

Notice of Meeting and Agenda

Edinburgh Integration Joint Board

10.00 am, Friday, 1st November, 2024

Hybrid Meeting - Dean of Guild Court Room, City Chambers / Microsoft Teams - City Chambers

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

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 Any items under "Private Business" will not be published, although the decisions will be recorded in the minute.

Contacts

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1. Welcome and Apologies

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

2. Declaration of Interests

- 2.1 Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.

3. Deputations

- 3.1 If any.

4. Minutes

- 4.1 Minute of the Edinburgh Integration Joint Board of 24 September 2024 submitted for approval as a correct record 7 - 10

5. Forward Planning

- 5.1 Rolling Actions Log 11 - 14
- 5.2 Annual Cycle of Business 15 - 20

6. Items of Strategy

- 6.1 Progress report: Older People's Pathway Programme – Report by the Chief Officer, Edinburgh Integration Joint Board 21 - 30

6.2	Edinburgh Safer Drug Consumption Facility and Edinburgh Drug Checking Service – Report by the Chief Officer, Edinburgh Integration Joint Board	31 - 46
6.3	Medium Term Financial Strategy Update – Report by the Chief Finance Officer, Edinburgh Integration Joint Board	47 - 62

7. Items of Performance

7.1	Finance Update – Report by the Chief Finance Officer, Edinburgh Integration Joint Board	63 - 78
7.2	‘Edinburgh Integration Joint Board Grants Programme and Public Social Partnership – Report by the Chief Officer, Edinburgh Integration Joint Board	79 - 172

8. Items of Governance

8.1	Chief Officer Appointment for the Edinburgh Integration Joint Board and Health and Social Care Partnership	173 - 176
8.2	Edinburgh Integration Joint Board Risk Register – Report by the Chief Finance Officer, Edinburgh Integration Joint Board	177 - 202
8.3	EIJB Appointments – Report by the Chief Officer, Edinburgh Integration Joint Board	To Follow

9. Committee Updates

9.1	Committee Update Report – Report by Chief Officer, Edinburgh Integration Joint Board – submitted for noting	203 - 208
9.2	Minute EIJB Strategic Planning Group - 07 August 2024, Submitted for noting	209 - 214
9.3	Draft Minute EIJB Strategic Planning Group - 02 October 2024, Submitted for noting	215 - 218

9.4	Draft minute of the Clinical and Care Governance Committee of 28 August 2024 - submitted for noting	219 - 222
9.5	Minute of the Performance and Delivery Committee of 7 August 2024 - submitted for noting	223 - 228
9.6	Minute of the Performance and Delivery Committee of 11 September 2024 - submitted for noting	229 - 232
9.7	Draft minute of the Audit and Assurance Committee of 10 September 2024 – submitted for noting	233 - 238

10. Date of Next Meeting

10.1 Tuesday 17 December 2024

Board Members

Voting

Katharina Kasper (Chair), Councillor Tim Pogson (Vice-Chair), Philip Allenby, Councillor Alan Beal, Elizabeth Gordon, George Gordon, Peter Knight, Councillor Max Mitchell, Councillor Alys Mumford and Councillor Vicky Nicolson.

Non-Voting

Robin Balfour, David Belfall, Helen FitzGerald, Rose Howley, Matt Kennedy, Jacqui Macrae, Allister McKillop, Eugene Mullan, Ben Owen, Moira Pringle, Emma Reynish Pat Togher and Paul Wilson.

Webcasting of Integration Joint Board meetings

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

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Minute

Edinburgh Integration Joint Board



Edinburgh Integration Joint Board

10.00am, Tuesday 24 September 2024

Hybrid Meeting – Dean of Guild Court Room, City Chambers / Microsoft Teams

Present:

Board Members

Katharina Kasper (Chair), Councillor Tim Pogson (Vice-Chair), Councillor Alan Beal, Robin Balfour, David Belfall, Hannah Cairns, Elizabeth Gordon, George Gordon, Matt Kennedy, Peter Knight, Jacqui Macrae, Alistair McKillop, Councillor Max Mitchell, Eugene Mullan, Councillor Alys Mumford, Councillor Vicky Nicolson, Moira Pringle, Pat Togher and Paul Wilson

Officers

Angela Brydon, Katie Fechan Andrew Hall and Andrew Henderson (Clerk)

Apologies

None

Declarations of Interest

None

1. Deputations

a) Edinburgh Trade Union Council

(In relation to item 4, Edinburgh Integration Joint Board Annual Accounts for 2023/24)

The deputation acknowledged the legal obligation to attain a balanced budget and referenced the Audit Scotland report from July 2024 and made further reference to the conference held on Saturday the 14th of September 2024 outlining that a report would be published covering the outcomes later in the week. The deputation requested that the public must be provided with the information that is necessary to understand the impact of the financial savings in 23/24 and the projected impact to 24/25 and 25/26. The deputation asked that the EIJB, City of Edinburgh Council and NHS Lothian Board to provide more information on rising demand, how it is planned to meet it and the consequences of not meeting it.

The deputation expressed concern that whilst Audit report covers all of Scotland, it was reflective of the EIJB's report and that current levels of service are already taking us in the opposite direction to your strategic priorities. The deputation highlighted that a lay person struggles to understand the report implications and asked for clarity and openness in presentation of information.

2. Minutes

Decision

To approve the minute of the Edinburgh Integration Joint Board of Monday 20 August 2024 as a correct record

(Reference – minute of the Edinburgh Integration Joint Board of 20 August 2024, submitted)

3. Rolling Actions Log

The Rolling Actions Log updated to September 2024 was presented.

Decision:

1) To note the outstanding actions.

(Reference – Rolling Actions Log - September 2024, submitted)

4. Edinburgh Integration Joint Board Audited Annual Accounts for 2023/24

The audited 2023/24 annual accounts for Edinburgh Integration Joint Board were submitted for approval. The draft financial statements were produced and presented to the Audit and Assurance Committee on 19th June 2023 and were submitted to Audit Scotland on 28th of June 2024.

Decision

- 1) To note the 'amber' rated internal audit opinion for the year ended 31st March 2024;
- 2) To agree to approve and adopt the annual accounts for 2023/24;
- 3) To agree to authorise the designated signatories (Chair, Chief Officer and Chief Finance Officer) to sign the annual report & accounts on behalf of the board;
- 4) To agree to authorise the Chief Finance Officer to sign the representation letter to the auditors, on behalf of the board; and
- 5) To agree that an update will be provided to the next meeting in relation to compensation for the loss of office to for the previous Chief Officer.

(Reference – Report by Chief Finance Officer, Edinburgh Integration Joint Board, submitted.)

5. 2023 / 2024 Annual Assurance Statements

The Edinburgh Integration Joint Board was presented with an update on the committee's annual assurance process agreed through the Audit and Assurance Committee for the 2023/24 cycle.

Decision

- 1) To note the moderate assurance offered by the Audit and Assurance Committee following their review of the committee assurance statements; and
- 2) To note that officers will take away organisation of site visits as a matter of priority.

(Reference – Report by the Chair, Audit and Assurance Committee, submitted.)

6. National Care Service Call for Views - EIJB response

The finalised response to the Call for Views on the National Care Service was presented. The finalised response accounted for submissions made by EIJB members at the development session held on the 12 September 2024 and any other submission made by members outwith the development session.

Decision

To note the finalised submission (Appendix 1) which was approved by the Chair and Vice Chair of the EIJB as the deadline for submission of responses to the Call of Views was the 20 September.

(Reference – Report by the Chief Officer, Edinburgh Integration Joint Board, submitted.)

7. AOCB - Chief Officer Update

By way of an update Chief Officer outlined that they would be resigning from their post at the end of the year. An update was then provided in relation to recruitment arrangements for a new Chief Officer.

Decision

- 1) To note the arrangements for the recruitment of a new chief officer; and
- 2) To note the boards thanks to Pat Togher for his ongoing work as EIJB Chief Officer.

8. AOCB - Notification of Care Inspection Audit

Officers provided an update in relation to notification of the care inspection audit, highlighting that notification had been received at the end of August and that the proposed plan is to update members in November.

Decision

To note the verbal update on the Care Inspection Audit

9. Date of Next Meeting

Decision

To note Tuesday 22 October 2024 at 10am as the date of the next EIJB meeting.

Rolling Actions Log

Edinburgh Integration Joint Board

1 November 2024

No	Agenda Item	Date	Action	Action Owner	Expected completion date	Comments
1	Edinburgh Integration Joint Board Revised Governance Handbook	16-11-23	Officers to review the evolution of governance arrangements within the EIJB and its partners to be in time for the next review of the EIJB Governance Handbook.	Chief Officer, EIJB Pat Togar Contact: Angela Brydon , Operations Manager angela.bydon@edinburgh.gov.uk	December 2024	Due to the volume of business on the EIJB agenda, and to allow this to be considered at the next Audit and Assurance Committee, this has been delayed to December 2024.
2	Rolling Actions Log	12-12-23	Updates regarding the recruitment of the Chief Risk Officer to be provided	Chief Finance Officer – EIJB Moira Pringle Contact: Moira Pringle Moira.Pringle@nhslothian.scot.nhs.uk	Ongoing	October Update Conversations are ongoing between the Chair and A&A Committee in relation to the Chief Risk Officer considering the current financial position and the lower than anticipated grading.

No	Agenda Item	Date	Action	Action Owner	Expected completion date	Comments
3	Savings and Recovery Programme 2024/2025 and Draft Medium Term Financial Strategy: 2024/25 to 2026/27	18-03-24	The points raised in Councillor Millers proposals raised under Items 7.2 Savings and Recovery Programme and 7.3 Draft Medium Term Financial Strategy to be incorporated into a workshop with a report brought back to the next meeting of the EIJB.	Chief Officer, EIJB Contact: Pat Togher Pat.togher@edinburgh.gov.uk	October 2024	Recommend for closure – covered within October MTFS Board paper September Update This will be covered in the next MTFS update paper presented to the board. August Update These points were covered as part of the development session on the 6th August. June Update These points will be picked up as part of a ‘lessons learned’ session at the 3 September budget working group.
4	Progress report of the Older People’s	20-08-24	Officers to discuss modelling and discrepancy between what is described and funded and how this is going forward at the Unscheduled Care	Chief Officer, EIJB Contact: Pat Togher	September 2024	Recommend for closure - After investigation, it has been concluded that this concern originated from the conflation of two

No	Agenda Item	Date	Action	Action Owner	Expected completion date	Comments
	Pathway Programme		Tactical Committee and Programme Board and provide an update to the next meeting of the EIJB.	Pat.togher@edinburgh.gov.uk		issues; the specific actions required to enable the closure of ward 74 and the business as usual arrangements in place to support routine service delivery within unscheduled care. The scope of the proposal approved by the EIJB and the Direction subsequently issued to NHS Lothian was limited to the actions required to facilitate the safe closure of ward 74. No further action is required by the EIJB on this issue at this time although we will continue to work with NHS Lothian to develop and improve the strategic commissioning plan for unscheduled care in totality.

No	Agenda Item	Date	Action	Action Owner	Expected completion date	Comments
5	Edinburgh Integration Joint Board Audited Annual Accounts for 2023/24	24-09-24	Update in relation to compensation for the loss of office to for the previous chief officer.	Chief Finance Officer Contact: Moira Pringle moira.pringle@nhslothian.scot.nhs.uk	October 2024	Recommend for closure An update was provided to the EIJB on the 8 October 2024.

REPORT

Annual Cycle of Business

Edinburgh Integration Joint Board

1 November 2024

Executive Summary

This paper presents the updated annual cycle of business (ACOB) for the Edinburgh Integration Joint Board (EIJB). This report makes several changes to the annual cycle of business which are referenced at paragraph 1 of this paper.

Recommendations

It is recommended that the Edinburgh Integration Joint Board:

a) Agree the annual cycle of business attached at appendix 1.

Directions

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

Main Report

1. The following changes have been made to the ACOB since it was last presented to the EIJB on 20 August and is incorporated into Appendix 1:
 - a) A report on the Medium Term Financial Strategy has been added to the agenda for the October meeting
 - b) A report on the Drug Consumption Room has been added to the agenda for the October meeting.
 - c) A report on the Older People Pathway / Drumbrae has been added to the agenda for the October meeting.
 - d) A report on the More Good Days – Public Social Partnership has been added to the agenda for the December meeting.



- e) A report on the digital and Data strategy has been added to the agenda for the December meeting.
- f) Governance Handbook has been moved to the December meeting.
- g) A Place to Live report has been delayed to the December 2024 meeting, to develop this proposal further, prior to submission to the EIJB.
- h) Preparations for Winter report has been delayed to the December meeting to allow for further workstreams to be developed.
- i) The Chief Social Work Officer report has been delayed to the December meeting to allow it to be presented to City of Edinburgh Council governance committees first.

2. Agendas for future meetings will be kept under review. If EIJB members wish to add agenda items, they should email the EIJB chair in the first instance.

Strategic Priorities

Strategic Priorities	✓	Key points within report that address strategic priorities
Prevention and Early Intervention		
Tackling Inequalities		
Person Centred Care		
Managing our resources effectively	✓	This report ensures that the agendas for the EIJB are planned appropriately.
Making best use of capacity across the system		
Right care, right place, right time		

National Health and Wellbeing Outcomes

Please note which national health and wellbeing outcome your report aligns to		✓
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.	6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	✓
2. People, including those with disabilities or long-term conditions, or who are frail,	7. People who use health and social care services are safe from harm.	

are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.			
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.		8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care, and treatment they provide.	
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.		9. Resources are used effectively and efficiently in the provision of health and social care services.	
5. Health and social care services contribute to reducing health inequalities.		Not applicable.	✓

Implications for Edinburgh Integration Joint Board

Financial

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

Risk, legal, policy, compliance, governance and community impact

4. The approach outlined in this paper strengthens Edinburgh Integration Joint Board's members' ownership of the ACOB. This in turn mitigates the risk of the Board not adequately undertaking their duties in line with the agreed terms of reference.

Equality and poverty impact

5. There are no specific implications arising from this report.

Environment, climate and sustainability impacts

6. There are no specific implications arising from this report.

Quality of care

7. There are no specific implications arising from this report.

Consultation

8. There are no specific implications arising from this report.

Report Author

Pat Togher
Chief Officer, Edinburgh Integration Joint Board

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Appendices

Appendix 1 Edinburgh Integration Joint Board Annual Cycle of Business

Edinburgh Integration Joint Board - Annual Cycle of Business

Grouping	Agenda Item	Frequency	Responsibility	09-Feb	19-Mar	22-Apr	17-Jun	20-Aug	24-Sep	22-Oct	17-Dec
				Board	(Budget) Board	Board	Board	Board	(Accounts) Board	Board	Board
Items of Governance	Conflicts of interest	Every meeting	Committee Services	✓	✓	✓	✓	✓	✓	✓	✓
	Rolling Action Log (RAL)	Every meeting	Committee Services	✓	✓	✓	✓	✓	✓	✓	✓
	EIJB Risk Register	Twice yearly	Operations Manager			✓				✓	
	Calendar of meetings	Annually	Committee Services				✓				
	Board assurance annual report	Annually	Operations Manager						✓		
	Review of Governance Handbook	Annually	Operations Manager								✓
	Committee Escalation Report	Adhoc	Operations Manager								
	All Party Motion - interface between EIJB & Council	Adhoc	Chief Officer	✓							
	Report on Adults with Incapacity	Adhoc	Chief Officer			✓					
	Council Motions	Adhoc	Chief Officer				✓				
Appointments Report	Adhoc	Committee Services			✓	✓	✓				
Items of Strategy	More Good Dayes Public Social Partnership	Adhoc	Service Director – Strategic Planning								✓
	Digital and Data Strategy	Adhoc	Chief Officer								✓
	Drug Consumption Room	Adhoc	Service Director – Strategic Planning							✓	
	Directions Policy	Annually	Service Director - Strategic Planning					✓			
	Annual Review of Directions	Annually	Service Director - Strategic Planning					✓			
	Revised Strategic Plan	Adhoc	Service Director - Strategic Planning				✓				✓
	Report on NHS Early Intervention and Prevention Strategy	Adhoc	Service Director – Operations				✓				
	Report on Health, Social Care and Homelessness	Adhoc	Service Director - Operations	✓						✓	
	Report on Older Peoples Pathway	Adhoc	Service Director - Operations	✓				✓		✓	
	Findings of the Drumbrae Feasibility Study	Adhoc	Service Director - Operations				✓			✓	
Report on Primary Care	Adhoc	Service Director - Operations			✓						
Report on a Place to Live	Adhoc	Service Director - Operations								✓	
Items of Finance	Medium Term Financial Strategy	Adhoc	Chief Finance Officer							✓	
	Finance Update / Additional Savings Options	Every Meeting	Chief Finance Officer	✓	✓		✓	✓	✓	✓	✓
	Financial Plan	Annually	Chief Finance Officer		✓						
	Savings and Recovery Plan	Annually	Chief Finance Officer		✓						
	EIJB Annual Accounts	Annually	Chief Finance Officer						✓		
Items of Performance	Annual Performance Report	Annually	Service Director - Strategic Planning					✓			
	Preparation for Winter 23/24	Annually	Service Director - Operations								✓
	Evaluation of Winter Plan	Annually	Service Director - Operations					✓			
	Chief Social Work Annual Report	Annually	Chief Social Work Officer			✓					✓
Papers for Noting	Committee Update Report	Every Meeting	Operations Manager	✓		✓	✓	✓		✓	✓
	Annual Cycle of Business	Every Meeting	Operations Manager	✓		✓	✓	✓		✓	✓
Briefing Paper	Chief Officer Update Report	In line with every meeting	Chief Officer	✓	✓	✓	✓	✓	✓	✓	✓

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REPORT

Progress report: Older People’s Pathway Programme

Edinburgh Integration Joint Board

1 November 2024

Executive Summary	The purpose of this report is to update the Edinburgh Integration Joint Board (EIJB) on the progress in the Older People’s Pathway (OPP) Programme.
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Recommendations	<p>It is recommended that the Edinburgh Integration Joint Board:</p> <ol style="list-style-type: none"> Note the content of the report.
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Directions

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

Main Report

Background

- The OPP Programme is a strategic review of non-acute hospital and care home services in Edinburgh. Non-acute hospital services include hospital-based complex clinical care (HBCCC), at Ellen’s Glen, Findlay House and Ferryfield House; and rehabilitative in-patient intermediate care facilities (ICF), which operate at Liberton hospital and Findlay House.
- The programme consists of a number of projects that will improve bed-based care for older people, these include:
 - Liberton hospital re-provisioning
 - Brokerage and commissioning



- c. Cost of care exercise
- d. Capital investment and infrastructure

Liberton hospital reprovisioning

3. The reprovision of Liberton hospital is in the implementation phase. All affected staff have been consulted through the Workforce Organisational Change process resulting in 7 staff being displaced. Discussions are ongoing with these staff to identify where they will work once Liberton hospital is closed.
4. The End of Life pathway scope has been agreed and approved at the Procurement Board. This will now go through a formal procurement process to purchase a small number of end of life beds that will allow people to be cared for out with a hospital setting.
5. The frail / elderly beds in Rowan ward have reduced to five, all remaining patients are delayed in their discharge and are being actively managed through weekly multidisciplinary team huddles. The ward will close at the end of September with any patients remaining, moving into Hawthorn ward until discharge plans are agreed.
6. Once Rowan ward is closed, work can begin on the adaptations required to accommodate the functional psychiatry ward, Thistle.
7. Accommodation has been found for the Medical Day Hospital and Hospital at Home in the South of the City. Some adaptations are required to the accommodation however, the space has been matched to the clinical brief and can accommodate the Medical Day Hospital and Hospital at Home services.
8. The project is on track to deliver within the agreed timescales.

Brokerage and Commissioning

9. A business case has been developed to expand the existing Care Bookings team into a team of brokers that will negotiate with care homes to purchase beds across the city and beyond at affordable rates to the Partnership.
10. The business case also includes the purchase of a cloud-based secure online costing tool that supports open and transparent negotiation of cost of care placements.



11. The tool under consideration is called CareCubed and is widely used by local authorities in England and Wales but can be adapted for use in Scotland. If approved, Edinburgh would be the first adopter in Scotland.
12. The business case was presented to the Strategic Change Board on 19th September 2024. It was agreed at that meeting that the business case should be separated out into two, one for the expansion of the Care Booking team and one for the purchase of the software.
13. The business case for the purchase of the software will be presented to the newly formed Digital and Data Board at their meeting in October. Amongst other things, the Board will assess if any alternative software packages exist to CareCubed to inform the procurement strategy.
14. The expansion of the Care Booking team will be considered as part of Phase 2 of the EHSCP restructure which is underway.

Cost of Care exercise

15. The cost of care exercise is underway and was led by the Interim Lead Commissioner prior to him leaving the employment of the Partnership in August 2024.
16. Following the departure of the Interim Lead Commissioner, it was agreed that Scottish Care, representative body for independent social care services in Scotland, would gather the responses received from providers and pass these to an independent third party to anonymise the data received.
17. This information would then be uploaded to the designated tool to calculate an accurate cost of care, per care home specialty in Edinburgh. This information would be shared with the Partnership to support the brokerage team with care home placement negotiations.
18. There has been limited response to the request for information from providers to date. This means that the cost of care exercise cannot be completed at this time as there is not enough data to give an accurate prediction of cost per care home specialty. Discussions are ongoing with Scottish Care to try to entice providers to participate.
19. The Director, Strategic Planning is leading on this for the Partnership.



Drumbrae

20. A feasibility study was undertaken on the potential options for the future use of the former Drumbrae care home. This identified twelve potential uses for the property ranging from continuing with a health/care facility to selling the site for redevelopment purposes.
21. These options were scored as part of an options appraisal process. The top three options were then reviewed against a demand and needs analysis, this analysis is being finalised and a full report with recommendations will be presented to the Board by the end of the calendar year.
22. The options that scored highest as part of the options appraisal process are:
 - a. Open Drumbrae as a nursing home for older people
 - b. Open Drumbrae as a care home for working age adults (under 65)
 - c. Open Drumbrae as an interim care and rehabilitation facility
23. The initial findings from the needs analysis indicate that opening Drumbrae as a nursing home for older people is the most feasible and viable option.
24. Previous modelling has indicated that there is a requirement for more rehabilitation beds in Edinburgh, however, the modelling was completed based on existing service delivery models. We now understand that although there are waiting lists to access rehabilitation beds, this is due to a lack of flow out of the beds and issues with discharging from them. The issues surrounding flow from these beds are directly related to not having the right community resource in place to support people back home. This has been acknowledged and work is underway to address these issues. Additional rehabilitation beds won't address this issue and therefore, option c will not offer the best use of the facility.
25. We know in Edinburgh that there is a lack of suitable care provision for working age adults that need 24/7 care and support. Although a small number of care facilities exist to support these service users, capacity is limited and beds are expensive to purchase.
26. Drumbrae could potentially become a care facility for working age adults however, based on the data available, the facility is too big to solely be used for this purpose.



27. Drumbrae is a 60-bed care home designed for older people. At the time of writing, there were five people delayed in their discharge from hospital waiting on a specialist residential facility for under 65s.
28. For comparison, there are seventy seven people delayed in hospital waiting on a nursing home or dementia placement, many requiring local authority funded places.
29. The recent bed modelling exercise completed on behalf of NHS Lothian by Buchan & Associates indicated that Edinburgh needs a new 60-70 bed older people's care home each year for the next twenty years to meet predicted demand and demographic growth.
30. On that basis, early indications suggest that Drumbrae should be reopened as a nursing home for older people. There is the potential to include a variation in the registration to allocate a number of beds for under 65 provision (Care Inspectorate dependant) and this will be fully explored.
31. A detailed report exploring these findings in more detail will be brought back to the Board by the end of the calendar year. This will include a full cost benefit analysis of the recommended option for the Board to consider. If agreement is reached and subsequent to remedial work being completed, the facility could be operational by Summer 2025.

Capital investment and infrastructure

32. The OPP Programme is constrained by an estate that has little prospect of growth in the short to medium term.
33. The closure of Liberton hospital and Clovenstone and Ford's Road care homes further reduces the infrastructure available to the Partnership to provide health and care services.
34. Although all sites that are marked for closure are beyond their design life expectancy and cannot provide the health and care needed to meet existing and future demand, there is no capital investment planned in the short to medium term to replace these properties.
35. The bed modelling commissioned by NHS Lothian and completed by Buchan & Associates LTD indicates that Edinburgh needs a new 60-70 bed care home every year for the next 20 years to meet projected demand and demographic growth. The same



bed modelling also indicates that all bed types need to increase in Edinburgh in the medium to long term however, it should be noted that these projections are based on existing service delivery models. The requirement for additional beds could be reduced or mitigated by alternative operating models.

- 36. There are no plans at this stage by either of the Partnership’s partners, the City of Edinburgh Council or NHS Lothian to embark on a Capital Investment programme for Health and Social Care.
- 37. Although the Partnership does not have a capital budget, a proposal is being developed to coproduce a Capital Investment Strategy with our Partners to ensure the Partnership has access to modern, fit for purpose properties for the delivery of health and social care services.
- 38. This proposal will be presented to the Board for consideration once finalised.

Conclusion

- 39. In summary, the OPP programme continues to make good progress in modernising the provision of health and social care services for older people within the City of Edinburgh.
- 40. The OPP programme will continue to identify opportunities for improvement in line with the EIJB’s strategic priorities.

Strategic Priorities

Strategic Priorities	X	Key points within report that address strategic priorities
Prevention and Early Intervention	X	Care home services support tertiary prevention. They manage risks to people that cannot be managed in people’s homes and reduce demand for care in hospitals.
Tackling Inequalities	X	Mitigates price-inflation in care homes, and the risk of two-tier provision of private and publicly funded residents
Person Centred Care	X	Common aim of all social care change programmes.
Managing our resources effectively	X	controls price-inflation improves access affordable care.
Making best use of capacity across the system	X	Optimise Council homes.



		Incentive to services for unmet need and forecast new demand. Central oversight and purchasing makes efficient use of limited capacity
Right care, right place, right time	X	Providing community services for people who do not need hospital care

National Performance Indicators

Please note which national performance indicator your report aligns to			X
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.	X	6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	
2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	X	7. People who use health and social care services are safe from harm.	X
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.	X	8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care, and treatment they provide.	
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	X	9. Resources are used effectively and efficiently in the provision of health and social care services.	X
5. Health and social care services contribute to reducing health inequalities.		Not applicable	

Implications for Edinburgh Integration Joint Board

Financial

41. The OPP continues to assume that the cost of additional Council-operated care home beds; dedicated end-of-life services; an enhanced care home model for people with dementia experiencing stress and distress; and peripatetic primary and second care services to support all of the above will be funded by the redesign of HBCCC and Intermediate Care.

Risk, legal, policy, compliance, governance, and community impact

42. The OPP's programme governance and programme office were audited by the Council in February 2024 and were given substantial assurance. The audit gave one action, the circulation of the Programme's RAID log to its Delivery Group of senior officers, which was completed in March 24.
43. The EHSCP has sought legal opinion on the right of people in HBCCC to appeal decisions to discharge them to the community, in most cases to a care home. This right is not found in legislation. It is found in Scottish Government guidance DL (2015) 11¹; a counterpart policy of NHS Lothian; and in the Partnership's Standard Operating Procedures. The number of appeals that may be prompted by the discharges required to close Liberton hospital this year will use significant clinical time to give second opinions; and therefore, risks the timely closure of the hospital.

Equality and Poverty Impact

44. Impact-assessments of the Medium-Term Financial Strategy (MTFS) savings proposals were undertaken in February 2024.
45. Integrated impact assessments of the proposals in this report will be made when the plans mature and the Partners, clinical leaders and other stakeholders consent to them.

Environment, climate, and sustainability impacts

46. There will be environmental benefits (e.g. improved energy efficiency and mitigation of extreme weather) by commissioning newer buildings that comply with current environmental standards.
47. There will be a reduced risk of infection prevention and control issues due to services being accommodated in newer buildings.

¹ <https://www.publications.scot.nhs.uk/files/dl-2015-11.pdf>



Quality of care

48. The OPP programme aims to improve the pathways to hospital and community bed-based services, ensuring people can access the right care, in the right place at the right time.
49. The Programme also aims to address scarcity and cost in Edinburgh's care home market and aims to create conditions that lessen the time people wait for a care home.

Consultation

50. The OPP programme has engaged with clinicians, trade unions and wider stakeholders through its formal programme management approach.
51. The OPP programme has engaged with key stakeholders related to project activity.
52. There is ongoing engagement with staff affected by the projects within the OPP programme, and this will continue for the lifecycle of the programme.

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Background reading / external references

[Edinburgh Integration Joint Board 09 February 2024, item 6.1, 'An Older People's Pathway'](#)

[Edinburgh Integration Joint Board 17 June 2024, item 6.3, 'Older People's Pathway Update'](#)

[Edinburgh Integration Joint Board 20 August 2024, item 6.1, 'Progress report on the Older People's Pathway'](#)

REPORT

Edinburgh Safer Drug Consumption Facility and Edinburgh Drug Checking Service

Edinburgh Integration Joint Board

1 November 2024

Executive Summary	The purpose of this report is to provide the Edinburgh Integration Joint Board (EIJB) with an update on progress of developing models to deliver an Edinburgh Safer Drug Consumption Facility (SDCF) and an Edinburgh Drug Checking Service (DCS). This work has been led by the Edinburgh Alcohol and Drug Partnership (EADP).
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Recommendations	<p>It is recommended that the Edinburgh Integration Joint Board:</p> <ol style="list-style-type: none"> 1. Acknowledge the findings of the feasibility studies into the SDCF and DCS. 2. Note that no additional funding to develop costed proposals has been agreed by the Scottish Government. 3. Agree to consider a costed proposal, including information on funding available, for the development of an Edinburgh Drug Checking Service in January 2025. 4. Agree to consider a costed proposal, including information on funding available, for an Edinburgh Safer Drug Consumption Facility in July 2025. 5. Note that no funding has been agreed by the Scottish Government to fund either a DCS or SDCF.
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Directions

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



Main Report

Safer Drug Consumption Facilities

1. Safer Drug Consumption Facilities or SDCF (also termed Drug Consumption Rooms) are legally sanctioned or tolerated facilities where individuals can consume their own drugs, supervised by trained people who can intervene to prevent fatal overdose. They also usually offer or provide pathways to other interventions to reduce harm. Development of SDCFs is explicitly supported by Scottish Government strategy and is recommended by the Drugs Deaths Task Force. Evidence of their impact is well established internationally and indicates that where such facilities are easily accessible in areas of concentrated public injecting, rates of Drug Related Deaths fall.

Drug Checking Services

2. Drug Checking Services or DCS are a harm reduction intervention available in many countries but not currently unambiguously legal in the United Kingdom. They consist of analysing the content of a substance brought to the service by someone who intends to take it and providing information to them to enable them to reduce risk. This is compatible with Edinburgh Alcohol and Drug Partnership (EADP) and Scottish Government strategy. Discussions on the legal status of the intervention are ongoing and pilots are being explored in other areas in Scotland and England ([The Scottish Drug Checking Project](#)).
3. The exploration of how both services could be provided in Edinburgh is therefore timely and potentially valuable.
4. As part of its deliberations at [Full Council](#) on 30 June 2022 regarding the prevention of drug deaths, the City of Edinburgh Council (the Council) requested that it worked with partners in health and criminal justice to provide a report to the Policy and Sustainability Committee into the feasibility of supporting an official SDCF in Edinburgh. This, and a later request from Policy and Sustainability Committee regarding a DCS, was welcomed and supported by the EADP.
5. The EADP commissioned a consortium of external organisations to undertake feasibility studies under the direction of a steering group of local partners. It was hoped that the findings of the process would be available by March 2023. However, there were delays in securing ethical clearance for elements of the research to ensure rigour and veracity, and thus legally defensible completion, which elongated timelines. The [Feasibility Studies](#) were published in November 2023 and discussed at the [Policy and Sustainability Committee in March 2024](#).



6. The feasibility studies recommended implementing SDCF and DCS to reduce drug related harm in Edinburgh and the studies included recommendations for next steps which are summarised at appendix 1. The feasibility studies were discussed at the EADP and Policy and Sustainability Committee and several actions were agreed, and these are undernoted:
 - a. **Drug Checking Services:** Officers were directed to prepare a costed proposal to be considered by the EADP in November 2024.
 - b. **Safer Drug Consumption Facilities:** The EADP and Policy and Sustainability Committee supported the development of a high-level project plan setting out staffing model, proposed costs, a timeline for consultation and wider considerations including location and engagement with the Lord Advocate.

7. Based on these agreements, two projects have been initiated to develop local delivery models for SDCF and DCS. These models will form the basis of recommendations to the EADP Executive, the EIJB and the Council's Policy and Sustainability Committee. They will be part of any future Home Office License applications which is legally required to deliver a DCS and a statement of Prosecution Policy which is required to deliver a SDCF without fear of prosecution.

8. The proposals will focus on practice model, location, outline procedures, resources and the the legal and policing arrangements required to progress further and will include:
 - a. Data on drug related harm in the area of the proposed site.
 - b. Detailed operating plan for how the intervention would operate
 - c. Costs associated with the development.
 - d. Legal, registration, health and insurance considerations.
 - e. Views of the local community.

9. These plans will have been co-produced with the potential users of the service and others with lived and living experience of high risk drug use. Several actions have been progressed to date including:
 - a. The Chair of the EADP and Elected Members have approached the Minister for Drugs Policy to highlight the central importance of funding to support implementation of any future SDCF project.
 - b. A governance structure has been established and groups have been formed to oversee the development and this is referenced at appendix 2.
 - c. A project manager has been secured to support this work over the next year This is summarised in appendix two.



- d. EADP officers have joined the national group exploring the development of DCS in Glasgow, Aberdeen and Dundee. This is being supported by national organisations [The Scottish Drug Checking Project](#)).
 - e. Members of the Stakeholder group visited the developing SDCF and DCS facility in Glasgow. Appendix three details key elements and learning points for consideration as we develop proposed Edinburgh models.
10. Based on other models implemented elsewhere in the UK, the cost to implement a SDCF will be significant and estimated between £1m and £2.3m (which is the cost to implement a SDCF in Glasgow).

Strategic Priorities

Strategic Priorities	✓	Key points within report that address strategic priorities
Prevention and Early Intervention	✓	Section 5 of this report and appendix one
Tackling Inequalities	✓	Section 5 of this report and appendix one
Person Centred Care	✓	Section 5 of this report and appendix one
Managing our resources effectively		
Making best use of capacity across the system		
Right care, right place, right time		

National Health and Wellbeing Outcomes

Please note which national Health and Wellbeing Outcomes your report aligns to		✓
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.	6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	
2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	7. People who use health and social care services are safe from harm.	✓
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.	8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve	



		the information, support, care, and treatment they provide.	
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	✓	9. Resources are used effectively and efficiently in the provision of health and social care services.	✓
5. Health and social care services contribute to reducing health inequalities.	✓	Not applicable	

Implications for Edinburgh Integration Joint Board

Financial

11. Local investment in the process has been restricted to use of existing resources, mostly time from EADP and Edinburgh Health and Social Care Partnership (EHSCP) officers and participants in the various groups. The allocation of a full time Public Health Practitioner to project manage the development process for one year has been agreed from within current EHSCP capacity.
12. It is envisioned that the DCS could be delivered with relatively little additional funding and development, however it should be highlighted that to deliver the DCS would have to be delivered within the existing budget, if no additional funding is provided. There are several governance, legal and practical steps involved but much of the development work can be adapted from work completed in the other Scottish cities.
13. At the time of the feasibility studies' publication, the EADP recognised that the estimated cost to fund development of an SDCF could not be met by funding from within the Edinburgh Alcohol and Drug Partnership and the Edinburgh Integrated Joint Board without significant impact on core services. A clear finding of the feasibility study was that decision makers and practitioners interviewed did not support SDCF provision if it entailed substantial reductions in other aspects of the system for reducing drug and alcohol related harms.
14. Based on these considerations the Chair of the EADP was directed to initiate discussion with Scottish Government decision makers to explore funding opportunities. This resulted in an exchange of letters which indicated that a funding allocation to support SDCF would not be considered until a detailed proposal was presented to the Scottish Government for their consideration. Considering the financial situations both nationally and locally, there remains a significant risk that despite work on progressing proposals, funding to implement a SDCF will ultimately not be available.



15. From the findings and recommendations of the feasibility study, replicating the model of SDCF used in Thistle Project in Glasgow, will cost approximately £2.3m pa. This cost is neither financially feasible nor proportionate to local demand in any area of Edinburgh.
16. The Feasibility Studies did highlight that internationally there are several less clinically focussed and resource intensive models which would meet the identified needs in Edinburgh. This evidence will be used to inform the proposed model.

Risk, legal, policy, compliance, governance, and community impact

21. Legal advice and a clear policing plan are requirements of both proposals, and the policing plan will need to take account of wider community safety issues and address any concerns raised by community residents A DCS would require a Home Office license to enable it to legally handle drugs. Delivery of an SDCF can only take place under a Statement of Prosecution Policy from the Lord Advocate indicating that they would not consider it in the public interest to prosecute. Working towards developing the evidence required for a submission required to obtain such a statement will be a substantial element of the SDCF project.
22. The clinical governance and safety elements of both proposals will need to be considered by the Clinical and Care Governance Committee in advance of submission to the EIJB.

Equality and Poverty Impact

24. Problem drug use is both a cause and consequence of deprivation and drug related harms are highly concentrated in areas of multiple deprivation. Drug use is a stigmatised activity strongly associated with disadvantage and several protected characteristics. Implementation of either SDCF or DCS interventions is expected to have an ameliorative effect.
25. A full Integrated Impact Assessment will be completed as part of the development of both proposals.

Environment, climate, and sustainability impacts

26. There are no known environmental Impacts arising from this report.

Quality of care

27. Drug Checking and safer drug consumption would be offered within wider treatment and recovery settings with experienced staff thus increasing the opportunities for people to engage. Clear standards for care for harm reduction would be adhered to.



Consultation

33. Engagement with geographical communities and communities of interest are key elements of this programme. This will include coproduction with current and former drug users and their families and will be incorporated into the EADP's comprehensive programme focussed on putting Lived and living experience at the heart of the EADP's activities.
34. There will need to be consultation with those in areas where DCS and SDCF may be located and local networks including Community Councils will be key contributors to this.

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Background reading / external references

- 1 [Feasibility Studies.](#)
- 2 [P&S Committee Paper Responding to the feasibility studies](#)

Appendices

Appendix 1	Key findings and recommendations of the Feasibility Studies
Appendix 2	Governance Structure
Appendix 3	Key learning from Thistle Project in Glasgow and from national partnerships



Appendix 1: Key findings and recommendations from the needs assessment and feasibility study for a safer drug consumption facility in Edinburgh.

Summary of findings

- There are significant levels of drug-related harm across the city, a number of which could be mitigated by SDCF provision
- Patterns of drug consumption and harm are dispersed across the city, but with identifiable hotspots in some areas
- Patterns of use in the city are varied and dynamic, with particularly high levels of cocaine injecting and benzodiazepine use
- There is a recognised risk of increased harms due to higher levels of synthetic opioids entering the drug supply
- There is strong support for SDCF provision among the people with lived / living experience, family members and professional stakeholders interviewed for the study
- While support for SDCF provision is strong among professional stakeholders, there are mixed views on prioritisation and levels of resource allocation in relation to other relevant services
- SDCF provision is widely viewed as valuable for more than overdose response. Safer injecting support, education, signposting to wider services and support into treatment and recovery are also viewed as key functions
- There is strong support for extensive service delivery by peers / people with lived experience and a degree of informality in service design
- There is also support for trained clinical expertise and clear operating procedures to protect safety and security on-site
- Strong links between SDCF provision and wider services are seen as critical

Recommendations

- The City of Edinburgh Council and Alcohol and Drug Partnership should take steps to introduce SDCF provision in the city. Given the dispersed patterns of harm, this should ideally include more than one location. To this end, we recommend the following next steps:

Consultation

- Explore the feasibility of provision in identified hotspot areas in depth, including:
 - continuing engagement with potential service users, and others with lived and living experience, on preferences and needs
 - launching a community consultation in hotspot areas focusing on experiences of drug-related harm and the potential impacts of an SDCF
 - consultation with homelessness and drug services in hotspot areas to explore the option of embedded provision



- establishing protocols to share relevant data at the lowest possible geographies to track patterns over time

Service development

- Develop service designs that include:
 - extensive levels of trained peer delivery
 - provision of spaces and support appropriate to a range of drug consumption including opioids, stimulants and benzodiazepines
 - creating an inviting and informal atmosphere with psychologically informed design
 - clear plans for education provision and wider harm reduction support, including injecting equipment provision, take-home naloxone, wound care, and BBV testing and support
 - clear plans for supporting people who use the service into treatment and recovery where appropriate
 - training to support staff to address a range of drug responses effectively and sensitively
 - operating procedures that ensure safety of staff and people using the service
 - clear plans for design coproduction, including people with lived and living experience.
 - clarity on clinical staffing requirements
 - Engage with and learn from other sites for where SDCF are established or in development in Scotland and internationally.
 - Develop an evaluation framework and begin the organised collation of baseline data at the earliest possible point to allow for robust evaluation of outcomes

Legal considerations

- Secure bespoke legal advice to ensure proposed operating procedures remain lawful
- Embark on early engagement with local police and the Crown Office and Procurator Fiscal Service to establish shared principles and work towards the development of shared agreements

Finance and costs

- Initiate of discussions with local and national government decision makers to ascertain the potential financial envelope for service provision
- Liaise with potential providers to explore costs and feasibility of standalone and integrated provision

Communication

- Develop a communication plan to provide stakeholders and the public with information about SDCF provision, and the place of a potential service in the wider treatment, recovery and harm reduction landscape in Edinburgh.



Key findings and recommendations of the Drug Checking service report

- There are significant levels of drug-related harm across the city, a number of which could be mitigated by DCS provision.
- Patterns of drug consumption and harm are dispersed across the city, but with identifiable hotspots in some areas. Patterns of use in the city are varied and dynamic, with particularly high levels of cocaine injecting and benzodiazepine use.
- Several models and locations of DCS have the potential to reduce drug related harms in Edinburgh, and approaches serving a range of potential users should be explored.
- DCS were seen as having several potential harm reduction impacts, including:
- providing opportunity for the adoption of safer drug use practices through increasing the availability of information about drug contents.
- increasing uptake of other harm reduction interventions through building trust and engagement.
- providing staff with opportunity to have detailed and specific harm reduction conversations with service users.
- increasing systemic capacity for drug market monitoring.
- the potential to change drug markets.

Recommendations

- The City of Edinburgh Council and the Alcohol and Drug Partnership should take steps to introduce drug checking services (DCS) in the city. Several models and locations of DCS have the potential to reduce drug related harms in Edinburgh, and approaches serving a range of potential users should be explored. For those at highest risk of drug-related deaths and harms, DCS within recovery hubs, homelessness services, community pharmacy, and safer drug consumption facilities (DCR) would have the greatest acceptability and impact. For this group, local and quick access to results are key considerations.
- For wider groups of people who use drugs, sites such as Crew may be more appropriate. Postal services or multiple drop off locations may supplement this provision. For this group, there may be a lower premium on immediacy of response.

Consultation

- Carry out consultations with potential providers to explore feasibility in specific locations
- Liaise with those leading development of drug checking within Aberdeen, Dundee and Glasgow, and the national implementation group led by Scottish Government, to apply both practice and policy learning



- Consult further with a range of people who use drugs in the city to explore needs and preferences
- Urgently discuss the feasibility of Edinburgh also using the national lab-based testing services that are currently being developed as part of the national implementation work

Service development

- Explore the creation of multiple drug checking services in locations across the city, or the establishment of a distributed model where a primary site collects samples from other locations for testing
- Explore options for the creation of city-wide postal provision
- Consider the balance between speed of testing results and comprehensiveness of the analyses in developing service design
- Develop service designs that include:
 - flexibility, ease of access and user-friendly, non-judgmental approaches, including peer support
 - access to other harm reduction interventions
 - operating procedures that ensure safety of staff and people using the service
 - clear plans for design coproduction, including people with lived and living experience

Legal considerations

- Ensure planning takes account of Home Office licensing requirements, and other national plans for confirmatory testing

Finance and costs

- Initiation of discussions with local and national government decision makers to ascertain the potential financial envelope for service provision •
- Liaison with potential providers to explore costs and feasibility of standalone and integrated provision

Communication

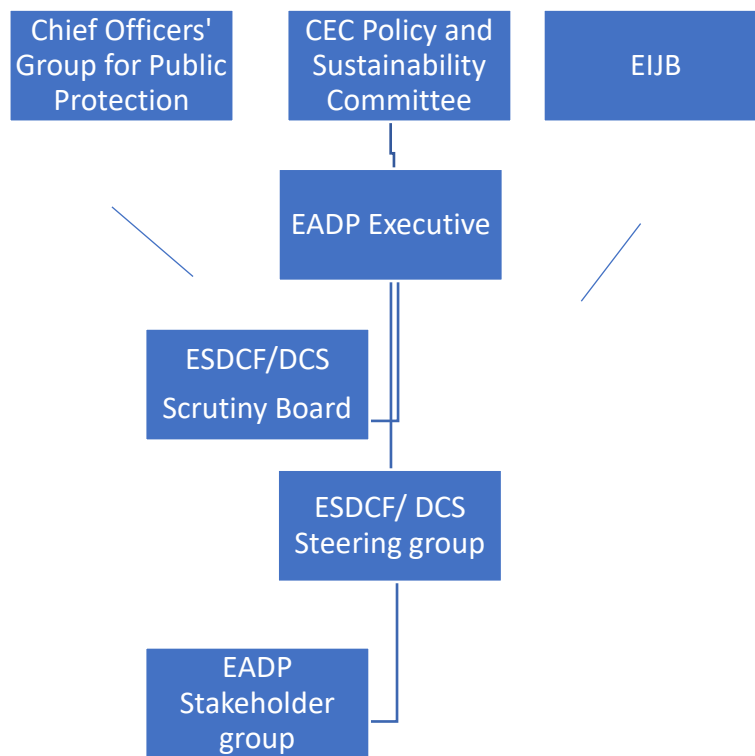
Develop a communication plan to provide stakeholders and the public with information about drug checking services, and the place of potential services in the wider treatment, recovery, and harm reduction landscape in Edinburgh

Appendix 2: Governance, membership, roles and responsibilities of project groups

Two new groups have been established:

- A Steering Group who will develop options and proposals, supported by the project manager
- A Scrutiny Board who will provide critical feedback on proposals

The EADP Stakeholder Reference group will provide support and advice to the Steering Group.



ESDCF/ EDCS Steering Group:

The Steering Group will be a multi-organisational group leading the development of the Safer Drug Consumption Facility (SDCF) and Drug Checking Service (DCS) projects in Edinburgh. The group will have an overview of the planning and implementation of the projects and will develop the reports and plans needed to achieve the projects’ aims. It will pass reports and recommendations to the EADP Executive. It will direct the work of the project manager. It will consult with the Stakeholder Group and submit reports to the Scrutiny board for their comment.

Membership

Service Manager, Substance Use EHSCP
Clinical Lead for Drugs and Alcohol, EHSCP
Lead Pharmacist, NHS Lothian
Manager, Harm Reduction Team, NHS Lothian
Programme Manager, EADP
Project Manager, EHSCP
Public Health, NHS Lothian

ESDCF/ EDCS Scrutiny Board

Role and Remit: The Scrutiny Board provides an advisory role contributing to the development of the Safer Drug Consumption Facility (SDCF) and Drug Checking Service (DCS) projects in Edinburgh. The Board will have an overview of the planning and implementation of the project and act as a “critical friend”: it will receive reports and plans from the Steering Group and will ensure that all aspects of the development are informed by current legal, financial, regulatory, clinical, and governmental contexts. The Board will advise the officers who are responsible for reporting on the progress of the project.

Membership:

Chief Officer, EHSCP and Chair EADP
Chief Inspector, Edinburgh Partnerships, Police Scotland
Director of Service Operations, EHSCP
Drug Policy, Crown Office & Procurator Fiscal Service
Programme Manager, Edinburgh Alcohol & Drug Partnership
Service Manager, Substance Use EHSCP
Head of Harm Reduction Team, Drugs Policy Division, Scottish Government
Clinical Lead, Drug and Alcohol Services, EH&SCP
Consultant in Public Health, NHS Lothian
City of Edinburgh Council legal services

EADP Stakeholder group

Role and Remit: The Stakeholder group comprises of representatives with knowledge and expertise in drug harm reduction and treatment service delivery; policing; public health; communications; consultation with communities of interest and local communities. Its role is to comment on and contribute to plans developed by the Steering Group (as well as wider issues in implementation of the ADP strategy).



Appendix 3: Key learning from Thistle Project in Glasgow and from national partners

1. On the 10 September, a group of staff from the EADP, Edinburgh NHS and EHSCP treatment providers, Edinburgh Voluntary sector homeless and drug services, Ambulance Service and Police, and NHSL Public Health visited the Thistle Project premises from which the Glasgow SDCF and DCS will be delivered in the future. They met with the planners and managers who have been involved in progressing the work there.
2. Key lessons from the visit to the SDCF included:
 - Registration; preparing and consumption; recovery, and aftercare will all take place in distinct places within the premises.
 - The final element, aftercare, offers a supportive, comfortable, and safe space for people following their injection and will give opportunities for people to engage with additional social and harm reduction support. Time spent in the aftercare space will not be limited and it is expected to operate as a “third space” for the users of the service.
 - The service will be available 9 am to 9 pm 365 days.
 - Cost of this service development is £2.4 million a year for 3 years (total £7.2million).
 - Evaluation funding was acquired separately – the evaluation will be independently conducted.
 - The Thistle Project will employ 34.00 WTE staff in a variety of NHS positions which will have capacity to provide 2.00 WTE nurses on site at all times and a number of staff with lived experience of drug use and recovery. The workforce will receive intensive and bespoke training and will be supported by a clinical psychologist.
 - The most safety critical element of the provision - the supervised consumption - will always require at least two registered nurses to be present - This is an irreducible aspect of the model.
 - Eight people will be accommodated in the consumption area at any time and a larger number in the aftercare area.
 - The building is being refurbished but it was an established site with a long history as a location for harm reduction interventions. The design layout has been informed by potential users and others with lived experience of drug use and will strive to be a trauma informed environment.
 - The pre-existing level of drug related activity harm in the vicinity is intense. The process of engagement with both the community in the local area and with people with lived and living experience of drug use has been extensive and has shaped the development of the project. Businesses and residents have had mixed views but many have offered significant support.



Drug Checking

3. The model which will be used in Glasgow (as in Dundee and Aberdeen) is one of near person testing i.e. users of the service bring a sample of a drug that they were planning to take. A small amount (the size of a grain of rice) is dropped into a drop box in a container. A staff member takes the sample to a machine in the building and analyses it – this would take about 20 minutes. The person bringing the sample waits whilst the substance is being analysed. The staff member then provides v the client with information about the substance, the risks of using it and advice on how to reduce those risks, this includes the offer of treatment and recovery. The sample is not returned.
4. To legally deliver a drug checking service that complies with the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 200,1 a licence is required from the UK Government Home Office. To obtain a Licence there needs to be standardised operational procedures in place ratified by the Home Office. In addition to this, the Home Office has provided guidance on what they would consider necessary when submitting license applications for drug checking facilities. These are:
 - Measures in place to ensure the service cannot be seen to condone drug misuse
 - Targeted at people who are dependent on one or more illicit drug, and they can demonstrate effective measures which prevent non-dependent people from accessing the services.
 - Located in a fixed community-based, drug treatment, harm reduction or other healthcare setting.
 - Restricted to people over the age of 18 only.
 - Ensure that all users receive a follow up appointment with a trained treatment professional to support behaviour change, entry to treatment and becoming drug free.
 - Feed information into, as a minimum, domestic early warning systems to support the Government's understanding of emerging drug threats.
 - Agree an impact assessment methodology with the Home Office in advance (this is a licence condition).
 - Agree to share data from the impact evaluation openly with the Home Office (a licence condition).
5. Aberdeen, Glasgow and Dundee HSCPs have, with Scottish Government (SG) and Public Health Scotland support, submitted applications to the Home Office for licences. They are now in the process of having those considered, this includes site visits and examination of proposed operating procedures.



6. Colleagues from these areas and Scottish Government are happy to support Edinburgh to make a similar application and share their experience of the process and requirements. The Home Office stipulations are so narrow in terms of the potential locations and models for a DCS.
7. Visits to Dundee which will be providing a DCS and to the National Laboratory which is an important part of the overall national DCS process are being arranged.
8. Colleagues from these areas and the SG are happy to support Edinburgh to make a similar application and share their experience of the process and requirements. The Home office stipulations narrow the potential locations and models for a DCS and the steering group is working on an options appraisal of potential settings and approaches to delivery.
9. A visit to Dundee is being arranged to visit the service there which will be offering DCS and the national lab which is an important part of the overall national DCS process.

REPORT

Medium Term Financial Strategy Update

Edinburgh Integration Joint Board

1 November 2024

Executive Summary	This report summarises the actions agreed as a result of the lessons learned exercise on the 2024/25 budget setting process and gives an update on the medium-term financial strategy (MTFS) 2025/26 to 2028/29.
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Recommendations	<p>It is recommended that the Integration Joint Board:</p> <ul style="list-style-type: none"> a. agree the actions arising from the ‘lessons learned’ exercise undertaken following the 2024/25 budget setting process; b. agree to receive updates on the progress with these actions through the budget working group; c. note the most recent update of the medium term financial strategy; and d. instruct the Chair to write to the City of Edinburgh Council and NHS Lothian to share the projected position, highlighting the risks associated with the size of the financial shortfall.
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Directions

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

Main Report

Lessons learned

- At the budget working group on 6 August 2024, Edinburgh Integration Joint Board (EIJB) members and officers considered the ‘lessons learned’ from the budget setting process for 2024/25. The discussion also covered the points raised in the [proposal](#) from Councillor Miller. Feedback from this session was presented at the following budget working group meeting on 3 September under the following headings:



- The resultant actions are included as **appendix 1** and are now presented for approval. Progress will be monitored via future budget working groups.

Medium-term financial strategy

- The financial challenges facing the EIJB are both complex and well-rehearsed. These include: pressures to maintain and improve performance; the increased demand for services as we emerge from the Covid pandemic and see the impact of wider demographic changes; the EIJB’s structural deficit; our refreshed strategic plan; and a range of unavoidable financial pressures. In this context financial balance is only possible through reductions in services, outcomes and performance. Further information on the structural deficit is included in appendix 2.



4. The draft medium-term financial strategy (MTFS) was presented to, and agreed by, the board in March 2024. It aims to address the projected financial shortfall over a 3-year period, setting out a range of initiatives, aligned wherever possible to our strategic plan which, over time, will support financial balance.
5. Like all financial plans, the draft MTFS sets out financial projections based on the best information available at the point in time it is published. The Chief Finance Officer, working with the Council and NHS Lothian finance teams, regularly reviews the underpinning assumptions, updating the framework as required. An interim update was presented to the EIJB in June 2024 and this paper provides the latest position. The MTFS presented in June identified a savings requirement of £28m for 2025/26, rising to £63m by 2027/28.
6. Two key changes are highlighted in this latest update:
 - *Impact of 2024/25 savings programme* – the MTFS presented in June assumed full delivery of the schemes included in this year's savings and recovery programme. As we are now halfway through the financial year this has been reassessed on a scheme-by-scheme basis. The financial update paper presented to this meeting highlighted slippage in delivery of a number of schemes. This has been estimated at £12m and this figure has now been built into the updated MTFS; and
 - *Next iteration of NHS Lothian financial plan* – the latest version of the financial plan was presented to the Finance and Resources Committee on 23 October 2024. This reflected the available information from the quarter 1 forecast for 2024/25, recognising current commitments and expected increases in costs. At this early stage in the financial planning process a deficit of £121m is forecast for 2025/26.
7. It should also be noted that there are some issues which we are aware of but where the financial impact is either unclear and/or difficult to estimate with any accuracy with the information currently available. Examples include the impact on health and social care services of the housing crisis and positive asylum-seeking decisions. Officers are working closely with colleagues in both the Council and NHS Lothian to



determine the impact on delegated services. At this point, no allowance has been built into the MTFs to reflect these emerging pressures.

8. The combined impact of these changes is summarised in table 1 below:


	2025/26	2026/27	2027/28
	£m	£m	£m
Opening position	22.85	38.29	63.58
Non-recurring and other adjustments	-	-	-
Change in costs	52.27	50.96	53.83
Change in funding	(25.29)	(25.68)	(26.09)
Gross savings requirement	49.83	63.58	91.32

9. Although this is an early estimate of the position and will continue to be refined, it does demonstrate that the size of the financial deficit facing the EIJB remains significant. Further information will be available as our 2 partners review their planning assumptions and the UK and Scottish Government budgets are published.

Savings and recovery

10. As discussed above, many of the actions arising from the lessons learned exercise relate to the savings and recovery programme. Building on this, the timetable for 2025/26 has been reviewed and brought forward from future years. This is designed to allow more time to properly develop, test and refine savings options.
11. Themed budget development workshops, where Heads of Service (HoS) present initial proposals to the Chief Officer, are taking place in October and November. Finance and performance & evaluation colleagues will be fully involved in the development work to ensure that proposals submitted are feasible, accurately quantified and do not duplicate savings already identified elsewhere. As part of this process, HoS will be set savings targets.
12. Impact assessments will be carried out more timeously, with a broader range of representatives, and the reports will be shared with members much earlier in the process, allowing for challenge and revision where appropriate. This will enable a greater focus on communication and engagement, both internally and externally.

13. The high-level timetable to which we are working is set out below:

SEPTEMBER: Hold workshop for WLT on budget process Idea-generation sessions with senior leaders. Issue budget templates to WLT to be returned by end of September.	OCTOBER: First set of budget workshops take place to consider submitted proposals. Feedback provided. WLT members to revise templates and re-submit by end October.	NOVEMBER: Repeat budget workshops based on revised information submitted by WLT and refine/finalise proposals. IIA plan to be complete. Share with EIJB members.	DECEMBER: IIAs to be completed for all proposals (to be reviewed and updated as required prior to budget meeting in March).	JANUARY: Share IIA reports with EIJB members Present final draft programme to BWG for approval. Finalise comms plan for approval at BWG.	FEBRUARY: Comms and engagement carried out with affected groups. Engagement with partners.	MARCH: Publication date TBC.
SEP	OCT	NOV	DEC	JAN	FEB	MAR
						
EIJB budget working group: 3rd September		EIJB budget working group: 12th November	EIJB budget working group: 18th December	EIJB budget working group: TBC	EIJB budget working group: TBC	EIJB budget meeting: TBC (c. 18 March)



Next steps

14. Despite the recovery plan for 2024/25 which is included as a separate paper to this meeting the Chief Finance Officer is unable to give assurance on achieving financial balance in year. Many other Scottish integration authorities are considering similar recovery plans. This reinforces the severity of the financial constraints we are all facing. Whilst officers will always strive to recommend savings which are delivered through redesign and innovation, the opportunities to do this continue to reduce. The updated MTFS indicates that a savings programme of c£50m would be required to balance the books in 2025/26, with further efficiencies required in future years.
15. In setting the budget for next financial year we will follow the timetable set out above. All areas of spend are under review in order to maximise the money that is available for statutory and core services and ensure that we protect the most vulnerable citizens to the fullest extent that is possible. Despite these efforts however delivering financial balance will mean cuts to current service levels This could involve stopping and/or reducing services, shrinking our workforce, more people being delayed in hospitals, and brings the risk of our partners being unable to meet their statutory obligations.
16. It is therefore recommended that the Chair writes to partners on behalf of the EIJB to share the initial financial projections and the implications for levels of service, performance and outcomes for people.



Strategic priorities

Strategic Priorities		Key points within report that address strategic priorities
Prevention and early intervention		
Tackling inequalities		
Person centred care		
Managing our resources effectively	✓	The medium-term financial strategy is the vehicle through which the EIJB aims to achieve sustainability.
Making best use of capacity across the system		
Right care, right place, right time		

National health and wellbeing outcomes

Please note which national performance indicator your report aligns to		
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.		6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.		7. People who use health and social care services are safe from harm.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.		8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care, and treatment they provide.



4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.		9. Resources are used effectively and efficiently in the provision of health and social care services.	✓
5. Health and social care services contribute to reducing health inequalities.			

Implications for Edinburgh Integration Joint Board

Financial

18. Are outlined in the main body of this report.

Risk, legal, policy, compliance, governance, and community impact

19. Given the scale of savings there is an acknowledgment that this will impact on service delivery and add pressure on the ability of the Council and NHS Lothian to deliver all their statutory duties. Through the EHSCP, current governance arrangements have been reviewed and routine dialogue with our professional leads for nursing, allied health professionals, social work and medical on these matters will remain a key priority. The scale of the savings will also require more rigour around cost implications of policy, practice, legislative changes with greater focus on delivering core delegated services.

Equality and Poverty Impact

20. Due to the scale of savings there must be an acknowledgement that the EIJB is required to focus on core services in order to achieve financial stability. The cost-of-living crisis, housing crisis, increasing demand and population growth are placing pressures on the whole system with a risk that these matters will exacerbate poverty, deprivation and health inequalities that often underpin addiction, mental health and the wider context of adult protection. Funding is not commensurate with projected demand and in this regard there remains a risk that the impact of these issues will continue to escalate.



Environment, climate, and sustainability impacts

21. There are no specific implications arising from the content of this report.

Quality of care

22. The Chief Officer and the wider EHSCP team will continue to work closely with the Care Inspectorate and Mental Welfare Commission in response to highly critical inspection reports during 2023/2024. Any implication upon the quality of care in response to such significant savings targets will require close monitoring and overseen by respective governance arrangements.

Consultation

23. Work remains underway with the EHSCP workforce, key stakeholders, third and independent sector partners, Council and NHS Lothian senior management teams in response to the agreed savings plans programme. This work will extend further and ongoing communications with the citizens of Edinburgh will also remain a key priority ensuring greater awareness of the necessary changes that will be required to achieve longer term financial sustainability.

Report Author

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Background reading/external references

None

Appendices

Appendix 1	Actions resulting from 2024/25 budget setting lessons learned exercise
Appendix 2	Edinburgh Integration Joint Board structural deficit

ACTIONS RESULTING FROM 2024/25 BUDGET SETTING LESSONS LEARNED EXERCISE

Theme	Feedback	Proposed action
Range of proposals	<ul style="list-style-type: none"> • Some members felt that insufficient options were put forward by officers, meaning that the board did not feel they had choices • Others felt that options had been provided through the BWG meetings and in some cases, options rejected in these informal sessions ahead of the final budget • Members felt that it would be helpful to retain a list of previously rejected options, as there may be a need to revisit these • Members noted that the deep dives into specific proposals were helpful to increase understanding of the broad range of services. 	<ul style="list-style-type: none"> • Keep previously dismissed ideas on list and circulate for each BWG meeting, to allow reconsideration where appropriate.
Slippage and contingency	<ul style="list-style-type: none"> • Members noted that there was no leeway built in for slippage in delivery of savings and that it would have been helpful to have a “reserve list” of contingency options which could be quickly brought forward if needed. 	<ul style="list-style-type: none"> • Wherever possible, aim to identify additional proposals to allow for slippage (e.g. to 105% of target), noting that in 24/25 this was not possible and circa £3m needed to be managed through “budget control measures”.

ACTIONS RESULTING FROM 2024/25 BUDGET SETTING LESSONS LEARNED EXERCISE

Theme	Feedback	Proposed action
Timing of budget development	<ul style="list-style-type: none"> Members noted that the process felt rushed, particularly through February and March, with papers not issued early enough to allow for full consideration and key decisions (for example on the Scottish Living Wage) taken very close to the budget meeting. 	<ul style="list-style-type: none"> Start process earlier – develop timeline for 25/26 budget and share this at the September BWG meeting.
Impact assessments	<ul style="list-style-type: none"> Members noted that while IIAs had improved from previous years, there was still concern that they did not always capture full range of potential impacts It was noted that impacts should be identified and considered earlier as part of the development of the proposal, rather than only addressed in the IIA itself Some board members felt that IIAs did not always have a wide enough range of participants. Members suggested that they would be able to help with identifying suitable people to be part of these sessions Concern that IIAs did not always consider impacts on the wider system – for example, savings could actually result in additional cost elsewhere in the wider H&SC system and this was not well understood or quantified. 	<ul style="list-style-type: none"> Proposals to be developed more fully before IIA carried out to ensure clarity of change IIAs to happen earlier in the process (draft timeline to be shared with BWG in September) IIA planning well in advance of the sessions themselves, with dates confirmed in diaries earlier and engagement with the board to seek suggestions on invitees Where possible, capture potential impacts on wider system as part of the development of proposals, noting that capacity and resource may limit what can be achieved Further develop and improve the cumulative IIA process and ensure representation from colleagues across the wider Council or NHS to try to capture whole-system impacts.

ACTIONS RESULTING FROM 2024/25 BUDGET SETTING LESSONS LEARNED EXERCISE

Theme	Feedback	Proposed action
Risks	<ul style="list-style-type: none"> Risks were not always identified clearly or with sufficient detail in the proposals. 	<ul style="list-style-type: none"> Allocate more time to be spent identifying and scrutinising risks, particularly in budget development meetings, BWG sessions and during IIAs.
Engagement with third sector and other partners	<ul style="list-style-type: none"> Some concerns from some members that there may not have sufficient engagement with the third sector in relation to budget cuts affecting those organisations. However, officers also noted that a disproportionate amount of time was spent during the budget meeting discussing this proposal, which reduced available time to fully scrutinise others. 	<ul style="list-style-type: none"> Develop comms and engagement plans in alignment with development of budget proposals. Ensure all relevant partners are involved in early discussions around savings proposals and sufficient time is allowed to address concerns.
Communication	<ul style="list-style-type: none"> Communication to public needs to improve to ensure they are aware of the budget savings and the likely impacts and of any changes which may be made to services that they use. 	<ul style="list-style-type: none"> Create detailed comms plan for savings programme and share with BWG members Consider publishing IIAs sooner to ensure visibility of plans.
General	<ul style="list-style-type: none"> Increase in trust and transparency Sense that process is improving year on year 	

EDINBURGH INTEGRATION JOINT BOARD – STRUCTURAL DEFICIT

Situation

1. This report was commissioned by the Chief Officer of Edinburgh Integration Joint Board (IJB). It sets out the factors driving the IJB's financial shortfall and how these can be traced back to the establishment of the board in 2015.

Background

2. From its inception, the IJB has never enjoyed a stable and sustainable financial position.
3. The board has always taken the financial position extremely seriously but has routinely found itself in the position where increases in expenditure have outpaced increases in income. Each year the board agrees a financial plan and an associated savings and recovery programme which aims to address the deficit. In the few years it was possible to set a balanced plan, this was highly reliant on one off measures and ambitious savings which proved difficult to deliver.

Assessment

4. The initial financial plan presented to the board in May 2016 (which can be found [here](#)) reported an estimated in-year savings requirement of £34m.
5. Whilst an offsetting savings and recovery plan was agreed, delivery was only possible by using funding provided by the Scottish Government to support innovation and change. Even this was insufficient as, partners were required to provide a further £3.6m of funding to support a break-even position. This deficit then carried into the following financial year, increased by the one-off measures.
6. The position was similar in 2017/18 with an initial savings target of £20m. Again, a savings programme was agreed and funding support change was used to offset funding pressures. By the end of the year partners made additional contributions totalling £12.3m to support the IJB to break even.

EDINBURGH INTEGRATION JOINT BOARD – STRUCTURAL DEFICIT

7. Although the dynamics in each of the subsequent years was subtly different, the underlying position remained the same. Namely, lack of sufficient funding to meet unavoidable increases in cost, challenges in delivering agreed savings, unfunded commitments, the drive to improve performance and drive down waiting lists and partners who were not in a position to agree funding settlements which reflected the clearly demonstrated need.
8. Financial balance has only been possible by the underpinning of one-off benefits and additional contributions from partners. The underlying budget gap has worsened year on year and the budget gap going into 2024/25 was estimated at £60m, rising to £109m by 2026/27. Given that savings are delivered year on year to offset pressures, determining the drivers of this position is not straightforward. However, these can be characterised as follows:

	£m
Social care capacity growth	37
Living wage & contract uplifts	10
Pay awards	6
Prescribing	11
Set aside services	8
GMS	2
Drugs	2
Vacancies	(16)
Total	60

Table 1: determinants of the Integration Joint Board budget gap 2024/25

9. This table demonstrates the range of unavoidable pressures which the board faces as it seeks to respond to increasing demand and unfunded policy initiatives. To ameliorate this, the board has agreed a savings and recovery plan which, if delivered in full, would support a balanced financial position for 2024/25. Whilst every effort was made to align these savings with the IJB's strategic priorities, the board and our

EDINBURGH INTEGRATION JOINT BOARD – STRUCTURAL DEFICIT

partners recognised that this was not entirely possible. As a result we will see some service reductions, poorer outcomes for people and deteriorating performance.

10. Projecting forward for the next few years it is clear that this position will continue for some time. In a demand led service where no additional funding is available to offset the consequent financial pressure will require further service cuts.

Recommendations/next steps

11. It is recommended that the contents of this paper are noted.

Author

Moira Pringle

Chief Finance Officer, Edinburgh Integration Joint Board

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REPORT

Financial update

Edinburgh Integration Joint Board

1 November 2024

Executive Summary

This report shares the latest financial monitoring information for 2024/25. It indicates a projected year end overspend of £26.2m, driven largely by slippage in delivery of savings schemes.

With the exception of prescribing, the baseline position shows an improvement from the medium-term financial strategy, evidencing the effectiveness of additional controls introduced by the Chief Officer to manage growth.

To address the projected overspend, and as required by the integration scheme, the Chief Officer has prepared a recovery plan which is presented to the Integration Joint Board for approval. In developing this plan, officers have carried out a systematic review of services and associated costs. It is acknowledged that the recovery plan presents some extremely difficult decisions. Nonetheless it is designed to protect services for the most vulnerable and to protect our partners' statutory duties.

Despite considering all possible areas to reduce costs, the recovery plan presented in this paper is not sufficient to balance the books in this financial year. Given this, the paper recommends that the Chair raises this formally with the City of Edinburgh Council and NHS Lothian.



Recommendations

It is recommended that the Integration Joint Board:

- a. **notes** the forecast financial position for delegated services for 2024/25;
- b. **notes** the recovery plan designed to reduce the financial deficit by 31st March 2025;
- c. **agrees**, as part of the recovery plan, to use slippage in carers funding to offset the increased costs of replacement care;
- d. **agrees**, as part of the recovery plan, to approach the City of Edinburgh Council to renegotiate the in-year repayment of brokerage;
- e. **agrees**, as part of the recovery plan, the recommendations of the separate paper to this meeting on community grants;
- f. **recognises** that the recovery plan remains insufficient to deliver in year financial balance based on current projections;
- g. **notes** the limited assurance provided by the Chief Finance Officer; and
- h. **directs** the Chair to formally communicate this position to partners in the City of Edinburgh Council and NHS Lothian.

Directions

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



Main Report

Background

1. The financial position facing the Integration Joint Board (IJB) is well rehearsed, featuring a number of complex inter-related factors. This is not unique to Edinburgh with public services across Scotland and the UK facing similarly significant financial challenges. The draft medium term financial strategy (MTFS) agreed by the board in March 2024 recognised the influence this would have over the lifespan of the new strategic plan, impacting on delivery of our strategic priorities and testing our resilience. Both the draft strategic plan and MTFS attempt to balance our priorities for service change and improvement with financial sustainability. These goals are not necessarily congruent and, at times, will require decisions which challenge us all.
2. Like all financial plans, the MTFS sets out financial projections based on the best information available at the point in time it is published. At the time of publication in March 2024, the draft MTFS identified a savings requirement of £60m for 2024/25, rising to £109m by 2026/27. Since this point we have had to address further financial pressures, including the closure of Braid Hills nursing home and unanticipated reductions in Scottish Government funding.
3. Edinburgh is not unique in the financial challenges it faces. Across Scotland, integration authorities are being presented recovery plans to bring their finances back into balance. The actions set out in these plans are often in direct contradiction to the ongoing efforts to improve performance across the Scottish health and care system. There is risk that recent evidenced improvements in Edinburgh's performance, including in relation to reducing the length of time people are in hospital and the number of people waiting for a package of care are jeopardised.

Overview

4. In line with the integration scheme, the IJB "directs" budgets back to our partner organisations who provide the associated services. Most of these services are delivered through the Edinburgh Health and Social Care Partnership (EHSCP), with

the balance being managed by NHS Lothian under the strategic direction of the IJB. Management of financial performance is undertaken through the governance arrangements in the 2 partner organisations and the EHSCP.

5. Both partners provide the required information on operational budget performance from their respective financial systems, under the co-ordination of the IJB Chief Finance Officer, to provide reports to the board on delegated health and social care services. Budget monitoring is undertaken by the finance teams within the Council and NHS Lothian.
6. The information in this report is based on the month 6 (September 2024) monitoring reports from the Council and NHS Lothian. It shows a projected year end overspend of £26.2m. This is a deterioration of £5.7m over the previously reported position, due to increased prescribing and purchasing costs. Of the total forecast overspend, £19.4m relates to delegated services operated by the Council and £6.8m to those delivered by NHS Lothian.
7. Recent structural changes in the Edinburgh Health and Social Care Partnership (EHSCP) have now been reflected in the financial ledgers of both partner organisations. This allows us to report in a way which aligns to the EHSCP structure as can be seen in table 1 below and in the appendix.

	Annual Budget £k	Year end forecast £k	Forecast variance £k
Core Partnership services	686,651	709,951	(23,300)
Hosted	113,775	112,941	835
Set aside	96,048	99,768	(3,720)
Total	896,474	922,659	(26,185)

Table 1: projected financial position for delegated services



8. There are 2 elements to these projections:
 - a. 'baseline' position (i.e. performance against the assumptions built into the MTFS); and
 - b. savings position (the extent to which we are achieving our agreed savings targets).
9. With the exception of prescribing, we are continuing to report an improvement over the baseline position set out in the MTFS. However, the recent increase in purchasing costs is a concern. Offsetting this is a shortfall on the level of savings required, with slippage identified in a number of the individual schemes (as presented to the Performance and Delivery Committee in September 2024).

Core services delivered through the HSCP

10. As noted above, financial performance for the services operated by the HSCP is now being reported in line with the new structure. Budgets and costs are now shown for the 5 operational services (assessment and care management; home first, community rehabilitation and reablement; mental health, substance use and learning disabilities; hospitals, care homes and technology; and primary care) with a final category which captures 'central' costs. Although consolidated figures which combine social care and health costs are being reported in this paper, these are also separately monitored by the respective partners.
11. Overall, core HSCP services are forecasting a £23.3m overspend for the year. With the exception of prescribing, this is an improvement on the position reflected in the MTFS. Despite the different presentation, the underlying drivers remain as previously reported, namely:
 - a. *Assessment and care management* – £1.2m over. Key pressures can be seen in the areas of purchased care and support (effectively home-based services for the under 65s), direct payments and transport. The overspend is anticipated to reduce as additional savings are delivered.
 - b. *Home first, community rehabilitation and reablement* - £3.4m over. High vacancy levels in care at home, reablement, physiotherapy and other allied



health professionals (AHPs) are offset by slippage in delivery of savings associated with one Edinburgh. This has been subject to the escalation process introduced by the Chief Officer. Through this, alternatives are being scoped for in year delivery.

- c. *Mental health, substance use and learning disabilities* - £9.4m over. As with other services this is driven by slippage in savings delivery (impacting on care and support, individual service funds and direct payments) offset by underspends in employee costs as a result of vacancies, primarily in nursing.
- d. *Hospitals, care homes and technology* - £1.9m over. This is driven by internal care home budgets, largely due to challenges with reducing bank and agency costs. Offsetting this are nursing vacancies in community hospitals.
- e. *Primary care* - £7.1m over. Prescribing remains the main financial pressure with a projected year-end overspend of £7.8m. In line with the rest of NHS Lothian, the year-end forecast for prescribing has been revised upwards. This reflects that volumes across Edinburgh for the year so far are nearly 5% higher than last year and it appears likely that high growth will continue throughout 2024/25 as a result of the rising population. There has been a lower reduction in apixiban costs than assumed as well as a shift towards more expensive endocrine drugs than used previously. Work is progressing via the Lothian prescribing forum to refine the estimates as well as to improve understanding of the underlying causes. The other significant financial issue impacting primary care is in general medical services (GMS) where locum cover for maternity leave and sickness are driving costs. These prescribing and GMS pressures are offset by district nursing and pharmacy vacancies.

Share of pan Lothian hosted services

- 12. Services which are delegated to the IJB and managed on a pan Lothian basis. The majority of which are operationally managed out with EHSCP.
- 13. Overall hosted services are projecting an underspend of £0.8m. As with core services, vacancies are a key factor in the financial position especially across rehab



medicine, sexual health, oral health and substance misuse where the establishment gaps for nursing and allied health professionals (AHPs) combined remains high.

14. The financial benefit caused by these vacant posts is offset by a range of pressures (mainly in mental health, primary care and psychology). Mental health services delivered in the Royal Edinburgh Hospital have experienced high levels of occupancy and increased acuity, leading to increased costs. To some extent this has been offset by an underspend on out of area placements (UNPACs) where increased numbers of people have been repatriated to Edinburgh. The primary care pressure mainly relates to community continence services where there has been a sharp increase in prices linked to a new national contract.

Share of acute set aside services

15. Acute hospital services which although delegated, are operationally managed by NHS Lothian.
16. Financial pressures in set aside services remain a key determinant of the IJB's financial position for delegated health services. The current forecast projects an overspend of £3.7m (4%). The key contributor is general medicine services (£2.2m) due to continued use of supplementary staffing and staff in post being higher than budgeted levels.

Savings and recovery programme

17. The savings governance board, chaired by the Chief Officer, meets monthly to oversee delivery of our 2024/25 savings programme of £48m. Despite best efforts in driving implementation of 25 separate savings projects, and the successful delivery to date of savings of approximately £24m, it is now clear that a significant in-year pressure remains.
18. Through the savings governance board escalation process, the Chief Officer commissioned an urgent review of implementation and delivery plans. As part of this process, SROs were challenged to identify the actions required to deliver the agreed programme. Based on these responses the Chief Finance Officer has assessed likely delivery. Projects which are currently on target have also been



reviewed with one (gross funding) identified as likely to over deliver. Through this exercise, the Chief Finance Officer has provided significant assurance that further of savings of £5.1m can be delivered by the end of this financial year.

19. Progress with the overall programme as well as the individual schemes is reported to, and scrutinised by, the Performance and Delivery Committee.

Recovery plan

20. The integration scheme sets out the action which should be taken when the Chief Finance Officer is unable to provide assurance of financial breakeven. Accordingly, the Chief Officer instigated the work to prepare a recovery plan. This has been approached in a systematic way – considering potential additional income, revisiting savings projects and reviewing existing spend. A key maxim on this approach was to ensure that we protect the most vulnerable citizens to the fullest extent that is possible by focussing what money is available on statutory and core services. In parallel the Chief Officer has reviewed and strengthened controls and can provide the board with assurance that these are operating effectively. Thus the proposals being put forward in the recovery plan are only after all other options have been tested and exhausted.

Workforce

21. All recruitment requests are subject to approval from a recruitment panel. This is chaired by the Council's Service Director, Human Resources and has a wide representation from members of the executive team. This process provides the Chief Officer with assurance that all posts are critically assessed and only recruited to if deemed essential. The Chief Finance Officer and Service Director Operations are working with professional leads to explore whether these controls could be further tightened, although this is not expected to generate material additional savings.
22. In these circumstances the next stage would be to implement a recruitment freeze. This is not recommended given the existing level of vacancies and the unpredictable nature of the impact. Further, many frontline posts if vacant would need to be filled with supplementary staffing in order not to breach safe staffing



legislation. Even if implemented it is estimated this would save between £1m and £2m in year (assuming no additional costs incurred through supplementary staffing).

Purchased services

23. In total the IJB commissions c£300m of purchased services. As with workforce, controls over purchasing expenditure have been strengthened over the past year. The monitoring information available demonstrates that these have been successful in managing growth within the estimates included in the budget for the year. These controls are constantly reviewed and, by way of demonstrating how tight this approach is, the Chief Officer is now the only person in the Partnership who can sign off care home packages for the over 65s at a level above the national care home contract rate. This was introduced on 1st September and is estimated to save £0.3m over the rest of the financial year.
24. The forecast for externally purchased care has been prepared on the basis of no net growth, in other words new service users directly replace those no longer requiring services. Further reducing these costs can be done in 2 different ways, either lowering the level of provision for existing service users or limiting the number or level of new packages of care. In order to ensure all options have been considered and evaluated, the Chief Officer has sought both legal and professional advice (from the Chief Social Work Officer). The resultant advice was unequivocal. Each of the options being considered – i.e. rationing packages of care; providing care only for those who meet the eligibility criteria of ‘critical’; and reducing individual packages without review would be considered a breach of statutory duties.

Prescribing

25. We are projecting to spend c£83m on drugs prescribed by General Practitioners (GPs). Edinburgh has one of the lowest prescribing cost/head in Scotland, reflecting a strong track record of cost effective prescribing. Through the pan Lothian medicines management forum, the community pharmacy and wider primary care teams scrutinise the forecast costs, work together to identify and embed best practice and identify and deliver savings. The recent increase in prescribing costs



is being replicated across Scotland and a detailed report will be available imminently from the medicines management forum.

Recovery plan

26. The actions identified in paragraphs above (i.e. making further progress with additional savings and the impact of strict adherence to the national care home contract rate) would reduce the projected year end shortfall from £26.2m to £20.8m.
27. In developing the recovery plan, officers have considered each of the main cost headings above as well as all other less material areas of expenditure. This is in line with the request from the IJB to consider all options when developing the recovery plan. Accordingly, 3 proposals are presented for the board's consideration:
 - a. **Contribution to increased costs of replacement care** – it is recommended that the IJB agrees to utilise slippage in carers funding of £1.5m to offset increases in the cost of replacement care.
 - b. **Repayment of brokerage** – at the end of financial year 2023/24, the Council delegated additional funding to the board. It was agreed that an element of this would be 'repaid' at a rate of £0.9m pa for 3 years. This has been built into the budget for the year but it is clear from the forecast position that the IJB is not in a position to repay this. It is recommended that the board ask the Council to reconsider the in year contribution.
 - c. **Community grants** – subject to a separate paper to this meeting, if agreed, £0.7m would be saved this financial year and £4m on an ongoing basis.



28. The financial impact of the actions above would reduce the forecast to an overspend of £17.7m as summarised in table 2 below:

	Forecast £m
Projected year end position	(26.2)
<i>Ongoing recovery actions</i>	
Potential additional savings delivery	5.1
Saving from adhering to NCHC rate	0.3
Updated projection	(20.8)
<i>Additional actions for board agreement</i>	
Carers slippage	1.5
Repayment of brokerage	0.9
Cancellation of grants	0.7
Net projection	(17.7)

Table 2: Integration Joint Board recovery plan

Conclusion

29. Despite these best efforts, it has not been possible to identify mitigations to fully address the financial shortfall. As demonstrated in table 2, even if the actions proposed by the Chief Officer are agreed, a budget deficit for the year of £17.7m is forecast.
30. As outlined in this paper, officers have considered all options to support financial balance which can be delivered in year. A number of these have been rejected on the basis of deliverability or compliance with statutory duties. Whilst officers will continue to identify and pursue additional opportunities for efficiencies, these are now extremely limited and will only deliver marginal financial gains this year. On this basis, the Chief Finance Officer is unable to provide assurance of an in-year break even position. It is therefore recommended that the IJB directs the Chair to raise this formally with partners.

Strategic priorities

Strategic Priorities		Key points within report that address strategic priorities
Prevention and Early Intervention		
Tackling Inequalities		
Person Centred Care		
Managing our resources effectively	✓	Regular scrutiny of financial monitoring information evidences how resources are managed.
Making best use of capacity across the system		
Right care, right place, right time		

National health and wellbeing outcomes

Please note which national performance indicator your report aligns to		
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.		6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.		7. People who use health and social care services are safe from harm.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.		8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care, and treatment they provide.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.		9. Resources are used effectively and efficiently in the provision of health and social care services. ✓
5. Health and social care services contribute to reducing health inequalities.		

Implications for Edinburgh Integration Joint Board

Financial

31. Are outlined in the main body of this report.

**Risk, legal, policy, compliance, governance, and community impact**

32. Given the scale of savings there is an acknowledgment that this will impact on service delivery and add pressures on the ability of the Council and NHS Lothian to deliver all their statutory duties. Through the Partnership, current governance arrangements have been reviewed and routine dialogue with Edinburgh Chief Social Work Officer (CSWO) on these matters will remain a key priority. The commencement of a social work governance board will provide additional rigour, augment IJB governance structures and will monitor these concerns and risks accordingly. The Chief Officer has recently commissioned work on the projected costs of providing statutory duties aligned to increased demand and population growth. The scale of the savings will also require more rigour around cost implications of policy, practice, legislative changes with greater focus on delivering core delegated services.
33. Whilst the 'baseline' position has improved from the MTFs, there is a major risk associated with the ability to constrain growth over the winter period. Across Scotland delayed discharges have breached 2,000 and considerable efforts are required to address this. In line with this, Edinburgh performance has deteriorated in recent months. At the time of writing we had over 100 people delayed in hospital waiting for a care home place. The financial implications of improving performance have not been factored into the forecast so any significant reduction in delays is likely to come with a material increase in recurring costs.

Equality and Poverty Impact

34. Due to the scale of savings there must be an acknowledgement that the IJB is required to focus on core services in order to achieve financial stability. The cost-of-living crisis, housing crisis, increasing demand and population growth are placing pressures on the whole system with a risk that these matters will exacerbate poverty, deprivation and health inequalities that often underpin addiction, mental health and the wider context of adult protection. Funding is not commensurate with projected demand and in this regard there remains a risk that the impact of these issues will continue to escalate.



Environment, climate, and sustainability impacts

35. There are no specific implications arising from the content of this report.

Quality of care

36. The Chief Officer and the wider EHSCP team will continue to work closely with the Care Inspectorate and Mental Welfare Commission in response to highly critical inspection reports during 2023/2024. Any implication upon the quality of care in response to such significant savings targets will require close monitoring and overseen by respective governance arrangements.

37. To meaningfully improve performance and national targets, additional funding will be required. Managers and teams continue to identify efficiencies, innovate, develop and transform their services with a view to improving service delivery and the quality of care for people, however, this is marginal considering the level of funding coming out of the system.

Consultation

38. Work remains underway with the EHSCP workforce, key stakeholders, third and independent sector partners, Council and NHS Lothian senior management teams in response to the agreed savings plans programme. This work will extend further and ongoing communications with the citizens of Edinburgh will also remain a key priority ensuring greater awareness of the necessary changes that will be required to achieve longer term financial sustainability.

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Appendices

Appendix 1 Financial forecast for delegated services

FINANCIAL FORECAST FOR DELEGATED SERVICES

	Annual Budget £k	Year end forecast £k	Forecast variance	
			£k	%
Assessment and care management	115,898	117,178	(1,280)	-1%
Home first, community rehabilitation and reablement	99,878	103,268	(3,390)	-3%
Mental health, substance use and learning disabilities	154,096	163,461	(9,365)	-6%
Hospitals, care homes and technology	52,026	53,959	(1,933)	-4%
Primary care	223,768	230,825	(7,057)	-3%
Directorate, strategic planning and PSWO	40,985	41,260	(275)	-1%
Sub total core	686,651	709,951	(23,300)	-3%
Hosted services				
Complex care	1,010	889	120	12%
GMS	13,357	13,733	(376)	-3%
Hospices & palliative care	2,971	2,978	(7)	0%
Learning disabilities	7,332	7,208	123	2%
Lothian unscheduled care	8,287	8,116	170	2%
Mental health	35,863	36,887	(1,023)	-3%
Oral health	5,456	4,649	807	15%
Other	331	913	(581)	-176%
Primary care	3,322	3,621	(300)	-9%
Psychology services	7,994	7,822	172	2%
Public Health	1,035	994	42	4%
Rehabilitation medicine	5,300	4,887	413	8%
Sexual health	5,276	5,257	19	0%
Substance misuse	3,189	2,912	277	9%
Therapies	9,306	8,898	408	4%
UNPAC	3,746	3,176	570	15%
Sub total hosted	113,775	112,941	835	1%
Set aside services				
Acute management	5,646	4,314	1,332	24%
Diabetes & endocrinology	3,111	3,914	(803)	-26%
ED & minor injuries	12,857	13,510	(653)	-5%
General medicine	32,889	35,074	(2,186)	-7%
Geriatric medicine	19,451	20,146	(696)	-4%
Other	1,212	865	348	29%
Rehabilitation medicine	2,034	2,346	(312)	-15%
Respiratory medicine	7,690	7,862	(171)	-2%
Therapy services	11,158	11,738	(580)	-5%
Sub total set aside	96,048	99,768	(3,720)	-4%
Total	896,474	922,659	(26,185)	-3%

REPORT

Edinburgh Integration Joint Board Grants Programme and Public Social Partnership

Edinburgh Integration Joint Board

1 November 2024

Executive Summary	<p>Ever since its inception, the EIJB has operated with a large financial deficit (described as £32M in 2015) and, in most years has relied on partner organisations providing additional money to meet its spending commitments each year. A deterioration in the macro-economic climate has reduced the capacity of the partner organisations to continue providing this level of support. Despite achievement of around £50M in savings in the last two years (the overwhelming majority of which has occurred within EHSCP), there remains a significant financial deficit. Without either a substantial increase in income or reduction in expenditure, the EIJB will be unable to meet its fundamental responsibilities which will cause the partners to breach their statutory obligations and deliver core services.</p> <p>This paper evidences that the money currently invested in the EIJB grants programme would be better spent on other priorities. This would include a more focused approach to prevention with a greater emphasis placed on the EIJB’s realisation of return on investment.</p> <p>A proposal for a new working relationship with third sector providers based on improved partnership working and longer-term sustainability is outlined. The model proposed would more comprehensively integrate third sector partners into EIJB strategic decision-making with influence across the whole £900M of spend.</p>
Recommendations	<ol style="list-style-type: none"> 1. Bring forward the scheduled end date of the existing grants programme by two months by directing the Council to issue a 90 day notice of cancellation to all grant recipients to support reduction in the EIJB’s in-year deficit. 2. Do not provide an EIJB grants programme in 25/26.

	<ol style="list-style-type: none"> 3. Adopt a more focused and evidence-based approach to prevention and early intervention. 4. Implement a new public-social partnership model whereby third sector representatives are integrated into EIJB’s planning, evaluation and decision-making processes to achieve the best outcomes possible within the resources available.
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Directions

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

Main Report

1. The EIJB is unwavering in its dedication to serving the best interests of the citizens of Edinburgh and to protecting the most vulnerable. This commitment remains strong and yet the EIJB must adapt its model of delivery if it is going to achieve this ambition in the context of rising demand, driven by rapid population growth and an ageing and increasingly frail population, and significantly constrained resources.
2. While still in draft form, the next IJB Strategic Plan reinforces a commitment to protect the most vulnerable and gives a renewed focus on prevention and early intervention. The requirement for a greater strategic focus in relation to these two priorities was highlighted in the inspection of Social Work and Social Care in Edinburgh report (2023). A strong strategic focus is required to ensure resources are used efficiently and the essential services provided by the EIJB are sustainable in the longer term.
3. This paper evidences that the money invested in the EIJB grants programme would be better spent on other priorities. In the context of the EIJB’s severe financial challenges and in alignment with the EIJB’s strategic priority of ‘Using Our Resources Effectively’, the following recommendations are made to the EIJB:
 - a) Bring forwards the scheduled end date of the existing grants programme by two months by directing the Council to issue a 90 day notice of cancellation to all grant recipients to support reduction in the EIJB’s in-year deficit.
 - b) Do not provide an EIJB grants programme in 25/26.

Adopt a more focused and evidence-based approach to prevention and early intervention.

- c) Implement a new public-social partnership model whereby third sector representatives are integrated into EHSCP's planning, evaluation and decision-making processes to achieve the best outcomes possible within the available resources.
4. There will always be scope to improve efficiency; huge progress has already been made in this area with around £50M of financial savings already having been achieved in the last two years alone and more in the pipeline. This is additional to the service improvement teams continuously implement to make better use of the resources available. All opportunities to improve efficiency will continue to be relentlessly explored so that the money available is stretched as far as possible. Unfortunately, the reality that needs to be faced is that the gap between the EIJB's income and its expenditure remains significant and will not be closed through efficiency savings or improved grip and control alone. The size of the deficit is such that without decisive action, the EIJB will be unable to meet its statutory obligations and unable to protect our most vulnerable. In the absence of a substantial (and recurring) increase in income, the EIJB needs to reduce the scale of the services it provides.
 5. This situation is not entirely new; when the EIJB was first established in 2016, a financial deficit of around £30M existed and despite exhaustive efforts and successful delivery of substantial savings programmes each year, the EIJB has never been able to reconcile this position. In most subsequent years, the partner organisations (NHS Lothian and City of Edinburgh Council) have had to provide additional funding to enable the EIJB to balance its books at the end of the financial year. What has changed is that the deterioration in the macroeconomic situation has reduced the capacity of the partner organisations to provide this level of additional support as they each have substantial savings of their own to make.
 6. Extensive work has been (and continues to be) undertaken to critically examine all areas of EIJB spend to identify how and where savings can be made to enable the EIJB to meet its statutory obligations and protect the most vulnerable. This work has identified the discontinuation of the grants programme as an opportunity to contribute to this. Recommendations 1 and 2, the in-year cancellation of existing grants and discontinuation of the grants programme in the next financial year are explored in the following section.

Putting this proposal in context of other savings plans

7. Of the EIJB's £900M annual budget, approximately £150M is spent purchasing services from third sector providers (17%). In the last two years, the EIJB has realised £50M of savings, of which only £1.5M has been realised within the third sector. This equates to a reduction in third sector spend of just 1% (which includes a previous reduction to the EIJB grants programme). To date,

therefore, only 3% of savings achieved have occurred within the third sector despite this area representing 17% of the EIJB's total spend. The remaining 91% of the savings made have been realised within EHSCP services through significant re-design and reductions to staffing and services.

8. The EIJB is forecasting a requirement to make a further £50M of savings in the 25/26 financial year. The full-year effect of this proposal to discontinue the grants would contribute £4.5M towards this savings requirement (i.e. 9% of the total). These figures illustrate the extent to which the EIJB has been successful in protecting third sector organisations from the worst of the economic challenges in recent years. The current position is not sustainable as the EHSCP cannot continue to absorb such a disproportionately high percentage of the savings requirement relative to its share of the EIJB's budget without jeopardising core and statutory service provision.

The EIJB Grants Programme

9. The EIJB Grants Programme was established in 2019 as three-year programme where 64 third sector organisations were awarded a share of an annual £5M fund to deliver projects linked to the EIJB's 2019-22 strategic plan, principally, the priorities of Prevention and Early Intervention and Tackling Inequalities. The programme was due to end in March 2022 but was subsequently extended due to continued disruption resulting from Covid. The grant-funded projects which were originally intended to run for only three years have therefore been running for almost six. As part of the EIJB's 2024/25 savings plan, the programme's funding was reduced by 10% to £4.5M for this year. The programme is due to end at the end of March 2025.
10. A lot has changed in the six years since the grants programme was implemented and the decision to fund these projects was made. After reviewing the programme in the current context, it has been concluded that it is no longer considered to be the best use of resources in the prevailing financial climate and the following recommendations are made to the EIJB:
 - a) Bring forwards the scheduled end date of the existing grants programme by two months by issuing a 90 day notice of cancellation to all grant recipients to support reduction in the EIJB's in-year deficit.
 - a) Do not provide an EIJB grants programme in 25/26.
11. As with disinvestment from any service, there are likely to be adverse consequences for some individuals and as detailed in the Integrated Impact Assessment (Appendix 1), these cannot be entirely mitigated. The recommendation to disinvest from the grants programme remains because these disadvantages are outweighed by the benefits that would be felt by the most vulnerable members of society for whom there is a legal duty to provide

services (i.e. those assessed as having a critical or substantial need). An itemised list of the organisations in receipt of grant funding is included in Appendix 2.

12. It is not possible to spend the same pound twice and therefore spending money in one area for the benefit of some individuals inevitably means it is not then available to benefit others. To put the grant programme spend into context and illustrate the complex competing demands on the EIJB budget, figure 1 provides some examples of what this sum of money could fund during 2025/26 in the other areas of the EIJB’s responsibility.

£4.5M is enough to fund:
187,500 hours of home care (equivalent of a year’s worth of three times daily support for around 300 people)
4,729 weeks of care in a nursing home (equivalent of a year’s worth of support for 91 people)
1,500 GP sessions per year (Equivalent to 30 GP’s working full time for a year)
Staffing for 2 x hospital wards (equivalent of a 48 hospital beds for a years)
18 weeks of all NHS Lothian Emergency Department and Minor Injuries Units

Figure 1.

Evaluation of the current grants programme

13. An evaluation of projects funded through the grants programme is conducted annually. The most recent evaluation relates to activity within 2022-23 (Appendix 4). This evaluation was completed in line with the EIJB’s traditional practice and evidences that the services funded through the grants programme are well-regarded by service users and have been of benefit to the city.
14. A major limitation of the evaluation method used is that it does not consider the opportunity cost associated with the grant allocations (i.e. what evidence is there that the activities funded through the EIJB grants programme was the best use of that money?). In the current economic climate where the EIJB (along with the rest of the public sector) is facing severe and persistent financial against a background of rising demand and demographic change, a greater level of critical analysis is needed. It is not enough to know that money spent has brought benefit, the EIJB need to be assured that every pound has been spent to best effect and done as much good as possible.
15. As part of an ongoing effort to resolve the EIJB’s financial challenges, every area of spend is being actively reviewed; this includes all internal costs within EHSCP, every contract with an external supplier and all grants. The critical questions included in the assessment of purchased services (for contracts and grants) is outlined in figure 2. These questions were developed after

considering the National Audit Office’s best practice guide for evaluating value for money in commissioning (National Audit Office 2024), the Model for Improvement (Langley 2009), the IJB strategic plan and the IJB integration scheme.

Review Questions for Purchased Services
<ol style="list-style-type: none">1. What were the anticipated outcomes that the funding of this service was intended to achieve?2. Do these outcomes directly relate to EHSCP's delegated functions?3. Are the anticipated outcomes of funding this service still our priority?4. What proportion of service users are from groups of high strategic impact (i.e. socially deprived; residing in SIMD1, claiming housing benefit or universal credit, living with a disability, substance user or are unpaid carers)?5. What is the theory of change that links the funding of this service to the anticipated outcomes?6. How robust is the evidence supporting the theory of change?7. To what extent are the service's process measures indicating that the service is doing what they set out to do?8. To what extent are the service's outcome measures having the impact that was intended (i.e. outcome measures?)9. What evidence exists that the intervention is the most cost-effective option for the IJB? (i.e. the costs avoided for IJB-provided services need to exceed the cost of the intervention)

Figure 2.

The logic of the decision-making process is outlined in figure 3.

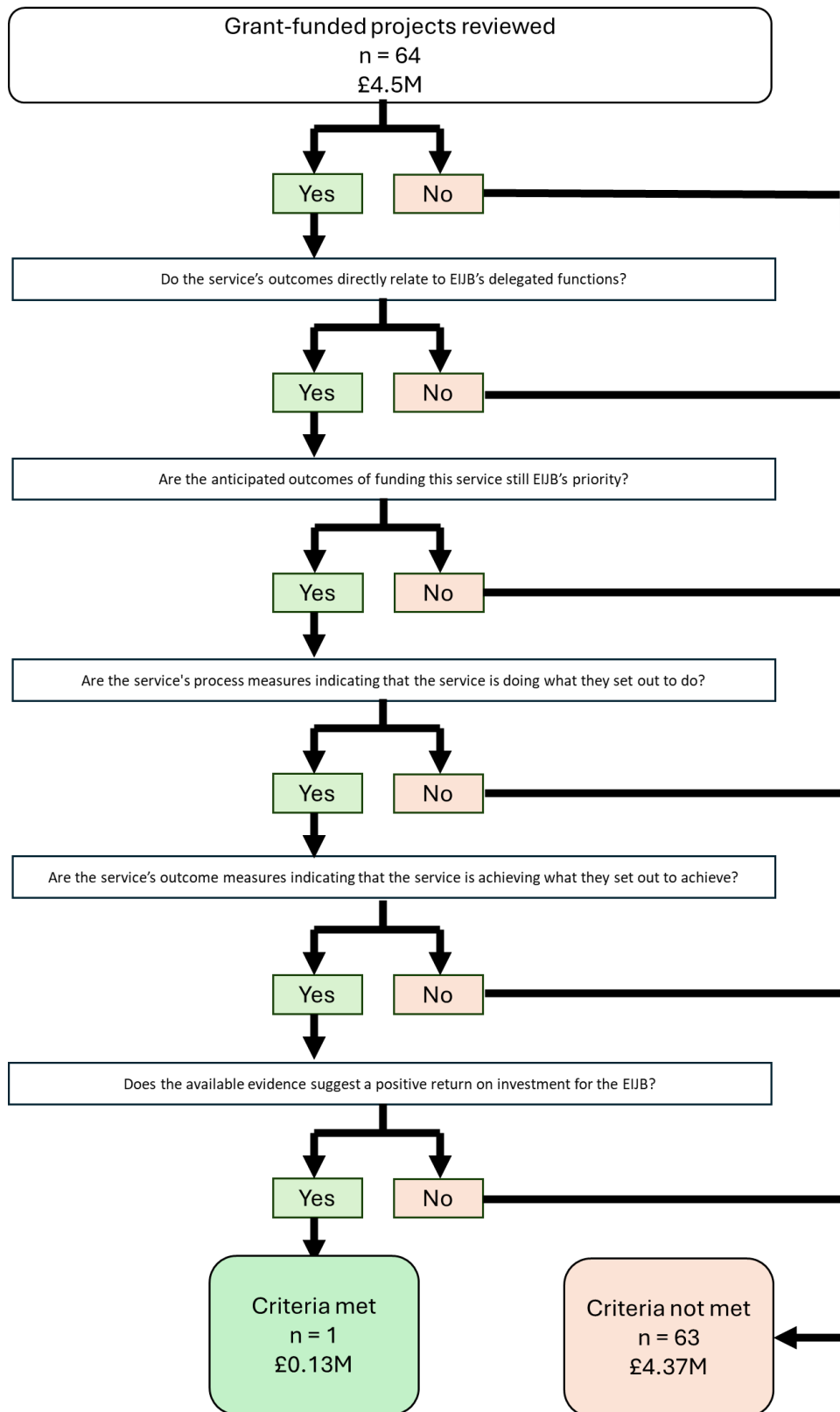


Figure 3.

16. An important caveat to note is that the above findings do not necessarily mean that the interventions are not effective; in fact, all were able to demonstrate that they were providing a useful service to the community.

17. A substantial proportion of the spend related to three Income Maximisation grants totalling £941,702; this is a well-evidenced and effective intervention which will undoubtedly have a beneficial impact to the city but was excluded because income maximisation/poverty reduction is not one of the EIJB's delegated functions. It is worth noting that income maximisation would have been excluded further down the model anyway given evidence of only a modest return on investment of £0.18 for health and social care services for each £1 spent (albeit with a very significant return on investment for other areas of society). The case for investing in income maximisation services is incredibly strong but given that so little of the return on investment materialises within EIJB's delegated functions, it is difficult to justify this continued investment from the EIJB given its own financial situation.
18. Most exclusions occurred at the final stage of the process due to evidence that there was likely to be insufficient return on investment within EIJB services to justify the costs of the interventions. The most common need addressed by grant-funded projects is a reduction in social isolation and loneliness. Clearly, this is an important issue and the evaluations from the projects do demonstrate that their interventions are effective in reducing feelings of social isolation and loneliness. These projects did not meet the criteria due to evidence that such interventions are unlikely to be cost-effective for the EIJB with a probable return on investment of £0.95 for every £1 spent.
19. Fundamentally, two assumptions underpin the grants programme:

Assumption 1) Individuals receiving services from grant-funded organisations would otherwise require input from statutory services.

Assumption 2) The preventative effect from grant-funded services will ultimately save the EIJB money because it reduces demand for more expensive health or social care services in the future.
20. Each of these assumptions will be explored in the following section.

Assumption 1) Individuals receiving services from grant-funded organisations would otherwise require input from statutory services.
21. The available evidence does not support this assumption. In response to rising demand and financial pressures, the provision of statutory social care services is already restricted to individuals that meet the legal definition for 'critical' or 'substantial' need (Appendix 4). To meet these criteria, individuals need to be recognised as at significant risk of harm within the near future without intervention.
22. Whilst no such clearly defined and legally-binding criteria exist for NHS services, in practice, access to most health services is also routinely based on

the stratification of risk and it is common for services to apply a higher threshold for access and treatment today than would have been the case in previous years.

23. Most individuals accessing services funded from the grants programme would not meet the criteria of critical or substantial need and therefore the discontinuation of the grants programme would not lead to an increase in statutory service provision.

Assumption 2) The preventative effect from grant-funded services will ultimately save the EIJB money because it reduces demand for more expensive NHS or Social Care services in the future

24. This assumption is not supported by the available evidence. The data collection and evaluation processes in place for the grant programme are insufficient to allow a health economics assessment to be undertaken for the specific projects that are currently funded. As a proxy, a literature review has been conducted to establish the return on investment of the types of interventions that are being provided by grant-funded organisations. This concluded that with only one exception, the types of interventions that are currently funded through the grants programme do not have a large enough preventative effect to offset their own costs.
25. The one exception relates to community-based falls prevention classes which have been repeatedly found to be effective and to provide a positive return on investment in the areas of the EIJB's delegated responsibility: unscheduled care and rehabilitation for management of falls-related injuries and long-term home care or care home placements following major falls-related harms such as fractured neck of femurs injuries. The strength of evidence and positive return on investment in this area warrants further development of this type of service provision. This action will be taken forward by Edinburgh HSCP which will procure community-based falls prevention services through a longer-term block-contract arrangement to secure access to this provision for the years to come and maximise stability for providers.
26. For the remainder of the grant-funded services, the return on investment for each pound spent by the IJB is likely to be less than £1 and as such represent an additional cost pressure for the IJB. There is no dispute that these organisations deliver quality services and that they are valued by their service users and by the communities they serve; this is evidenced by the positive evaluation reports completed for the services funded by this programme (Appendix 4). Similarly, it is not disputed that such services provide other benefits such as building community cohesion and preventing the distress associated with adverse events which are not as easily quantified as financial return on investment but also have value. The limitations of applying a return on investment lens to this evaluation are acknowledged but such an approach is necessitated given the severity of the EIJB's financial situation. When

insufficient funds are available to meet statutory obligations such as the provision of care packages and care home placements for people at imminent risk of harm (i.e. those with critical or substantial need), it is appropriate to critique all areas of expenditure that the EIJB is not legally obliged to undertake.

27. The evidence base illustrates that the types of intervention funded by the grants programme do have a positive preventative effect but that this effect is not large enough to offset the full cost of those preventative interventions. Robust evidence does exist for other types of preventative interventions where the EIJB would be likely to realise a positive return on investment, but these are not funded by the current grants programme. This area of evidence is explored in more depth in the next section of this report which discusses the economics of prevention and highlights some of the EIJB's best opportunities to maximise the benefits of prevention and early intervention.

Prevention and Early Intervention

28. The EIJB is committed to prevention and early intervention. This should not be seen as a separate entity as it is hardwired into the fundamentals of our core operations; domiciliary home care is only provided to individuals in critical or substantial need who would, by definition, come to harm without it; district nurses and hospital at home teams support individuals with active medical needs to remain in their homes where they would otherwise need to be admitted to hospital; social workers provide critical interventions for individuals at risk of harm; whilst therapists and re-ablement workers actively support individuals to overcome barriers to their independence and lead more active and fulfilling lives.
- 3.1 This report recommends a disinvestment from the existing grants programme (which was established as an investment in early intervention and prevention) but continues to advocate for prevention and early intervention. There is no dispute it is right to prioritise prevention, but it is highlighted that some forms of prevention are more effective than others and some will have a more beneficial impact on EIJB's financial situation than others.
32. In recognition of the evidence base in this area and, in line with previous reports, submitted to EIJB such as NHS Lothian's 'A more focused approach to prevention' which was shared in June 2024, the EIJB would benefit from being more judicious in how it allocates resources for the purposes of prevention and early intervention. The following recommendation is therefore made:
 - c) Adopt a more focused and evidence-based approach to prevention and early intervention.

33. In the context of the EIJB’s strategic plan, and the severity of the financial challenges, the EIJB is advised to prioritise investments in prevention and early intervention in the areas where robust evidence exists for effectiveness and positive return on investment and specifically, where future costs would be avoided within EIJB delegated service areas. This would maximise the beneficial impact for service users whilst also ensuring that the EIJB’s resources stretch as far as possible and help as many people as much as possible.
34. For prevention to have a meaningful impact on the EIJB’s financial position, consideration also needs to be given to the likelihood that the EIJB would be able to realise any cost-savings from preventative actions in real cash terms. In practice, this primarily means avoiding the requirement for prolonged hospital stays, long-term medication, long-term home care or admission to a care home. Whilst potentially beneficial for the individuals concerned and for the system overall, activity reductions such as decreasing the number of attendances to the emergency department or at a GP surgery do not directly translate into financial savings as cash can only be released by reducing the provision within those areas (i.e. having fewer staff working in the emergency department or in primary care).
35. An indicative list of interventions with evidence of suggesting they are most likely to provide a positive return on investment for EIJB services is shown in figure 2. This is not an exhaustive list and further work is required to define the scope of interventions, the likelihood that benefits would be transferable to the City of Edinburgh population and the specific cohorts of individuals most likely to benefit.

Intervention	Return on Investment for EIJB for each £1 spent	Reference
Help at Home / Housing support (domestic tasks)	£2.95	The older adults’ NHS and social care return on investment tool - Final report
WHELD Training Programme for staff looking people with Dementia in Care Homes.	£1.75	The older adults’ NHS and social care return on investment tool - Final report
Suicide and Self-Harm Prevention	£2.52	PHE document
Home-based assessment and environmental modifications for older people at risk of falls	£2.75	A Return on Investment Tool

Immunisations	£34	Return on investment of public health interventions: a systematic review Journal of Epidemiology & Community Health
Smoking cessation	£2.37	Brunel University Research Archive: The NICE tobacco return on investment tool

Figure 2.

36. Outside of a financial recovery plan context, the relative benefits of preventative interventions would be assessed in relation to the costs associated with a measurable improvement in quality of life (such as cost per Quality Adjusted Life Year (£/QALY)). Even after acknowledging the inherent bias of the QALY methodology towards younger people and those without disabilities, it is undoubtedly a better indicator of the value of preventative interventions than looking at monetary return on investment alone; the EIJB’s sole interest is in supporting the wellbeing of the city’s population. Nevertheless, the severity of the EIJB’s financial situation whereby it is unable to meet its statutory obligations within its operating budget necessitates an analysis of non-statutory expenditure through a pragmatic financial recovery-orientated lens.
37. The adoption of a more focused and evidence-based approach to prevention would enable the EIJB to use its resources more effectively whilst prioritising interventions proven to provide a positive return on investment within areas of EIJB responsibility would assist the EIJB in balancing the books and meeting its statutory obligations.

Looking forward to a Public-Social Partnership Model

38. The EIJB recognises and values the contribution that third sector organisations make to the City of Edinburgh and to the EIJB’s strategic mission; this is evident in the circa £150M of services that the EIJB commissions from third sector providers each year.
39. To build on this positive relationship, Edinburgh HSCP and third sector organisations have worked together to consider how the concept of a Public-Social Partnership (PSP) could be implemented successfully within Edinburgh.
40. To date, engagement on the development of a PSP model has assumed that the PSP would act as the commissioning vehicle for the circa £4.5M grant programme budget. As previously outlined in this report, it is recommended that EIJB discontinues this funding stream as a contribution towards closing its large financial deficit.

41. Despite recommending the discontinuation of this budget, the commitment to the PSP model remains strong. Indeed, the severity of the financial context only supports the need for such an approach whereby complex challenges can be explored and addressed using as diverse of a range of expertise as possible to stimulate innovation and shared learning.
42. Rather than restrict the PSP model to the commissioning of a ring-fenced £4.5M budget, it is suggested that even greater benefit could be obtained by taking the PSP model further and integrating third sector representatives as full partners within EHSCP's strategic leadership. In effect, what is being proposed is to use the PSP model as the commissioning vehicle for the majority of EIJB's budget with a shared responsibility to achieve the best outcomes for citizens within the financial resources available and the autonomy to determine how best to allocate resources to achieve this (i.e. Internal EHSCP provision, third sector provision, independent sector provision and delegated acute health care services).
43. The model proposed would be a true partnership of equals; to succeed all participants must accept responsibility and accountability for the best use of a single-shared pot of public money to achieve an agreed portfolio of outcomes. This maximises flexibility and gives teams the best chance of success but would also oblige members to actively participate in the development and realisation of future savings plans. The following recommendation is therefore made:
44. Implement a new public-social partnership model whereby third sector representatives are integrated into EHSCP's planning, evaluation and decision-making processes to achieve the best outcomes possible within the available resources.
45. Given the increase in the scope of the proposed PSP model, further engagement with stakeholders is required. A high-level outline from EHSCP's perspective is provided below as starting point for such a conversation and to provide the EIJB with an insight into the proposed direction of travel.
46. Please note, some interdependencies exist between the PSP model structure and EHSCP's ongoing organisational re-structure which limits the level of the detail that can be shared regarding the specific staffing roles that EHSCP will allocate to each PSP at this time. For the assurance of the EIJB, detailed consideration has been given to the capacity and skill-mix required to maximise the effectiveness of PSPs and the level of staffing resource invested will be commensurate to this.
47. It is proposed that five PSPs are developed, each chaired by one of the EHSCP's Heads of Service, and tasked with achieving a specific portfolio of outcomes within a defined budget. The scope of each PSP will include all EIJB spend associated with those outcomes and the group will have the autonomy to

decide how and where to allocate money for best effect. The five PSPs and some indicative examples of portfolio they may be tasked with improving are shown in figure 3 (each PSP will be supported to develop a detailed list of Key Performance Indicators attached to specific outcomes linked to the EIJB's Strategic Plan – the list shown is intended for illustrative purposes only).

PSP	Exemplar potential outcomes for the portfolio
Primary Care	<ul style="list-style-type: none"> • Completion of and adherence to future care plans • Continuity of care for people with long-term conditions • Timeliness of access to GP appointments
Home First	<ul style="list-style-type: none"> • Total occupied bed days in hospital • Total occupied bed days in hospital associated with delayed discharge • Number of people in hospital over 14 days
Mental Health, Learning Disability and Substance Use	<ul style="list-style-type: none"> • Total occupied bed days in Royal Edinburgh Hospital • Quality indicators for care in community • Number of successful rehabilitations from substance use
Hospitals, Care Homes and End of Life Care	<ul style="list-style-type: none"> • Quality measures for safety in hospitals and care homes (e.g. number of falls/pressure sores) • Quality measures for experience in hospitals and care homes • Number of people to die in preferred place of death
Carers and Cared For	<ul style="list-style-type: none"> • Timeliness of access to social care assessment • Number of carer/cared for relationships to break down • Levels of self-efficacy in cared for community and carers

Figure 3.

48. A representative from the third sector would be a core member of each PSP. This would be a funded role. As part of the remit of this role, the third sector representative would have responsibility for facilitating consortia of third sector providers, helping to develop their bids for funding, ensuring appropriate data collection and helping to evaluate the effectiveness of interventions delivered by third sector partners. To prevent conflicts of interest and optimise objectivity, the representative's host organisation would not be permitted to receive funding to deliver services linked to this PSP.

49. An independent evaluation of PSP models undertaken by the University of Glasgow found that providers typically welcomed the PSP model as an opportunity to have more influence and believed that it enabled greater creativity and collaboration. This evaluation also identified several barriers to success from the perspective of provider organisations from previous PSPs which have been outlined in figure 4 alongside comments and proposed mitigations for the model proposed for Edinburgh would include.

Barrier	Comments and proposed mitigation
They did not result in the anticipated levels of collaboration or power sharing	Implementation of the PSP model will follow a Quality Improvement approach which will include regular reviews of its effectiveness with a specific focus on collaboration.
They were costly for voluntary sector partners to contribute to, using charitable resources with no promise of work	Rather than having multiple third sector providers join the PSP directly, it is proposed to fund a third sector representative to attend on behalf of a consortium of providers with a specialist interest in the portfolio area. This mitigation ensures third sector representation whilst also negating financial risks of potential providers.
They still lead to competitive tendering	Where the PSP determines a service would best be delivered by third sector organisations, a tendering process would be followed although collaboration between third sector providers will be actively encouraged through a consortium model.
They lacked clear objectives	Each PSP will be allocated a clearly defined set of objectives linked to the portfolio area and will also have a measurement framework and data support to monitor their progress against these.
Anticipated funding to sustain the pilot was not forthcoming.	The PSP will have autonomy to determine how their allocated budget is spent. This will primarily be made up of the EHSCP's core operating budget and is therefore mainly recurring (although subject to savings and financial recovery requirements). The PSP will be help accountable for their allocated outcomes.

Figure 4.

51. There is no escaping the reality that the EIJB is significantly overspent and needs to reduce its expenditure if it is going to meet statutory obligations within its allocated budget. Moving to the proposed PSP model would help create a more collaborative environment where the knowledge, skills and experience of all sectors is leveraged to best effect to mitigate the impact of service reductions on the city's most vulnerable citizens.

Strategic Priorities

Strategic Priorities	✓	Key points within report that address strategic priorities
Prevention and Early Intervention	✓	
Tackling Inequalities	✓	
Person Centred Care		
Managing our resources effectively	✓	
Making best use of capacity across the system	✓	
Right care, right place, right time		

National Performance Indicators

Please note which national performance indicator your report aligns to			✓
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.		6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	✓
2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	✓	7. People who use health and social care services are safe from harm.	✓
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.	✓	8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care, and treatment they provide.	
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	✓	9. Resources are used effectively and efficiently in the provision of health and social care services.	✓
5. Health and social care services contribute to reducing health inequalities.	✓	Not applicable	

Implications for Edinburgh Integration Joint Board

Financial

52. Acceptance of the proposal would have a positive financial impact of £0.7M within this financial year (24/25) and £4.5M in the next financial year (25/26).

Risk, legal, policy, compliance, governance, and community impact

53. Acceptance of the proposal would help to reduce the risk of the City of Edinburgh Council breaching its statutory obligations.

Equality and Poverty Impact

54. Both positive and negative impacts related to Equality and Poverty Impact were identified in the Integrated Impact Assessment completed for this proposal (Appendix 1). In summary, acceptance of the proposal is likely to adversely affect some of the individuals accessing the types of services that are currently funded from the grants programme which are typically individuals that would not meet the criteria for statutory support services. Conversely, acceptance of the proposal would enable the IJB to concentrate its resources on its core and statutory responsibilities and providing services to individuals with Critical and Substantial need. The socio-economic drivers of health mean that the majority of service users from both populations are likely to be from communities significantly affected by deprivation.

Environment, climate, and sustainability impacts

55. There are no specific implications arising from this report.

Quality of care

56. As outlined in the Integrated Impact Assessment, the proposal to disinvest from the type of services provided by grant-funded organisations may adversely affect individuals access those services, particularly those with low to moderate levels of need who would not meet the criteria for commissioned services. Conversely, there is likely to be a beneficial impact on the quality of care and access to services for people with critical and substantial levels of need as approval of this proposal would prevent the need for the EIJB to find an additional £4.5M of savings within these services.

Consultation

57. Whilst no formal consultation is required, we would actively engage with partner agencies in the development of the PSP model.

Report Author

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Background reading / external references

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- Living in the Community*. [Online] Available at < [A Return on Investment Tool](#)> (Accessed 24/10/24)
9. Public Health England (2018) *A Structured Literature Review to Identify Cost-Effective Interventions to Prevent Falls in Older People Living in the Community*. [Online] Available at < [A structured literature review](#)> (Accessed 24/10/24)
10. Public Health England (2020) *The Older Adults'*

Appendices

- Appendix 1 - Integrated Impact Assessment
- Appendix 2 - List of grant-funded organisations
- Appendix 3 - Criteria for statutory services - Critical and Substantial Need
- Appendix 4 - Evaluation of EIJB grant programme 2022-23
- Appendix 5 - Direction for City of Edinburgh Council

Appendix 1: Integrated Impact Assessment

Integrated Impact Assessment – Summary Report

Each of the numbered sections below must be completed

Please state if the IIA is interim or final

1. Title of proposal

EIJB Grants

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

The EHSCP invests circa £14m per year in a number of third sector supports and services as part of a number of strategic programmes including Health Inequality Grants, Community Mobilisation, Thrive Edinburgh, Learning and Physical Disabilities, the Older People's Programme and capacity building programmes in support of our strategic aims and ambitions. In 2024/25, £4.592M of this funding has been allocated to the grants programme.

The grants programme commissions 64 organisations to provide services accessed by an estimated 55,500 people across Edinburgh. The grant programme aims to realise two key priorities of the IJB's Strategic Plan 2019-22:

Prevention and early intervention: establish links with community resources and assets to ensure people have the opportunity to access preventative opportunities which will help them keep themselves as fit and healthy as possible.

Tackle inequalities: take action to identify those experiencing poorer health outcomes and address the barriers they face.

The programme has been running for a three year period with a three year extension, which will end on 31 March 2025.

In March 2024, the EIJB reported a £60 million budget gap for 2024/25 and despite having achieved substantial savings, it is not on course to break even by the end of this financial year and is therefore at risk of being unable to meet its legal obligations to provide core and statutory services.

As required by the terms of the EIJB integration scheme, the Chief Officer and Chief Financial Officer are obliged to submit a financial recovery plan outlining what additional savings can be achieved to reconcile the position by the end of the financial year.

To address this, the EHSCP must focus on providing core and statutory services and ensure optimum value for money in all areas of spend. An evaluation of the grants programme showed that although the programme had very high satisfaction scores, the Partnership's evaluation criteria had not included a requirement to consider value for money. Further analysis showed that none of the grants funded core or statutory service provision and only one project was likely to provide a positive return on investment for the IJB. It was therefore concluded that the grants programme did not represent good value for money in the current economic climate.

It is therefore proposed to close the existing grants programme two months earlier than originally planned, with two options for consideration by the EIJB.

1. **Early closure of the existing programme.** This would involve giving providers three months notice, with savings realised from 1 February. This option would save approximately £750,000 in 2024/25.
2. **Dis-investment in community grants in future years.** A more comprehensive, evidence-based approach would be developed to ensure that preventative activities could be targeted to support the EHSCP's strategic objectives. However, the overall level of investment in third-sector spend would be reduced, enabling core EIJB services to be maintained and protecting the most vulnerable. This option would save £4.5 million in 2025/26 and future years.

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

This proposal will be considered as part of the Recovery Plan presented to the EIJB on 1 November 2024. Due to timeframe associated with developing the proposal in the context of an in-year financial recovery plan, there has been no public involvement, however, a communications and engagement plan has been developed for implementation should the proposal be approved.

4. Is the proposal considered strategic under the Fairer Scotland Duty?

This proposal could be considered strategic under the Fairer Scotland Duty, which places a legal responsibility on particular public bodies in Scotland to pay due regard to (actively consider) how they can reduce inequalities of outcome, caused by socio-economic disadvantage, when making strategic decisions. As the grants programme specifically aimed to tackle inequalities, this proposal may fall into this category.

5. Date of IIA

22 October 2024

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

Name	Job Title	Date of IIA training
Andrew Hall	Service Director – Strategic Planning (Lead Officer)	
Moira Pringle	Chief Finance Officer	
Rhiannon Virgo	Programme Manager (Facilitator)	March 2020
Holly Hart	PMO Officer (Scribe)	September 2024
Karen Thom	Strategic Planning and Commissioning Officer	
Anna Wimberley	Project Team Manager (LTC)	
Flora Ogilvie	Consultant in Public Health	
Stephanie-Anne Harris	Strategic Development Manager, Edinburgh Community Health Forum*	
Paul Wilson	Third Sector Interface Representative	
John McKee	Communications and Engagement Manager	

* A declaration of interest was made: the Edinburgh Community Health Forum is in receipt of an EIJG grant.

7. Evidence available at the time of the IIA

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
<p>Data on populations in need – where available use disaggregated data</p>	<p>Population and demographics - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p> <ul style="list-style-type: none"> • In 2019 - estimated 8,065 citizens are living with dementia (includes 281 citizens under 65 years) • In 10 years (2034) projected to rise by 26%: 11,077 • In 19 years (2043): projected to rise by 53.2%: 13,464 • Around 63.5% of people live at home, and 36.5% live in care homes <p>Household data</p> <p>Census 2022</p> <p>NHS Lothian Public Health Survey Results</p>	<p>The Joint Strategic Needs Assessment provides current and projected data on the wider population in the City of Edinburgh that also includes data on poverty, carers, mental health, dementia, population health and inequalities.</p> <p>The Scottish Household Survey (SHS) is an annual, cross-sectional survey that provides robust evidence on the composition, characteristics, attitudes and behaviour of private households and individuals as well as evidence on the physical condition of Scotland’s homes. The SHS asks questions of a random sample of people in private residences in Scotland. Questions are asked by an interviewer in homes all over Scotland. Its large sample size allows analysis of all Scotland's 32 local authorities.</p> <p>State of Caring In Scotland 2022</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p>https://www.carersuk.org/reports/state-of-caring-in-scotland-2022-a-cost-of-living-crisis-for-unpaid-carers-in-scotland/</p> <p>https://www.gov.scot/collections/scottish-health-survey/</p>	<p>Scottish Government – Scottish Health Survey</p>
<p>Data on service uptake/access</p>		<p>In 2022/23, 64 projects received funding through the EIJB Grant Programme for the continued provision of preventative and early intervention services across the city. It is estimated that approximately 50,556 people took part in activities/used services funded through the Programme. EIJB grant-funded organisations often attract additional funding which was estimated at around £16m in 2022/23 and represents an extra £3.56 for every pound awarded through the programme.</p> <p>Volunteer hours also added a further 15% of hours to those worked by paid staff adding significant social and financial value. The financial value of these volunteering hours is estimated at over £2.1m. Some of these individuals may find alternative volunteering opportunities.</p>
<p>Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation</p>	<p><i>Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</i></p> <p>https://www.edinburghhsc.scot/the-ijb/jsna/</p> <p>Tackling Inequalities to reduce mental health problems – Mental Health Foundation (Jan 2020)</p> <p>Edinburgh poverty commission report – A just capital: Actions to end poverty in Edinburgh</p>	<p>Provides current and projected data on the demographics within Edinburgh</p> <p>Disproportionate impact of Covid 19 for people with protected characteristics and people experiencing mental ill health and illness</p> <p>Actions to end poverty – commitment to end poverty in the city by 2030</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
		End Poverty in Edinburgh Annual Progress Report 2023 Key publications focusing on food poverty and strategies to address this
Data on equality outcomes	<p>Evidence hub: What drives health inequalities? - The Health Foundation</p> <p>https://www.joinedupforiobs.org/uploads/store/mediaupload/547/file/Ethnicity%20and%20Employment%20-%20recent%20data%20Oct%202023.pdf</p> <p>https://democracy.edinburgh.gov.uk/documents/s57476/Item%207.2%20-%20Impact%20of%20Poverty%20on%20Women%20and%20Girls.pdf</p> <p>Scotland's Wellbeing - Measuring the National Outcomes for Disabled People (www.gov.scot)</p>	<p>Information on and analysis of equality outcomes</p> <p>Poverty and ethnicity information</p> <p>Evidence of poverty amongst women</p> <p>Outcome for people with disabilities</p>
Research/literature evidence	<p>Public health approach to prevention and the role of NHSScotland - Publications - Public Health Scotland</p> <p>NHS Lothian Public Health and Health Policy - A strengthened approach to prevention across the</p>	<p>Data and insight highlighting how the circumstances in which we live shape our health.</p> <p>The research highlights the complexity of the lives of people facing multiple</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p>Lothian health and care system</p> <p>Hard Edges Report -Scotland</p> <p>All-Party Parliamentary Group on Arts, Health, and Wellbeing - Inquiry Report (July 2017).</p>	<p>disadvantage north of the border. It also details the challenges that charitable services and the public sector are facing. In particular, the report illustrates the mismatch between the multiple disadvantages people face and the fact that services are often set up to address ‘single issues’.</p> <p>Includes evidence of health economics and the impact of creative health initiatives</p>
Public/patient/client experience information		<p>Overall, the returns show that of the 560 output targets set for 2022/23, 489 were exceeded or fully met. The average user satisfaction score was found to be 91% across the EIJB Grant programme for 2022/23.</p>
Evidence of inclusive engagement of people who use the service and involvement findings		<p>As part of the annual monitoring process, organisations are asked to select the type of impact their services are likely have on individual users. This is achieved by using a suite of standardised impact measures called Standard Impact Assessment Questions, SIAQS. These impact targets are included in the organisation’s funding agreement and organisations are assessed against their expected outcomes. To measure the actual impacts achieved, organisations carry out service user surveys using the relevant Standard Impact Assessment Questions (SIAQs) and the results from these SIAQs are subsequently</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
		used as proxy impact measures for the EIJB Grant Programme.
Evidence of unmet need	<p>Extract from an unpublished report to the EIJB's Performance and Delivery Committee</p> <p>Director of Public Health Annual Report 2023</p>	<p>58. A review of relevant published literature illustrates that there is a lack of evidence supporting the cost-effectiveness of many of the types of interventions employed by grant recipients.</p> <p>59. This does not necessarily mean that the interventions are not effective; as evidenced in the report, most services achieved their stated objectives but rather that it has not been established that the approaches used are the best value way of achieving those objectives.</p> <p>60. It is also evident in the literature that the cost of some preventative interventions can even exceed the cost of the issue they prevent (the financial cost, at least).</p> <p>61. There is one clear exception to this which is community-based falls prevention classes which have been consistently found to be highly cost-effective (The EIJB Grants Programme funded one organisation £144,324 to provide falls prevention classes in the community). Work is actively underway to develop a comprehensive falls prevention plan which is likely to include procurement of community-based falls prevention classes through a bespoke contractual</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p>NHS-Lothian-Public-Health-Annual-Report-2022-final.pdf</p> <p>At present there are 557 people waiting for statutory care at home services, with the longest wait at 625 days. Delayed discharge data shows that there are currently 228 people delayed in hospital.</p>	<p>arrangement which would mitigate any impact from this.</p> <p>Evidence showing areas of unmet need for statutory services. This provides the context in which financial decisions are made.</p>
Good practice guidelines	<p>thetriangleofcare-thirdedition.pdf (nhslothian.scot)</p> <p>SIGN 168 Assessment, diagnosis, care and support for people with dementia and their carers</p> <p>https://www.oscr.org.uk/becoming-a-charity/preparing-for-your-application/4-where-will-you-get-funding-from/</p> <p>https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2024/09/clarification-inherent-obligations-united-nations-convention-rights-child-uncrc/documents/clarification-inherent-obligations-united-nations-convention-rights-child-uncrc/clarification-inherent-obligations-united-nations-convention-rights-child-uncrc/govscot%3Adocument</p>	<p>Carers’ guide to best practice in Mental Health in Scotland</p> <p>National clinical guidelines for people with dementia, which highlights impact of social isolation and the need to be connected with community and carer support.</p> <p>Good practice guidelines for charity funding</p> <p>Extract from the UNCRC</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	/clarification-inherent-obligations-united-nations-convention-rights-child-uncrc.pdf	
Carbon emissions generated/reduced data	N/A	
Environmental data	N/A	
Risk from cumulative impacts	Savings programme 2024-25 - cumulative IIA - Edinburgh Health & Social Care Partnership Savings programme 2024-25 - Early intervention and prevention IIA - Edinburgh Health & Social Care Partnership	<p>This IIA assessed the cumulative impact of the 24/25 savings programme</p> <p>This IIA assessed the impact of the 10% reduction in Early Intervention and Prevention spend in 2024/25.</p>
Other (please specify)	https://democracy.edinburgh.gov.uk/documents/s68215/Item%207.3%20MTFS.pdf	Draft Medium-Term Financial Strategy paper evidencing the budget gap facing the EHSCP
Additional evidence required		

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

Equality, Health and Wellbeing and Human Rights and Children’s Rights	Affected populations
<p>Positive</p> <ul style="list-style-type: none"> This proposal will protect statutory services, allowing the EHSCP to continue support to people with substantial and critical needs. These people are likely to be some of the most vulnerable citizens of Edinburgh. There is an opportunity to consider a more equitable form of investment and commissioning which may improve access for those users with highest level of need. 	<p>All adults eligible for services and their families and carers</p> <p>All adults eligible for services and their families and carers</p>

Equality, Health and Wellbeing and Human Rights and Children’s Rights	Affected populations
<ul style="list-style-type: none"> Supporting statutory services will protect EHSCP staff in these services 	Staff
<p>Negative</p> <ul style="list-style-type: none"> Current service users of organisations funded by grants may experience a loss of service. This could mean that the organisation will close or that specific services will be discontinued due to the funding loss. However, the response of each organisation will depend on their individual financial situation. Any service user who has critical or substantial needs will be eligible for a social work assessment (or review, if they already access statutory services) which will mitigate these needs, however there is likely to be reduced opportunity to act to prevent future needs arising, which may in turn lead to higher demand for services to meet critical / substantial need and therefore less capacity to deliver a quality service for the existing high need population. Signposting to alternative community services will also mitigate the impact. Currently 7 grant funded organisations provide non-Care Inspectorate registered centre-based day services and outreach services for older people, with approx. 825 service users (source: Data from unpublished report to the EIJB’s Performance and Delivery Committee). This includes 3 non-Care Inspectorate registered day services for people with a dementia diagnosis (155 places). This proposal may impact future availability of both older people and dementia community-based supports. There are potential interconnections system-wide with EIJB contracted centre-based Care Inspectorate registered older people’s day services and associated carer respite support. May result in increased referrals for health and social care assessments for alternatives including CI registered day service support, particularly if increased carer stress and potential breakdown. Carers may be affected if services close or are reduced. 5 grants provide carer support services. Women are more likely to be carers and may be affected more than men or people with a trans identity. It is recognised that informal carers of people living with dementia are disproportionately female and often from areas of socioeconomic deprivation¹. Women make up around two thirds of 	<p>Anyone who accesses a grant-funded service, predominantly older people, people with a disability, carers, younger people, and their families including children.</p> <p>Older people</p> <p>Carers, young carers and women</p>

¹ SIGN 168 - Assessment, diagnosis, care and support for people with dementia and their carers. National Clinical Guideline (Nov 23) <https://www.sign.ac.uk/our-guidelines/dementia/>

Equality, Health and Wellbeing and Human Rights and Children's Rights	Affected populations
<p>unpaid carers², and may also have other caring responsibilities for children, therefore impact on provision of support to carers may have wider family impacts. However, carers' funding has increased and all carers are eligible for a Carer's Assessment under the Carer's (Scotland) Act 2016, which will consider alternative options for support.</p> <ul style="list-style-type: none"> • 67% of people with dementia in Scotland are women. Longer life expectancy alone does not explain this disparity³. Women may therefore be disproportionately affected by this proposal. In mitigation, if their needs are critical or substantial they may qualify for increased statutory supports. • Social isolation may increase for people who lose their service who cannot easily access alternative services. This is likely to disproportionately affect groups who experience barriers when accessing services, such as non-English speakers, people of different religions who access religion-specific services, people of minority ethnicities and refugees or asylum seekers, as well as people living in areas of lower deprivation who are less likely to have alternative sources of support. Feniks, for example, provides support to the Central European community. It would also affect people with low level of digital literacy. • People who access services which provide specific support for disabilities eg dementia, Huntington's Disease, asthma, ABI or HIV may find it more difficult to find alternative supports targeted to their condition. Some conditions also disproportionately affect populations from certain groups (eg. higher prevalence of HIV in MSM and black African population, therefore any reductions in disease-specific support may adversely affect these groups. However, if they have critical or substantial unmet needs they would remain eligible for statutory supports. Global support services may also provide potential alternatives. • The current grants programme provides support for maternal mental health. If the funding loss results 	<p>Women Children and young people</p> <p>Non-English speakers, people of different religions, people of minority ethnicities, refugees and asylum seekers, people with low levels of digital literacy</p> <p>People with a disability accessing condition-specific support services, LGBT+; BAME populations</p>

² [Dementia Statistics Hub | Alzheimer's Research UK](#)

³ SIGN 168 - Assessment, diagnosis, care and support for people with dementia and their carers. National Clinical Guideline (Nov 23) <https://www.sign.ac.uk/our-guidelines/dementia/>

Equality, Health and Wellbeing and Human Rights and Children's Rights	Affected populations
<p>in service loss or reduction, pregnant women or new mothers with mental health issues may be affected, which could in turn affect the health and wellbeing of other children and young people within the household. However, a wide range of mental health supports are still provided which could act as an alternative. In addition, NHS Lothian provides maternal healthcare and support.</p> <ul style="list-style-type: none"> • People in or vulnerable to poverty are more likely to feel a disproportionate impact of any service loss or reduction. They may be less able to afford alternative supports or any associated travel. Migrants with no recourse to public funds are likely to be more affected than others. • The grants programme criteria looked at geographical spread and a large number have been awarded in areas of socio-economic deprivation, particularly in the south west of the city. Any service loss or reduction resulting from the funding loss may therefore impact in these areas to a greater extent. This can be partly mitigated by signposting to alternatives if possible. • Income maximisation services supporting people in poverty are likely to be affected. While, income maximisation is not a delegated service to the EIJB and a number of alternative services are provided by the City of Edinburgh Council, it is important to recognise that there is already a level of unmet demand in the city, and so any reduction in service is likely to affect overall levels of access. Women, those with a disability and BAME populations are more likely to be affected by poverty and therefore disproportionately affected by reduced availability of poverty mitigation interventions such as welfare advice • A number of programmes support those who are homeless. Care experience is a risk factor for homelessness so those populations may be disproportionately affected. The mitigation would be signposting to alternative services or access to statutory services where appropriate. • No redundancies will be made as a result of this proposal, however, there may be some impact on staff who work regularly with third sector organisations or with service users accessing those services. This is likely to include increased complaints and a potential emotional impact of working with people in distress. Some staff 	<p>Pregnant women and new mothers and their children and young people</p> <p>People in or vulnerable to falling into poverty, BAME populations with no recourse to public funds</p> <p>People living in areas with high levels of deprivation</p> <p>People on low incomes and / or eligible for benefits; women, children and young people, those with a disability and BAME populations</p> <p>People experiencing homelessness, people with care experience</p> <p>Staff</p>

Equality, Health and Wellbeing and Human Rights and Children's Rights	Affected populations
members are likely to see changes to their role. In mitigation, there will be clear communication of any changes with affected staff.	

Environment and Sustainability including climate change emissions and impacts	Affected populations
Positive N/A	
Negative N/A	

Economic	Affected populations
Positive <ul style="list-style-type: none"> This proposal will protect providers of statutory services within Edinburgh by reducing the likelihood that these services will have to be curtailed Some volunteers may commit to supporting other third-sector organisations 	Independent sector providers including local businesses
Negative <ul style="list-style-type: none"> A reduction of investment of this magnitude will undoubtedly affect third sector providers by reducing the funding available. This will be partly mitigated for 19 providers who benefit from additional funding from EHSCP. Some organisations may be able to redeploy staff to cover changes, however, others will reduce headcount as funding reduces. Organisations working in areas of higher deprivation may be more likely to employ people from those areas so job losses may be disproportionate in areas of deprivation Some organisations may close as a result of the reduction in funding. However, the OSCR guidance for charities recommends that they develop a robust funding model that can withstand fluctuations in financial support. It is not possible or appropriate to assess each of the 64 organisations to identify the specific impact of loss of funding on their overall finances. 	Third sector providers, including local businesses, and employees, areas with high levels of deprivation Third sector providers, including local businesses, and employees

Economic	Affected populations
<ul style="list-style-type: none"> • There may be a reduction in the overall volunteer workforce and in the number of volunteer hours provided. This will impact on other opportunity providers who may not have capacity/ availability to provide alternative supports. • Potential contraction of social-care sector and third sector overall as a result of reduction in funding. This can be mitigated by developing a commissioning strategy to support organisations providing services which align with the EHSCP Strategic Plan. 	

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

N/A – as this would reduce contractor spend, there would be no impact on the above.

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

A robust communications and engagement plan is being produced to ensure that if this proposal is implemented, it will be communicated appropriately to people in these groups.

11. Is the plan, programme, strategy or policy likely to result in significant environmental effects, either positive or negative? If yes, it is likely that a Strategic Environmental Assessment (SEA) will be required and the impacts identified in the IIA should be included in this. See section 2.10 in the Guidance for further information.

N/A

12. Additional Information and Evidence Required

If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.

13. Specific to this IIA only, what recommended actions have been, or will be, undertaken and by when? (these should be drawn from 7 – 11 above) Please complete:

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and job title)	Deadline for progressing	Review date
Develop robust comms and engagement plan	John McKee, Communications and Engagement Manager	1 Nov 2024	TBC
Review IIA on a regular basis if the proposal is implemented	Andy Hall, Service Director	1 Feb 2024	TBC
Develop future commissioning plan to ensure that spend is targeted at strategic objectives and provides clarity and stability for providers	Andy Hall, Service Director	TBC	

14. Are there any negative impacts in section 8 for which there are no identified mitigating actions?

Yes. It is not possible to entirely mitigate the impact of the proposed reduction in investment in the third sector, although every effort will be made to ensure that service users are not impacted. The unmitigated impacts relate mainly to the economic impacts on third sector providers rather than on service users. However, where the mitigation is to signpost to alternative services, there may not be sufficient capacity in those services to meet the additional need.

15. How will you monitor how this proposal affects different groups, including people with protected characteristics?

- Monitoring of any increased demand for statutory services resulting from this proposal. Coproduction of future provision involved by communities of interest, identity and locale.

16. Sign off by Head of Service

Name: Andy Hall

Date: 24 October 2024

17. Publication

Completed and signed IIAs should be sent to:

integratedimpactassessments@edinburgh.gov.uk to be published on the Council website www.edinburgh.gov.uk/impactassessments

Edinburgh Integration Joint Board/Health and Social Care

sarah.bryson@edinburgh.gov.uk to be published at www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/

Appendix 2: List of grant-funded organisations

Of the 64 organisations currently in receipt of grants:

- 19 also receive other funding from EIJB
- The EIJB Grants provided to these organisations total: £1,999,407 (i.e. 44% of the total grants awarded)
- The other EIJB funding to these organisations total: £13,079,352.71
- These 19 providers therefore account for a spend of around £15M (i.e. 10% of third sector spend)
- **It is not known what other sources of funding these organisations receive from outside of the EIJB.**
- Details of the funding to these organisations is listed below.

Organisation	Project	Description	EIJB Grant Value	Sum of other EIJB funding provided
Autism Initiatives	Diagnosis and support for autistic adults without a learning disability	The Project will assist Mental Health Teams (MHTs), and the Lothian Adult ADHD and Autism Resource Team (LAAART), in Edinburgh by meeting those seeking an autism diagnosis; gathering information to support MHTs in their assessments; diagnosing those who do not meet their criteria for functional impairment, and providing post-diagnostic support.	£76,594	£6,738,828.82
Care for Carers	Stepping Out Residential and Short Breaks for Carers	To provide information, support and a range of organised, structured and supported short breaks (residential, day and evening breaks) to unpaid carers in	£66,967	195203.68

		Edinburgh. The short breaks aim to support and improve carers mental and physical wellbeing and enable them to feel able to maintain and sustain their caring role.		
Caring In Craigmillar	Phonelink	We plan to extend "Phonelink"; our unique telephone support service, to all Edinburgh localities. CiC, currently offers reassuring & supportive phone calls, twice daily, 365 days, to vulnerable & elderly clients, living in their own homes with long term health conditions, additional support needs or at risk of social isolation	£89,921	£317,425.47
Edinburgh Headway Group	Early Intervention ABI Rehabilitation Support Project	To provide an early intervention rehabilitation project for 20 adults in total with an Acquired Brain Injury to improve everyday functioning and encourage reintegration into the community. Our preventative support includes: independent living skills, physical activities, social opportunities, therapeutic creative activities, advocacy, complementary therapies and 1:1 Community Outreach.	£42,775	£45,481.09
Edinburgh Leisure	Steady Steps	Edinburgh Leisure are seeking funding for	£129,892	£116,045.07

		Steady Steps, a 16-week group based physical activity and exercise falls prevention programme which focuses on improving strength and balance to deliver positive health and social outcomes for around 2,328 older adults over three years.		
Eric Liddell Centre	Caring for Carers	An emotional, physical and practical programme to support unpaid carers across Edinburgh delivered by the Eric Liddell Centre (ELC). This proposal will build on established experience/service delivery and increase the level of support being offered to carers throughout Edinburgh.	£24,052	£243,495.21
	Befriending Service	Provide emotional support through linking, matching and ongoing support service in which volunteer befrienders offer a socially supportive relationship to befriendees		
Hillcrest Futures(formerly Gowrie Care Ltd)	Futures Hub	An accessible resource hub where vulnerable people who are, have been or are at risk of becoming homeless, can be supported to learn independent living skills and experience social, recreational, employment and educational opportunities they would	£ 87,588	£48,192.51

		otherwise be excluded from. Promoting health & wellbeing, tenancy sustainment, recovery and social inclusion		
Health In Mind	Craigmillar Counselling	Counselling offered to people with anxiety, depression and similar issues living in the Craigmillar /Portobello area. Self-referrals, and referrals through GP's, voluntary organisations, social work or other professionals accepted. This proposal funds direct counselling costs, with other staffing, direct costs and overhead funded by NHS Lothian.	£ 12,053	£687,653.97
Libertus Services	Positive Futures - The Volunteering Project	The project is a collaboration of 2 well established projects with proven track records based within Libertus Services. Using the 5 principles of community development we aim to reduce social isolation, promote healthy lifestyles/mental wellbeing and build strong and inclusive communities by running groups for older people and recruiting volunteers	£138,348	£ 670,898.08
Lothian Centre for Inclusive Living (LCIL)	Lothian Centre for Inclusive Living (LCIL)	We will extend our Grapevine Disability Information Service to cover Universal Credit claims and raise awareness of the support we can provide, through collaborative	£ 18,788	£ 318,548.22

		working, with this new extremely complex benefit across the 4 localities.		
Queensferry Churches Care in the Community	Queensferry Churches Care in the Community	Develop a Community Hub for older people living in the rural areas of South Queensferry, Dalmeny, Kirkliston, Newbridge, Ratho Village and Station. To ensure that older people are well connected, have a variety of support services and volunteering opportunities, therefore enabling them to participate and remain active in their communities.	£41,072	£200,333.11
Rowan Alba Limited	Rowan Alba Limited	CARDS is a city-wide volunteer led service which supports people with Alcohol Related Brain Damage (ARBD), who are at risk of developing ARBD and people whose alcohol use puts them at risk. We require funding to continue to deliver this service across all localities and improve health outcomes for people who use this service	£46,742	£ 373,925.20
The Broomhouse Centre The Beacon Club	The Broomhouse Centre The Beacon Club	We are seeking funding to develop The Beacon Club: our services for older people with dementia in South West Edinburgh which prevents this long-term	£50,807	£ 222,112.41

		condition affecting their quality of life in old age.		
The Open Door Senior Men's Group	The Open Door Senior Men's Group	The group will continue to provide a safe and supportive space for men over the age of 60, who are at risk of social isolation, to meet, make friends and participate in a programme of shared activities one afternoon per week.	£5,586	£ 72,492.49
VOCAL	VOCAL	This application seeks funding to allow an additional 100+ carers a year to access and benefit from professional counselling, to respond to a growing need for counselling support and help carers manage the severe emotional impacts of many caring situation arising from changing relationships and the effects guilt, anger and social isolation.	£48,766	£ 1,743,433.48
Waverley Care	Waverley Care	This project will support populations affected by HIV and Hepatitis C to live healthy positive lives and to achieve their full potential. Through outreach, self-management programmes, peer mentoring, befriending and volunteer opportunities, we will address the health and social inequalities that impact on people	£177,754	£ 935,283.90

		affected by these conditions.		
CHAI,	Income Maximisation – Welfare and Debt Advice	Income Maximisation – Welfare and Debt Advice	£313,901	£50,000
Citizens Advice Edinburgh,			£ 313,897	£50,000
Granton Information Centre Consortium			£313,904	£50,000

Of the 64 organisations currently in receipt of grants

- 45 do not receive any other funding from EIJB
- The EIJB Grants provided to these organisations total: £2,591,666 (i.e. 56% of the total grants awarded)
- These 45 providers account for around 2% of total third sector spend
- **It is not known what other sources of funding these organisations receive from outside of the EIJB.**
- Details of the funding to these organisations is listed below.

Organisation	Project	Description	EIJB Grant Total
ACE IT	Digital Inclusion for Older People	The project will enhance digital knowledge, skills and well-being in older people with staff, volunteers and other organisations via four services: Moose in the Hoose for residents in care homes, Office - based one to one training , Scam workshops with Changeworks sessions, Outreach for older workers and people in retirement establishments	£ 57,683.00
Art In Healthcare - Room for Art	Room for Art	Room For Art is a series of visual arts workshops delivered by artists throughout Edinburgh using an 'art on prescription' approach and an occupational therapy supported model of 1:1s to support self-management. Participants will be referred by professionals in statutory and third sectors working in partnership with Art in Healthcare.	£ 64,890.00
Bethany Christian Trust	Passing the Baton Project	Through volunteer befriending and community groups for isolated and lonely individuals, the project aims to decrease social isolation and prevent homelessness in Edinburgh.	£ 48,035.00
Bridgend Farmhouse	Community kitchen	Creating a community kitchen as an engagement tool to connect and engage a multi-generational, multi-cultural, multi-ability food community supporting each other to learn, gain confidence, reduce social isolation, and help each other	£ 23,155.00

		become part of the wider community. Using local collaborations and food as the focus for building community capacity	
Calton Welfare Services	Welfare Services for Socially Isolated Older People	The project will provide a Club for Socially Isolated Older People and a Day Care Service for Dementia sufferers, as well as providing Welfare Advice and Information for our service users and their carers and socially isolated older people in our area, and events throughout the year for older people.	£ 15,185.00
Changeworks	Heat Heroes	Heat Heroes provides support to people vulnerable to health impacts of living in fuel poverty. A team of 12 volunteers will be trained to support 1650 people to be in control of their energy costs, helping them be affordably warm and prevent health issues caused by living in cold/damp homes.	£ 52,189.00
Community One Stop Shop	COSS	The project will deliver our existing project and ancillary services. We provide advice and advocacy for clients living in poverty and challenging circumstances within the Broomhouse and South West area. Continued provision of our Food Bank and support services, and our outreach services. We currently receive two smalls grants but as suggested have amalgamated them both for the purpose of this application for the first time.	£ 21,321.00
Community Renewal Trust	Health Case Management (HCM)	Continuation and improvement of Edinburgh's HCM service: intensive support for GPs' 2% most complex adult cases. Our open-ended long-term community-based one-to-one support assesses need, introduces people to services and reduces demand for Primary Care. Our staff are experts in compassionate-listening, coaching, self-management and recovery techniques to foster resilience and wellbeing.	£ 45,482.00
Cruse Bereavement Care Scotland	Edinburgh Bereavement Services	Cruse Scotland will provide a community-based listening/counselling support for over 850 people who are bereaved across Edinburgh. On average clients will receive six sessions, which will improve their mental well-being and reduce their visits to GPs services. The service is delivered by highly trained volunteers at an accredited standard.	£ 31,518.00
Cyrenians	Golden Years Community Connecting Service	A preventative service to reduce loneliness and social isolation in older people by connecting them with their community and in turn reduce the number of people who need support of statutory services and increase the number of people who can live at home for as long as possible.	£ 74,970.00
Drake Music Scotland	Musicspace	We propose to deliver Musicspace – a programme giving 80 disabled young people and adults in the Craigmillar area access to group music making activities which have proven benefits to mental health and wellbeing, physical coordination and social inclusion.	£ 16,686.00

Edinburgh & Lothians Greenspace Trust	Healthy Lifestyles in South Edinburgh	The project is to provide a programme of outdoor activities that promote physical activity and healthy eating for those who face health inequalities. The work involves developing the successful programme that has been running since 2013.	£ 111,634.00
Edinburgh Community Food	Healthier Food, Healthier Lives, Healthier Futures	The project will promote healthy lifestyles by delivering community food and health work across Edinburgh. The key components will be a range of cooking courses, nutrition workshops, health promotion sessions, training and support. We will also provide greater access to affordable healthy food within communities.	£ 160,426.00
Edinburgh Community Health Forum	Tackling health inequalities by building a stronger and more resilient 3rd sector	To continue the work of the Forum which provides and coordinates tailored support, information and training to Forum members who are the managers of locally based community led health projects and to raise awareness strategically about the importance of addressing health inequalities.	£ 49,763.00
Edinburgh Garden Partners	Befriending Through Gardening	EGP and Edinburgh and Lothians Regional Equality Council (ELREC) will jointly deliver a befriending model, creating relationships through shared gardening within the black and minority ethnic (BME) communities. Using EGP's established and successful model, 15 befriending partnerships will be created annually between socially isolated, predominantly older garden owners and volunteers.	£ 23,968.00
Edinburgh Rape Crisis Centre	Rape Crisis support Service	The project will support the provision of our specialist, trauma-informed rape crisis support service for women, non-binary and trans people who have experienced sexual violence, including rape, sexual assault and childhood sexual abuse/exploitation. The proposed activities of the service include trauma support, counselling, advocacy and group support.	£ 68,807.00
FAIR Ltd (Family Advice and Information Resource)	FAIR – Information and advice for people with learning	FAIR will: Provide a welfare rights and financial capability advice service. Produce an Easy Read Newsletter every 2 months that will include and share information from key stakeholders. Work in co-production with the Health and Social Care Partnership to consult on the Strategic	£ 87,984.00

	disabilities and their carers	Commissioning Plan for People with Learning Disabilities.	
Feniks: Counselling, Personal Development and Support Services Ltd	“Reach Out, Help Within” Supporting Central Eastern European community in Edinburgh	This project aims to tackle mental health inequalities and social isolation amongst Polish and Central Eastern European people in Edinburgh. We will employ two therapists/counsellors, a CEE Mental Health Service manager and a community development worker to improve the provision of the mental health services, integration and cultural-bridging within the city.	£ 72,864.00
Fresh Start	Fresh Start: helping people make a home for themselves	Working with partners across Edinburgh and with volunteer teams, we will support people previously homeless to ‘make a home’ in new tenancies providing goods and practical support to 5,000+ households and 1000+ places on gardening, cooking, and employability activities. Service-users develop key lifeskills and access ongoing social and emotional support.	£ 81,742.00
Health All Round	Health All Round Community Health Initiative	HAR is a community health initiative covering the Sighthill/ Gorgie ward of Edinburgh. We deliver a range of services to improve the physical, emotional & social wellbeing of local people. We specifically target low income and other vulnerable groups.	£ 185,548.00
Home-Start Edinburgh West and South West (HSEW)	Promoting positive perinatal mental health	Access to family learning from a perinatal stage provides opportunities for parents/carers to gain confidence in their role and has a positive impact on mental health and children’s learning outcomes/resilience. Promotion of attachment is offered through Baby Massage and Peep. Home-based support is available where required.	£ 23,090.00
LGBT Health and Wellbeing	Core Funding and Community Programme	The project will support LGBT Health’s work to promote the health, wellbeing and equality of lesbian, gay, bisexual and transgender (LGBT) adults, as well as funding to continue established social capital work through our Edinburgh LGBT Community Programme of social, community engagement and volunteering activities.	£ 91,310.00
MECOPP Jump Start	MECOPP Jump Start	The project will deliver a ‘broad-based health literacy and health improvement service to Chinese people aged 40+ who are disadvantaged by age, disability or	£ 29,149.00

		long-term health condition, economic or social circumstances through the provision of: health information sessions, educational workshops, physical activity programme and supporting civic engagement	
MECOPP BME Carer Support	MECOPP BME Carer Support	Carer support service for Black and Minority Ethnic carers (primarily South Asian and Chinese) to include casework support, telephone based multi-lingual advice and information and carer training. Training on 'achieving cultural competency' will also be provided to health and social care staff.	£ 60,062.00
Multi-Cultural Family Base	Multi-Cultural Family Base – Syrian Men's Mental Health Group	Group supporting Syrian men newly arrived to Edinburgh under the United Nations Scheme for Vulnerable Persons Relocation. The group will support 15 men per week with issues including integration, employment and English language. The project will also offer outreach and befriending, including for men who cannot attend the weekly sessions.	£ 15,563.00
Murrayfield Dementia Project	Murrayfield Dementia Project	Day resource for those with dementia	£ 50,814.00
Pilmey Development Project	Pilmey Development Project (PDP) – Older Peoples Services	PDP will deliver activities, services and opportunities within Leith and North East Edinburgh, reducing social isolation, promoting participation and inclusion of socially isolated older people in need of community-based support, using low level, preventative, early intervention and self-help approaches, which improves their quality of life.	£ 68,504.00
Pilton Equalities Project Mental Health	The Mental Health & Wellbeing Support Service (Neighbourhood Group)	The Service will provide support to older people with enduring mental health problems; who may have significant issues with substance dependencies; to remain and participate in the community. The service aims to increase individual capacity; improve group co-operation and socialization; raise skills and confidence; encourage wellbeing preventing readmission to hospital.	£ 83,128.00

Pilton Equalities Project Day Care Services	Pilton Equalities Project Day Care Services	PEP will operate 5 daycare clubs, a weekend provision, a visiting/assessment service across North Edinburgh for vulnerable older adults; reducing isolation and enabling older people to stay in their homes longer, and enhancing a level of independence and socialisation. This supports CEC's Reshaping Care for Older Peoples prevention strategy.	£ 81,270.00
Portobello Monday Centre	Portobello Monday Centre	The project will provide informal day-care once a week for our members (10 to 12) who suffer from dementia, whilst at the same time giving some valued respite for their carers. The service is run entirely by volunteers for members resident in the Portobello area.	£ 4,128.00
Portobello Older People's Project	Portobello Older People's Project	Portobello Older Peoples Project is a lunch/social club that gives older people the opportunity to have the company of others and enjoy a hot meal. It supports people who are isolated and the aims are to reduce loneliness and social isolation, increase social connectivity and improve health & wellbeing.	£ 14,620.00
Positive Help	Positive Help	Positive Help will deliver needs-led services to vulnerable adults affected by HIV/AIDS and Hepatitis C. Supportive Transport and Home Support enables service users to live independently, positively engage with health services, thus improving wellbeing and quality of life. These services deliver best value and reduce pressures on NHS and Council services.	£ 45,576.00
Scottish Huntington's Association	Lothian Huntington's Disease Service	The Lothian Huntington's Disease service will deliver an integrated Health & Social Care model of person-centred care-management to people impacted by Huntington's disease across Edinburgh City. Providing specialist assessment, expert advice, information and one to one support to reduce social isolation, increased resilience, improved quality of life and well-being	£ 31,158.00
Sikh Sanjog	Health and Wellbeing Group	The Health and Wellbeing Group, partnering with health organisations, will deliver a programme focussing on preventative measures by providing a safe space for ethnic minority women to access bespoke activities, designed to support their mental	£ 22,612.00

		and physical health and wellbeing, reduce isolation and loneliness, increase confidence and develop interpersonal skills.	
South Edinburgh Amenities Group SEAG	South Edinburgh Amenities Group SEAG	Utilise our specially adapted minibuses to enable elderly, frail and other vulnerable groups of people in our communities to access a range of 30 voluntary sector, lunch clubs, day centres, and dementia services, which will contribute to the passengers' mental and physical well-being and therefore reduce their social isolation.	£ 65,725.00
Support in Mind Scotland RAISE for Carers	Support in Mind Scotland RAISE for Carers	We will deliver an integrated support, information and education service for carers of people with mental health problems/mental illness. Reception: open access; Assessment: compassionate response and review; Information: rights and services; Support: crisis, emotional and practical; Empowerment: rights, advocacy and resilience for the future	£ 22,255.00
The Broomhouse Centre on behalf of Vintage Vibes Consortium	The Broomhouse Centre on behalf of Vintage Vibes Consortium	A city-wide project to tackle isolation in Edinburgh's loneliest over 60s through creating long term, locally based one-to-one friendships based on shared interests. This is a Vintage Vibes Consortium application for 2.5 Service Coordinators for 3-year period. The Consortium is a partnership between LifeCare and The Broomhouse Centre.	£ 71,629.00
B Healthy together (The Broomhouse Health Strategy Group)	Supporting Healthier Lifestyles	To improve physical and mental health and wellbeing in SW Edinburgh, a recognised area of deprivation, we will deliver a programme of volunteering, healthy eating and exercise services. Our comprehensive package of support will also help vulnerable people overcome barriers to effective parenting, build positive relationships and develop resilience.	£ 52,800.00
The Dove Centre	The Dove Centre	The Dove Centre is a social day centre whose aims are to help older people remain as independent as they can be through a variety of socially inclusive activities, learning, volunteering, fresh meals and fully accessible transport.	£ 124,020.00

The Health Agency	The Health Agency	The Health Agency is an organisation that aims to promote and develop a community led approach to health improvement in an area that experiences a high level of social and economic deprivation.	£ 170,287.00
The Living Memory Association	The Living Memory Association	We will use reminiscence projects to decrease isolation and improve the health and quality of life of isolated older people and their carers. We will run groups, a 'drop in' facility, recruit older volunteers and work with those who are housebound offering a whole range of activities and ongoing support.	£ 22,864.00
The Ripple Project	The Ripple Project	Using a community-led approach the Ripple aims to improve the quality of life for all ages living in our community by helping people to help themselves.	£ 87,703.00
The Welcoming Association	The Welcoming Association	Welcoming Health is a programme of volunteer-led health and wellbeing activities for migrants and refugees in Edinburgh. It is designed to promote active lifestyles, improve wellbeing, reduce isolation and build community between locals and newcomers to the city.	£ 14,219.00
Venture Scotland	Venture Scotland	We will deliver four weekend residential experiences, four extended 5-day residential experiences plus 32 x full-day outdoor activity sessions across Edinburgh's four areas. The programme is designed to build physical, emotional and mental wellbeing, resilience, development of problem-solving skills, building positive relationships and the opportunity to experience meaning and accomplishment.	£ 45,994.00

Appendix 3: Criteria for statutory services - Critical and Substantial Need

Critical Need
<p>Either now or in the next few days:</p> <ul style="list-style-type: none">• life threatening harm or danger due to your physical or mental health or behaviour• being unable to carry out most or all personal care and daily household chores, causing a major risk to your independence• being unable to sustain most or all aspects of work or education or learning and family life, causing a major risk to your independence• extensive loss of control over most or all aspects of your home environment, causing a major risk to your independence• complete relationship breakdown between you and your carer.

Substantial
<p>Either now or in the next three months:</p> <ul style="list-style-type: none">• significant harm or danger due to your physical or mental health or behaviour• being unable to carry out many personal care and daily household chores, causing significant risks to your independence• being unable to sustain many aspects of work or education or learning or community and family life, causing significant risks to your independence• loss of control over many aspects of your home environment, causing significant risks to your independence• significant risk of a relationship breakdown between you and your carer.



Edinburgh Integrated Joint Board Grant Programme

Monitoring and Evaluation Report 2022-23

Edinburgh Integrated Joint Board Grant Programme

Monitoring and Evaluation Report

2022/23

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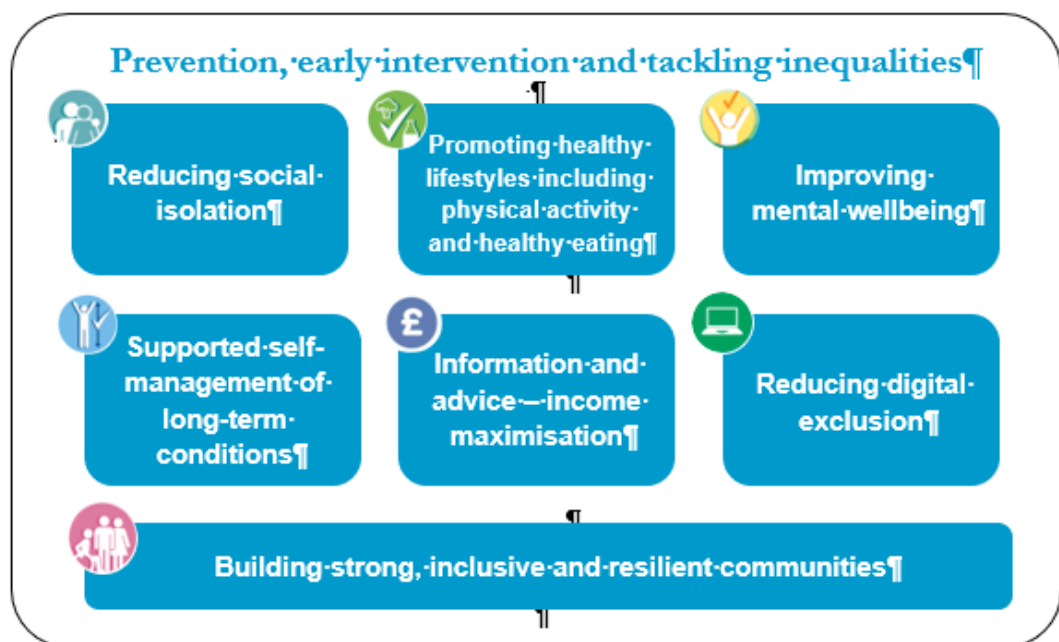
Thanks go to all the grant funded organisations who provided the information and data required to complete this report. The extent of work involved in this task is recognised and appreciated.

1. Introduction

- 1.1 This report provides an overview of the work carried out by organisations grant funded by the Edinburgh Integration Joint Board (EIJB) in 2022/23. This funding period is first year of a three year extension of the grant programme which was approved to allow the voluntary sector reset its services due to the impact of and slow resumption of services following Covid.
- 1.2 The total budget for the EIJB Grant Programme in 2022/23 was £5,043,073.
- 1.3 The grant programme aims to realise two key priorities of the IJB's Strategic Plan 2019-22:

Prevention and early intervention: establish links with community resources and assets to ensure people have the opportunity to access preventative opportunities which will help them keep themselves as fit and healthy as possible.

Tackle inequalities: take action to identify those experiencing poorer health outcomes and address the barriers they face.



- 1.4 The grant programme was developed collaboratively in 2018 following extensive engagement with partners and stakeholders. An open

invitation to bid for funding was widely promoted and support provided for small organisations lacking resources and expertise in application processes.

- 1.5 The EIJB grant fund was considerably over-subscribed in 2018 and, following an assessment process, 3-year funding (subsequently extended to 6 years) was awarded to 66 organisations to implement activities and services aligned to the seven funding priorities of the Programme. (See Appendix 1).
- 1.6 In 2022/23, 61 organisations continued to receive 64 grants from the EIJB with 5 organisations haven ceased to operate as a result of natural attrition and the impact of Covid on their activities.

2. Monitoring and Evaluation Methodology

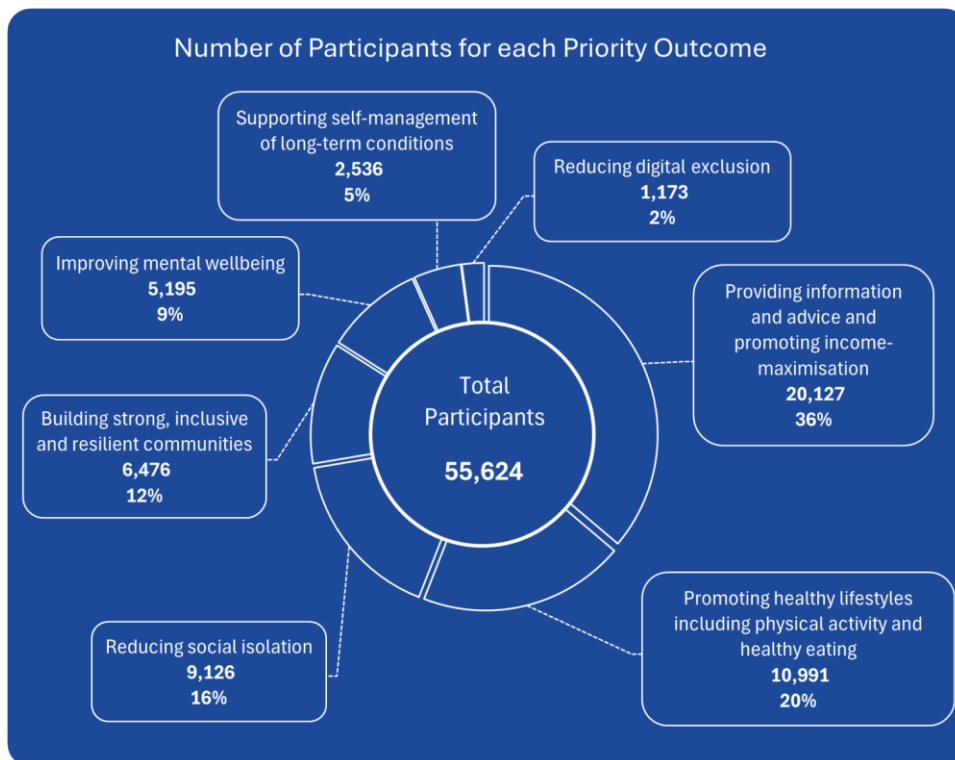
- 2.1 The conditions of grants require that organisations receiving funding must complete annual monitoring returns using both quantitative and qualitative data. The information provided in the returns is compiled and used to complete this annual report. The returns from organisations include:
 - Self-Monitoring Annual Returns (SMARs) evidencing performance against agreed Key Performance Indicators
 - Standard Impact Assessment Question (SIAQS) returns which are a suite of impact measures that all recipients are asked to use to show impact outcomes for service users
 - Case Studies (a selection of which are contained within Appendix 2)
- 2.2 Due to difficulties caused by Covid-19 restrictions, organisations were not required to complete SIAQ Impact returns during 2019-22, however the collection of this impact data resumed for 2022/23.

3. Key Performance Indicators

Number of Service Users

- 3.1 In 2022/23, 64 projects received funding through the EIJB Grant Programme for the continued provision of preventative and early intervention services across the city. These services aim to tackle inequalities by taking action to identify those experiencing the poorest health outcomes in the city and addressing some of the barriers that they face.
- 3.2 The grants awarded through the programme ranged from those aiming to improve social isolation, self-management of long-term conditions, promotion of healthy lifestyles, improved mental health, a reduction in harm from drugs and alcohol misuse and from all forms of abuse and violence, increased income maximisation, reduced digital exclusion and building stronger, inclusive and more resilient communities.

3.3 As part of their annual returns, organisations provided an indication of the number of people who use their services. From these it is estimated that approximately 50,556 people took part in activities/used services funded through the Programme. (Some participants may have taken part in more than one activity and so will be double counted.) The pie chart below provides a guide to the number of participants for each priority outcome.



3.4 The number of service users in 2022/23 was higher than the previous year's figure (approx. 44,000) and represents a recovery to pre-covid levels.

Targets

3.5 Overall, the returns show that of the 560 output targets set for 2022/23, 489 were exceeded or fully met.

3.6 This is equal to 87% of outcomes which is equal to the performance achieved in the previous year.

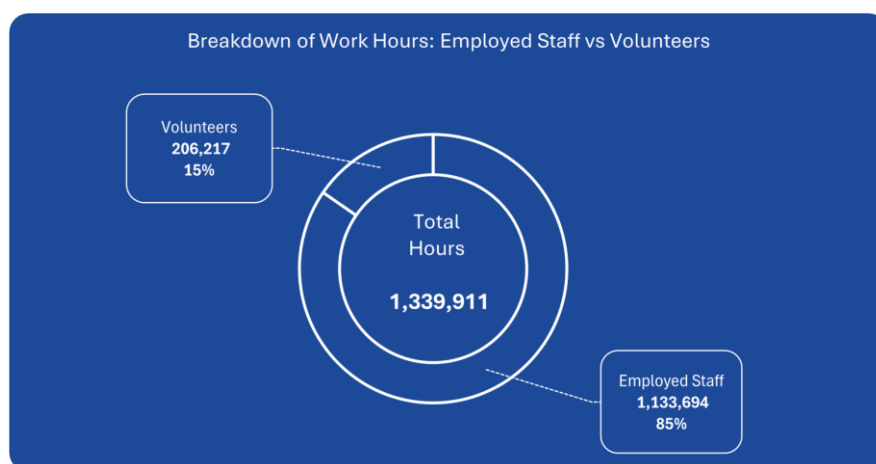
Customer Satisfaction

As part of the SMAR monitoring returns, organisations were asked to provide user satisfaction figures for their organisation. The average user satisfaction

score was found to be 91% across the EIJB Grant programme for 2022/23, which is in line with satisfaction levels from the previous 2 years.

Volunteer Numbers

- 3.7 Many of the organisations depend on volunteers to help deliver their programmes. In 2022/23, the grant programme funded a total 1,133,694 of employed staff hours with volunteers providing a further 206,217 hours which represents an additional 15% hours of capacity.



- 3.8 The financial value of this volunteering is estimated at over £2.1m.
- 3.9 Volunteering can also have other beneficial effects to the individuals who volunteer, such as improved confidence, increased skills and social connections and improved physical and mental wellbeing as well as progression into employment, training or further and higher education.
- 3.10 Within the third sector, volunteers are often central to an organisation's service delivery model and it remains a concern within the city that for many organisations, volunteer numbers have yet to return to pre-covid levels. Consequently, organisations are trying to rebuild and diversify their volunteering teams and are working hard to attract new volunteers and return to pre-Covid levels.

Additional Funding

- 3.11 Annual returns from EIJB grant funded organisations show that for every pound awarded through the programme, organisations attracted further investment of £3.56.

- 3.12 Additional Funding is secured through a variety of sources including donations from individuals, grants from a wide range of national and local trusts and investment from other statutory providers.
- 3.13 This equates to an additional benefit to service providers of around £16.1m. These figures represent a slight increase on the figures from previous years.
- 3.14 Most organisations rely on this additional funding to maintain delivery of their services and organisations continue to be encouraged to maximise all sources income outside of the EIJB.

4. Impact of Services

- 4.1 As face-to-face services re-open post-covid, organisations were acutely aware that despite best efforts, many people who were struggling before lockdown became even more withdrawn and isolated which resulted in a deterioration in both mental and physical health. This impacted on the type and depth of services required as many service users and referrals required a greater level of support than they might have in the past necessitating greater staff involvement in supporting them. Alongside this, many services, particularly counselling services, have seen a significant increase in demand for services.
- 4.2 Despite the changing nature of service user presentations to third sector organisations and the significant impact this had had on staff with increased workload, conflicting priorities, often lengthy waiting times to receive statutory services and an increased number of complex presentations, the services provided by EIJB funded organisations have continued to demonstrate a positive impact on their service users.
- 4.3 As part of the annual monitoring process, organisations are asked to select the type of impact their services are likely have on individual users. This is achieved by using a suite of standardised impact measures called Standard Impact Assessment Questions, SIAQS. These impact targets are included in the organisation's funding agreement and organisations are assessed against their expected outcomes. To measure the actual impacts achieved, organisations carry out service user surveys using the relevant Standard Impact Assessment Questions (SIAQs) and the results from these SIAQs are subsequently used as proxy impact measures for the EIJB Grant Programme.

Impact Targets

- 4.4 The collated results gathered from organisations demonstrate a positive health and well-being impact on individuals against each impact outcome. Overall, the results show that of the 934 impact or

outcome targets set for 2022/23, 85% (795) were exceeded or fully met across EIJB Grant Programme with a further 7% being partially met.

Impact Measures

4.5 A breakdown of the results from the SIAQs is given below for each of the 10 impact measures:

Impact Outcome 1: Increased Social Capital

The overall positive impact for the Increased Social Capital priority was 87%, only 4% indicated a negative impact, with the remaining 9% indicating a neutral impact.

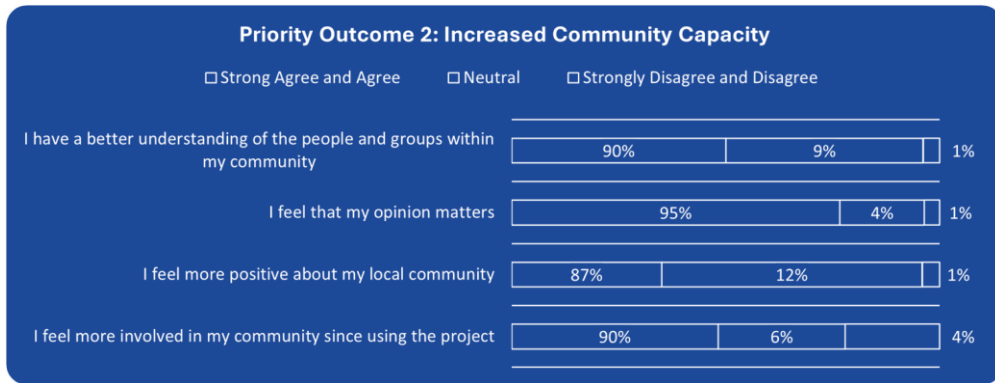
A breakdown of the detailed outcome criteria for increased social capital is provided in figure 1 below.



Impact Outcome 2 : Increased Community Capacity

The overall positive impact for this priority was 90%, only 2% indicated a negative impact, with the remaining 8% indicating a neutral impact.

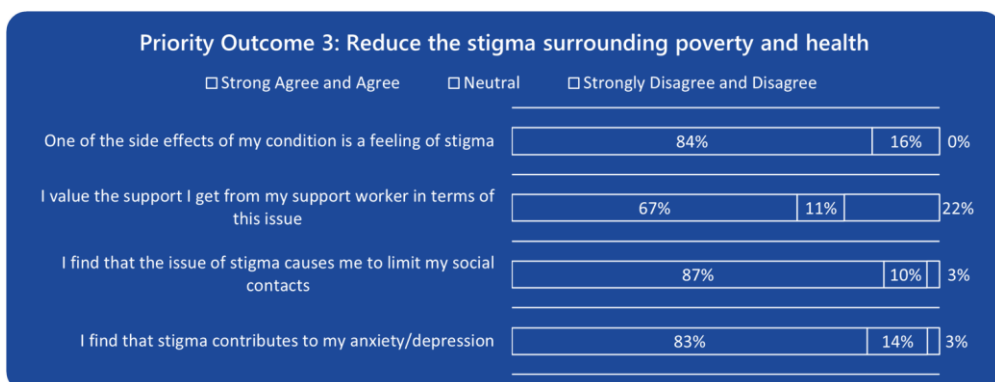
A breakdown of the detailed outcome criteria for increased community capacity is provided in figure 2 below.



Impact Outcome 3 : Reduce the stigma surrounding poverty and health

The overall positive impact for this priority was 84%, only 3% indicated a negative impact, with the remaining 13% indicating a neutral impact.

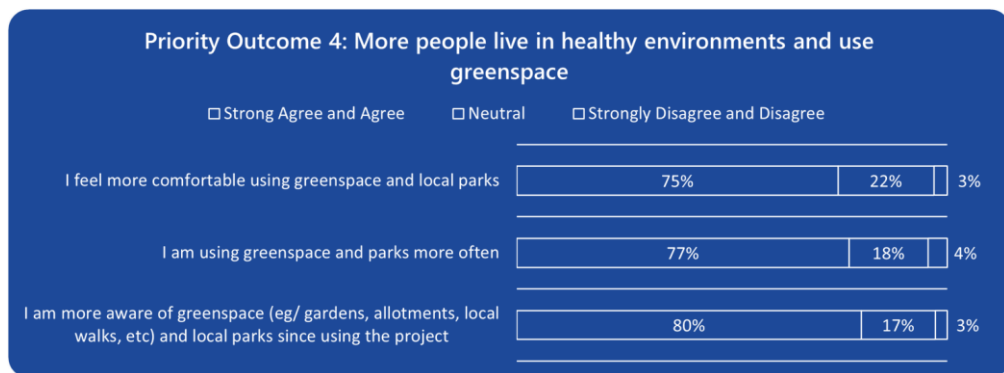
A breakdown of the detailed outcome criteria for reduced stigma surrounding poverty and health is provided in figure 3 below.



Impact Outcome 4 : More people live in healthy environments and use greenspace

The overall positive impact for this priority was 78%, only 3% indicated a negative impact, with the remaining 19% indicating a neutral impact.

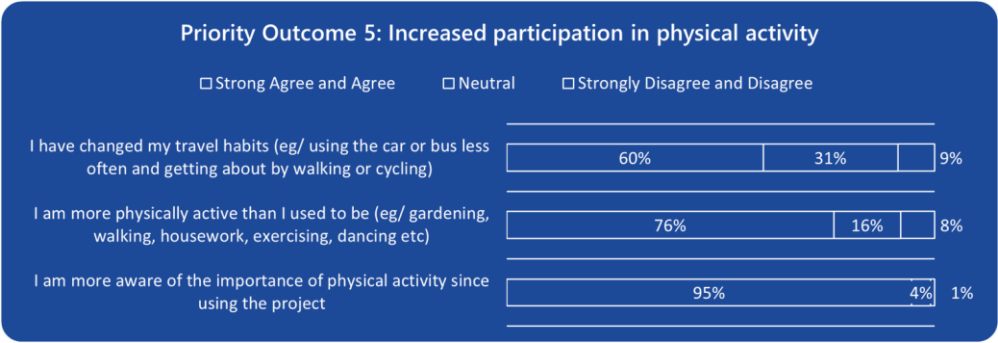
A breakdown of the detailed outcome criteria for more people live in healthy environments and use greenspace is provided in figure 4 below.



Impact Outcome 5 : Increased participation in physical activity

The overall positive impact for this priority was 82%, only 5% indicated a negative impact, with the remaining 13% indicating a neutral impact.

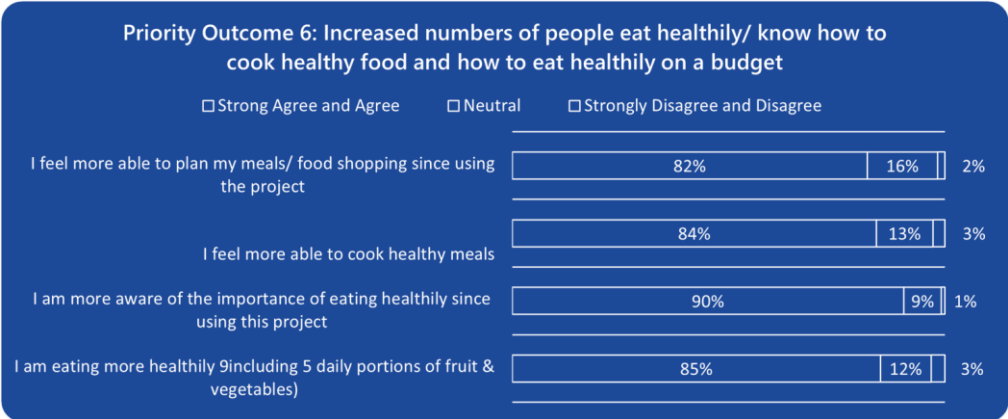
A breakdown of the detailed outcome criteria for increased participation in physical activity is provided in figure 5 below.



Impact Outcome 6: Increased numbers of people eat healthily/ know how to cook healthy food and how to eat healthily on a budget

The overall positive impact for this priority was 86%, only 2% indicated a negative impact, with the remaining 12% indicating a neutral impact.

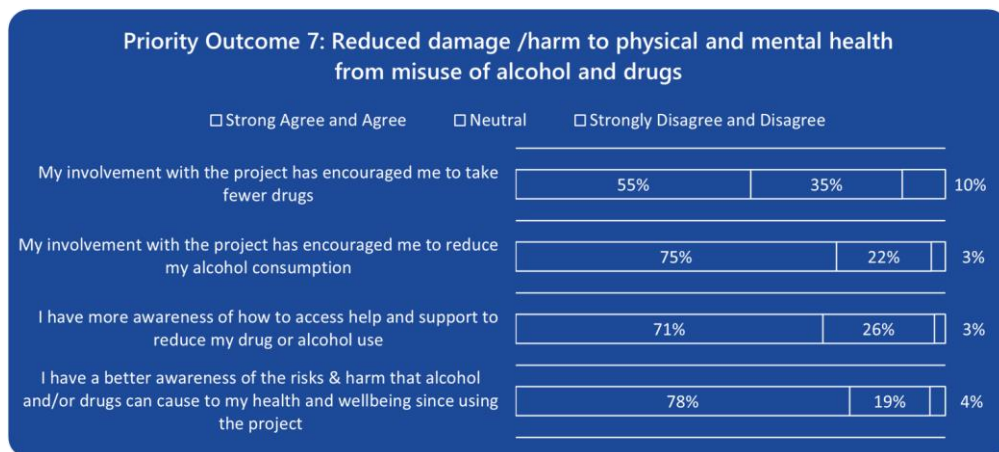
A breakdown of the detailed outcome criteria for increased numbers of people eat healthily/ know how to cook healthy food and how to eat healthily on a budget is provided in figure 6 below.



Impact Outcome 7: Reduced damage /harm to physical and mental health from misuse of alcohol and drugs

The overall positive impact for this priority was 71%, only 5% indicated a negative impact, with the remaining 24% indicating a neutral impact.

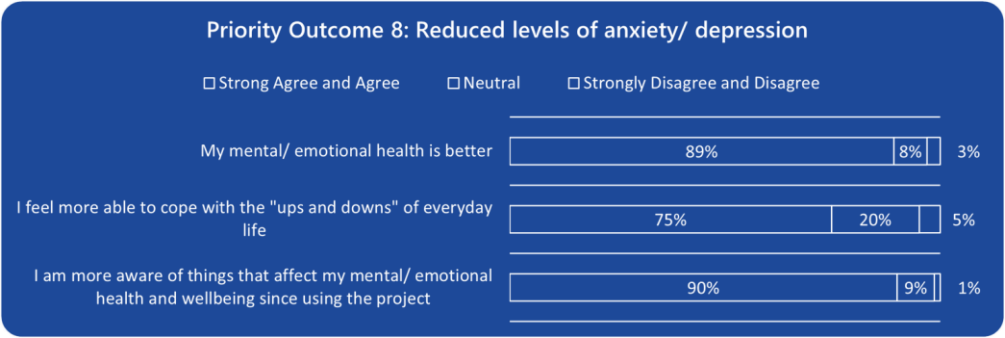
A breakdown of the detailed outcome criteria for reduced damage /harm to physical and mental health from misuse of alcohol and drugs is provided in figure 7 below.



Impact Outcome 8: Reduced levels of anxiety/ depression

The overall positive impact for this priority was 84%, only 3% indicated a negative impact, with the remaining 13% indicating a neutral impact.

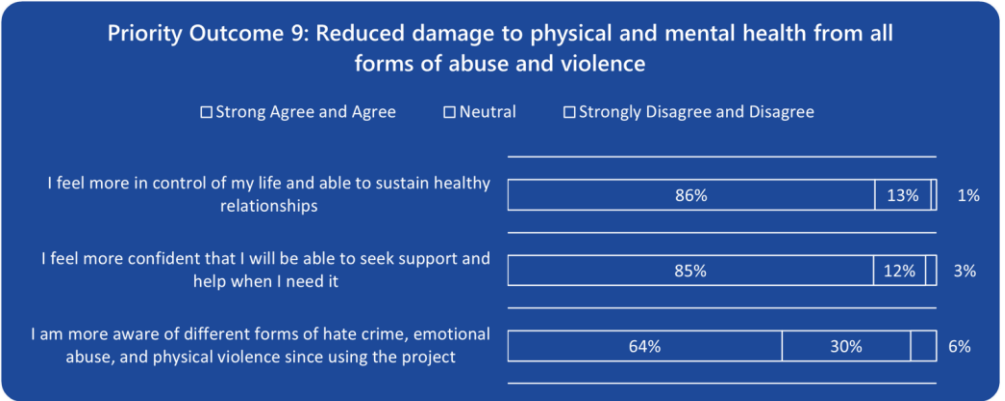
A breakdown of the detailed outcome criteria for: reduced levels of anxiety/ depression is provided in figure 8 below.



Impact Outcome 9: Reduced damage to physical and mental health from all forms of abuse and violence

The overall positive impact for this priority was 81%, only 3% indicated a negative impact, with the remaining 16% indicating a neutral impact.

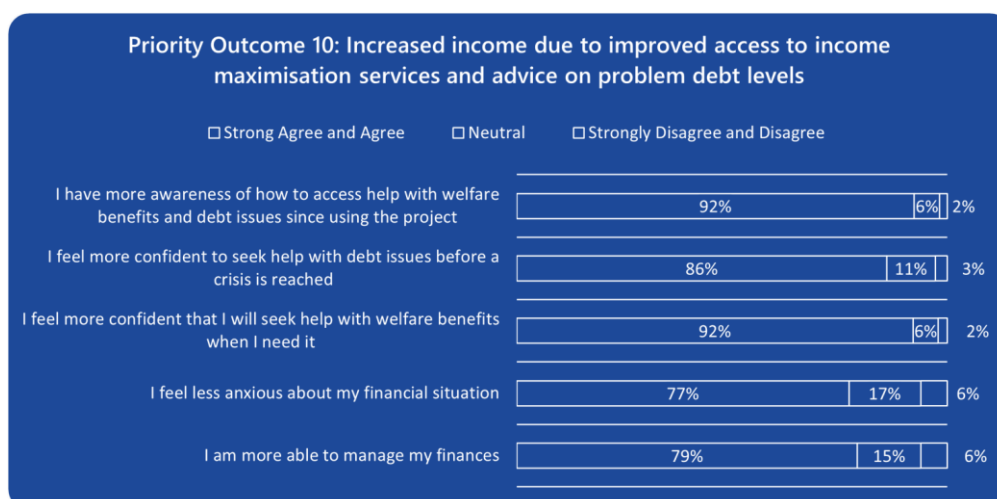
A breakdown of the detailed outcome criteria for reduced damage to physical and mental health from all forms of abuse and violence is provided in figure 9 below.



Impact Outcome 10: Increased income due to improved access to income maximisation services and advice on problem debt levels

The overall positive impact for this priority was 86%, only 4% indicated a negative impact, with the remaining 10% indicating a neutral impact.

A breakdown of the detailed outcome criteria for increased income due to improved access to income maximisation services and advice on problem debt levels health is provided in figure 10 below.



5. Partnership Working

- 5.1 Many of the organisations funded have continued to build their working partnerships with other 3rd sector organisations, with public sector delivery partners and community groups.
- 5.2 These partnerships aim to strengthen service delivery, strengthen referral routes and help to increase awareness of service availability to ensure that people have access to the most appropriate service at the time when they need it.
- 5.3 Working in collaboration with the statutory sector is a requirement for EIJB funded organisations.

- 5.4 Many of the core Community Health Initiatives (CHIs) in the city currently host Community Link Worker posts which are embedded in 45 GP practices across Edinburgh. The Community Link Worker Programme is a Scottish Government funded Initiative which is delivered in partnership with GP practices and the third sector to support people to live well through connecting them with community resources and primary care. This initiative aims to reduce pressure on GP time and enable them to focus on patients' medical needs whilst the social and financial issues which patients often bring to their GP consultation and have a significant impact on their wellbeing are addressed by third sector partners.
- 5.5 Throughout 2022/23 there were 4149 referrals made to community link workers in Edinburgh which is 23% increase on 2021/22 levels. Of these 75% were made by GPs, 11% by practice nurses and 6% by mental Health Practitioners. The main reasons for referrals were mental health issues (47%) and social isolation (27%) although 44% of clients had multiple referral reasons⁴. Most onward referrals are then made to third sector organisations.
- 5.6 A new Income Maximisation Consortium was developed in 2019 whereby services were developed and embedded within GP settings and community mental health and recovery hubs to complement the Community Link Worker model.
- 5.7 Most of the funding for this consortium came from the EIJB Grants Programme.
- 5.8 In 2022/23, the EIJB grant programme funded provision of welfare and debt advice to 15,807 people and resulted in over £9.8M in financial gain for those experiencing financial hardship. This included around £5M from welfare rights and debt advice provision within GP settings and a further £2.5M gained from appointments offered in mental health and recovery hubs across the city.
- 5.9 In addition to funding provided by the EIJB and Primary Care Improvement Fund, funding was provided by the Scottish Government for income maximisation services in seven Deep End GP practices in the most deprived areas of the city. This funding ended in January 2024.
- 5.10 Further funding was also provided by the UK Shared Prosperity Fund for income maximisation services to support people with mental health issues. This funding is due to end in March 2025.
- 5.11 Some grant recipient organisations are also entering into local partnership arrangements with GP practices. For example, a collaborative GP and third sector initiative to support people living with chronic pain has now expanded into a city-wide programme which aims

⁴ *https://www.evoc.org.uk/wp-content/uploads/2023/09/clwannualreview_202223_digital.pdf

to reduce pressure on GP clinical time and reduce medication prescribing by offering alternative therapies such as physiotherapy at home, CBT; Acupuncture; Mindfulness/ Meditation; Yoga and Ecotherapy.

- 5.12 In addition to receiving funding from the EIJB, this project also received funding from the Modernising Patient Pathways fund to cover the cost of GP involvement.

6. Strategic Fit

National Health and Wellbeing Outcomes

- 6.1 In addition to contributing to the 2 key priorities of the Strategic Plan - **preventing poor health and wellbeing and reducing health inequalities** - the services delivered also work directly to achieve the National Health and Wellbeing Outcomes those noted in the table below.

NATIONAL OUTCOME	ACHIEVEMENT
Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer	Provision of services to encourage healthy lifestyles and improve self-management and wellbeing continued and included activities to reduce alcohol intake, improve diet, improve mental health, help to access technology, encourage social interactions and connections and increase physical activity. The programme also addresses the environmental and social factors that can act as barriers to health and wellbeing, for example, improving greenspace and maximising income.
Outcome 2 People, including those with disabilities, long term conditions or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	The Grant Programme has helped build and create community capacity and resilience so that people can receive the care and support they need locally whilst remaining independent within their own homes. The EIJB Grant Programme has continued to fund essential services such as telephone support and befriending, falls prevention activities, advice and support for carers, self-management programmes and one to one support. Post Covid services have now adapted and redesigned services to meet the changing needs of the individuals, many of whom have increased frailty and more complex physical and mental health conditions.
Outcome 3. People who use health and social care services	Many services funded through the Grant Programme receive referrals from health professionals in the community and some services such as income

have positive experiences of those services, and have their dignity respected	<p>maximisation and community link workers are directly embedded in health setting such GP practices whilst others are in hospital settings promoting healthy eating advice and practical support.</p> <p>From the feedback gathered, it is clear that with an average user satisfaction rate of 91%, experiences of services provided through the grant programme are positive and that those services embedded within health settings are valued and welcomed by service users.</p>
Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services	<p>The grant criteria are built around the key components of a good quality of life including social interactions, personal income, physical environment, personal confidence and improved mental health.</p> <p>Grants through the programme are awarded to experienced organisations who have continuous improvement plans in place which take a person-centred approach.</p>
Outcome 5. Health and social care services contribute to reducing health inequalities	<p>Edinburgh shows better than average levels of health and wellbeing, compared against Scottish averages, however, levels of health inequalities are worse than the Scottish average.</p> <p>The Grant Programme began in 2019, with a key aim of redressing this imbalance.</p> <p>Post Covid organisations have adapted their services to address the changing need of those now presenting to their organisations and to mitigate against the additional impacts which tended to hit the most vulnerable and disadvantaged the hardest during the pandemic.</p>
Outcome 6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being	<p>The impact of Covid on carers has been well documented and research⁵ has found that the coronavirus crisis had a profound impact on carers' lives.</p> <p>A number of grant funded projects provide support specifically for carers which is vital for both carer's mental and physical health post Covid. Services provided to carers through the Grant Programme include counselling services, respite and healthy living programmes.</p>
Outcome 9. Resources are used effectively and efficiently in the	<p>To ensure effective use of the limited grant budget, the criteria for grant funding was co-produced with stakeholders and a stringent grants assessment process was followed.</p>

⁵ [Caring behind closed doors Forgotten families in the coronavirus outbreak April 2020, Carers UK](#)

provision of health and social care services	<p>In addition, grant funded organisations complete and return annual monitoring returns which provide an assessment of both their output targets as well as their impact targets.</p> <p>Due to the flexibility of the grant process, organisations can also adapt and redesign services annually to address changing social need and ensure services provide a best fit locally.</p>
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Poverty

- 6.2 **Throughout 2022-23, a number of EIJB grant funded organisations** have contributed to a wide range of strategic partnership groups across the city including the Poverty Commission, Local Community Planning Partnership and the Preventing homelessness Working Group.
- 6.3 **In 2022/23, it was estimated that 17% of people in Edinburgh were living on incomes below the poverty threshold, including 20% of all children living in Edinburgh⁶. Analysis also indicates that there is higher risk of poverty among women, families with children, minority ethnic groups and disabled families in the city, with some of these groups experiencing more than double the poverty rate than the average citizen. Recent data also shows that some 10,000 Edinburgh families skipped meals because they could not afford food during 2022 and that year on year there has been a 50% increase in clients seeking support for rent arrears citizens Advice Scotland.**
- 6.4 EIJB grant funded organisations undertook work in relation to the six areas for action identified in the Edinburgh Poverty Commission final report ***A Just Capital: Actions to End Poverty in Edinburgh*** (health and well-being; connections; fair work; a decent home; income security, opportunities to progress). With two sets of EIJB funded organisations leading on the delivery and implementation of the Maximising Support from Social Safety Nets workstream and the Ending Poverty Related Hunger in Edinburgh Strategy through the Cash First workstream.

⁶

<https://democracy.edinburgh.gov.uk/documents/s62265/7.1%20End%20Poverty%20in%20Edinburgh%20Annual%20Progress%20Report.pdf>

Climate Change/Sustainability

- 6.5 The EIJB recognises the global climate change emergency and that everyone has a **part to** play if we are to reach Edinburgh's ambitious net zero 2030 target.
- 6.6 A core aim of the Grant Programme -*building strong, inclusive and resilient communities* is in-step with the central aims of our partners' sustainability strategies and aspirations of creating sustainable, 20-minute neighbourhoods.
- 6.7 Looking forward however, consideration should be given to what the Partnership can do to help organisations become more environmentally sustainable and support the behavioural change required to help Edinburgh reach its ambitious net zero target for 2030.

7. Conclusion

- 7.1 2022/23 saw the first year of a three year extension to the operation of the EIJB Grant Programme (annual budget of £5m) which aimed to realise two key priorities of the IJB's Strategic Plan - to **tackle inequalities** and promote **prevention and early intervention**; the 7 key priorities of the EIJB Grant Programme; several of the National Health and Wellbeing Outcomes; and contributed the City's Poverty Commission and its anti-poverty work.
- 7.2 Returns showed that approximately 55,000 participants took part in or received a service from EIJB grant recipient organisations during 2022-23 and the average user satisfaction rate was found to be 91%.
- 7.3 Appendix 3 provides case studies from projects funded through the EIJB grant programme.

Appendix 1 – Project Funding 2022-23

Organisation	Project	Activities	Amount
ACE IT	Digital Inclusion for Older People	<p>The project will enhance digital knowledge, skills and well-being in older people with staff, volunteers and other organisations via four services.</p> <ul style="list-style-type: none"> • Moose in the Hoose for residents in care homes • Office - based one to one training sessions • Scam workshops with Changeworks • Outreach for older workers and people in retirement establishments 	64,092
Art In Healthcare - Room for Art	Room for Art	Room For Art is a series of visual arts workshops delivered by artists throughout Edinburgh using an 'art on prescription' approach and an occupational therapy supported model of 1:1s to support self-management. Participants will be referred by professionals in statutory and third sectors working in partnership with Art in Healthcare.	72,100
Autism Initiatives	Diagnosis and support for autistic adults without a learning disability	The Project will assist Mental Health Teams (MHTs), and the Lothian Adult ADHD and Autism Resource Team (LAAART), in Edinburgh by meeting those seeking an autism diagnosis; gathering information to support MHTs in their assessments; diagnosing those who do not meet their criteria for functional impairment and providing post-diagnostic support.	85,104

Bethany Christian Trust	Passing the Baton Project	Through volunteer befriending and community groups for isolated and lonely individuals, the project aims to decrease social isolation and prevent homelessness in Edinburgh.	53,372
Bridgend Farmhouse	Community kitchen	Creating a community kitchen as an engagement tool to connect and engage a multi-generational, multi-cultural, multi-ability food community supporting each other to learn, gain confidence, reduce social isolation, and help each other become part of the wider community. Using local collaborations and food as the focus for building community capacity	25,728
Calton Welfare Services	Welfare Services for Socially Isolated Older People	The project will provide a Club for Socially Isolated Older People and a Day Care Service for Dementia sufferers, as well as providing Welfare Advice and Information for our service users and their carers and socially isolated older people in our area, and events throughout the year for older people.	16,872
Care for Carers	Stepping Out Residential and Short Breaks for Carers	To provide information, support and a range of organised, structured and supported short breaks (residential, day and evening breaks) to unpaid carers in Edinburgh. The short breaks aim to support and improve carers mental and physical wellbeing and enable them to feel able to maintain and sustain their caring role.	74,408
Caring In Craigmillar	Phonelink	The project has now extended the Phonelink service to all Edinburgh localities. CiC currently offers reassuring & supportive phone calls, twice daily, 365 days, to vulnerable & elderly clients, living in their own homes with long term health conditions, additional support needs or at risk of social isolation.	99,912
Changeworks	Heat Heroes	Heat Heroes provides support to people vulnerable to health impacts of living in fuel poverty. A team of 12 volunteers will be trained to support 1650 people to be in control of their energy costs, helping them be affordably warm and prevent health issues caused by living in cold/damp homes.	57,988

Community One Stop Shop	COSS	The project will deliver our existing project and ancillary services. We provide advice and advocacy for clients living in poverty and challenging circumstances within the Broomhouse and South West area. Continued provision of our Food Bank and support services, and our outreach services. We currently receive two smalls grants but as suggested have amalgamated them both for the purpose of this application for the first time.	23,690
Community Renewal Trust	Health Case Management (HCM)	Continuation and improvement of Edinburgh's HCM service: intensive support for GPs' 2% most complex adult cases. Our open-ended long-term community-based one-to-one support assesses need, introduces people to services and reduces demand for Primary Care. Our staff are experts in compassionate-listening, coaching, self-management and recovery techniques to foster resilience and wellbeing.	50,536
Cruse Bereavement Care Scotland	Edinburgh Bereavement Services	Cruse Scotland will provide a community-based listening/counselling support for over 850 people who are bereaved across Edinburgh. On average clients will receive six sessions, which will improve their mental well-being and reduce their visits to GPs services. The service is delivered by highly trained volunteers at an accredited standard.	35,020
Cyrenians	Golden Years Community Connecting Service	A preventative service to reduce loneliness and social isolation in older people by connecting them with their community and in turn reduce the number of people who need support of statutory services and increase the number of people who can live at home for as long as possible.	83,300
Drake Music Scotland	Musicspace	We propose to deliver Musicspace – a programme giving 80 disabled young people and adults in the Craigmillar area access to group music making activities which have proven benefits to mental health and wellbeing, physical coordination and social inclusion.	18,540
Edinburgh & Lothians Greenspace Trust	Healthy Lifestyles in South Edinburgh	The project is to provide a programme of outdoor activities that promote physical activity and healthy eating for those who face health	124,038

		inequalities. The work involves developing the successful programme that has been running since 2013.	
Edinburgh Community Food	Healthier Food, Healthier Lives, Healthier Futures	The project promotes healthy lifestyles by delivering community food and health work across Edinburgh. The key components will be a range of cooking courses, nutrition workshops, health promotion sessions, training and support. We will also provide greater access to affordable healthy food within communities.	178,251
Edinburgh Community Health Forum	Tackling health inequalities by building a stronger and more resilient 3 rd sector	The Forum provides and coordinates tailored support, information and training to Forum members who are the managers of locally based community led health projects and to raise awareness strategically about the importance of addressing health inequalities.	55,292
Edinburgh Garden Partners	Befriending Through Gardening	EGP and Edinburgh and Lothians Regional Equality Council (ELREC) will jointly deliver a befriending model, creating relationships through shared gardening within the black and minority ethnic (BME) communities. Using the EGP's established and successful model, 15 befriending partnerships will be created annually between socially isolated, predominantly older garden owners and volunteers.	23,968
Edinburgh Headway Group	Early Intervention ABI Rehabilitation Support Project	To provide an early intervention rehabilitation project for 20 adults in total with an Acquired Brain Injury to improve everyday functioning and encourage reintegration into the community. Our preventative support includes independent living skills, physical activities, social opportunities, therapeutic creative activities, advocacy, complementary therapies and 1:1 Community Outreach.	47,528
Edinburgh Leisure	Steady Steps	Edinburgh Leisure are seeking funding for Steady Steps, a 16-week group based physical activity and exercise falls prevention programme which focuses on improving strength and balance to deliver positive health and social outcomes for around 2,328 older adults over three years.	144,324
Edinburgh Rape Crisis Centre	Rape Crisis support Service	The project supports the provision of our specialist, trauma-informed rape crisis support service for women, non-binary and trans people who	76,452

		have experienced sexual violence, including rape, sexual assault and childhood sexual abuse/exploitation. The proposed activities of the service include trauma support, counselling, advocacy and group support.	
Eric Liddell Centre	Caring for Carers Befriending Service	The project provides emotional, physical and practical programme to support unpaid carers across Edinburgh through linking, matching and providing an ongoing support service in which volunteer befrienders offer a socially supportive relationship to befriendees.	26,724
FAIR Ltd (Family Advice and Information Resource)	FAIR – Information and advice for people with learning disabilities and their carers	FAIR provides a welfare rights and financial capability advice service for people with learning disabilities and their carers. It also produces an updated Easy Read Newsletter every 2 months which shares information from key stakeholders to those using its service. FAIR also works in co-production with the Health and Social Care Partnership to consult on the Strategic Commissioning Plan for People with Learning Disabilities.	97,760
Feniks: Counselling, Personal Development and Support Services Ltd	“Reach Out, Help Within” Supporting Central Eastern European community in Edinburgh	This project aims to tackle mental health inequalities and social isolation amongst Polish and Central Eastern European people in Edinburgh. We will employ two therapists/counsellors, a CEE Mental Health Service manager and a community development worker to improve the provision of the mental health services, integration and cultural-bridging within the city.	80,960
Fresh Start	Fresh Start: helping people make a home for themselves	Working with partners across Edinburgh and with volunteer teams, we will support people previously homeless to ‘make a home’ in new tenancies providing goods and practical support to 5,000+ households and 1000+ places on gardening, cooking, and employability activities. Service-users develop key life skills and access ongoing social and emotional support.	90,824

Hillcrest Futures(formerly Gowrie Care Ltd)	Futures Hub	An accessible resource hub where vulnerable people who are, have been or are at risk of becoming homeless, can be supported to learn independent living skills and experience social, recreational, employment and educational opportunities they would otherwise be excluded from. Promoting health & wellbeing, tenancy sustainment, recovery and social inclusion	97,320
Health All Round	Health All Round Community Health Initiative	HAR is a community health initiative covering the Sighthill/ Gorgie ward of Edinburgh. We deliver a range of services to improve the physical, emotional & social wellbeing of local people. We specifically target low income and other vulnerable groups.	206,164
Health In Mind	Craigmillar Counselling	Counselling offered to people with anxiety, depression and similar issues living in the Craigmillar /Portobello area. Self-referrals, and referrals through GP's, voluntary organisations, social work or other professionals accepted. The funding covers direct counselling costs, with other staffing and overhead costs funded by NHS Lothian.	13,392
Home-Start Edinburgh West and South West (HSEW)	Promoting positive perinatal mental health	Access to family learning from a perinatal stage provides opportunities for parents/carers to gain confidence in their role and has a positive impact on mental health and children's learning outcomes/resilience. Promotion of attachment is offered through Baby Massage and Peep. Home-based support is available where required.	25,656
LGBT Health and Wellbeing	Core Funding and Community Programme	The project supports LGBT Health's work to promote the health, wellbeing and equality of lesbian, gay, bisexual and transgender (LGBT) adults, as well as funding to continue established social capital work through our Edinburgh LGBT Community Programme of social, community engagement and volunteering activities.	101,455
Libertus Services	Positive Futures - The Volunteering Project	The project is a collaboration of 2 well established projects with proven track records based within Libertus Services. Using the 5 principles of community development we aim to reduce social isolation, promote	153,720

		healthy lifestyles/mental wellbeing and build strong and inclusive communities by running groups for older people and recruiting volunteers.	
Lothian Centre for Inclusive Living (LCIL)	Lothian Centre for Inclusive Living (LCIL)	The project delivers a comprehensive benefit checks and follow up support to physically disabled people. This service has now extended the Grapevine Disability Information Service to cover Universal Credit claims and raise awareness of the support it can provide with this extremely complex benefit across the 4 localities.	20,876
MECOPP Jump Start	MECOPP Jump Start	The project delivers a 'broad-based health literacy and health improvement service to Chinese people aged 40+ who are disadvantaged by age, disability or long-term health condition, economic or social circumstances through the provision of: health information sessions, educational workshops, physical activity programme and supporting civic engagement.	32,388
MECOPP BME Carer Support	MECOPP BME Carer Support	Carer support service for Black and Minority Ethnic carers (primarily South Asian and Chinese) to include casework support, telephone based multi-lingual advice and information and carer training. Training on 'achieving cultural competency' is also provided to health and social care staff.	66,736
Multi-Cultural Family Base	Multi-Cultural Family Base – Syrian Men's Mental Health Group	Group supporting Syrian men newly arrived in Edinburgh under the United Nations Scheme for Vulnerable Persons Relocation. The group supports 15 men per week with issues including integration, employment and English language. The project will also offer outreach and befriending, including for men who cannot attend the weekly sessions.	17,292
Murrayfield Dementia Project	Murrayfield Dementia Project	Day resource for those with dementia.	56,460

Pilmeny Development Project	Pilmeny Development Project (PDP) – Older Peoples Services	PDP delivers activities, services and opportunities within Leith and North East Edinburgh, reducing social isolation, promoting participation and inclusion of socially isolated older people in need of community-based support, using low level, preventative, early intervention and self-help approaches, which improve their quality of life.	76,116
Pilton Equalities Project Mental Health	The Mental Health & Wellbeing Support Service (Neighbourhood Group)	The Service provides support to older people with enduring mental health problems; who may have significant issues with substance dependencies; to remain and participate in the community. The service aims to increase individual capacity; improve group co-operation and socialization; raise skills and confidence; encourage wellbeing preventing readmission to hospital.	92,364
Pilton Equalities Project Day Care Services	Pilton Equalities Project Day Care Services	PEP operates a 5 daycare clubs, a weekend provision, and a visiting/assessment service across North Edinburgh for vulnerable older adults, reducing isolation and enabling older people to stay in their homes longer, and enhancing a level of independence and socialisation. This service supports CEC's Reshaping Care for Older Peoples prevention strategy.	90,300
Portobello Monday Centre	Portobello Monday Centre	The project provides informal day-care once a week for our members (10 to 12) who suffer from dementia, whilst at the same time giving some valued respite for their carers. The service is run entirely by volunteers for members resident in the Portobello area.	4,587
Portobello Older People's Project	Portobello Older People's Project	Portobello Older Peoples Project is a lunch/social club that gives older people the opportunity to have the company of others and enjoy a hot meal. It supports people who are isolated with the aim are to reduce loneliness and social isolation, increase social connectivity and improve health & wellbeing.	16,244

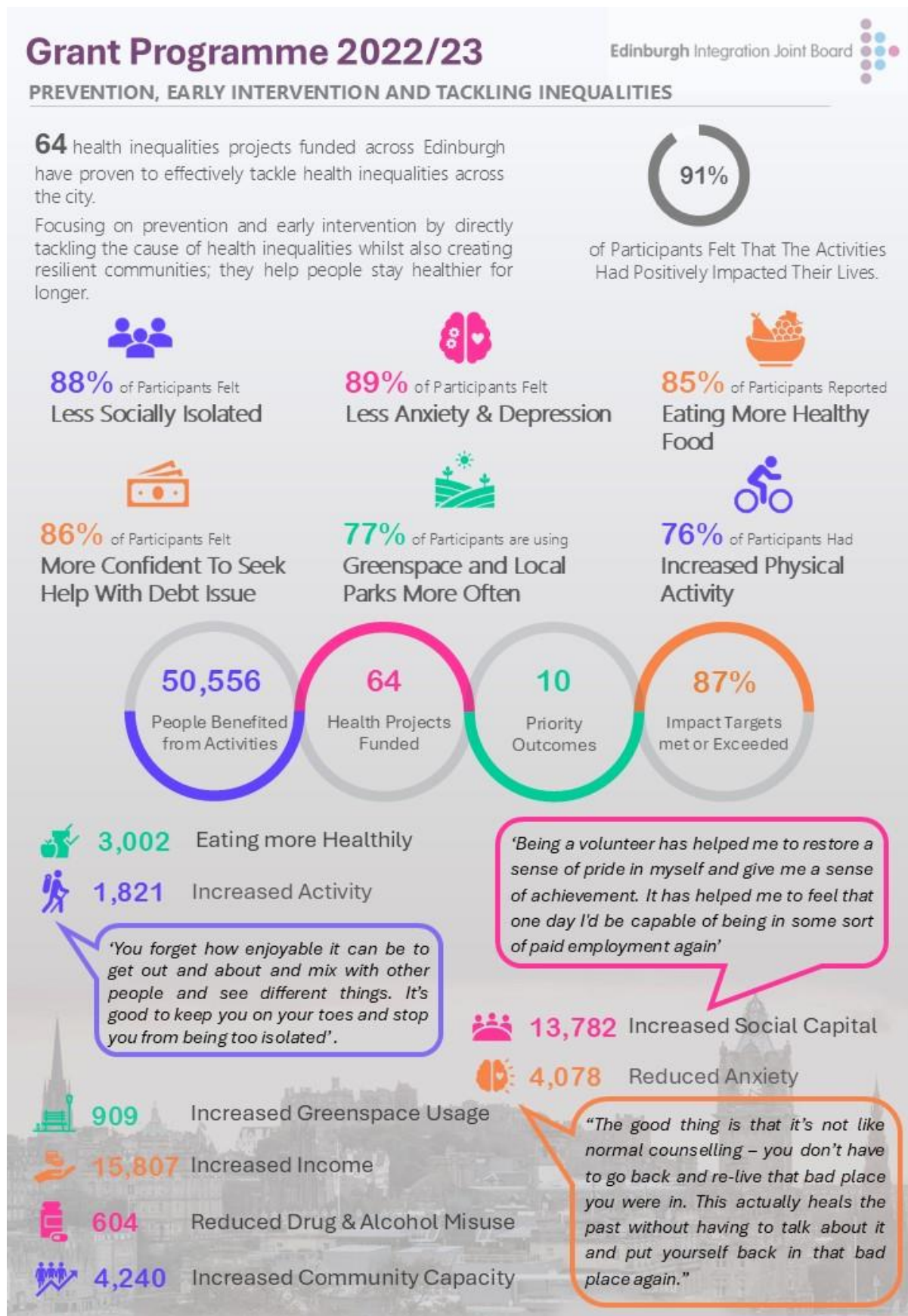
Positive Help	Positive Help	Positive Help delivers a needs-led services to vulnerable adults affected by HIV/AIDS and Hepatitis C. Supportive Transport and Home Support enables service users to live independently, positively engage with health services, thus improving wellbeing and quality of life. These services deliver best value and reduce pressures on NHS and Council services.	50,640
Queensferry Churches Care in the Community	Queensferry Churches Care in the Community	Funding is used to develop and maintain a Community Hub for older people living in the rural areas of South Queensferry, Dalmeny, Kirkliston, Newbridge, Ratho Village and Station. To ensure that older people are well connected, have a variety of support services and volunteering opportunities which enables them to participate and remain active in their communities.	45,636
Rowan Alba Limited	Rowan Alba Limited	CARDS is a city-wide volunteer led service which supports people with Alcohol Related Brain Damage (ARBD), who are at risk of developing ARBD and people whose alcohol use puts them at risk. We require funding to continue to deliver this service across all localities and improve health outcomes for people who use this service	51,936
Scottish Huntington's Association	Lothian Huntington's Disease Service	The Lothian Huntington's Disease service delivers an integrated Health & Social Care model of person-centred care-management to people impacted by Huntington's disease across Edinburgh City. Providing specialist assessment, expert advice, information and one to one support to reduce social isolation, increased resilience, improved quality of life and well-being	34,620
Sikh Sanjog	Health and Wellbeing Group	The Health and Wellbeing Group, partnering with health organisations, delivers a programme focussing on preventative measures by providing a safe space for ethnic minority women to access bespoke activities, designed to support their mental and physical health and wellbeing,	25,124

		reduce isolation and loneliness, increase confidence and develop interpersonal skills.	
South Edinburgh Amenities Group SEAG	South Edinburgh Amenities Group SEAG	The project utilises its specially adapted minibuses to enable elderly, frail and other vulnerable groups of people in the community to access a range of 30 voluntary sector, lunch clubs, day centres, and dementia services, which contributes to the passengers' mental and physical well-being and reduces their social isolation.	73,028
South Edinburgh Day Centre Volunteer Forum	South Edinburgh Day Centre Volunteer Forum (SEDCVF)	The grant is to assist with the running costs of five local day groups for people aged 60+ who are socially isolated in the SE area of Edinburgh. The grant is used to employ trained care staff, transport and volunteer expenses.	Part of Libertus services
Support in Mind Scotland RAISE for Carers	Support in Mind Scotland RAISE for Carers	This project delivers an integrated support, information and education service for carers of people with mental health problems/mental illness using the following approach: Reception: open access Assessment: compassionate response and review Information: rights and services Support: crisis, emotional and practical Empowerment: rights, advocacy and resilience for the future	24,728
The Broomhouse Centre - The Beacon Club	The Broomhouse Centre - The Beacon Club	Funding is used to develop and maintain the delivery of The Beacon Club: a service for older people with dementia in South West Edinburgh which prevents this long-term condition affecting their quality of life in older age.	56,452
The Broomhouse Centre on behalf of	The Broomhouse Centre on behalf of	A city-wide project to tackle isolation in Edinburgh's loneliest over 60s through creating long term, locally based one-to-one friendships based on shared interests. This is a Vintage Vibes Consortium application for	79,588

Vintage Vibes Consortium	Vintage Vibes Consortium	2.5 Service Coordinators for 3-year period. The Consortium is a partnership between LifeCare and The Broomhouse Centre.	
B Healthy together (The Broomhouse Health Strategy Group)	Supporting Healthier Lifestyles	To improve physical and mental health and wellbeing in SW Edinburgh, a recognised area of deprivation, we will deliver a programme of volunteering, healthy eating and exercise services. The comprehensive package of support will also help vulnerable people overcome barriers to effective parenting, build positive relationships and develop resilience.	58,667
The Dove Centre	The Dove Centre	The Dove Centre is a social day centre whose aims are to help older people remain as independent as they can be through a variety of socially inclusive activities, learning, volunteering, fresh meals and fully accessible transport.	137,800
The Health Agency	The Health Agency	The Health Agency is an organisation that aims to promote and develop a community led approach to health improvement in an area that experiences a high level of social and economic deprivation.	189,208
The Living Memory Association	The Living Memory Association	The reminiscence project aims to decrease isolation and improve the health and quality of life of isolated older people and their carers. It runs groups, a 'drop in' facility, recruits older volunteers and works with those who are housebound offering a whole range of activities and ongoing support.	25,404
The Open Door Senior Men's Group	The Open Door Senior Men's Group	The group continues to provide a safe and supportive space for men over the age of 60, who are at risk of social isolation, to meet, make friends and participate in a programme of shared activities one afternoon per week.	6,207
The Ripple Project	The Ripple Project	Using a community-led approach, the Ripple aims to improve the quality of life for all ages living in our community by helping people to help themselves.	97,448

The Welcoming Association	The Welcoming Association	Welcoming Health is a programme of volunteer-led health and wellbeing activities for migrants and refugees in Edinburgh. It is designed to promote active lifestyles, improve wellbeing, reduce isolation and build community between locals and newcomers to the city.	15,799
Venture Scotland	Venture Scotland	The project delivers four weekend residential experiences, four extended 5-day residential experiences plus 32 x full-day outdoor activity sessions across Edinburgh's four areas. The programme is designed to build physical, emotional and mental wellbeing, resilience, development of problem-solving skills, building positive relationships and the opportunity to experience meaning and accomplishment.	51,104
VOCAL	VOCAL	The funding allows an additional 100+ carers a year to access and benefit from professional counselling, to respond to the growing need for counselling support and help carers manage the severe emotional impacts of many caring situation arising from changing relationships and the effects guilt, anger and social isolation.	54,184
Waverley Care	Waverley Care	This project supports populations affected by HIV and Hepatitis C to live healthy positive lives and to achieve their full potential. Through outreach, self-management programmes, peer mentoring, befriending and volunteer opportunities, the project addresses the health and social inequalities that impact on people affected by these conditions.	197,504
CHAI, Citizens Advice Edinburgh, Granton Information Centre Consortium	Income Maximisation – Welfare and Debt Advice	The service delivered by this consortium aims to Improve financial stability through a welfare advice and debt advice service based in socially deprived communities, GP settings and community mental health and recovery hubs.	330,260 (CHAI) 330,256 (CAE) 330,264 (GIC)

Appendix 2 – Infographic



Appendix 3 – Impact of EIJB Grant Funded Services on Individuals

Priority Outcome 1: Reducing Social Isolation

Case Study 1

Mr G was referred to Caring in Craigmillar (CIC) services following a referral from his GP detailing that he would like a morning call to check he is up and about for the day. The organisation was informed this man had COPD only, no list of other health conditions, and that he managed his COPD well.

After supporting Mr G for a few weeks, it appeared that Mr G also suffered from very high anxiety when it comes to attending any appointments. Other than this Mr G came across as a very active man, out and about every day and enjoyed keeping on top of his housework.

Mr G had no immediate family apart from a niece living in the Borders who only kept in touch via telephone.

Generally, Mr G always answered his calls, was cheery and upbeat and plausible. However, CIC detected a change in his behaviour and reported this back to his GP who originally referred him. Unfortunately, the GP informed CIC unless he presented himself to the surgery there wasn't much they could do as Mr G was regarded as an able man who attended his appointments when they were scheduled for him. Mr G continued to assure CIC he was fine.

CIC remained concerned and contacted his niece who was his specified emergency contact. Mr G refused to allow access to his relatives and police were called the next morning when he refused to answer CIC's daily telephone call.

Mr G was found unconsciousness on his floor. Initially the Police thought he had been attacked in his home as he was so bruised and was taken to hospital where they managed to stabilise him. His house was found in a bad state with mice, dirt, uneaten food and boxes of medication that he hadn't taken for some time. It also emerged that Mr G had become blind and was no longer able to manage but had not shared this deterioration in his sight with anyone.

The family were grateful for CIC pursuing their concerns and the family are now back in each other's life and Mr G is getting the help and support he needs. His house was cleaned and decorated while he was in hospital giving him the motivation to return home and live safe and well with support. Mr G now has the support of homecare and a befriender to get him out and about while being supported with his sight loss.

Strategic Outcomes:

- Reduced social isolation
- Improved mental wellbeing
- Supported self-management of long-term conditions

Personal Outcomes:

- Received appropriate support for his sight loss.
- Reconnected with his extended family.
- Continues to be active despite his deteriorating health.
- Supported self-management of his long-term health conditions.
- Reduced loneliness and isolation through regular contact with his befriender.

Wider Impacts

Savings to frontline services due to:

- Reduced risk of crisis hospital admission due to re-engagement with health services and acceptance of appropriate support.

Priority Outcome 2: Promoting Healthy lifestyles

<p>Case Study 2</p> <p>B is a 41 year old man living in The Inch. He was introduced to the project in 2020 through his nephew who had been referred to our walking group by the Cyrenians. B wanted to support his nephew and thought that he would also benefit from attending our sessions.</p> <p>B has a mild learning disability which means that he can't read or write. Before attending our sessions, he led a very sedentary and isolated lifestyle, staying indoors playing video games and watching films. When the organisation first met B, he was keen to make lifestyle changes to improve his mood and help him to lose weight. He had already begun his weight loss journey and was looking for ways to support this.</p> <p>He first came along to Walking Adventures in Moredun just before COVID and continued with zoom catch ups and yoga sessions in lockdown following digital support to get him connected. When restrictions lifted and the outside exercise sessions to resumed, B benefitted from meeting new people and forming friendships with other participants.</p> <p>Peer support encouraged him to attend other communities such as the Goodtrees Garden Get Togethers and Move n Groove sessions. This widened his circle of friends and consequently his support network. He learned about other sessions happening in the community such as cycling sessions at Bridgend Farmhouse and began attending activities provided by other projects. Through his new social network, he also struck up a friendship with a lady who had previously been a head teacher who began teaching him to read and write each week.</p> <p>With structure and support in his week, B reach and maintain his target weight, he found a love of jogging and outdoor exercise and has become a real ambassador for the organisation's Out & About programme. B completed the Couch to 5K jogging programme in 2021 and now regularly runs 10k distances on his own although he still runs with the jogging group, helping others in their fitness journey.</p> <p>In 2022, B attended a programme of Social Cycling sessions with ELGT and joined the new Ambling Adventures walking group in Holyrood Park, which have helped him get to know new parts of the city and whole new groups of people.</p>
<p>Strategic Outcomes:</p> <ul style="list-style-type: none"> • Promote healthy lifestyles including physical activity and healthy eating • Improved mental wellbeing • Reduced social isolation • Reduced digital exclusion • Building stronger, inclusive and resilient communities
<p>Personal Outcomes:</p> <ul style="list-style-type: none"> • Became fitter and healthier, achieved new fitness goals. • Created positive change in habits and lifestyle. • Improved confidence and increased independence. • Greater connection with community, formed friendships and social networks.
<p>Wider Impacts</p> <ul style="list-style-type: none"> • Encouraging engagement in community activities. • Building inclusive communities.

Priority Outcome 3: Improving Mental Wellbeing

Case Study 3
<p>JJ was referred to CARDS in November 21, the organisation started supporting him in May 22. Before engaging with the service, JJ, he had spent 2 years isolated in his home, had no-one to talk to and received no additional support.</p> <p>JJ was in extremely poor health and refusing to take necessary medications, he later explained he was angry with his GP whom he believed should have contacted him, he said he felt forgotten. JJ displayed poor communication skills and, despite the removal of Covid restrictions, JJ remained very scared of Covid and was shocked that people weren't wearing masks or observing restrictions. JJ only left his home briefly to buy essentials provisions from a local shop.</p> <p>It took a while to gain JJ's trust, conversation was difficult to start but eventually conversations around the medical profession were instigated and offers to accompany him to appointments were made.</p> <p>JJ was introduced to a volunteer in November 22 and with his volunteer's encouragement, JJ started engaging with his GP and taking his medications, thus improving his overall health. the volunteer also encouraged JJ to get out of the house for short spells, initially to the local shop, then for regular visits to a local café and eventually to a museum which had been favourite for JJ in the past. Visits to museums and art galleries continued with his befriender whilst JJ built up his confidence. The next goal for JJ is to join one of the organisation's regular groups at an Art gallery which will give him the opportunity to socialise with the wider CARDS community.</p> <p>JJ had previously been in the music industry but a mental health break down had led to years of homelessness and problematic alcohol use. However, JJ is now writing music again which is helping him manage his thoughts and take his mind off his physical pain.</p>
Strategic Outcomes:
<ul style="list-style-type: none"> • Improved mental wellbeing • Reduced social isolation • Supported self-management of long-term conditions
Personal Outcomes:
<ul style="list-style-type: none"> • Improved physical & mental health – Taking prescribed medications & engaging with medical professionals. • Increased trust and improved social skills – Engaging regularly with his volunteer and participating in meaningful activities. • Self-management of health conditions – Writing music – to distract from intrusive thoughts and pain. • Reduced loneliness and isolation – regular contact with volunteer, having someone who cares about his wellbeing, getting out of the house and being part of his local community.

Wider Impacts

Savings to frontline services due to:

- Reduced risk of crisis hospital admission due to re-engagement with health services.
- Reduced risk of repeat homelessness due to social interaction with volunteer and acceptance of support.
- Developed of self-management techniques through peer support.

Priority Outcome 4: Supported Self-Management of Long-term Conditions

<p>Case Study 4</p>
<p>Mrs B was having a very difficult time when she contacted the Action for Pain service. The lockdown situation had caused her a lot of distress and had affected her mental health and her pain levels. At the time of referral, she was feeling suicidal and was encouraged by her GP to seek support from Health All Round.</p> <p>After an initial discussion, it was agreed that Mrs B would start the 6-week Action for Pain course. At the beginning, she remained unsure about participating in the group but with encouragement she decided to give it a try. Mrs B attended all six sessions and engaged well. She felt that there was something within the Action for Pain group which just ‘clicked’ with her – a lot more than previous experiences of pain management groups / services – and that having a GP involved with the course was particularly useful. She felt really listened to by the GP on the course, which was something she had not felt for some time.</p> <p>Whilst on the course Mrs B started making changes to her lifestyle, and soon began feeling better both physically and mentally. Her PAM (Patient Activation Measure) scores increased which is indicative of an increased sense of control over her own health and wellbeing. This improved confidence resulted in her not having to ‘rely’ on others so much and encouraged her to consider reducing her use of pain medication.</p> <p>After the course, Mrs B went on to access other Health All Round services: counselling, art and the writing group and these became an important part of her self - management. Increasing physical activity also played a key role in Mrs B’s recovery and with support via the <i>Active Steps</i> service at HAR she was able to access a local pool for swimming. Mrs B received further support to enhance her activity levels through the organisation’s in home physio service which supported her to leave the house for short walks, increasing gradually in distance until she met her personal target.</p>
<p>Strategic Outcomes:</p>
<ul style="list-style-type: none"> • Supported self-management of long-term conditions • Promote healthy lifestyles including physical activity and healthy eating • Improved mental wellbeing • Long term support at a local level
<p>Personal Outcomes:</p>
<ul style="list-style-type: none"> • Self-management of health conditions – reduce reliance on medication & engagement with alternative approaches. • Improved physical & mental health – improved activity levels and engagement with the Heads Up Counselling Service. • Developed of self-management techniques through peer support. • Ability to leave the house.
<p>Wider Impacts</p>
<p>Savings to frontline services due to:</p> <ul style="list-style-type: none"> • Reduced number of repeat GP presentations and GP appointments. • Increased GP clinical time. • Reduced need for prescribed medication.

- Recognition of an alternative pathway for chronic pain.
- Supported through the Modernising Patient Pathways Fund.

Priority Outcome 5: Income Maximisation

Case Study 5

Client is single, 23 years old, living in temporary accommodation due to homelessness. Client has significant learning difficulties and also suffers from anxiety and depression. Client is unable to work due to his health conditions. Client is resident in an area of Edinburgh which is identified through the SIMD as being within the top 5% of deprived areas in Scotland

Client accessed the service after attending a CAB drop-in session with a support worker.

Client had been in long-term receipt of benefits, including ESA awarded due to his health conditions preventing him from working, housing benefit, and PIP. Client had his PIP revoked after a review, but due to client having significant learning difficulties client did not understand the letter giving the outcome of the review and was unaware that his PIP had stopped. Client's other benefits – ESA and Housing Benefit had also been stopped due to client spending a short spell in prison on remand. As a result, client had accumulated around £1000 in rent arrears.

The adviser that dealt with the client made contact with the DWP to ascertain the situation regarding the client's benefits, and with help from a support worker that was allocated by client's landlord LINK Living, contact was made with Housing Benefit to ascertain the situation here as well. These actions were necessary as, due to client's learning difficulties he was unable to advocate on his behalf and would have been unable to make this contact himself.

The outcome of these interventions was extremely positive for the client as the initial re-instatement of Housing Benefit prevented further debt accruing and cancelled out previously accrued debt. The client had been struggling and essentially living on no income, but this was rectified with the help of the CAE support worker who was successful in reinstating previous benefits and successfully making new benefit claims. The partnership working with the client's LINK Living support worker proved invaluable in this case, in enabling the client to access CAE services initially, and providing a point of contact that could ably liaise with the client.

Strategic Outcomes:

- Appropriate welfare advice support provided
- Increase in financial circumstances
-

Personal Outcomes:

- The client's debt was addressed.
- The clients received annual financial gains of £7380 in Housing Benefit, £1,061.24 Universal Credit (short Term Payment) and £6,240 in Adult Disability Payments.
- The client's rights as a vulnerable person were upheld.
- Improved financial stability.
- Stronger support networks.

Wider Impacts

- Learning was established for both the DWP and Edinburgh Council that the Housing Benefit Payments should not have ceased.
- A person's vulnerabilities should have been taken into consideration at the time of prison release and from his housing support worker.
- Prevention of homelessness.

- Aiding recovery and reducing likelihood of re-offending.

Priority Outcome 6: Reducing Digital Exclusion

Case Study 6

The learner first approached ACE IT in August 2022 with a very old laptop running windows 7. She wanted to be able to use her device confidently as she was very unsure of using the internet, what it could offer and issues around online safety. The learner had seen one of the organisation’s flyers and hoped that they might be able to help her. She initially presented with poor mental health and had very little disposable income. She was not in a position to prioritise accessing paid IT services either due to financial circumstances or her lack of IT knowledge.

There were a number of initial obstacles to her learning. Her laptop was very old and next to unusable, there was no antivirus installed on it. She was also very anxious and lacked any IT skills which resulted in her struggling to understand and IT information that was given to her.

As a first step, ACE IT offered her a refurbished laptop from their partnership with Edinburgh Remakery as she did not have the funds to purchase a new device. They then assisted her with setting up, installing appropriate anti-virus software and educating her about scams and how to be vigilant online. They also helped to move her files from the old machine to the new one.

The learner was delighted with the help she received from ACE IT quoting “I definitely appreciated my new laptop. What a lovely thing to do to help people”.

Volunteers from the organisation continued to calmly and patiently help the learner to understand further functionality in her laptop, assisted her to setup a Facebook account and to navigate social media in general. Over time, it emerged that the learner was very artistic and produced a number of creative items. At her request, ACE IT volunteers investigated the best way for her to sell her artistic items online and eventually helped her to build an online shop which she now confidently uses.

Strategic Outcomes:

- Reduced digital exclusion
- Reduced social isolation
- Improved mental wellbeing

Personal Outcomes:

- improved confidence in both her IT knowledge and IT skills.
- Selling her products online has given her a real focus which has improved her mental wellbeing.
- She continues to use ACE IT services where she benefits from social interaction whilst continuing to enhance her IT skills.
- Facebook has opened up her world, as she has joined local groups and communicates with many more people now.

Wider Impacts

- The learner has recently started volunteering with a local charity which has been in part due to the positive experience that she has had with ACE IT volunteers.

Priority Outcome 7: Building Stronger, Inclusive and Resilient Communities

Case Study 7

Mr JN is 87. He had been admitted to hospital following a fall. He spent several weeks there, then 6 weeks in a local care home due to his property needing a deep clean, pest control and removal of accumulated clutter.

Mr JN had been referred to the Digital Inclusion service. The referrer requested help with reconnecting broadband, support in accessing a suitable device and coaching Mr JN on how to access online shopping. The community key worker called Mr JN to arrange a home visit, and agreed to visit the day Mr JN would be discharged from the care home because the client was keen on accessing online shopping asap.

Upon visiting Mr JN in his flat, it turned out that the gas central heating was not working, and the TV had been disconnected by the contractors who carried out the deep clean. Although Mr JN had a bed in his bedroom, he was unable to use it as it had also been disconnected by the cleaning company and was in a position that made it impossible for Mr JN to access it.

The community key worker consulted with Mr JN and established that the bed was his priority, then the heating and then the TV. They decided to address the client's digital needs once the most urgent needs had been addressed.

The key worker managed to reconnect the electric operated bed and set the remote control to the required setting. He also phoned the City of Edinburgh Council out of hours emergency repairs and established that due to Mr JN's age and health conditions he was a priority case and an urgent heating engineer visit was scheduled for the same night. The key worker also managed re-connected the TV set (Mr JN was unable to do this independently as he was at risk of falls and could not reach the sockets or work out all the different wires) and set the remote control so Mr JN could access the programmes he liked.

During subsequent visits the key worker managed to get Mr JN's broadband reconnected and visit the local shopping centre jointly with Mr JN to support him to purchase a suitable device. Due to successful reconnections, Mr JN recently managed to place his first order online with Wiltshire meals and is now looking forward to his weekly deliveries by a friendly delivery driver.

Strategic Outcomes:
<ul style="list-style-type: none"> • Improved digital connectiveness • Improved sense of wellbeing • More able to cope with everyday life • Building stronger, inclusive and resilient communities
Personal Outcomes:
<ul style="list-style-type: none"> • The client accessed appropriate community support when it was needed. • He has regained confidence in looking after his own affairs following his hospital visit. • He is enjoying his regained independence. • He has remained part of the local community.
Wider Impacts
<ul style="list-style-type: none"> • Due to the role of key community worker the client no longer requires a place in a local authority's care facility. • Due to the client's digital connectiveness, he is able to access his own meals and does not require local authority provision.

DIRECTION FROM THE EDINBURGH INTEGRATION JOINT BOARD (EIJB)

Partner agencies are required to carry out this direction in accordance with statutory and regulatory obligations, ensuring adherence to relevant guidance, policies and procedures, in pursuit of the EIJB’s strategic objectives.

Reference number	EIJB-01/11/2024-1		
Does this direction supersede or vary an existing direction? If yes, please provide reference number of existing direction	No		
Approval date	01/11/2024		
Services / functions covered	All services funded through the EIJB Grants Programme		
Full text of direction	Issue a 90 days’ notice of cancellation to all recipients of the EIJB grants programme, bringing the scheduled end date of the programme forward.		
Direction to	The City of Edinburgh Council		
Link to relevant EIJB report / reports	Provide hyperlink once published		
Budget / finances allocated to carry out the direction.		<i>NHS Lothian</i>	<i>City of Edinburgh Council</i>
	2024/25	£0	-£0.7m (reduction in funding)
	Recurring funding	£0	-£4.5m (reduction in funding)
Performance measures	Performance measures and outcomes are in place for individual projects, with an evaluation report for the overall programme provided to the Performance and Delivery Committee annually.		
Date direction will be reviewed	N/A		



REPORT

Chief Officer Appointment for the Edinburgh Integration Joint Board and Health and Social Care Partnership

Edinburgh Integration Joint Board

1 November 2024

Executive Summary	The purpose of this report is to seek approval from the Edinburgh Integration Joint Board (EIJB) on the recruitment process for the permanent appointment of the Chief Officer position.
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Recommendations	<p>It is recommended that the Edinburgh Integration Joint Board:</p> <ol style="list-style-type: none"> 1. Notes that following receipt of Pat Togher’s resignation there is a requirement for permanent arrangements to be put in place in relation to the role of Chief Officer for the Edinburgh Integration Joint Board as soon as possible. 2. Notes that the Chair and Vice Chair have agreed the recruitment arrangements under urgency procedures to allow recruitment to proceed in advance of the 1 November meeting. This report formally homologates this decision.
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Directions

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

Main Report

1. Following the resignation of Pat Togher there is an urgent requirement for the recruitment arrangements to be put in place for the role of Chief Officer for the Edinburgh Integration Joint Board.

2. The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to appoint a Chief Officer who will be employed by either the City of Edinburgh Council or NHS Lothian.

Permanent Appointment

3. Detailed below is a proposed recruitment timetable for the permanent appointment of the Chief Officer vacancy.

17 October 2024	Consideration by Integration Joint Board virtually
18 October 2024	Finalisation of Recruitment Pack
21 October 2024	Role Advertised
8 November 2024	Closing Date for Applications
w/c 11 November 2024	Shortlisting
25 November 2024	Assessment Centre
9 December 2024	Panel Interviews

All dates are tentative and required to be agreed by the confirmed Panel.

4. The recruitment panel should be made up as follows:
 - Chair of IJB Chair (Recruitment Panel Chair)
 - Vice Chair of IJB
 - Chief Executive, the City of Edinburgh Council
 - Chief Executive, NHS Lothian
 - Service Director, HR City of Edinburgh Council (HR Advisor to the panel)
 - Partnership Representative (trade union), NHS Lothian (as per the policy within NHS Lothian and practice in previous Chief Officer recruitment rounds).
5. The IJB is asked to homologate the decision to approve the recruitment arrangements described in this report.

Strategic Priorities

Strategic Priorities	✓	Key points within report that address strategic priorities
Prevention and Early Intervention		
Tackling Inequalities		
Person Centred Care		
Managing our resources effectively	✓	
Making best use of capacity across the system		
Right care, right place, right time		

National Health and Wellbeing Outcomes

Please note which national health and wellbeing outcomes your report aligns to			✓
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.		6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	
2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.		7. People who use health and social care services are safe from harm.	
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.		8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care, and treatment they provide.	
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.		9. Resources are used effectively and efficiently in the provision of health and social care services.	✓
5. Health and social care services contribute to reducing health inequalities.		Not applicable	

Implications for Edinburgh Integration Joint Board

Financial

6. Budget will be utilised from the vacant Chief Officer post.

Risk, legal, policy, compliance, governance, and community impact

7. Risk that no suitable candidates available or limited/poor response to permanent advert. This will be discussed with the City of Edinburgh Council Recruitment Committee and NHS Lothian Executive Leadership team when interest has been gauged.

Equality and Poverty Impact

8. N/A

Environment, climate, and sustainability impacts

9. N/A

Quality of care

10. N/A

Consultation

11. N/A

Report Author

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Background reading / external references

Appendices

None

REPORT

Edinburgh Integration Joint Board Risk Register

Edinburgh Integration Joint Board

1 November 2024

Executive Summary	The purpose of this report is to present the latest iteration of the Edinburgh Integration Joint Board (EIJB) risk register for endorsement.
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Recommendations	<p>It is recommended that the Edinburgh Integration Joint Board</p> <p>a. Notes that the risk overview, assurance levels and risk cards at appendices 1, 2 & 3 were discussed and agreed by the Audit and Assurance Committee at their meeting on the 10 September.</p>
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Directions

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

Main Report

Background

- As a key part of its governance process, the risk register documents the risks that impact the Edinburgh Integration Joint Board's (EIJB) ability to deliver its objectives. Members of the EIJB Audit and Assurance Committee (AAC) are responsible for the oversight of risk management arrangements; this includes receipt, review, and scrutiny of reports on strategic risks and escalation of any

issues that require to be brought to the attention of the EIJB. The AAC Committee reviews the EIJB risk register on a quarterly basis and refers it to the EIJB twice yearly.

2. In line with the EIJB risk management policy, very high and high risks are presented to the AAC quarterly, medium risks are presented very six months, and low risks are presented annually. Therefore, very high, high and medium risks are contained within this report. [Appendix 1](#) provides the totality of EIJB risks for information.

Regular Review

3. As per the review process, the EIJB risk cards have been updated by risk owners and presented to the Risk Committee on 12 August and scrutinised at Audit and Assurance Committee on 10 September. The main changes since the last iteration in April 2024 include:
 - a) All risk cards have been updated with additional actions to address and mitigate the risks.
 - b) Six risks (risk [1.1](#), [1.2](#), [1.3](#), [2.1](#), [3.1](#), [3.2](#)) are within risk appetite with one risk (risk [3.4](#)) out with risk appetite. To bring these within risk appetite and to move the remaining risks closer to their target risk rating will require the following actions to be undertaken and implemented in full:
 - c) Delivery of the Medium-Term Financial Strategy, which will move the EIJB to a more sustainable financial footing.
 - d) Implementation of the operational restructure, both phase 1 and phase 2 which will deliver a lean and agile workforce, utilising best use of resources within the current financial envelope. This is likely to be delivered by March 2025.
 - e) Re-engineer the “front door” provision, moving to an early intervention and prevention model, and reducing the demand for crisis prevention services. This will also require delivery of other key early intervention and prevention projects. The intention is that the redesign of the front door will be delivered by March 2025.
 - f) Publication of the Strategic Plan, which will set out the EIJB strategic objectives that align with the current financial position. This will be published in December 2024.
4. [Appendix 1](#) provides the overall risk overview; [Appendix 2](#) provides the risk assurance levels, and the risk cards are included at [Appendix 3](#).
5. This iteration of the risk register was scrutinised at the Audit and Assurance

Committee on 10 September and members asked for the inclusion of an indicator to demonstrate the risk trend, and this will be added in to the next iteration of the risk register presented to the AAC in December 2024. The Committee scrutinised the risk cards and asked for continued focus on reducing the risk rating, whilst recognising the challenges facing the EIJB, and the required implementation of those workstreams referenced at paragraph 3, to reduce the risk rating.

6. Work has started to consider what performance indicators will be included for each of the risks and this will start to be reported through the risk cards and will be included in the next reporting cycle in December 2024. The Committee also asked for the inclusion of an indicator to demonstrate the risk trend, and this will be added to the next iteration of the risk register presented to the AAC in December 2024.
7. Since the risk register (Appendix 3) was considered at AAC in September there has been a deterioration in the financial position, despite robust financial management arrangements now in place. In a separate paper to this meeting, the Chief Finance Officer has advised the board that she is unable to provide assurance on breaking even in year. Similarly, another paper updating the medium-term financial strategy indicates an estimated £50m budget shortfall for 2025/26. In this context, the EIJB will have to make difficult decisions about what delegated services it needs to reduce or stop. This may have the following impact/s:
 - a) Reduction in prevention and early intervention activity.
 - b) Non-compliance of statutory duties – this will also result in costly legal actions, fines, sanctions, reputational damage and increased regulatory scrutiny.
8. Therefore, the impacts and likelihood of this issue will be incorporated into the relevant risk cards (Risk 1.1 and Risk 3.4) in line with the next report to Audit and Assurance Committee.

Chief Risk Officer

9. The job descriptions for the Chief Risk Officer have now been graded at a grade 10 / Band 8a which is lower than anticipated. Considering the financial challenges facing the EIJB, the Chief Officer and Chair of the EIJB is in discussion with the Chair & members of the Audit and Assurance Committee in relation to next steps.
10. It should be noted that the Chief Finance Officer is still undertaking the Chief Risk Officer role, therefore the risk to the EIJB continues to be mitigated at this time.

Additional Actions

11. The following additional actions for risk card 1.1 and 2.1 have been delayed and an explanation for the delay with a revised date is undernoted:
- a) [Risk 1.1, action 1](#), [Risk 1.3, action 1](#) and [Risk 2.1, action 2](#) have a revised date of the December 2024, as these actions need to align with the publication of the EIJB strategy plan. The plan submitted to the EIJB in June may be subject to change as a result of consultation.

Next steps

12. Work continues to continuously review the EIJB risk management and reporting arrangements.

Strategic Priorities

Strategic Priorities	✓	Key points within report that address strategic priorities
Prevention and Early Intervention		
Tackling Inequalities		
Person Centred Care		
Managing our resources effectively	✓	This report highlights key risks faced by the EIJB and what action is being taken to mitigate risks.
Making best use of capacity across the system		
Right care, right place, right time		

National Health and Wellbeing Outcomes

Please note which national health and wellbeing outcomes your report aligns to			✓
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.		6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	
2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.		7. People who use health and social care services are safe from harm.	

3. People who use health and social care services have positive experiences of those services, and have their dignity respected.		8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care, and treatment they provide.	
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.		9. Resources are used effectively and efficiently in the provision of health and social care services.	
5. Health and social care services contribute to reducing health inequalities.		Not applicable	✓

Implications for Edinburgh Integration Joint Board

Financial

13. There are no direct financial implications arising from this report, however it is important that all risks (including financial) are closely monitored and escalated appropriately.

Legal / risk implications

14. The risk cards included at [appendix 3](#) highlights the current EIJB risks. The risk cards are a core component of the internal control system and is used as a systematic structured method of recording all risks that threaten the delivery of EIJB strategic objectives/priorities.

Equality and integrated impact assessment

15. There are no direct equalities implications arising from this report.

Environment and sustainability impacts

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

Quality of care

17. The management and mitigation of risks in key areas including strategic planning and commissioning and the issuing of directions should impact positively on the quality of care delivered.

Consultation

18. The EIJB risks were developed following consultation with the Executive Team AAC members, Chief Internal Auditor, representatives from the three Lothian

EIJBs and the Council's Risk Officer.

Report Author

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Background Reports

None

Appendices

Appendix 1	Risk overview
Appendix 2	Risk assurance statements
Appendix 3	Risk cards

Appendix 1 - Risk Overview

ID	Risk Type	Risk Appetite	Risk	April 24 RAG	Aug 24 RAG	Target Rating	Path to target risk
1.	Strategic Planning and Commissioning						
1.1	Strategic & People	>Very High (25)	There is a risk that the Edinburgh Integration Joint Board (EIJB) is unable to deliver its strategic objectives.	High	Very High (20)	High	
1.2	Strategic & People	>Very High (25)	There is a risk that the EIJB is not able to influence decision-making over delegated services that are not managed by the Partnership.	High	High (12)	Med	
1.3	Financial	>Very High (25)	There is a risk that the NHS Lothian and City of Edinburgh Council cannot deliver delegated services within available budgets.	High	Very High (20)	High	
2.	Issuing of Directions						
2.1	Strategic	>Very High (25)	There is a risk that NHS Lothian and City of Edinburgh Council do not deliver directions set by the EIJB.	High	High (12)	Med	
3.	Management and Role of the EIJB						
3.1	Strategic	>Very High (25)	There is a risk that the EIJB is unable to operate effectively as a public body.	Med	Med (9)	Low	
3.2	Strategic	>Very High (25)	There is a risk that the EIJB's workforce strategy is not delivered.	High	High (16)	Med	
3.3	Regulatory	>Low (3)	There is a risk that the EIJB has insufficient assurance from assurance providers to support effective delivery of scrutiny responsibilities.	Low	Low (3)	Low	N/A
3.4	Regulatory	>Low (3)	There is a risk that the EIJB does not comply with the necessary legislative and regulatory requirements.	High (20)	High (20)	Low	

Appendix 2 – Risk Assurance Levels

Level 1 – Operational

The lowest level of assurance and relates to local assurances provided by operational management, self-assessment.

Level 2 - Executive

Moderate level of assurance and relates to assurances provided by executive management/ board, independent assessment (internal) e.g., clinical audit.

Level 3 - External

The strongest level of assurance and relates to e.g., external reviews, external audit, external inspections etc.

Appendix 3- Risk Cards

1. Strategic Planning and Commissioning																																																																																													
Risk 1.1 There is a risk that the Edinburgh Integration Joint Board (EIJB) is unable to deliver its strategic objectives																																																																																													
Strategic Objective: Deliver an affordable, sustainable, and trusted health and social care system for Edinburgh.		Source of objective: <ul style="list-style-type: none"> EIJB Strategic Plan Financial planning undertaken alongside development of strategic plan. Engagement with stakeholders 		Risk Owner: Chief Officer Risk Contributor: Service Director (SP)																																																																																									
<p>Current Risk Score</p> <table border="1"> <tr> <td rowspan="5">Likelihood</td> <td>Almost Certain</td> <td>M</td> <td>H</td> <td>H</td> <td>VH</td> <td>VH</td> </tr> <tr> <td>Likely</td> <td>M</td> <td>M</td> <td>H</td> <td>H</td> <td>VH</td> </tr> <tr> <td>Possible</td> <td>L</td> <td>M</td> <td>M</td> <td>H</td> <td>H</td> </tr> <tr> <td>Unlikely</td> <td>L</td> <td>M</td> <td>M</td> <td>M</td> <td>H</td> </tr> <tr> <td>Rare</td> <td>L</td> <td>L</td> <td>L</td> <td>M</td> <td>M</td> </tr> <tr> <td></td> <td></td> <td>Neg</td> <td>Min</td> <td>Mod</td> <td>Maj</td> <td>Ext</td> </tr> <tr> <td colspan="3"></td> <td colspan="3">Consequence</td> </tr> </table>			Likelihood	Almost Certain	M	H	H	VH	VH	Likely	M	M	H	H	VH	Possible	L	M	M	H	H	Unlikely	L	M	M	M	H	Rare	L	L	L	M	M			Neg	Min	Mod	Maj	Ext				Consequence			<p>Target Risk Score</p> <table border="1"> <tr> <td rowspan="5">Likelihood</td> <td>Almost Certain</td> <td>M</td> <td>H</td> <td>H</td> <td>VH</td> <td>VH</td> </tr> <tr> <td>Likely</td> <td>M</td> <td>M</td> <td>H</td> <td>H</td> <td>VH</td> </tr> <tr> <td>Possible</td> <td>L</td> <td>M</td> <td>M</td> <td>H</td> <td>H</td> </tr> <tr> <td>Unlikely</td> <td>L</td> <td>M</td> <td>M</td> <td>M</td> <td>H</td> </tr> <tr> <td>Rare</td> <td>L</td> <td>L</td> <td>L</td> <td>M</td> <td>M</td> </tr> <tr> <td></td> <td></td> <td>Neg</td> <td>Min</td> <td>Mod</td> <td>Maj</td> <td>Ext</td> </tr> <tr> <td colspan="3"></td> <td colspan="3">Consequence</td> </tr> </table>			Likelihood	Almost Certain	M	H	H	VH	VH	Likely	M	M	H	H	VH	Possible	L	M	M	H	H	Unlikely	L	M	M	M	H	Rare	L	L	L	M	M			Neg	Min	Mod	Maj	Ext				Consequence		
Likelihood	Almost Certain	M		H	H	VH	VH																																																																																						
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Likely	Extreme	Very High (20)	August 2024	➤ Very High (25)																																																																																									
Consequences																																																																																													
<p><i>Budget</i> – The EIJB faced an opening deficit of £60m for 24/25. To address this gap, a savings and recovery programme of £48m was proposed and agreed by the EIJB in March. It should be noted that a savings programme of this size and complexity requires appropriate resources. It should also be highlighted that this magnitude of savings will be detrimental to individuals who require services and will impact on performance. There is spillage in the savings and recovery programme which is necessitating a requirement to develop a savings and recovery programme, which will have detrimental impacts on people who require a service from the Partnership.</p> <p><i>Workforce</i> – There does remain workforce challenges across a range of specialisms, with individuals who require a service on waiting lists and recruitment and retention impacting on service delivery within several areas (nursing, occupational therapy, and community care). Work is ongoing to reduce the vacancy rate. The Partnership continue to restructure the operations management division and is nearing conclusion. Whilst the restructure will provide the organisation with stability (as currently several Service Managers have been in seconded posts), there will be a level of workforce instability as people go through the organisational change process. In light of the worsening financial position, there is work underway to consider the implementation of stringent recruitment controls and this may adversely impact the workforce challenges, and this has to be balanced with the financial challenges.</p> <p><i>Service delivery</i> - There continues to be increased levels of demand and waits for social care services, however this is being mitigated to some extent by the controls undernoted. There is also a potential delay or non-delivery of key flagship projects to deliver services designed around prevention, community, reducing inequalities, quality and sustainability which will impact on the EIJB strategic plan/objectives however this is being monitored through the controls undernoted. The financial position for 24/25, the current recruitment challenges and resultant impacts on service delivery. Therefore, at this time, the consequences of this risk materialising would be extreme. The EIJB has made some challenging decisions as part of its budget setting on what core services it delivers and what it no longer commissions to balance its budget, and these decisions will have a detrimental impact on services and outcomes for</p>																																																																																													

people. Alongside this, work is progressing to develop a savings and recovery plan (as a result of slippage in the delivery of savings) will continue to have an impact of people, service delivery and people and this may have an impact on statutory duties. Taking all these points into account, the consequences of this risk materialising is **extreme**.

Likelihood – Whilst additional controls have been implemented, there is slippage in the savings programme, meaning a recovery plan is being developed to deliver the £48m savings target, therefore is it likely this risk will materialise in the next 12 months. **(Likely)**.

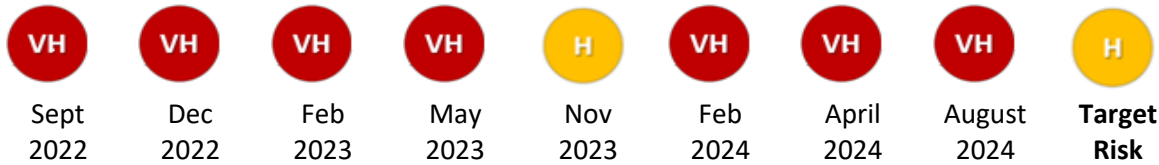
Target Risk – High

Whilst the EIJB wish to be ambitious in relation to its target risk and reduce to a medium target level it recognises, there is a significant amount of work required to reduce its current risk score, therefore the target risk has been scored as high (still likely, but moderate consequences). However, the aspiration is to reduce this to moderate at the appropriate time.

Actions required to achieve target risk

1. Delivery of Medium-Term Financial Strategy, moving the EIJB to a more sustainable financial footing.
2. Delivery of key early intervention and prevention projects.
3. Re-engineering the social care direct provision and start to move service model to one of early intervention and prevention and reduce the waiting lists for social care services – likely March 25.
4. Implementation of operational restructure – deliver a lean and agile workforce and better utilising of resources with current financial envelope. Phase 1 complete, but phase 2 implemented is needed (likely Dec 24 for delivery).
5. Reduce workforce gaps to a tolerable level and design structure to allow movement of staffing to manage workforce gaps.
6. Development and publication of revised Strategic Plan, setting out strategic objectives that align with the current financial position – likely December 2024 for delivery.

Historical Risk Score



How would this risk happen?

- Insufficient resources (finances, workforce, infrastructure, etc.) delegated by the Council and/or NHS Lothian.
- Impact of reduction in working week – NHS Lothian (workforce)
- Strategic objectives don't align with current financial position.
- Strategic priorities beyond current organisational experience.
- Lack of stakeholder support.
- Underestimation of the complexity of issues.
- Unable to make strategic decisions based on the quality or availability of data available.
- Irregular assessment of objectives leading to unidentified impact of operational effectiveness.
- New regulations changing direction of travel.
- External forces (major incidents) presenting unexpected threats /opportunities (e.g., pandemic).
- Impact of implementation of the National Care Service or similar resulting in a need to change priorities / direction of travel.

What would the potential outcome be?

- If strategic objectives are not adequately managed, the planned improvements in the health and wellbeing of people in Edinburgh would be negatively impacted.
- Reputational damage to the EIJB.
- Increased demand for services which are no longer delivered by third or independent sector.

- Not involving appropriate stakeholders in strategy/policy development.
- Insufficient or ineffective representation from third sectors / stakeholders on the EIJB and its committees.
- Poor relationships with providers in either the private or third sector.
- Failure to make best use of the expertise, experience, and creativity of partners, third sector and private sector.
- Insufficient asset planning arrangements leading to failure or delays in delivering the strategic plan.
- Reductions in grant / contract funding arrangements.

Progress since last A&A Committee

Financial controls / strategies

- Officers continue tripartite efforts with colleagues in the City of Edinburgh Council, NHS Lothian, and the Scottish Government to highlight the financial position of the EIJB.
- Financial governance skills tested as key part of the recruitment process for senior posts in the new operational structure.
- Initial thinking about the recovery plan shared at the Budget Working Group on 6th August.
- Refreshed performance management governance arrangements bedding in.

Service delivery

- Early Intervention and Prevention strategy embedded within revised Strategic Plan (draft agreed at EIJB in June) and a delivery plan for this priority is being developed.
- Redesign of the front door (Social Care Direct) will commence in the Autumn 2024
- Work continues on Older People's pathway, with plans in place for the reconfiguring HBCCC and IC in the city's PFI hospitals and opening 40 additional beds in Council Care Homes and development of two complementary programmes, Adult with functional Mental Illness and Working Age Adults with disabilities and other long terms conditions.
- Hospital in reach service to work with people with no fixed abode established.

Workforce

- The operational restructure is nearing conclusion which will provide some stability to existing staff within seconded posts.
- Rolling city wide recruitment in place for all social work vacancies.
- Marketing campaign being developed to promote health and social care as an attractive career path.

What are we doing to currently manage the risk? (Controls in place)

Key Control/s		Level of Control
Reporting controls		
1.	Whole System Oversight Board with both Chief Executives are in place to collectively manage ongoing system pressures. Risks considered, reviewed, and escalated as appropriate.	1 & 3
2.	Scrutiny of care packages undertake by the review team.	1
3.	Regular engagement meetings with partners (EIJB, CEC Head of Finance, NHS Lothian Director of Finance, Chief Executives from both Council and NHS Lothian) to monitor performance, strategic direction and to foster good relationships and better understanding of partner organisation perspectives.	2
4.	Risks and potential approaches are highlighted to EIJB Chair & Vice Chair at regular 1:1s with Chief Officer.	1&2

5.	EIJB Risk Management Policy in place and regular reporting to the AAC quarterly & EIJB (6 monthly)	1		
6.	Regular reporting on budget position to Performance and Delivery, EIJB, Policy and Sustainability and Finance and Resources Committee – via Finance team.	1		
Budget controls				
7.	Development of Medium-Term Financial Strategy to achieve financial sustainability	1		
8.	Grip and control processes in place, including high-cost care package panel, workforce / recruitment panel to scrutinise vacancies, overtime and expenses.	1		
9.	Budget Development sessions in place to develop officer budget proposal in advance of presentation to Budget Working Group.	1		
10.	Regular budget monitoring discussion at Executive Team.	1		
11.	Grip and control arrangements in place, including scrutiny of overtime, agency, recruitment, and high care package costs.	1		
12.	Budget Working Group continues to meet to scrutinise budget saving proposals.	1		
Workforce controls				
13.	A range of activity continues to increase the social care workforce, including active ongoing recruitment of key frontline posts.	1		
14.	Citywide recruitment adverts for social work and social care posts			
Service improvement / delivery controls				
15.	Programme management support in place to support the innovation and sustainability programme (which includes bed-based review, community mobilisation projects).	1		
16.	Development of the care at home procurement exercise and market shaping work involving a range of care at home providers which will make best use of the market.	1		
17.	Joint Strategic Needs Assessment (JSNA) is in place to ensure the EIJB strategic plan reflects the population needs and takes account of key areas that will affect the EIJB, including poverty, and dementia).	1		
18.	Command Centre in place to drive forward immediate/short-term change that increases capacity of internal homecare service.	1		
19.	A range of third sector providers and key stakeholders are involved in shaping the future bed-base strategy / review and community mobilisation transformation project – Older People’s Pathway	1		
Performance controls				
20.	Governance arrangement for financial plan is in place and will be aligned to the strategic plan.	2		
21.	Regular reporting of directions (which includes SMART targets) to Performance and Delivery Committee.	2		
22.	Trajectories in place for all key performance metrics.			
23.	Strategic indicators are in place in relation to performance.	1		
24.	Annual performance report provides assurance on progress with key EIJB strategic objections contained within the Strategic Plan.	1		
25.	Performance against EIJB strategic objectives is regularly reported to the Performance and Delivery Committee and annually to the EIJB	2		
Additional controls or actions needed to manage this risk / achieve target risk.		Action Owner	Delivery Date	Update
1.	Development of new performance framework has started in line with the production of the refreshed Strategic Plan. It continues to be developed through the P&D Committee.	SD-SP	Dec 2024	This is being developed in line with the EIJB strategic Plan and the new operational structure

1. Strategic Planning and Commissioning

Risk 1.2 There is a risk that the EIJB is not able to influence decision-making over delegated services that are not managed by the Partnership.

<p>Objective: Ensure that the Edinburgh element of delegated Pan-Lothian services are delivered in line with EIJB's Directions.</p>	<p>Source of objective:</p> <ul style="list-style-type: none"> • EIJB Directions • Integration Scheme • EIJB Strategic Plan • Financial Plan • Annual Performance Report • Review of Directions 	<p>Risk Owner: Chief Officer</p> <p>Risk Contributor: Service Director (SP)</p>
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Current Risk Score						Target Risk Score							
Likelihood	Almost Certain	M	H	H	VH	VH	Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH		Likely	M	M	H	H	VH
	Possible	L	M	M	H	H		Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H		Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M		Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext			Neg	Min	Mod	Maj	Ext
Consequences						Consequences							

Current Risk Assessment

Likelihood	Consequence	Risk Rating	Date assessed	Risk Appetite
Likely	Moderate	High (12)	August 2024	> Very High (25)

Likelihood – Gaps remain in how the EIJB plans for hosted and set aside services, therefore the likelihood of this risk materialising is likely.

Consequence - Planning resource aimed at hosted and set aside services are currently in place but limited. Consequence is considered moderate.

Target risk – medium

The EIJB target risk is based on minimising both the likelihood and impact of this risk crystallising. This would be achieved by improved commissioning for hosted and set aside services.

Actions to achieve target risk

1. Clarity in revised strategic plan on the role of hosted and set aside services and how the EIJB would wish to commission these.
2. Development of performance framework for hosted services.
3. Appointment of Head of Service Strategy and realignment/restructuring of strategy and commissioning resources which will be picked under phase 2 of the restructure.

Historical Risk Score



<p>How would this risk happen?</p> <ul style="list-style-type: none"> • Conflicting priorities between managers of services and EIJB requirements/Directions. • Conflicting priorities between Mid, East, West Lothian, and Edinburgh IJB. • Unclear communication between relevant parties. • Lack of clarity in Directions. • Impact of external forces such as new regulations; unexpected threats or opportunities; and major incidents (e.g., pandemic). • Impact of implementing the National Care Service or similar on financial planning. 	<p>What would the potential outcome be?</p> <ul style="list-style-type: none"> • Outcome for people in Edinburgh are poorer. • Resources are not the right place to deliver the EIJBs objectives. • Pathways are confused due the different requirements of four EIJBs.
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Progress since last A&A Committee

First iteration of the performance framework reported to Performance and Delivery Committee. Work is continuing to develop a performance framework for hosted services, which is being undertaken collaboratively with other three Integration Joint Board's (e.g. West Lothian, East Lothian and Mid Lothian).

What are we doing to currently manage the risk? (Controls in place)

Level of Control

1.	Regular (monthly) Chief Officer meetings attended by all four EIJBs and officers from NHS Lothian provide a forum to reach consensus, influence delegated services and raise any relevant issues.	2
2.	Lothian Strategic Framework in place which sets out how the health and care service in Lothian will be set out over the next five years.	1
3.	Specific service forums are in place to consider and agree major service changes which impact on more than one EIJB.	1
4.	EIJB Directions Policy in place (with directions template). Directions monitored via Performance and Delivery Committee, with annual review.	2
5.	Financial reporting mechanisms in place for hosted and set aside services and reported to EIJB regularly.	2
6.	Budget Setting Protocol agreed by EIJB, NHS Lothian and the Council in place which will have an impact on Directions set by the EIJB in line with strategic intentions.	1

Additional controls or actions needed to manage this risk

Action Owner

Delivery Date

Update

1.	Implications for hosted and set aside services still to be worked through as part of savings and recovery options development.	SD-SP	Ongoing	Ongoing
2.	Structural gaps in hosted and set aside services planning to be addressed through the Partnership's new management structure.	CO	Summer 2024	Phase 1 of the operations structure will be in place by mid-August. Phase 2 specifically look at infrastructure around hosted and set aside services, which is due for completion by March 2024.

1. Strategic Planning and Commissioning

Risk 1.3 There is a risk that the NHS Lothian and City of Edinburgh Council cannot deliver delegated services within available budgets.

<p>Objective: Using available resources to deliver an affordable and sustainable health and care service for the people of Edinburgh.</p>	<p>Source of objective:</p> <ul style="list-style-type: none"> EIJB Strategic Plan Financial Plan & regular updates Annual Performance Report 	<p>Risk Owner: Chief Officer Risk Contributor: Chief Finance Officer (CFO) & Service Director (SP)</p>
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Current Risk Score							Target Risk Score						
Likelihood	Almost Certain	M	H	H	VH	VH	Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH		Likely	M	M	H	H	VH
	Possible	L	M	M	H	H		Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H		Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M		Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext			Neg	Min	Mod	Maj	Ext
Consequences						Consequences							

Current Risk Assessment

Likelihood	Consequence	Risk Rating	Date assessed	Risk Appetite
Almost Certain	Major	Very High (20)	August 2024	> Very High (25)

Consequences – The EIJB continues to direct operational services however some are not delivering within budget and is having an impact on the current budget gap, there has also been slippage with the savings programme which means a recovery plan is being developed. Therefore, partners will be unable to deliver delegated services within available budgets in some areas and this will have the following impacts: unsatisfactory experience with health and care services across a large proportion of delegated services, significant overruns in relation to strategic projects, several workforce gaps across a range of services and a significant budget gap. However, there are controls in place and some services are operating, therefore the consequences of this risk materialising are **major**.










Likelihood – Some services continue to overspend to deliver delegated services, and work is ongoing to deliver the savings and recovery programme to address the gap for this year, however the savings target is not on track, meaning a recovery plan is required and this will include proposals which reduces or stops services, and this will have an impact on outcomes for people; therefore, this risk is **almost certain** to occur in the next six months.

Target Risk – High

Whilst the EIJB wish to be ambitious in relation to its target risk and reduce to a medium target level it recognises, there is a significant amount of work required to reduce its current risk score, therefore the target risk has been scored as high (likely, but moderate consequences). However, the aspiration to reduce this to moderate at the appropriate time.

Actions to achieve target risk

- Delivery of Medium-Term Financial Strategy, moving the EIJB to a more sustainable financial footing.
- Continue to implement grip and control measure to reduce spending across key areas.
- Implementation of operational restructure -both phase 1 and phase 2. This will deliver a lean and agile workforce and better utilising of resources with current financial envelope.
- Re-engineering the social care direct provision and start to move service model to one of early intervention and prevention and reduce the waiting lists for social care services.
- Reduce workforce gaps to a tolerable level and design structure to allow movement of staffing to manage workforce gaps.
- Delivery of key early intervention and prevention projects.

Historical Risk Score								
								
Mar 2022	Sept 2022	Dec 2022	May 2023	Aug 2023	Feb 2024	April 2024	August 2024	Target Risk
How would this risk happen? <ul style="list-style-type: none"> In year reduction in funding due to need of Council and/or NHS Lothian requirement to balance their overall budgets. Unanticipated increase in costs of delegated services. Failure to deliver agreed savings programmes. Poor budget management. Unanticipated financial impacts, other external forces such as new regulations; unexpected threats or opportunities; and major incidents (e.g., pandemic). Unable to make strategic decisions based on the quality or availability of financial data available. Impact of Scotland leaving the UK. Impact of the development and implementation of the National Care Service (NCS) 					What would the potential outcome be? <ul style="list-style-type: none"> Reprioritising spending. Reduction or stopping of service. Poor outcomes for the citizens of Edinburgh Short term decision making to balance budget which compromises longer term objectives and increases costs in the longer term. 			
Progress since last A&A Committee								
<ul style="list-style-type: none"> Officers continue tripartite efforts with colleagues in the City of Edinburgh Council, NHS Lothian, and the Scottish Government to highlight the financial position of the EIJB. Initial thinking about the recovery plan shared at the Budget Working Group on 6th August. Financial governance skills tested as key part of the recruitment process for senior posts in the new operational structure. Financial measures in place to stop discretionary spend and further tightening of controls in place across the Partnership (e.g. high costs group) in relation to spend. Refreshed performance management governance arrangements bedding in. 								
What are we doing to currently manage the risk? (Controls in place)								Level of Control
1.	Continued development of the Medium-Term Financial Strategy which will help to move to a financially sustainable future.							1
2.	Grip and control measure in place, including workforce controls, reviews for high packages of care, review of any transition packages of care, to reduce spend.							1
3.	Development of new performance framework has started in line with the production of the refreshed Strategic Plan to ensure decisions are supported by accurate quantitative and qualitative data. It continues to be developed through the P&D Committee.							1
4.	Performance and Delivery Committee scrutinise financial performance. Approach to monitoring progress with savings and recovery plan agreed with P&D.							2
5.	Chief Finance Officer supported by Council and NHS Lothian finance teams agree financial objectives/priorities for the year with key stakeholders.							1
6.	Finance is a standing item on the EIJB agenda and Executive Team agenda. Latest update to Feb EIJB with regular reporting to Partnership Executive Team and governance forums within CEC & NHSL.							2
7.	EIJB Budget Working group in place to support the EIJB budget setting process.							2

8.	Operational financial monitoring undertaken monthly by both NHS Lothian and the Council with regular dialogue between finance teams and operational budget holders.	1		
9.	Partnership Savings Governance Group chaired by Chief Officer meets monthly to scrutinise progress against the savings and recovery programme.	2		
10.	Regular tripartite meetings in place. Attended by: CO, CFO CEC Head of Finance, NHS Lothian Head of Finance), to ensure shared understanding and ownership of financial position	2		
11.	Financial performance of Partnership services scrutinised at joint performance review meetings with Council Chief Executive and NHS Lothian Deputy Chief Executive.	2		
12.	Innovation and Sustainability Programme agreed.	1		
13.	Regular monitoring of directions via the Performance and Delivery Committee.	2		
14.	Directions policy is flexible in that Directions can be withdrawn or amended at any time if they are no longer to be appropriate/realistic/achievable.	1		
15.	Reviewed directions Policy in place with annual review of directions undertaken with new template in place – agreed August 2023. Directions are required for any service changes agreed by the EIJB. The policy specifies what partners require to do if they can't deliver on a direction.	2		
Additional controls or actions needed to manage this risk		Action Owner	Delivery Date	Update
1.	Enhanced performance management framework, linking finance, activity etc, being developed.	CFO	Summer 2024	This action will be picked up in MTFS and aligned with the new Strategic Plan.

Issuing of Directions

Risk 2.1 There is a risk that NHS Lothian and City of Edinburgh Council do not deliver directions set by the EIJB.

<p>Objective: Clear, concise, and measurable directions in place which cover all services, and which are routinely monitored with corrective action taken where necessary.</p>	<p>Source of objective:</p> <ul style="list-style-type: none"> EIJB directions policy Directions / Tracker Strategic Plan 	<p>Risk Owner: Chief Officer Risk Contributor: Service Director - (SD-SP)</p>
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Current Risk Score							Target Risk Score						
Likelihood	Almost Certain	M	H	H	VH	VH	Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH		Likely	M	M	H	H	VH
	Possible	L	M	M	H	H		Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H		Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M		Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext			Neg	Min	Mod	Maj	Ext
Consequences						Consequences							

Current Risk Assessment

Likelihood	Consequence	Risk Rating	Date assessed	Risk Appetite
Possible	Major	High (12)	August 2024	➤ Very High

Consequences – if partners do not deliver the directions set by the EIJB, even with the controls in place, there could be major consequences, including the EIJB having to review its Strategic Plan / strategic objectives which may have an negative impact on people (e.g., longer waits for services, services not achieving performance targets set, deteriorating performance), may result in non-delivery of strategic projects or detrimental financial implications for the EIJB, therefore there are **major** consequences for the EIJB if this risk materialises.

Likelihood - Although much progress has been made in respect of the directions policy and approach, further work is required to ensure that directions are clearly articulated, particularly in terms of performance measures, therefore the likelihood of this risk materialising is **possible** in the next three years.

Target Risk - Medium

The EIJB would like to achieve a medium rating for this risk, ensuring that whilst this risk could be possible in terms of materialising, especially considering budget constraints and staff pressures. However, the ambition is that the consequences would be minimal as any direction issued should not be a surprise and any directions are collectively agreed with partners prior to issuing by the EIJB.

Actions to achieve target risk

- Directions issued are SMART and regularly reviewed and monitored.
- Direction link performance and finance together more explicitly.
- Directions issued align with the new Strategic Plan.

Historical Risk Score



How would this risk happen? **What would the potential outcome be?**

<ul style="list-style-type: none"> • Because directions are not well-articulated/properly understood/realistic/achievable/not SMART performance targets or issued timeously. • Directions are not implemented by partners as intended because of conflicting priorities. • Directions are not tracked/monitored/implemented due to lack of available performance data, or the quality of data is poor. 	<ul style="list-style-type: none"> • Failure to deliver delegated services in line with strategic objectives. • Overspends against delegated budgets. • Consequential impact on outcomes for the people of Edinburgh
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Progress since last A&A Committee

- Annual Review of Directions presented to Performance and Delivery Committee.
- Further work is ongoing to ensure performance indicators / measures are explicit within directions issued.

What are we doing to currently manage the risk? (Controls in place)		Level of Control
1.	Annual review of directions undertaken alongside 6 monthly monitoring of directions via the Performance and Delivery Committee.	2
2.	Directions policy is flexible in that Directions can be withdrawn or amended at any time if they are no longer to be appropriate/realistic/achievable.	1
3.	Revised directions policy (approved August 2023) includes enhanced processes to be followed should either partner have difficulty implementing a direction.	2

Additional controls or actions needed to manage this risk		Action Owner	Delivery Date	Update
1.	Ongoing refinement of directions and expansion to cover wider range of delegated services.	SD-SP	Ongoing	Ongoing
2.	Directions to be considered/formulated as part of the developing the new Strategic Plan.	SD-SP	December 2024	The final strategic plan will be published in December 2024 and directions will be issued to partners at the juncture.

Management and Role of the EIJB

Risk 3.1 There is a risk that the EIJB is unable to operate effectively as a public body.

Objective: EIJB is responsible for the strategic oversight and planning of delegated services.	Source of objective: <ul style="list-style-type: none"> Public Bodies (Joint Working) (Scotland) Act 2014. Code of Conduct. Compliance with Good Governance Handbook principles. Compliance with EIJB regulations and legislation. Scheme of Integration. Strategic Plan. 	Risk Owner: Chief Officer
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Current Risk Score							Target Risk Score						
Likelihood	Almost Certain	M	H	H	VH	VH	Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH		Likely	M	M	H	H	VH
	Possible	L	M	M	H	H		Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H		Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M		Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext			Neg	Min	Mod	Maj	Ext
Consequences						Consequences							

Current Risk Assessment

Likelihood	Consequence	Risk Rating	Date assessed	Risk Appetite
Possible	Moderate	Moderate (9)	August 2024	➤ Very High (25)

Consequence – if the EIJB is unable to operate as a public body due to a range of causes undernoted and controls don't operate as expected, there would be **moderate** consequences which may include complaints being made by people who use services or about the operation of the EIJB as a separate body, reputational damage, regulatory or legal sanction or poor assurance reports from scrutiny bodies.

Likelihood – The EIJB does not own buildings, assets or employ staff directly and is solely reliant on the resource allocated via NHS Lothian and City of Edinburgh Council. The EIJB has been operational since 2014 and to date has operated as a public body, however recognising that there could be more regulatory and legislative requirements for public bodies and there are always ways in which to improve its governance arrangements, it is **possible** this risk could materialise over the next three years, especially considering the proposals within the National Care Service Bill. It is also possible that Public Bodies will have to comply with additional regulatory or legislative requirements that may result in additional costs to implement.

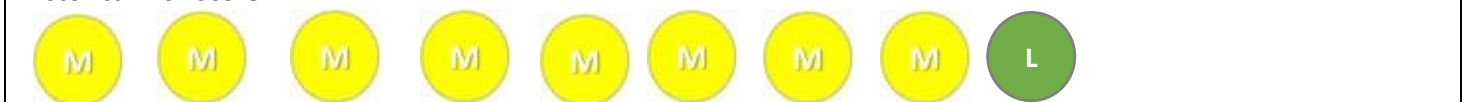
Target Risk – low

The EIJB would like to achieve a low rating for this risk, ensuring that whilst this risk could be **possible** in terms of materialising, as there may be additional regulatory or legislative requirements placed on EIJB in future, it is proposed that the consequence because of the controls would be **negligible**.

Actions to achieve target risk

- Undertake and deliver all the actions reference in the paper on Future relationship between the EIJB and partners presented to the EIJB on 9th February.












Historical Risk Score



Feb 2022	Mar 2022	Sept 2022	Dec 2022	May 2023	Aug 2023	Feb 2024	August 2024	Target Risk
<p>How would this risk happen?</p> <ul style="list-style-type: none"> • Board Members lack the necessary skills, knowledge, and experience to undertake their role. • Board Members unclear about their role as an EIJB member (i.e., code of conduct, integration scheme). • A lack of clarity about the separate roles of the EIJB, Partnership, Council and NHS Lothian. • Lack of public identity/understanding of the EIJB. • EIJB governance arrangements are unclear. • Failure to engage and collaborate appropriately with third, independent and housing sectors and other parties. • Insufficient or ineffective representation from third sectors / stakeholders on the EIJB and its committees. • Failure to make best use of the expertise, experience, and creativity of third sector and private sector. • Officers with operational responsibilities are being asked to scrutinise performance in areas where they are not totally independent leading to inadequate oversight of delegated EIJB functions. • EIJB doesn't have an appropriate level of infrastructure delegated from NHS Lothian and the City of Edinburgh Council to operate effectively. • NHS Lothian and the Council are unable to meet their obligations to provide adequate professional, administrative, and technical support. • Specialist resources / knowledge skills not dedicated to the EIJB (e.g., health planning, project management, resourcing). • There is a lack of key data sets or the level of data available is of a poor quality hampering the ability to make robust / informed decisions based on the data sets available. 					<p>What would the potential outcome be?</p> <ul style="list-style-type: none"> • Failure to deliver the benefits of integration. • Duplication or contradictory of decision making. • Gaps in decision making. • Poorer outcomes for the people of Edinburgh • Failures in governance, scrutiny, and performance arrangements. • Compromised efficiency of the EIJB. • Ability to deliver change at desired pace. 			
<p>Progress since last A&A Committee</p> <ul style="list-style-type: none"> • Annual Assurance process near completion for 23/24 • Skills audit outcome being presented to EIJB in August, with proposed for training and development over the course of the next year alongside implementation of appraisal process. • Governance arrangements for the EIJB have been strengthened – via paper to EIJB in April. • Audit in EIJB governance and assurance, highlighted substantial assurance. 								
<p>What are we doing to currently manage the risk? (Controls in place)</p>								<p>Level of Control</p>



1.	Regular development sessions in place for EIJB members to build knowledge and understanding of key subject areas.	1		
2.	Committee Assurance process in place undertaken by committee members.	1		
3.	Annual review of the EIJB regulatory and legislative log to ensure the EIJB is compliant as part of terms of reference review.	1		
4.	Induction programme in place for new EIJB members as well as new CEC Elected Member emphasising the interdependencies between CEC, NHSL, EIJB.	1		
5.	The third, independent and housing sectors are represented on EIJB committees and are involved in the development of the strategic plan and have an integral role as the plan is implemented.	1		
6.	Annual review of the EIJB support arrangements to ensure EIJB can fulfil its statutory and legislative obligations, with an annual report presented to Audit and Assurance Committee.	1		
7.	Carer and service user representatives are members of the Board and its committees to ensure we are compliant with legislation.	1		
8.	Members can meet with Partnership Officers/ report owners prior to meetings to discuss the report content.	1		
9.	Board members chair committees which should broaden members knowledge, understanding, and decision making.	1		
10.	EIJB Standing Orders / Code of Conduct in place.	1		
11.	'Declaration of Interest' - members are responsible for declaring certain interest in EIJB proceedings.	1		
12.	The Chief Officer is a member of the senior management teams in both NHS Lothian and The City of Edinburgh Council, thus in a position to influence decision-making and has regular 1:1's with both partner Chief Executives.	1		
13.	EIJB has invested in programme management and data analytical support recognising this is required to support the EIJB.	1		
14.	Workforce strategy will include planning for those roles that support the EIJB as well as operational staff.	1		
15.	Performance framework in place and work continues to refine the data sets.	1		
16.	Performance Framework approved at Performance and Delivery Committee which will help develop better data sets to inform decision making and allow the EIJB to make the best use of resources available.	1		
17.	Integration Scheme in place (and reviewed).	1		
18.	Comprehensive audit plan in place to understand the quantum of risk to the EIJB.	1		
19.	Innovation and Sustainability team is in place to deliver on key EIJB strategic projects.	1		
20.	Process in place for legal conflicts of interest.	1		
21.	The EIJB Chair monitors the quality of the debates and if necessary, will ask the Chief Officer for additional information if the subject matter requires further clarification for members.	1		
Additional controls or actions needed to manage this risk		Action Owner	Delivery Date	Update
2.	Delivery of EHSCP Workforce Plan.	Chief Nurse	Dec 2024	Whilst the Workforce plan has been submitted to Scottish Government, work through the Workforce Board continues to deliver on the outcomes detailed in the plan.

Management and Role of the EIJB													
Risk 3.2		There is a risk that the EIJB's workforce strategy is not delivered.											
Objective: Matching future service demand with future workforce supply.			Source of objective: <ul style="list-style-type: none"> Strategic Plan. Health and Social Care Workforce Plan / Guidance Workforce Strategy EIJB Workforce Plan 					Risk Owner: Chief Officer			Risk Contributor: Chief Nurse		
Current Risk Score						Target Risk Score							
Likelihood	Almost Certain	M	H	H	VH	VH	Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH		Likely	M	M	H	H	VH
	Possible	L	M	M	H	H		Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H		Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M		Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext			Neg	Min	Mod	Maj	Ext
Consequences						Consequences							
Current Risk Assessment													
Likelihood		Consequence		Risk Rating		Date assessed		Risk Appetite					
Likely		Major		High (16)		August 2024		➤ Very high (25)					
Consequences – With the controls in place, there remains several workforce challenges across a range of services (e.g., nursing, care at home, occupational therapy) which is leading to service delivery issues in some areas, including individuals not getting a service, or having to wait longer for services and complaints about a lack of service in some areas (e.g., care packages). Also, roles within health and care roles are not seen as an attractive career path for many. There also remains difficulties attracting and retaining staff, and this combined with an ageing workforce is causing workforce challenges. Taking all these things into consideration, the consequences of this risk materialising remain at this time is major .													
Likelihood – the financial situation is challenging at this time and may mean that there are recruitment controls implemented which may have an impact on the delivery of the workforce strategy, therefore, at this time, it is likely that this risk will materialise in the next 12 months.													
Target Risk – Medium													
The EIJB would like to achieve a medium rating for this risk, ensuring that whilst this risk could be possible in terms of occurring, it is proposed that the consequence would be moderate and services could still continue to manage within workforce gaps through reconfiguration and wouldn't have a detrimental impact on performance and have negligible impacts for people,													
Actions to achieve target risk													
<ul style="list-style-type: none"> Restructure delivered, both phase 1 and 2, which will provide stability for key individuals and enhance retention. Succession planning in place. Baseline workforce level in place and ability to move resources to manage gaps without destabilising the organisation. 													
Historical Risk Score													
													
Dec 2022	Feb 2023	May 2023	Aug 2023	Nov 2023	Feb 2024	April 2024	August 2024	Target Risk					
How would this risk happen?						What would the potential outcome be?							
<ul style="list-style-type: none"> Lack of a Workforce Plan. 						<ul style="list-style-type: none"> Inability to deliver against strategic priorities. 							



<ul style="list-style-type: none"> • Lack of a Workforce Strategy. • Lack of capacity and capability to lead on workforce and workforce planning at a local level. • Lack of consultation with key stakeholders. • Added complexities from unanticipated workforce impacts other external forces such as new regulations; unexpected threats or opportunities; and major incidents (e.g., pandemic). • New workforce policies or other workforce impacts related to the UK leaving the EU or Scotland leaving the UK. • Poor horizon scanning. • Impact of COVID-19 pandemic. 	<ul style="list-style-type: none"> • Additional pressures on financial budgets due to unanticipated increase in staffing pressures (e.g., costs, vacancies, agency costs, etc.). • Poorer outcomes for people of Edinburgh. • Negative perception of EHSCP as an employer.
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Progress since last A&A Committee

<ul style="list-style-type: none"> • Phase 1 of the restructure is nearing completion. • Pipeline in place to create increased capacity in Mental Health Officers (MHO). • Work has started to develop workforce priorities for short-, medium- and long-term priorities. • Work continues to look at ways in recruit in different ways to fill vacancies. • Rolling city wide recruitment in place for all social work vacancies. • Vacancy rate within social work and social care being closely monitored.

What are we doing to currently manage the risk? (Controls in place)

		Level of Control
1.	Workforce Strategy Steering Group led by Executive Leads and Trade Union/ Partnership reps.	1
2.	3 High Level strategic categories identified: (Health, Wellbeing, Culture & Identity,) (Workforce Capacity and Transformation) (Leadership & Development)	1
3.	Vacancy/recruitment review group in place.	
4.	Workforce plan has been endorsed by Scottish Government.	1
5.	A workforce data mapping exercise is being undertaken so that standard reports can be provided to support subsequent recruitment and retention activity. This will help drive data led decision making and planning.	1
6.	Work has started with partners to look at streamlining processes whilst ensuring appropriate safeguards.	1
7.	Recruitment position across key areas is monitored regularly, alongside several activities to increase recruitment and retention.	1
8.	Regular engagement occurs with private providers in relation to workforce issues.	1
9.	Engagement with Partnership’s Wider Leadership Team has taken place to shape engagement strategy with workforce as well as with colleagues in CEC and NHSL.	1
10.	A range of initiatives are being undertaken to improve attraction and retention of workforce across the Partnership to address workforce challenges.	1
11.	Whole System Oversight Board in place to resolve any issues, and blockages in the system, including any recruitment challenges in terms of process etc.	2
12.	Working closely with colleagues in partner organisations and utilising local and national networks.	1

Additional controls or actions needed to manage this risk	Action Owner	Delivery Date	Update
3. Delivery of EHSCP Workforce Plan.	Chief Nurse	Dec 2024	Work through the Workforce Board continues to deliver on the outcomes detailed in the plan.

3. Management and Role of the EIJB

Risk 3.4 There is a risk that the EIJB does not comply with the necessary legislative and regulatory requirements.

Objective: Ensure the EIJB complies with the necessary regulatory and legislative requirements	Source of objective: <ul style="list-style-type: none"> Integration Scheme Relevant legislation as specified in regulatory and legislative log. 	Risk Owner: Chief Officer Risk Contributor: Chief Finance Officer
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Current Risk Score						Target Risk Score							
Likelihood	Almost Certain	M	H	H	VH	VH	Likelihood	Almost Certain	M	H	H	VH	VH
	Likely	M	M	H	H	VH		Likely	M	M	H	H	VH
	Possible	L	M	M	H	H		Possible	L	M	M	H	H
	Unlikely	L	M	M	M	H		Unlikely	L	M	M	M	H
	Rare	L	L	L	M	M		Rare	L	L	L	M	M
		Neg	Min	Mod	Maj	Ext			Neg	Min	Mod	Maj	Ext
Consequences						Consequences							

Current Risk Assessment

Likelihood	Consequence	Risk Rating	Date assessed	Risk Appetite
Possible	Major	High (20)	August 2024	Low (3)

Likelihood - Because of the financial position facing the EIJB with £60m being removed from the system with £48m of savings to be delivered this financial year (as referenced in risk card 1.1) there is a risk that the EIJB will have to continue to make decisions about what services are no longer commissioned / delivered and/or reduced. This may impact of the delivery of statutory duties and therefore may impact on the Council's ability to deliver statutory duties. This is further exacerbated by the slippage in delivery of saving and the development of a recovery plan which will require additional savings from services, previously not considered by the EIJB. Therefore, the likelihood of this risk materialising is **likely** for the EIJB in the next three years (based on next years and future years budget requirements).

Consequence - Because of the current financial position as referenced in risk card 1.1. and within the likelihood noted above, the consequences of the Council and therefore the EIJB not complying with the necessary legislative and regulatory requirements, would be **major** and would result in a detrimental impact on services and outcomes for people who need services which are delegated / directed by the EIJB to the Council (and NHS).

Target Risk - Low

The risk score has increased to reflect the financial position and its impact on delivery of statutory services. The mitigation to drive this risk back to its target risk includes the delivery of those actions specified in risk card 1.1. including the:

- Delivery of Medium-Term Financial Strategy, moving the EIJB to a more sustainable financial footing.
- Implementation of operational restructure (both phase 1 and phase 2) – deliver a lean and agile workforce and better utilising of resources with current financial envelope.
- Re-engineering the social care direct provision and start to move service model to one of early intervention and prevention and reduce the waiting lists for social care services.
- Reduce workforce gaps to a tolerable level and design structure to allow movement of staffing to manage workforce gaps.
- Delivery of key early intervention and prevention projects.

Historical Risk Score



March 2022	Sept 2022	Dec 2022	Nov 2023	Feb 2024	April 2024	August 2024	Target Risk	
How would this risk happen? <ul style="list-style-type: none"> The EIJB not aware of its duties in relation to statutory and legislative responsibilities. Financial settlement is not sufficient to ensure partners deliver statutory functions / services. 						What would the potential outcome be? <ul style="list-style-type: none"> People in Edinburgh would be negatively impacted. Reputational damage to the EIJB. 		
Additional Controls or mitigation strategy to address risk since last A&A Committee								
<ul style="list-style-type: none"> Work continues to look to strengthen the budget setting protocol, to ensure the budget setting arrangements satisfy all partners and this will inform any changes to the Integration Scheme. Budget Working Group held on 6th August which gave EIJB an update on the financial positions, the opportunity for members to feed back on their experience of the budget setting process which will inform improvements for next year. This meeting also gave board members an opportunity to consider the options contained within the recovery programme. Ongoing discussion in relation to the EIJB budget with partners. Draft paper is being developed which will set out the costs to the EIJB to deliver on delegated services statutory duties. Legal advice and case law is being sought in relation to legal duties. 								
What are we doing to currently manage the risk? (controls in place)								
1.	The regulatory and legislative log is reviewed every six months to ensure it captures the necessary workstreams and formally presented to committees and EIJB annually as part of the committee terms of reference review.							
2.	Annual assurance statement for Council, NHSL and EIJB completed, these inform the EIJB annual governance statement and will highlight any breaches of statutory duties.							
3.	Any additional regulatory or legislative requirements will be highlighted through the Chief Officer report and a formal report will be presented to the EIJB.							
4.	Established Controls within NHSL and CEC to ensure policies and procedures are aligned with legislation and regulation and consistently applied.							
Additional controls or actions needed to manage this risk						Action Owner	Delivery Date	Update
1.								

REPORT

Committee Update Report

Edinburgh Integration Joint Board

1 November 2024

Executive Summary

The purpose of this report is to provide the Edinburgh Integration Joint Board with an update on the business of the Committees covering August - September 2024.

Recommendations

It is recommended that the Edinburgh Integration Joint Board:

1. Notes the work of the Committees.

Report Overview

1. This report gives an update on the business of the committees covering August and September 2024. This report balances the need for the formal note of committees to have undertaken due process and agreement by those committees with the goal of supporting the Edinburgh Integration Joint Board in receiving timely information about the work of its committees'. For informational purposes, all reports are kept in the EIJB document library.

Performance and Delivery Committee – 7 August 2024

2. **Performance Benchmarking Data** - the committee was presented a summary of the City of Edinburgh's comparative performance using two published reports based on 2022/23 data.
3. **Performance Monitoring Framework annual update** - the committee had before it an update on the performance monitoring framework and associated changes.

4. **Review of reserve's policy** - the committee considered the EIJB reserves policy.
5. **Financial Regulations** - the committee reviewed the EIJB financial regulations.
6. **Financial outturn 2023/24** - the committee had before it, the financial outturn position for 23/24.
7. **Savings and Recovery Programme Update** - the committee were presented with an update on the savings and recovery programme.
8. **Adult Support and Protection & Social Work and Social Care Inspections Improvement Plan** - the committee considered a progress update on the action plan from the Joint Inspection of Adult Support and Protection and the Inspection of Social Work and Social Care.
9. **2023/24 Annual Assurance Statement** - the committee considered the findings of its own annual assurance statement and associated action plan.
10. **Performance and Delivery Terms of Reference** - the committee reviewed a revised terms of reference for the Performance and Delivery Committee.
11. **Strategic Performance Report - Quarter 4, 2023/24** - the committee considered the Q4 strategic performance report.
12. **EIJB Annual Performance Report 2023/24** - the committee reviewed a revised EIJB annual performance report for 23/24.
13. **Finance Update** – the committee had before it, a report on the initial financial monitoring position for 2024/25.

Strategic Planning Group – 7 August 2024

14. **Lothian Public Health Survey 2023** - the committee considered the findings of the Public Health Survey 2023.
15. **Climate Ready Edinburgh Plan** - the committee were presented with the climate ready plan and discussed the relevant actions allocated to the Edinburgh Health and Social Care Partnership.

16. **Progress report of the Older People's Pathway Programme** - the committee had before it a report on progress with the Older People's Pathway Programme.
17. **2023/24 Annual Assurance Statement** - the committee considered the findings of its own annual assurance statement and associated action plan.
18. **Strategic Planning Group Terms of Reference** - the committee reviewed the Strategic Planning Group terms of reference.
19. **Update on the Strategic Change Board and Savings Governance Board** – the committee had before it, a report on progress with projects aligned to the Strategic Change Board and Savings Governance Board.

Clinical and Care Governance Committee – 28 August 2024

20. **Clinical and Care Governance Committee Terms of Reference** - the committee considered a revised set of terms of reference for Clinical and Care Governance Committee.
21. **Clinical and Care Governance Framework** - the committee had before it, a revised clinical and care governance framework for consideration.
22. **Mental Welfare Commission Report** - the committee discussed the published report into Mr E and considered the Edinburgh Health and Social Care Partnership's response
23. **Joint Inspection of Adult Support and Protection** – the committee considered the progress made in addressing the priority areas for improvement identified through the joint inspection of Adult Support & Protection in Edinburgh.
24. **Health and Safety Report** – the Committee considered a report on the management of health and safety matters within the Edinburgh Health and Social Care Partnership.

Performance and Delivery Committee – 11 September 2024

25. **Savings and Recovering Programme** - the committee considered a report on the current position of the 24/25 Savings and Recovery Programme.

26. **Committee training and development needs** – the committee discussed its training and development needs.
27. **Unpaid carers** – the committee had before it a summary of year 3 unpaid carers annual performance and evaluation, and an update on outcomes framework and wider community contributions.
28. **Working together, workforce strategy** – the committee were provided with an update on the implementation of the “Working Together” workforce strategy.

Audit and Assurance Committee – 10 September 2024

29. **Internal Audit Annual Report and Opinion** – the committee were presented with the 2023/24 Internal Audit Annual Report which provides a summary of internal audit activity and performance during 2023/24, and an independent opinion on the overall adequacy and effectiveness of the Edinburgh Integration Joint Board’s (EIJB) governance, risk management and internal control systems for the year ended 31 March 2024.
30. **External Audit Annual Audit Report** - the committee had before it the findings from the 2023/24 annual audit of Edinburgh Integration Joint Board (EIJB).
31. **Internal Audit Update** – the Committee discussed the progress with Internal Audit assurance activity and progress with delivery of the 2024/25 EIJB Internal Audit Plan.
32. **EIJB Audited Annual Accounts** – the Committee considered the audited 2023/24 annual accounts for the Edinburgh Integration Joint Board.
33. **EIJB Risk Register** – the committee were presented with the latest iteration of the Edinburgh Integration Joint Board (EIJB) risk register for endorsement.
34. **Edinburgh Health and Social Care Risk Register** - the committee had before it, the latest iteration of the Edinburgh Health and Social Care Partnership (EHSCP) risk register for consideration.
35. **2023/24 Annual Assurance Statements** – the committee considered a report covering the Audit and Assurance Committee Annual Assurance Statement, the committees’ annual assurance statements and an update on progress with actions identified as part of the 22/23 assurance process.

Forward Planning

1. Clinical and Care Governance - 20 November 2024
2. Strategic Planning Group - 27 November 2024

Report Author

Pat Togher

Chief Officer, Edinburgh Integration Joint Board

Contact for further information:

Name: Angela Brydon

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Minute

IJB Strategic Planning Group

10.00am, Wednesday 7 August 2024

Liberal Democrat Group Room, City Chambers / Microsoft Teams

Present: Councillor Tim Pogson (Chair), Helen Fitzgerald, Jean Gray, Matt Kennedy, Peter Knight (Substituting NHS Lothian Voting member vacancy) Susan McMillan, Michelle Mulvaney, Councillor Alys Mumford (Substituting Councillor Max Mitchell), Flora Ogilvie, Moira Pringle and Rene Rigby

In attendance:

Jessica Brown, Angela Brydon, Sarah Bryson, James Cuthbert Rachael Docking, Andrew Hall, Andrew Henderson (Clerk), Jane Hopton, Fiona McLeod, Katie McWilliam and Julie Waldron

Apologies: Jane Perry and Stephanie Anne Harris.

Declarations of Interest

None.

1. Quorum

In the absence of a quorum, the members present agreed to discuss the items on the agenda and submit their recommendations to the next meeting of the Committee.

2. Minutes

Decision

The recommend that the Committee approve the minute of the Strategic Planning Group of 28 May 2024 as a correct record.

(Reference – Minutes, 28 May 2024, submitted)

3. Rolling Actions Log

Decision:

- 1) To recommend that the Strategic Planning Group close the following actions:
 - Action 2 Annual Cycle of Business
 - Action 3.1 Rolling Actions Log
 - Action 3.2 Rolling Actions Log
 - Action 3.3 Rolling Actions Log
 - Action 5 Edinburgh Dementia Strategic Priorities 2024 to 2027
- 2) To note that Population health survey data is included under item 5.2 and therefore recommend that the Strategic Planning Group Close action 6.3 Joint Strategic Needs Assessment Update
- 3) To note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted.)

4. Annual Cycle of Business

The annual cycle of business was presented to the Group.

Decision

- 1) To recommend that the Strategic Planning Group agree the updated annual cycle of business attached at appendix 1; and

(Reference – Annual Cycle of Business, submitted.)

5. Lothian Public Health Survey, 2023

The findings of the Lothian Public Health Survey 2023 were presented and members were made aware of the opportunity to request further analyses from the survey data, in order to support future decision making.

.Decision

- 1) To note the availability of the Public Health Survey Summary report;
- 2) To note key findings, confirming stark socioeconomic inequalities in health outcomes in Lothian;
- 3) To note The opportunity to request further analyses from NHS Lothian's Public Health Intelligence team.

(Reference – Report by the Head of Public Health Intelligence, NHS Lothian, submitted)

6. The Climate Ready Edinburgh Plan, 2024-2030

An update on the strengthened approach to prevention across the Lothian health and care system, including the recommendations set out in section 7 of the accompanying paper, which were approved at the NHS Lothian Board Meeting on 24 April 2024 was presented. It was highlighted that the information and recommendations in the paper had been used to inform the development of the new EIJB Strategic Plan and H&SCP Prevention and Early Intervention work.

The Strategic Planning Group were also asked to note the recent publication of the NHS Lothian Director of Public Health Annual Report 2023, which focused on the work required to improve outcomes for children and young people.

Decision

- 1) To recommend that the Strategic Planning Group agree the relevant actions within the plan;
- 2) To recommend that the Strategic Planning Group agree that further sign off from the IJB is not required;
- 3) To recommend that that the Strategic Planning Group agree that the recommendations of the report are refined around resilience and that these are reviewed in terms of impact; and
- 4) To note the resource implications of the Climate Ready Edinburgh Plan.

(Reference – Report by the Deputy Director of Public Health and Health Policy, NHS Lothian, submitted)

7. Progress report of the Older People's Pathway Programme

The Progress report of the Older People's Pathway Programme was presented to the Strategic Planning Group for comment prior to submission to the Edinburgh Integration Joint Board on the 20th of August for approval.

Decision

- 1) To note Progress report of the Older People's Pathway Programme; and
- 2) To note that the final version of the Older People's Pathway Programme will be submitted to the meeting of the Edinburgh Integration Joint Board on the 20th of August for approval.

(Reference – Report by the Chief Officer, Edinburgh Integration Joint Board, submitted)

8. 2023/24 Annual Assurance Statement

The draft 2023/24 annual assurance statement was presented to the Strategic Planning Group for comment and consideration.

Decision

- 1) To note the 2023/24 Annual Assurance Statement attached as appendix 1;

(Reference – Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

9. Strategic Planning Group Terms of Reference

This report provided the Strategic Planning Group with details of the progress with the implementation of actions that were identified in the 2022/23 committee assurance cycle.

Decision

- 1) To note the terms of reference for the Strategic Planning Group;
- 2) To recommend that the Strategic planning group agree the revised terms of reference for Strategic Planning Group will be included in the governance handbook which will be presented to the EIJB in October 2024.

(Reference – Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

10. Update on Strategic Change Board and Savings Governance Board

An overview of the Edinburgh Health and Social Care Partnership's significant change portfolio which is supported by the Innovation and Sustainability team and governed through the Strategic Change Board was presented.

Decision

- 1) To note the revised reporting, governance and scope changes for all activities being delivered via Savings Governance Board and Strategic Change Board

(Reference – Report by the Chief Officer, Edinburgh Integration Joint Board, submitted)

11. Date of Next Meeting

Decision

To note that the next meeting is scheduled for Wednesday 2 October 2024 at 10am

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Minute

IJB Strategic Planning Group

10.00am, Wednesday 2 October 2024

Virtual Meeting via Microsoft Teams

Present: Councillor Tim Pogson (Chair), David Belfall, Stephanie-Anne Harris, Peter Knight, Susan McMillan, Councillor Max Mitchell, Eugene Mullan, Michelle Mulvaney, Flora Ogilvie, Jane Perry, Moira Pringle and Rene Rigby

In attendance:

Angela Brydon, Hannah Cairns, Mathew Curl, Sabrina Commons, Andrew Hall, Andrew Henderson (Clerk) and Donna Rodger

Apologies: Colin Briggs and Peter McCormick.

Declarations of Interest

None.

1. Minutes

Decision

- 1) To approve the minute of the 07 August 2024 as a correct record and agree the recommendations contained within, subject to keeping Action 3.2 - Rolling Action log of the rolling action log open.

(Reference – Minutes, 07 August 2024, submitted)

2. Rolling Actions Log

Decision:

- 1) To confirm the closure of the following actions:
 - Action 2 Annual Cycle of Business
 - Action 3.1 Rolling Actions Log
 - Action 3.3 Rolling Actions Log
 - Action 4.3 Joint Strategic Needs Assessment Update
 - Action 5 Edinburgh Dementia Strategic Priorities 2024 to 2027
 - Action 6.3 Joint Strategic Needs Assessment Update
- 2) To agree to that Action 3.2 remain open; and
- 3) To note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted.)

3. Annual Cycle of Business

The annual cycle of business was presented to the Group.

Decision

- 1) To agree the updated annual cycle of business attached at appendix 1;
- 2) To agree that the relevant officers and members meet and discuss the item relating to the role of the 3rd sector and provide an update;
- 3) To note that a report on the Community Mental Health program will be brought to the Strategic Planning Group when available; and
- 4) To note that the EADP Strategy will also come through the Strategic Planning Group for comment in relation to the strategic intent.

(Reference – Annual Cycle of Business, submitted.)

4. Digital and Data Strategy

An overview of the newly developed Digital and Data Strategy was provided, members were also invited to provide comment prior to finalisation.

Decision

- 1) To agree in principle the draft Digital and Data Strategy as detailed or provide feedback on any required changes; and
- 2) To note the next steps in developing distinct Digital and Data Delivery plans to take forward the key objectives.

(Reference – Report by the Report by the Service Director – Strategic Planning, submitted)

5. Progress with Committee Assurance Actions

Details of the progress with the implementation of actions that were identified from the 22 / 23 Committee assurance cycle were presented.

Decision

- 1) To note the progress with the implementation of committee assurance actions assigned to the Strategic Planning Group.

(Reference – Report by the Service Director – Strategic Planning, submitted)

6. Scottish Government and COSLA Population Health Framework for Scotland 2024-2034

An update on the draft Population Health Framework for Scotland 2024-34 which is due to be published in December 2024.

Decision

- 1) To note the key elements of the proposed Framework;
- 2) To agree that the NHS Lothian's Director of Public Health feedback concerns in relation to the clarity of funding, current issues faced by the IJB, housing and transport and investment; and
- 3) To note that members could provide further comment via email up until Friday the 4 of October.

(Reference – Report by the Consultant in Public Health, NHS Lothian, submitted)

7. Date of Next Meeting

Decision

To note that the next meeting is scheduled for Wednesday 2 October 2024 at 10am



Minute

IJB Clinical and Care Governance Committee

09:00am, Wednesday 28 August 2024

Dunedin Room / Virtual Meeting –via Microsoft Teams

Present: Councillor Vicky Nicolson (Chair), Robin Balfour, Helen FitzGerald, George Gordon, Allister McKillop and Councillor Alys Mumford.

In attendance: Hannah Cairns, Carolanne Eyre (Clerk) Andrew Henderson, Matt Kennedy, , Mike Massaro-Mallinson, and Heather Tait (Item 8 only)

Apologies: Elizabeth Gordon and Rose Howley.

Declarations of interest: None.

1. Minutes

Decision

- 1) To approve the minute of the meeting of the Clinical and Care Governance Committee held on 21 May 2024 as a correct record.

2. Outstanding Actions

The Outstanding Actions Log was presented.

Decision

- 1) To agree to close the following actions:
 - Action 2.2- Health and Safety Report
 - Action 2.3 - Health and Safety Report
 - Action 4 - Annual Cycle of Business
 - Action 6 - Mental Welfare Commission investigation into the care and treatment of Mr.E (2024)

- 2) To agree to keep Action 3 – Minute (Officers provide an update on the status of the Professional Advisory Group) open to allow officers to provide a further update to members at the next committee on 30 October; and
- 3) To otherwise note the remaining outstanding actions.

(Reference – Outstanding actions, submitted.)

3. Annual Cycle of Business

The updated Annual Cycle of Business was presented.

Decision

- 1) To agree the updated annual cycle of business;
- 3) To note the following two reports will be presented at Committee in December 2024:
 - a) Review of The Annual Social Work and Care Inspection
 - b) Adult Protection Inspection Update
- 4) To agree officers will bring back Care inspectorate report when it's ready and consider inviting the Care Inspectorate to Committee meeting at a future date.

(Reference – Annual Cycle of Business, submitted.)

4. Clinical and Care Governance Terms of Reference

The revised set of terms of reference for the Clinical and Care Governance Committee were presented for annual review.

Decision

- 1) To agree the terms of reference for the Clinical and Care Governance Committee, subject to the inclusion that meetings shall be held on an alternating hybrid/virtual basis;
- 2) To agree to include wording relating to research in the revised terms of reference to ensure it is factored in and specify that research can be included;
- 3) To agree the revised terms of reference for Clinical and Care Governance Committee will be included in the governance handbook which will be presented to the EIJB in October 2024; And
- 4) To agree Officers share in future reports examples of high-quality research being undertaken.

(Reference – report by the Chief Finance Officer, submitted.)

5. Clinical Care and Governance Revised Framework

It was agreed at the Clinical and Care Governance Committee meeting held on 21 May 2024 to accept the findings of the review carried out by the Chief Allied Health Professional and the Principal Social Worker into Clinical & Care Governance arrangements. The review findings made a series of recommendations which included retaining the established seven themes that underpin the existing Clinical and Care Governance Framework by making better use of information readily available by creating a systemwide approach assurance that includes a cycle of improvement.

Decision

- 1) To note the revised framework document;
- 2) To agree the revisions and accept the revisions to the framework;
- 3) To note a further update will be provided at the October 2024 Committee.
- 4) Officers to investigate how other professions within the partnership are managed.

(Reference – report by the Principal Social Work Officer and the Chief Allied Health Professional, submitted.)

6. Mental Welfare Commission ‘Investigation into the care and treatment of Mr.E (2024)’ – Summary of response to recommendations relevant to EHSCP

The Mental Welfare Commission’s investigation into the care, treatment and support given to ‘Mr E’ was set out in a published report. The committee was presented with information and assurance regarding the HSCP’s response to the relevant recommendations.

An update to the report submitted to the Committee in May 2024 was provided which summarised the report’s scope and recommendations. A formal response was provided to the Commission on July 25th, 2024. An acknowledgement of the response had since been received. A briefing for staff regarding the findings, recommendations and response had been developed.

.Decision

- 1) To note the response to the recommendations relevant to Edinburgh HSCP;
- 2) To note inter-related nature of the recent review of Clinical and Care Governance arrangements within the HSCP and the findings of the Mental Welfare Commission’s report;
- 3) To note the acknowledgement letter from the Mental Welfare Commission’s;
- 4) To note the intention to brief HSCP staff;
- 5) To agree an update will be provided at the October Committee following the scheduled meeting with the Mental Welfare Commission; and

- 6) To agree that officers would provide a timeline for the implementation of the my learning hub.

(Reference – report by the Head of Service, Assessment and Care Management & Deputy Chief Social Work Officer, submitted.)

7. Joint Inspector of Adult Support and Protection – Review of Progress in the City of Edinburgh Partnership Area

An update in relation to the progress made in addressing the priority areas for improvement identified through the joint inspection of Adult Support & Protection in Edinburgh was provided. An update was also provided in relation to notification from the Care Inspectorate that a joint progress review has been initiated.

Decision

- 1) To note the broad summary of the progress made across the seven priority areas; and
- 2) To note the notification of a joint review of progress made.

(Reference –Report by Head of Service, Assessment and Care Management & Deputy Chief Social Work Officer, submitted.)

8. Health and Safety

The report provided an update on the management of health and safety matters within the Edinburgh Health and Social Care Partnership.

Decision

- 1) To note the information provided in the report; and
- 2) To note officers will consider an evaluation of the ability to provide a quality of care based on wider factors including damaged and broken equipment and consider the inclusion of a risk register in future reporting.

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

9. Date of Next Meeting

Wednesday 30 October 2024 at 10.00am to be held virtual on Microsoft Teams.

Minute

IJB Performance and Delivery Committee

10am, Wednesday 7 August 2024

Microsoft Teams

Voting Members:

Councillor Max Mitchell (Chair), Councillor Alan Beal, George Gordon and Peter Knight.

Non-Voting Members: Helen Fitzgerald

In Attendance:

Ian Brooke (EVOG)

Angela Brydon (Operations Manager, Edinburgh Health and Social Care Partnership)

Fiona Johnston (Senior Accountant)

Philip Brown (Data Performance and Business Planning)

Katie Feechan (Accountant, NHS Lothian)

Andrew Henderson (Clerk)

Mike Massaro Mallinson (Strategic Programme Manager, Edinburgh Health & Social Care Partnership)

Susan McMillan (Performance and Evaluation Manager)

Moira Pringle (Chief Finance Officer, IJB)

Donna Roger (Executive Assistant)

Rhiannon Virgo (Programme Manager – Innovation and Sustainability)

1. Minute of Performance and Delivery Committee from 10 April 2024

The minute of the Performance and Delivery Committee from 10 April 2024 was presented for approval as a correct record, and any matters arising.

Decision:

To approve the minute as a correct record.

2. Outstanding Actions

The Outstanding Actions updated to August 2024 was submitted.

Decision:

- 1) To agree that the Performance and Delivery Committee close the following action:
 - Action 1: Adult Support and Protection and Social Work & Social Care Inspections Improvement Plan: Progress Report
- 3) To note the outstanding actions.

(Reference – Outstanding Actions, submitted).

3. Annual Cycle of Business

The updated annual cycle of business for the Performance and Delivery Committee was presented.

Decision:

To note the updates to the Annual Cycle of Business (ACOB).

(Reference – Annual Cycle of Business, submitted).

4. Performance Benchmarking Data

An overview of the benchmarking information used within Edinburgh health and Social Care Partnership to understand the performance of services compared to other partnerships was provided. The importance of using national data to drive improvements is highlighted in the Care Inspectorate Report on Adult Social Care Services.

Decision:

To note the summary of comparative performance across the two key public reports: Insights in Social Care and LGBF.

(Reference – Report by the Performance and Evaluation Manager Edinburgh Health & Social Care Partnership, submitted)

5. Performance Monitoring Framework annual update

Details of the annual review undertaken of the EIJB Performance Monitoring Framework and associated changes were presented.

Decision:

To agree the updated Performance Monitoring Framework attached as Appendix 1 to be communicated internally as well as updated on our website.

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

6. Adult Support and Protection & Social Work and Social Care Inspections Improvement Plan: Progress Report

The outcome of a review of the Integration Joint Board's reserves policy was presented.

Decision:

To agree the updated policy.

(Reference – Report by the Chief Finance Officer, submitted)

7. Financial Regulations

The outcome of the review of the financial regulations was presented. Detail in relation to the responsibilities of the Integration Joint Board, its own financial affairs and the respective responsibilities of the Chief Officer and the Chief Finance Officer were provided.

Decision:

- 1) To note the reviewed financial regulations included as an appendix: and
- 2) To agree to advise the Integration Joint Board that no material change are recommended to the extant financial regulations.

(Reference – Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

8. Financial outturn 2023/24

The outturn position for 2022/23 was presented.

Decision:

To note that, subject to audit, and final agreement from the City of Edinburgh Council, a break-even position is reported for financial year 2023/24.

(Reference – Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

9. Savings and Recovery Programme (SRP) Update

An update on the end of year position for the 2023/24 Savings and Recovery Program was provided.

Decision:

To note the end of year position and agree the closure of the 2023/24 Savings and Recovery Programme.

(Reference – Report by the Programme Manager – Innovation and Sustainability, submitted)

10. Adult Support and Protection & Social Work and Social Care Inspections Improvement Plan: Progress Report

An update on the progress made since the publication of the Joint Inspection of Adult Support and Protection and the Inspection of Social Work and Social Care and the implementation of the subsequent improvement plan was provided.

Decision:

- 1) To note the progress reported in improving Adult Support & Protection, Social Work and Social Care in relation to the Year One objectives set out in the improvement plan;
- 2) To note that this is the third quarter progress report in relation to the 3-year service improvement plan and as such within year 1, deals with the fundamental building blocks of improvement that will underpin further service development ahead;
- 3) To note that officers will write a position statement in relation to the letter from the care inspectorate requesting an update and that an update would be provided to the next meeting of the Performance and Delivery Committee.

(Reference – Report by the Service Director – Operations – Innovation and Sustainability, submitted)

11. 2023/24 Annual Assurance Statement

The draft 2023/24 annual assurance statement was presented for the consideration of the Performance and Delivery Committee

Decision:

- 1) To note the draft annual assurance statement attached as appendix 1;
- 2) To note that the Chair of the Performance and Delivery Committee will raise committee structures at the next EIJB chairs meeting; and
- 3) To note that officers will consider the committee structure and consider possible options at reducing the number of committees.

(Reference – Report by the Service Director – Operations – Innovation and Sustainability, submitted)

12. Performance and Delivery Terms of Reference

The revised set of terms of reference for Performance and Delivery Committee were presented for annual review.

Decision:

- 1) To note the terms of reference for the Performance and Delivery Committee;
- 2) To agree the revised terms of reference for P&DC will be included in the governance handbook which will be presented to the EIJB in October 2024; and
- 3) To agree to reduce the formal Performance and Delivery Committee meetings from 8 to 6 per year with 2 deep dives with P&DC members into key workstreams annually.

(Reference – Report by the Chief Finance Officer, submitted)

13. Strategic Performance Report - Quarter 4, 2023/24

An overview of the activity and performance of the Edinburgh Health and Social Care Partnership for the quarter January to March 2024 was presented.

Decision:

- 1) To note the performance of the Partnership on key indicators as detailed in the report and appendix 1;
- 2) To note the performance of the Partnership on operational indicators as detailed in appendix 2;
- 3) To note the proposed draft performance measures for the EHSCP hosted services and the approach to using Directions to ensure appropriate mechanisms are developed and implemented by the IJB to define the relationships, responsibilities, and governance arrangements for Hosted Services.
- 4) To agree that the NHS Lothian report on Nurses in Care would be circulated to board members.

(Reference – Report by the Service Director – Operations – Innovation and Sustainability, submitted)

15. EIJB Annual Performance Report 2023/24

The Performance and Delivery Committee was presented with a copy of the draft EIJB Annual Performance Report 2023/24 for comment prior to its submission to EIJB for approval on 20 August 2024.

Decision:

- 1) To note the key messages and content of the APR 2023/24 and advises of any changes required;
- 2) To agree that officers will provide a summary report including key data that will be circulated to the Edinburgh Partnership at a locality level; and
- 3) To refer the APR 2023/24 to EIJB for approval at their meeting on 20 August 2023.

(Reference – Report by the Service Director – Operations – Innovation and Sustainability, submitted)

16. Financial update

The initial financial monitoring information for 2024/25 was presented. It indicated a projected year end overspend of £20.4m, largely driven by slippage in delivery of savings schemes. It was highlighted that as required by the integration scheme, the Chief Officer will develop a recovery plan.

Decision:

- 1) To note the financial projections for 2024/25; and
- 2) To note that the Chief Officer will develop a recovery plan to address the forecast in year shortfall.

(Reference – Report by the Service Director – Operations – Innovation and Sustainability, submitted)

11. Urgent Business

None

12. Date of Next Meeting

Wednesday 11th September 2024

Minute

IJB Performance and Delivery Committee

10am, Wednesday 11 September 2024

Microsoft Teams

Voting Members:

Councillor Max Mitchell (Chair), Councillor Alan Beal, George Gordon and Peter Knight.

Non-Voting Members: Helen Fitzgerald, Hannah Cairns

In Attendance:

Angela Brydon (Operations Manager, Edinburgh Health and Social Care Partnership)

Fiona Johnston (Senior Accountant)

Daniel Baigrie (Clerk)

Moira Pringle (Chief Finance Officer, IJB)

Helen Elder (Executive Assistant)

Rhiannon Virgo (Programme Manager – Innovation and Sustainability)

Katie McWilliam (Strategic Planning and Quality Manager)

Heather Tait (Hospital and Hosted Services Manager)

Andrew Hall (Service Director Strategic Planning)

1. Minute of Performance and Delivery Committee from 7 August 2024

The minute of the Performance and Delivery Committee from 7 August 2024 was presented for approval as a correct record, and any matters arising.

Decision:

To approve the minute as a correct record.

(Reference – Minute of Performance and Delivery Committee from 7 August 2024, submitted).

2. Outstanding Actions

The Outstanding Actions updated to September 2024 was submitted.

Decision:

- 1) To agree to close Action 2 - Annual Cycle of Business
- 2) To note the outstanding actions.

(Reference – Outstanding Actions, submitted).

3. Annual Cycle of Business

The updated annual cycle of business for the Performance and Delivery Committee was presented.

Decision:

To note the updates to the Annual Cycle of Business (ACOB).

(Reference – Annual Cycle of Business, submitted).

4. Savings and Recovery Programme Update

An update was provided to the Edinburgh Integration Joint Board, Performance and Delivery Committee on the current position of the 2024/25 Savings and Recovery Programme.

Decision:

- 1) To note the current position of the 2024/25 Savings and Recovery Programme;
- 2) To agree that officers provide an update on pharmacy recruitment, as this service area had difficulty recruiting staff; and
- 3) To note that officers will identify an appropriate channel to have a broader conversation with all board members regarding Care Home provision.

(Reference – Report by the Programme Manager – Innovation and Sustainability submitted)

5. Committee Training and Development Needs

Officers sought to identify training and development need specific to this Committee with the intention to bring an options paper in due course. The committee noted succession planning, induction of new members and the EIJB Budget, as areas for development. It was suggested that making best use of e-learning could assist in meeting training needs. It was noted that these were common to a number of EIJB committees.

Decision:

- 1) To note the discussion and await a future report.
- 2) To note that officers were accessible to members as informal supports are required.

6. Unpaid Carers – Annual Performance and Evaluation Year 3

A summary of Year 3 unpaid carers annual performance and evaluation, and an update on the requests made from the Committee where presented with the Year 2 Report around the development of an outcomes framework to balance the quantitative data and consider wider community contributions being made to support unpaid carers.

Decision:

- 1) To agree that performance for year 3 against the Key Performance Indicators was excellent; and
- 2) To note the progress made in year 3 development, including development of the outcomes framework, and carer landscape action research.

(Reference – Report by the Service Director, Strategic Planning, submitted)

7. 'Working Together'; our inaugural Workforce Strategy – Implementation Update

Performance and Delivery Committee were provided with an update on the implementation of the "Working Together" Strategy.

Decision:

- 1) To note the current position and that further updates will be provided as the work progresses; and
- 2) To agree that the next update will have a focus on staff wellbeing.

(Reference – Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

8. Urgent Business

None

9. Date of Next Meeting

Wednesday 9th October 2024



Minute

IJB Audit and Assurance Committee

10am, Tuesday 10th September 2024

Held remotely via Microsoft Teams

Present:

Members

Philip Allenby (Chair), Councillor Alan Beal, Elizabeth Gordon and Councillor Alys Mumford

In attendance

Carolanne Eyre and Natalie Carter-Osborne (Committee Services), Angela Brydon, Laura Calder, Christopher Gardener, Matt Kennedy, Moira Pringle, Colin McClusky, Michael Oliphant, and Donald Scott.

Apologies

Pat Togher and Katharina Kasper

1. Minutes

The minute of the Audit and Assurance Committee from the 19 June 2024 was submitted for approval as a correct record and any matters arising.

Decision

To correct the misspelling of Elizabeth Gordon's name and then approve the minute of the Audit and Assurance Committee of 19 June 2024 as a correct record.

2. Outstanding Actions

The outstanding actions updated to September 2024 were presented.

Decision

- 1) To agree to close the following actions:
 - Action 3 – Annual Cycle of Business
 - 2) Action 1 – EIJB Risk Register – to circulate to members the report of 05 March 2024 for reference.
 - 3) Action 2 – Outstanding Actions – To include all members, if possible, in the discussions with the Chief Officer and Chair of EIJB relating to the recruitment of the Chief Risk Officer. The delay in discussions should not prevent the role being advertised. For the benefit of new members, officers to circulate the report on CRO recruitment from the initial discussion.
 - 4) Action 4 - Review of Audit and Assurance Terms of Reference –
 - a) To discuss advertising the external role as a remunerated post and investigate the process of presenting a business case to submit for approval to the board.
 - b) To further investigate advertising the post on networking website “LinkedIn” to allow easy share via committee members.
 - c) To report findings to the December Committee.
 - 5) To note the remaining outstanding actions.
- (Reference - Outstanding Actions, September 2024, submitted)

3. Annual Cycle of Business

The updated annual cycle of business was presented.

Decision

- 1) To agree the updated Annual Cycle of Business as attached at Appendix 1 of the report.

(Reference – Annual Cycle of Business, submitted)

4. Internal Audit Annual Report and Opinion 2023/24

The report provided a summary of internal audit activity and performance during 2023/24, and an independent opinion on the overall adequacy and effectiveness of the Edinburgh Integration Joint Board’s (EIJB) governance, risk management and internal control systems for the year ended 31 March 2024.

Decision

- 1) To note the 2023/24 Internal Audit Annual Report;
- 2) To note the annual opinion on the adequacy of the EIJB’s governance, risk management and internal control systems;
- 3) To refer this report to the City of Edinburgh Council and NHS Lothian for review and consideration;

- 4) To agree to include management actions in the report and share with members at the December Committee for information only;
- 5) To note officers are considering ways in which that the strategic plans can be linked together in a modular way; and
- 6) To note officers were awaiting collated evidence relating to the outstanding Lone Working overdue audit action and that once received all 7 overdue audit actions would be considered closed. Completion was expected by 30 September 2024.

(Reference - report by the Head of Internal Audit, submitted)

5. External Audit Annual Audit Report

The report summarised the findings from the 2023/24 annual audit of Edinburgh Integration Joint Board. The scope of the audit was set out in an Annual Audit Plan presented to the 5 March 2024 meeting of the Audit Committee. The Annual Audit Report covering all aspects of the 2023/24 audit would be published later this year.

Decision

- 1) To note the draft financial statements submitted; and
- 2) To agree that officers arrange for a secondary check of future accounts.

(Reference – report by Audit Scotland, submitted)

6. Internal Audit Update

The report provided an update on progress with Internal Audit assurance activity, including progress with closing audit actions between May – June 2024. The report also provided an update on progress with delivery of the 2024/25 EIJB Internal Audit Plan and included four audits and follow-up of audit actions from previous EIJB internal audits. Further the report provided details of relevant audit work presented to either the NHS Lothian's Audit and Risk Committee or the Council's Governance, Risk and Best Value Committee during the reporting period

Decision

- 1) To note progress with delivery of the EIJB 2024/25 Internal Audit Plan.
- 2) To note the outcomes of the recently completed EIJB Governance internal audit.
- 3) To note internal audit work completed by both NHS Lothian and the Council in the last period.
- 4) To note progress with implementation of audit actions.
- 5) To refer this paper to the Council's Governance Risk and Best Value Committee for information.

(Reference - report by the Head of Internal Audit, submitted)

7. Edinburgh Integration Joint Board Audited Annual Accounts for 2023/24

The audited 2023/24 annual accounts for Edinburgh Integration Joint Board were presented for scrutiny by the Audit and Assurance Committee.

Decision

- 1) To recommend that the integration Joint Board approve and adopt the accounts for 2023/2024.
- 2) To agree, in consultation with Audit Scotland, to amend the report by:
 - a) Correcting the voting members on the remuneration report.
 - b) Including information on performance in June 2024.
 - c) Rephrasing “twin challenges” on page 89 with wording better suited.
 - d) Correcting the date on which the accounts were approved.

(Reference - report by Chief Finance Officer, submitted)

8. Edinburgh Integration Joint Board Risk Register

The report presented the latest iteration of the Edinburgh Integration Joint Board risk register for endorsement

Decision

- 1) To note that risk cards were reviewed by the Executive Management Team at their Risk Committee on 12 August 2024;
- 2) To agree the risk overview, assurance levels and risk cards at appendix 1,2 & 3, acknowledging that work continues to strengthen and improve the narrative and evidence base contained within the risk cards;
- 3) To note progress to date in relation to recruitment of the Chief Risk Officer;
- 4) To agree that the Chief Finance Officer and Operations Manager will continue to embed the EIJB risk process; and
- 5) To note that officers are investigating how to integrate into the report an arrow system to show the direction from which the risk has moved.

(Reference - report by Chief Finance Officer, submitted)

9. Edinburgh Health and Social Care Risk Register

The report presented the latest iteration of the Edinburgh Health and Social Care Partnership risk register for consideration.

Decision

- 1) To note that risk cards were reviewed by the Executive Management Team at their Risk Committee on 12 August 2024;

- 2) To agree the risk overview, assurance levels and risk cards at appendix 1,2 &3, acknowledging that work continues to strengthen and improve the narrative and evidence base contained within the risk cards;
- 3) To agree that the Chief Finance Officer and Operations Manager will continue to embed the EHSCP risk arrangements in collaboration with partners; and
- 4) To agree that officers investigate how best to incorporate within the Risk Register regular updates relating to software malfunction risks and information on technical resilience and cyber outage.

(Reference - report by Chief Finance Officer, submitted)

10. 2023/2024 Annual Assurance Statements

The report presented the Audit and Assurance Committee Annual Assurance Statement for consideration (appendix 1), a condensed report on the committees' annual assurance statements for consideration (appendix 2) and an update on progress with actions identified as part of the 22/23 assurance process (appendix 3)

Decision

- 1) To agree the Annual Audit and Assurance statements presented on 10 September 2024 to the Audit and Assurance Committee;
- 2) To note the moderate assurance from each of the committee's assurance statements referenced in the Annual Audit and Assurance statements presented on 10 September 2024. These are stored in the CEC and NHS L teams' site for interest;
- 3) To note that there was no suspension of the standing orders in 2023/24;
- 4) To note that no breaches of the code of conduct have been recorded for 2023/24;
- 5) To refer this report to the EIJB with the exception of Appendix 1. To further consider the sensitivity of published information in future reports; and
- 6) To agree that officers consider reviewing governance arrangements – including scheduling and number of members - noting the current resource constraints.

(Reference - report by Chief Finance Officer, submitted)

11. Date of Next Meeting

To note Tuesday 3 December 2024 as the date of the next meeting.

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