

Policy and Sustainability Committee

10am Thursday 22 August 2024

Edinburgh Integration Joint Board Chief Officer Update Report

Executive/routine
Wards

1. Recommendations

- 1.1 It is recommended that the Policy and Sustainability Committee (P&SC):
 - 1.1.1 Considers the contents of this report.

Pat Togher

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Report

Edinburgh Integration Joint Board Chief Officer Update Report

2. Executive Summary

- 2.1 This report provides a quarterly report on the work of the Edinburgh Integration Joint Board (EIJB) and progress with key workstreams within the Edinburgh Health and Social Care Partnership (the Partnership). This update also provides an update on the EIJB savings and recovery programme.
- 2.2 It is anticipated this report will continue to strengthen the relationship and reporting arrangements between the Edinburgh Integration Joint Board and the City of Edinburgh Council (the Council). As the Edinburgh Health and Social Care Partnership (EHSCP) operates a large and varied range of services, this report will report on areas of areas of priority/significance as well as any issues for escalation.
- 2.3 If member wish additional topics covered in future iterations of this report, please contact Angela Brydon @ angela.brydon@edinburgh.gov.uk or myself and this can be incorporated into future reports.

3. Background

- 3.1 As part of governance arrangements in place, the EIJB Chief Officer provides a quarterly report to Policy and Sustainability Committee (P&SC) of areas of interest relating to the EIJB. This report will cover items of strategy, performance, operational delivery governance and the savings and recovery programme.

4. Main report

- 4.1 This report (Appendix 1) will cover the following areas for consideration by P&SC:

4.1.1 Items of Governance

- 4.1.1.1 Financial Position / Savings and Recovery Programme

4.1.1.2 Edinburgh Health and Social Care Partnership Management Restructure

4.1.2 Items of Strategy

4.1.2.1 Strategic Plan

4.1.2.2 Older People's Pathways Programme

4.1.2.3 Change Programme and Workforce Board

4.1.3 Items of Operational Delivery and Performance

4.1.3.1 Care Home Inspections

4.1.3.2 Recruitment & Retention

4.1.3.3 Performance

4.1.4 Items for Escalation

4.2 The focus of the paper is contained within the report (Appendix 1) will cover the period March 2024 – June 2024.

5. Next Steps

5.1 This report provides Policy and Sustainability Committee with an update on key areas of interest and a further report will be presented to Committee on 10 December 2024.

6. Financial impact

6.1 There are no specific financial impacts arising from the contents of this report. Any financial impacts will be included within specific reports on workstreams contained within this report.

7. Equality and Poverty Impact

7.1 There are no specific equality and poverty impacts arising from the contents of this report. Any equality and poverty impacts will be included within specific report on workstreams contained within this report.

8. Climate and Nature Emergency Implications

8.1 As a public body, the Council has statutory duties relating to climate emissions and biodiversity. The Council

“must, in exercising its functions, act in the way best calculated to contribute to the delivery of emissions reduction targets”

(Climate Change (Emissions Reductions Targets) (Scotland) Act 2019), and

“in exercising any functions, to further the conservation of biodiversity so far as it is consistent with the proper exercise of those functions”

(Nature Conservation (Scotland) Act 2004)

- 8.2 The City of Edinburgh Council declared a Climate Emergency in 2019 and committed to work towards a target of net zero emissions by 2030 for both city and corporate emissions and embedded this as a core priority of the Council Business Plan 2023-27. The Council also declared a Nature Emergency in 2023.

Environmental Impacts

- 8.3 As this report is an update report on a range of key activities, any environmental impacts will be highlighted as part of specific reports on key workstreams.

9. Risk, policy, compliance, governance and community impact

- 9.1 As this report is an update report on a range of key activities, any impacts will be highlighted as part of specific reports updating on key workstreams. It should be noted that this report aims to improve the governance / interface arrangements between the Edinburgh Integration Joint Board and the Council.
- 9.2 This report is an update report for members of P&SC on the work for the EIJB, therefore there is no stakeholder or community impact. Any stakeholder or community impact relating to any of the workstreams contained within the report have been carefully considered and referred to within the relevant report to committee / EIJB.

10. Background reading/external references

- 10.1 None

11. Appendices

Appendix 1 – Chief Officer Update

Items of Governance

Financial Position / Savings and Recovery Programme

1. A comprehensive update on the EIJB financial position, including savings and recovery programme can be found [here](#).

Edinburgh Health and Social Care Partnership Management Restructure

2. Formal consultation with staff directly affected in NHS Lothian and the Council started on 22 April 2024 and ran until 19 June 2024. Managers held 1:1s with affected staff, staff also provided feedback through a variety of ways including email, 1:1 and group discussions. The final structure has now been agreed and the matching and assignment process has now begun. Recruitment to the Heads of Services post has finished and recruitment to the Service Manager posts is underway with completion scheduled by the end of July 2024. It is anticipated the new structure will be live by mid-August.
3. A logistics group has been established to take forward all key systems considerations for the successful implementation of the Partnership restructure. A transition plan is also being developed to mitigate risks between Phase 1 and Phase 2 of the restructure and in the main to ensure services continue to be safely managed, that performance is maintained and that managers have reasonable spans of control.

Items of Strategy

Strategic Plan

4. The first draft of the Strategic Plan, entitled 'More Good Days', was approved by Edinburgh IJB in June 2024. It outlines the principal health and social care challenges faced by the citizens of Edinburgh and how these are expected to develop in the coming years as the city's population changes. Several strategic priorities are identified which represent where the IJB will focus its attention in the coming years in order to make the best use of its resources. The strategic plan is now out for public consultation where we hope to obtain feedback and suggestions from a diverse range of stakeholders. The plan will then be updated to incorporate this feedback and returned to the IJB for approval before the end of the year. Once approved, the partnership will align all of its resource and capacity to the delivery of the strategic plan.

Older People's Pathway Programme

5. The Older People's Pathway Programme (OPP) is a strategic review of non-acute hospital and care home services in Edinburgh. This includes:
 - a. Hospital-based complex clinical care (HBCCC), at Ellen's Glen, Findlay House and Ferryfield.
 - b. Rehabilitative in-patient intermediate care services (ICF), which operate at Liberton hospital and Findlay House.
 - c. The Medicine of the Elderly (MoE) wards at the Western General Hospital (WGH) also perform in-patient rehabilitation and recently came into Programme's scope.
6. The OPP, and the previous "bed-based review," originate in a long-standing ambition to close Liberton hospital, which operates a day hospital, Hospital at Home and in-patient rehabilitation. The Council owns the site at Liberton and there are plans to develop it, therefore the EHSCP-managed clinical services at Liberton must move elsewhere. Closing Liberton entails reducing the provision of clinical services, or finding other ways to answer the needs those clinical services meet. The closure also reduces the supply of non-acute hospital beds and increases the supply of care home beds by a similar number. The previous report on OPP to [Policy and Sustainability Committee](#) highlighted that Edinburgh's comparatively large supply of HBCCC, and the tendency to use non-acute hospital services for people who can live safely and comfortably in a care home.
7. In June 24, the [EIJB](#) agreed a plan that preserves 99% of the bed capacity, increasing the supply of nursing and specialist end-of-life care home services for those who reside in frail-elderly (FE HBCCC) and require care home capacity. The EIJB in June 24 issued a legally binding direction to:
 - a. NHS Lothian to close the Liberton hospital and reconfigure the non-acute Private Finance Initiative hospitals.
 - b. City of Edinburgh Council (the Council) to mobilise inoperative beds in its care homes.
8. The EHSCP will also commission 6 specialist end-of-life care homes beds in convenient parts of the City, a need that the OPP found in its research about occupancy of FE HBCCC.
9. The Council had inoperative beds within the Castle Green and North Merchiston Care Homes which the EHSCP has operated since 2023. The ongoing operating cost of all new care home provision is being funded from the savings from the closure of Liberton and less HBCCC beds.
10. As a result of the Directions issued to partners, the Liberton workstream of the OPP has concluded its planning phase and is mobilising. Referrals to wards due for

closure have ceased. The Castlegreen and North Merchiston care homes are recruiting staff to support the opening of current inoperative beds across both sites.

11. The OPP are continuing to develop option to find an alternative location of the day hospital currently within Liberton in conjunction with NHS Lothian, recognising how important this patient pathway is to keep residents in their own homes. Work is also ongoing through the OPP to agree a plan for HBCCC psychiatric services pending formal reviews of mental health pathways for people who live with functional mental illness and with dementia.
12. The OPP scope includes work to address the scarcity of nursing and dementia care home beds and expected to grow by 50% unless measures are taken to reduce the need for bed-based care. Work to address this gap has started and includes:
 - a. The centralisation of referrals to Council homes and purchasing from independent homes with a new brokerage service>
 - b. Agreement on the future use of Drumbrae which could supply up to 60 of the most-scarce and most costly kinds of specialist service, for example, for working-aged people who live with conditions of old-age, like young-onset dementia; or who people waiting to leave acute mental health services and need a step-down service to ready them for life in the community. A feasibility study will be presented to the EIJB in August.
 - c. Work to determine the real cost of care home services, especially scarce, specialist services, to independent sector providers.
 - d. Prepare a long-term strategy and plan for bed-based care in Edinburgh.
13. A recent NHS study of Lothian's stock of, and demand for, bed-based health care services of all kinds estimated, from projections of population change, that Edinburgh would need 1700 more care home beds by 2043. Allowing that developments in care and support at home offsets the need for 400 of those beds, Edinburgh is forecast to need 1300 more care home beds in the two decades as well as the replacement of older homes that will close in the meantime. That is equivalent to a new care home (slightly larger than Drumbrae) that is required every year for the next twenty years.
14. Rehabilitation and reablement, are among the health and care system's most powerful tools to reduce the need for formal, long-term care. The first step on a long-term strategy for non-acute and care home services is to optimise rehabilitation and reablement at home and this is being developed through the One Edinburgh approach.
15. The EHSCP moved several care homes from non-specialist residential care, (provided at Clovenstone, Ford's Road, Ferrylee and Jewel House) towards a nursing, dementia and other more resource-intensive care setting, in line with its newer, larger homes.

Change Programme and Workforce Board

16. The Edinburgh Integration Joint Board (EIJB) continue to drive forward a significant programme of change aimed at embedding innovation, new ways of working, performance improvement and financial sustainability.
17. New governance arrangements were introduced in April 2024 to ensure robust oversight and monitoring of the delivery of our Medium-Term financial Strategy and associated savings programme.
18. The Savings Governance Board, now chaired by the Chief Officer, is meeting monthly to ensure that delivery of the £48 million savings programme remains on track, that risks or issues are addressed quickly and that the EIJB can deliver a balanced budget in line with its plan. SROs are taking forward implementation plans for the 24 individual projects which make up the plan and expected savings delivery for each project is being profiled across the year to allow early warning of any deviation. Progress with delivery of the savings programme will be reported to the Performance and Delivery Committee to allow the board to scrutinise the programme.
19. The revised Strategic Change Board met for the first time in May 2024. The scope of the strategic change portfolio has been tightened to allow for a clear focus on major, complex strategic change programmes. This includes the three key commissioning and pathway redesign programmes for older people's services, mental health services and working-age adults' services. Going forward, the Strategic Change Board will focus on action needed to deliver on the ambitions set out in the Strategic Plan. An update on change and transformation work is scheduled for the Strategic Planning Group in August 2024.
20. Work has been completed to review and update the scope and priorities relating to the delivery of the workforce strategy. In May 2024, an EIJB development session took place, to share details of workforce-related activity and improvements with board members and seek input for future development. Work continues to improve both recruitment and retention of the workforce.

Items of Operational delivery and performance

Care Home Inspections

21. Between February – June 2024, there have been three Care Home Inspections, All Care Homes have been inspected against a range of quality themes. Only a selection of quality themes / statements will be scrutinised at each inspection. The undernoted provides the rating for the three care homes:

Chief Officer Update Report – August 2024

Care Home	Date of Inspection	How well do we support peoples' wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
Inch View	26 Feb 24	Not measured	Not measured	Not measured	3 – adequate	Not measured
Castlegreen	9 Feb 24	5 – very good	5 – very good	5 – very good	4 - good	4 - good
North Merchiston	17 Jan 24	4 - good	4 - good	4 - good	4 - good	4 - good
Royston	27 Feb 24	2 - weak	2 - weak	2 - weak	3 – adequate	3 – adequate
Royston	12 June 2024	3-adequate	3- adequate	3 – adequate	3 – adequate	3 – adequate
Inchview	15 May- 6 June	2- weak	2 – weak	2-weak	4 -good	3-adequate

22. Some key areas highlighted from the inspections include:

- a. People's health and wellbeing needs were being met.
- b. People experienced warm and gentle care from staff who knew them well.
- c. People's wellbeing benefitted from regular activity.
- d. People experiencing care and their families contributed to the development of the service.
- e. Processes for reviewing people's care required attention.
- f. The home was clean and welcoming.
- g. Improvements in the home were guided by a positive attitude towards quality assurance. The environmental issues had been appropriately actioned
- h. Staff were committed to helping people achieve their best possible outcomes.
- i. Staff supervision processes required attention.
- j. Ways to monitor the service needed to be put in place to help drive improvement.

Royston

23. There are several improvements required within the Royston Care Home, identified by the inspection gradings and these are detailed below:

- a. ensure that people's rights are protected and promoted and that they experience no discrimination.
- b. ensure they keep people safe and healthy by ensuring that all medications are managed and administered as prescribed.
- c. promote people's health and wellbeing by ensuring that people's skin is well cared for.
- d. people's views are used to inform people's individual care as well as the running of the care home.
- e. keep people safe and healthy by ensuring they assess and reduce risks.

- f. ensure that people are kept safe and protected through safer recruitment practice. To do this the provider must ensure that recruitment information is available during inspections so that that recruitment practice can be verified as safe and in line with best practice.
 - g. provide high quality outcomes for people, the provider should ensure they can demonstrate how staffing arrangements have been calculated and that staffing is right.
24. Work was carried out to address the improvements highlighted at paragraph 25 with a further inspection carried out on 12 June 24 and the grades were improved from weak to adequate on three key theme previously graded weak. The June Inspection did not identify any further requirements or areas for improvement and the Care Inspectorate observed significant improvements in the Home and upgraded three key themes accordingly.

Inchview

25. The Inspection identified a number of requirements
- a. the provider must ensure people can get the most out of life, by ensuring that people are provided with a variety of daily opportunities to engage in meaningful activities and social opportunities.
 - b. the provider must make sure that medication is appropriately administered and recorded to ensure the health and wellbeing of people
 - c. the provider must ensure that people have 24-hour access to a range of food, drinks and snacks to ensure people's health and wellbeing.
 - d. the provider must ensure that quality assurance processes are implemented to support people's health, wellbeing and safety.
 - e. ensure the health, wellbeing and safety of people using the service, the provider must ensure that people, their relatives representatives and staff can feedback their experiences of the service, to enable improvement.
 - f. ensure people's care and support needs are met effectively, the provider must ensure staff knowledge, competency and development needs are met well.
 - g. ensure people's care and support needs are met effectively, the provider must ensure staffing arrangements are safe and proportionate for the needs of people within the care home
 - h. the provider must ensure that information within personal plans contains relevant information on the health, welfare and safety needs of the person, to ensure people receive the appropriate care and support.
26. In response to the inspection by the Care Inspectorate an extensive improvement plan has been developed which is also addressing leadership concerns identified. The improvement plan is being implemented with direct support from the Senior Care Homes Manager and the Lead for Quality Improvement and Professional

Standards. Progress against the improvement plan is being reviewed on a weekly basis by the Care homes senior management team and the plan updated.

Recruitment & Retention

27. A recruitment delivery group has been established and is meeting weekly with representation across the EHSCP. Alongside this, a calendar of recruitment events has been established, collaborating with Job Centre Plus (JCP) and Capital City Partnership (CCP) in shared events and centralised drop in events at Waverley Court to increase awareness and successful applications of core frontline roles within social care in the Homecare and Reablement, and Care Home services, nursing and entry level social work.
28. New 'Behaviours' framework was launched within the Council to provide a more strengths-based approach to recruitment which is welcomed by recruiting managers and enabling them to offer to a wider group of people who have the right qualities for the role.
29. Plans are being developed to re-introduce EHSCP induction and welcome packs later this year to ensure people coming into the partnership have a good onboarding experience. An accelerated onboarding was launched August 23 whilst this is moving more toward 5 weeks KPI systems and PVG checks can create delays which are unavoidable. A lot of work has been done by recruiting managers to ensure that posts are 'live' around events to enable quick applications and response to interest.
30. The EHSCP has participated in the iMatter survey completion for 2024/25 and there has been a 57% response rate (52% last year) and Employee Engagement Index is at 79 (78 last year). Many of the questions have stayed at a steady level for the partnership as well. Plans are being developed increased the capacity of Mental Health Officers (MHO) to accommodate demand within mental health services.
31. Work continues with the Lothian Care Academy to explore opportunities for collaboration within wider social care services. Social work services have been undertaking work to offer sponsorship placement opportunities to enable a 'Grow your Own' retention initiative.

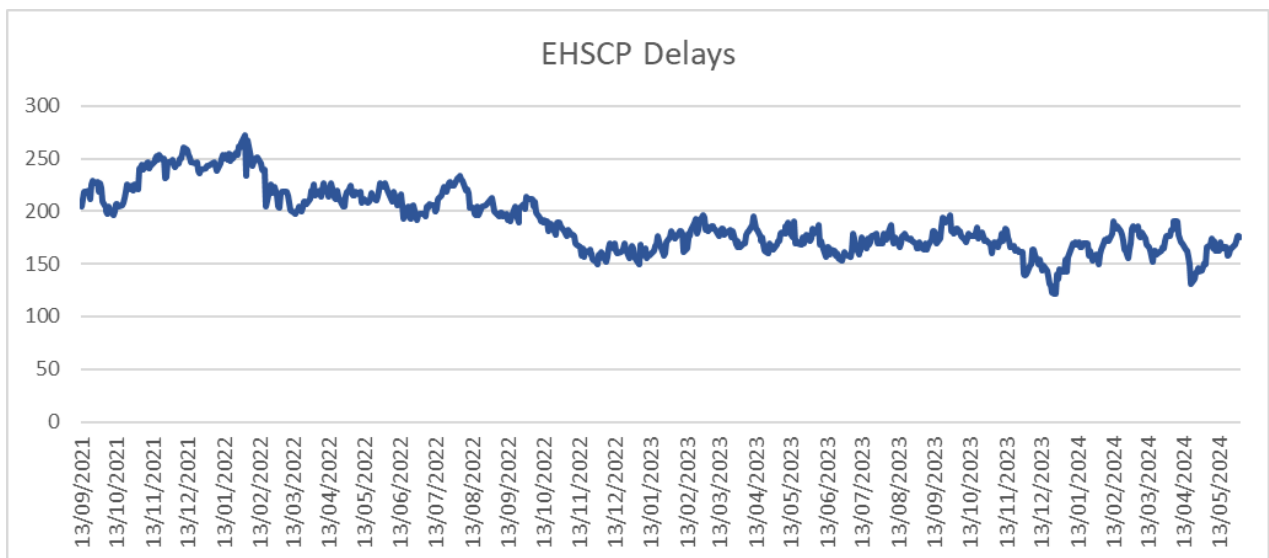
Performance

32. This update will provide an overview on 4 key areas of performance, namely:
 - a. The number of people delayed in their discharge from hospital.
 - b. The number of people waiting for a package of care, including people waiting in hospital and those waiting in the community.
 - c. The number of people waiting for a social care assessment.

- d. The number of outstanding reviews.

Delayed Discharges

- 33. Delay figures have increased over May following historically low levels seen towards the end of April 2024 but remain within similar to the relatively steady trend, the Partnership saw for most of 2023/24. Delays are currently at 177 as of 29 May 2024.
- 34. The number of people waiting on an assessment has seen a slight decrease from last month, there are 15 people waiting on an assessment as of 29th May. There are 58 people waiting on care home placements as of 29th May, although this number remains high, it is a decrease from 68 at the end of April. This continues to be impacted by low numbers of beds available in both internal and external homes. The number of people waiting on a package of care has increased, with 48 people waiting as of 29th May.



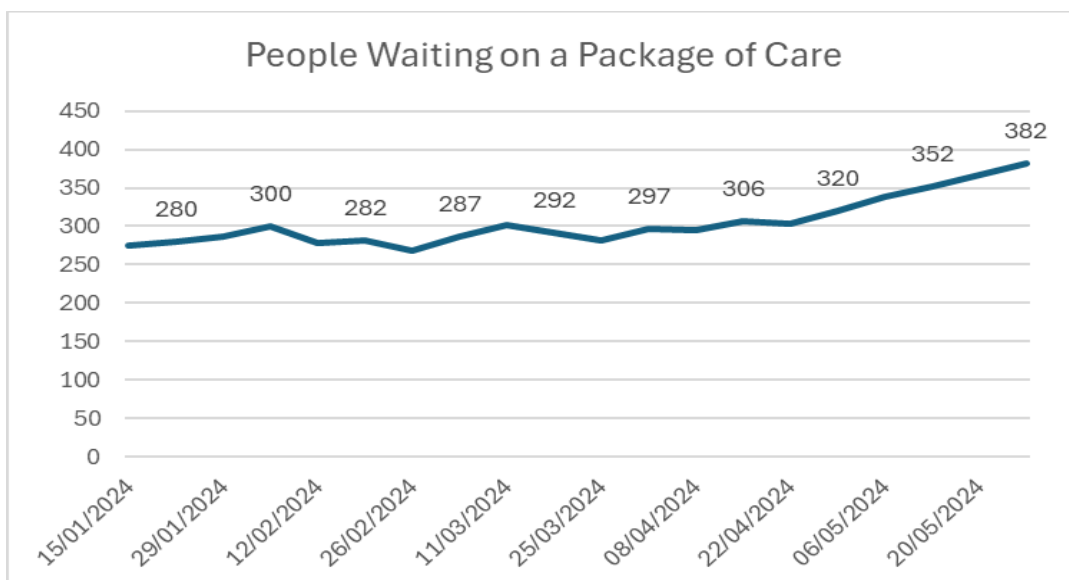
- 35. The Partnership continue to monitor performance and are preparing options for the Whole System Delivery Oversight Board to agree how to best monitor performance going forward in light of the agreed budget.

People waiting for a package of care

- 36. The number of people waiting on a package of care has seen an increase over April and May and is at 382 as of 27 May 2024.
- 37. While the package of care waiting list has increased, the level reported is not entirely representative of the current picture, which is likely to be more positive.

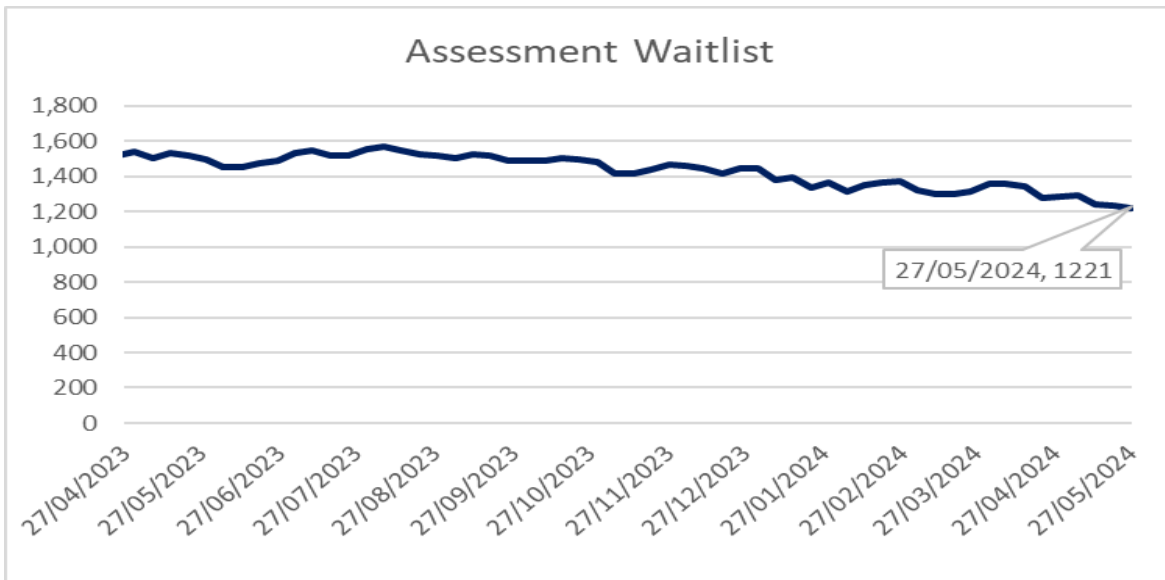
There are some staffing issues within our matching unit which are causing there to be delays in updating the status of people waiting on this list, who have already been matched, and in receipt of the support required, but still being recorded as unmet need. Steps are being taken to address these issues due to the status update delays, however this is likely to continue to be the case through June and while solutions are implemented. The external market continues to be responsive to our demands. There does however continue to be some instability within the external market with a small number of our commissioned care at home providers currently suspended, subject to enhanced monitoring and/or controlled growth.

- 38. Due to the Scottish Government definition of Unmet Need changing earlier this year, the Partnership have limited historical data to allow for further comparison.
- 39. The daily Command Centre continues to meet daily to oversee performance.



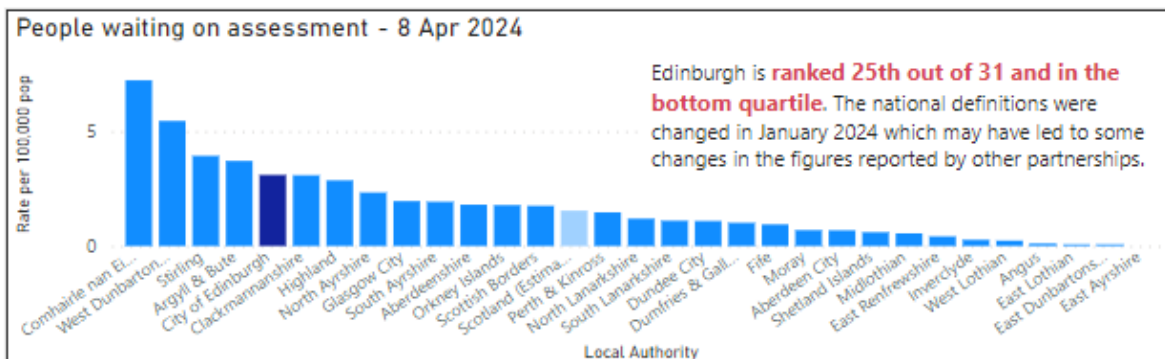
People waiting for an assessment of social care

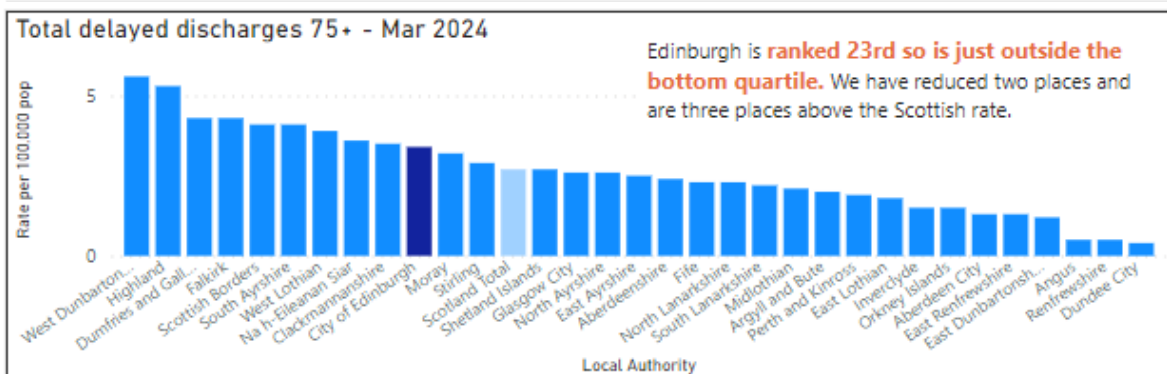
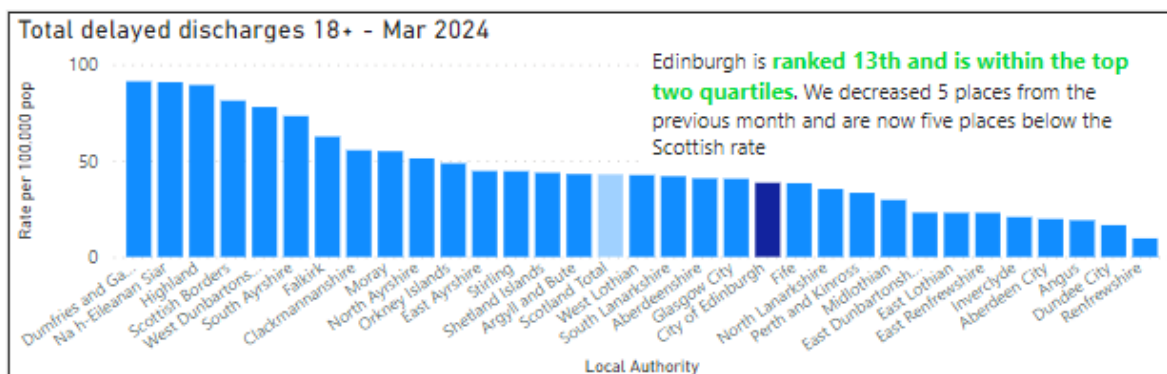
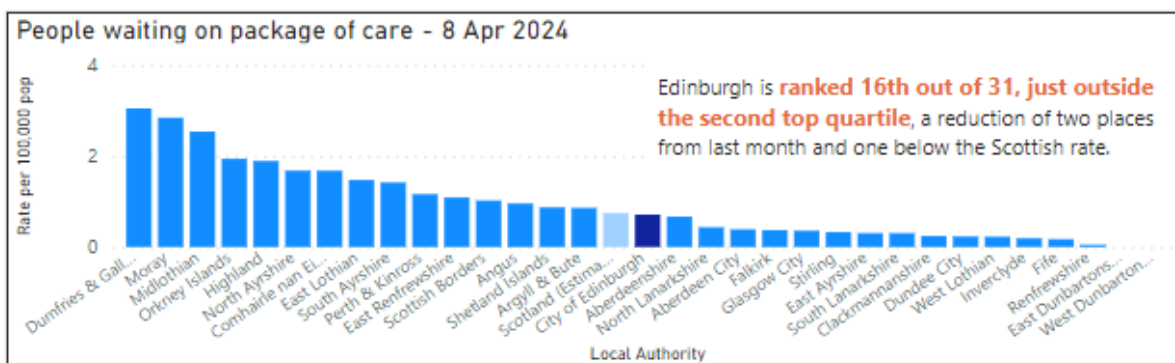
- 40. The Partnership are continuing their downward trend for the assessment waitlist, which is at 1221 as of 27th May 2024, a 5% decrease on the figure seen at the end of last month. Localities have sustained performance whilst managing vacancies and releasing staff to our new Social Care Direct Response Team and review team.
- 41. 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, however the waitlist has seen an 18% reduction from May last year.



Outstanding reviews

- 42. The Partnership continue to have a significantly high number of reviews to be undertaken, with approximately 6528 reviews recorded in our system on 27th May 2024. There has been an 11% increase since July last year.
- 43. 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 the Partnership 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, the Partnership continue to have a significant challenge. The review and assessment team continue to work through the backlog of reviews, starting with the most complex cases which will often take longer to complete. This work is being accelerated through the forming of an internal review team in January 2024 and will be a priority focus during 2024.
- 44. Benchmarking Graphs – Note that that the delays benchmarking is taken from PHS Official monthly release on delayed discharges in NHSScotland and as such will often relate to data from previous months.





Escalations to Policy and Sustainability Committee

45. It is important to highlight that the EIJB is required to deliver a savings totalling £48m, this is a significant and complex programme and has meant the EIJB has had to make some difficult choices to reduce this gap. There is a high risk that all savings programmes agreed by the EIJB may not deliver the savings required and will mean the EIJB has to agree additional savings programmes imminently.
46. Work is ongoing to analysis the costs to the EIJB of delivering on its statutory duties and this will be shared with P&SC in due course
47. This may result in:
 - a. Several improvements required to address the recommendations of the Adult Support and Protection Improvement Plan, Social Work and Social Care

Improvement Plan and the Mental Welfare Commission Improvement Plan being put at risk in terms of delivery. If these are not delivered, there could be a significant risk of harm to people, increased scrutiny from a range of regulatory bodies (e.g., Care Inspectorate, Mental Welfare Commission, Scottish Government) and reputational damage to the Partnership.

- b. Individuals may have to wait longer for their assessments.
- c. A potential reduction in purchase of services, meaning that people will have to wait longer for their needs to be met.
- d. A higher likelihood of increased delayed discharge if assessment and service provision is reduced.
- e. Disinvestment in early intervention and prevention services which would result in more crisis intervention which is more costly.
- f. Carers may only receive the statutory level of support as defined by the Carers Act which will led to placement breakdown.

48. All risk relating to the EIJB's current budget position, and the associated implications are explicitly referenced in the EIJB's risk register and referenced in the Edinburgh Health and Social Care Partnership risk register and also reported to the Governance, Risk and Best Value Committee.