learning from the implementation of the inaugural directions policy which was introduced in August 2019.

A summary of the governance process outlined in this policy is provided at Appendix i. Appendix ii provides the template for approving and issuing directions and Appendix iii provides definitions relating to the status of directions.

#### Context and background

The Public Bodies (Joint Working) (Scotland) Act 2014 states that an Integration Joint Board must give a direction to a constituent authority to carry out each function delegated to the integration authority.

The Act further places a duty on Integration Authorities to develop a strategic plan for integrated functions and budgets under their control. Integration Authorities require a mechanism to action these strategic commissioning plans and this mechanism takes the form of binding directions from the Integration Authority to one or both of the Health Board and Local Authority.

The final report of the [Ministerial Strategic Group \(MSG\) Health and Community Care Review of Progress with Integration](#), published February 2019, proposed enhanced governance and accountability arrangements. [Revised statutory guidance](#) on directions was published by the Scottish Government in 2020. This statutory guidance has been used to inform this revision of the EIJB directions policy, to ensure it meets key requirements to improve governance, transparency and accountability between partners.

## Definition and purpose of directions

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Directions are a legal mechanism intended to clarify responsibilities between partners. Directions are the means by which the EIJB directs NHS Lothian and the Council what services are to be delivered using the integrated budget (ie the budget which is allocated to the EIJB and for which the EIJB is responsible).

Directions must provide sufficient detail to enable NHS Lothian and the Council to discharge their statutory duties under the Act. Specific directions can be given to NHS Lothian, the Council or both organisations depending on the services to be provided. However, directions should not be issued unnecessarily and should be proportionate. Directions must identify the integrated health and social care function it relates to and include information on the financial resources that are available for carrying out this function. Directions must also provide information on the delivery requirements. Directions may, if appropriate, specify a particular service or services to be provided.

In summary, the purpose of directions is to set a clear framework for the operational delivery of the functions that have been delegated to the EIJB and therefore all directions must be in writing. Functions may be described in terms of delivery of services, achievement of outcomes and/or the strategic plan priorities.

The legislation does not set out fixed timescales for directions. A direction will stand until it is revoked, varied or superseded by later direction in respect in the same function.

## Formulating directions

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In order to meet the requirement in the guidance that directions be proportionate but cover all functions, the approach in Edinburgh is to issue one broad direction which directs partners to provide services within current budgets, and in accordance with statutory and regulatory obligations, policies and procedures, endeavouring to meet national and local targets and the strategic objectives laid out in the Strategic Plan. The financial schedule which accompanies this direction is updated annually. This broad direction sits alongside more specific directions relating to discrete projects or programmes of work.

With the exception of the one broad direction, all other directions must be specific and include detail of delivery timescales, milestones and outcomes. This will aid with monitoring and will allow directions to be closed off once they have been achieved. It is unhelpful to word directions in such a way that they remain on the directions tracker indefinitely.

A template has been devised to assist with the development of SMART directions and is attached at Appendix ii. This template will be kept under review and

updated in line with any best practice guidance or recommendations arising from internal audits.

The requirement for a direction will be informed by a number of factors, including but not limited to:

- Content of the overarching EIJB strategic plan which is reviewed annually and produced every three years.
- Specific service redesign or transformation programmes linked to an approved co-produced business case.
- Specific strategies, implementation or commissioning plans linked to priorities identified in the overarching EIJB strategic plan.
- Financial changes or developments (eg additional funding opportunities, matters relating to set-aside budgets or requirement to implement a recovery plan).
- A fundamental change to practice or operations.

As noted above, directions provide the mechanism for delivering the strategic plan, for conveying and enacting the decisions of the EIJB, clarifying responsibilities between partners, and improving accountability.

Draft directions relating to service redesigns or strategic developments will usually be considered by the Strategic Planning Group (SPG) as part of the SPG's remit to consider draft business cases and service/client specific strategies or implementation plans prior to submission to the EIJB.

In certain circumstances, it may be necessary and appropriate for draft directions to be considered by the EIJB without being considered by SPG first. This will be a matter for the Chief Officer to determine in consultation with the Executive Management Team (EMT) and Chair/Vice Chair of the EIJB as appropriate.

Directions must be associated with an EIJB decision, for example to approve a specific business case or to transform a service. The EIJB is responsible for approving all directions. The EIJB report template identifies clearly when a draft direction is to be considered by the EIJB as part of decision-making processes.

Directions are formulated at the end of a process of decision-making which has included wider engagement with partners as part of commissioning and co-production. A direction should therefore not come as a surprise to either partner.

As directions will continue to evolve in response to service change/redesign and investment priorities, new or revised directions may be formulated at any point during the year and submitted to the EIJB for approval.

A mature and collaborative partnership approach is required to reach agreement on the use of directions in respect of both 'set-aside' and 'hosted' services. It will be particularly important in this pan-Lothian context to ensure that there is no adverse or undesirable impact on another IJB. Consideration of the potential impacts on other IJBs should take place during the development of any proposal, redesign or service change, as effective co-ordination and discussion is paramount. Any direction that impacts on another IJB should be considered by all other affected IJBs as well as the EIJB.

## **Approving directions**

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The EIJB is responsible for approving all directions.

All reports to the EIJB will identify the implications for directions and will make a clear recommendation regarding the issuing of directions, for example if a new direction is required, or an existing direction is to be varied or superseded. The detail of the new or revised direction will be appended to the EIJB report using the agreed template and will be submitted to the EIJB for approval.

Directions will be reviewed annually at the end of each financial year. However, in order to provide flexibility and take account of strategic and financial developments and service changes, or a change in local circumstances, directions may be issued at any time, subject to formal approval by the EIJB.

## **Issuing of directions**

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Once approved, written directions will be issued formally by the Chief Officer, on behalf of the EIJB, to the Chief Executives of both partner organisations (NHS Lothian and the Council), copied to the Council Leader and NHS Chair, within 10 days of the direction being approved.

## **Implementation of directions**

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NHS Lothian and the Council are responsible for complying with and implementing EIJB's directions. Should either partner experience difficulty in implementing a direction, or require further detail regarding expectations, this should be brought to the attention of the Chief Officer formally in writing.

Initially, the Chief Officer will seek to resolve issues, liaising with and involving the EIJB Chair and Vice-Chair accordingly. The Chief Officer, in consultation with the EIJB Chair and Vice Chair, will determine the processes to be put in place to keep both EIJB members and partner organisations up to date with developments, ensuring that any process introduced meets the governance requirements of partner organisations and the EIJB.

Should resolution prove complex, a period of negotiation will take place not exceeding six months duration. A formal report to the EIJB will be required at the end of any period of negotiation to specify the outcomes of the process; if resolution cannot be reached, the report will recommend that the direction be revoked.

In the unlikely event that the EIJB issues a direction that compromises professional clinical or social work standards, the Chief Officer will be informed, and the direction will be reviewed in accordance with the process outlined below.

## **Monitoring and review of directions**

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The Performance and Delivery (P&D) Committee is responsible for monitoring and review of all directions including maintaining an overview of progress of implementation and considering recommendations for varying, superseding, closing or revoking extant directions. The mechanism for monitoring directions is via a directions tracker which is held within strategic planning.

An annual review of extant directions takes place at the end of each financial year and is presented to the P&D Committee: this report includes an update on progress and recommendations. The report is then referred to the EIJB to enable the escalation of any issues and to allow consideration and approval of new, varied or superseded directions. Appendix iii to this policy provides definitions of the status of directions.

A six-monthly progress report will also be provided to the Performance and Delivery Committee; this may contain recommendations for the closure of directions that are assessed as achieved. P&D Committee has the authority to approve closure of directions as part of the six-monthly review with any decisions taken reported to EIJB as part of the annual review process. Again this provides the opportunity for escalation of any issues.

Performance and Delivery Committee may request additional briefing or reporting on the progress of specific direction(s) following consideration of either the annual review or six-monthly progress report and tracker.

The responsibility for maintaining an overview of directions and ensuring that these reflect strategic needs and priorities sits with the Service Director Strategic Planning.

## **Review of directions policy**

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This directions policy will be reviewed every three years or sooner in the event of new guidance or good practice becoming available.

Date of policy approval: xxx 2023



## Appendices

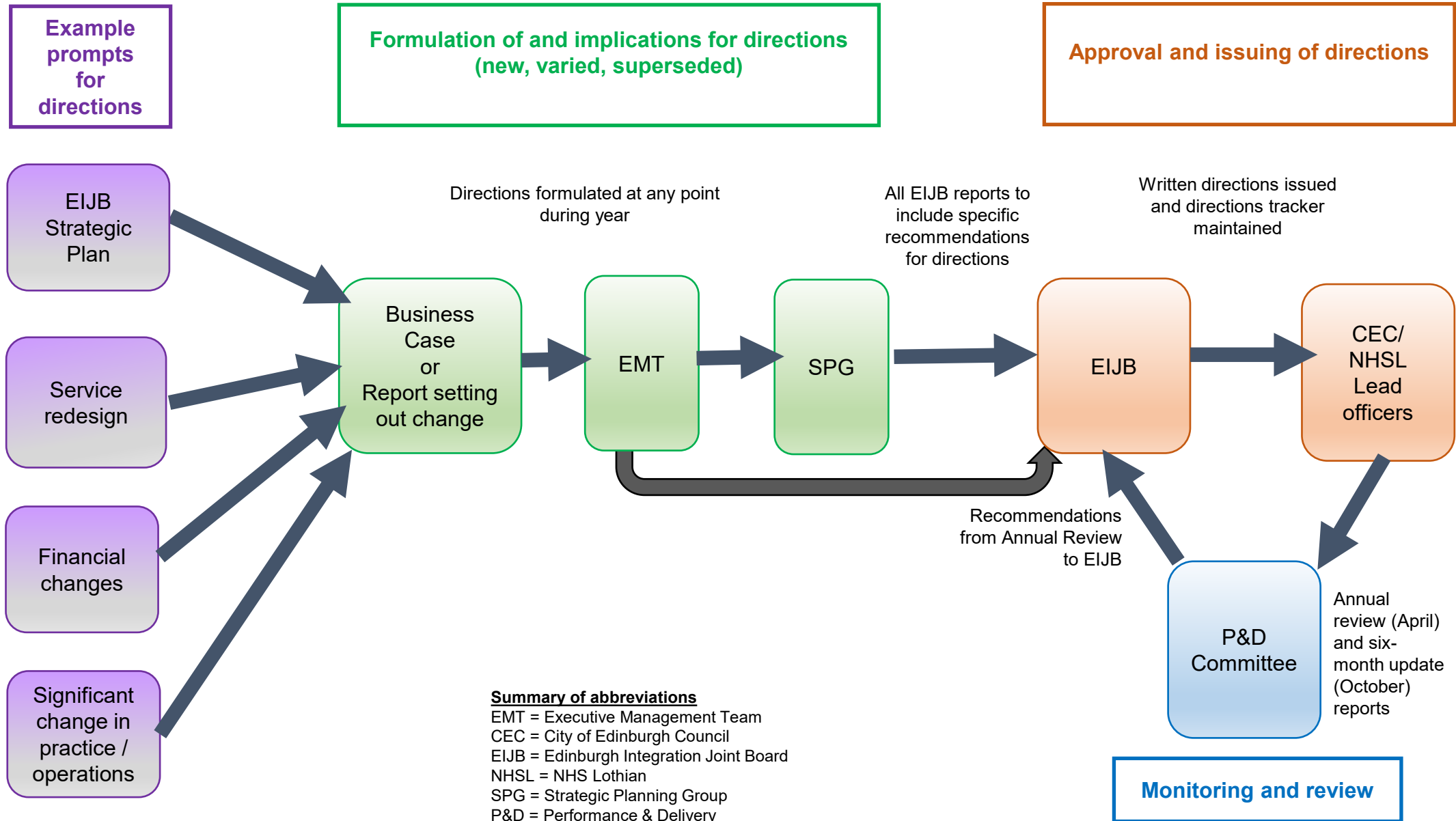
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Appendix i: Governance process schematic

Appendix ii: Template for approving / issuing directions

Appendix iii: Directions status - definitions

# Appendix A – summary of process for formulating, approving, issuing and monitoring directions



## 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	Use format: EIJB-approval date-sequential number eg EIJB-22/10/2019-xxx
Does this direction supersede or vary an existing direction? If yes, please provide reference number of existing direction	Yes / No (delete as appropriate) If yes, provide details
Approval date	Insert date of EIJB meeting (day/month/year format)
Services / functions covered	List all services subject to direction eg mental health services, disability services, general medical services
Full text of direction	
Direction to	NHS Lothian The City of Edinburgh Council (please specify if the direction is for NHS Lothian or The City of Edinburgh Council or for both organisations ie NHS Lothian and The City of Edinburgh Council)
Link to relevant EIJB report / reports	Provide hyperlinks

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 2023/24	Provide in format £x.xm	Provide in format £y.ym
	Recurring funding	Provide in format £y.ym	Provide in format £y.ym
Performance measures	<p>Please list performance measures specific to the project or programme or refer to the section of the business case which contains this information and provide details of where the report can be accessed.</p> <p>Key Performance Indicators (KPIs) should be SMART (specific, measurable, achievable, realistic and timely)</p> <p>Where performance is linked to national indicators, national strategy outcomes or targets, the relevant measures should be detailed, together with information on how and when these indicators / targets / outcomes are reported and measured.</p> <p>Include detail about any programme board, partnership or committee that has oversight of performance in addition to the Performance and Delivery Committee (for example the Edinburgh Alcohol and Drugs Partnership) and specific how the performance is reported– eg via an annual report, or via regular progress report or dashboard.</p>		
Date direction will be reviewed	April 20xx as part of the next Annual review of directions		

## **Annual review of directions – definitions of direction status**

- Retained – no changes required; the direction remains relevant and there are no significant developments in respect of timescale for delivery or finance.
- Varied – recommended if the overall strategic intent remains relevant but there is a significant change to timescale/finance/performance measures.
- Superseded – a significant change to wording of direction required to reflect new or revised strategic intent or a change in focus which has been approved by the EIJB.
- Closed – the direction has been achieved ie the Key Performance Indicators have been met or the specific programme of work or financial package has come to an end.
- Revoked – the area of work has been halted or cancelled therefore the direction cannot be achieved OR to reflect that new specific directions will be developed for this area.

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## REPORT

### Annual Performance Report 2022/23

Edinburgh Integration Joint Board

8 August 2023

#### Executive Summary

1. The purpose of this report is to provide the **Edinburgh Integration Joint Board (EIJB)** with a copy of the final EIJB Annual Performance Report 2022/23 (APR) for approval.
2. The APR was presented to the Performance and Delivery Committee at their committee meeting on 2 August. As agreed at the Performance and Delivery Committee on 26 April 2023, the content for the APR for 2022/23 reflects the structure and - broadly speaking - the content of the APR for 2021/22, as this was previously well received by the EIJB and our partners. This structure allows for key messages on progress against the priorities in our strategic plan and performance against the national indicators. This year, however, there is no specific content about the impact of the pandemic.
3. The APR has been provided for review and approval as a pdf but will be published as a suite of webpages to ensure we comply with UK accessibility guidelines. Every effort has been made to ensure clear, concise and accessible language, in line with the direction set out in our Communication and Engagement Strategy presented to the IJB in June 2020.
4. As the terms of the Coronavirus (Scotland) Act no longer apply, the APR must now be published before the end of July. However, informal discussions with Scottish Government have confirmed we can delay publication for a month until after our approval process is complete. This meeting of the EIJB represents the final stage of the process, and once the report is approved, it will be published online before the end of August.

## Recommendations

1. It is recommended that the EIJB approves the publication of the APR 2022/23.

## Directions

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

## Report Circulation

1. The APR 2022/23 was presented to the Performance and Delivery Committee as the lead Committee for performance issues at their committee meeting on 2 August 2023. A version was also circulated to committee members prior to circulation to EIJB but no significant feedback was received. An update will be verbally provided to EIJB on any further changes from the committee meeting on 2 August at the EIJB meeting on 8 August 2023.
2. A version of this report was also considered by the Executive Management Team on 13 July 2023.

## Main Report

3. Integrated Joint Boards are required by legislation to produce an Annual Performance Report (APR) each year covering performance over the previous financial year.
4. The APR provides an opportunity for us to set out our story of overall performance over the last year and how we work to improve health and social care in Edinburgh. It covers significant pieces of work we have progressed over the last year as well as key performance indicators.

## Content

5. The report provides a summary of progress against key projects undertaken over the last year under each of the IJB's strategic priorities. This includes



details of projects in our Innovation and Sustainability portfolio as well as any information we are required to include in the report, including financial information and inspections by the Care Inspectorate. The foreword has been reviewed by our Communications and Engagement Manager to ensure alignment with the key messages for the EIJB in our communications plan.

6. There is a dedicated section in the APR on our performance against the Core Indicators and Ministerial Strategic Group (MSG) indicators that the IJB is required to report on. In line with guidance from PHS Scotland, we report data for indicators 12, 13, 14, 15 and 16 for the calendar year 2022 as a proxy for 2022/3, as data for the full financial year is incomplete and, in some cases, misleading. However previous years use financial years as normal. Information for indicator 20 has not been published beyond 2019/20 as detailed cost information was not available during the COVID-19 pandemic.
7. Almost all these figures have been affected substantially by the pandemic and therefore we need to be cautious about comparing figures between years. The report notes where we have been able to identify factors that will have influenced the figures over 2022/23 as well as the key projects we have under way that will improve performance against each indicator.

### **Accessibility**

8. In line with the Communications and Engagement Strategy presented to the IJB on 22 June 2020, we have ensured that the APR aligns with our communication and engagement principles, particularly that it is clear and accessible.
9. Where possible, we have kept language simple and concise to promote understanding and accessibility. While considering the need to present data appropriately, we have also kept tables and graphs to a minimum to support the use of screen readers.
10. In line with accessibility guidance from the UK Government, we will be publishing the APR as a suite of webpages on our website, not just as a single pdf. This will make sections of the report easier for people to access individually, as well as ensuring accessibility requirements are met.

### **Timeline for publication**

11. The Scottish Government have advised that the [Coronavirus Scotland Act \(2020\)](#) no longer applies, and to retain the pandemic deadline of autumn for publication of the APR, legislative change would be required. Consequently, we have reverted to pre-pandemic arrangements and the Scottish Government announced that Integration Authorities should publish this year's APR by the end of July.
12. However, core indicator and MSG data is not published by Public Health Scotland until mid-July. Because of the difficulties in obtaining and collating all the data and narrative in time to meet this deadline, and because the Committee calendar is such that a July deadline would not permit the APR to go through our approval process, discussions with the Scottish Government have confirmed that we may delay publication until the end of August.
13. This meeting of the EIJB represents the final stage of the process, and once the report is approved, it will be published online before the end of August.

## **Implications for Edinburgh Integration Joint Board**

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### **Financial**

14. Financial details in relation to performance are included within the report.

### **Legal / risk implications**

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

### **Equality and integrated impact assessment**

16. As detailed above, the draft APR has been created in line with accessibility requirements to meet the clear and accessible principle in our Communications and Engagement Strategy.
17. There are no direct equality implications arising from this report.
18. An integrated impact assessment is not required.

## Environment and sustainability impacts

19. There are no direct environmental or sustainability impacts arising from this report.

## Quality of care

20. The report seeks to demonstrate our continued effort to improve the quality of care and experience for the citizens of Edinburgh and where applicable across Lothian.

## Consultation

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21. Senior managers have reviewed the sections directly relevant to their areas of work. The final draft APR has been reviewed by the Partnership's Communications and Engagement Team.

## Report Author

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## Appendices

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Appendix 1 EIJB Annual Performance Report 2022/23

**Edinburgh** Integration Joint Board



**Annual Performance Report 2022/2023**

# Edinburgh Integration Joint Board

## Annual Performance Report 2022/23

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## Foreword

2022/23 has been another challenging year for the health and social care sector throughout Scotland and this has been felt across our services in Edinburgh. Health, care and wellbeing continues to be affected by the aftermath of the pandemic, with an ongoing 'cost of living crisis' exacerbating existing inequalities.

The Edinburgh Integration Joint Board (EIJB), like others across Scotland, operates within a complex environment. Health and social care services are under pressure due to an ageing population, with increasing numbers of people living with long term conditions, whilst also facing a reducing working age population that is further impacted by challenges in workforce supply and pressure on budgets. This is ultimately leading to unparalleled challenges to the sustainability of our health and social care system. A refreshed EIJB Strategic Plan was put on hold until 2023/24 to allow us to target resources at the delivery of services and ensuring the smooth flow of patients through hospitals to free up beds to support our most vulnerable residents.

In this Annual Performance Report for 2022/23, we outline our challenges and achievements this year as well as our progress against the six Strategic Priorities in our Strategic Plan 2019-22, and against the Scottish Government's National Health and Wellbeing Outcomes and associated indicators.

After a difficult few years responding to the pandemic and ensuing pressures across the system, we have seen positive improvements across a wide range of indicators covered in this report. 13 out of 15 indicators have seen an improved or steady ranking on benchmarked performance compared to last year and we remain in the top half of partnerships for 9 of the indicators with an update in this report, with improvements also seen in other areas. In particular, we have seen positive movement in our levels of bed days spent in delay for over 75s this year. Edinburgh is one of only four partnerships that saw improved performance in delays in 2022/23, with a 6% reduction in Edinburgh compared to a 23% increase nationally, although challenges remain to reduce our level of delays to sustainable levels.

Despite these improvements and the positive stories of our service delivery and innovation shown throughout this report, there remains work to be done. The Care Inspectorate undertook two inspections of our services this year: Adult Support and Protection and Adult Social Care and Social Work. We welcome careful and ongoing scrutiny of our work and that of our partners to ensure that systems and practices are working effectively – and to make improvements when they are not. While these inspection reports highlight areas where we are getting it right, they also highlight key areas for improvement and reflect broader challenges that are common to health and social care partnerships across Scotland. In particular, the inspection reports highlighted concerns around the design, structure, implementation and oversight of key processes, social work workforce capacity, quality assurance and approaches to early intervention and prevention.

Despite the challenges we face, particularly in resourcing and recruitment, we need to build on our strengths – most obviously the commitment of our hard-working colleagues who give their all working in the Edinburgh Health and Social Care Partnership (EHSCP), supporting needs of those who have deeply complex and difficult lives. We have developed an improvement plan, approved by the EIJB in June 2023, to support frontline colleagues and respond to areas for improvement highlighted by the Care Inspectorate. Our priorities within this improvement plan are:

- A focus on early intervention, prevention and demand management
- Reducing waiting lists and improving access to services
- Best use of resources to meet demand and an improved structure
- Getting basic and key processes right
- Workforce – improving recruitment, retention and governance
- Better governance, including professional supervision, manager oversight and quality assurance.

Alongside this improvement plan, the EIJB approved a budget savings programme in June 2023 to enhance financial sustainability of our services within a difficult financial environment and demographic pressures. By using a person-centred approach, the EIJB can deliver better results for people more efficiently over the course of the strategy. In addition, through the use of stronger commissioning and an improved 'digital front door' for people looking to access services, the deficit reduction will be made through creating a modern service, fit for the future.

Our thanks go to all our staff, partners, unpaid carers and volunteers for their dedication and hard work through this difficult year and we look forward to continuing to support you to provide vital care and support to our most vulnerable citizens.

Images to be added

Katharina Kasper  
Chair  
EIJB

Mike Massaro-Mallinson  
Interim Chief Officer  
EHSCP

## Overview

### Introduction

The EIJB was established in 2016 to bring together the planning and operational oversight for a range of NHS and Local Authority services. This was intended to improve overall health and wellbeing through the delivery of more efficient and effective health and social care services.

This performance report sets out our progress against the strategic priorities within the EIJB Strategic Plan 2019-22, which remains extant and is available [online](#). The content in this report covers the financial year April 2022 to March 2023 unless otherwise stated. An update to the EIJB Strategic Plan was delayed as we responded to post-pandemic systems pressures and our response to recent inspections. The refreshed EIJB Strategic Plan is expected to be published in late 2023.

### Delivery arrangements

The EHSCP is responsible for providing integrated services through the operational delivery of the EIJB's strategic plan. Its workforce is made up of staff employed by both the City of Edinburgh Council and NHS Lothian, and our Chief Officer is accountable to the Chief Executives of both the City of Edinburgh Council and NHS Lothian.

We organise our community health and social care services in Edinburgh around four localities: South East, South West, North East and North West. The management of most community health and social care services is carried out in these localities, including assessment and care management, home care, day centres for older people and care homes in Edinburgh.

Our major change projects are now collectively referred to as Innovation and Sustainability. The Innovation and Sustainability Portfolio includes some of the key pieces of work that were previously part of the transformation programme, including Home First, Three Conversations and the Edinburgh Wellbeing Pact, which are outlined in this report. However, it also focuses on ensuring that services are sustainable in the longer term. To be sustainable, we need to deliver services within our budget, but we also need to address the challenge of increasing demand for health and social care services and ensure that we can continue to attract and retain a skilled and capable workforce.

### About Edinburgh and our localities

Edinburgh is one of the largest health and social care partnerships in Scotland, with a population of 526,470 as of July 2021. 81,277 residents were aged 65 or over, with this age group projected to increase the most over the coming years. Edinburgh is also the wealthiest city in Scotland, with 80.9% of the working age population in employment. 34.7% of the economically inactive population within the city are students, and 19% look after others.<sup>1</sup> However, 15% of the population, and as many as 20% of children, live in relative poverty. This poverty is spread throughout the city, with two thirds of those living in poverty not living in areas described as deprived. The majority of those in poverty are in employment. An overview of our localities is



provided here and our [joint strategic needs assessment \(JSNA\)](#) provides more detail on the population and demographics of Edinburgh.

### North East

- 125,188 people live in the North East locality<sup>1</sup>
- 50.8% are female and 49.2% are male
- 15.1% are aged under 18, 71.6% are 18-64 and 13.3% are over 65
- 21.2% of people lived in the least deprived SIMD quintile, and 18.2% lived in the most deprived quintile<sup>2</sup>
- Life expectancy at birth is 80.6 years for women and 76 for men<sup>1</sup>
- 36,392 average home care hours per week between January and March 2023
- 1,564 were receiving home care at the end of March 2023
- 18 GP practices<sup>3</sup>

### North West

- 148,992 people live in the North West locality<sup>1</sup>
- 51.6% are female and 48.4% are male
- 19.7% are aged under 18, 62.6% are 18-64 and 17.7% are over 65
- 50.3% of people lived in the least deprived SIMD quintile, and 9.1% lived in the most deprived quintile<sup>2</sup>
- Life expectancy at birth is 83.4 years for women and 79.6 for men<sup>1</sup>
- 30,886 average home care hours per week between January and March 2023
- 1,616 people were receiving home care at the end of March 2023
- 18 GP practices<sup>3</sup>

### South East

- 138,730 people live in the South East locality<sup>1</sup>
- 52.4% are female and 47.6% are male
- 14% are aged under 18, 71.5% are 18-64 and 14.5% are over 65
- 49.5% of people lived in the least deprived SIMD quintile, and 8.8% lived in the most deprived quintile<sup>2</sup>
- Life expectancy at birth is 82.5 years for women and 78.1 for men<sup>1</sup>
- 26,935 average home care hours per week between January and March 2023
- 1,300 people were receiving home care at the end of March 2023
- 18 GP practices<sup>3</sup>

### South West

- 113,560 people live in the South West locality<sup>1</sup>
- 49.7% are female and 50.3% are male
- 17.6% are aged under 18, 66.4% are 18-64 and 16% are over 65
- 40.8% of people lived in the least deprived SIMD quintile, and 12.9% lived in the most deprived quintile<sup>2</sup>
- Life expectancy at birth is 83.2 years for women and 78.8 for men<sup>1</sup>
- 31,757 average home care hours per week between January and March 2023
- 1,358 people were receiving home care at the end of March 2023
- 16 GP practices<sup>3</sup>

<sup>1</sup> The Scottish Public Health Observatory (ScotPHO)

<sup>2</sup> PHS LIST Locality Profiles

<sup>3</sup> National Primary Care Clinicians Database (NPCCD), Public Health Scotland

## Performance overview

In the Performance section of this Annual Performance Report, we report progress against the National Indicators set by the Scottish Government and Ministerial Strategic Group for Health and Community Care (MSG) indicators.

13 out of 15 indicators with an update this year have seen an improved or steady ranking on benchmarked performance compared to last year and we remain in the top half of partnerships for nine (60%) of the indicators, with improvements also seen in other areas. Our benchmarked performance is shown in the table below, including our quartile position and the change in our ranking compared to last year.

In particular, we have seen positive movement in our levels of bed days spent in delay for over 75s this year. Edinburgh is one of only four partnerships that saw improved performance in delays in 2022/23, with a 6% reduction in Edinburgh compared to a 23% increase nationally, although challenges remain to reduce our level of delays to sustainable levels.

For the areas that have not seen improvement this year, we remain above the national average in both indicators and the reduction in the actual rate is small.

Core Indicator		Time Period	Quartile	Change in rank from previous year
NI-11	Premature mortality rate	2022	2	↓
NI-12	Emergency admission rate (per 100,000 population)	2022	1	↑
NI-13	Emergency bed day rate (per 100,000 population)	2022	1	↑
NI-14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	2022	2	↑
NI-15	Proportion of last 6 months of life spent at home or in a community setting	2022	3	↑
NI-16	Falls rate per 1,000 population aged 65+	2022	3	↑
NI-17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	2022/23	2	↓
NI-18	Percentage of adults with intensive care needs receiving care at home	2022	2	↑
NI-19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	2022/23	4	↑
MSG 1.a	Rate of A&E Attendances (lowest rate = Quartile 1)	2022	2	↑
MSG 1.b	4-hour Performance	2022	4	↑
MSG 2	Rate of Emergency Admissions (lowest rate = Quartile 1)	To Oct-22	1	↑
MSG 3a.	Unscheduled Bed Days (Acute):	To Oct-22	1	↑
MSG 3c.	Unscheduled Bed Days (MH):	To Sep-22	4	→
MSG 4	Delayed Discharge Bed Days:	To Mar-23	3	↑

**Source:** Public Health Scotland **Notes:** Quartile Trend: The Quartile shown denotes which quartile the City of Edinburgh partnership was in during the time period noted. The arrows indicate the change in the City of Edinburgh's position relative to the other partnerships, between the 12-month time period noted and the previous 12 months.

## Strategic Priorities

### Priority 1: Prevention and early intervention

Investing in prevention and early intervention services is a key part of our strategy. By identifying those people most at risk of poor outcomes and providing effective early support we can prevent problems occurring or minimise the impact on the individual's health and wellbeing.

#### The Edinburgh Wellbeing Pact and Community Mobilisation

The Edinburgh Wellbeing Pact is framed around the principles of mutuality and reciprocity, and these remain central to all the enactment activities which have been initiated to date. As part of our Community Mobilisation project, we are developing new ways to engage and fund the third sector, with emphasis on community collaboration and assets.

The Edinburgh Pact and community mobilisation work undertaken in the last year has demonstrated how complex the structures and processes are in our commissioning space. The creation of the *More Good Days* Strategic Public Social Partnership (PSP) will provide a better way of moving forwards with our shared narrative and allow incremental changes and developments to be made. Work with colleagues from procurement, commissioning and Health Improvement Scotland has helped to shape the proposal, and the PSP will enable us to be responsive and flexible to unallocated funding, as well as additional or new allocations received. Our ability to be agile in our responses to an ever-changing context is resulting in a more dynamic and fluid plan. This is helping to build an increasing, citywide social movement with a shared narrative of achieving *more good days* for everyone.

There are also a number of collaborations continuing to develop thanks to the extension of the current Health Inequalities Grant Programme to 31 March 2025 and the introduction of our innovative *Capacity to Collaborate* programme. Twenty-two awards ranging from £2,075 to £24,075 were supported during 2022/23 through the *Capacity to Collaborate* Awards.

We also worked with our City of Edinburgh colleagues on their *Warm and Welcoming Spaces* initiative, producing the 'The nights are fair drawin' in' booklet with helpful information and sources of help, which was distributed to libraries, community centres and arts venues across the city.

Initiatives supported by community mobilisation	Benefits
<i>Edinburgh Community Resilience Programme</i> with Cyrenians and Queen Margaret University	The programme helps increase community resilience to support the health and wellbeing of Edinburgh's older people. The programme builds on previous expertise and research which considers community navigation, social prescribing approaches and the <i>Making it Clear</i> resilience framework.
<i>Op Ready</i> with Edinburgh Leisure	The project focuses on those whose current health status is affecting their receiving knee or hip surgical procedures.
<i>Community Taskforce Volunteer Programme</i>	The programme received recurring funding to enable the trained task force of over 400 people to continue to help Edinburgh residents with practical tasks such as dog walking, shopping collection and support after a hospital discharge.
<i>Fit and Active programme for People with Learning Disabilities</i> with Edinburgh Leisure	The programme has created opportunities for people with learning disabilities to be physically active and socially connected.
<i>Learning by Doing</i> Community Commissioning process	This approach has been used for the second year of allocation of the Scottish Government's Mental Health and Wellbeing fund.

## Long-term Conditions Programme

Our long-term conditions programme provides support to health and social care teams to improve care for people living with long-term health conditions, and those who are at risk of falls. There is a [Long-Term Conditions Section](#) on our website with information for people living with long term conditions, their families and carers.

We continue to promote Anticipatory Care Planning (ACP), which helps people living with long term conditions make informed choices about how and where they want to be treated and supported in future. This year we launched [ACP pages on the NHS Lothian website](#), providing guidance and resources for citizens and practitioners. In addition, the [7 steps to ACP for care homes](#) is now available on the national Homecare Decisions website and app, providing care home staff with guidance and best practice information. Training and improvement support for care home staff across Lothian will be provided through the Lothian Care Academy. The Edinburgh ACP Stakeholder Group continues to share best practice and support for health and social care teams and voluntary sector partners.

In response to identified need, the Edinburgh Self-Management Practitioner Network produced a Self-Management Practitioner Toolkit, providing guidance, tools, and practical tips to improve practice. Facilitated sessions are provided to teams, giving

an opportunity to come together to focus on enabling people to be better informed, prepared, and supported in ways that are right for them.

In December 2022 we were appointed as a GIRFE Pathfinder. GIRFE is a Scottish Government initiative that sets out to advance a multi-agency approach of support and services from young adulthood to end of life care. GIRFE will place the person at the centre of decisions that affect them to achieve the best outcomes. The initial focus will be to improve coordinated care and support for people living with frailty and people who frequently attend the Emergency Department (ED) who are also registered at a Deep End GP practice.

In terms of digital support, the LTC team is supporting the implementation of remote blood pressure monitoring for use in GP surgeries across Lothian. The National Blood Pressure Service is being rolled out under a national agreement endorsed by the Scottish Government, supported by National Services Scotland, Technology Enabled Care (NSS TEC).

The LTC Falls co-ordinators are actively engaging with the new Lothian-wide Prevention and Management of Falls Strategic Group, which has been set up to improve collaboration and consistency of falls prevention work through the availability of education and training, Lothian-wide data collection and development of a Lothian-wide Falls strategy for all health and social care staff. Care home falls prevention and management procedures and tools are being updated to facilitate improved practice, data gathering and training. Plans are being developed to meet falls related aspects of My Health, My Care, My Home.

## **Prevention of harm**

We have a responsibility for adult protection and our Chief Officer sits on the multi-agency Chief Officers Group for Public Protection that is responsible for all areas of public protection across Edinburgh. This group is supported by the Adult Protection Committee.

Between April 2022 and March 2023, there were 2,350 adult protection contacts across the city. This is a 24% increase from the 1,901 contacts in 2021/22, which has put considerable pressure on our social work resources and impacted on our ability to respond to assessments for social care, as adult support and protection cases are prioritised. Of the 2,350 referrals received during the year, further action was taken in almost all cases (97.4%). Roughly half of them required social work involvement other than Adult Protection.

Almost a third of referrals (29.9%, 702) progressed to investigation in the period. Infirmary due to old age was the most common client group for those whose case was being investigated (27.4%), followed by mental health (23.2%). The cases that resulted in an investigation were principally due to neglect (26.6%) and physical harm (25.2%). Of the 702 investigations, almost three quarters (72.9%) resulted in further action. There were also 1,111 adult protection case conferences in the year, of which a third (32.9%) were initial case conferences.

### Case Study 1: Health All Round – Ecotherapy

Pete is a man in his late thirties who initially presented with suicidal thoughts and anxiety. Pete was very keen to explore a closer relationship with nature as well as opening up his social circle, and so he was offered a place on the ecotherapy programme. During the first four sessions, Pete was very quiet and seemed to be on the periphery of the group. Although the group made him feel welcome, he was visibly shy and clearly uncomfortable within a group atmosphere. He did, however, continue to come along to the weekly group which occurs in various outdoor locations.

After several months of attending the group, one day Pete was visibly excited and became very chatty during the group check-in. He said that the ecotherapy group had inspired him to drive to the Borders and climb a hill. Whilst he was up there, he had a moment 'where I felt just amazing...my anxiety didn't matter, my thoughts didn't matter. There were little birds and squirrels all around me and the views were amazing. I felt like I was a part of something big and beautiful.' Since then, there has been a clear change for the better with Pete.

Pete still comes to the weekly ecotherapy group and rarely misses a session. He is now one of the more active group members and he has become popular. He regularly updates us about a friendship that he has developed with a wild fox and he reports on how connecting with nature has been life-changing for him, reporting less anxiety and fewer suicidal thoughts. Pete has also started socialising with some group members outside of the ecotherapy group.

#### Personal Outcomes:

- Pete has spent more time in the natural world
- Pete has become part of a group
- Pete found that this strategy helped to alleviate his problems with low mood, anxiety and suicidal thoughts.

#### Wider Impacts:

Building stronger, more resilient communities - Pete's enthusiasm for nature now inspires new group members and he has helped one or two new people to feel welcome in the group. He has gone from being a quiet presence who didn't seem to be enjoying himself to someone who helps other group members to connect with nature and is an asset to the group.

## Priority 2: Tackling inequalities

We have a key role to play in addressing inequality, in particular the health inequalities that represent thousands of unnecessary premature deaths every year in Scotland. The fundamental causes of health inequalities are an unequal distribution of income, power and wealth which can lead to poverty and the marginalisation of individuals and groups. These fundamental causes also influence the distribution of wider social determinants of health, such as the availability of good quality affordable housing; green space; work, education and learning opportunities; access to services; and social and cultural opportunities. These also have strong links to mental and physical health.

### EIJB Grant Programme 2022/23

In April 2022, our grant programme was extended by a further three years to March 2025. This extension was provided to allow third sector organisations to consolidate and continue to develop and redesign their services following the pandemic. The programme aims to address two key priorities of our Strategic Plan - to tackle inequalities and promote prevention and early intervention.

In 2022/23, 71 projects, including two successful projects from our Innovation programme, received funding through the EIJB Grant Programme. In total, we provided £5,161,802 for the continued provision of preventative and early intervention services across the city. The grants awarded through the programme included grants ranging from £300k for citywide provision of specialist income maximisation services, to very small grants of £8k for small scale volunteer-led services.

In general, the return to normal service provision is progressing well, with many organisations continuing to redesign their services to incorporate lessons learnt from the pandemic and develop new ways to deliver services to a wider group of service users.

Throughout 2022/23, it is estimated that services funded through the grant programme will benefit approximately 44,000 people across the programme's priority outcomes for reducing health inequalities, with 80-85% of the targets set either met or exceeded. The user satisfaction of services provided through the grant programme remains high with an average satisfaction score of 93%. In addition to this, the effectiveness of the programme is further augmented through the additional benefit of funding leverage, which is estimated at around £13m across the programme; the inclusion of volunteer hours provides an additional financial value of £1.9m to this total.

Overall, the programme has helped progress against the National Health and Wellbeing Outcomes, with activities targeted at disadvantaged communities, and it has addressed factors such as community resilience and improved physical and mental health and wellbeing. As such it has contributed to the mitigation and resolving of the causes of health inequalities.

## Mental Health and Wellbeing (Thrive Edinburgh)

Our third Thrive Edinburgh Conference took place on 25 November 2022, chaired by the Lord Provost and attended by over 140 people. It focused on how we continue to *change the conversation, change the culture* around our city's mental health and wellbeing.

Our Community Commissioning process aims to bring organisations together to explore local community needs, challenges and aspirations, and we allocated all our Communities Mental Health and Wellbeing funding, supporting over 120 organisations and partnerships in delivering a wide range of support across the city.

In terms of our Redesign Urgent Care Plan, we increased capacity in the Mental Health Assessment Services by three WTE Mental Health Nurses; introduced senior clinical makers; employed navigators for wider community support and community connection; and progressed work with the TRAK team to develop a more effective mental health triaging and referral system.

Four Thrive Welcome Teams are based in Edinburgh's localities. The multi-agency and multi-professional teams were prototyped from February 2020 through to August 2021, with teams augmented through formal organisational review transferring the Primary Care Liaison Team members into the Thrive Welcome Teams. As part of the Big Lottery-funded Living Well UK programme, an external independent evaluation was conducted and published in July 2022. The recommendations of the evaluation were considered by the Thrive Welcome Teams and wider Thrive Collective.

In February 2022 the Scottish Government announced their intention to allocate £3.2 million over 3 years to support the development of the Primary Care Mental Health and Wellbeing Teams in Edinburgh. This allocation is being reviewed as part of the Scottish Government's budget deliberations following the UK budget settlement. Following the announcement of this new funding, it was agreed to combine all current and planned funding to form eight Thrive Welcome (PCMHWTs) Teams across the city. These teams would be built up from the current Thrive Welcome Teams in line with the values and practice model, serve local communities (20-minute neighbourhoods) and the GP clusters across the city, and include a local GP mental health lead, working with the local team lead. These changes will embed a '*no wrong door*' and value-based approach, helping us to achieve the Thrive/PCMHWT aspirations of open access and no upper age limit services. The Thrive Welcome Teams Locality co-design and co-production groups were established, and the co-design process commenced on 8 December 2022.

Some other key highlights of the year include:

- Phase two of the development of the iThrive website was completed, enabling real time referrals into the Thrive Collective services and support.
- *Out of Sight, Out of Mind* celebrated its tenth birthday with an inspiring exhibition presenting over 100 artworks made by people who have lived experience of mental health issues.
- We embarked on a new partnership with the Scottish Storytelling Centre in creating a space for people and families to come together on the third Sunday of every month for fun activities including storytelling, family ceilidhs and arts and craft activities.



- Our City (E)Scaping Community of Practice was established, with spaces transformed into green and public art sites to foster collaboration and boost mental health and wellbeing.
- The third edition of *Coorie In* was produced, which highlights useful tips and advice for supporting people's mental health and wellbeing over the winter months. Eight thousand booklets were distributed across the city. The related small grants scheme supported 115 programmes providing 39,000 opportunities for people to connect over the winter months.
- The Royal Edinburgh Hospital's Volunteer Hub supported 43 inpatients, generating 54 volunteer hours; and 68 members of the public volunteered 2,078 hours.
- The New Era Programme was established to accelerate community developments and housing with support to enable more people to be discharged from the Royal Edinburgh Hospital
- Further funding was secured from the Armed Forces Covenant Fund to develop the Scottish Veterans Wellbeing Alliance and to develop interventions for veterans at high risk of attempting suicide. This programme will be delivered in partnership with the Centre for Military Research, Education and Public Engagement, Edinburgh Napier University.

### **Edinburgh Alcohol and Drug Partnership (EADP)**

Several national and local initiatives are focused on ensuring that the design and delivery of services are informed by the lived and living experience of those who rely on them, as this can have a significant impact on how people respond to support, and influences the culture and insight of the system.

In 2023, the ADP commissioned EVOC to support the Lived Experience panel reach its potential and ensure that the voice of lived experience is central to the planning, monitoring and evaluation of current and future service provision. Amongst other things, a Recovery Community Development specialist has been employed to recruit people to the panel, to engage the recovery communities in its work, and to work with Edinburgh Recovery Activities (ERA), EADP, Advo Card, Scottish Recovery Consortium (SRC), and other key stakeholders. A report with recommendations on the future shape of the panel and its work will be produced.

The use of experiential evidence in the development of plans and services is a requirement of the Medication Assisted Treatment (MAT) standards. In 2023 the EADP developed a network of peer researchers - people with lived experience of substance use and recovery who have been trained by SRC - to interview others with a focus on their experience of treatment and support. Over 50 interviews were completed and the results informed and continue to inform the MAT standards reporting and planning.

### **The Access Place**

The newly designed Access Place experienced a successful first year of operation in its new premises. People experiencing homelessness face many health and social inequalities, and we created Edinburgh's Access Place with integration at its heart, offering a multi-agency, trauma-informed service under one roof. Everyone working

at the Access Place has been trained in trauma-informed practice, recognising the impact that trauma has had on many of those accessing the service. People experiencing homelessness who have multiple and complex needs receive high quality, co-ordinated care and support to access permanent accommodation and improve their mental and physical health.

The service offers access to primary care; vaccination programmes; women's only clinics; temporary and permanent accommodation; social work and social care support; welfare benefits advice; veterinary support; support with mental health and substance use; occupational therapy; peer support; community linking; outreach support; and employment support. Anyone using the service has choice and flexibility in how they do so, and for those supported the service is a single point of access; our teams work together across citywide partnerships and networks, learning together, co-ordinating and co-designing each person's pathway to better wellbeing and independence.

## Case Study 2: Rowan Alba CARDS Befriending Service

Elisabeth is a 56-year-old female who had been made homeless during the Covid-19 pandemic due to her excessive drinking and had been placed in elderly sheltered accommodation. Initially contact was made by telephone; Elisabeth explained she was in a very bad way and was extremely reluctant to have a home visit as she was embarrassed about her living conditions. She was assured by the service provider that she would not be judged and that it was her wellbeing that was important. Elisabeth agreed to a visit, and indeed her living conditions were bad. Elisabeth was in poor physical condition, her house was messy and infested with cockroaches, she was lying on a mattress on the floor surrounded by discarded cigarette ends, food containers and empty vodka bottles, and she admitted she had given up.

A trusting relationship was built up over a number of visits and after several weeks Elisabeth agreed to accept help with her situation. She was helped to move into supported accommodation in the Grassmarket. Elisabeth has become very houseproud of her new accommodation. She has vastly reduced her alcohol intake and following a reassessment of her circumstances has been prioritised for Edinburgh's Detox Clinic services. Elisabeth has been attending alcohol recovery meetings and meeting new people. Initially, Elisabeth was adamant that she didn't want a volunteer assistance, however, she is now looking forward to meeting her new volunteer and attending outings or events run by CARDS.

### Personal Outcomes:

- Improved mental and physical health
- Improved self-management of long-term alcohol condition including reduced addiction
- Reduced isolation and more opportunities to connect to the community
- Improved confidence and self-esteem
- Increased support to maintain a home

### Wider Impacts:

Our support has reduced reliance on crisis services such as A&E, emergency housing and social work. Long term, through being supported to volunteer, clients contribute to strong and inclusive communities.

## Priority 3: Person-centred care

Being person-centred is about focusing care on the needs of the person rather than the needs of the service and working with people to develop appropriate solutions instead of making decisions for them. Key to this is working with people using health and social care services as equal partners in planning, developing, and monitoring care to make sure it meets their needs and achieves positive outcomes.

### Three Conversations

The Three Conversations approach focuses on what matters to a person and on working collaboratively with them as experts in their own lives, with staff considering a person's strengths and community networks to achieve positive outcomes. Implementation began in 2019, with 23 innovation sites currently adopting this way of working to support people more quickly and promote early intervention and prevention. This year, Astley Ainslie, Longstone Digital Tech Team and SCD Response Team became live innovation sites and started using the Three Conversations approach.

The contract with Partners 4 Change ended July 2022, and the roll-out of the approach has been supported internally since then. However, the rollout programme has been affected by current system-wide pressures and capacity, including the temporary withdrawal of programme and project management support, so the rollout has been refocused on the continued implementation to the four Locality Teams.

During 2022/23, 53% of new people who contacted us benefitted from personalised short-term support, such as building community connections and providing equipment, advice or information, rather than formal long-term care services being required or increased. This figure was 35% last year. The number of people without formal long-term care services requiring repeat support remains low, and when required has been due to unforeseen changes to their circumstances.

### Care Inspectorate Reviews

We deliver 34 registered adult care services that are subject to inspection by the Care Inspectorate. Following a reduction in inspection frequency due to the Covid-19 pandemic, 2022/23 saw the resumption of inspections across all sectors in the Partnership.

Inspection results are graded on a scale from 1 'unsatisfactory' (urgent remedial action required) to 6 'excellent' (outstanding or sector leading), with the grades 3, 4 and 5 being assessed as 'adequate', 'good' and 'very good' respectively.

During 2022/23, nine inspections took place. No requirements or areas for improvement were made and all services inspected in 2022/23 were rated 'good' or above. The grade evaluations can be summarised as follows:

<b>Service Name</b>	<b>Date of inspection</b>	<b>How well do we support people's wellbeing?</b>	<b>How well are care and support planned?</b>	<b>How good is our staff team?</b>	<b>How good is our leadership?</b>
Fords Road Home for Older People	09/06/2022	5	N/A	N/A	4
Clovenstone House	05/10/2022	4	5	N/A	5
Castle Craggs - Care at Home / Housing Support	21/11/2022	5	N/A	N/A	5
Castle Craggs - Care at Home / Housing Support Group 2	27/01/2023	5	5	5	4
Positive Steps	06/12/2022	6	5	5	5
SE Home Care Service Cluster 2	07/12/2022	5	N/A	N/A	5
South West Home Care Service Canal	20/12/2022	5	N/A	N/A	5
SW Hub – Re-ablement Service	30/01/2023	5	N/A	N/A	5
Support Works	09/02/2023	5	N/A	N/A	5
Be Able South	01/03/2023	5	N/A	N/A	4

### **Quality Improvement and Assurance in Care Homes**

A particular focus over the past 12 months has been working with the team at Royston Court Care Home to maintain the standards achieved as a result of the improvement work in 2021/22. This includes quarterly checks to ensure that improvements made are embedded and sustained. The home continues to make good progress with their improvement work which will hopefully be recognised and validated in their annual inspection from the Care Inspectorate.

As a result of the Care Inspectorate identifying an area for improvement, we have been working on the standardisation of person-centred care plan documentation. This work has progressed well and the aim is to move all residents across to the new care plan documentation by the end of August 2023. This will improve outcomes for residents and allow staff to deliver and evaluate the best possible standards of care.

We also offered Scottish Improvement Foundation Skills training to staff across the Partnership as part of the plan to increase Quality Improvement Capacity and Capability. To support improvement in the care homes and increase staff

understanding of Quality Improvement methodology, two spaces were allocated to care home staff on each cohort. This will allow us to build a team of improvers within the care homes to identify and drive improvement.

### **Joint inspection of Adult Support and Protection**

In late 2022, a [Joint Inspection of Adult Support and Protection](#) took place involving the Care Inspectorate, Healthcare Improvement Scotland, and His Majesty's Inspectorate of the Constabulary. Some of positives highlighted within this report included:

- Partnership working across health and Police Scotland is making an invaluable contribution to identifying adults at risk of harm and working well with partners to improve their safety and wellbeing
- The third and independent sectors in Edinburgh continue to be a real asset in the health and social care integration landscape, with providers being highlighted as giving 'vital support' to adults at risk of harm
- The way we are conducting large scale investigations has been positively recognised
- Our strategic leadership throughout COVID-19 has been recognised in ensuring business continuity during the pandemic

However, the report also raised some challenges and areas for us to continue to work on to improve the quality of our Adult Support and Protection activity:

- Like many other HSCPs who have already been inspected in this area, the quality of chronologies and risk assessments in Edinburgh have been highlighted as needing improvement
- The quality of adult protection case conferences has also been cited as an area requiring improvement
- Our wider vacancy challenges, particularly within our social work teams, have also been noted
- Quality assurance activity, capacity assessments and consistency of support and protection for all people when required were also highlighted as areas requiring improvement.

[An improvement plan](#) focusing on these areas for improvement has been created and will be overseen by the Edinburgh Adult Protection Committee, which includes senior staff from the Council, NHS Lothian, Police Scotland, the voluntary sector and partner agencies. Regular updates will be circulated on the plan and progress made.

### **Inspection of Adult Social Work and Social Care Services**

A second [Care Inspectorate report](#) was published in March, following a request from the Minister for Mental Wellbeing and Social Care that they undertake an inspection of council services delegated to EHSCP. The report highlighted the indirect consequences of broader system pressures, with recruitment issues being a major factor. Alongside that, there remains a need to address our partnership structures

and governance, our pace of delivery and to invest in our shared systems and processes.

Key areas identified for improvement focused on:

- The design, structure, implementation and oversight of key processes, including the assessment of people's needs and their case management
- Approaches to early intervention and prevention, which were uncoordinated and inconsistent
- Self-directed support (SDS), which had not been implemented effectively
- Insufficient support for unpaid carers
- Staff being under considerable pressure and sometimes overwhelmed, though the report also noted most staff experienced and valued positive, responsive and person-centred support from their immediate line manager
- 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

[A joint improvement plan](#) with the Adult Support and Protection inspection has been developed in response to the report. This incorporated some of our current developments that align to needs identified in this report. This includes the recent appointment of a Principal Social Work Officer which will strengthen our leadership and support of social work. The plan also sets out our improvement activity under six priorities:

- A focus on early intervention, prevention and demand management
- Reducing waiting lists and improving access to services
- Best use of resources to meet demand and an improved structure
- Getting basic and key processes right
- Workforce – improving recruitment, retention and governance
- Better governance, including professional supervision, manager oversight and quality assurance.

A strategic Inspection Oversight Group has been established to support the improvement work. This group will oversee and approve inspection improvement plans, ensuring actions are focused on outcomes and are SMART. This group will also provide regular updates for staff and stakeholders as we progress, and report into our governance structures and committees.

### Case Study 3: Minority Ethnic Health Inclusion service (MEHIS)

Zoda is a 48-year-old African single parent with three children under 12 years who moved to Edinburgh to escape domestic abuse. She speaks several African languages and Spanish but struggled to read her medical appointment letters in English. Zoda was referred to MEHIS by her GP as she had potentially serious medical conditions and was missing her medical appointments. The African Link worker visited Zoda at home.

The African Link worker supported Zoda to understand the health system in Scotland, understand her medical conditions, provided self-management advice and advocated for her at GP and hospital appointments.

Unfortunately, Zoda's health deteriorated and after an in-hospital stay she lost her only job on a zero-hour contract. The Link worker continued supporting Zoda with the professionals (physiotherapists, occupational therapists, pharmacists) involved in her care and she was linked to:

- English classes
- Food banks / Pantries
- Family, physical and other social activities
- Informal, trusted African support groups (who provided invaluable care / assistance to Zoda and children during her hospital stay)
- Housing and benefits advice

#### Personal Outcomes:

Zoda's mental health has improved and she commented,

*"I am so glad the GP connected me to someone like me who can understand my situation."*

*"I was alone with my children, now we have an African family."*



## Priority 4: Managing our resources effectively

In a climate of increasing need for services and continuing pressures on budgets, it is vital that we make best use of available resources.

### Financial management and performance

Financial information is a key element of our governance framework. Each year we produce a financial plan which sets out how we ensure our limited resources are targeted to support delivery of our strategic plan. Our [financial plan for 2022/23](#) was agreed by the board in March 2022. An [update](#) was presented in August 2022.

Regular updates on financial performance against this plan were provided to the Performance and Delivery Committee as well as to the EIJB itself. Included in these reports were details of the financial impact of the pandemic and progress with the savings and recovery programme.

Budget monitoring of delegated functions is carried out by the finance teams in the City of Edinburgh Council and NHS Lothian, reflecting the EIJB's role as a strategic planning body which does not directly deliver services, employ staff or hold cash. However, the board needs oversight of the in-year budget position as this highlights any issues that need to be accounted for when planning the future delivery of health and social care services.

You will find a comparison of costs against the budget for the year summarised in the table below:

Service	Budget £m	Actual £m	Variance £m
<b>NHS DELIVERED SERVICES</b>			
Community services	66	65	1
General medical services	97	99	(1)
Prescribing	81	84	(4)
Reimbursement of independent contractors	68	68	0
Services hosted by other partnerships/NHS Lothian	115	114	1
Hospital 'set aside' services	114	120	(6)
Other	72	63	9
<b>Sub total NHS</b>	<b>612</b>	<b>612</b>	<b>(0)</b>
<b>CITY OF EDINBURGH DELIVERED SERVICES</b>			
External purchasing	207	215	(8)
Care at home	34	30	4
Day services	17	17	1
Residential care	22	21	1
Social work assessment and care management	19	15	3
Other	11	12	(1)
<b>Sub total Council</b>	<b>310</b>	<b>310</b>	<b>0</b>
<b>Net position</b>	<b>923</b>	<b>923</b>	<b>0</b>

A break-even position was reported against the budget for the year. This was predicated on the value of vacancies across Council and NHS services, slippage on investment funding and the use of reserves. Whilst this is clearly a positive outcome for 2022/23, it should be noted that we relied on one-off measures to achieve balance. Despite this, the underlying deficit remains and, indeed, increases when we move into 2023/24.

The underlying financial pressures facing us have not materially changed; these include:

- Externally purchased services where demographic factors continue to drive demand for these services; this is also evidenced in the continuing growth in direct payments and individual service funds. As in previous years we saw significant growth during 2022/23
- Medicines prescribed by General Practitioners cost £81m in 2022/23. This is an area where, although Edinburgh has one of the lowest costs per head of population, we see costs rising year on year as volumes increase and costs fluctuate; and
- Expenditure in set aside which continues to be one of the main financial issues facing NHS delegated services. NHS Lothian agreed a one-off additional allocation to reflect this.

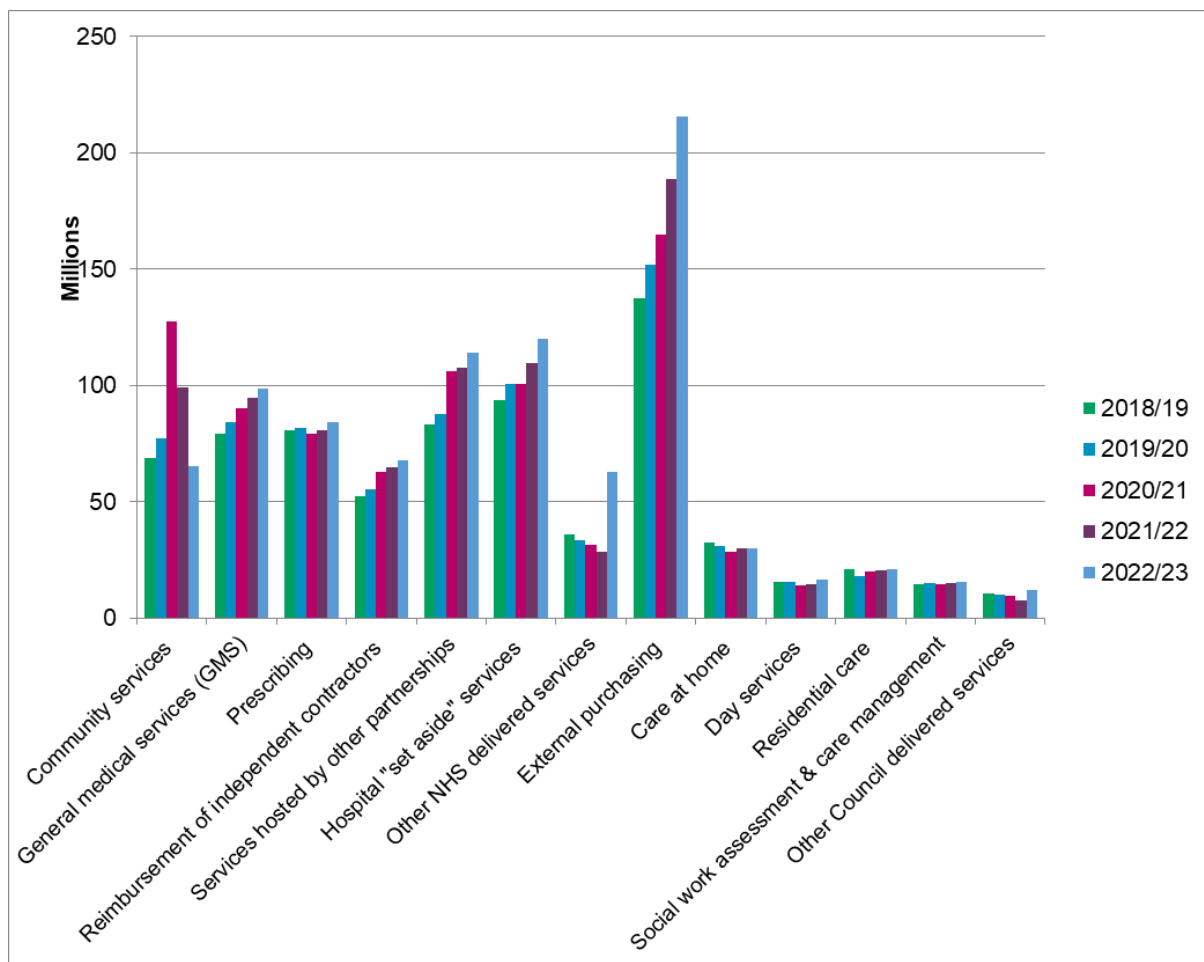
These pressures have been offset in year by high levels of vacancies across a number of services in both the City of Edinburgh Council and NHS Lothian. We continue to face significant challenges in recruiting and retaining staff, and given the impact on service delivery, operational staff continue to prioritise recruitment.

It is clearly extremely positive that we are able to report a break-even position against our in-year budget. However, the continued reliance on one-off measures to achieve financial balance remains a concern. As a board we face a number of material and long-standing financial pressures and a baseline gap in our financial plan which we struggle to address on a recurring basis. Our medium term financial strategy (MTFS) begins to set out what a path to financial sustainability could look like and this will continue to be developed in the coming financial year.

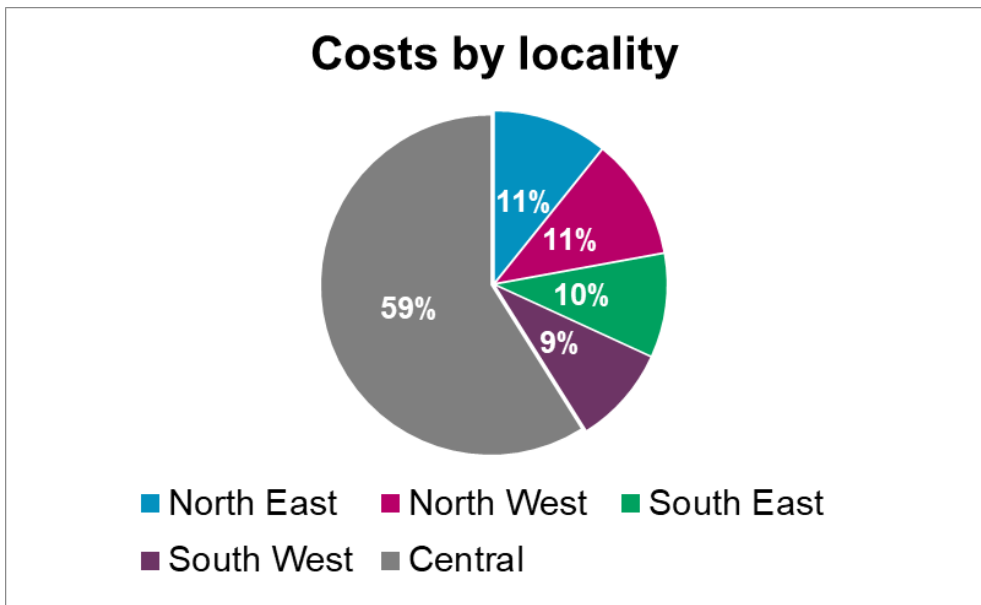
The pandemic clearly had an impact on our finances, and this was closely monitored during the year. We incurred net additional costs of £19m as a direct result of COVID-19. The main categories of associated expenditure being: sustainability payments made to support providers during the pandemic; purchase of additional capacity; additional staffing; and increased prescribing costs. In line with their commitment, these costs were met in full by the Scottish Government and are summarised below:

	£m
<b><u>Costs incurred by City of Edinburgh Council</u></b>	
Staff costs	1.1
PPE	0.4
Provider sustainability payments	5.8
Loss of income	1.0
Shortfall on funding for interim care beds	2.9
<b>Total earmarked reserves</b>	<b>11.2</b>
<b><u>Costs incurred by NHS Lothian</u></b>	
GP prescribing	1.9
Additional FHS contractor costs	0.1
<b>Total general reserve</b>	<b>1.9</b>
<b>Total</b>	<b>13.1</b>

The chart below shows costs in key areas for the last five financial years:



Although many of the delegated services are delivered directly in localities, a significant proportion are run on a city-wide basis. Showing how the associated costs are incurred within each locality requires a degree of estimation and assumption. This exercise shows that the cost of services is relatively consistent across the four localities, although the majority of spend is associated with services which are run on a city-wide basis. This is evidenced in the diagram below:



**Bed-Based Review**

The bed-based review is ongoing and seeks to redesign bed-based services across the city, taking into consideration demand and capacity to ensure provision of sustainable services. The project covers bed-based services in hospital settings, and beds located in the community.

An enhanced model of care is being introduced into our larger 60-bedded care homes to include registered nurses to provide nursing cover seven days per week. Recruitment to this model is well under way and one care home is nearly at full establishment, while the other two larger care homes in the estate are actively recruiting. The new model of care will allow the Partnership to provide much needed nursing and dementia care at local authority funded rates to meet existing and future demand and support flow from hospital into the community. This has also removed the requirement for District Nurses to attend these care homes during the day so their residents have all been removed from District Nursing caseloads increasing capacity in the community for the service.

Edinburgh continues to have an imbalanced bed base and doesn't have the right type of beds in the right place to meet existing and projected demand. Phase 1 of the Bed Based Care Strategy was approved by the IJB in September 2021, but due to a number of issues this has not been implemented as planned. Significant adaptations are required to the former Drumbrae Care Home in order for the facility to be compliant with recently updated healthcare standards. This has meant that progress has yet to be made with the building-based redesign of bed-based services outlined in phase 1 of the bed-based care strategy. This has affected the Partnership's ability to relocate bed-based services from the Liberton Hospital site and has meant that hospital-based complex clinical care (HBCCC) needs to continue to be provided from the existing facilities until a resolution can be found. Work planned in 2023/24 to revise the bed-based modelling will support us to move this work forward to ensure we have the right bed base to meet the needs of Edinburgh's population.

## **Priority 5: Making best use of capacity across the system**

It is important to ensure that capacity within the system is utilised in a balanced and progressive way to deliver the best outcomes for the people of Edinburgh. We continue to work with our partners in the third and independent sectors to ensure that the services we offer can meet increasing needs and demands within the continuing challenging financial climate.

### **Recruitment and Retention**

During 2022/23, a Recruitment and Retention Oversight Group was set up to support initiatives to address health and social care recruitment challenges. This is supported by regular performance monitoring around recruitment and retention. We also increased our resources to support hiring managers with recruitment processes in the social work area to ensure onboarding could take place efficiently and effectively.

We engaged with Capital City Partnership (CCP) to support our recruitment activity across the city, with outreach activity and community-focused engagement being undertaken to identify and generate interest in joining the partnership. The main drive is at entry level for social care services and since November 2022 local and targeted recruitment fairs have taken place monthly. Referrals (registered to the programme) now total 437. A total of 56 interviews have taken place with more in the pipeline and 32 job offers have been made. CCP also secured support of Community Renewal for additional staff support, established a short Health and Social Care training course programme using CCP Vocational Training Framework (VTF) funding and have established strong links to Department of Work and Pensions (DWP) and MyJobScotland.

Further work around recruitment, workforce planning and training and development, including for leadership, is planned as part of our response to the recent inspections of Adult Support and Protection and Adult Social Care and Social Work.

### **Workforce Strategy**

Working Together is Edinburgh Partnership's workforce strategy for a caring, healthier and safer Edinburgh. This ambitious strategy has been developed to ensure we have a skilled and capable workforce for today and tomorrow that can deliver on our strategic priorities and meet the health and social care needs of the citizens of Edinburgh.

The strategy highlights 4 key broad priority areas of focus, these being: Health and Wellbeing; Culture & Identity; Capacity and Transformation; and Leadership & Development. A Workforce Steering Group comprising senior executives and lead Trade Union and Partnership representatives was formed to begin leading on the implementation of our strategy. Key areas identified so far include: Supervision & Support; Workforce Plan; and Visible Leadership.

Progress has been challenging due to a number of factors including winter and system pressures, and ongoing resource and capacity issues. As a result, we are reviewing our structural and governance arrangements as part of a reset for this important and necessary work. We are also working on an update to our workforce plan which is due for submission to the Scottish Government in October 2023.

## **One Edinburgh: Home-Based Care**

'One Edinburgh' is part of our Home-Based Care and Support project within the Innovation and Sustainability Portfolio and is our collaborative approach to the delivery of internal and external home-based support. It aims to deliver a vision of preventative approaches and support solutions that enable more people to remain independent at home, or in a homely setting, for as long as possible.

There are three pillars to the One Edinburgh care at home programme.

**Total Mobile** – We began to implement our new mobile workforce scheduling solution for our internal Home Care and Reablement provision. An enabler for our internal redesign, we anticipate completion by the end of 2023. Almost 600 devices are now deployed to the Homecare and Reablement team who are also benefiting from access to email, Microsoft Teams, public transport apps for route planning, and the Thrive app for vital access to learning and development training.

**Internal Re-Design** – We have progressed with the redesign, planning and modelling of our internal homecare services to shift from long term care support services to a focus on prevention and reablement, though some long-term care at home will still be delivered internally. This will support our approaches to prevention and early intervention, supporting individuals to live independently for longer.

We established a citywide care at home operational leadership group at the start of 2022 which has oversight, monitors activity and capacity levels, ensures maximised use of capacity, and drives forward performance improvements in relation to this. The team meets daily, making quick evidence-led decisions and taking actions around the internal and external care at home capacity across Edinburgh. The aim was to centralise discussions and planning approaches about care at home support across the city, with specific focus on reducing hospital delays and community unmet need; reducing the time that individuals wait for support to be arranged; and maximising the commissioning of capacity available through the external market.

Significant improvements have been delivered through this group with a reduction from January 2022 to March 2023 of 83% in the number of people delayed in hospital waiting for a package of care and an average reduction of 84% in the number of days people wait for care at home support arrangements to be put in place. For the same period in the community, there has been a reduction of 72% in people waiting for care at home support arrangements, and an average reduction of 36% in the number of days waiting for these arrangements to be put in place.

**One Edinburgh Care at Home Commissioning** – While the internal re-design analysis and modelling was undertaken, framework commissioning was largely on hold during 2022/23. However, the ongoing activity with care at home providers to continue the shift towards new collaborative working continued. With clarity about what our proposed internal care at home provision will be, there was further analysis and modelling undertaken late in 2022/23 to define what will need to be commissioned from the external care at home market.

## **Primary Care (General Medical Services)**

The application of the Primary Care Improvement Plan (PCIP) and Transformation and Stability (T&S) funds in Edinburgh enjoyed another constructive year in 2022/23. These funds are now almost all recurrently committed to supporting the equivalent of

approximately 300 additional full time primary care staff across the city. Our latest evaluation indicates that these staff make a workload contribution equivalent to almost 600 additional medical sessions each week, helping offset the continuing impact of Covid-related pressure and the ongoing population increase. The feedback from patients treated by these new professionals is overwhelmingly positive, as the experience of these staff working in Primary Care.

Pharmacotherapy accounts for 38% of the PCIP funding. The workforce combines primary care workload augmentation with cost and quality-related activity. As a result of the ongoing attention of GPs to high quality and cost-effective prescribing, now facilitated at practice level by the pharmacotherapy team, Edinburgh has lower expenditure per head of population than any other area of Scotland. The number of pharmacy technician staff has grown and these staff are increasingly able to provide multi-practice support for relatively routine processing of medicine-related activity. All pharmacotherapy activity is carefully monitored to ensure that quality and safety are enhanced as part of this work.

Fifty-five of our 70 medical practices are currently accessing the Community Treatment and Care Centres (CTAC) services, and there are plans for further expansion in 2023. CTACs take a proportion of several time-consuming procedures, such as complex wound dressings and ear irrigation, away from medical practices, thus allowing Practice Nurses to provide more 'long-term condition' management and care. Our vaccination team has removed almost all routine vaccination from medical practices, with approximately 300,000 vaccinations delivered during 2022. While some patients will now need to travel further than their local surgery to receive some elements of primary care treatment, this will allow medical practices to concentrate on the services they are best placed to provide.

We have invested in both Primary Care Mental Health Nurses and physiotherapists embedded in practice teams. This allows many more patients to be treated locally and quickly rather than referred to another specialised service team. In addition, our Community Link Worker service now covers approximately half of City practices, offering both direct support and advice to patients about relevant community resources available both locally and across Edinburgh.

An important part of the primary care transformation process is the ongoing development of the primary care premises required to support our growing population. In 2023, we were able to offer new accommodation for two of our medical practice teams and helped almost 20 others with improvements to their premises which enabled more patients to be absorbed. We also renewed the 'Edinburgh Primary Care Population and Premises Report' to ensure we adjusted our plans to the additional requirements of the City of Edinburgh Council's 'City Plan 2030'. This year, we had a large number of people from the Ukraine who followed on from new citizens coming to Scotland from Afghanistan the previous year. One of our medical practices took the lead in ensuring people living on the ship in Leith and in two city hotels had the support they needed, whilst others were welcomed into local practices when they were able to secure local accommodation.

Whilst much progress was made in 2022, the pressure of population increase, the aftershocks of Covid and the 'cost of living crisis' has meant that Primary Care remains under considerable pressure.

## Priority 6: Right care, right place, right time

As part of making sure people receive the right care in the right place at the right time, we want to ensure people are supported to live as independently as possible. We are committed to ensuring people are supported at home and within their communities whenever possible and are admitted to and stay in hospital only when clinically necessary. Central to our thinking is working towards the provision of care tailored to the individual, in a place which best provides this care and as close as possible to when it is required.

### Supporting Carers

Amid ongoing recovery from the pandemic and a cost of living crisis, our focus was on the continuation and embedding of the contracted provision of support to carers provided mainly through our voluntary sector partners. Work was also progressed on the Edinburgh Joint Carers Strategy 2023 -2026 refresh, taking account of the national carer strategy developments, and feedback on the agreed local six priorities which remain our key focus. The refreshed strategy was developed by a short life working group which reported to the Edinburgh Carer Strategic Partnership Group, (CSPG), whose membership includes carer organisations, EHSCP and CEC managers, and the EIJB Carer representative. The refreshed strategy is the result of collaboration and wide engagement with carers, supported people and other key stakeholders. It is based on a set of Key Principles:

- Maintain the six key priority areas and associated local outcomes
- Align Edinburgh's priorities with the five national themes, outcomes and proposed actions
- Maintain the Equal Partners in Care (EPiC) approach
- Develop a carer outcomes measuring framework
- Indicate achievable actions/commitments to continue to enhance carers' supports and national commitments
- Maintain the Human Rights-based approach to commissioning

Of the 137 Key Performance Indicators associated with the contracted provision, from January 2022- March 2023: 13 exceeded the target; 102 were fully met; 7 were partially met; 14 were not met; and 1 remains under development. The contract reporting now aligns with the financial year. Of the 14 KPIs not met, 11 were related to the newly developed KPIs associated with the wider roll out of the Adult Carer Support Plans (ACSP) and associated emergency plans.

Other key achievements have seen the VOCAL carer map going live, helping carers to find information, advice and support across the city. Throughout this period, and of particular help owing to the cost of living crisis, welfare benefits and financial advice support provided has enabled carers to maximise their benefit entitlement: the Performance and Evaluation report 2022-23 indicates just over £1.6m of benefits being accessed for carer households. Across Edinburgh carers have been supported by our valued voluntary sector on a one-to-one basis; have accessed peer support and short breaks from caring (including leisure centre membership); and have been helped to access funding. Carers have also been supported through day, evening and residential short breaks. Young Carer Statements continue to be offered, to optimise support for young carers, and their transition to young adult carers.



We have been recognised by Shared Care Scotland for innovation through market facilitation to generate a variety of person-centred short break options for people with Learning Disabilities within the Short Break Hub (The Hub). The Hub supports people with planning and brokering short breaks, exploring support options which meet people's personal outcomes, and matching people who have a short break budget to social care organisations who can provide replacement care. It also co-ordinates ongoing relationships between families and providers. Between April 2022 and March 2023, The Hub has supported 283 people to access a variety of short breaks, including daytime, evening or overnight support; social events; breaks away together for the person being cared for and the carer or other family members; and breaks with friends. 80% of respondents to a recent survey rated their experience of The Hub positively, and 85% of respondents rated the experience of the person they care for as positive.

The Hub's relationship-based approach to brokering short breaks has led to improved support options and outcomes and has created the opportunity to consider all aspects of people's support flexibly across a range of service models. This approach offers more consistency for users and greater sustainability for providers. The local market has grown, with 14 providers offering or engaged in conversations to not only provide short breaks but to consider all supports people need to live a good life.

Work on Adult Carer Support Plans (ACSPs), supporting an outcome-focused approach, has developed over 2022, with the template, supporting leaflets, practitioner guides and internal processes reaching completion. Delivery of training with our partners began in March 2023 and full implementation is July 2023. This will see a rise from approximately 500 ACSPs completed each year since 2019, further optimising support for carers.

Other key developments up to March 2023 include:

- Statement around recovery from Covid-19
- Response to cost-of-living crisis and reinvestment of funds for replacement care
- Carer Landscape: Edinburgh Action Research (CLEAR) getting under way to capture wider carer supports and contribution to the Carer Strategy, beyond the commissioned services
- Developments around reporting on carer outcomes, with the co-production of the development of an outcomes framework well under way, encouraging a reflective approach in year 2 by way of preparation for year 3 reporting.

Key focus areas for development for the forthcoming year are indicated in the refreshed strategy, will form the focus for the Carer Strategic Partnership work plan going forward and are aligned with the key implementation plan of the refreshed Strategy 2023-26. This includes developments around SDS, female carers, young adult carer action plan, place based short breaks, Adult Carer Support Plan roll out, and change to reporting timeline and review of KPIs.

## **Home First**

As part of the redesign of unscheduled care, Home First is supporting the delivery of the Lothian Strategic Development Framework with three priority areas of focus: reducing ED attendances, reducing length of stay and reducing admissions.

We have continued to work with NHS Lothian on the implementation of Discharge without Delay (DwD). Phase one of the programme identified six acute site medicine of the elderly wards at the Western General Hospital and Royal Infirmary of Edinburgh for a quality improvement approach. This introduced planned date of discharge (PDD) and embedded Home First social care staff (social workers and Home First coordinators) within the ward multi-disciplinary teams at their daily meetings. This collaboration was particularly successful on the WGH wards, with data showing a 50% reduction in bed occupancy by patients in delay over a 12-month period and when directly comparing winter periods. They also reported a 9-day reduction in median length of stay and a 35% increase in discharge rate when comparing quarter one of 2023 with the same period in 2022. The data is less indicative of improvement at the RIE and this likely reflects site progress against the agreed phase one actions. Due to the learning from pilot work at Fillieside and the success of the DwD programme, PDD has also been introduced across our other bedded units.

Over winter, we trialled a new on-site social work model in the Royal Edinburgh Hospital which provided timely and proportionate interventions to reduce social work assessment waiting times and promote a Home First approach. There has been an overall reduction in length of stay, occupied bed days, number of patients in delay and community demand for assessments. The team have improved performance, enhanced multidisciplinary team relationships and improved the patient experience.

Home First supports discharge through a range of services/teams:

- Our Discharge To Assess service continues to be well utilised across the city with over 2500 referrals received in the last financial year. Discharge to Assess supports people in their transition home by offering assessments and rehabilitation in their familiar environment, not the hospital setting.
- The introduction of the RESET team (third sector resilience workers) has supported people home from hospital with non-statutory services such as befriending, assistance with grocery shopping and support with welfare applications.
- Our Hospital to Home service also provides short term support to people who are medically well to go home but who may have a gap between discharge and their care package beginning, enabling more people to be discharged without delay.
- District nursing has introduced a home IV pathway; working with OPAT at the Western General Hospital to support patients to receive IV antibiotic therapy at home. The service is available to patients who are unable to attend OPAT on a daily basis due to their being housebound; this is supporting early discharge from hospital as well as prevention of admission.

Home First is continuing to provide and develop services to support people to remain at home or in a homely setting, preventing hospital admission and providing alternatives to hospital where it is safe to do so. The Home First coordinator located at the front door of acute sites continues to provide a dedicated focus to prevent unnecessary admission where possible by facilitating community alternatives. A single point of access was introduced via the Flow Centre to provide a professional response to requests from healthcare professionals for people who require urgent therapy and/or urgent social care interventions. This pathway has successfully prevented 80% of admissions from 456 referrals. Through the Home First navigators, the Flow Centre has developed a greater understanding of alternative urgent therapy

and care pathways and is better equipped to recommend alternative options with the ability to highlight potential social admission requests.

Hospital at Home has increased its service capacity in the last year, which has enabled the service to support an additional 52 patients per month; this equates to an increase in capacity of 58%. Patients managed by the Hospital at Home team have on average a reduced length of stay of 18 days when compared with patients admitted to an acute site. The Hospital at Home service has also introduced enhanced referral pathways to include the Scottish Ambulance Service, Emergency Departments, Acute Medicine Units and other hospital wards in addition to new pathways for community teams such as the heart failure, community respiratory and IMPACT teams. A bespoke capacity planning tool has been developed by the service.

Work has been ongoing with the care home support team to undertake a test of change to prevent admission from care home settings and to identify frequent attenders from care home settings. This is progressing well and has adopted a collaborative approach across all key stakeholder groups.

## **ATEC 24**

Assistive Technology Enabled Care 24 (ATEC 24) offers a range of preventative and enabling supports to citizens of Edinburgh, which includes community alarms; telecare; sheltered housing support; the bathroom equipment assessment team (BEAT); children's occupational therapy; and a Community Equipment Loan Service to Edinburgh, East and Midlothian communities.

The Community Equipment Loan Service (CELS) provides specialist daily living equipment on loan to those with an assessed need, determined by a health or social care professional. On 31 January 2023, we were awarded accreditation with CECOPS, a national quality assurance organisation. CELS is the first and only equipment service in Scotland to be accredited.

Since 2018, we have increased the number of satellite stores we support with small aids and equipment from 17 to 43, enabling equipment to be accessed locally and quickly and reducing environmental impacts, with 17,304 items delivered to satellite stores in the past year. We also supplied almost 39,000 items through our Click and Collect Service, introduced in 2020 in response to Covid-19 restrictions and now maintained as a core function. In 2022, we delivered approximately 91,000 items to people living in their own homes as part of our standard delivery schedule, with an additional 17,638 items delivered as a crisis response within a 24-hour timescale, usually supporting people coming out of hospital. This represents a 44% increase in standard deliveries over the past five years, with an almost 400% increase in crisis deliveries.

The Assistive Living Team (ALT) was formed to support early intervention with citizens who present with less complex needs through the provision of equipment, telecare and community-based support. During the last year, ALT took part in a second phase of a Scottish Government pro-active telecare / outbound calling test of change, with the external evaluation by University of West of Scotland identifying significant cost avoidance to the telecare, Scottish Ambulance Service and hospitals from this work.

The telecare service continues to develop and implement plans around the analogue to digital transition, ensuring the telecare technologies in people's homes and the platform we are using to answer customers' calls is compatible with the updated digital telephony network by 2025. In March 2023, 35% of our Telecare customers were in receipt of compatible technologies. Continuing to grow our telecare service is a key aspect of our Inspection Improvement Plan.

## Learning disabilities

In 2022 the Innovation and Sustainability Portfolio selected Learning Disabilities Services as its primary pipeline project area to develop and improve outcomes for service users with Learning Disabilities. This has seen the collaboration of multi-agency and multi-disciplinary professionals from both the public and voluntary sectors. People with lived experience have engaged in reviewing progress and provided feedback on identified change areas. This iterative process has identified 13 key areas requiring some change and improvement work, refined from the nine outlined in the [report to EIJB in September 2022](#). The Edinburgh Learning Disability Advisory Group, a participatory group involving individuals who have a learning disability; their support staff; learning disability third sector organisations and our staff, is engaged in ensuring that the proposals being developed are scrutinised by people with lived experience. The project is currently developing action plans to address the change proposals and still has some significant milestones ahead.

Health Improvement Scotland launched a programme in 2020 called [New Models of Day Support](#) – this programme was designed to support Partnerships to define and further develop approaches to day support that best meets the needs of individuals who have a learning disability. To take this forward the EHSCP developed a local project team with representation from third sector providers and partnership staff. There has been engagement with individuals who have learning disabilities and their carers during this project to ensure that their views are taken into consideration when developing person-centred change proposals. This project is in the final stage and the intention is to produce a menu of opportunities that reflects the aspirations of people with learning disabilities to be included in a wide range of activities including volunteering, employment, further education, and social activities.

On 29 March 2023 we held a Capacity to Collaborate event at the Edinburgh Community Rehabilitation and Support Service. This event brought together EHSCP colleagues, third sector and private organisations and people from the world of physical disability, hidden disabilities, neurological conditions and long-term conditions to promote our rehabilitation and self-management services and resources. The event highlighted the multiple avenues of support available to help people on their journey and emphasised the power of collaboration, offering marketplace stalls, a main discussion on reflective practice and collaboration, and a demo of the Smart House Tech Hub.

#### **Case Study 4: FAIR Ltd – Welfare Rights and Financial Capability Advice Service**

Colin lives with his wife Jeanette. Jeanette gets Personal Independence Payment (PIP) Enhanced Daily Living and Enhanced Mobility. They get full Housing Benefit and claim as a couple for Employment and Support Allowance, and Jeanette gets the Support group component. After Jeanette phoned FAIR to ask for help with a PIP review form, they were allocated an Advice Worker.

A home visit brought into focus the complexity of their case - Jeanette is house bound, she has diabetes and is very obese. She has not left the house in two years and has carers that come to the house to dress and wash her. The PIP review was completed with both Colin and Jeanette. However, from further discussion and engagement with Colin's doctor, it emerged that Colin had a learning difficulty and receives medication for migraines but he was not in receipt of PIP and had lost his Disability Living Allowance years ago when he began to care for Jeanette despite his own limited abilities.

The couple were also needing to move house as it was not a suitable property for promoting Jeanette's mobility or her personal care needs. FAIR ensured the appropriate housing association was contacted to address these concerns. FAIR continued to pursue Colin's situation and referred him to the NHS Community Learning Disability Team for a learning disability assessment. They also supported him through a PIP claim, which was successful with both Colin and Jeanette being awarded PIP Enhanced Care and Enhanced Mobility claims.

#### **Personal Outcomes:**

- Personalised Support and access to a named skilled Advice Worker
- Working towards better health outcomes, including reduced isolation
- Better financial situation - Colin was able to buy a new washing machine with his PIP backdated money

#### **Wider Impacts:**

Good partnership work between agencies to get best outcome for clients. They are both less isolated and there are plans for services to help them to work towards moving to a more suitable property and to be more organised in their home.

## Performance

### Health and Wellbeing Outcomes

There are nine national health and wellbeing outcomes which have been set by the Scottish Government. Each Integration Joint Board (IJB) uses these outcomes to set their local priorities.

Underpinning the nine wellbeing outcomes sits a core suite of integration indicators, which all HSCPs report their performance against. These national indicators have been developed from national data sources to ensure consistency in measurement. The table below shows how the strategic priorities from our Strategic Plan contribute to these national outcomes and the national indicators associated with each priority.

<b>Strategic priority</b>	<b>National outcomes this priority contributes to</b>	<b>National indicators</b>
Prevention and early intervention	<p><i>Outcome 1:</i> People are able to look after and improve their own health and wellbeing and live in good health for longer</p> <p><i>Outcome 4:</i> Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</p>	<p>Indicator 1</p> <p>Indicator 7</p> <p>Indicator 12</p> <p>Indicator 16</p>
Tackling inequalities	<p><i>Outcome 5:</i> Health and social care services contribute to reducing health inequalities</p>	<p>Indicator 11</p>
Person-centred care	<p><i>Outcome 3:</i> People who use health and social care services have positive experiences of those services, and have their dignity respected</p> <p><i>Outcome 7:</i> People who use health and social care services are safe from harm</p>	<p>Indicator 3</p> <p>Indicator 4</p> <p>Indicator 5</p> <p>Indicator 9</p> <p>Indicator 17</p>
Managing our resources effectively	<p><i>Outcome 9:</i> Resources are used effectively and efficiently in the provision of health and social care services</p>	<p>Indicator 14</p> <p>Indicator 20</p>
Making best use of capacity across the system	<p><i>Outcome 8:</i> People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide</p>	<p>Indicator 6</p>
Right care, right place, right time	<p><i>Outcome 2:</i> People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community</p> <p><i>Outcome 6:</i> People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing</p>	<p>Indicator 2</p> <p>Indicator 8</p> <p>Indicator 13</p> <p>Indicator 15</p> <p>Indicator 18</p> <p>Indicator 19</p>

## Performance against National Indicators

There are 23 indicators but four of them (indicators 10, 21, 22 and 23) have not yet been finalised for reporting and one (indicator 20) has not been reported since the pandemic due to data issues. National indicators (NI) 1 to 9 are based on the Scottish Health and Care Experience Survey (HACE) commissioned by the Scottish Government. The primary source of data for indicators 12 through 16 are Scottish Morbidity Records (SMRs), which are nationally collected discharge-based hospital records. For these indicators, calendar year 2022 is used as a proxy for 2022/23 due to the national data for 2022/23 being incomplete. We have done this following guidance issued by Public Health Scotland which was communicated to all Health and Social Care Partnerships. Using more complete calendar year data for 2022 should improve the consistency of reporting between Health and Social Care Partnerships.

### Health and Care Experience Survey Indicators

National indicators (NI) 1 to 9 are based on the Scottish Health and Care Experience Survey (HACE) commissioned by the Scottish Government and sent randomly to around 5% of the Scottish population every two years. The next update is due in May 2024. The results of the most recent 2021/22 survey were reported in last year's Annual Performance Report, reproduced for reference below. Reductions in almost all indicators since 2019/20 suggested the pandemic had affected both local and national responses.

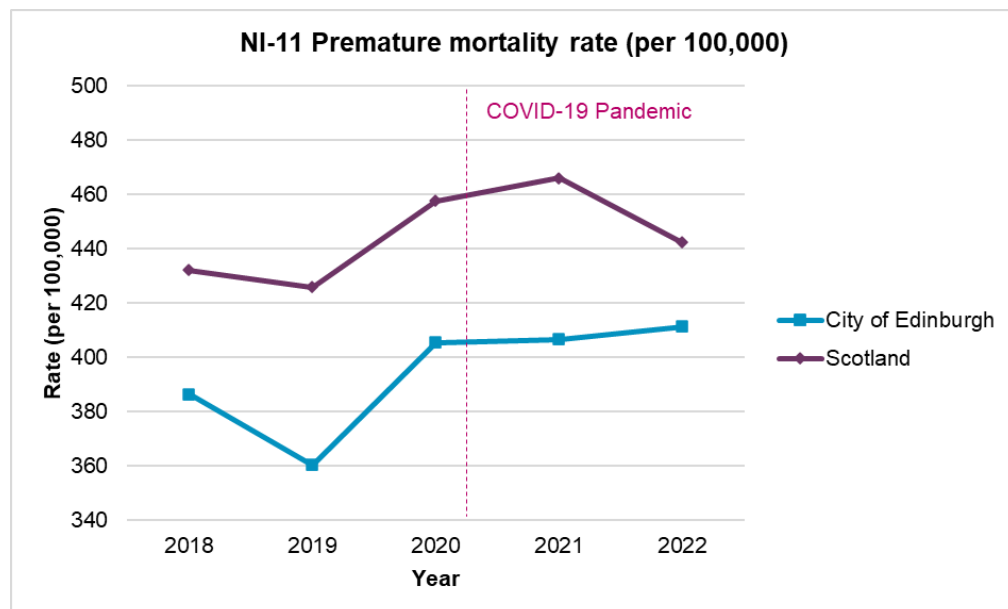
National Indicator (NI)	2021/22 Edinburgh	2021/22 Scotland	2019/20 Edinburgh	2019/20 Scotland	2017/18* Edinburgh	2017/18* Scotland	2015/16* Edinburgh	2015/16* Scotland
<i>NI-1</i> : Percentage of adults able to look after their health very well or quite well	91.6%	90.9%	93.8%	92.9%	93.6%	92.9%	96.1%	94.5%
<i>NI-2</i> : Percentage of adults supported at home who agree that they are supported to live as independently as possible	78.9%	78.8%	77.6%	80.8%				
<i>NI-3</i> : Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	68.9%	70.6%	76.7%	75.4%				
<i>NI-4</i> : Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated	64.8%	66.4%	72.6%	73.5%				
<i>NI-5</i> : Percentage of adults receiving any care or support who rated it as excellent or good	77.4%	75.3%	82.2%	80.2%				
<i>NI-6</i> : Percentage of people with a positive experience of the care provided by their GP practice	73.8%	66.5%	82.5%	78.7%	84.2%	82.6%	86.9%	85.3%
<i>NI-7</i> : Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	79.2%	78.1%	83.2%	80.0%				
<i>NI-8</i> : Percentage of carers who feel supported to continue in their caring role	30.4%	29.7%	33.0%	34.3%	34.8%	36.5%	36.6%	40.0%
<i>NI-9</i> : Percentage of adults supported at home who agreed they felt safe	79.4%	79.7%	86.5%	82.8%				

Source: Scottish Government HACE surveys \*Please note that 2019/20 and 2021/22 results for indicators 1, 2, 3, 4, 5, 7 and 9 in the Core Suite Integration Indicator update may differ from those recently released in the HACE publication. In addition, results for some indicators are only comparable to 2019/20 and not to results in earlier years.



## Indicator 11: Premature mortality rate

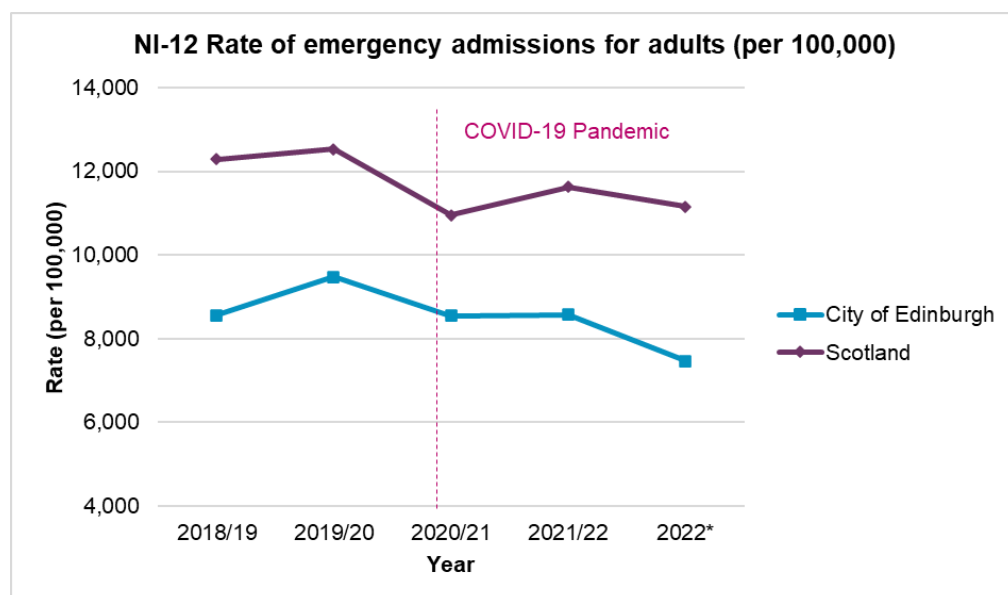
While we remain below the Scottish rate, the rate of premature mortality in Edinburgh has increased slightly over the past year, against a backdrop of improving performance across Scotland. Edinburgh remains in the top 50% of partnerships but moved from being ranked 11<sup>th</sup> to 14<sup>th</sup> out of the 32 areas. This represents a small number of additional deaths, but more work will be undertaken to understand why the trend in Edinburgh is not consistent with the wider country.



	2018	2019	2020	2021	2022
<b>City of Edinburgh</b>	386	360	405	407	411
<b>Scotland</b>	432	426	457	466	442

## Indicator 12: Rate of emergency admissions for adults

Edinburgh has the lowest rate of emergency admissions in Scotland, and it is now the lowest it has been in at least six years, including during the pandemic. While admissions are affected by flow through the hospital system, 2022/23 also saw the lowest rate of A&E attendances by Edinburgh residents for many years.

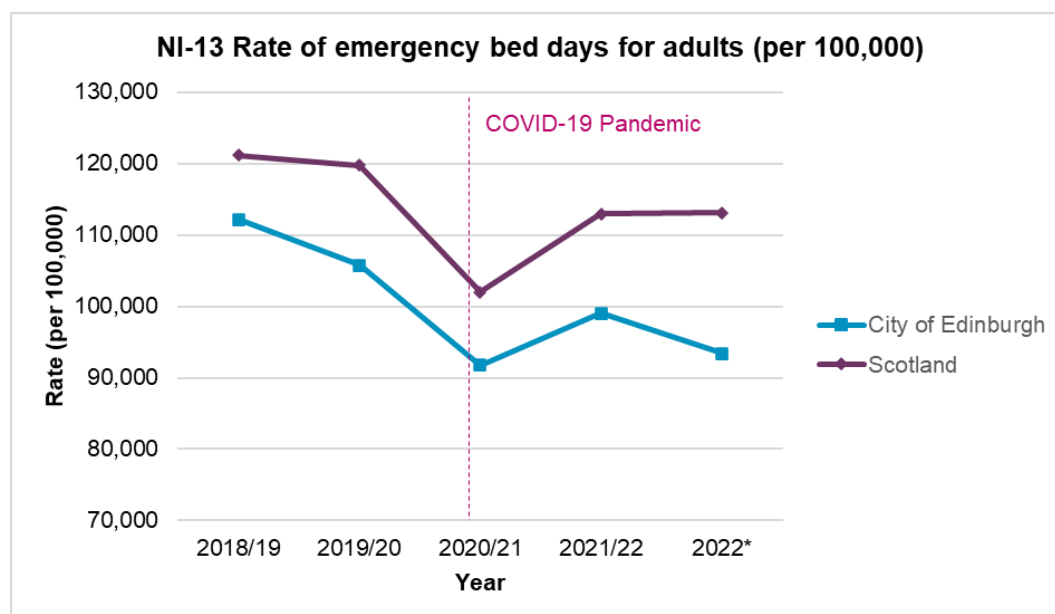


The rate of emergency admissions varies across our localities, as per the table below:

	2018/19	2019/20	2020/21	2021/22	2022*
<b>City of Edinburgh</b>	8,566	9,482	8,554	8,571	7,472
<b>Scotland</b>	12,284	12,529	10,957	11,632	11,155
<b>North East</b>	9,134	10,235	9,128	8,887	7,596
<b>North West</b>	8,962	9,963	9,272	9,230	8,369
<b>South East</b>	7,303	8,001	7,058	7,374	6,244
<b>South West</b>	9,065	9,946	8,940	8,897	7,751

### Indicator 13: Rate of emergency bed days for adults

Edinburgh has the seventh lowest rate in Scotland and the rate is the lowest it has ever been, other than during the pandemic. The decrease in emergency bed days in the last year has been sharper for Edinburgh than Lothian or Scotland as a whole.

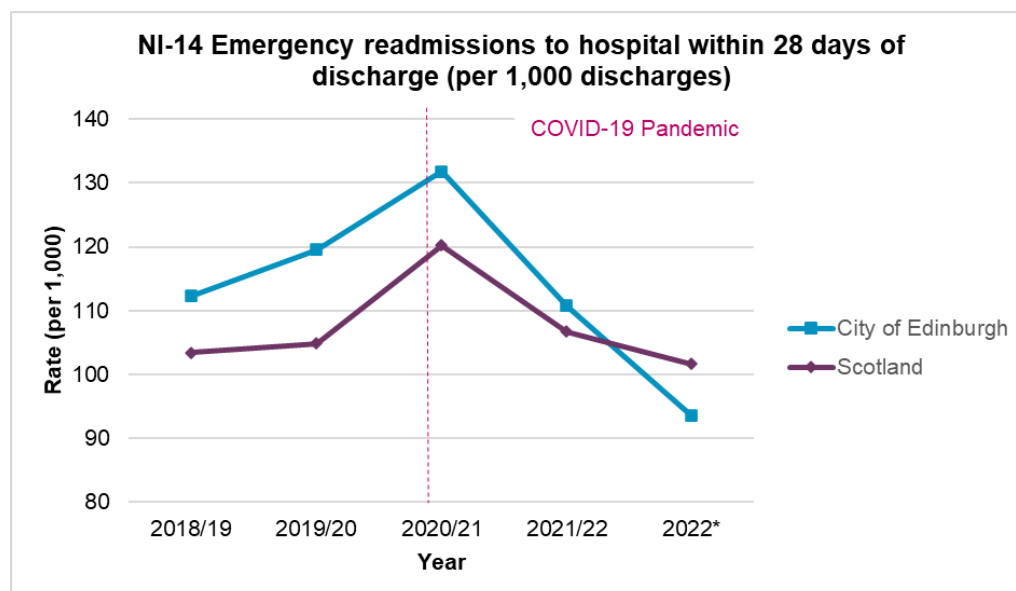


As with emergency hospital admissions, performance varies across our localities depending on demographics:

	2018/19	2019/20	2020/21	2021/22	2022*
<b>City of Edinburgh</b>	112,193	105,746	91,722	99,005	93,387
<b>Scotland</b>	121,174	119,753	101,967	112,939	113,134
<b>North East</b>	108,143	101,361	88,545	96,170	92,825
<b>North West</b>	115,417	108,557	95,104	104,369	96,759
<b>South East</b>	114,311	105,906	94,207	94,641	88,599
<b>South West</b>	109,839	106,807	87,777	100,933	95,818

## Indicator 14: Readmissions to hospital within 28 days of discharge

Edinburgh has seen a sharp drop in the rate of emergency re-admissions to hospital within 28 days of discharge and is now below the Scottish rate. The re-admissions rate improved across the whole of Lothian so further analysis will be undertaken alongside other Lothian HSCPs to understand the factors supporting this improvement and how it can be maintained.

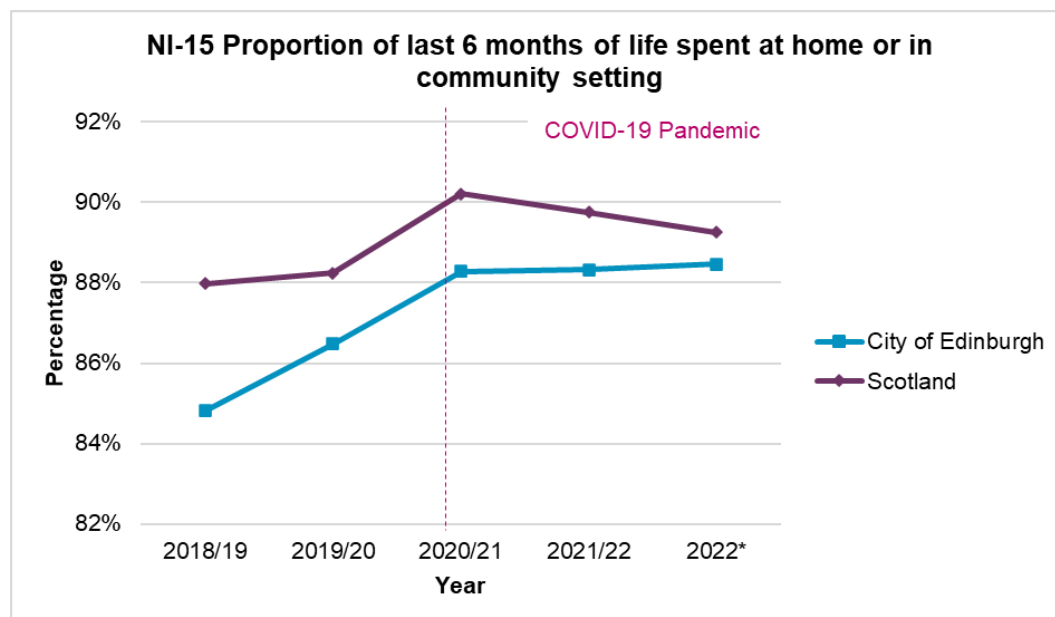


Performance of this indicator varies by locality:

	2018/19	2019/20	2020/21	2021/22	2022*
<b>City of Edinburgh</b>	112	120	132	111	94
<b>Scotland</b>	103	105	120	107	102
<b>North East</b>	119	124	134	113	96
<b>North West</b>	104	112	137	110	94
<b>South East</b>	110	119	119	104	86
<b>South West</b>	119	124	135	118	98

## Indicator 15: Proportion of last 6 months of life spent at home or in community setting

The Edinburgh rate is now the highest it has ever been and is almost in line with the Scottish rate. Edinburgh is ranked 23<sup>rd</sup> but there are minimal differences between rates in different partnerships on this measure.

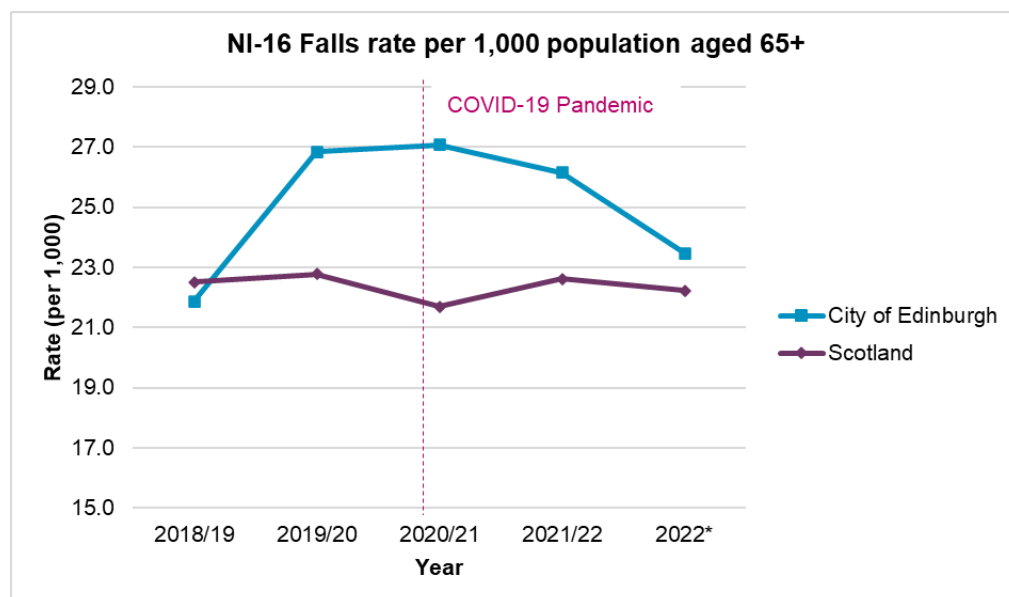


The breakdown by locality is as follows:

	2018/19	2019/20	2020/21	2021/22	2022*
<b>City of Edinburgh</b>	85%	86%	88%	88%	88%
<b>Scotland</b>	88%	88%	90%	90%	89%
<b>North East</b>	85%	87%	88%	88%	88%
<b>North West</b>	83%	85%	87%	88%	88%
<b>South East</b>	87%	88%	89%	89%	89%
<b>South West</b>	86%	87%	89%	89%	89%

## Indicator 16: Falls rate per 1,000 population in over 65s

Edinburgh has seen a drop in the rate of emergency admissions for falls in 2022 and the rate is the lowest it has been since changes were made to admission practices in Lothian (at the Edinburgh Royal Infirmary) in 2019. However, with a rate of 23.4, we are slightly above the Scottish figure of 22.1 and rank 21<sup>st</sup> out of all of the partnerships. The falls rate also improved across the whole of Lothian so further analysis will be undertaken alongside other Lothian partnerships to understand the factors supporting this improvement and how it can be maintained.

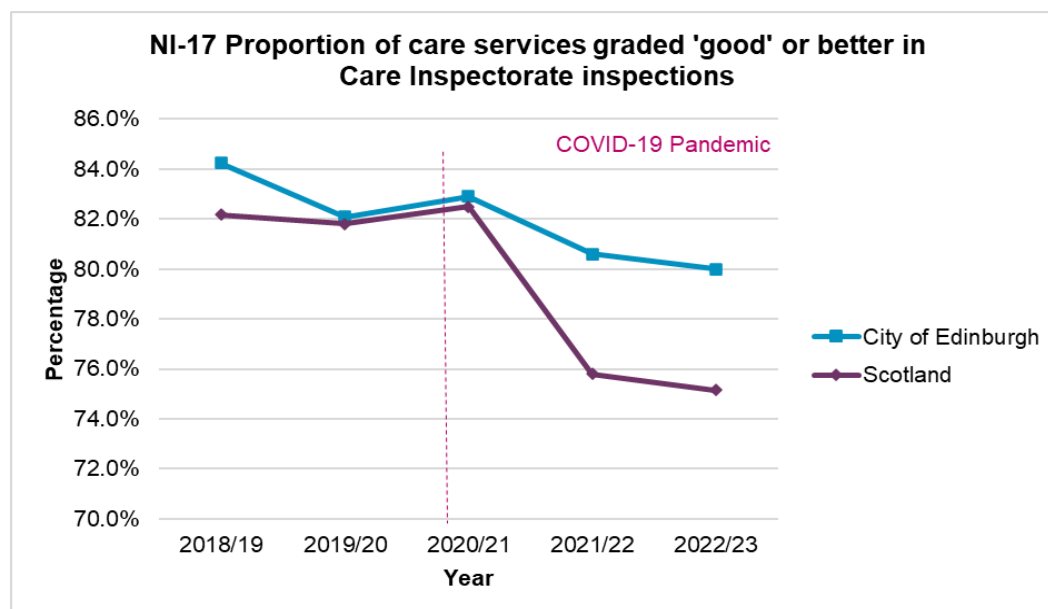


The breakdown by locality is as follows:

	2018/19	2019/20	2020/21	2021/22	2022*
<b>City of Edinburgh</b>	22	27	27	26	23
<b>Scotland</b>	23	23	22	23	22
<b>North East</b>	23	30	28	28	22
<b>North West</b>	22	27	29	27	26
<b>South East</b>	22	28	26	25	24
<b>South West</b>	21	23	24	24	21

## Indicator 17: Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections

Following a reduction in inspection frequency due to the Covid-19 pandemic, 2022/23 saw the resumption of inspections across all sectors in the Partnership. The data for NI-17 comes from the Care Inspectorate and covers all registered services in Edinburgh, not just those that we run. The figure covers the latest inspection result for each registered service, even if the inspection took place before the referenced financial year. While the figure of 80% for 2022/23 represents the lowest figure for the partnership in five years, it is 5% above the figure for Scotland as a whole.

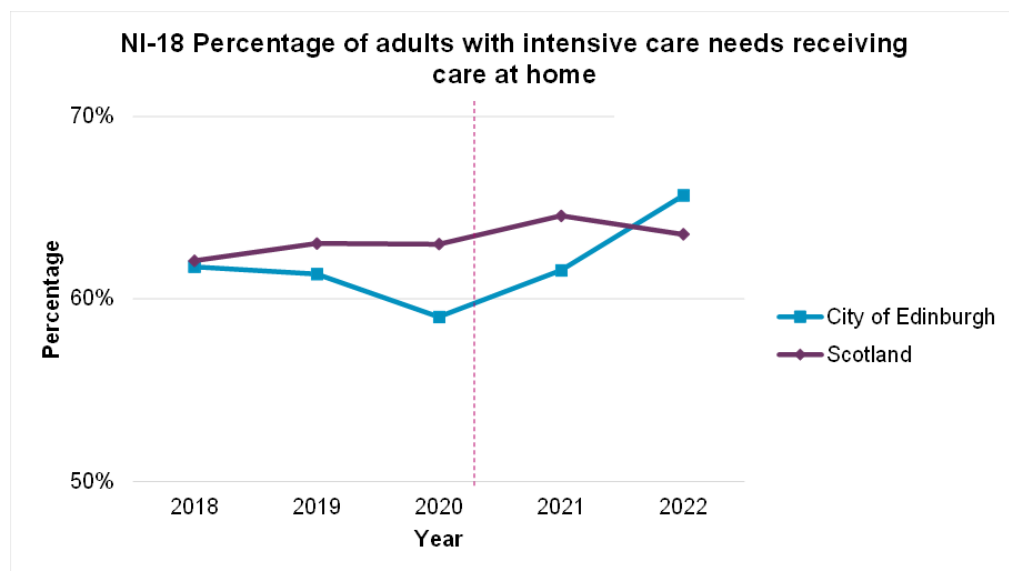


	2018/19	2019/20	2020/21	2021/22	2022/23
<b>City of Edinburgh</b>	84.2%	82.1%	82.9%	80.6%	80.0%
<b>Scotland</b>	82.2%	81.8%	82.5%	75.8%	75.2%

## Indicator 18: Percentage of adults with intensive needs receiving care at home

The percentage of adults receiving personal care at home (rather than in residential care or HBCCC) has increased slightly in 2022, taking us above the Scottish average. This is likely linked to our progress in reducing our unmet need list for care at home.

Our performance in this indicator has improved compared to the previous year and is now at the highest level in the last six years. Our ranking compared to other partnerships improved from 20<sup>th</sup> to 12<sup>th</sup> out of 32 partnerships, moving us into the second quartile. We continue to work to shift the balance of care from hospital settings to the community, through our bed-based review and Home First approach.



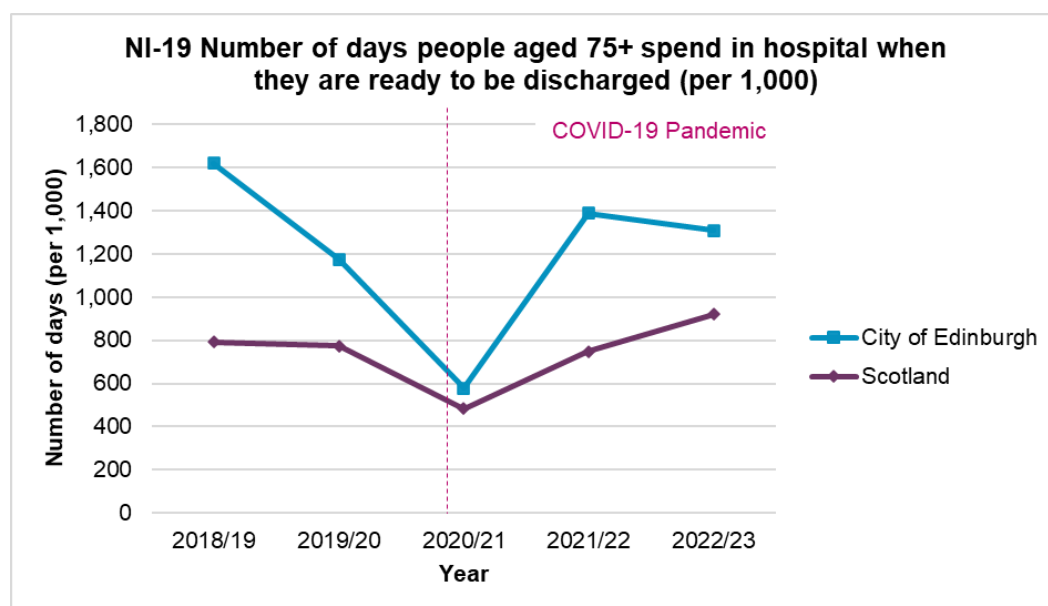
	2018	2019	2020	2021	2022
<b>City of Edinburgh</b>	61.8%	61.4%	59.0%	61.6%	65.7%
<b>Scotland</b>	62.1%	63.0%	63.0%	64.6%	63.5%



## Indicator 19: Number of days people aged 75+ spend in hospital when they are ready to be discharged

Edinburgh is one of only four partnerships that saw improved performance in delays in 2022/23. Our performance improved in each quarter so the results do not reflect the progress made throughout the year. In March 2022 we ranked 2<sup>nd</sup> for this indicator; in March 2023 we ranked 8<sup>th</sup>, with 1<sup>st</sup> being the worst performing.

The improvement in delay levels has been supported by our interim placement programme, which supported 174 people out of hospital saving 12,988 bed days in 2022/23, and work under way through our 'One Edinburgh' approach to home-based care is supporting increased efficiency and capacity gains in this sector. Our bed-based strategy will implement changes that support increased capacity in intermediate care and a move to a nursing model within our internal care homes. Ongoing work through the Home First project on implementing a Planned Date of Discharge will also support more proactive discharge planning.



	2018/19	2019/20	2020/21	2021/22	2022/23
<b>City of Edinburgh</b>	1,621	1,175	579	1,388	1,310
<b>Scotland</b>	793	774	484	748	919

## Indicator 20: Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency

NHS Boards have not been able to provide detailed cost information since 2019/20 due to changes in service delivery during the COVID-19 pandemic. As a result, PHS have not provided information for indicator 20 beyond 2019/20. PHS previously published information to calendar year 2020 using costs from 2019/20 as a proxy, but given the impact of the COVID-19 pandemic on activity and expenditure, PHS no longer consider this appropriate.

## Ministerial Strategic Group Indicators

We also report on the performance indicators set by the Ministerial Strategic Group for Health and Community Care (MSG). These performance indicators give a view of how HSCPs are progressing against a range of whole system level measures. The performance indicators are largely based on hospital sector data due to routine availability of national data. While similar to some of the core indicators, these figures are calculated in slightly different ways so are not comparable.

Since the 2017/18 baseline was set, we are moving in the desired direction for all but one of these indicators: Mental Health Bed Days.

Indicator	2017/18 Baseline total	Desired direction of travel	Latest available figures	Achieved Direction of travel	Latest Period
A&E Attendances	103,986	↓	99,264	↓	2022/23
Unplanned Admissions	35,597	↓	30,741	↓	2022/23
Emergency Occupied Bed Days:					
Acute	330,759	↓	282,529	↓	2022/23
Geriatric Long Stay <sup>^</sup>	22,324	↓	18,063 <sup>^</sup>	↓	2022/23
Mental Health	122,841	↓	126,649 <sup>p</sup>	↑	2022/23
Delayed Discharges	76,933	↓	70,208	↓	2022/23
Last 6 months of life spent in a community setting	85.7%	↑	88.4%	↑	2021/22
Balance of Care: at home <sup>#</sup>	95.6% <sup>#</sup>	↑	96.0%	↑	2021/22

<sup>^</sup> Geriatric long stay unscheduled occupied bed days data is affected by SMR completeness issue.

<sup>p</sup> This data is provisional.

<sup>#</sup> This indicator is still under development and may change in future releases. The Balance of Care 2017/18 baseline figure has been updated since it was last published; it is now 95.5%

## Looking ahead

Our focus over 2023/24 will be on the delivery of the budget savings programme and Inspection Improvement Plan agreed by the EIJB in June 2023, and the refreshed EIJB Strategic Plan. By evolving our Innovation and Sustainability Programme to incorporate these plans, we will work to balance the need for service improvements and financial sustainability alongside continuously promoting positive outcomes for service users.

We will consult on the refreshed Strategic Plan, with revised strategic objectives which have evolved in light of the impact of COVID-19, the economic situation, and lessons learned from recent inspections and engagement with partners. We will continue to engage with, and respond to, work undertaken by our partners in the wider health and social care landscape, including developments in the data and digital space and in preparation for a National Care Service (NCS). We will carefully consider how we can use these developments to enhance person-centred care and support to our staff and service users. Innovation and sustainability will remain central to our thinking and underpin our desire to foster a culture of continuous improvement.

We are also moving forward with new leadership. In June 2023, NHS Lothian appointed Katharina Kasper to take over as Chair of the EIJB from Councillor Tim Pogson, who will remain as Vice-Chair, as appointed by the City of Edinburgh Council. Following the recent departure of our EIJB Chief Officer, Judith Proctor, Mike Massaro-Mallinson was appointed as Interim Chief Officer from June 2023. We thank Tim and Judith for their work in supporting the EIJB through the challenging times we have faced in recent years. With a fresh leadership team, we look forward to meeting the challenges ahead.

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## REPORT

### Finance update

Edinburgh Integration Joint Board

8 August 2023

<b>Executive Summary</b>	<p>The report provides the Integration Joint Board with an update on the financial performance of delegated services. Given the relatively early point in the financial year, there is further work required to refine the assumptions which underpin this initial set of results. The level of assurance provided of a break-even position for 2023/24 is <b>limited</b>, given the remaining budget deficit.</p>
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<b>Recommendations</b>	<p>It is recommended that the Integration Joint Board notes the:</p> <ul style="list-style-type: none"> <li>a) financial position for delegated services to 30<sup>th</sup> June 2023 and associated year end forecast; and</li> <li>b) limited assurance provided by the Chief Finance Officer.</li> </ul>
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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

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1. The financial positions highlighted within this report will be considered through the appropriate governance structures of our partners, the City of Edinburgh Council (the Council) and NHS Lothian.

## Main Report

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### Background

2. In March 2023, the Integration Joint Board (IJB) considered the 2023/24 financial plan and agreed the first phase of the associated savings and recovery programme (SRP). The second phase of the SRP, along with further mitigating actions, was subsequently agreed in June 2023. At this point the plan remained unbalanced with a deficit of £14.2m. The board accepted the recommendation from officers that bridging this residual budget gap would require a series of measures which would have significantly negative in-year and future year consequences for people and performance more generally. On the request of the board, the Chair and Vice Chair have written to Scottish Ministers setting out the challenge posed by the financial position and the potential implications of delivering additional savings.

### Overview of financial position

3. In line with the integration scheme, the IJB “directs” budgets back to our partner organisations who provide the associated services. Most of these services are delivered through the Edinburgh Health and Social Care Partnership (EHSCP), with the balance being managed by NHS Lothian under the strategic direction of the IJB. Management of financial performance is undertaken through the governance arrangements in the 2 partner organisations and the Partnership.
4. Budget monitoring is undertaken by the finance teams within the Council and NHS Lothian who have responsibility for working with budget holders to prepare information on financial performance. Both partners provide the required information on operational budget performance from their respective financial systems, under the co-ordination of the IJB Chief Finance Officer, to provide reports to the board on delegated health and social care services.

5. The information in this report is based on the period 3 (June 2023) monitoring reports from the Council and NHS Lothian. As this is the first consolidated financial information available for 2023/24 further work is required to fully analyse elements of the position. However, in the context of the in-year budget gap, verifying (or not) that the financial position is in line with expectations will give the board a degree of assurance. A more detailed report (including expanded narrative on the drivers of the set aside position and associated mitigating actions) will be presented to the Performance and Delivery Committee (P&D) at its meeting in September.
6. The reported forecast shows a potential year end overspend of £28.1m, as summarised in table 1 below.

	Annual Budget £k	To June 2023			Year end forecast £k
		Budget £k	Actual £k	Variance £k	
NHS services					
Core	305,807	61,219	62,846	(1,627)	(2,593)
Hosted	94,747	24,647	24,609	38	92
Set aside	111,108	24,506	27,280	(2,773)	(11,223)
Pay award funding	2,427	2,427	2,427	0	(0)
<b>Sub total NHS services</b>	<b>514,089</b>	<b>112,799</b>	<b>117,161</b>	<b>(4,362)</b>	<b>(13,724)</b>
<b>CEC services</b>	<b>294,943</b>	<b>73,736</b>	<b>77,327</b>	<b>(3,591)</b>	<b>(14,365)</b>
<b>Total</b>	<b>809,032</b>	<b>186,535</b>	<b>194,488</b>	<b>(7,953)</b>	<b>(28,089)</b>

Table 1: financial position for delegated services

7. Whilst clearly a significant figure, this position is not materially different from the financial plan for the year discussed above. The associated mitigations are demonstrated in table 2 below:

Pressure	Financial plan £m	Forecast £m	Mitigation
Budget deficit	(14.2)	(14.2)	Identification of further saving and ongoing discussions with partners, including Scottish Government
Set aside	(8.0)	(11.2)	NHS Lothian support for financial plan position and assumed reduction in overspend following application of additional funding
Core partnership	0.0	(2.6)	Anticipated funding for pay uplifts to come
Other		(0.1)	
<b>Total</b>	<b>22.2</b>	<b>28.1</b>	

*Table 2: drivers and mitigation of financial position*

8. Further detail is included in appendices 1 (NHS Lothian) and 2 (the Council), with narrative explanations in paragraphs 9 to 12.

### **NHS Lothian**

9. Delegated health services are forecasting a £13.7m overspend for the year. This compares to a gap of £8m in the financial plan which related entirely to set aside services. NHS Lothian undertook to work with the 4 Lothian integration authorities to work collaboratively to deliver a balanced outturn. On this basis, financial plan assumed that set aside services would be fully funded. Clearly this appears to be a deterioration of the position however there are a number of mitigations:

- In July, the Scottish Government (SG) issued funding for the 22/23 and 23/24 pay awards associated with baseline budgets. They are still working on the uplifts linked to in year allocations so these figures are not yet confirmed. As such, this element of the funding has not been assumed by NHS Lothian and is not yet reflected in the forecast.



Assuming funding is provided in line with the actual costs then this will improve the position for core services by c£2m and is likely to impact on hosted services as well, albeit to a lesser extent;

- In June 2023, the SG allocated further funding to boards to support the 2023/24 financial position. There are two parts to the funding - new medicines and NRAC parity/sustainability. NHS Lothian received £15m for new medicines funding and £18m for NRAC parity/sustainability. This has proved a key driver in reducing the overall NHS Lothian forecast to an overspend of £27m for the year. The allocation of these additional resources still has to be decided and at this point no impact has been reflected in the IJB's forecast. However, the clear expectation is that an element of new medicines funding will be allocated to delegated services given the pressures reported on drugs budgets within set aside services. It is also likely that a proportion of the sustainability funding will also be allocated to delegated services given the impact of demographic growth and corresponding demand pressures on health services. The process to allocate this additional funding should have concluded by September at which point the impact of any additional funding will be reflected in the updated year end forecast position for delegated services.
  - The primary driver of the initial forecast overspend is the IJB's share of acute set aside services where the forecast budget outturn is an £11.2m overspend. As discussed above, this is shift from the position built into the financial plan. However, it is anticipated that this will reduce at the next monitoring update once the additional SG funding for new medicines and sustainability has been allocated.
10. Notwithstanding the issues raised above, the underlying drivers remain as previously reported to the board, namely:
- *Core health services* - operationally managed by the EHSCP and projecting an overspend of 1% or £2.6m. This is driven by prescribing which is the main financial pressure facing our core services. However it should be noted that no 23/24 prescribing data was available to inform the quarter 1 review, hence the current forecast is based on the financial

plan. This is a national issue and a resolution is being pursued via the NHS Scotland Directors of Finance group. Boards have now received data for April, this is currently being analysed and will allow forecasts to be updated. Given the volatility of the prescribing position this lack of information on which to base estimates presents a risk. This overspend is offset by high levels of vacancies across a number of services - including community hospitals, district nursing, mental health, and therapies;

- *Share of pan Lothian hosted services* – this represents the element of hosted services delegated to the IJB, the majority of which are operationally managed out with EHSCP. As for core services, vacancies are a key factor in the financial position, offset by a range of pressures (mainly in primary care and psychology); and
- *Share of acute set aside services* - a share of acute hospital services which although delegated to the IJB, are operationally managed by NHS Lothian. This is an area where both the board and P&D committee members have asked for further detail and this will be provided in the first instance to P&D in September.

### **City of Edinburgh Council**

11. Council delegated services are forecasting an overspend of £14.4m. This is the first available monitoring and is based on the actual results to June, in arriving at this position two key assumptions have been agreed:

- *Purchasing* – further growth for the remainder of 23/24 has been assumed in line with the financial plan;
- *Transport* – given the lack of available data for 23/24 spend has been assumed in line with last year's levels (less savings delivery); and
- *Savings* – for schemes which are still in the planning stage, full achievement has been assumed in line with the plan. Where projects have started, actual delivery is reflected in the forecast. It should be noted that no material variance from plan has been identified at this point in the financial year.

12. Overall, the overspend is effectively equivalent to the budget shortfall referenced at paragraph 2 above. Further work to realign budgets and understand the key drivers of the position will take place over the coming weeks but points to note in the current position include:

- *Employees* – underspend due to previously reported recruitment challenges. These are mainly in disability services, but also assessment and care management and homecare and reablement teams;
- *Purchasing* – projected in year overspend is partly related to timing issues, which a combination of last year's costs coming through the financial ledger this year and some provisions created pre April 23 not yet invoiced. The Council's finance team is working with locality leads and customer colleagues on a data cleansing exercise; and
- *Income* – over-recovery of residential client receipts is forecast, potentially as a result of achieving gross funding targets.

## **Conclusion**

13. This paper sets out the initial, high level financial forecast for 23/24. For the reasons set out in this paper there is further work to be done by both the NHS Lothian and Council finance teams to continue to refine the underpinning assumptions. Whilst the forecast represents a deterioration of the financial position, no material deviation from the financial plan has been identified at this point. Ongoing monitoring arrangements are in place and the position will continue to be reviewed as the year progresses.
14. Whilst discussions with partners on proposals to bridge the remaining £14.2m budget deficit have been positive, no solution has yet been identified. On this basis the Chief Finance Officer can give limited assurance at this point in the year.

## **Implications for Edinburgh Integration Joint Board**

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### **Financial**

15. Outlined elsewhere in this report

### **Legal/risk implications**

16. Like any year end projection, the IJB's relies on a number of assumptions and estimates each of which introduces a degree of risk. These assumptions will be closely monitored as the year progresses, in particular in those areas which present the highest risk. These include:
  - Delivery of the agreed savings and recovery programme. This will be governed via the newly established EHSCP change board with further scrutiny undertaken by P&D;
  - External purchasing costs, with a particular focus on the built in level of growth;
  - Prescribing which is the area of greatest financial pressure in EHSCP core services and where there has been a delay with the availability of data to inform the position. Both prescribing and purchasing expenditure

will be closely monitored via the newly introduced performance meetings and scrutiny from P&D; and

- Additional funding for outstanding pay uplifts. It is anticipated that the SG position will be confirmed in the coming weeks and updates will be included in future finance reports.

### **Equality and integrated impact assessment**

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

### **Environment and sustainability impacts**

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

### **Quality of care**

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

## **Consultation**

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

## **Report Author**

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## **Appendices**

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- |            |   |
|------------|---|
| Appendix 1 | Financial position for NHS delegated services     |
| Appendix 2 | Financial position for Council delegated services |

## FINANCIAL POSITION FOR NHS DELEGATED SERVICES

	Annual Budget £k	To June 2023				Year end forecast £k
		Budget £k	Actual £k	Variance £k	%	
<b>Core services</b>						
Community hospitals	14,642	3,660	3,617	43	0%	323
District nursing	15,772	4,150	3,750	401	3%	1,769
Geriatric medicine	3,666	917	898	19	1%	92
GMS	94,612	23,014	23,403	(388)	0%	(1,182)
Learning disabilities	1,424	357	319	38	3%	148
Mental health	10,277	2,583	2,378	206	2%	807
PC Services	5,585	3,245	3,309	(65)	-1%	(680)
Prescribing	78,878	19,603	21,668	(2,064)	-3%	(5,028)
Resource transfer and reserves	61,775	(1,218)	(1,230)	12	0%	662
Substance misuse	4,710	1,194	1,131	63	1%	189
Therapy services	12,819	3,246	3,161	85	1%	332
Other	1,646	467	443	24	1%	(26)
<b>Sub total core</b>	<b>305,807</b>	<b>61,219</b>	<b>62,846</b>	<b>(1,627)</b>	<b>-1%</b>	<b>(2,593)</b>
<b>Hosted services</b>						
Community Equipment	2,282	(0)	0	(0)	0%	(1)
GMS	(9,205)	1,205	1,310	(105)	1%	(483)
Hospices & Palliative Care	2,733	683	686	(3)	0%	(11)
Learning Disabilities	8,345	1,940	1,992	(52)	-1%	(126)
LUCS	7,097	1,474	1,477	(3)	0%	(24)
Mental Health	35,104	8,801	8,903	(102)	0%	534
Oral Health Services	5,266	480	484	(4)	0%	248
Pharmacy	6,503	1,386	1,441	(55)	-1%	(211)
Primary Care Services	3,240	830	886	(56)	-2%	(566)
Psychology Services	5,766	970	1,042	(72)	-1%	(384)
Public Health	1,200	179	171	8	1%	18
Rehabilitation Medicine	5,689	1,365	1,192	173	3%	679
Sexual Health	4,353	1,130	1,152	(22)	0%	(94)
Substance Misuse	3,087	697	690	8	0%	12
Therapy Services	10,585	2,607	2,569	37	0%	501
UNPAC	3,746	729	560	169	5%	713
Other	(1,043)	170	54	116	-11%	(711)
<b>Sub total hosted</b>	<b>94,747</b>	<b>24,647</b>	<b>24,609</b>	<b>38</b>	<b>0%</b>	<b>92</b>
<b>Set aside services</b>						
Acute management	3,584	858	950	(92)	-3%	(444)
Cardiology	4,383	1,090	1,101	(11)	0%	(5)
Diabetes & endocrinology	2,414	390	501	(111)	-5%	(1,544)
ED & minor injuries	12,119	2,949	3,398	(448)	-4%	(1,309)
Gastroenterology	8,745	2,132	2,797	(665)	-8%	(3,073)
General medicine	31,621	7,901	8,621	(720)	-2%	(2,823)
Geriatric medicine	21,317	5,275	5,481	(206)	-1%	(799)
Infectious disease	3,477	(2,060)	(2,267)	207	6%	826
Junior medical	2,545	614	740	(126)	-5%	147
Other	848	216	187	30	4%	18
Rehabilitation medicine	1,993	483	529	(45)	-2%	(182)
Respiratory medicine	7,248	1,835	2,111	(276)	-4%	(1,228)
Therapy services	10,812	2,823	3,133	(310)	-3%	(808)
<b>Sub total set aside</b>	<b>111,108</b>	<b>24,506</b>	<b>27,280</b>	<b>(2,773)</b>	<b>-2%</b>	<b>(11,223)</b>
<b>Pay award funding</b>	<b>2,427</b>	<b>2,427</b>	<b>2,427</b>	<b>0</b>	<b>0%</b>	<b>(0)</b>
<b>Total</b>	<b>514,089</b>	<b>112,799</b>	<b>117,161</b>	<b>(4,362)</b>	<b>-1%</b>	<b>(13,724)</b>

## FINANCIAL POSITION FOR COUNCIL DELEGATED SERVICES

	Annual Budget £k	To June 2023				Year end forecast £k
		Budget £k	Actual £k	Variance £k	%	
Employee costs	101,762	25,441	24,522	919	1%	3,676
Premises costs	1,427	357	430	(73)	-5%	(293)
Transport costs	2,837	709	874	(165)	-6%	(661)
Supplies, services and transfer payments	11,011	2,753	2,689	64	1%	256
Purchasing - residential and FPNC	86,058	21,515	21,674	(159)	0%	(636)
Purchasing - day care and care at home	127,613	31,903	32,949	(1,046)	-1%	(4,185)
Purchasing - direct payments and ISF	49,162	12,291	12,418	(128)	0%	(510)
Purchasing - grants and block contracts	30,901	7,725	7,733	(8)	0%	(33)
Purchasing - other	4,258	1,064	1,018	46	1%	185
Grants funding and cost recovery	(86,397)	(21,599)	(21,644)	45	0%	179
Income	(19,441)	(4,860)	(5,337)	477	-2%	1,907
<b>Sub total</b>	<b>309,192</b>	<b>77,298</b>	<b>77,327</b>	<b>(29)</b>	<b>0%</b>	<b>(116)</b>
Budget gap	(14,249)	(3,562)		(3,562)	25%	(14,249)
<b>Net position</b>	<b>294,943</b>	<b>73,736</b>	<b>77,327</b>	<b>(3,591)</b>	<b>-1%</b>	<b>(14,365)</b>

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## REFERRAL REPORT

### Annual Review of Directions – Referral from the Performance and Delivery Committee

Edinburgh Integration Joint Board

8 August 2023

#### Executive Summary

The purpose of this report is to refer the attached report on the Annual Review of Directions from the Performance and Delivery Committee to the Edinburgh Integration Joint Board for consideration with the Committee's recommendations detailed below.

#### Recommendations

The Performance and Delivery recommends that the Edinburgh Integration Joint Board:

1. Approves the recommendations for retaining, varying, closing or superseding existing Directions provided at Appendix 1 of the report.
2. Approves the varied Direction provided at Appendix 2 of the report.

#### Terms of Referral

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1. The Performance and Delivery Committee on 26 April 2023 considered the Annual Review of Directions, which provided a progress update on the achievement of directions between April 2022 – March 2023. The report also proposed retaining, varying, closing or superseding the existing recommendations moving forward.
2. During consideration of the report, the Committee discussed the following:
  - The absence of a Direction related to the Care Inspectorate report on Adult Social Care in Edinburgh. It was noted that a report detailing the improvement actions in response to the inspection would be considered by the EIJB in June and any directions arising from this report would be included in the Directions Tracker and be part of future monitoring activity.

- The information on Directions was based on the current position only. Members noted that, although further information would have been presented through previous Directions updates, a fuller picture would have been beneficial, especially for Directions being requested for retention. It was noted that the tracker provided an overview on progress and that members could request additional briefing in respect of Direction(s).
3. The Committee agreed:
- 3.1 To note the update on progress of directions in place during the period April 2022 – March 2023 provided at appendix 1.
  - 3.2 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).
  - 3.3 To consider the draft varied direction provided at Appendix 2 prior to referral to the EIJB.
  - 3.4 To note the recommendations arising from the recent Internal Audit (IA) of governance of directions and the work undertaken to meet these requirements.
  - 3.5 To note the ongoing work to refresh the EIJB’s Direction Policy.
  - 3.6 To agree to present the progress of the of the Recovery Plan arising from the Care Inspectorate report into Adult Social Care in Edinburgh following agreement at the EIJB.
  - 3.7 To include further information, or links to previous reports, when presented Directions for retention in future reporting.

The Integration Joint Board is asked to consider the recommendations of the Performance and Delivery Committee.

## Report Author

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**Councillor Max Mitchell**

**Chair, Performance and Delivery Committee**

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## Appendices

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Appendix 1      Annual Review of Directions

# REPORT

## Annual Review of Directions 2023

### Performance and Delivery Committee

26 April 2023

<b>Executive Summary</b>	The purpose of this report is to present the annual review of directions in place between April 2022 -March 2023. This report provides a progress update on the achievement of directions, together with proposals for retaining, varying, closing or superseding existing directions.
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<b>Recommendations</b>	<p>It is recommended that the Performance and Delivery Committee:</p> <ol style="list-style-type: none"> <li>1. Considers the update on progress of directions in place during the period April 2022 – March 2023 provided at Appendix 1.</li> <li>2. Considers 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).</li> <li>3. Considers the draft varied direction provided at Appendix 2 prior to referral to the EIJB.</li> <li>4. Notes the recommendations arising from the recent Internal Audit (IA) of the governance of directions and the work undertaken to meet these requirements.</li> <li>5. Notes the ongoing work to refresh the EIJB’s Direction Policy.</li> </ol>
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### Directions

Direction to City of Edinburgh		✓
	No direction required	✓

Council, NHS Lothian or both organisations	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

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1. This report is being considered by the Performance and Delivery Committee prior to referral to the Edinburgh Integration Joint Board (EIJB).

## Main Report

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2. The EIJB approved a new Directions Policy and at its meeting held on 20 August 2019. The approved Directions Policy makes provision for all directions to be reviewed annually through the work of the Performance and Delivery Committee with recommendations about whether directions should be retained, closed, varied or superseded being brought to the EIJB at the start of each financial year.
3. A review of current directions (ie those in place or approved during the period April 2022 -March 2023) has now been undertaken. This has involved:
  - providing progress updates;
  - establishing if the direction remains relevant or if it has been achieved;
  - determining if timescales remain achievable; and
  - reviewing performance indicators to see if these could be strengthened in line with Internal Audit (IA) recommendations.
4. Appendix 1 sets out the current status of directions in place between April 2022 and March 2023. Two directions were closed at the Performance and Delivery Committee in September 2022 and this is noted accordingly. Out of the 13 remaining directions, the recommendations from this 2023 annual review are for 9 to be retained, 1 varied, 2 closed and 1 superseded.

Directions proposed for retention.

5. Out of the nine directions proposed for retention, the expectation is that two of these will be reviewed in-year.
  - The carers direction (EIJB-02/02/2021-1) will be considered as part of work to refresh Edinburgh's Joint Carers Strategy which is anticipated to be completed and presented to the EIJB by summer 2023.
  - Further EIJB reports on the bed-based review work programme are anticipated which are likely to impact on Direction EIJB-28/09/2021-1.
6. The remainder of the directions proposed for retention remain relevant and appropriate at this juncture.

Directions proposed for closure.

7. Two directions (EIJB-22/03/2022-2 and EIJB-07/12/2021-2) were recommended for closure at the Performance and Delivery Committee in September 2022. Both directions were considered as fully implemented and achieved and were therefore approved for closure. Detail is included within Appendix 1 to this report for completeness.
8. Two further directions are now proposed for closure.
  - Direction EIJB-07/12/2021-3 which relates to the provision of interim care. Delivery of this direction was underpinned by specific funding of £5.4m provided over 2 years as part of the winter package of measures. Between 2 November 2021 and 21 February 2023, 282 people moved from hospital to an interim bed with 79% of those people now having moved on from their interim care home placement. Consideration is currently being given to the number of interim beds that will be required post March 2023 but given that the specific funding has been utilised, it is recommended that this direction is closed.
  - Direction EIJB--22/06/2021-5 which relates to Action 15 mental health funding is also recommended for closure. Thrive Welcome Centres have

been established and are now part of mainstream provision, with successful recruitment to all posts in a range of settings. An independent evaluation of the Thrive Welcome Teams was carried out in June 2022 with a final report also being submitted to the Scottish Government.

Direction requiring a variation

9. Direction EIJB- 22/06/2021-4 (learning disability services) requires a variation to reflect a change in timescale for completion from December 2023 to December 2024. This work programme directly relates to the Scottish Government's 'Coming Home' report and in Edinburgh we have continued to move people into community placements. However, increasing construction costs have ruled out some developments from being built or available. Recruitment and retention of staff has also been an issue which has impacted on the programme.
10. The new draft direction is provided at Appendix 2.

Superseded direction

11. Direction EIJB-22/10/2019-9 (primary care infrastructure) has been in place since October 2019. While the strategic aim of delivering primary care infrastructure to meet identified need remains a strategic priority, the existing wording of the direction is broad in intent and does not provide specific performance measures. As part of this year's review, a new approach is proposed; this direction will be superseded by new directions that sit alongside individual Initial Assessment Business Case proposals which come forward as part of usual governance processes.

Internal Audit recommendations and requirements.

12. Internal Audit (IA) undertook a review of the governance of directions in November 2022. The review found the overall the controls in place surrounding the governance of directions were generally satisfactory, providing assurance

that risks were being managed. The main area noted for improvement was around performance measures with the audit finding that not all measures were SMART (specific, measurable, achievable, realistic and time-bound).

13. As part of this year's review and in response to the IA recommendations, direction owners reviewed the performance measures for existing directions to see if these could be strengthened or improved. The outcome of this exercise has been the move to supersede the primary care direction as indicated in paragraph 11. In addition, a commitment has been made to ensure that new directions are expressed in terms of SMART performance measures with detail provided about oversight groups or other monitoring arrangements where relevant.

#### Directions policy

14. The 2019 EIJB directions policy is in the process of being reviewed to reflect learning from the last three years. The Scottish Government has also recently announced its intent to refocus on directions although this is at a very early stage. A verbal update was presented to the Strategic Planning Group on 23 March 2023 and views of other stakeholders including P&D Committee members will be sought as this work progresses.

## **Implications for Edinburgh Integration Joint Board**

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### **Financial**

15. All extant directions have been subject to EIJB reporting and approval and consideration of the financial implications has been part of this governance process.

### **Legal / risk implications**

16. Failure to comply with the legislative requirement in respect of directions would place the EIJB in breach of its statutory duties.



17. Failure to provide sufficiently detailed directions to partner organisations (NHS Lothian and the City of Edinburgh Council) may impact on the ability to deliver of key areas of the Health and Social Care Partnership's work.
18. The IA requirement to strengthen the approach to legislative and regulatory requirements in respect of directions has been acknowledged and addressed in the proposals contained within this report.

### **Equality and integrated impact assessment**

19. There are no direct equality implications arising from this report. All directions have been subject to EIJB reporting which includes comment on equalities implications.

### **Environment and sustainability impacts**

20. There are no direct environmental and sustainability impacts arising from this report.

### **Quality of care**

21. Directions are intended to impact positively on quality of care by setting out service delivery requirements and associated performance measures alongside budget allocation.

## **Consultation**

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22. Existing directions are based on strategic priorities which have been subject to prior co-production and consultation, and agreement with partner organisations (NHS Lothian and The City of Edinburgh Council).
23. Health and Social Care Partnership Strategic Managers, the Chief Finance Officer and Service Director Strategic Planning have been involved in reviewing current directions as part of the annual review process.

## Report Author

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**Tony Duncan**

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## Background Reports

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1. [EIJB Directions Policy](#)

## Appendices

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Appendix 1	Update on existing directions and recommendations
Appendix 2	Draft varied direction

IJB Directions Tracker

Reference	Services covered	Direction	Relevant report	Budget allocation			Performance measures	Issued to	Approval date	Status (requires updating Feb 2022)	Recommendation
EIJB-22/03/2022-1	All	For those services that are not covered by a specific direction, the City of Edinburgh Council and NHS Lothian will continue to provide services within current budgets, and in accordance with statutory and regulatory obligations, policies and procedures, endeavouring to meet national and local targets and the strategic objectives laid out in the Strategic Plan.	2022/23 Financial Plan EIJB, 22 March 2022  2023/24 Financial Plan, EIJB, 21 March 2023	The Financial Schedule sets out financial allocations for all delegated services.			Relevant national and local targets, through regular reporting mechanism via Performance and Delivery Committee and the annual performance report.	CEC & NHSL	01/03/22	On track Financial schedule maintained by the Chief Financial Officer. An updated financial schedule for 2023/24 was presented to the EIJB in March 2023 with further work on financial planning taking place.	Retain.
EIJB-22/03/2022-2	<ul style="list-style-type: none"> <li>All purchased services</li> <li>All direct payments, individual service funds and payments to personal assistants</li> </ul>	Implement a contractual uplift to bring rates in line with a minimum hourly rate of £10.50 for front line social care staff. This uplift to be in line with the methodology agreed nationally by the Scottish Government and COSLA.	2022/23 Financial Plan EIJB, 22 March 2022	Year 1 (2022/23) Recurring	NHSL £0 £0	CEC £23.8m £23.8m	Uplift to be actioned	CEC	22/03/22	Achieved. All uplifts have been implemented.	Direction is <b>closed</b> (approved at the Performance and Delivery Committee September 2022)
EIJB-22/10/2019-9	Primary care / general medical services	Work with EHSCP to produce business cases to support priorities for capital investment beyond the current year taking account of the anticipated population expansion in each locality	<ul style="list-style-type: none"> <li>Primary Care Population and Premises, EIJB, 22 September 2017</li> </ul>	Capital allocation as identified in each business case			Delivery of Primary Care Infrastructure to meet identified need	NHSL	22/10/19	On Track <ul style="list-style-type: none"> <li>Maybury scheme progressing led by CEC with delivery expected in 2025.</li> <li>Business case prepared for scheme in Liberton paused due to lack of capital</li> <li>SE Outer Initial agreement supported and submitted to Scottish Government in 2020. To be re-submitted as part of NHS Lothian overall prioritisation of primary care premises schemes in 2023.</li> <li>Re-assessment of population increase and premises requirements completed in response to CityPlan 2030. All existing outstanding schemes confirmed, along with requirement for development of two new (or replacement) premises per year. Several new schemes added including at least one opportunity to develop capacity for new premises in an existing shopping centre.</li> </ul>	<b>Supersede.</b> While the strategic aim of delivering primary care infrastructure to meet identified need remains a priority the existing direction is broad in intent. The new approach will be to develop specific directions that sit alongside individual Initial Assessment Business Case proposals as part of usual governance processes.

EIJB-02/02/2021-1	Carers	Implement the Edinburgh Joint Carers Strategy 2019-22 and associated implementation plans.	<ul style="list-style-type: none"> <li>EIJB Strategic Plan 2019-22, EIJB 20 August 2019</li> <li>Edinburgh's Joint Carers Strategy and implementation plans, EIJB 20 August 2019</li> <li>EIJB report, 2 February 2021</li> </ul>	20/21 21/22	NHSL £0.53m £0.54m	CEC £5.31m £6.97m	6 priority areas will have services provided and commissioned to support improvement across the identified outcomes as per the timeline included with the EIJB report of 20 August 2019.	CEC & NHSL	02/02/21	On Track Contracts awarded January 2021 on a 5+3 year basis Year 1 Contract Performance and Evaluation Report submitted to Performance and Delivery Committee, March 2022. Year 2, due summer 2023.	Retain on the understanding that this direction will be superseded when the refreshed Joint Carers Strategy is finalised (anticipate EIJB report summer 2023)
EIJB-22/06/2021-4	Disabilities	Increase support options in the community by decommissioning wards in the Royal Edinburgh Campus and commissioning sixteen tenancies for adults with complex support needs, Specifically, commission 9 flats from Lifeways, plus other new accommodation options.	<ul style="list-style-type: none"> <li>Royal Edinburgh Campus IJB report 18 May 2018</li> <li>EIJB Strategic Plan 2019-22, 20 August 2019</li> </ul>	21/22 22/23 23/24	NHSL £3.2m £2.6m £2.0m	CEC £0 £0.6m £1.2m	16 people are living in the community by December 2023	CEC & NHSL	22/06/21	Delayed - construction costs have impacted building programmes and staffing challenges remain. However: <ul style="list-style-type: none"> <li>9 tenancies with support were commissioned as a new build property and are now operational.</li> <li>The refurbishment of Hillview is now complete and will provide a home for 2 people, although this is delayed due to staffing issues.</li> <li>5 new build flats in North Sighthill became available in October 2022 and people have moved in.</li> <li>Refurbishment of a block of flats in Niddrie has been completed and will offer two flats in Spring 2023.</li> </ul>	Variation required to reflect a change in timescale for delivery.
EIJB-22/06/2021-5	Mental healh	Implement the Scottish Government's National Mental Health Strategic commitment to support the employment of 800 additional mental health workers to improve access in key settings such as Accident and Emergency departments, GP practices, police station custody suites and prisons. For Edinburgh this equates to 8.2% which is equivalent to 66.56 WTE.	<ul style="list-style-type: none"> <li>Action 15 funding, EIJB 21 June 2019</li> <li>Psychological Therapies Additional Investment, EIJB 20 August 2019</li> </ul>	21/22	NHSL £2.9m	CEC £0	Additional staffing as detailed in the report to the EIJB in June 2019. Reduction in waiting lists / waiting times. Establishment of the Thrive open access centres. Each development will have its own outcomes and KPIs	CEC & NHSL	22/06/21	Achieved <ul style="list-style-type: none"> <li>Recruited to all posts in range of settings where people present with distress.</li> <li>Due to the successful recruitment EHSCP was awarded a further £300,000 allocation to recruit additional nursing and introduce new navigator role for the Mental Health Assessment Service.</li> <li>Submitted final report as requested to Scottish Government in May 2022.</li> <li>Evaluation of Thrive Welcome Teams completed in June 2022 by external independent evaluator</li> </ul>	Recommended for closure as key strategic objectives have been achieved, and action 15 funding has been mainstreamed.
EIJB-22/06/2021-6	Mental healh	NHS Lothian to recruit 17 WTE additional temporary staff to deliver psychological therapies.	<ul style="list-style-type: none"> <li>Action 15 funding, EIJB 21 June 2019</li> <li>Psychological Therapies Additional Investment, EIJB 20 August 2019</li> </ul>	21/22	NHSL £0.85m	CEC £0	Number of staff in post Increase in number of patients seen who have waited over 18 weeks Decrease in number of patients waiting longer than 18 weeks	NHSL	22/06/21	Delayed <u>Lothian data</u> 1,442 patients were waiting over 52 weeks. In February 2023, 84% of patients started treatment within 18 weeks of referral. <u>Edinburgh data</u> As of February 2023 there are 384 people on the treatment waiting list and 245 patients have waited over 18 weeks. Current predictions is that the LDP Standard shall be met in 9-12 months.	Retain.

EIJB-28/09/2021-1	Intermediate care, Hospital Based Complex Clinical Care (HBCCC) and Care Homes	<p>a. Decommission the residential care model provided at Drumbrae Care Home and direct the re-provisioning of Hospital Based Complex Clinical Care (HBCCC) services within that facility.</p> <p>b Decommission intermediate care beds currently provided at the remaining wards at Liberton Hospital and to direct the re-provisioning of these within a reconfigured number of beds within the remaining HBCCC estate.</p> <p>c Decommission HBCCC beds provided at Findlay House and Ellen’s Glen House and direct the re-provisioning of these within the former residential care home facility in Drumbrae.</p> <p>d. Commission Intermediate Care beds within the bed base remaining at Ellen’s Glen House and Findlay House.</p> <p>e Decommission the HBCCC beds provided at Ferryfield House, noting this will enable a withdrawal from the lease at intended break point and decommission the service provided there by October 2023.</p>	Bed Based Care – Phase 1 strategy, EIJB, 28 September 2021	Please refer to Appendix 3 of the report for further detail of the timeline and financial model.	<p>NHSL £15.7m</p>	<p>CEC £7.7m</p>	Monitoring and reporting on delayed discharges; waiting list monitoring for each bed type considered; length of stay data; care home delays; occupancy rates across bed types; care at home / homecare demand.	City of Edinburgh Council (a) NHS Lothian (b-e);	28/09/21	<p>Elements of the direction are on track or completed and elements are delayed.</p> <p>(a) - Complete, the care home was decommissioned and the direction to transition to provide HBCCC service has been received by all partners</p> <p>(b-d) - Delayed, Extensive adaptations are required to transition Drumbrae for use as HBCCC and these have extended the timescales for delivery. An amended plan has been developed this is being worked through at this point. The amended plan allows for the majority of the bed based care strategy to be delivered albeit in a slightly different way than initially planned, this is being discussed with all partners. No changes can be made to Intermediate care until a resolution is found, as we do not have the physical space to undertake the redesign activities</p> <p>(e) - Delayed, the decommissioning of beds at Ferryfield House has been reassessed as part of the amended plan which would see the decommissioning over a longer timeframe. If the amended plan is agreed by all partners the end result will be to decommission the beds at Ferryfield House</p>	Retain on the understanding that this direction is likely to be superseded at a future date when further reports on the bed based programme are considered by the EIJB.	
EIJB-07/12/2021-2	Care at Home	Direct contract award to PwC to undertake the work to develop the One Edinburgh approach	B Agenda item – EIJB Meeting 07 December 2021	2021/22	<p>NHSL 0</p>	<p>CEC Up to £1.2m, depending on the scope of the work</p>	Performance will be measured via the contract agreement with PwC. This will include appropriate gateways/points of review and will be regularly monitored at the Partnership’s IMT meeting.	CEC	07/12/21	<p>Achieved.</p> <p>PWC work completed and being used to inform commissioning /procurement. Direction recommended / approved for closure (P&amp;D meeting September 2022)</p>	Direction is <b>closed</b> as fully implemented (approved at the Performance and Delivery Committee September 2022)	
EIJB-07/12/2021-3	Residential care homes	Provide interim care beds to support hospital discharges. People will be supported to move to this accommodation while waiting for either a package of care or a care home placement. This will be in a combination of beds in City of Edinburgh run care homes and beds purchased directly from the independent sector	B Agenda item – EIJB Meeting 07 December 2021	2021/22	<p>NHSL</p>	<p>CEC Funding of £5.4m over 2 years has been provided as part of the winter package of measures.</p>	Performance will be measured by the Partnership’s IMT meeting which regularly will monitor the availability and use of the capacity	CEC	07/12/21	<p>Achieved</p> <ul style="list-style-type: none"> <li>•282 people moved from hospital to an interim bed between 2.11.2021 and 21.02.2023, with 79% of those people having moved on from their interim care home placement.</li> <li>• 13,037 hospital bed days have been saved by people moving to an interim bed between 2.11.2021 and 21.02.2023.</li> </ul>	<b>Recommended for closure</b> as the specific package of funding to support this initiative has come to an end and key deliverables have been achieved.	
				<p>The associated financial risk has been the subject of discussion between the Leader of the Council, the Cabinet Secretary and the IJB Chief Officer. As a result, the SG has now confirmed that, if necessary, further funding would be made available to Edinburgh to support the purchase of this capacity and that next year’s costs would be considered and a subsequent letter of comfort has been issued by the Cabinet Secretary and accepted by the Council.</p>								

EIJB-19/04/2022-1	Community Substance Use Services	Develop city-wide clinic to offer same day assessment and initiation of drugs treatment (MAT 1).	Drug and Alcohol Recovery Orientated System of Care Development and Investment plan EIJB 19/04/2022	Year 1 (2022/23) Recurring	NHSL £0.368m £0.368m	CEC £0.190m £0.190m	<ul style="list-style-type: none"> <li>Numbers attracted to the clinic. TARGET: 40/month</li> <li>% with Rx within 24h (or reason for other outcomes): TARGET: all patients have been assessed for suitability for prescribing within 24h of presentation.</li> </ul> <p>Additional performance indicators and required management information are described fully in the corresponding reports on 'Drug and Alcohol Recovery Orientated System of Care Development and Investment plan' considered and approved by the EADP Executive in December 2021 and February 2022 respectively. An annual progress report will be presented to the EADP each May/June.</p>	CEC & NHSL
EIJB-19/04/2022-2	Community Substance Use Services	<ul style="list-style-type: none"> <li>Provide Opiate Replacement Treatment (ORT) to increased numbers of people.</li> <li>Test and implement models of care which expand or release capacity with high levels of efficiency, but which are safe, satisfactory to patients and meet all MAT standards.</li> <li>Maximise use of primary care</li> <li>Continue to provide appropriate levels of care to non-opiate using patients (MAT 5 &amp; 7, and treatment target)</li> </ul>	Drug and Alcohol Recovery Orientated System of Care Development and Investment plan 19/04/2022	Year 1 (2022/23) Recurring	NHSL £0.621m £0.621m	CEC £0.129m £0.129m	<ul style="list-style-type: none"> <li>Increased number of patients in Opiate Replacement Treatment - targets below: April 2022 Baseline 3000 April 2023 3138 April 2024 3276</li> <li>Continue to provide treatment for non-opiate using patients at current levels (no reduction in alcohol detoxes provided).</li> <li>Individual tests of change demonstrating models of high-volume increased safe, MAT-compliant care with evaluation reports for each project including satisfaction and experience measures.</li> </ul> <p>An annual progress report will be presented to the EADP each May/June.</p>	CEC & NHSL
EIJB-19/04/2022-2	REAS Substance Use Services	Increase access to residential rehab interventions.	Drug and Alcohol Recovery Orientated System of Care Development and Investment plan 19/04/2022	Year 1 (2022/23) Recurring	NHSL £0.285m £0.285m	CEC £0 £0	<p>Key performance measures:</p> <ul style="list-style-type: none"> <li>Increased capacity in Ritson Clinic by 50% (8 beds to 12 beds)</li> <li>Increased capacity at LEAP by 40% (20 places to 28 places)</li> <li>Allowing 112+ residential treatment episodes per year in Lothian</li> </ul> <p>Progress updates / management information is to be provided by REAS (focusing on outcomes for Edinburgh residents) to inform the annual report that will be presented to the EADP each May/June.</p>	NHSL

19/04/22	Delayed	This direction is now reflected in the MAT standards Implementation Plan which has been shared with the SG and partners (EADP, NHSL). Development of the central ORT clinic needed to offer same day has been delayed, especially the employment of clinical staff. It is currently (March 2023) operating on a skeletal basis but it is anticipated that the full MAT standard will have been achieved for the first few patients in April.	Retain
19/04/22	Delayed	This direction is now reflected in the MAT standards Implementation Plan which has been shared with the SG and partners (EADP, NHSL). Initial steps towards capacity expansion (recruitment of some staff, development of QI charters) has begun. There is no evidence of impact at this stage	Retain
19/04/22	On track	Ritson and LEAP have achieved full capacity as planned (12 beds/ 28 placements for all Lothians). Additional supported accommodation capacity has been secured for those undertaking the programme. Numbers of people from Edinburgh being admitted have increased, but for much of the year has been below expectations due to limited assessment capacity. This has been resolved and admissions are now reaching expected rates.	Retain

EIJB-09/08/2022-1	Community and hospital based support services for people with sensory loss, i.e. Deaf, hard of hearing, deafened and deafblind people, and people with sight loss.	Continue commissioned services contracts for sensory support. For deaf services, contract period ends September 2023 with an optional 2 year extension; for sight loss services, contract period ends March 2024 with an optional 2 year extension.	Adult Sensory Impairment Services Contracts - Extension and Awards Policy and Sustainability Committee, 25 June 2020	Year 1 (2022/23) Recurring	NHSL £0 £0	CEC £0.471m £0.471m	Specific performance measures developed and agreed for all services as follows: <ul style="list-style-type: none"> <li>•Sight Loss Rehabilitation and Mobility (Sight Scotland)</li> <li>•Certificate of Vision Impairment register (Sight Scotland)</li> <li>•Patient Support Service, Princess Alexandra Eye Pavilion (Visibility Scotland)</li> <li>•Deaf social work service (Deaf Action)</li> <li>•Deaf equipment service (Deaf Action)</li> </ul> Performance measures are specified in contracts and monitored as part of contractual arrangements.	CEC	09/082022	On track. <ul style="list-style-type: none"> <li>• Sight Scotland has supported 233 individuals between April-December 2022 for rehabilitation and mobility training. Sight Scotland administers the Certificate of Vision Impairment (CVI) Register on behalf of CEC (155 people registered between April- Dec 2022).</li> <li>• Visibility Scotland has supported 642 individuals between April 2022-Jan 2023 for patient support service via the Princess Alexandra Eye Pavilion.</li> <li>•Deaf Action services has completed 214 repairs of specialist equipment during the last year and has also received 50 referrals for the specialist social work services. continues to be in high demand. British Sign Language (BSL) Duty Service supported 13 BSL users with provision continuing to expand.</li> </ul>	Retain
EIJB-21/03/2023-1	<ul style="list-style-type: none"> <li>•All purchased services</li> <li>•All direct payments, individual service funds and payments to personal assistants</li> </ul>	Implement contractual uplifts as follows: <ul style="list-style-type: none"> <li>• Apply nationally agreed rates to contracts covered by the national care home contract; and</li> <li>• For all other contracts - bring rates in line with a minimum hourly rate of £10.90 for front line social care staff using the methodology agreed nationally.</li> </ul>	2023/24 Financial Plan, EIJB, 21 March 2023	Year 1 (2022/23) Recurring	NHSL £0 £0	CEC £9.1m £9.1m	Uplift to be actioned	CEC	21/03/23	N/A - direction agreed late March 2023.	Retain

## 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	TBC		
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	Yes This varies direction EIJB- 22/06/2021-4 which was agreed by the EIJB on 22 June 2021. The timescale for delivery has been amended to		
Approval date	TBC		
Services / functions covered	Disability services		
Full text of direction	Increase support options in the community by decommissioning wards in the Royal Edinburgh Campus and commissioning sixteen tenancies for adults with complex support needs, Specifically, commission 9 flats from Lifeways, plus other new accommodation options.		
Direction to	NHS Lothian The City of Edinburgh Council		
Link to relevant EIJB report / reports	<a href="#">EIJB Strategic Plan 2019-22, EIJB, 20 August 2019</a> <a href="#">Royal Edinburgh Campus and St Stephen's Court, EIJB, 18 May 2018</a>		
		<i>NHS Lothian</i>	<i>City of Edinburgh Council</i>



Budget / finances allocated to carry out the direction.	2022/23	£2.6m	£0.6m
	2023/24	£2.0m	£1.2m
Performance measures	16 people are living in the community by December 2024.		
Date direction will be reviewed	April 2024		

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## REPORT

### Chief Officer's Update

Edinburgh Integration Joint Board

08 August 2023

<b>Executive Summary</b>	<p>The purpose of this report is to provide the Edinburgh Integration Joint Board (EIJB) with a summary of key areas of activity that support the delivery of the EIJB's strategic priorities. It has been developed with the objective of providing board members with a comprehensive update on key issues.</p>
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<b>Recommendations</b>	<p>It is recommended that the Edinburgh Integration Joint Board:</p> <ul style="list-style-type: none"> <li>a) note and comment on the content and structure of this new update report; and</li> <li>b) on the basis that the report is designed to provide updates and will not present items for decision making, agree to receiving future reports in the form of briefings.</li> </ul>
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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

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

## Main Report

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2. To strengthen communication between the Interim Chief Officer and members of the Edinburgh Integration Joint Board, this is the first of a standard briefing report that is proposed will be submitted routinely. It is clear from feedback from members in recent months that there has been a disconnect between the board and the ongoing work of officers with progress or lack there-of, not being reported routinely.
3. This report aims to improve board members' understanding and will feature updates on:
  - Items of governance;
  - Items of strategy;
  - An overview of key issues impacting operational delivery and performance; and
  - National and local strategies.
4. The detailed report is attached as an appendix and members are asked to provide feedback on both the approach and content.
5. For future meetings it is proposed that this update is provided to members as a briefing. The paper is for information only and no decisions are being asked of members.

## Implications for Edinburgh Integration Joint Board

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### Financial

6. There are no direct financial implications arising from this report. As this report, is updating on activity, any financial implications arising from the workstreams included within this report, will be included within any specific report presented to the EIJB.

**Legal / risk implications**

7. There are no direct legal and risk implications arising directly from this report. Some of the workstreams included within the report may have legal or risk implications in relation to compliance with legislation, risk arising as a result of the findings from local or national reports and these will be highlighted within any specific report presented to the EIJB.

**Equality and integrated impact assessment**

8. As this report updates on work streams that are underway or work that requires to be undertaken, an equality and integrated impact assessment will be undertaken as part of the specific reporting to the EIJB on that workstream and would include the results of an EQIA. Therefore, an EQIA is not required for this report.

**Environment and sustainability impacts**

9. There are no environmental or sustainability impacts arising from this report directly.

**Quality of care**

10. There are no quality of care impacts arising directly from this report. There are some updates included within this report, that relate to issues that may have quality of care impacts and these will be explicitly reported as part of specific reporting on key workstreams (e.g., improvement plan).

## Consultation

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11. There has been no consultation undertaken directly on the contents of this reports. A range of consultation approaches have been undertaken in relation to the workstreams contained within this report.
12. This report is intended to give Board members an overview on key strategic activities being undertaken to deliver on the EIJB's strategic plan. If EIJB members wish particular updates on key areas, please contact [angela.brydon@edinburgh.gov.uk](mailto:angela.brydon@edinburgh.gov.uk).

## Report Author

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**APPENDIX**

**EDINBURGH INTEGRATION JOINT BOARD – INTERIM CHIEF OFFICER’S UPDATE**

**Items of Governance**

**Integration Scheme**

1. The revised Integration Scheme for the Edinburgh Integration Joint Board (the “EIJB”) must be reviewed every five years following a period of public consultation (in line with the review process detailed in the Public Bodies (Joint Working) Scotland Act 2014). The revised Integration Scheme was reviewed and approved by the [NHS Lothian Board](#) on 22 June 2022 and [City of Edinburgh Council](#) on 30 June 2022. The revised Integration Scheme for the EIJB was approved by Scottish Ministers on Monday 15 May 2023 and is effective from that date. The City of Edinburgh Council, NHS Lothian and the EIJB are required by statute to comply with its terms. The revised integration scheme can be found [here](#).

**Internal Audit Updates**

2. The Audit and Assurance Committee agreed the annual internal audit plan for the EIJB in March 2023 and undernoted are the three audits that have been agreed with indicative time scales:

<b>Audit</b>	<b>High level scope</b>	<b>Timescales</b>
Hosted Services	Review of budget, oversight and assurance arrangements established for hosted services.	Planned start - June 2023
Innovation and Sustainability Programme	Review of oversight and assurance for funding, progress and delivery of the innovation and sustainability programme (with specific focus on the bed based review and community mobilisation projects).	Indicative start – September 2023
Workforce Optimisation	Review of the governance and oversight processes to monitor delivery of the initial short term actions set out in the 'Working Together' the EIJB Workforce Strategy 2022-25, specifically the key strategic workforce priorities and commitments across the four key themes.	Indicative start – December 2023

3. Outcomes from these audits will be reported to Audit and Assurance Committee when complete.

#### **Edinburgh Health and Social Care Partnership structure and governance**

4. As Board members will be aware, there has been instability in leadership within the Edinburgh Health and Social Care Partnership. Work is underway to address this through the following:
  - Interim Chief Officer was appointed on 13 June 2023
  - Permanent Chief Officer post has been advertised and recruitment process is underway with interviews scheduled for August
  - The Service Director – Strategy retires on 31 August 2023. This post is being advertised with interim arrangements being finalised
  - Backfill for the Service Director- Operations while acting into Chief Officer role is being progressed
5. As set out in the improvement plan in June 2023, a restructure of the operational senior management team is now underway to strengthen line management, accountability, professional governance and responsibility. This is supported by staff, Trade Unions, NHS Partnership and the Chief Social Work Officer. Council and NHS Lothian HR colleagues advise this will take up to 5 months for completion.
6. The Scottish Government has been approached to provide senior social work support to the Partnership. This has been agreed and the Professional Advisor is currently working with the Interim Chief Officer to agree the main areas of practical support.
7. A review of governance arrangements within the Health and Social Care Partnership is currently underway, however, while that is being undertaken, the Executive has broadened its membership to include the Chief Social Work Officer, Chief Allied Health Professional, HR from the Council and NHS Lothian, NHS Lothian Partnership and Council Trade Unions representatives. This will improve informed decision making and ensure a stronger interface with staff, NHS Lothian and the Council.



## Items of Strategy

### Strategic Plan

8. The EIJB Strategic Planning Group (SPG) has overseen the development of the refreshed EIJB Strategic Plan over the past two years. Objectives and priorities have been redefined with a greater emphasis placed on outcomes and an attempt to better align activities, performance evaluation and benefits realisation.
9. The refreshed EIJB Strategic Plan takes account of the City of Edinburgh Council Business Plan and the Lothian Strategic Development Framework (LSDF). More detail regarding the transition to a National Care Service (NCS) is awaited as is detail on the implementation of the national Getting it Right for Everyone (GIRFE) policy. Both initiatives will inform future reviews of the EIJB strategy. The initial Integrated Impact Assessment (IIA) on the refreshed EIJB Strategic Plan sat on 24 October 2022. This IIA was further refined on 20 March 2023. Most recently, two well attended consultation sessions with providers and partners were co-hosted by EHSCP and EVOC on 3 February 2023 and 8 March 2023 respectively.
10. Final approval of the refreshed EIJB Strategic Plan has been delayed allowing consideration to be made of the:
  - Budget Savings proposals for the current financial year.
  - Impact of the Medium Term Savings Strategy (MTFS) over the next three years.
  - Improvement Plan responding to the recent Care Inspectorate Social Work and Adult Social Care inspections.
11. Version 7 of the draft Strategic Plan will be presented to the Strategic Planning Group (SPG) for consideration on 16 August 2023. Once further amended, the intent is to present the Strategic Plan to the EIJB by no later than December 2023. A consultation period will then be actioned.

### Innovation and Sustainability Portfolio

12. The Innovation and Sustainability Portfolio was established formally in June 2022 and is a key delivery mechanism for the ambitions set out in the strategic plan. Over recent months, the Innovation and Sustainability Portfolio has shifted its focus to support wider strategic programmes of work, which will widen the scope of the portfolio and place a firmer emphasis on the delivery of financial benefits. Key priorities include:

- The development and implementation of the Medium-Term Financial Strategy (MTFS)
  - The development and implementation of the Improvement Plans in response to recent Care Inspection reports
  - Interim support on preparations for an organisational restructure
  - And interim support on the wider Savings and Governance Programme
13. Alongside the resource required for these priorities, the team have continued to support a range of active projects, including: One Edinburgh (Total Mobile implementation, internal redesign, and external commissioning), Home First, Learning Disability, and Bed Based Review.
14. It is anticipated that the current approach to managing change programmes will adapt and evolve, and as a result in the coming months the Innovation and Sustainability Portfolio will merge into an overarching change programme to include a wider portfolio of savings and improvement work, into one coherent programme that will support delivery of our strategic ambitions.

### **Thrive Health and Social Care Commissioning Plan 2023 – 2026**

15. A stakeholder event was held on the 9 May at Napier university to help shape thinking in relation to the Thrive Adult Health and Social Care Commissioning plan. The event was attended by over 70 people representing EHSCP staff, NHS Lothian and third sector organisations and focused on sharing provocations, priorities, pleas and passions. Find out more [here](#).
16. We are currently working closely with NHS Lothian regarding the focused priorities for our mental health services as the Partnership continue to over utilise the number of beds at the Royal Edinburgh Hospital. A plan is in development for bringing this back in line, which will include work to increase community capacity, including within our Community Mental Health Teams.

### **Bed Based Review**

17. In June 2023, the EIJB and partners agreed to a refreshed approach to the bed based review. This included agreement to proceed with a strategic commissioning exercise, which will look to establish all the bed requirements for people across acute and community settings and underpinned by a full system pathway review to fully assess the bed configuration required now and in the future. It was acknowledged that the deadline of December 2023 would be challenging and any timescales set be realistic.

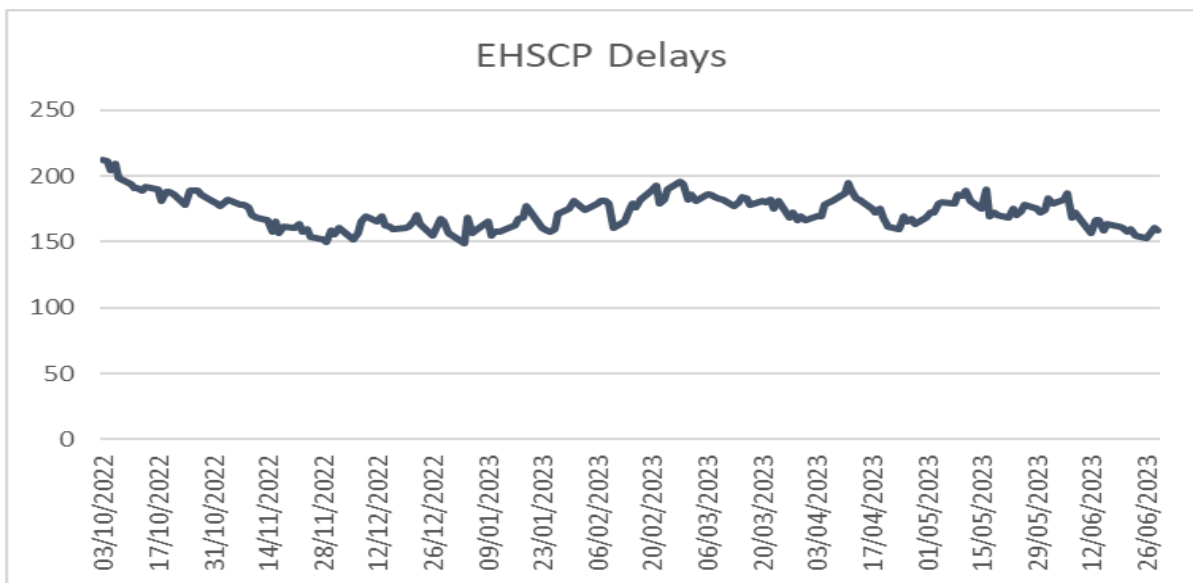
18. Full Council and the Council's Finance and Resources Committee agreed the following further actions:
- That the Partnership look to bring forward alternative uses for the Drumbrae Care Home to support older peoples care needs and be presented to the next Finance & Resources (F&R) Committee after consultation with health and social care spokesperson (agreed at F&R).
  - further reports on this would be presented to the EIJB, Policy & Sustainability Committee and referred to the Governance, Risk and Best Value (GRBV) Committee during the six months commissioning exercise, including offering briefings as requested by the EIJB and to all Councillors to prevent the omission of information being made available for scrutiny.
  - the strategic commissioning team will involve councillors, lay members, Trade Unions as part of the team alongside Council officers.
19. Work is currently underway, working very closely with colleagues in NHS Lothian to develop a critical path for what it would take to move off Liberton. An operational lead has been identified to drive the work forward and we are in the process of reprioritising workloads to create capacity for taking this work forward. Once we have this in place, work will accelerate.
20. In the meantime, an initial specification has been drafted for an exercise to identify if the current level of demand and service provision continues, what number of beds would be required in the NHS Lothian and Health and Care system given population changes. Additionally, using validated optimal operating models, the exercise will identify what a resultant bed model will look like today and in the future.

### **Operational delivery and performance**

21. For the purposes of this update, we will focus on 4 key areas of performance, namely:
- The number of people delayed in their discharge from hospital
  - The number of people waiting for a package of care, including people waiting in hospital and those waiting in the community
  - The number of people waiting for a social care assessment
  - The number of outstanding reviews.
22. A more detailed performance framework is currently in the process of being finalised, with reporting fortnightly of KPIs to the Chief Executives of City of Edinburgh Council and NHS Lothian and a more detailed report quarterly.

Delayed Discharges:

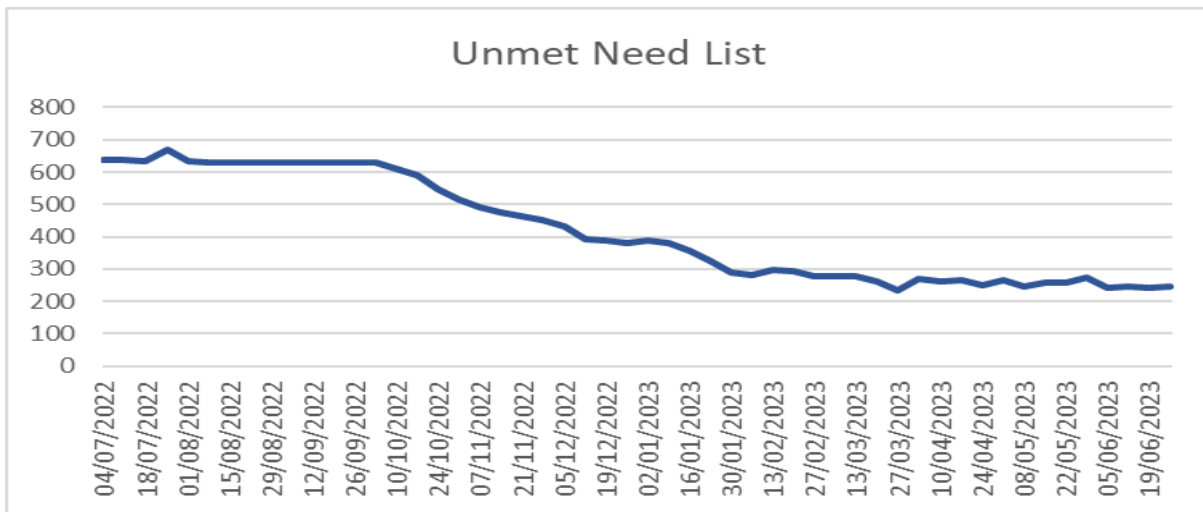
23. Delays have fluctuated throughout the period October 2022-June 2023 in line with seasonal pressures but have remained relatively steady throughout April to June 2023 with an average of 172 delays, and are currently at a lower rate than those seen during the same period last year. Throughout June we have seen improving performance in delays, as at 26 June 2023 there were 153 delays, a 20% decrease on the figure seen at the same time last year and a 25% decrease on the figure seen at the start of October 2022.



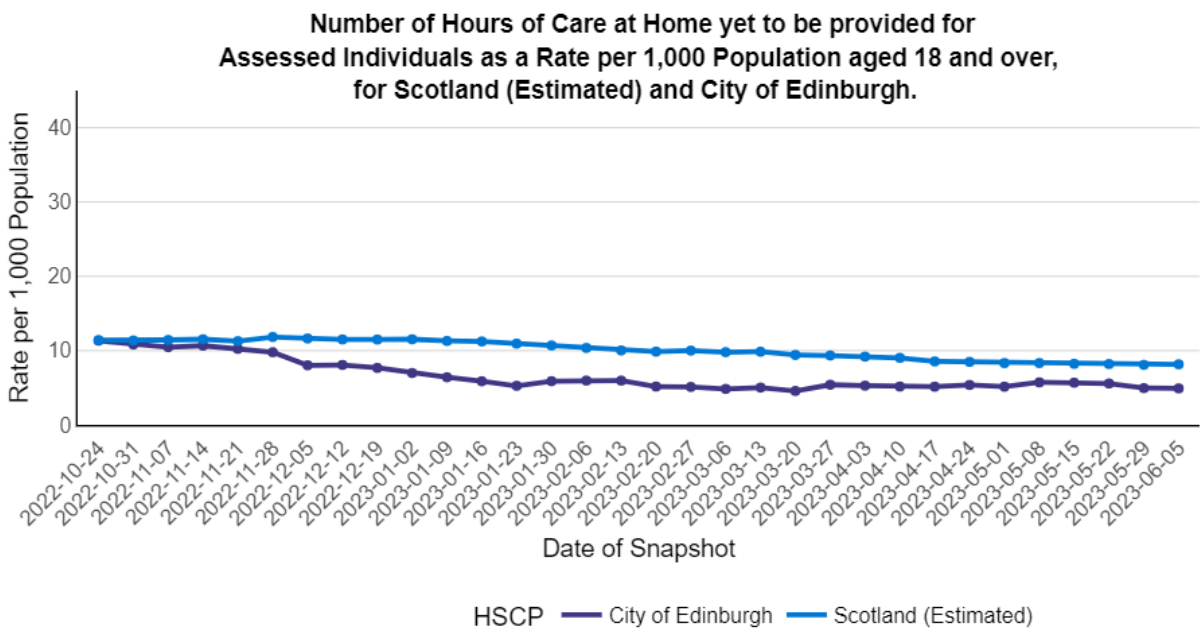
24. We are currently below our main trajectory for delays, and on track to end 2023/24 below 145 delays which would see us move into the top 50% of partnerships for Delayed Discharge performance.
25. The latest benchmarking data from Public Health Scotland (PHS) (May 2023) indicates that City of Edinburgh (CoE) continues to see steady rates of delays. In May 2023, CoE ranked 19 out of 32 local authorities, improving from 21st position in April 2023 with a rate of 40.6 per 100,000 18+ population, just above the Scottish average of 39.2 per 100,000. The CoE rate is in therefore in line with many other areas.
26. Edinburgh continue to face more pressure with delays for elderly people, however has seen some recent improvement in performance with delays for those aged 75+, CoE ranked 23rd out of 32 local authorities in May 2023, moving up one from 24th in April 2023 with a rate of 2.9 people delayed per 1,000. We still have much more to do in this area to improve performance and get to an acceptable standard.

People waiting for a package of care:

27. Through October 2022-June 2023 we have seen a 58% overall reduction in the Unmet Need waitlist (from 609 to 256), however similar to delays there has been fluctuations across the month of June as services encounter issues with annual leave and unplanned absence. As at 26th June 2023 there were 256 people on the unmet need list, compared to 638 at the same time last year.



28. The Partnership continue to see improving performance for Number of Hours of Care at Home yet to be provided, and consistently remain below the national figure.



29. On 27 June 2023 the figure per 1,000 population for adults was 8.15 for Scotland (estimated) and 4.91 for Edinburgh. At the moment benchmarking between partnerships using this Public Health Scotland (PHS) data is not possible due to data quality issues within the Care at Home Dashboard, which the Partnership is aware of and is working closely with PHS to resolve.

People waiting for an assessment of social care:

30. The assessment waitlist has seen a slight reduction from 1,665 at the beginning of March to 1,497 on 26 June, however numbers continue to fluctuate within normal variation. Due to a data quality exercise and revised process/codes for waitlist data, the Partnership have limited historical data for the social care assessment waitlist to allow analysis. We have no data to compare nationally for the assessment waitlist as we are aware that some partnerships do not include reassessments in data submitted to PHS, which accounts for approximately 50% of the total figure for EHSCP.

Outstanding reviews:

30. We continue to have a significantly high number of reviews to be undertaken, with approximately 7000 reviews recorded as due in our system. There are 2 things to note about this, the first that reviews do not relate to individual people as it is review for service rather than review of the person. When we undertake a review of a person's needs, this may involve reviewing more than one service they receive. Secondly, there are significant quality issues with this data. However, even despite these two caveats, we have a significant challenge. That is why we are commissioning a team of social care staff to work through the backlog of reviews and work with people to ensure that their needs are met.

**Improvement plan**

31. At the June 2023 EIJB meeting, the board agreed the improvement plan in response to the Joint Inspection of Adult Support and Protection and the Inspection of Social Work and Social Care. This 'one plan' consolidated the actions identified to address the requirements raised in the 2 inspections and aligns with the medium-term financial strategy. Having one plan will make support us to link improvement, efficiency and oversight.
32. Implementation continues to develop in line with expectations with some key points to note being:
- Practice standards in development across all 4 localities;

- A temporary review and assessment team is in the recruitment process and will be established by the end of August. The objectives of the team will include addressing the backlog of reviews and ensuring needs are being met;
- Social work Quality Assurance Team (which spans children and adult services) has been bolstered, creating additional capacity for the EHSCP;
- Case recording procedures are being rewritten with roll out scheduled for late August 2023;
- All open cases are being reviewed to remove duplication and overdue closures;
- Supervision procedures have been developed and will be rolled out in August;
- The front door improvement Project Initiation Document has been agreed, this aims to redirect resources to the front door, improve early intervention and reduce assessment waiting lists;
- New adult support and protection arrangements have been implemented;
- Work with GPs to improve health inequalities is underway;
- The multi-agency safeguarding hub development is underway, working closely with police, education and VCS;
- A Change Board has been established which will oversee all change work. The first meeting is scheduled for 17 August 2023.

### **Recruitment and Retention**

33. Pressure on workforce staffing levels remains a key operational and strategic risk for the Edinburgh Health and Social Care Partnership. Whilst it is recognised as a national issue, Edinburgh has its own unique challenges exacerbated by high employment locally, the high cost of living in the city and reductions in overseas staff as a result of EU-exit. Towards the end of last year more focused effort has been made on recruitment and retention with slow but gradual progress being made. Our partners, City of Edinburgh Council and NHS Lothian, are fully aware of the workforce challenge and continue to support our recruitment and retention effort.
34. To date the following actions have been taken:
  - Recruitment (and Retention) Steering Group established.
  - Recommendations from City of Edinburgh Council HR team to speed up the on-boarding process are being trialled.

- Additional support staff recruited to support the on-boarding process for assessment and care management, home care and reablement and residential care home staff.
  - Capital City Partnership (CCP) engaged for two years from October 2022 to bolster entry level recruitment.
  - Bi-monthly neighbourhood recruitment fairs introduced and facilitated by CCP, aligned to the 20-minute neighbourhood model and promoting increased community engagement.
  - To date, there have been 5 recruitment fairs, 4 focused on City of Edinburgh Council roles and one on NHS Lothian, with around 600 attendees in total. More recruitment fairs are in the pipeline.
  - Improved marketing materials and for recruitment fairs and further marketing ideas in development.
  - Nursing workforce recovery plan has been developed with the support of the NHS Lothian Nurse Director.
35. Overall turnover remains broadly stable. There is a marked improvements in social work recruitment and in home care but rate of outflow remains a concern. To date, CCP figures show 113 applications submitted, 71 interviews offered, 46 job offers, 19 people started within their role, 14 pending and due to start. The remainder are those who have rejected or withdrawn from the process. Data shows that 90% of the referral source for these job offers have been from CCP events and projects.

#### **Seasonal Flu Immunisation Programme 23/24**

36. On 18 April 2023, the Scottish Government confirmed the cohorts and eligibility criteria for the 2023/24 season flu immunisations programme. The programme continues to be a strategic and Ministerial priority and is designed to protect those most at risk of severe illness from flu and to support the resilience of the health and social care system during winter months. NHS Lothian will have lead responsibility for mass vaccination programmes.
37. The adult cohort remains the extended cohort same as last year and will be operationally delivered using the same model. Planning for the programme started in July 2023 with delivery likely to run between September and December 2023 in line with previous programmes;
- There will be mass vaccination clinics for the majority
  - The HSCP Vaccination Team will continue to deliver older adult care homes and housebound; and



Those of school age in school and pre-school will be delivered by the NHS Lothian wide service

### **Total Mobile**

38. Total Mobile, a scheduling system for use by our home care teams, started its roll out on 26 June. Colleagues in homecare and reablement in the north-west and citywide services are now using the Totalmobile app. This app provides a care optimised scheduling system which delivers a range of benefits for both colleagues and the people we provide care and support for. Social Care Workers can now:
- get quick access to important information they need to deliver care and support.
  - view a map to help them navigate around the city.
  - access online training and development.
  - check in and out of visits, improving worker safety and maximising capacity.
39. There are also huge benefits for the business support team and homecare and reablement organisers. As the app allows frontline staff to access information on their devices, they don't need to call into the office to get it. This frees up the office-based team to support frontline workers to deliver quality care and support.
40. A separate paper on the overarching One Edinburgh programme is on the agenda for this EIJB meeting.

### **National Care Home Contract**

41. The vote on the National Care Home Contract (NCHC) concluded on 7 July 2023. The vote returned a significant majority who decided to accept the 6% uplift to the NCHC effective from 10 April 2023. The vote indicated that 84% of those participating wished to accept the offer.
42. COSLA has now issued a minute of variation and the Partnership's Contracts Team is in the process of issuing for signature to allow the updated rates to be paid.
43. This has been the most challenging period of negotiation in relation to the NCHC and as a result some Scottish Care members will be disappointed by the outcome however, the Partnership will continue to work with the market on any future development of the contract.

## National/local reports & strategies

### National Care Service

44. On 17 April 2023, the Scottish Government formally requested and agreed an extension to the Stage 1 deadline beyond June 2023. Subsequently, the Finance and Public Administration Committee requested a new timetable for completion of Stage 1 of the Bill and a revised Financial Memorandum (FM) by 12 May 2023.
45. On 9 May 2023, the Scottish Government advised that a proposed Stage 1 timetable would be submitted to Parliament in due course. An updated FM would be provided to the Committee prior to the Stage 1 debate and after planned engagement with key stakeholders/partners over the summer period. On 23 May 2023, the Scottish Government announced that a range of regional co-design events are planned to take place between June and August 2023 and supplemented with additional local engagement activity. Further information can be found [here](#).
46. On 7 June 2023, Stage 1 of the Bill was further extended to 31 January 2024 through a motion agreed by Parliament. Given the further delays to timescales, it is not expected that the expected operational date of 2026 will be maintained and there is an increasing likelihood that the National Care Service proposals will be delivered over the course of two Parliamentary terms. A further update to the EIJB will be provided in due course.

### Integration Joint Boards Financial Analysis

47. On 6 April 2023, Audit Scotland published the [Integration Joint Boards \(IJBs\) Financial Analysis 2021/22](#) report. The report sets out the 2021/22 financial position and demonstrates how the pandemic has continued to impact the delivery of Integration Joint Board (IJB) savings plans.
48. In addition, it highlights the operating context of IJBs, their financial and service challenges, and the medium to longer term financial outlook of IJB's across Scotland and highlights considerable challenges and pressure on the workforce, due to continued recruitment and retention challenges.
49. The report also highlights that IJBs have reached the point where significant transformation is needed to ensure the long-term capacity, financial sustainability and quality of services individuals receive.

50. With a projected funding gap of £124 million for 2022/23 and the need for most IJBs to draw on reserves to bridge the gap, Audit Scotland recommends that the identification and delivery of recurring savings and reducing reliance on using reserves to fund revenue expenditure is key to ensuring long term financial sustainability.
51. The EIJB Medium Term Financial Strategy sets out the proposed programme approach to deliver long term financial suitability for services through transformational change and redesign.

### Local Government in Scotland

52. Audit Scotland published a report on [Local Government in Scotland](#) for 2023 on 17 May. This provides an overview on local government and highlighted the increased demand for services and workforce challenges which has been exacerbated by COVID19 and the funding provided to local government will reduce in real terms. It identified that there needed to be fundamental change through collaboration if Councils are to maintain services. This is relevant to the EIJB in terms of the operational delivery aspects in relation to those services delivered by the City of Edinburgh Council. There are several key messages, but the key points of relevance in relation to social work and social care are undernoted:

- Page 8 – Performance in many areas of adult social care including delayed discharge. Satisfaction and service quality had all slowed or started to decline.
- Page 11: Adult Social Care. There are signs that the sector is in crisis, with growing backlogs, declining satisfaction and no clear picture of demand or unmet need. Spending increased during the pandemic, continuing the longer-term trend. Homecare hours dropped slightly in 2020/21 before increasing to the highest levels ever recorded in 2021/22. Satisfaction continued to decline, and 2021/22 saw a drop of eight per cent in care services graded ‘good’ or ‘better’.
- Commentary on the National Care Service including uncertainty, pages 22 and 23.

53. Key actions that need to be delivered related to social care and social work include:
  - Increase public transparency about the scale of service demands, backlogs, and changes to eligibility criteria to ration access.

- Strengthen the use of data to understand needs, make decisions and direct resources.
  - Maximise collaboration by working with partners, wider public sector and third sector to redesign and provide services, whilst including service users and local communities in this process.
  - Invest time and capacity in thinking radically about future operation models by setting out a clear vision for long-term policy and performance priorities.
  - Improve workforce planning to effectively and deploy their existing workforce to build capacity, skills, strategic thinking, and workforce data needed for effective workforce planning.
54. This report should be considered by EIJB members when considering papers on proposals for services and how sustainable they can be during the current operating environment.

#### **Dementia Strategy**

55. The new national Dementia Strategy for Scotland: Everyone's Story was published on 31 May - Ministerial Foreword - New dementia strategy for Scotland: Everyone's Story - gov.scot ([www.gov.scot](http://www.gov.scot)). The Strategy follows a period of engagement with stakeholders across Scotland and describes a joint commitment by national and local government to a positive, shared vision for dementia in Scotland over the next 10 years. The Strategy commits to producing rolling 2 year delivery plans which will be developed with national and local oversight, with the first plan developed and agreed later this year with implementation from 2024-25. The Strategy describes the importance of:
- Ensuring people have pre and post diagnosis support.
  - Taking steps to allow more people to live well in their communities.
  - Leveraging the experience and expertise of those affected by the disease to design and deliver their own support.
  - Enabling access to skilled and trauma-informed professionals, when necessary.

## REPORT

Committee Update Report

Edinburgh Integration Joint Board

8 August 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 June - August 2023.

### Recommendations

It is recommended that the Edinburgh Integration Joint Board:

1. Notes the work of the Committees.
2. Agrees if this report is suffice in raising awareness of the Board's awareness of committee activity.

## Report Overview

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1. This report gives an update on the business of the committees covering the period June – August 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.

## Audit and Assurance Committee – 8 June 2023

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2. **Unaudited 2022/23 Annual Accounts for the Edinburgh Integration Joint Board** – the committee deliberated the unaudited 202/23 annual accounts and draft financial statements submitted for the EIJB and noted the proposed timetable for completion.
3. **Risk Register** – the latest iteration of the Risk Register for the EIJB was presented for endorsement by the Committee. The committee also considered

the risk appetite statement and risk explanations for likelihood and consequences which had been developed with risk owners.

4. **Internal Audit Update** – the committee were presented with a report on the progress of Internal Audit assurance activity from 9 February to 30 April 2023 for the EIJB, presented by the City of Edinburgh Council and NHS Lothian Internal Audit teams.
5. **External Audit Update** – the committee received a report on implementation of EIJB External Audit management actions.
6. **Annual Assurance Statement** – the committee considered the 2022/23 audit and assurance committee annual assurance statement.

### **Strategic Planning Group – 14 June 2023**

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7. **EIJB Strategic Plan Update** – the committee were presented with a report updating on the latest position with the EIJB Strategic Plan.
8. **Carers Strategy Update** – the committee received a presentation on the Edinburgh Joint Carer Strategy Refresh 2023-26 prior to seeking approval at the EIJB on 8 August 2023.
9. **One Edinburgh Update** – the group considered a report on One Edinburgh, focusing on increasing our internal reablement teams, the implementation of Total Mobile, and next steps for the external commissioning framework.
10. **Strategy for Digital Transformation** – the committee deliberated a report on the digital strategy for the Edinburgh Health and Social Care Partnership, the key components of the proposed digital strategy along with the phases involved.
11. **NHS Lothian Director of Public Health Annual Report 2022** – the committee were presented with the Public Health Annual Report, which highlighted the population residing in Edinburgh, what affects their health and what should be done to improve health outcomes.
12. **Review of Welfare Rights & Debt Advice Services in Edinburgh** – the committee received a paper on the Review of Welfare Rights and Debt Advice Services in Edinburgh (2022).

## Clinical and Care Governance Committee – 28 June 2023

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13. **Review of Terms of Reference** – the committee were presented with a revised set of terms of reference for the clinical and care governance committee.
14. **Annual Assurance Statement** – the committee were presented with the Clinical and Care Governance 2022/23 annual assurance statement for endorsement.
15. **Health and Safety Update** – the committee had before it a report on the management of health and safety matters within the Edinburgh Health and Social Care Partnership (EHSCP).
16. **Care Inspectorate Reports** – the committee received reports on a range of care inspectorate inspections of EHSCP Homecare services:
  - NE Hub – Re-ablement Service
  - NE Home Care Service Leith
  - North West Hub Re-ablement Service
  - SE Home Care Service Cluster 2
  - South West Home Care Service Canal

## Forward Planning

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17. Performance and Delivery Committee – 2 August 2023
18. Strategic Planning Group – 16 August 2023
19. Clinical and Care Governance – 30 August 2023
20. Performance and Delivery Committee – 6 September 2023
21. Audit and Assurance Committee – 13 September 2023

## Report Author

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## Minute

### IJB Strategic Planning Group

**10.00am, Wednesday 14 June 2023**

Virtual Meeting – Via Microsoft Teams

**Present:** Councillor Tim Pogson (Vice Chair) (In the chair), Bridie Ashrowan, Christine Farquhar, Peter McCormack, Susan McMillan, Councillor Max Mitchell, Allister McKillop, Michelle Mulvaney, Peter Murray, Flora Ogilvie, Moira Pringle

**Apologies:**

Katharina Kacper (Chair), Rene Rigby, Stephanie Ann-Harris

**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.

## 1. Minutes

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### Decision

The minute of the Strategic Planning Group held on 23 March 2023 was submitted and approved as a correct record.

(Reference – Minutes, 23 March 2023, submitted.)

## 2. Rolling Actions Log

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### Decision:

To keep action 1 open until the meeting of Strategic Planning Group in August. the report to be circulated to members out of committee in advance of August's meeting.

(Reference – Rolling Actions Log, submitted.)

## 3. Annual Cycle of Business

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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.)

## 4. EIJB Strategic Plan Update

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An update was provided in relation to the status of the latest version of the EIJB Strategic Plan. Reference was made to the decision taken in April to postpone the progress of the revised Strategic Plan until it was reduced in content and aligned with the Budget Savings work and the responses to the recent Social Care Inspections. It was highlighted that the final version of the EIJB Strategic Plan will be submitted to SPG on 16 August 2023 and the EIJB on 17 October 2023 and that a formal consultation on the Strategic Plan will then be conducted.

In response to member's comments, officers confirmed that engagement with stakeholders had been undertaken in relation to financial challenges and that work was being undertaken to ascertain how to make the most of social capital in line with the SPG's priorities of prevention and early intervention.

### Decision

- 1) To note the status of the EIJB Strategic Plan; and
- 2) To note the revised timeline.

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

## 5. Edinburgh Joint Carer Strategy Refresh 2023-26

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An overview of the Edinburgh Joint Carer Strategy Refresh 2023-26 was provided with reference being made to the Edinburgh Joint Carer Strategy 2019-2022, Cost of Living, Engagement, National Carer Strategy Outcomes 2023-26, Findings of the Care Inspectorate report and the development of the outcome framework. Officers then took the opportunity to respond to points of clarity.

In response to comments, officers acknowledged that adult carer support documentation would be rolled out in July and that carers are being consulted for their views.

### **Decision:**

- 1) To note the presentation covering the Carers Strategy Update.

(Reference – Presentation by Strategic Programme Manager - Older People, NHS Lothian, submitted.)

## 6. One Edinburgh Summary

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Members of the Strategic Planning Group were invited to provide comment on activities in internal reablement, the implementation of Totalmobile, and the next steps regarding the external commissioning framework. It was highlighted that the report would then be submitted to the EIJB in June with the aim of seeking approval at August's EIJB for the external commissioning framework, with the intention of putting the contract out this year to commence in 2024.

Members raised concerns about the usage of the name 'command centre'. Members also commented on the risk assessment and the lack of inclusion of packages of care for those who are already in receipt of care. Officers further highlighted the importance of working closely with occupational therapists in relation to home adaptations.

### **Decision**

- 1) To note the direction of travel for home-based care; and
- 2) To note recommended external commissioning approach.

(reference – report by Service Director – Strategic Planning)

## 7. Strategy for Digital Transformation

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An overview of the key components of the proposed digital strategy along with the phases involved was provided with reference being made to the four main themes; Data, Infrastructure, Process change/service redesign and People. It was highlighted that the notion of a human rights based approach is at the core of the strategy, in addition to ensuring that the people who will be most affected by digital change have the opportunity to contribute to shaping it.

Members took the opportunity to comment and provide feedback in relation to the strategy for digital transformation. Members asked questions in relation to how digital inclusion is being factored into community planning and the Local Outcomes Improvement Plan and officers acknowledged that this would be considered going forward and efforts would be made to assess how the Programme Manager for Digital Transformation could feed into this discussion.

Officers invited members to share further comments in relation to the proposed digital strategy with Programme Manager for Digital Transformation Service Director – Strategic Planning via email.

### **Decision**

- 1) To note the draft Strategy for Digital Transformation,

(Reference – Report by the Programme Manager for Digital Transformation– Strategic Planning, EHSCP, submitted.)

## **8. NHS Lothian Director of Public Health Annual Report 2022**

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An overview of the NHS Lothian Director of Public Health Annual Report 2022 was provided with reference to population, what affects their health and how evidence can be used to improve health outcomes. Further reference was made to inequalities and deprivation in addition to work aimed at reducing inequalities, both through immediate responses to the cost of living crisis as well as longer-term poverty-prevention work and efforts to improve children’s early years and reduce child poverty.

Members commented on the need to factor anchor institution implementation into discussions around commissioning and the need to address the fundamental causes of inequality. Members also discussed as to how this sat with the prevention strategy.

### **Decision**

- 1) To note there is a public health responsibility to improve and protect the health of everyone in Lothian;
- 2) To note the average figures for Lothian and Edinburgh show that while many people live long, largely healthy lives, there are many who live more difficult lives, have poor health and die younger than they should;
- 3) To note that people’s health is shaped from early life by factors wider than health and social care services. Good health requires a nurturing, safe, secure childhood; enough money; a decent home; a good education; a decent job and a sense of control and belonging. Socio-economic factors, rather than behavioural choices are the most influential determinants of health;
- 4) To agree that EIJB should continue to prioritise primary prevention initiatives that can help address the wider determinants of health, including continuing

to fund welfare rights and debt advice services, as well as exploring opportunities to support people into jobs and create better places to live, in line with the three priorities set out in the Community Planning Partnership's Local Outcomes Improvement Plan (LOIP) and in support of NHS Lothian's Anchor Priorities; and

- 5) To agree that a mechanism should be set up to ensure that EIJB decisions consider opportunities to address the wider determinants of health; tackle poverty and inequality by taking a place and wellbeing approach; and increase focus on prevention; for example, through the establishment of a Health Inequalities Reduction Group, as part of the delivery of the new Strategic Plan.

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

## **9. Review of Welfare Rights & Debt Advice Services in Edinburgh**

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An update on the Review of Welfare Rights and Debt Advice Services in Edinburgh was provided. It was highlighted that the Review was commissioned by the Edinburgh Partnership to understand the actions needed to achieve a common Edinburgh approach to service delivery, to improve access and outcomes for service users.

### **Decision**

- 1) To note the crucial role of welfare rights and debt advice services in achieving Edinburgh's poverty targets and thereby improving health and wellbeing;
- 2) To note the importance of developing a common approach to welfare rights and debt advice service delivery;
- 3) To note the work currently underway on the Review's recommendations;
- 4) To confirm the number of services and annual spends that the EIJB funds as outlined in the report;
- 5) To confirm the need for a new newly commissioned welfare rights and debt advice service to be in place by April 2025; and
- 6) To agree that options for recommissioning welfare rights and debt advice services will be considered as part of wider exploration of future EIJB commissioning models later this year and that this will include exploration of options to jointly commission with other relevant Edinburgh Partnership Board partners.

(Reference – Report by Public Health Practitioner, Primary Care and Inequalities team, submitted.)

## **10. Revised Directions Policy**

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A draft of the revised directions policy was provided for consideration and comment with feedback being sought for further development of the policy prior to submission to the Edinburgh Integration Joint Board. It was highlighted that further comments and feedback will also be sought from members of the EIJB Performance and Delivery Committee prior to submission to the EIJB.

### **Decision**

- 1) To agree that feedback window would be extended until the end of June 2023, prior to submission to Performance and Delivery Committee.

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

### **11. Date of Next Meeting**

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To note the next Strategic Planning Group meeting was scheduled to be held on Wednesday 16 August 2023.



## Minute

### IJB Clinical and Care Governance Committee

**2pm, Wednesday 28 June 2023**

Microsoft Teams

**Present:**

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

**In attendance:** Mike Massaro-Mallinson, Allister Mckillop, Jamie Macrae and Joanna Pawlikowska.

**Apologies:** Peter Knight, Rose Howley.

**Declaration of interest:** None.

#### 1. Minutes

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**Decision**

To approve the minute of the meeting of the Clinical and Care Governance Committee held on 1 March 2023 as a correct record.

#### 2. Annual Cycle of Business

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The Annual Cycle of Business was presented. Members were updated on any changes to future Committee agendas.

**Decision**

- 1) To agree the updated annual cycle of business.
- 2) To agree to provide an update on recent inspections including good examples of working practice.

- 3) To agree to receive an overview report following quarterly meetings of the Clinical and Care Governance Group, rather than all reports.
- 4) To note that the Health and Safety Report due in August would be deferred to the following meeting.

(Reference – Annual Cycle of Business, submitted.)

### **3. Outstanding Actions**

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Members were updated on any outstanding actions.

#### **Decision**

- 1) To note that the Self Directed Support Update would be deferred to December when work would be completed.
- 2) To otherwise note the remaining outstanding actions.

(Reference – Outstanding actions, submitted.)

### **4. Review of Terms of Reference**

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The Terms of Reference were submitted for review by the Clinical and Care Governance Committee.

#### **Decision**

- 1) To agree the revised terms of reference for Clinical and Care Governance Committee (CCGC).
- 2) To refer the Terms of Reference to the EIJB for formal ratification, following discussion and agreement at this meeting.
- 3) To note that officers would consider the role of the Professional Advisory Group.

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

### **5. Adult Support and Protection and Social Work and Social Care Inspections Improvement Plans**

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Committee considered the improvement plans in response to the Joint Inspection of Adult Support and Protection and the Inspection of Adult Social Work and Social Care in Edinburgh.



## **Decision**

- 1) To note that the Improvement Plan was approved at the Edinburgh Integration Joint Board (EIJB) on 13 June 2023.
- 2) To note that the improvement plan was being monitored by the Performance and Delivery committee for the EIJB and the Policy and Sustainability Committee for the Council.
- 3) To note that an Integrated Impact Assessment would be undertaken, as agreed by the EIJB on 13 June 2023.
- 4) To request that officers consider the role of the Clinical and Care Governance Committee in monitoring the improvement plans.

(Reference - report by the Interim Chief Officer, Edinburgh Health, and Social Care Partnership, submitted.)

## **6. 2022/23 Annual Assurance Statement**

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The draft 2022/23 annual assurance statement was submitted for consideration and agreement by the Clinical and Care Governance (C&CG) Committee.

### **Decision**

To note and accept the draft annual assurance statement.

(Reference – Report provided by the Interim Chief Officer, Edinburgh Health and Social Care Partnership, submitted.)

## **7. Health & Safety Update**

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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 information provided in the report.
- 2) To note the schedule of areas next being reviewed would be shared in future reports.
- 3) To note that a report on lone working would be brought to the next meeting of the committee.

- 4) To request an update on training at the next meeting, with a recommendation around integrated manual handling training.

(Reference – Report by the Interim Chief Officer, Operations, Edinburgh Health and Social Care Partnership, submitted.)

## **8. Care Inspectorate Reports: NE Hub - Re-Enablement service - Housing Support Service; NE Home Care Service Leith - Housing Support Service; North West Hub Re-Enablement Service - Housing Support Service; SE Home Care Service Cluster 2 - Housing Support Service; South West Home Care Service Canal - Housing Support Service**

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The Care Inspectorate reports were presented for information. Members were advised that recent care inspections achieved a 'Very Good' care inspection.

### **Decision**

- 1) To note the information in the reports.
- 2) To note the importance of engagement for further discussion.
- 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 an update on complaints.
- 5) To request that future inspection reports be submitted with a covering report.

(References – Reports by the Care Inspectorate, submitted.)

## **9. Date of Next Meeting**

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To note that the next meeting was scheduled for Wednesday 30 August 2023 and that this would be a hybrid meeting.

## Minute

### IJB Performance and Delivery Committee

**10.00am, Wednesday 31 May 2023**

Microsoft Teams

**Voting Members:**

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

**Non-Voting Members:** None in attendance.

**In Attendance:**

Ian Brooke (EVOG)

Philip Brown (Data Performance and Business Planning)

Helen Elder (Executive Management Support, EHSCP)

Rachel Gentlemen (Committee Services)

Carla Haughey (Senior Information Analyst)

Andrew Henderson (Clerk)

Eleanora Ho (Assistant Finance Manager)

Deborah Mackle (EHSCP Locality Manager, South West)

Moira Pringle (Chief Finance Officer, IJB)

Rhianon Virgo (Senior Change & Delivery Officer, CEC)

David Walker (Principal Accountant, CEC)

**Apologies:**

Helen Fitzgerald, Emma Reynish,

## 1. Minutes

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The minute of the Performance and Delivery Committee from 26 April 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

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

**Decision:**

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

(Reference – Annual Cycle of Business, submitted).

## 3. Outstanding Actions

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The Outstanding Actions updated to May 2023 was submitted.

**Decision:**

To agree to the closure of the following actions:

- Action 1: Scottish Government Legislation – Annual Performance Reports
- Action 3: Savings and Recovery

(Reference – Outstanding Actions, submitted).

## 4. Finance update

---

The Finance Update Report confirming the outturn position for 2022/23 was presented.

Members enquired into the additional funding for set aside services used to break even and the risk that this may be required in the future. Officers acknowledged that this was being explored as part of the EIJB's financial plan and that overspends on set aside services are still predicted going forward, in addition to predictions that NHS Lothian would not break even in 23/24.

Questions were raised in relation to officers' ability to quantify the number of vacancies attributed to underspends and the subsequent impact on services. It was highlighted that whilst a calculation of underspends could be provided for NHS staff, Council staff would need to be calculated at the average rate of pay. Further

discussion ensued in relation to recruitment and acknowledgement was given to the efforts to monitor the use of agency staff.

The Performance and Delivery Committee took the opportunity to thank officers for their work in balancing the budget in 2022/23 with acknowledgement being given to the difficult circumstances.

**Decision:**

- 1) To commend officers for their work in balancing the budget for 2022/23; and
- 2) To note that, subject to audit, a break-even position has been reported for the financial year 2022/23.

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

## **5. Savings and Recovery Programme (SRP) Update**

---

The Savings and Recovery Programme (SRP) Update was presented.

The Performance and Delivery Committee welcomed the update and noted the future submission of the Saving Programme Report.

**Decision:**

To note the end of year position and agree to the closure of the 2022/23 Savings and Recovery Programme.

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

## **6. 2022/23 Annual Assurance Statement**

---

The 2022/23 Annual Assurance Statement was presented to members for consideration and agreement.

Members commented on the poor level of feedback received and highlighted issues regarding the circulation of questionnaires. Questions were raised regarding the lack of inclusion of non-voting members in the survey. It was agreed that the report would be continued until the next meeting of the Performance and Delivery Committee scheduled for 2 August 2023 to allow for the recirculation of surveys to voting and non-voting members of the Performance and Delivery Committee.

**Decision:**

To continue the item until the next scheduled meeting of the Performance and Delivery Committee on the 2 August 2023 to allow for the recirculation of surveys to voting and non-voting members of the Performance and Delivery Committee.

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

## 7. Review of reserves policy

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An overview of the outcomes following the review of the Integration Joint Board's reserves policy was presented.

There was discussion in relation to the recommended level of reserves for the IJB. Officers clarified that the level of reserves are based on CIPFA guidance and that there is not a set figure. It was also confirmed that underspends are added to the general reserve and used to support the following year's financial position.

### **Decision:**

- 1) To agree the updated policy; and
- 2) To agree to review the policy every two years.

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

## 8. Financial Regulations

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The outcome of the review of the Financial Regulations was presented to Committee with reference being made to the responsibilities of the Integration Joint Board for its own financial affairs and the respective responsibilities of the Chief Officer and Chief Finance Officer.

### **Decision:**

To note the outcome of the review of the Financial Regulations.

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

## 9. AOB

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### **Deep Dives**

Officers asked that members consider topics for deep dives to be submitted to future meetings of the Performance and Delivery Committee.

It was agreed that deep dive sessions would be scheduled for every 6 months and that the first would be scheduled for the next meeting of the Performance and Delivery Committee on Wednesday 2 August 2023 and that the Chair would discuss and agree an appropriate topic with officers. Officers then requested that members

submit requests for topics for future deep dives to the Chief Finance Officer and the Service Director Strategic Planning.

**Decision:**

- 1) To agree that deep dive sessions take place on a six monthly basis at meetings of the Performance and Delivery Committee with topics being agreed by the Chair;
- 2) To agree that the first deep dive session would be scheduled for the meeting of the 2 August 2023 and that the Chair and Officers will discuss and agree an appropriate topic; and
- 3) To agree that members submit any suggestions for deep dives to either the Service Director, Strategic Planning or Chief Finance Officer.

## **10. Date of Next Meeting**

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Wednesday, 2 August 2023.

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## Minute

### **IJB Audit and Assurance Committee**

**10.00am, Thursday 8 June 2023**

Held remotely by video conference

**Present:**

Peter Murray (Chair) Elizabeth Gordon, Kirsten Hey, Councillor Claire Miller  
(Items 2-4)

**Officers:** Angela Brydon (Operations Manager EHSCP), Laura Calder (Senior Audit Manager), Christopher Gardner (Audit Scotland) Rachel Gentlemen (Committee Services), Andrew Henderson (Clerk), Lynsey Macmillan (Auditor), Russell McIntosh (Principal Auditor), Michael Oliphant (Audit Scotland), Moira Pringle (Chief Finance Officer), Donald Scott (Assurance Officer), Shabaaz Tawseen (Audit Scotland).

**Apologies:**

Councillor Euan Davidson

## 1. Quorum

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In the absence of a quorum for items 4-8, the members present agreed to discuss the items on the agenda and submit their recommendations to the next meeting of the Committee.

## 2. Minutes

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### Decision

The minute of the Audit and Assurance Committee of 20 March 2023 was approved as a correct record subject to the following amendment:

Apologies: Kirsten Hey

## 3. Outstanding Actions

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The outstanding actions updated to June 2023 were presented to committee.

### Decision

To agree to the closure of the following action:

Action 1.2 Review of Audit and Assurance Terms of Reference.

(Reference – Rolling Actions Log, submitted)

## 4. Annual Cycle of Business

---

The annual cycle of business was presented.

### Decision:

To agree the updated Annual Cycle of Business attached as an appendix.

(Reference – Annual Cycle of Business, submitted)

## 5. Edinburgh Integration Joint Board Unaudited Annual Accounts 2022-23

---

The unaudited 2022/23 annual accounts for Edinburgh Integration Joint Board were presented to the Audit and Assurance Committee for scrutiny.

Officers took the opportunity to acknowledge that the transformation programme referenced the annual performance report and aimed to provide a balanced perspective on the IJB's performance.

### Decision:

- 1) To note the draft financial statements submitted; and
- 2) To note the proposed timescale for completion.

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

## 6. EIJB Risk Register

---

The latest iteration of the Edinburgh Integration Joint Board (EIJB) risk register was presented for members' endorsement.

There was a discussion in relation to the vacancy for the position of Chief Officer and the possible impacts that this would have on the IJB's ability to operate as a public body. Officers confirmed that should no suitable applicant apply for the post, the level of risk would be escalated.

### **Decision:**

- 1) To note that the risk appetite statement and risk explanations for likelihood and consequences, attached in appendix 1 & 2 which have been developed with risk owners, will be brought back to the next meeting of the Audit and Assurance Committee for further consideration;
- 2) To note that the risk cards that were reviewed by the Executive Management Team in May 2023 have been subsumed into risk card 3.1;
- 3) To note progress to date in relation to the recruitment of the Chief Risk Officer; and
- 4) To note that recommendations c, d & f of the report would be deferred to the next meeting of the Audit and Assurance committee, scheduled for 13 September for decision and that the report will be circulated to members in advance of issue for comments and feedback with the outcome being brought back for consideration.

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

## 7. Internal Audit Update

---

Details of the progress of Internal Audit Assurance activity from 9 February 2023 was provided with reference being made to the 22/23 Internal Audit Annual Plan, planned actions as part of the 23/24 Internal Audit Annual Plan and the Two Care Inspectorate Inspections completed in February and March 2023. It was highlighted that seven Audit Actions had been closed and that three new audit actions had been added. It was confirmed that none are overdue.

In consideration of the report, members discussed the lack of inclusion of the meaningful use of set aside budgets and how these are overseen and deployed against delegated functions. Officers acknowledged that this was not included in the scope of the audit and agreed to consider it for future audits.

### **Decision:**

- 1) To note completion of the EIJB 2022/23 Internal Audit plan;

- 2) To note commencement of the EIJB 2023/24 Internal Audit Plan;
- 3) To note audit work completed by both NHSL and the Council in the last period;
- 4) To note the outcomes of the recent Care Inspectorate inspections and implications for future Internal Audit assurance activity;
- 5) To note progress with implementation of agreed management actions; and
- 6) To note that the 2022/23 Internal Audit Annual Report and Opinion would be deferred to the meeting of the Audit and Assurance Committee scheduled for 13 September.

(Reference: Report by Head of Internal Audit, submitted)

## **8. External Audit Update**

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Details were provided in relation to the progress of implementation of External Audit management actions that the Edinburgh Integration Joint Board is required to address.

### **Decision:**

- 1) To note the progress with implementation of External Audit actions assigned to the EIJB; and
- 2) To note that per the update contained within the annual cycle of business arrangements for a six monthly update report on outstanding External Audit management actions assigned to the EIJB are in place.

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

## **9. 2022/23 Annual Assurance Statement**

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The draft 2022/23 annual assurance statement was presented for the consideration of the Audit and Assurance Committee.

Members asked questions in relation to succession planning, and it was acknowledged that there was a need to ensure appropriately qualified and experienced individuals were appointed to replace outgoing board members. Consideration was also given to the possibility of a paid appointments and officers confirmed that this would need to be approved by the Edinburgh Integration Joint Board.

### **Decision:**

- 1) To note the draft annual assurance statement attached as appendix 1.

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