

Policy and Sustainability Committee

10am, Tuesday 22 February 2022

Edinburgh Integration Joint Board Progress Report

Executive/routine
Wards
Council Commitments

1. Recommendations

- 1.1 It is recommended that the Policy and Sustainability Committee:
 - 1.1.1 Consider the content of the report.

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board

Contact: Jay Sturgeon, Senior Executive Assistant

E-mail: Jay.Sturgeon2@edinburgh.gov.uk | Tel: 0131 529 5350

Report

Edinburgh Integration Joint Board Progress Report

2. Executive Summary

- 2.1 This report provides members of Policy and Sustainability Committee (P&SC) with an update on the work of the Edinburgh Integrated Joint Board (EIJB).

3. Background

- 3.1 As part of the governance arrangements in place, the Chief Officer to the EIJB provides a six-monthly update to P&SC on matters of interest relating to the EIJB. This report will cover items of strategy, performance, delivery and finance.
- 3.2 The EIJB was set up under the Public Bodies (Joint Working)(Scotland) Act of 2014 and brings together services delegated to it, under the Integration Scheme, by City of Edinburgh Council and NHS Lothian. The Integration Scheme is a requirement under the Act, and this is the partnership agreement between Local Authorities and the NHS which sets out which functions and resources are delegated to the Integration Joint Board (IJB) and how the partners will operate together to deliver the requirement of the Act.

4. Main report

- 4.1 This report will cover the period from August 2021 – January 2022.

System Pressures

- 4.2 P&SC previously received a detailed report to committee on 5 October 2021 regarding the system pressures experienced throughout the Health and Social Care System. Since that report, there has been no easing of pressure, with the increasing transmissibility of the Omicron variant impacting significantly on the public and our staff. As a result of the system pressures we are seeing:

4.2.1 High levels of people delayed in hospital. While the number of people delayed has plateaued (See tables 1 and 2 below), December was a particularly challenging month, with higher numbers, due to limited capacity of community care at home providers and our own internal Homecare and Reablement services blocked, also due to no flow through into external community provision

Table 1: Number of delays across all hospitals

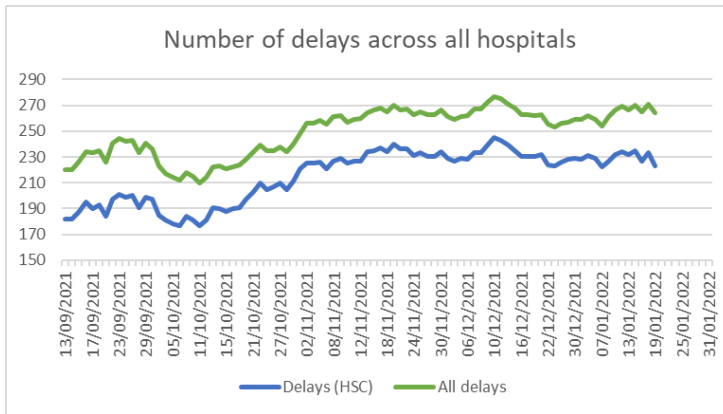
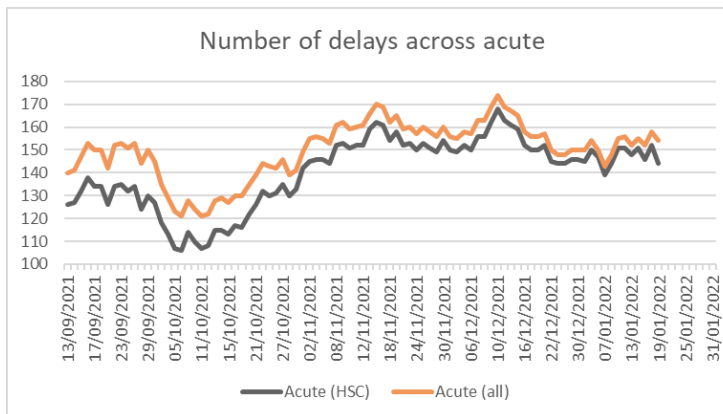
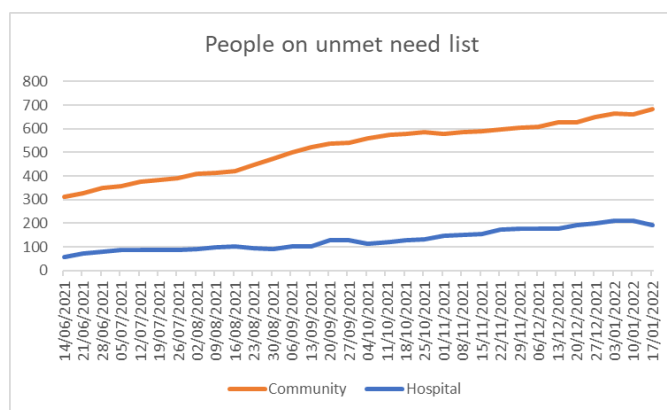


Table 2: Number of delays across acute



- 4.2.1 Due to staffing shortages within community care at home, many organisations had to focus their limited resources on the delivery of essential visits only, working with families and carers to ensure that people’s care needs were met. A loss of staff to their organisations, several community care at home providers were unable to cope with their existing care commitments and requested that the Partnership find alternative care providers for their service users. Between September and December 2021, alternative arrangements needed to be found for 83 people, totalling almost 1,400 hours. This was a distressing time for many people and their families, who had alternative arrangements to be sought for quickly. It also placed significant demands on already stretched resources within Assessment and Care Management, Homecare, Care Home and Community Nursing services who had to prioritise liaising with families, other providers and the delivery of care to ensure that people received the care required.
- 4.2.2 As a result of this pressure we continue to see increasing numbers of people, particularly in the community awaiting a package of care (table 3).

Table 3: People waiting for a package of care in hospital and in the community



4.2.3 As a result of high levels of request for people requiring a social care assessment of need, coupled with a lack of capacity due to staff vacancies and inability to recruit, waiting lists continue to grow with people waiting longer to receive an assessment of their needs

Actions taken to address the system challenges

4.3 Priority actions to address the system challenges have built on existing activity reported in the October report. Particular actions to note are:

- In December, the Partnership stepped up to daily Incident Management Meetings (IMT), chaired by the Chief Officer, ensuring Executive oversight of the daily position, urgent action required and escalation into NHS Gold Command and the Council’s CIMT.
- In line with the Scottish Government’s expectation, there has been procurement of interim beds for those people delayed in hospital while waiting on a package of care or a permanent bed that is currently unavailable. By 12 January 2022, 67 moves to an interim bed had taken place.
- We have accelerated the implementation of our One Edinburgh approach, with support from PWC, which will optimise the capacity available within our existing Homecare service and community care at home providers. In December, a data enabled ‘Command Centre’ to enable active crisis management was established. This Command Centre ensures we have a view of critical data in order to make informed decisions, allocate resource based on need and maximise capacity. This has focused initially on the internal Homecare service with engagement now taking place with community care at home providers.
- We are working with Edinburgh College to recruit students to deliver care via the NHS Lothian Staff Bank. Uptake was low prior to Christmas however a focus on targeting students on their return from festive leave is now taking place.
- Support is being provided from the City of Edinburgh Council where staff in ‘non-essential’ operational service areas are being asked to move to Health and Social Care for 12 weeks to support the direct delivery of care and supporting functions. Work is being undertaken to support staff moving into the Partnership,

ensuring that they are appropriately trained and supported to safely deliver the required roles and care.

- Under Urgency, the Chief Officer agreed with the IJB Chairperson to suspend IJB Committees, creating Executive and senior capacity to prioritise the management of the significant system pressures.
- In response to the Scottish Government's request for how LRPs can support Health and Social Care Partnerships, a response has been submitted detailing the level of staffing and practical resource required to meet existing levels of need

4.4 We continue to regularly review and update the Partnership and IJB risk registers to ensure they appropriately reflect the mitigations in place. As a result of the continued system pressures, the Partnership has maintained the level of risk arising from these pressures at Critical.

Items of strategy

Strategic Plan

4.5 The EIJB conducts a review of its strategy annually and develops strategic direction through its Strategic Planning Group (SPG). The EIJB Strategic Plan 2019-2022 can be found [here](#).

4.6 Given the ongoing system pressures that the Edinburgh Health and Social Care Partnership are significantly operating under, time needed in consideration of the National Care Service and the local elections in May 2022, the decision was taken by the EIJB at its October 2021 meeting to delay publishing the Strategic Plan 2022-2025 for up to 12 months and no later than March 2023. This approach is in line with several other HSC Partnerships across Scotland.

Status of Transformation Programme

4.7 Despite the effect of the Covid-19 pandemic, and the system-wide pressures which have been felt across health and social care services in recent months, the transformation programme continues to make good progress across a range of projects.

Market Shaping and Mobile Scheduling for Home Care

4.8 As part of our Market Shaping and Home-Based Care project, a business case has recently been approved to replace an outdated, legacy scheduling tool used by internal home care teams, with a new, modern, fit for purpose mobile scheduling tool known as Total Mobile. This underpins and enables the redesign of our homecare and reablement services.

4.9 The implementation of this system will deliver significant benefits in terms of efficiency and additional capacity, generating the equivalent of an additional 80 FTE, helping to support more people to remain independent in their own homes for longer.

- 4.10 There are also clear associated benefits for staff. Access to technology will enable frontline teams to communicate effectively with colleagues across the Partnership, while smartphones and easier means of communication will help to improve lone worker safety, particularly for those working out of hours.

Bed Based Care Strategy

- 4.11 In line with the vision of the EIJB to deliver 'a caring, healthier and safer Edinburgh', the ambition of the Bed Based Care Strategy is to create a sustainable bed base that meets the needs of the citizens of Edinburgh by providing the right care, by the right professionals, at the right time, in the right place. The Partnership's redesigned bed base will improve outcomes for people and support every citizen's right to participate fully in society, whatever care and support they need.
- 4.12 The bed base redesign will support a system wide approach to continuous improvement. Through shifting the balance of care into the community, increasing prevention initiatives, adopting the Home First ethos and principles, working closely with partners in the third and independent sectors, involving communities and adopting a One Edinburgh approach of care at home provision, the Partnership can redesign its bed base to ensure that beds are used for those who cannot have their care, support and treatment provided in any other environment.
- 4.13 Phase 1 of the bed-based review strategy has been approved by the EIJB and implementation is being worked through with NHSL and CEC. Phase 1 sees an increase in intermediate care capacity, a reduction in Hospital Based Complex Clinical Care and a new model of care, supported by nursing staff introduced into 3 x 60 bedded care homes. The sequence of milestones in phase 1 includes the planned closure of Liberton Hospital.
- 4.14 A public consultation is planned for summer 2022 to engage with the public on the wider vision for bed-based services across the city, to inform the next phase of the Bed Based Strategy.

3 Conversations

- 4.15 The Three Conversations model is replacing the traditional 'assessment for services' with a strength-based approach recognising that people are the experts in their own lives and understand their own circumstances and needs.
- 4.16 We now have 22 innovation sites in operation, including our first full locality roll out underway, as we work to permanently embed the 3Cs approach into the way we do business. Approximately 66% of our assessment and care management staff are now working in a 3 Conversations way, with a plan in place to roll the approach out across 100% of this staff group by April 2022.
- 4.17 We have seen considerable improvements in the length of time people wait to see a worker, with an average of 2-3 days in innovation sites, compared with a pre- 3 Cs average of over 40 days. We are also continuing to support the majority of people at an early stage and without the need for formal, paid for services.

- 4.18 Surveys have shown high levels of satisfaction amongst the people that we support, with 91% of people surveyed rating their experience as good and many comments about the friendliness of staff and the speed of the response.

Edinburgh Wellbeing Pact

- 4.19 We continue our extensive engagement with stakeholders across the city in the enactment of the Edinburgh Wellbeing Pact. Our Summer Season conversations reached over 3,500 citizens across the city describing what health and care means to them.
- 4.20 In April 2021, the EIJB approved the ambitions recommendations of Edinburgh and the new relationship we are creating with the citizens of Edinburgh. Community Mobilisation was one of these recommendations and we are building momentum across the city focusing on resilient and community wealth building. The delivery of the Edinburgh Community Mental Health and Wellbeing Fund is our first community commissioning experiment to help inform how we can embed community focused and collaborative ways of allocating investment.
- 4.21 Further information can be found [here](#) (6.3 The Edinburgh Pact: Formulation to Enactment).

Home First Edinburgh

- 4.22 The Home First ethos aims to support people to maintain as much independence as possible at home or in a homely setting, preventing admission to hospital where it is safe to do so.
- 4.23 The Home First Navigator role was established in March 2021 to support Phase 2 of the Redesign of Urgent Care and aims to provide a professional to professional mechanism to discuss options for people who require an urgent therapy and/or social care intervention in order to remain at home, avoiding admission to hospital. From March to November 2021, 258 referrals were received and 57% of admissions were avoided. The role of the Navigator improved patient experience through a single point of contact and streamlined pathway, reduced demand on Hub duty social workers and enabled a professional to professional pathway with a quicker response to calls from the Flow Centre compared to Social Care Direct.
- 4.24 The Hospital @ Home workstream has seen the establishment of a direct referral pathway from both the Scottish Ambulance Service and Emergency Departments. The effect being patients no longer have to be admitted prior to referral to the Hospital @ Home service. The pathway has now been expanded and is Lothian wide. Other developments within Hospital @ Home include an out of hours GP referral pathway for care home residents, the development of an Acuity / Capacity tool and the recruitment of a frailty pathway coordinator in the Flow Centre to increase referrals further.
- 4.25 The Discharge to Assess (D2A) service provides an ongoing rehabilitation in the person's own home as an alternative to bed-based rehabilitation and has seen a 48% increase in its activity between April to November 2021, compared to the same period in 2020. 30% of people have been redirected from an acute hospital setting

to home-based rehabilitation instead of an intermediate care bed. This has resulted in improved patient flow in acute sites, reducing length of stay in hospital.

Joint Inspection of Older Peoples Services

- 4.26 In November 2021, the Joint Inspection Team (the Care Inspectorate and Health Improvement Scotland) published its progress review in relation to the 2016 inspection of Older People's services in Edinburgh. The progress review noted the considerable improvement that had been made in relation to the original 17 recommendations for improvement.
- 4.27 The review noted the positive impact of the transformation programme in terms of taking a strategic, planned and managed approach to the delivery of change and improvement. The Joint Inspection Team confirmed that this marked the end of formal scrutiny in relation to the original inspection.

Next Steps for Transformation

- 4.28 Planning is now underway for the next phase of the programme. The EIJB has approved in principle the establishment of a permanent programme/project management function within the EHSCP with the intent to implement by the end of 2022 as part of a wider organisational review. This will provide the necessary capacity and capability to continue to develop and deliver a pipeline of further modernisation and change, with a focus on innovation and sustainability.
- 4.29 A review of the programme governance framework is also underway, with the intent to streamline and simplify the programme structure and ensure that the transformation projects transitions into a core, strategic programme of work, embedded within our revised structures.

Items of finance

2021/22 Financial Update

- 4.30 Despite the fact that the EIJB continues to face significant financial challenges, the Chief Finance Officer has given the board significant assurance of a break-even financial position for the year. Further information can be found [here](#).

2022/23 Budget

- 4.31 As in previous years, the EIJB is holding a series of budget working groups as it develops its financial plan for next year. To date, 3 such sessions have taken place and the board has discussed the assumptions which underpin the draft financial plan and the emerging associated savings and recovery programme. Whilst much progress has been made, the plan remains unbalanced and a key part of the board's consideration is how best to balance the competing priorities and pressures inherent in-service delivery, workforce and finance.
- 4.32 Work, involving officers from partner organisations remains ongoing and the budget should be presented to the EIJB in March for agreement.

5. Next Steps

- 5.1 This report provides members with an update on key areas of interest and a further report will be presented to Policy and Sustainability Committee in August 2022 – date to be confirmed.

6. Financial impact

- 6.1 There are no financial impacts arising from this report.

7. Stakeholder/Community Impact

- 7.1 This is an update report for members of Policy and Sustainability on the work of the EIJB, therefore there is no stakeholder or community impact.
- 7.2 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 EIJB report.

8. Background reading/external references

- 8.1 None

9. Appendices
