

REPORT

Bed Based Care – Phase 1 Strategy

Edinburgh Integration Joint Board

17 August 2021

Executive Summary

The purpose of this report is to provide the Edinburgh Integration Joint Board with an update on the progress of the bed based care (phase 1) activities

Recommendations

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

1. Notes the progress made since the last meeting on 22nd June in response to the amendment in relation to item 7.1 Bed Based Care - Phase 1 Strategy

Which includes updates on:

2. The actions requested by the EIJB as set out in the amendment;
3. Data and modelling;
4. Potential public consultation requirements;

Directions

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

Report Circulation

1. This report has not been circulated to any other groups or committees

Main Report

1. At its meeting on the 22nd June, the EIJB noted the recommendations set out in the bed based care – phase 1 strategy. The EIJB also noted that the bed based care proposals are designed to meet the strategic intention of the IJB to deliver the right care, in the right place, at the right time which the IJB supports.
2. The IJB noted that the four care homes proposed for decommissioning care within no longer meet Care Inspectorate standards and that the consequences of a reduction in care home beds in the city needs to be connected to a commensurate reinvestment in wider care provision.
3. The EIJB agreed to delay making a final decision, with the exception of the preparation towards the time critical elements of recommendations 2.a. Liberton Hospital, 2.d. Ferryfield House lease withdrawal and 3.b. the change in use of Drumbrae Care Home to provide Hospital Based Complex Clinical Care (HBCCC), until the following actions have been completed or progressed and reported for consideration to a future board meeting. An initial target date of 17 August was agreed and a special Board meeting to be arranged to consider this, if required, after this date. The required actions agreed are:
 - a. Completion of a final Integrated Impact Assessment (IIA);
 - b. Engagement with Trade Unions regarding the impact on Council Health and Social Care staff;
 - c. Consultation with key stakeholders including the City of Edinburgh Council about the decommissioning of four care homes;
 - d. A plan detailing what investment will be required to ensure people are supported to live independently in their own homes for as long as possible, including home care, community infrastructure and primary care services; and
 - e. An update on workforce planning for each type of care and location and the measures to be taken to support the recruitment, retention and development of key staff.

Implications for Edinburgh Integration Joint Board

Integrated Impact Assessments (IIAs)

4. The Integrated Impact Assessment is a process which enables partners to systematically consider and understand how a proposal may impact on people, the environment and the economy and includes consideration of human rights.
5. The Integrated Impact Assessment (IIA) assesses the impact of proposals in relation to the following legislation:
 - a. The Equality Act 2010;
 - b. The Children and Young People's (Scotland) Act 2014;
 - c. The Human Rights Act 1998;

- i. Including Scotland's National Action Plan for Human Rights (SNAP);
 - d. The Fairer Scotland Duty;
 - e. The Environmental Impact Assessment (Scotland) Act 2005; and
 - f. The Climate Change (Scotland) Act 2009.
6. The Bed Based care - phase 1 proposals focus on three bed types within Health and Social care and although an interim IIA had been completed, a wider encompassing IIA is required (as requested by the EIJB at the meeting on 22nd June) with a broad range of stakeholders to ensure due process is followed.
7. Consideration of carers is also already included in the IIA process. Although carers are not identified as a protected characteristic group under the Equality Act, carers **are** identified as a specific group for consideration within the EHSCP IIA process and form part of discussions around:
 - a. Gender – more carers are likely to be women;
 - b. Disability – impacts on people with disabilities can also impact on their carers;
 - c. Those vulnerable to poverty - unpaid carers are more likely to experience financial challenges; and
 - d. Human rights, participation, inclusion, stress and resilience – caring responsibilities can limit participation and carers are more likely to face increased isolation and loneliness and have a lower quality of life.
8. Due to the range of services that the proposals impact and the wide interest in these bed types (especially the care home proposals), the EHSCP Executive Management Team (EMT) and the bed based care project team suggested an independent Chair was sourced to undertake these sessions.
9. An independent chair has been identified who has experience of chairing multi-agency, cross sector meetings, with the ability to manage debate to ensure equity and transparency for these sessions and will ensure there is no unintended bias.
10. The project team and executive management team agreed to split the IIA into two sessions, one will focus on the wider bed based care – phase 1 proposals and one will focus specifically on the proposals in relation to the change in function of Drumbrae care home. It was agreed to separate Drumbrae as it was felt there would be specific issues relating to Drumbrae and the proposed change in function that requires a more targeted consideration.
11. The IIA sessions will take place on the following dates:
 - a. Bed based care – phase 1 proposals (Intermediate care/HBCCC and care homes):
Wednesday 18th August between 12:30 – 16:00;
 - b. Drumbrae proposals: Thursday 19th August between 09:00 – 11:30;
12. Due to the high profile of these proposals, the stakeholder group for each session is quite large encompassing stakeholders from all services including people with lived experience either directly or indirectly.

13. The stakeholder group for both sessions can be found in [Appendix 1](#).
14. A full report will be prepared following both IIAs and will be presented to the EIJB in September.

Engagement with Trade Unions regarding the impact on Council Health and Social Care staff

15. Regular weekly meetings have been established between all Trade Unions related to Council employees, the project team and CEC HR.
16. Similarly, ongoing discussions are underway through our Partnership at work processes with Trade Unions related to NHS employees and the project team.
17. These meetings provide the opportunity to discuss the proposals and progress with Trade Union colleagues and provide a forum to escalate any concerns.
18. As the proposals relating to EHSCP managed care homes are only proposals at this point, no formal consultation activity has been initiated. This will be planned following a decision by the EIJB later in the year.
19. Regular meetings with Trade Union colleagues will continue in this format up to the point a formal decision is reached, if the proposals are approved, consultation and engagement will continue through the initiation of formal staff consultation and workforce organisational change.

Consultation with key stakeholders including the City of Edinburgh Council on the decommissioning of four care homes

20. A short life working group has been established with relevant stakeholders from both the City of Edinburgh Council and NHS Lothian on the property aspects of the proposals.
21. The group held the initial meeting w/c 2nd August and will continue to meet regularly thereafter.
22. The key focus of the group is to discuss and agree all issues relating to buildings, specifically the requirements for the change in function of Drumbrae, the decommissioning of the four older care homes (subject to approval) and the withdrawal from the lease at Ferryfield House.
23. Although the ownership of the buildings will stay as they are, the group will agree any contractual agreements that need to be in place to support a change in function and clear roles and responsibilities for the day to day operation and management of the buildings.
24. The group will also focus on the decommissioning of the four older care homes (subject to approval) and the requirements associated with this.

A plan detailing the investment required to ensure people are supported to live independently in their own homes for as long as possible, including home care, community infrastructure and primary care services

25. Through a number of different redesign activities underway across the EHSCP, there are many contributing factors to enable people to be supported to live independently in their own home.
26. Within the bed based care – phase 1 strategy, an uplift was applied in the financial modelling to allow for future investment in Homecare / Care at Home provision should it be required.
27. Business as usual activities in addition to Transformation projects, the Primary Care Improvement Plan and the development of the new strategic plan will all support a shift in the balance of care from hospital to community settings and will increase community capacity to meet future demand. For example, as part of our Homebased Care and Support project, we are proposing the procurement of a scheduling tool that will optimise our Homecare and Reablement service, increasing capacity through efficient scheduling and route optimisation.
28. It is an extremely complex landscape and activities and initiatives cannot be seen in isolation. There are a number of interdependencies that will support our redesigned bed base, but it will require a range of initiatives to work together in a system wide delivery model to be successful.
29. The project team have discussed this in detail with the Executive Management Team to understand how best to display the range of initiatives underway and the rebalance of investment required to increase community capacity and ensure care is provided in the right place at the right time.
30. The project team are working with the Communications team to identify how best to present this information in a way that shows the range of activities that will contribute to a caring, healthier and safer Edinburgh, enabling people to access the right care, in the right place at the right time.
31. The final product will form part of the documentation submitted to the EIJB in September for consideration.

Modelling and Data

32. Following the IJB meeting on 22nd June the project team has reviewed a wider data set over an extended timeframe for all bed types considered in the phase 1 proposals. The Lothian Information Services Team (LIST) have been supporting the project to validate the projections used in the bed based care – phase 1 strategy. Data sets for intermediate care and HBCCC are being analysed incorporating a longer timeframe prior to the pandemic period. Similar data sets for care homes have been sourced and are in the process of being analysed.
33. A full report on the modelling projections and extended data timeframes will be presented to the IJB for consideration at the September meeting.

An update on workforce planning for each type of care and location and the measures to be taken to support the recruitment, retention and development of key staff

34. The project team is undertaking a desktop exercise reviewing the existing staff establishment for each service (both CEC and NHS) and comparing that to the actual staff in post at this time including the number of agency staff employed.
35. The existing and actual staffing numbers will be compared with the new staffing establishments for each service, including the phased implementation of the proposals to understand the staff required throughout implementation and into business as usual (if approved).
36. This information will be used to develop a workforce plan for each service area. Formal staff consultation cannot begin until a decision has been reached. Once (if) a decision is reached, staff will be provided with a range of options for their onward employment depending on the service they work within. At this point, we will be able to fully develop the workforce plans for each service which will be informed by individual preferences;
37. There is a no redundancy policy within NHS Lothian and a no compulsory redundancy policy within the City of Edinburgh Council. We fully support this, and we wish to retain the skilled workforce therefore, working closely with CEC HR colleagues it is not likely that Voluntary Early Retirement Arrangements (VERA) will be offered to staff unless there is a specific request received from individual staff which will be considered on a case by case basis.
38. We are also looking to recruit to our new model of care within our 60 bed care homes which will see the introduction of registered nurses to complement the existing staffing establishment. The aim is to recruit to the model in one care home and scale the model up if proved successful. These roles will provide further opportunities to our Health and Social care staff and will widen the options available to staff in the service areas that are impacted by the redesign proposals;
39. The increase in intermediate care capacity will also create additional jobs and will offer additional opportunities to staff affected by the redesign proposals;

Consultation

40. Within the City of Edinburgh Council, all non-essential consultation and engagement activities were suspended during the height of the pandemic. The suspension on consultation and engagement activities was lifted on the 1st July 2021. The project team have been in discussion with the City of Edinburgh Council's Policy and Insight team to understand if there is a requirement to publicly consult on the bed based care – phase 1 strategy. An extract from the CEC Consultation Policy is highlighted below:

“What is Consultation

Consultation is a time-limited exercise when we provide specific opportunities for all those who wish to express their opinions on a proposed area of our work (such as identifying

issues, developing or changing policies, testing proposals or evaluating provision) to do so in ways which will inform and enhance that work.' .1

Ultimately for the purposes of the City of Edinburgh Council; it means where citizens can influence an outcome through being involved in meaningful processes. The outcome/decisions based on consultation will not always meet the needs of all involved but the process must be able to stand up to scrutiny.

1 Adopted for the Scottish Government Consultation Good Practice Guidance

41. Further discussions have taken place with the Executive Management Team and the project team on the process required for this as we would be undertaking consultation as an Integration Joint Board and not as individual organisations such as the CEC or NHS Lothian.
42. It was agreed to seek independent legal advice on the process specifically relating to the IJB undertaking public engagement and consultation on its plans.
43. As a separate public body, the IJB is not required to work within either NHS Lothian or City of Edinburgh Council frameworks even though the consequence of the eventual IJB decision, may have an impact on services run by both partners.
44. Once advice has been provided, we will update the IJB on the required process and the impact this will have on timescales.

Report Author

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Background Reports

1. <https://democracy.edinburgh.gov.uk/ieListDocuments.aspx?CId=160&MId=5571&Ver=4> – item 7.1

Appendices

Appendix 1 IIA Stakeholders

Bed Based Care – phase 1 strategy: IIA stakeholders

| | Name | Company | Role |
|-----|-------------------|-------------|---|
| 1. | Liz Taylor | N/A | Chair |
| 2. | Elisa Giannulli | EHSCP | Project Manager and Scribe |
| 3. | Jane Brown | EHSCP | Senior Care Home Manager |
| 4. | Sarah Cruikshank | EHSCP | Depute Care home manager |
| 5. | TBC | TBC | Relative representative care home 1 |
| 6. | TBC | TBC | Relative representative care home 2 |
| 7. | TBC | TBC | Relative representative care home 3 |
| 8. | TBC | TBC | Relative representative care home 4 |
| 9. | TBC | EHSCP | Staff representative |
| 10. | TBC | TBC | Carer representative |
| 11. | David White | NHS Lothian | Primary Care representative |
| 12. | Helen Fitzgerald | Trade Union | NHS TU/Partnership representative |
| 13. | Tom Connolly | Trade Union | CEC TU/Partnership representative |
| 14. | David Harrold | Unison | CEC TU/Partnership representative |
| 15. | Sean Baillie | GMB | CEC TU/Partnership representative |
| 16. | Brian Robertson | Unite | CEC TU/Partnership representative |
| 17. | Siobhan Murtagh | CEC | HR representative |
| 18. | Denise Keogh | NHS Lothian | HR representative |
| 19. | Sara MacDonald | CEC | Finance representative |
| 20. | Graeme Maguire | NHS Lothian | Finance representative |
| 21. | Billie Flynn | EHSCP | Deputy Chief Nurse |
| 22. | Jacqui Macrae | EHSCP | Chief Nurse and project SRO |
| 23. | Sheena Muir | EHSCP | Hospital and Hosted Services Manager |
| 24. | Dr Andrew Coull | NHS Lothian | Consultant Geriatrician |
| 25. | Emma Barnes | EHSCP | Occupational therapist |
| 26. | Jane Shiels | EHSCP | Physiotherapist |
| 27. | Anna Duff | EHSCP | Social Worker/RRT |
| 28. | TBC | TBC | Patient / family representative (HBCCC) |
| 29. | TBC | TBC | Patient / family representative (Intermediate care) |
| 30. | Jenny Mackenzie | EHSCP | Discharge Manager |
| 31. | Deborah Mackle | EHSCP | Locality Manager and lead for Homecare and Reablement |
| 32. | Angela Lindsay | EHSCP | Locality Manager and lead for Home First |
| 33. | Shirley Middleton | EHSCP | Discharge Manager – Care homes |
| 34. | Yvonne McWhirr | CEC | Quality Assurance Officer |

Bed Based Care – Drumbrae: IIA stakeholders

| | Name | Company | Role |
|-----|------------------------|-------------|--------------------------------------|
| 1. | Liz Taylor | N/A | Chair |
| 2. | Elisa Giannulli | EHSCP | Project Manager and Scribe |
| 3. | Jane Brown | EHSCP | Senior Care Home Manager |
| 4. | Jackie Reid | EHSCP | Care home manager |
| 5. | TBC | TBC | Relative representative |
| 6. | TBC | TBC | Relative representative |
| 7. | TBC | TBC | Carer representative |
| 8. | TBC | EHSCP | Staff representative |
| 9. | TBC | TBC | Local community representative |
| 10. | David White | NHS Lothian | Primary Care representative |
| 11. | Helen Fitzgerald | Trade Union | NHS TU/Partnership representative |
| 12. | Tom Connolly | Trade Union | CEC TU/Partnership representative |
| 13. | David Harrold | Unison | CEC TU/Partnership representative |
| 14. | Sean Baillie | GMB | CEC TU/Partnership representative |
| 15. | Brian Robertson | Unite | CEC TU/Partnership representative |
| 16. | Siobhan Murtagh | CEC | HR representative |
| 17. | Denise Keogh | NHS Lothian | HR representative |
| 18. | Sara MacDonald | CEC | Finance representative |
| 19. | Graeme Maguire | NHS Lothian | Finance representative |
| 20. | Billie Flynn | EHSCP | Deputy Chief Nurse |
| 21. | Jacqui Macrae | EHSCP | Chief Nurse and project SRO |
| 22. | Sheena Muir | EHSCP | Hospital and Hosted Services Manager |
| 23. | Dr Andrew Coull | NHS Lothian | Consultant Geriatrician |
| 24. | Emma Barnes | EHSCP | Occupational therapist |
| 25. | Jane Shiels | EHSCP | Physiotherapist |
| 26. | Anna Duff | EHSCP | Social Worker/RRT |
| 27. | Mike Massaro-Mallinson | EHSCP | Locality Manager North West |
| 28. | Yvonne McWhirr | CEC | Quality Assurance Officer |