

# Policy and Sustainability Committee

10am Tuesday 11 March 2025

## Update Report – All Party Motion

Executive/routine  
Wards

### 1. Recommendations

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- 1.1 It is recommended that Policy and Sustainability Committee:
  - 1.1.1 Note the progress to date on actions contained within the All Party Motion agreed by the City of Edinburgh Council.

**Paul Lawrence**

Chief Executive

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# Report

## Update Report – All Party Motion

### 2. Executive Summary

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- 2.1 This report provides an update on the work to address the points raised in the All-Party Motion which was agreed at Full Council on 2 November 2024.

### 3. Background

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- 3.1 Councillor Macinnes raised an [All-Party Motion](#) on the Future relationship with the Edinburgh Integration Joint Board (EIJB). The motion requested a number of actions are taken and this is referenced in appendix 1 of this report.

### 4. Main report

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- 4.1 An All-Party Motion (APM) was submitted to the Full Council and subsequently agreed. The APM asked for a number of actions to be taken forward.
- 4.2 The APM identified a number of fundamental issues that required to be addressed to allow the EIJB to move towards a more sustainable financial footing. The issues included:
- 4.2.1 improvements in strategic planning
  - 4.2.2 improvements in savings delivery
  - 4.2.3 enhanced governance on performance-related investment.
- 4.3 In response to the APM, the previous Chief Officer established an Oversight group who would oversee progress with actions identified in the APM. Appendix 1 of this report sets out the work undertaken to address the issues identified within the APM. This had representation from colleagues in governance, finance and strategic planning.

- 4.4 It is the assessment of officers that significant progress has been made in all of these areas but there is further work to be undertaken on the Integration Scheme and whether this fits the needs of the Council, NHS Lothian and the EIJB.
- 4.5 Work has been undertaken to:
- 4.5.1 Implement enhanced control of purchasing related expenditure, particularly in care at home,
  - 4.5.2 Increase focus on wider budget planning,
  - 4.5.3 Enhance monitoring and scrutiny of budget through Saving Governance Board, including escalation protocols where savings are off track.
  - 4.5.4 Continue engagement with the board through the budget working groups.

## **5. Financial impact**

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- 5.1 There have been no direct financial impacts arising from this report. The additional work associated within this report has been covered by existing staff.

## **6. Equality and Poverty Impact**

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- 6.1 This report relates to strengthening internal governance arrangements, therefore there has been no direct equality and poverty impacts arising from this report.

## **7. Climate and Nature Emergency Implications**

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- 7.1 There are no direct climate or nature emergency impacts arising from this report.

## **8. Risk, policy, compliance, governance and community impact**

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- 8.1 Improvements to the governance of the financial process and the scrutiny of health and social care services have been carried out. The Council relies on the EIJB to undertake the scrutiny of those services delegated to the EIJB. This is a logical approach given the EIJB is agreeing the strategy, outcomes and budget for those services, but the legal duties for those services still apply to the Council. It is therefore imperative that the EIJB carries out sufficient scrutiny and ensures that statutory duties are fulfilled.
- 8.2 Further work is required on the Integration Scheme to ascertain if changes are required.

## **9. Background reading/external references**

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9.1 None

## **10. Appendices**

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Appendix 1 – Progress with actions arising from the All Party Motion

## Appendix 1 – Progress with actions arising from the All Party Motion

### Background

1. Councillor Macinnes raised an All-Party Motion on the future relationship with the Edinburgh Integration Joint Board (EIJB). The motion requested several actions be taken:
  - a. That CEC officers closely examine the IJB Scheme of Delegation and all partnership arrangements and produce a report for the January meetings of both Policy & Sustainability Committee and Finance & Resources Committee, highlighting key issues and recommendations on:
    - i. How to increase financial transparency for both CEC officers elected members, and the public for the future.
    - ii. Whether changes are required to the original integration scheme to create better understanding of where all responsibilities lie, why that is so and where the financial responsibility for services lie.
    - iii. How governance can be structured to benefit all parties and to permit this kind of dialogue. Also, how the Council can make its collective voice heard on IJB matters.
    - iv. Detailed lists of which services fall under the responsibility of CEC or NHS Lothian and why.
    - v. Proposals for more effective reporting into CEC committees (F&R in particular but not exclusively).
    - vi. How Council can support IJB to develop and implement the medium-term financial plan, but also a general shift away from short-terms thinking and into a system-analysis model of prevention and investment.
    - vii. How we can better recognise the positive impacts of Council social care and other expenditure on measures that reduce NHS costs and therefore the contribution to IJB outcomes.
    - viii. How to develop an effective, ongoing 2-way conversation between Council including elected members and the IJB.
    - ix. Recommendations on whether, and how, the Scheme of Delegation or other process documents needs to be updated.
    - x. That in producing this report there should be full engagement with elected members, EIJB, trade unions and with NHS Lothian.
2. As per the request within the initial motion, a further report was presented to Council's [Policy and Sustainability Committee](#) setting out a range of workstreams to address the actions raised on the All-Party Motion.
3. The previous Chief Officer established an All-Party Motion Oversight Group with the remit to progress and oversee a range of action to address the points raised in the motion and specific actions referenced in paragraph 1.

4. This report provides an update on the key workstreams that have been taken forward to address the points raised in the All-Party Motion:

**Increase Financial Transparency (Section 1ai of APM) and more effective reporting (Section 1av of the APM)**

5. Recognising that both parties (City of Edinburgh Council and NHS Lothian) need to be aware of the budget position facing the EIJB and the associated impacts this may have for individuals and partner budgets, a range of improvements in relation to information scrutiny have been made including
  - i. Monthly tripartite meetings between the Council Section 95 / Service Director: Finance and Procurement, NHS Lothian Director of Finance, Chief Officer and Chief Finance Officer are in place to discuss the collective budget positions facing all partners.
  - ii. Monthly Whole System Oversight Board meetings which are co-chaired by the Chief Executives of NHS Lothian and City of Edinburgh Council. The purpose of this meeting is to collectively scrutinise both budget and operational performance and agree improvement actions.
  - iii. Regular updates on the EIJB budget position included in the Revenue Monitoring report presented to the Council's Finance and Resources Committee.
  - iv. All EIJB papers (including budget) are routinely shared with all Elected Members after every EIJB
  - v. Ongoing briefings on the budget and (other areas of interest where requested) are provided to Elected Members.
6. As well as increased reporting, there have been several operational actions undertaken to strengthen grip and control including:
  - a. Increased focus and governance with enhanced monitoring of savings proposals at Savings Governance Board which is chaired by the Chief Officer.
  - b. Escalation meetings in place, where savings targets are not being achieved, and officers are held to account by the Chief Officer, this includes identifying mitigations and providing assurance to the EIJB.

- c. Enhanced scrutiny with quarterly meetings with the Chief Finance Officer and Heads of Service to scrutinise the financial position of services.
- d. Increased controls over purchasing related expenditure introduced. For care homes, any placements above the national care home contract rate must be approved by the Chief Officer. In the absence of a Chief Officer, the Service Director – Operations is undertaking approvals.
- e. Continued financially focussed discussions and scrutiny as part of the EIJB Budget Working Groups.

### **Review of the Integration Scheme (Section 1aii & Section 1aix of APM)**

- 7. It was recognised that the points raised in the All Party Motion highlighted that there were a number of issues that needed to be addressed to allow the EIJB to move to a more sustainable financial footing. These issues included improvements in strategic planning, enhanced scrutiny around savings proposals and additional performance related investments.
- 8. As noted in paragraph 11, there has been significant progress in all these key areas. It should be noted that work has also progressed to develop a Strategic Plan, with consultation undertaken during 2024 and a further consultation exercise has now been launched. Once the consultation closes, the latest iteration will go to partner governance committees for consideration, with the final plan presented to the EIJB in June 2025.
- 9. Taken together, these measures have put in place the foundations for a review of the effectiveness of the Integration Scheme and better highlight where changes may be required.
- 10. A member briefing is being arranged to outline the extent of progress made to date and discuss remaining challenges.
- 11. The Chief Executives of both City of Edinburgh Council and NHS Lothian have reaffirmed their commitment to a review of the Integration Scheme.

### **Governance (Section 1aiii of APM)**

- 12. A key area of governance for the EIJB, the Council and NHS Lothian is committee oversight of performance. The Integration Scheme outlines that the regulatory framework that underpins the delegated functions has not changed, and the Council and NHS Lothian still has accountability under the relevant legislation to comply with their statutory duties.

13. The Scheme sets out how if the EIJB does not provide the scrutiny and assurance then the Council or NHS should deal with this issue through its own governance structures. This is still the preferred approach as it ensures that the EIJB is taking accountability and ownership of the partnership services and ensures a clear link between strategic direction and outcomes.
14. The EIJB reviewed its committee structures in April 2024 and the latest iterations of the committee terms of reference were approved as part of the Governance Handbook at its meeting on 17 December. The review highlighted that there were few gaps in regard to the EIJB's scrutiny and assurance but did recognise that improvements could be made. These improvements were agreed and the EIJB and its committees will continue to review and enhance its own governance arrangements to ensure they have the appropriate oversight in place to scrutinise delegated services.
15. Ensuring that the NHS Lothian and the Council are appropriately informed has been a key aim of the work following the motion. Officers supporting the EIJB also have undertaken regular engagement and brief Elected Members as and when required. There are regular updates to the Policy and Sustainability on key activities of both the Edinburgh Integration Joint Board as well as the Edinburgh Health and Social Care Partnership through the Chief Officer's Update report. This report will continue to be reviewed and refined in line with feedback from Elected Members / Policy and Sustainability Committee and is a key mechanism for sharing information with Elected Members.
16. Discussions on the budget with the Council and NHS Lothian have been earlier and more in depth than in previous years and provides the opportunity for elected members to input into the shared challenges.
17. Improvements can still be made to this process and officers across the EIJB, Council and NHS Lothian continue to work on how the approach can be refined.
18. These changes in governance and process aim to provide a higher level of assurance for the Council and NHS Lothian and these will continue to be refined and improved in the future. These changes will be increasingly important as the challenging environment the EIJB operates in continues.

### **Service Responsibilities (Section 1aiv of APM)**

19. The Public Bodies (Joint Working) (Scotland) Act 2024, put in place arrangements for integrating health and social care to improve outcomes for patients, service users, carers and their families.
20. The Act required Health Boards and Local Authorities to work together effectively to agree a model in integration to deliver quality health and social care services. Under



the legislation, health boards and local authorities are required to delegate functions and the resources associated with these function to integration authorities.

21. The health board and local authority have to agree an integration scheme which sets the functions they are delegating to the integration authority. There is a statutory minimum for these delegations which is set out in the act, although local authorities and health boards have the option to increase the level of delegation.
22. The functions that must be delegated by the Local Authority to the Integration Joint Board as per the Act are set out in [The Public Bodies \(Joint Working\)\(Prescribed Local Authority Functions etc \(Scotland\) Regulations 2014](#)
23. The functions that must be delegated by the Health Board to the Integration Joint Board as per the Act are set out in [The Public Bodies \(Joint Working\) \(Prescribed Health Board Functions\) \(Scotland\) Regulations 2014](#).
24. Functions delegated by the Council and NHS Lothian are set out in the [integration scheme](#).
25. Integration joint boards are responsible for the strategic planning of the functions delegated to it. In practice this is done by issuing directions to health boards and local authorities. These set out how integration functions are to be carried out and the level of associated resources.
26. In Edinburgh, delegated services fall into 3 categories based on how they are delivered:
  - a. **Acute hospital services** (referred to as 'set aside') which are delivered by NHS Lothian on a pan Lothian basis. The Integration Joint Board will receive their share of the funding for these services and will be charged the associated costs;
  - b. **Hosted services**, like set aside these are managed on a pan Lothian basis. NHS Lothian is responsible for determining which of the 4 Lothian health and social care partnerships (HSCPs) will operationally deliver the services. However, the IJBs are responsible for the strategic planning the element related with their population. Like set aside, the IJBs receive a share of the funding and costs which reflect their respective populations; and
  - c. **Core services** are the services exclusively delivered for Edinburgh residents. They are managed operationally by the Edinburgh Health and Social Care Partnership (the Partnership). In 2015 when the IJB was established the Council and NHS Lothian agreed to form the Partnership, the role of which was to deliver these core services on their behalf. As the Partnership is not a legally established body, its staff continue to be employed by either partner.

27. The Partnership was created to deliver services across traditional operational boundaries. As such, it has an **integrated** structure with many teams being a mixture of staff employed by the Council and NHS Lothian. Over the years the structure of the Partnership has become increasingly integrated and many of the roles can now be filled without restriction (so the postholder could either be a Council or NHS employee). Responsibility for operational services sits with the integrated executive team, who manage across both organisations.
28. Care homes offer a good example of integration in action. Internally managed 'Council' care homes are now run by a combination of social care and nursing staff, employed with the Council and NHS Lothian respectively. Having these directed by the Integration Joint Board and under the management of the Partnership has allowed the introduction of more nurses. This in turn has allowed more people to be supported in the care homes and reduced admissions to hospital.
29. The budgeting associated with these cross organisational arrangements are managed by the finance teams in the 2 partners. Budget is transferred between the 2 organisations, depending on who employs the staff and where the budgets sit in the 2 finance ledgers. In this way c£80m (net) moves from health to social care services in a typical year.
30. The responsibility for statutory compliance, quality, safety remain the responsibility of partners and is not and cannot be delegated by law.

### **Medium Term Financial Strategy (Section 1avi of APM)**

31. The Chief Finance Officer continues to have regular engagement with their equivalent, Service Director - Finance and Procurement and NHS Lothian Director of Finance within NHS Lothian and City of Edinburgh as part of the refinement of the EIJB's Medium Term Financial Strategy.
32. Operationally, the finance teams within the Council and NHS Lothian continue to work with the Chief Finance Officer to develop a sustainable medium term financial strategy. The challenge is that the EIJB since inception has developed and delivered against its savings and recovery programmes with the estimated budget gap for 25/26 sitting at £51m.
33. Whilst there has been significant work undertaken to ensure appropriate grip and control in relation to budget monitoring. Further enhancements have been made to ensure that partners are sighted on the EIJB budget position and associated impact on service delivery. The EIJB will continue to look at opportunities to reduce costs and become more efficient. However, unless there is significant investment in health and social care services, a sizeable budget gap will remain year on year.

Amendments to the operational arrangements for budget monitoring or revising the integration scheme will not make any material impact on the budget gap that will face the EIJB year on year.

### **Positive impacts of Council social care / Key Exemplars (Section 1avii of APM)**

34. The motion asked for a report on how to recognise the positive impacts of Council social care and other expenditure on measures that reduce NHS costs and therefore the contribution to IJB outcomes. To fully undertake this work would require someone independent to assess this through assessing budgets and service delivery. The Chief Officer agreed with group leaders that key exemplars would be provided demonstrating the significant value of integration across the whole system. Appendix A provides some key examples of integration.

### **Effective, ongoing 2-way conversation (Section 1aviii of APM)**

35. The Chief Executives of NHS Lothian and City of Edinburgh Council have a shared intent and are working collectively with the EIJB to look at how to move the health and social care system to a more sustainable footing.
36. The Chief Finance Officer is currently engaging with all political parties on the EIJB Medium Term Financial Strategy, to ensure that all political parties have sufficient detail to inform their own budget proposals.
37. The previous Chief Officer has regular dialogue with the Convener of Finance and Resources Committee, in advance of Finance and Resource Committee. It is also the intention of the incoming Chief Officer to continue this arrangement.
38. The Chief Finance Officer and Chief Officer also have regular engagement with all political groups in advance of the Council setting their budget to allow for the relevant sharing of information.
39. All EIJB papers are now sent to all Elected Members highlighting any specific papers of interest.

## Appendix A – Key Exemplar

### Background

1. The Edinburgh Integration Joint Board (EIJB) became operational on 1 April 2016. Integration authorities have the legislative responsibility for strategic planning and commissioning of the functions delegated to them by the local authority and the health board, with the intent of improving overall health and wellbeing through the delivery of efficient and effective health and social care services.
2. The EIJB is responsible for planning the future direction of integrated health and social care services for the citizens of Edinburgh. These services, and the associated budgets, are delegated from the City of Edinburgh Council (the Council) and NHS Lothian. It should be noted however, that budgets delegated to the EIJB have – since its inception – been insufficient to meet the costs of providing delegated health and social care services.
3. A structural financial deficit was inherited by the EIJB of approximately £30m, compounded by unfunded pressures relating to increased demand, necessitating significant savings programmes each year since 2016 to ensure the costs of providing essential services could be met.
4. Services are largely delivered by the Edinburgh Health and Social Care Partnership (the Partnership), which is an agreement between the Council and NHS Lothian to deliver services and manage staff in an integrated way. Some services are managed by NHS Lothian outwith the Partnership. These are referred to as “hosted” or “set aside” services. Appendix 1 shows the annual budgets for core, hosted and set aside services.
5. The Partnership workforce is made up of staff employed by both the City of Edinburgh Council and NHS Lothian, and the EIJB’s Chief Officer is accountable to the Chief Executives of both the City of Edinburgh Council and NHS Lothian in respect of the operational delivery of services which are managed by the Partnership. The Chief Officer is accountable to the NHS Lothian Chief Executive and CEC Section 95 Officer for the financial management of any operational budgets that are delegated by the partners.
6. The legislation for integration, the Public Bodies (Joint Working) (Scotland) Act 2014, sets out a number of principles which sit at the centre of the EIJB’s ambitions. These principles state that services should:
  - a. Be integrated from the point of view of service-users



- b. Take account of the particular needs of different service-users
- c. Take account of the particular needs of service-users in different parts of the area in which the service is being provided
- d. Take account of the particular characteristics and circumstances of different service-users
- e. Respect the rights of service-users
- f. Take account of the dignity of service-users
- g. Take account of the participation by service-users in the community in which service-users live
- h. Protect and improve the safety of service-users
- i. Improve the quality of the service
- j. Be planned and led locally in a way which is engaged with the community (including, in particular, service-users, those who look after service-users and those who are involved in the provision of health or social care)
- k. Best anticipate needs and prevents them arising, and
- l. Makes the best use of the available facilities, people and other resources.

### **Strategic Context**

7. In June 2024 the EIJB agreed its draft strategic plan for 2024-27 and launched a 3-month consultation. Significant feedback has been received through the consultation period and it is anticipated that the refreshed plan will be materially adjusted to reflect both the feedback and the current context. In particular, it will seek to address the challenges anticipated in the coming years, whilst reflecting more realistic ambitions given the significant financial challenges and the constraints faced.
8. The strategy will inform a whole system planning and prioritisation approach that will identify short, medium, and longer-term phases of delivery over the next four years. This will be a dynamic process that may flex depending on the evaluation of the impact and effectiveness of action taken to improve population health. Delivery plans will be developed, setting out what the EIJB intends to do year by year to deliver on its aspirations. These will result in legally binding directions issued to partners in the Council and NHS Lothian. Directions provide the mechanism for delivering the Strategic Plan, conveying the decisions of the IJB, clarifying responsibilities between the Parties and improving accountability. Directions should be well-articulated, achievable and measurable and should identify the financial resources allocated to them.



## Performance

9. The Scottish Government and Ministerial Strategic Group for Health and Community Care has set a series of National Indicators to track performance and progress in relation to IJBs. Progress against these indicators is published annually and the results for 2023/24 are set out in Appendix 2.
10. The Partnership remain in the top half of partnerships for 58% of the indicators (14 out of 24) with an update this year. 11 out of 18 indicators (61%) with trend data this year have seen an improved or steady ranking on benchmarked performance compared to last year, with improvements also seen in other areas.
11. In particular, the Partnership continued to see positive movement in our levels of bed days spent in delay for over 75s this year. Edinburgh has moved out of the bottom quartile, with a 17% reduction over 2023/24 compared to a 2% decrease nationally, although challenges remain to reduce our level of delays to sustainable levels. We also have the lowest rate in the country for emergency admissions and fifth lowest on emergency bed days.
12. While there has have seen a decline in ranking in some indicators this year, there are also indications of positive directions of travel for many of these indicators that the Partnership will continue to build on:
  - a. NI-8 Carers who feel supported to continue – increased our positive response slightly from 30.4% to 31.3%, though recognise we have a long way to go to improve this measure.
  - b. NI-11 Premature mortality - We remained below the Scottish rate and our per population rate was within 1% of the previous year.
  - c. NI-14 Emergency readmissions – We remain below the Scottish average and lower than our rate between 2019 and 2022.
  - d. NI-16 Falls rate – We remain lower than our rate between 2019 and 2022.
  - e. MSG1.a A&E Attendances – We remained better than the Scottish rate and our per population rate was within 7% of the previous year.
  - f. MSG3.a Acute emergency bed days – We remained within the top 5 best performing partnerships and our per population rate was within 3% of the previous year.
  - g. MSG3.c Mental health emergency bed days – While we remained in the bottom quartile, our per population rate improved by 4% on the previous year.



13. Further information on the EIJB performance in relation to these key national integration indicators, and a range of local indicators, is included within the [Annual Performance Report 2023/2024](#). This is the eighth annual performance report for the EIJB, which outlines the challenges and achievements in 2023/24 as well as our progress against the six strategic priorities in the EIJB strategic plan, and against the Scottish Government's national health and wellbeing outcomes and associated indicators.
14. Sustaining and improving performance is becoming increasingly challenging in the current financial context and the Chief Officer has been clear that delivery of further savings is inevitably leading to poorer performance.

### Benefits of Integration

15. Integration remains a relatively new model in Scotland, particularly when considering the interruption presented by the pressures and impacts of the Covid-19 pandemic. More work remains in Edinburgh to fully capitalise on the opportunities presented by integration, and wherever possible the EIJB will continue to prioritise improvements to the structure, governance, culture and performance of the integrated health and care system.
16. It should be noted however that IJBs are operating in an increasingly complex and challenging environment. Challenges faced by the EIJB are largely replicated across the country. A recent report by Audit Scotland notes that, ***“Social care and primary and community healthcare services in Scotland currently face complex and unprecedented pressures and challenges. These challenges are not easily resolved and are worsening. There is an increased demand for services, deepening challenges in sustaining the workforce, alongside increasing financial pressures. These longstanding challenges have been exacerbated by the cost-of-living crisis, increasing cost of provision of services and a changing policy landscape. The Covid-19 pandemic has also had a lasting impact on this sector, given the impact on health and social care staff and the need to continue to protect vulnerable people.”***
17. Audit Scotland further notes that, ***“IJBs have had to achieve savings as part of their partner funding allocations for several years and achieving these savings, while maintaining service levels, has become increasingly difficult. IJBs are now having to consider more significant options as statutory duties have to be prioritised. This includes ending funding for some care and support services, to ensure financial sustainability in the medium to long term.”*** ([Audit Scotland Report: Integration Joint Boards July 2024](#) )

18. The very serious and significant financial pressures faced by the EIJB make it increasingly difficult to invest in the transformation, innovation and redesign which is necessary to deliver a sustainable health and social care system which is fit for the future. The EIJB faces some very difficult choices in the coming months and years, as it works to ensure that statutory duties are met and the most vulnerable are protected.
19. One of the key levers available to the EIJB to support transformation is that NHS and Local Authority services are now planned and delivered jointly. Integration allows for resources to move between the partners and enables the development of new models of care, taking a whole-system view. This helps to ensure that the health and care system for Edinburgh is high quality, sustainable and effective.
20. There are several specific examples where integration has enabled better outcomes and more efficient service delivery, unlocking benefits that might otherwise not have been possible. Some of these examples are undernoted.

### **Older People's Pathway Redesign and the Decommissioning of Liberton Hospital.**

21. NHS Lothian has had a long-standing ambition to decommission Liberton Hospital and sell the site for redevelopment. Although it is recognised that planning for the decommissioning has taken longer than intended, efforts were refocused in 2023 when NHS Lothian agreed the sale of the Liberton site to the City of Edinburgh Council. This positive course of action ensured that the site remained within public sector ownership, with the Council commitment to the design of "*an accessible green neighbourhood of low-carbon housing... (to) help lots of people with specialist needs to live comfortably and with independence*", making a positive contribution to the strategic aims and ambitions of the Partnership.
22. In order to facilitate the decommissioning of the Liberton site, the Partnership established the Older People's Pathways Programme (OPPP) to take a whole system approach to the redesign of bed-based services across both its community settings and non-acute hospital-based settings. The OPPP, a collaborative approach involving key representatives from the Partnership, the Council and NHS Lothian, is overseeing the closure of Liberton hospital and the appropriate redesign of the remaining estate to ensure ongoing provision of appropriate care in the right place and at the right time.





23. Close working relationships between the Partnership, the Council and NHS Lothian allowed for the negotiation of an extended lease, with Partnership services continuing to operate from the Liberton site until March 2025, to allow for the gradual relocation of the services in line with the OPPP plan.
24. The sale of the Liberton Hospital site has enabled the Partnership to invest in our internal care home estate, introducing nursing care beds to meet increasingly complex needs, increasing bed numbers across the internal care home estate and helping to ensure that people can be cared for in an appropriate community setting rather than in hospital. It has also allowed for further investment in the provision of end-of-life care within the Council-owned care homes.
25. The introduction of registered nurses into Council-owned care homes has improved the quality of care for residents and has helped to support and build confidence in the social care workforce. Social care staff have reported being reassured by the fact that clinical assessment can be provided in real time when needed, reducing the need for residents to attend hospital.
26. The ability to improve end-of-life care within the homes has clear benefits for residents and staff. Previously, social care staff provided excellent care and support for people nearing end of life but were reliant on district nursing or GPs to attend the home to administer end-of-life medications when required. This could take a several hours, particularly if it occurred overnight, leading to distress for residents, their families and the social care staff who were looking after them. The presence of registered nurses on site has meant that such medications can be administered in a timely manner, easing pain and agitation.
27. The presence of clinical staff within these homes has also helped to upskill social care staff in areas such as nail care, oral care and pressure care. A recent positive development has been the agreement of a Service Level Agreement between the Council and NHS Lothian which allows for social care staff to be trained in various clinical skills (for example, monitoring of vital signs such as blood pressure) and for the NHS clinical staff within the homes to assess and sign off on their competency in this training. This is helping to improve the quality of care in the homes whilst also enhancing the skill set of the social care staff and creating a more rewarding role for carers in the homes.

### **Multi-Agency Approaches to Delivering Care and Support**

28. There are multiple examples where integrated approaches to the planning and delivery of care and support have led to better outcomes for the people we support. The case study below highlights what can be achieved when Council and Health services work in partnership to focus on person-centred outcomes for an individual.

#### **Benefits of Integrated Approaches - Case Study**

A young person with severe Learning Disability had been living out of area due to a lack of local services to address their complex needs. They experienced high levels of challenging behaviour with frequent episodes of self-injury and staff assault. The out of area service was coming to an end because the provider was not registered to support adults, and the person wanted to live closer to their family who are Welfare Guardians.

The person had professional involvements with multiple teams - an out of area NHS team; Children, Education and Justice Services; and Edinburgh HSCP services, including the NHS Lothian Positive Behavioural Support Team; Young Adult Disability Social Work Team and an internal Learning Disability social care service.

The person required a skilled staff team and robust accommodation to live safely in Edinburgh. Comprehensive behavioural and environmental risk management plans were required, with staff needing to be trained to implement these consistently and effectively. To reduce staff burnout, access to sizeable staff team was necessary. Plans needed to be sustainable from a welfare and quality of life perspective for the person; and also within reasonable fair resources.

An integrated action plan was coproduced between the family and key teams involved. The Partnership social care team and NHS Positive Behavioural Support team worked collaboratively to undertake a number of shared assessment and planning visits to the out of area placement and co-produced a repatriation plan which outlined the actions to be undertaken by each of the key teams involved. The plan extended well beyond the actual move date and had a fully integrated multiagency review and support structure built in, to bring together all parties to enable clear lines of accountability and assurance, as well as support for the direct care delivery team.

After 12 weeks of careful panning the person successfully moved back to Edinburgh. A further 26 weeks later, support was reviewed and was able to reduce to reflect the stability of the placement and needs of the person being met. The episodic severity of the incidents of challenging behaviour have reduced significantly, with the multi-agency support plan having had demonstrable positive impact and improved outcomes for the individual.

#### **Decommissioning of Ward 74**

29. In May 2024, NHS Lothian asked the Partnership to seek alternative arrangements for the provision of services to patients on the inpatient Medicine of the Elderly (MoE) pathway to enable the closure Ward 74 on the Western



General Site from the end of October 2024. Ward 74 is a 26-bedded MoE ward and is primarily used by City of Edinburgh Council residents.

30. The closure of Ward 74 as an MoE ward is necessary so that the ward can accommodate the Regional Infectious Diseases Unit (RIDU) which needs to move out of its current location on the Western General site following a recent technical inspection.
31. The Partnership has had significant success this year in reducing hospital occupancy by focusing resource and attention at the front door of the Royal Infirmary of Edinburgh (RIE) site to prevent avoidable admissions in the frail elderly population and facilitating early discharge within the first 72 hours for people identified as at risk of prolonged hospital stays. The combined impact of these interventions has been to sustainably reduce the number of Edinburgh residents in the RIE hospital by an average of 27 people per day throughout 2024 compared to the second half of 2023 (which was also significantly lower than the historical trend).
32. This model is not just clinically effective, but also more cost effective. Expansion of this model through increasing staffing resource in both front door teams and community-based hospital to home teams will allow the Partnership to manage the reduction in beds from the closure of Ward 74 and still deliver a net saving of approximately £500,000.

### **Complaints Handling**

33. One of the positive developments since the introduction of health and social care integration has been the establishment of an integrated complaints team for the Partnership. This team was drawn together from separate teams which had existed in both the Council and NHS Lothian. The merger of these teams under one manager has allowed for the development of integrated processes and practice to streamline the management of complaints. The inclusion of both a social worker and a registered nurse within the team means that complaint responses can consider the full experience of those who have raised a complaint and their journey through our integrated health and care system. This has led to improvements in communication, allows the sharing of best practice across all areas of the Partnership and has improved the ability to provide more coherent responses when complaints arise.

### **Access Place**

34. The Access Place is a fully integrated, “one stop shop” that offers a multi-disciplinary service to people aged 16 and over who are experiencing



homelessness and have additional needs. The Access Place brings together primary healthcare, temporary accommodation and social work support.

35. Prior to the integration of health and social care services, both the Council and NHS Lothian provided separate services to support those experiencing homelessness. The integration and co-location of these services into one coherent service, has helped to ensure that people experiencing homelessness who have multiple and complex needs receive high quality, co-ordinated care and support to access permanent accommodation, improve their health, maximise life opportunities, increase hope and move on into communities where they are active citizens.
36. The establishment of an integrated Access Place is an excellent example of the added benefit which can be derived from the Council and NHS Lothian working in partnership to deliver better outcomes. The Access Place operates from South Gray's Close in the city, in a property owned by the City of Edinburgh Council. NHS Lothian invested circa £3.5 million to refurbish and upgrade the property and facilitate the co-location of health, housing and social care services, with clear associated benefits for those in Edinburgh who are experiencing homelessness. NHS Lothian leases the building from the Council, allowing for the ongoing cost-effective delivery of treatment, care and support for this vulnerable group of people.

### **Long Term Conditions Team**

37. The Long Term Conditions Team (LTC) work collaboratively with health and care practitioners to facilitate cross partnership improvement.
38. Edinburgh's *7 steps to Future care Planning* care home model is recognised and promoted as best practice in Scottish Government's care home healthcare framework and an implementation toolkit is available through the [Right Decisions Service](#).
39. The model supports anticipatory care planning and enables good conversations with care home residents, their families about future care needs. Planning ahead care help people to have more control and choice over their care and support. Sometimes, when a person is unwell, they are not able to explain what is important to them. The Partnership can support people to think, understand and plan ahead for their health and social care, recording shared decisions in a future care plan. The LTC team tested and refined the care home model during a one-year improvement programme with 20 care home in Edinburgh, demonstrating a 56% reduction in avoidable hospital admissions with an observed cost savings of £325,000.

40. Linked to this, the team recently launched an online care home future care planning education and training, assurance and improvement package for Edinburgh care homes. This includes two TURAS my learning hub e-learning modules in collaboration with the City of Edinburgh Council learning and development team. The team facilitates the Edinburgh care planning stakeholder group, sharing learning and providing peer support.
41. The LTC Falls Co-ordinator also facilitated the improvement project, 'Staying active, reducing and managing falls' during the COVID-19 pandemic (May – Oct 2020) which aimed to provide co-ordinated care home focused multi-disciplinary support over 'Near Me' videoconferencing for residents experiencing falls or reduced physical activity. Support was provided to individuals at risk on issues enabling them to continue to exercise safely under supervision. During the project, 9 Edinburgh based care homes were referred for support, 24 'Near Me' appointments were held, and 13 individual residents were supported, with an average 61% reduction in falls.

### **Effective Partnership Working**

42. At an overarching level, the integration of health and social care services has helped to drive closer working relationships between the services delegated to the EIJB and the Council and NHS Lothian. Strategic planning and budget planning have both benefitted from this closer engagement and involvement.
43. Whilst it is acknowledged that there is much more to be done to ensure the delivery of fully integrated and high-quality health and social care service in Edinburgh, this report helps to highlight some of the positive progress to date.

## Annex 1: Annual Budget 2024/25

Services	Annual Budget £k
<b>Core services</b>	
Assessment and care management	115,898
Home first, community rehabilitation and reablement	99,878
Mental health, substance use and learning disabilities	154,096
Hospitals, care homes and technology	52,026
Primary care	223,768
Directorate, strategic planning and Principal Social Work Officer	40,985
<b>Sub total core</b>	<b>686,651</b>
<b>Hosted services</b>	
Complex care	1,010
GMS	13,357
Hospices & palliative care	2,971
Learning disabilities	7,332
Lothian unscheduled care	8,287
Mental health	35,863
Oral health	5,456
Other	331
Primary care	3,322
Psychology services	7,994
Public Health	1,035
Rehabilitation medicine	5,300
Sexual health	5,276
Substance misuse	3,189
Therapies	9,306
UNPAC	3,746
<b>Sub total hosted</b>	<b>113,775</b>
<b>Set aside services</b>	
Acute management	5,646
Diabetes & endocrinology	3,111
ED & minor injuries	12,857
General medicine	32,889
Geriatric medicine	19,451
Other	1,212
Rehabilitation medicine	2,034
Respiratory medicine	7,690
Therapy services	11,158
<b>Sub total set aside</b>	<b>96,048</b>
<b>Total</b>	<b>896,474</b>

**Annex 2: National Indicators – 2023/24**

Core Indicator		Time Period	Quartile	Change in rank from previous year
NI - 1	Percentage of adults able to look after their health very well or quite well	2023/24	2	↑
NI - 2	Percentage of adults supported at home who agree that they are supported to live as independently as possible	2023/24	2	-
NI - 3	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	2023/24	3	-
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	2023/24	3	-
NI - 5	Total percentage of adults receiving any care or support who rated it as excellent or good	2023/24	2	-
NI - 6	Percentage of people with a positive experience of the care provided by their GP practice	2023/24	2	→
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	2023/24	2	-
NI - 8	Total combined % carers who feel supported to continue in their caring role	2023/24	3	↓
NI - 9	Percentage of adults supported at home who agreed they felt safe	2023/24	1	-
NI-11	Premature mortality rate (per 100,000 population)	2023	2	↓
NI - 12	Emergency admission rate (per 100,000 population)	2023	1	→
NI - 13	Emergency bed day rate (per 100,000 population)	2023	1	↑
NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	2023	3	↓
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	2023	3	↑
NI - 16	Falls rate per 1,000 population aged 65+	2023	4	↓
NI-17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	2023/24	2	↑
NI - 18	Percentage of adults with intensive care needs receiving care at home	2023	2	↑
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	2023/24	3	↑
MSG1. a	Rate of A&E Attendances (lowest rate = Quartile 1)	2023/24	2	↓
MSG1. b	4-hour Performance	2023/24	4	↑

Core Indicator		Time Period	Quartile	Change in rank from previous year
MSG2	Rate of Emergency Admissions (lowest rate = Quartile 1)	2023	1	→
MSG3a	Unscheduled Bed Days (Acute):	2023	1	↓
MSG3c	Unscheduled Bed Days (MH):	2023	4	↓
MSG4	Delayed Discharge Bed Days:	2023/24	3	↑