

## Section 4 Integrated Impact Assessment

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### Summary Report Template

Each of the numbered sections below must be completed

Interim report	<input type="checkbox"/>	Final report	<input checked="" type="checkbox"/>	(Tick as appropriate)
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**1. Title of proposal**

Bed Based Review: The re-provision of Drumbrae Care Home from residential Care Home to a Complex Care Assessment unit, part of the Hospital Based Complex Clinical Care (HBCCC) service

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

Drumbrae would cease to operate as a care home and change function to a Complex Care Assessment (CCA) unit, part of the HBCCC service allowing existing service to reduce bed numbers in line with benchmarking and modelling projections.

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

The proposals have been discussed at the Edinburgh Integration Joint Board (EIJB), the bed based care project board, subsequent working groups and the EHSCP Executive Management Team (EMT). There has been limited public involvement to date but a full public consultation is planned on the wider context of how we deliver care for our older population in the future.

**4. Is the proposal considered strategic under the [Fairer Scotland Duty](#)?**

Yes

**5. Date of IIA**

19<sup>th</sup> August 2021

**6. Who was present at the IIA? Identify facilitator, Lead Officer, report writer and any partnership representative present and main stakeholder (e.g. NHS, Council)**

Name	Job Title	Date of IIA training
Liz Taylor (Biography on page 13 below)	Independent Chair	
Hazel Stewart	Programme Manager, EHSCP	Feb 2020

<b>Jacqui Macrae</b>	Senior Responsible Officer (SRO) and Chief Nurse, EHSCP	
<b>Elisa Giannulli</b>	Project Manager (report writer), EHSCP	
<b>Jane Brown</b>	Acting Senior Care Home Manager, EHSCP	
<b>Jackie Reid</b>	Drumbrae Care Home Manager, EHSCP	
<b>Lorraine Lockhart</b>	Drumbrae Care Worker, EHSCP	
<b>Debbie Finch</b>	HR Consultant, CEC	
<b>Billie Flynn</b>	Deputy Chief Nurse, EHSCP	
<b>Sheena Muir</b>	Hospital & Hosted Services Manager, EHSCP	
<b>Emma Barnes</b>	Occupational Therapy Rehabilitation Service Lead	
<b>Jane Shiels</b>	Physiotherapy Rehabilitation Service Lead	
<b>Helen Fitzgerald</b>	Partnership Representative, NHS Lothian	
<b>Mike Massaro-Mallinson</b>	North West locality manager and Multi Agency Quality Assurance (MAQA) Chair, EHSCP	
<b>Liam Stewart</b>	Drumbrae Community representative	
<b>Gordon Milne</b>	Relative of Drumbrae Resident	
<b>Brian Robertson</b>	Unite the Union	

## 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?
Data on populations in need	<p><a href="#">NRS Population projections for Scottish Areas (2018)</a></p> <p>Joint strategic needs assessment – March 2021</p>	<ul style="list-style-type: none"> <li>The population in Edinburgh will continue to rise with the biggest increase projected in the 75-84 age group.</li> <li>The overall population is expected to rise by 7.7% between 2018 - 2030</li> </ul> <p>15.1% of the Edinburgh population are over 65</p>
Data on service uptake/access	<p><a href="#">Public Health Scotland acute hospital activity and NHS Board information (Quarterly) ending 31 December 2020</a></p> <p><a href="https://www.isdscotland.org/Health-topics/Health-and-social-community-care/Care-Homes/Census/index.asp?Co=Y">https://www.isdscotland.org/Health-topics/Health-and-social-community-care/Care-Homes/Census/index.asp?Co=Y</a></p> <p>Discharge hub data on HBCCC referrals/admissions and discharges</p> <p><a href="https://www.isdscotland.org/health-topics/health-and-social-community-care/nhs-continuing-care/">https://www.isdscotland.org/health-topics/health-and-social-community-care/nhs-continuing-care/</a></p> <p><a href="https://www.gov.scot/publications/inpatient-census-2019-hospital-based-complex-clinical-care-long-stay/pages/5/">https://www.gov.scot/publications/inpatient-census-2019-hospital-based-complex-clinical-care-long-stay/pages/5/</a></p> <p><a href="http://www.sehd.scot.nhs.uk/dl/DL(2015)11.pdf">http://www.sehd.scot.nhs.uk/dl/DL(2015)11.pdf</a></p> <p>CEC Residential report</p> <p>NES TURAS Care Management</p> <p><a href="#">ISD Delayed Discharge data – Occupied bed days</a></p> <p><a href="#">Delayed Discharge in NHSScotland – Annual report</a></p> <p><a href="https://www.gov.scot/publications/coronavirus-covid-19-care-home-oversight/">https://www.gov.scot/publications/coronavirus-covid-19-care-home-oversight/</a></p> <p><a href="https://www.gov.scot/publications/transforming-specialist-dementia-hospital-care/pages/7/">https://www.gov.scot/publications/transforming-specialist-dementia-hospital-care/pages/7/</a></p> <p><a href="https://beta.isdscotland.org/find-publications-and-data/health-and-social-care/social-and-community-care/care-home-census-for-adults-in-scotland/">https://beta.isdscotland.org/find-publications-and-data/health-and-social-care/social-and-community-care/care-home-census-for-adults-in-scotland/</a></p> <p><a href="https://www.careinspectorate.com/berengCareservices/html/reports/getPdfBlob.php?id=307039">https://www.careinspectorate.com/berengCareservices/html/reports/getPdfBlob.php?id=307039</a></p>	<p>Detailed information on the demand and modelling can be found in the Bed Based Care strategy: <a href="https://democracy.edinburgh.gov.uk/ieListDocuments.aspx?Cid=160&amp;Mid=5571&amp;Ver=4">https://democracy.edinburgh.gov.uk/ieListDocuments.aspx?Cid=160&amp;Mid=5571&amp;Ver=4</a> (item 7.1)</p> <p>HBCCC:</p> <ul style="list-style-type: none"> <li>Modelling suggests that Edinburgh has too many HBCCC beds (currently 144)</li> <li>Applying uplifts for various projections suggests approximately 56 beds are required</li> <li>Approximately 40% of patients within HBCCC could have their care needs met in an alternative setting such as a care home with nursing provision</li> <li>Edinburgh internal care home estate cannot support these patients with existing infrastructure and staffing models</li> </ul> <p>Care Homes:</p> <ul style="list-style-type: none"> <li>Edinburgh has eight EHSCP managed care homes</li> <li>Four of these care homes have surpassed their design life expectancy</li> <li>All EHSCP managed care homes offer residential care</li> </ul> <p>The introduction of registered nurses would enable the EHSCP to enhance the existing model of care to support people with more complex care requirements</p>
Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.	<p><a href="#">NRS Population projections for Scottish Areas (2018)</a></p> <p>Joint strategic needs assessment – March 2021</p> <p><a href="https://apps.esriuk.com/app/MyNearest/29/view/5face59295c042f1b1320816cec9c412/index.html">https://apps.esriuk.com/app/MyNearest/29/view/5face59295c042f1b1320816cec9c412/index.html</a></p>	<ul style="list-style-type: none"> <li>The North West is the largest locality in Edinburgh accounting for 28.5% of the population</li> <li>The largest growth is expected in the North East locality</li> <li>The largest growth for older people aged 65+ is expected in the North East locality (33.4%)</li> <li>The largest growth for older people aged 90+ is expected in the South West locality (57.7%)</li> </ul> <p>Approximately 36% of people aged over 65 are living in single person households</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected?
Data on equality outcomes	<a href="https://www.gov.uk/guidance/equality-act-2010-guidance">https://www.gov.uk/guidance/equality-act-2010-guidance</a> <a href="https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2018/03/fairer-scotland-duty-interim-guidance-public-bodies/documents/00533417-pdf/00533417-pdf/govscot%3Adocument/00533417.pdf">https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2018/03/fairer-scotland-duty-interim-guidance-public-bodies/documents/00533417-pdf/00533417-pdf/govscot%3Adocument/00533417.pdf</a>	The Integrated Impact Assessment was designed to consider the impact of any strategic decision in relation to equality; socio-economic disadvantage; climate change; sustainability; the environment and human rights
Research/literature evidence	<a href="https://www.careinspectorate.com/images/documents/4293/Building%20better%20care%20homes%20for%20adults%202017.pdf">https://www.careinspectorate.com/images/documents/4293/Building%20better%20care%20homes%20for%20adults%202017.pdf</a> <a href="https://www.isdscotland.org/Health-topics/Health-and-social-community-care/Care-Homes/Census/index.asp?Co=Y">https://www.isdscotland.org/Health-topics/Health-and-social-community-care/Care-Homes/Census/index.asp?Co=Y</a> <a href="https://www.gov.scot/publications/coronavirus-covid-19-care-home-oversight/">https://www.gov.scot/publications/coronavirus-covid-19-care-home-oversight/</a> <a href="https://www.gov.scot/publications/transforming-specialist-dementia-hospital-care/pages/7/">https://www.gov.scot/publications/transforming-specialist-dementia-hospital-care/pages/7/</a> <a href="https://www.isdscotland.org/health-topics/health-and-social-community-care/nhs-continuing-care/">https://www.isdscotland.org/health-topics/health-and-social-community-care/nhs-continuing-care/</a> <a href="http://www.sehd.scot.nhs.uk/dl/DL(2015)11.pdf">http://www.sehd.scot.nhs.uk/dl/DL(2015)11.pdf</a> <a href="https://www.careinspectorate.com/berengCareservices/html/report/getPdfBlob.php?id=307039">https://www.careinspectorate.com/berengCareservices/html/report/getPdfBlob.php?id=307039</a>	Detailed information and references to the literature evidence can be found in the Bed Based Care strategy: <a href="https://democracy.edinburgh.gov.uk/ieListDocuments.aspx?CId=160&amp;Mid=5571&amp;Ver=4">https://democracy.edinburgh.gov.uk/ieListDocuments.aspx?CId=160&amp;Mid=5571&amp;Ver=4</a> (Item 7.1)
Public/patient/client experience information	<a href="https://www.careinspectorate.com/berengCareservices/html/report/getPdfBlob.php?id=307039">https://www.careinspectorate.com/berengCareservices/html/report/getPdfBlob.php?id=307039</a>	Some of this information has been gathered within services. Further public/patient and client experience information will be gathered through engagement activities
Evidence of inclusive engagement of people who use the service and involvement findings		As above, as these are proposals at this point and as they are sensitive wide spread inclusive engagement has not taken place yet. Public consultation is being investigated and will begin once preparatory work has been completed – expected to begin in September for 12 weeks.
Evidence of unmet need		The evidence of unmet need can be found within the Bed Based Care strategy: <a href="https://democracy.edinburgh.gov.uk/ieListDocuments.aspx?CId=160&amp;Mid=5571&amp;Ver=4">https://democracy.edinburgh.gov.uk/ieListDocuments.aspx?CId=160&amp;Mid=5571&amp;Ver=4</a> (Item 7.1) For each bed type considered within the strategy, the waiting lists were taken into account and included in the modelling and projections
Good practice guidelines	<a href="https://www.careinspectorate.com/images/documents/4293/Building%20better%20care%20homes%20for%20adults%202017.pdf">https://www.careinspectorate.com/images/documents/4293/Building%20better%20care%20homes%20for%20adults%202017.pdf</a> <a href="https://www.gov.scot/publications/coronavirus-covid-19-care-home-oversight/">https://www.gov.scot/publications/coronavirus-covid-19-care-home-oversight/</a> <a href="https://www.gov.scot/publications/transforming-specialist-dementia-hospital-care/pages/7/">https://www.gov.scot/publications/transforming-specialist-dementia-hospital-care/pages/7/</a>	

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected?
	<a href="https://www.isdscotland.org/health-topics/health-and-social-community-care/nhs-continuing-care/">https://www.isdscotland.org/health-topics/health-and-social-community-care/nhs-continuing-care/</a> <a href="http://www.sehd.scot.nhs.uk/dl/DL(2015)11.pdf">http://www.sehd.scot.nhs.uk/dl/DL(2015)11.pdf</a> <a href="https://www.careinspectorate.com/berengCareservices/html/reports/getPdfBlob.php?id=307039">https://www.careinspectorate.com/berengCareservices/html/reports/getPdfBlob.php?id=307039</a>	
Carbon emissions generated/reduced data	<a href="https://www.gov.scot/collections/environment-statistics/">https://www.gov.scot/collections/environment-statistics/</a> <a href="https://www.gov.scot/publications/cmo-annual-report-2020-21/pages/6/">https://www.gov.scot/publications/cmo-annual-report-2020-21/pages/6/</a>	
Environmental data	<a href="https://www.gov.scot/collections/environment-statistics/">https://www.gov.scot/collections/environment-statistics/</a> <a href="https://www.gov.scot/publications/cmo-annual-report-2020-21/pages/6/">https://www.gov.scot/publications/cmo-annual-report-2020-21/pages/6/</a>	
Risk from cumulative impacts		<a href="https://democracy.edinburgh.gov.uk/ieListDocuments.aspx?CId=160&amp;Mid=5571&amp;Ver=4">https://democracy.edinburgh.gov.uk/ieListDocuments.aspx?CId=160&amp;Mid=5571&amp;Ver=4</a> The bed based care strategy (item 7.1) includes within the appendices an options appraisal which assesses the risk associated with the recommendations
Other (please specify)		
Additional evidence required		

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

<b>Equality, Health and Wellbeing and Human Rights</b>	<b>Affected populations</b>
<p><b>Positive</b></p> <p>Those requiring HBCCC would be cared for in one location with the specialist staff required to deliver that care;</p> <p>This change of function could provide development opportunities for staff;</p> <p>The EHSCP have successfully moved people from care homes previously with good outcomes</p> <p>1-2-1 meetings with staff would take place if proposals are approved to understand their needs and preferences regarding ongoing employment opportunities;</p> <p>The Residential Review Team (RRT) would assist each family throughout any planned move;</p>	<p>Residents and Families  Staff (NHS &amp; CEC)  Local community  Citizens of Edinburgh</p>

There is enough capacity in our other care homes to accommodate residents in friendship groups with familiar staff should they choose to move together;

Strategically, there is no HBCCC service in the North West meaning people requiring this service do have to travel currently. There are other care homes in the North West of the city so how can we manage the existing residents but enhance the service offering available. A new service in a good facility could be seen as a gain for the North West;

Current links to local schools where students can come to the care home and learn from residents. This relationship could continue even if the function of Drumbrae changes.

**Negative**

Moving the current residents into other care homes and the associated risks with moving elderly and or frail people;

Concerns surrounding the psychological impact of moving frail and vulnerable residents;

Resident's choose a home for life and changing the function of Drumbrae does mean the existing residents will lose their home;

Current residents' families local to the Drumbrae area and would have difficulties in travelling further to be able to visit, many are elderly themselves;

Potential for impact on residents' families, particularly if they have a disability, could lead to isolation of residents if their family are unable to visit them regularly;

Impact of uncertainty for staff currently working in Drumbrae;

Staff are a surrogate family for resident's, particularly during the pandemic when visiting was suspended. Resident's, especially those with dementia need consistency and moving them without the staff could have a negative impact on wellbeing;

Significant number of BAME staff in employment and an analysis of needs is required to ensure these staff members are supported through any transition and not disadvantaged.

23/73 staff have protected characteristics and if a decision is reached, 1-2-1 discussions will take place with them to identify their preferences, a matching process is undertaken and every effort made to support staff in their onward choices;

<p>Low staff morale is evidenced and concern regarding existing residents is causing anxiety among staff at Drumbrae;</p> <p>Communication has not been open with Drumbrae care home staff. Disparity in the communications provided to CEC and NHS staff, inconsistent leading to anxiety</p> <p>Change brings uncertainty and this will affect morale and retention rates, losing staff means loss of experience and skills;</p> <p>Data suggests a rising population of BAME in the community and moving these staff will dilute the culture;</p> <p>Population of Drumbrae feeling disregarded and need an opportunity to engage;</p> <p>Staff have worked hard to improve standards of care and practice at Drumbrae care home and there have been many requests for the brochure which suggests this is a valuable resource. Interest has increased recently with family members returning to work who now need to source care for their relative.</p>	
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<p><b>Environment and Sustainability including climate change emissions and impacts</b></p> <p><b>Positive</b>  A change in function is unlikely to alter the environmental impact of the building;</p> <p>HBCCC is not a high traffic service, therefore expected admissions and associated transport will be low;</p> <p>The change in function of Drumbrae supports wider system redesign and would allow for an increase in intermediate care capacity for recovery and rehabilitation and also the withdrawal from the Liberton hospital site which has been sold for redevelopment.</p> <p>The change in function of Drumbrae would allow for the HBCCC service to reduce bed numbers in line with benchmarking and modelling projections.</p> <p>Drumbrae would be a suitable facility to accommodate HBCCC and would allow for units to be split into male and female which is not available at present</p>	<p><b>Affected populations</b></p> <p>Residents and families, Staff, local community &amp; Citizens of Edinburgh</p>
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<p>A change in function doesn't remove the facility from the community; it would still be a community asset and would create job opportunities;</p> <p>The building is very energy efficient, rated A;</p> <p><b>Negative</b> Currently the home is operating with only 11 residents which is not sustainable or viable long term;</p> <p>Roads and parking in the area need assessed, Drumbrae is in a residential area and access can be challenging especially if increased traffic flow and more ambulances City planners should be involved in assessing traffic and environmental impact.</p> <p>If the four older homes are to be decommissioned, has consideration been given to the potential of utilising the buildings differently therefore, negating the need to use Drumbrae?</p> <p>How does a reduction in care home capacity support projections of an ageing population?</p> <p>Additional information needed to evidence an increase in community capacity;</p> <p>Drumbrae has a range of services and facilities in the community and would removing the care home causing a negative impact to the community. Although the care home would cease to function it would be replaced by a similar facility in terms of scale and size, it would be staffed to support full occupancy and would bring new workers into the area.</p> <p>Drumbrae provided day care services and the kitchen provided the lunches for those services (day care services are currently suspended)</p> <p>The timescales set out in the redesign proposal are concerning and not realistic. Noted – these were indicative and no decisions have been taken by EIJB.</p>	
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<p><b>Economic including socio-economic disadvantage</b></p> <p><b>Positive</b> There would be an HBCCC NHS led facility in the community providing care to the most frail and vulnerable citizens</p>	<p><b>Affected populations</b> <b>Residents &amp; their families</b> <b>Staff</b> <b>Community</b></p>
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Any impact on staff of moving to a different location in terms of time and also cost would need to be assessed through 1-to-1 consultation, paying particular attention to those with protected characteristics;

The Residential Review Team (RRT) would work closely with residents and their families to understand any socio economic challenges a move to another care home could cause;

By introducing nursing provision into the remaining larger care homes, the EHSCP can reduce unnecessary hospital admissions, enable discharge from HBCCC units and provide local authority funded nursing care which is not provided currently;

Potential positive impact for staff who could be better trained and if better trained, they could be better paid;

Staff may have less travel to their place of work, decreasing travel costs;

**Negative**

Taking a residential care home out of the local community where there is a diverse mix of people from different socio economic backgrounds and the impact on future demand for this type of care in that area;

Concerns were raised that the occupancy at Drumbrae had been deliberately run down. In 2020, the care home was under an Improvement Notice from the care inspectorate which means admissions were suspended, during that time the impact of COVID was felt and due to outbreaks admissions could not take place. Demand overall for residential level care is also decreasing with increased demand for nursing provision;

Drumbrae has been testing the model of care with nursing proposed for all homes so it should be leading the way on redesign.

The skills and practice that have been developed at Drumbrae care home could be lost when the staff team is broken up. Staff are already leaving or looking for other jobs.

Staff may have to travel further to their place of employment, increasing travel time – any additional cost would be recompensed for a 4 year period.

Trade unions represent a lot of low paid workers, if workers were paid better, local economies could grow;

<p>If unable to provide a suitable role for existing Drumbrae staff this could lead to unemployment;</p> <p>There are 66.3 FTE in Drumbrae at present and there are adequate vacancies across the city. The EHSCP are committed to retaining the workforce and there is a no compulsory redundancy policy in CEC;</p> <p>NHS staff are also involved in these proposals who have different T&amp;Cs and different policies relating to organisational change;</p> <p>Trade Union colleagues felt the no compulsory redundancy policy won't be in place next summer due to the political landscape;</p> <p>The overall impact on jobs of closing Drumbrae and 4 other homes needs to be known.</p> <p>Retrofitting or rebuilding properties could create new jobs, there is no economic benefit from private organisations. Sixty pence of every pound us spent in local communities, if the private sector operates these establishments the money goes into their profits.</p> <p>There is no private sector organisation involved in these proposals;</p> <p>Concerns were raised on the economic impact of reducing care home capacity and the potential reliance on the private market. Work needs to be done to evidence the balance of care needed for the city and the kind of care we want for people.</p>	
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**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

**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.**

Extract from communications plan included in appendix 2 (page 14 below)

**11. Is the 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.**

No

## 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.**

Workforce analysis, Drumbrae survey to ensure suitability for change of function, environmental impact

## 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:

<b>Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)</b>	<b>Who will take them forward (name and job title)</b>	<b>Deadline for progressing</b>	<b>Review date</b>
Source travel assessment and traffic and environmental impact on surrounding area.	Project team	Sept 2021	Complete
Evidence of increased community capacity	Project team	Sept 2021	Complete
Population and demographic data required relating to an ageing population	Project team	Sept 2021	Complete
Evidence for balance of care required across different sectors to reflect projected need and demand.	Project team	Sept 2021	Complete
Engagement with the Drumbrae local community	Project team	Oct 2021	Planned

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

No

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

Through engagement and consultation with all affected staff should proposals be approved. Resident and family engagement supported by the residential review team to fully assess residents and understand their preferences and needs.

## 16. Sign off by Head of Service/ NHS Project Lead

**Name: Jacqui Macrae, Chief Nurse and project SRO**



**Date: 24/09/2021**

**17. Publication**

Completed and signed IIAs should be sent to [strategyandbusinessplanning@edinburgh.gov.uk](mailto:strategyandbusinessplanning@edinburgh.gov.uk) to be published on the IIA directory on the Council website [www.edinburgh.gov.uk/impactassessments](http://www.edinburgh.gov.uk/impactassessments)

**Edinburgh Integration Joint Board/Health and Social Care**

[sarah.bryson@edinburgh.gov.uk](mailto:sarah.bryson@edinburgh.gov.uk) to be published on the [www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/](http://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/)

**BIOGRAPHY – LIZ TAYLOR**

Liz Taylor is a qualified social worker who has held senior positions in adult services, children's services and criminal justice in several local authorities, to Director and Chief Social Work Officer level. Liz has worked also for central government and other national bodies, in policy and practice development, education, inspection and audit. She has 5 years of experience latterly as an Independent Chair of Child Protection and Adult Protection Committees and has led inquiries and investigations into practice concerns. Collaborative working across agencies and co-production to make best use of resources in meeting needs have always been areas of particular interest for Liz. She has an MSc in management in community care and an MBA.

## EXTRACT FROM COMMUNICATIONS PLAN

Audiences and audience-specific objectives	
Audience group	Audience-specific objective
EIJB members	To have confidence about the programme of change.
Colleagues	To understand that this exercise is about better outcomes and isn't about 'cuts' To feel secure, well informed and looked after throughout the change process. To feel excitement, energy and pride in what we are all trying to achieve together. To feel that we recognise their skills and expertise and that we want to help them be their best selves and help even more people stay cared for, healthy and safe.
Other external stakeholders / interested parties	To have confidence about the programme and its impacts. To have the information they need to work with us and make the programme a success. To be assured that the programme is in line with our strategic objectives and focused on better outcomes for residents, families and colleagues. To provide CEC and NHSL partners with assurance, information, and opportunities to contribute.
Media	To have confidence and understanding about the programme. To have the information they need to promote the programme with positive sentiment.

Communications approach				
Audience group	Proposed communications channels	Responsible	Communications assets to be produced to support activity	Proposed frequency
EIJB	Development session with the EIJB	Programme team	Communications plan (working draft) Draft reactive lines ahead of 18 May EIJB Development session	TBC
	Board meeting updates	Programme team	Reactive lines to anticipate media interest Internal communications following the meeting, closely aligned to strategic objectives	June 2021 October 2021 and as requested
Colleagues	Colleague News	Communications team	Regular briefings in newsletter to update colleagues on consultation, key decisions, programme purpose etc	Monthly (minimum) and also as required following key milestones
	Project specific detailed engagement and consultation with staff	Programme team	NA	As required
	Webpage updates	Comms team	Regular updates on progress – such as key dates/decisions / activity	Bi-monthly
Other external stakeholders	Formal meetings	Programme team	Slide packs and reports as required Attendance at forums on request	As required
	Board attendance	Programme team	Slide packs and reports as required Attendance at forums on request	As required
	Formal reports and returns	Programme team	Slide packs and reports as required Attendance at forums on request	As required
	Attendance at CEC and NHSL	Programme team	Slide packs and reports as required Attendance at forums on request	As required

	corporate management team			
	Attendance and information reports fed to council and NHS committees	Programme team	Slide packs and reports as required Attendance at forums on request	As required
	Resident, family and patient updates	Programme team / RRT / CH managers	Media channels, webpage, direct contact (generic email address for enquiries)	As required
	Care Inspectorate updates	Programme team / RRT /	Slide packs and reports as required Attendance at forums on request Direct contact	As required
Media	Reactive media response	Communications team	Lines prepared in advance of key milestones (e.g. 22 June 2021 board / October board)	As required depending on programme deliverables
	Key message lines	Communications team	Lines to take prepared to cover key messages	As required depending on programme deliverables
	FAQ document	Programme team (with C&E team acting as a consultant)	FAQ to cover anticipated questions	As required depending on programme deliverables
	Social media response	Communications team	Reactive social media response prepared to enable EHSCP and CEC to respond to any noise on owned social media channels	As required depending on programme deliverables