Notice of Meeting and Agenda

Edinburgh Integration Joint Board

9.30 am Friday 15 July 2016

Meeting Room 7/8, Waverley Gate, 2-4 Waterloo Place, Edinburgh

Contacts:

Email: allan.mccartney@edinburgh.gov.uk / ross.murray@edinburgh.gov.uk

Tel: 0131 529 4246 / 0131 469 3870

This is a public meeting and members of the public are welcome to attend.

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. None.

4. Minutes

4.1. Note of meeting of the Edinburgh Integration Joint Board of 13 May 2016 (circulated)

4.2. Matters Arising

5. Reports

5.1. Rolling Actions Log (circulated)

5.2. Non-Voting Membership – report by the IJB Chief Officer (circulated)

5.3. Capacity and Demand – report by the IJB Chief Officer (circulated)

5.4. Hospital Based Complex Clinical Care (HBCCC) – Balfour Pavilion, Astley Ainslie Hospital - report by the IJB Chief Officer (circulated)

5.5. Delayed Discharge – Recent Trends - report by the IJB Chief Officer (circulated)

5.6. Hub Update - report by the IJB Chief Officer (circulated)

5.7. EIJB Accounts 2015/16 - report by the IJB Chief Officer (circulated)

5.8. Financial Update - report by the IJB Chief Officer (circulated)

5.9. Gamechanger Public Social Partnership Progress update - report by the IJB Chief Officer (circulated)

5.10. Carers Champion Progress Update - report by the IJB Chief Officer (circulated)

5.11. Health Inequalities Investment Programme - report by the IJB Chief Officer (circulated)

5.12. Sub-Group Updates

5.12.1 Audit and Risk Committee

(a) Note of meeting of 20 May 2016 (circulated)

(b) Note of meeting of 1 July 2016 (circulated)

5.12.2 Professional Advisory Group

(a) Note of meeting of 17 May 2016 (circulated)

(b) Note of meeting of 28 June 2016 (circulated)

5.12.3 Quality and Performance Sub Group

(a) Note of meeting of 21 April 2016 (circulated)

(b) Note of meeting of 24 May 2016 (circulated)

(c) Update report (circulated)

5.12.4 Strategic Planning Group

6. Any Other Business

Item 4.1 Minutes

Edinburgh Integration Joint Board

9.30 am, Friday 13 May 2016

Waverley Gate, Edinburgh

Present:

Board Members: George Walker (Chair), Councillor Elaine Aitken, Shulah Allan, Carl Bickler, Kay Blair, Sandra Blake, Andrew Coull, Wanda Fairgrieve, Christine Farquhar, Councillor Joan Griffiths, Councillor Ricky Henderson, Kirsten Hey, Angus McCann, Rob McCulloch-Graham, Michelle Miller, Moira Pringle, Gordon Scott, Richard Williams, Maria Wilson and Councillor Norman Work.

Officers: Lynne Barclay, Nikki Conway, Eleanor Cunningham, Wendy Dale, Ann Duff, Gohar Khan, Ian McKay, Katie McWilliam and Gavin King.

Apologies: Alex Joyce and Ella Simpson.

1. Minutes

Decision

To approve the minute of the meeting of the Edinburgh Integration Joint Board of 11 March 2016 subject to the inclusion of notified apologies.

2. Rolling Actions Log

The Rolling Actions Log for 13 May 2016 was presented.

Decision

1) To approve the closure of actions 1, 4, 5.1, 5.2, 7.1, 7.2, 8, 10.1, 10.3, 10.4, 11 and 12.
2) To otherwise note the Rolling Actions Log.

(Reference – Rolling Actions Log – 13 May 2016, submitted.)

3. Code of Conduct and Standing Orders – May 2016

The Scottish Government had advised Joint Board (IJBs) Chairs that a template code of conduct for members had been prepared and requested that a draft version be approved by the Joint Board and submitted to the Scottish Government by 21 June 2016. The draft Code of Conduct for Edinburgh was submitted.

Many of the Joint Board's Standing Orders applied to Committees as well as the Joint Board, but did not apply to working groups. Approval was sought to amend the Standing Orders so that they no longer applied to Committees.

Decision

1) To agree to submit the draft Code of Conduct, as detailed at appendix one to the report by the Chief Officer, to the Scottish Government for approval.
2) To delete Standing Order 14.5. (application of the standing orders to Committees)

(References – minute of the Edinburgh Integration Joint Board 15 January 2016 (item 4); report by the IJB Chief Officer, submitted.)

4. Communications and Engagement Strategy 2016 to 2019

A high level plan setting out principles and protocols for the Joint Board's communication and stakeholder engagement activity was submitted. The following comments were raised during discussion:

- It would be important to implement a 'two-way' communications plan that listened and engaged in order to take on board views and ideas.
- The existing stakeholder network should be used as a delivery tool for the Joint Board's communication strategy.
- The use of multiple delivery methods and vehicles, including available technologies, would be vital in delivering the strategy.
- Effective resourcing would be key to ensuring that there was capacity to deliver the plan.
- The plan should address terminology issues surrounding unpaid carers and members of the public.
- Proactive engagement with the media would be desirable.

Decision

1) To support a proactive communication approach for the Joint Board and Edinburgh Health and Social Care Partnership's wide range of partners and stakeholders.
2) To agree the draft Communication and Engagement Plan for 2016 to 2019.
3) To present an implementation plan to the Joint Board once resources had been identified.

(References – minute of the Edinburgh Integration Joint Board 15 January 2016 (item 8); report by the IJB Chief Officer, submitted.)

5. Programme of Visits 2015/16

As previously requested by the Joint Board, a programme of visits to acute and non-acute facilities was submitted.

Decision

1) To note the Joint Board's Visit Programme for 2016.
2) To ask the Chief Officer to report to the Joint Board on how best to capture comments raised during visits.
3) To send a letter of thanks to operational managers who had facilitated Joint Board visits.
4) To share any presentation from Joint Board visits with Board Members.
5) To note that General Practice visits had been scheduled and would be circulated to the Joint Board.

(References – minutes of the Edinburgh Integration Joint Board 17 July 2015 (item 3) and 25 September 2015 (item 4); report by the IJB Chief Officer, submitted.)

6. Huddle Test of Change

Details were provided of the approach and actions around the implementation of the Huddle model, designed to progress improvements on the whole system pathway and discharge from hospital.

Decision

1) To accept the report by the Chief Officer as assurance that the Edinburgh Integration Joint Board was taking a whole system approach to improve the whole system pathway, including discharge from hospital.

2) That a project map for the roll out of the localities model, including the hub initiative and a description of the key services be submitted to the Joint Board.

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

7. Delayed Discharge – Recent Trends

An overview of performance in managing hospital discharge, showing the total number of Edinburgh people who were delayed at each monthly census points over the past two years, alongside the target level for 2015-16, was outlined.

The Scottish Government had set a target of 50 delays or less by May 2016 upon which release of additional funding was dependent. Additional workstreams implemented towards this target, following a flow workshop undertaken on 8 March 2016, were detailed.

Decision

1) To note the progress in reducing the number of people waiting to be discharged and that a comprehensive range of actions was in place to secure further improvement.

2) To request that future reports present a broad spread of data including delays attributed to:

2.1) Guardianship or capacity issues.
2.2) Acute settings.
2.3) X Codes.

(References – minute of the Edinburgh Integration Joint Board 11 March 2016 (item 11); report by the IJB Chief Officer, submitted.)

8. Initial Set of Directions

The Public Bodies (Joint Working) (Scotland) Act placed an obligation on Integration Joint Boards to give a direction to the Council and NHS Board in respect of each function delegated to the Joint Board. The initial set of directions issued to the Chief Executives of NHS Lothian and the Council on 31 March 2016, actions that had taken place following this and proposed next steps were detailed.

Decision

1) To note the initial set of directions issued on 31 March 2016 attached at appendix 1 to the report by the Chief Officer.
2) To note the work underway to move to a more detailed set of directions.

(References – minute of the Edinburgh Integration Joint Board 15 January 2016 (item 12); report by the IJB Chief Officer, submitted.)

9. Mainstreaming Equalities

In order to meet the obligations placed on public bodies by the Equality Act 2010 and associated regulations, the Joint Board was required to publish a set of equality outcomes. The Joint Board's approval was sought to publish details of how the Public Equality Duty would be mainstreamed into its day-to-day functions.

Decision

1) To approve the proposed Equality Outcomes detailed in section 4.2 of the report by the Chief Officer.
2) To approve the equalities mainstreaming report attached as appendix 1 to the report by the Chief Officer.
3) To agree that progress in delivering the Equalities Outcomes was overseen by the Strategic Planning Group.

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

10. Financial Plan

A financial update, including proposed investments for the Social Care Fund and details of the Joint Board's expected savings programme for 2016/17 was submitted. Details were provided of updated indicative allocated resources from the Council and NHS Lothian; this represented a marginal (0.4% or £2.5m) increase over the levels reported to the Joint Board in March.

Decision

1) To note the update to the indicative resources to be allocated to the Joint Board by the City of Edinburgh Council and NHS Lothian, subject to:

    1.1) The Chief Officer raising with NHS Lothian its intended response to government directions about making good on the reduction in ring fenced funding for the Edinburgh Drugs and Alcohol Project, including an assessment of the rationale for the national funding cut.

    1.2) Further details on the implications of the savings programme for Strategic Partnership outcomes.

2) To agree the allocation of the Social Care Fund resources, taking account of Scottish Government requirements.

3) To agree the issue of updated directions to the City of Edinburgh Council to reflect the proposed Social Care Fund investments.

(References – minute of the Edinburgh Integration Joint Board 11 March 2016 (item 5); report by the IJB Chief Officer, submitted.)

11. Formal Establishment of the Strategic Planning Group

Approval was sought to formally establish a Strategic Planning Group, as required under the Public Bodies (Joint Working) (Scotland) Act 2014 for the engagement of stakeholders with regard to the production of a strategic plan and any decisions about significant changes to services to be made without revising this.

Decision

1) To approve the proposed remit for the Strategic Planning Group set out in section 4.5 of the report by the Chief Officer.
2) To approve the proposed membership of the Strategic Planning Group set out in section 4.6 of the report by the Chief Officer.
3) To approve the proposed frequency of meetings set out in section 4.7 of the report by the Chief Officer.
4) To approve the proposed arrangements for the payment of expenses set out in section 4.8 of the report by the Chief Officer.

(Reference – report by the IJB Chief Officer.)

12. Sub-Group Updates

15.1 Audit and Risk Committee

Angus McCann advised the first meeting of the Audit and Risk Committee had taken place and a minute had been circulated. This had considered the remit and work programme of the group, including a list of documents that would require to be produced. The next meeting would consider the Risk Register and a workshop would be scheduled to allow the full Joint Board to feed into this process.

15.2 Professional Advisory Group

Carl Bickler advised that the first formal meeting of the group would take place on 17 May 2016 and a further schedule of meetings would be arranged in due course.

15.3 Performance Sub Group

Outcomes from the first meeting and an update report on the Performance Sub-Group were tabled. Shulah Allan advised that the first session had been productive and had focussed on an assessment of the suitability of the rubric approach as a scoring guide.

15.4 Strategic Planning Group

Councillor Henderson noted that the Strategic Planning Group had been formally established by the report on the agenda. Meeting frequency would be considered with a view to potentially moving to a bi-monthly cycle.

Decision

To note the updates.

13. Resolution to consider in private

The Joint Board resolved, in terms of paragraph 5.9 of the Standing Orders for the proceedings and business of the Integration Joint Board, that the public be excluded from the meeting during consideration of the following item of business on the grounds that it involved the disclosure of private information as defined in paragraph 5.9.2 of the Standing Orders: the business related to the commercial interests of any person and confidentiality was required.

14. Commissioned Services and the Living Wage

The costs arising for the Integration Joint Board in 2016/17, as a result of the need to uplift the contract rates paid in respect of a range of social care services commissioned from independent and third sector providers to facilitate payment by them of the Living Wage to social care workers, were detailed.

Decision

1) To approve the uplifts in contract rates paid to independent and third sector providers to facilitate payment of the Living Wage as detailed in the report by the Chief Officer and the allocation of £5,171,000 from the Social Care Fund to meet the associated costs for the period 1 October 2016 to 31 March 2017.
2) To agree the basis for consulting and engaging with contracted independent and third sector providers about delivery of the Living Wage in Edinburgh assumed:

    2.1) Payment of increases in contract rates to individual provider organisations was conditional upon them voluntarily agreeing to pay their staff the Living Wage Foundation rate of £8.25p per hour for the period 1 October 2016 to 31 March 2017.

    2.2) The limit of the Board's responsibility was to facilitate payment of the Living Wage to adult social care workers engaged in the delivery of personal care and support services and that employers would also contribute to the costs of delivering the Living Wage by meeting additional costs arising for them, in terms of increased National Insurance and other employer contributions or those associated with maintaining pay differentials.

    2.3) To note that as yet no commitment had been made to continue to allocate the Social Care Fund beyond 31 March 2017 or uplift this to reflect any increase in the Living Wage Foundation rate for 2017/18 and beyond.

3) To request further updates to the Joint Board as appropriate.

(Reference – report by the IJB Chief Officer.)

Declaration of Interests

Christine Farquhar declared a non-financial interest in the foregoing item as a Director and Chair of Upward Mobility and as a welfare and finance guardian of a recipient of a direct payment from City of Edinburgh Council.

Item 5.1 – Rolling Actions Log – July 2016

July 2016

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
1	**Deputations**	20/11/15	1) To agree to pilot deputations at the Joint Board and its committees for twelve months using the procedure outlined in appendix one of the report. 2) To note that following the pilot period, a report reviewing the procedure would be submitted to the Joint Board. 3) To note that the scope for deputations would be made available as part of the forthcoming communications strategy	Chief Officer/Gavin King	November 2016	
2	**Finance**	17/07/15	1) Further report on outcome of Internal Audit Teams work on due diligence. 2) To report on a budget consultation strategy as part of the 2016/17 budget process.	Hugh Dunn / Susan Goldsmith	Not specified.	**Recommended for closure.** The final internal audit reports were presented to the CEC governance and best value and the NHS Lothian audit and risk committees in June. It is anticipated they will be considered by the IJB audit and risk committee in September.

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
						The CEC budget consultation concluded in December 2015 and the NHS don't consult on savings.
3	**Development Sessions 2016/17**	15/01/16	1) To consider future options at a development session, to include localities and inequalities issues, and links with the draft Strategic Plan. 2) To include updates on Joint Board Structure and the Leadership Group to the 12 February 2016 Development Session. 3) To add hospital capacity as an additional topic.	Chief Officer	November 2016	Development session on localities has been scheduled for October; Hospital plan was part of the development session in June. Inequalities and Hospital capacity have been noted on the forward plan for next year. An updated plan for 2017/18 will be brought to the Board in November.
4	**Financial Assurance for the IJB**	25/09/15	1) That the 11 December 2015 development session would focus on the budgets being delegated to the EIJB. 2) To agree to consider Finance at the December 2015 development session, alongside the draft Strategic Plan. 3) To request further information on the decision making process regarding the £1.1m reduction in mental health nursing spend.	Interim Management Team/ Moira Pringle	December 2015	decisions (1) and (2) reported to Joint Board on 15/01/16 **Recommended for closure** (3) The proposed £1.1m reduction in mental health nursing was one of the efficiency schemes proposed by the REAS management team. However service

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
						pressures made delivery of this level of savings challenging and the nursing budget was overspent by £0.5m by the end of the financial year. This is one of the pressures recognised in the NHS Lothian 16/17 financial plan which has made provision for investment of £3m in REAS
5	**Information, Communication and Digital Technology: Position Statement**	25/09/15	1) To note the current position on information governance and that a further report would be provided in due course. 2) To invite the Council's ICT Solutions Team and NHS Lothian e-Health services to review and comment jointly on the Draft Strategic Plan as part of the consultation. 3) To request that an appropriate approach be developed for ensuring that information governance and ICDT requirements could be considered for all major service/pathway re-design proposals to ensure improved information flows along the pathway. 4) To request that appropriate and affordable ICDT delivery/implementation plan(s) were developed in relation to these service/pathway re-design proposals 5) To use a future development session to address current issues, including shared protocols, and future development, and to ask Angus McCann to act as the Joint Board's member lead on this.	Interim Programme Manager/ Angus McCann	Not specified	**Recommended for closure –** Development session took place on 15-04-16 ICT steering group established
6	**New Grant Programme for**	25/09/15	To consider grants at the Joint Board meeting in February 2016 for grants starting in April 2016, with a phased approach aligned	Chief Officer	March 2016	**Recommended for closure.**

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
	Prevention of Health Inequality from 2016/17		to partner funding cycles			See item 5.11
7	**Communications Resource and Strategy for Edinburgh and Lothian's IJB**	15/01/16	1) To agree the initial communications and engagement priorities outlined in the report and draft communications plan. This would include the development of a communication and engagement strategy for the Joint Board and further programme of activity for 2016/17. 2) To agree to the development of a dedicated structure and resourcing budget for a new communications team to support the Edinburgh Integrated Joint Board. 3) To ensure that sufficient links with localities existed 4) To request further development of staff communication including: • Roles and Remits of the Joint Board and Executive Team. • Scope for newsletters and staff events.	Chief Officer/ Head of Communications (CEC and NHS)	Not specified	1, 3 and 4 closed by IJB on 13-05-16 Discussion ongoing with regard to staffing and budgets.
8	**Communications and Engagement Strategy 2016 to 2019**	13-05-16	To present an implementation plan to the Joint Board once resources had been identified.	Chief Officer	Not specified	A communications action plan will be prepared once the actions from the Strategic Plan have been prioritised and assigned.
9	**Programme of Visits**	13-05-16	1) To ask the Chief Officer to report to the Joint Board on how best to capture comments raised during visits.	Chief Officer	Not specified	A member of the communications team is attending all Board visits,

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
			2) To note that General Practice visits had been scheduled and would be circulated to the Joint Board.			discussion on going with regard to the manner in which comments will be fed back to the Board
10	**Huddle Test of Change**	13-05-16	That a project map for the roll out of the localities model, including the hub initiative and a description of the key services be submitted to the Joint Board	Chief Officer	Not specified	**Recommended for closure –** see item 5.6
11	**Delayed Discharge – recent trends**	13-05-16	To request that future reports present a broad spread of data including delays attributed to: 2.1) Guardianship or capacity issues. 2.2) Acute settings. 2.3) X Codes.	Chief Officer	July 2016	**Recommended for closure**– See item 5.5

Report

Non-Voting Membership

Edinburgh Integration Joint Board

15 July 2016

Executive Summary

1. The Joint Board has previously considered individual requests from organisations for non-voting membership. Such requests continue to be received, and a process to rationalise these applications is needed. This will ensure requests are reviewed holistically, and a considered assessment given of how the Joint Board's membership might be enhanced. It is therefore proposed that such membership requests are pooled and considered together annually.

Recommendations

2. To agree to consider all requests for non-voting membership of the Joint Board annually, at its first meeting in each financial year.

Background

3. The Joint Board's membership is prescribed in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. This defines the voting and non-voting membership, and also gives scope for the Joint Board to appoint additional non-voting members.

4. The Joint Board's current non-voting membership comprises representatives from staff and trade unions; service users and carers; the Third Sector; senior Council/NHS Lothian officers and clinicians, and the Professional Advisory Committee.

5. With a total membership just short of thirty, it is understood the Edinburgh IJB currently has one of the largest and widest-ranging membership in the country.

Main report

6. Requests for non-voting membership continue to be received on an ad hoc basis. The Joint Board refused such a request from Scottish Care in September, and Unite have also recently made a similar request,

7. In order to ensure requests are considered in a fair and consistent way, it is proposed that all outstanding membership requests are considered together, at the start of each financial year. This will allow the IJB an overview of any significant gaps in representation, and inform its decision-making.

Key risks

8. There may be a resultant delay in responding to organisations applying early in the reporting cycle.

Financial implications

9. There are no financial implications as a result of this report.

Involving people

10. The Joint Board has an extensive public engagement plan. Meetings of the Joint Board are open to the press and public, and agendas and reports for Joint Board meetings are published on line in advance.

Background reading/references

The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

Report author

Rob McCulloch-Graham

Chief Officer

Contact: Gavin King, Committee Services Manager E-mail: gavin.king@edinburgh.gov.uk | Tel: 0131 529 4239

Links to priorities in strategic plan

Item 5.3

Report

Capacity & Demand

Edinburgh Integration Joint Board

15 July 2016

1. Executive Summary

1.1 The purpose of this report is to update the Edinburgh Integration Joint Board, on the background context for a whole system capacity and demand review for older people to be undertaken, and to outline the approach for taking this forward.

2. Recommendations

2.1 To accept the report as assurance that the Edinburgh Health & Social Care Partnership (EHSCP), is taking a whole system approach to improve the effective use of resources to improve pathways for people.

2.2 To accept that the Phase 3 Business case proposals for change will go to the Strategic Planning Group and/or the Professional Advisory Group in the first instance, and to the IJB by exception.

3. Background

3.1 Edinburgh's Joint Commissioning Plan for Older People 2012-22, *Live Well in Later Life* 2012 -22 clearly highlights the case for change in the range of functions that require to be developed going forward, to respond to the changing needs, and growth of the population. In particular, the number of people in Edinburgh in the 85+ age group is expected to almost double by 2032, from 11,040 in 2012, to 19,294.

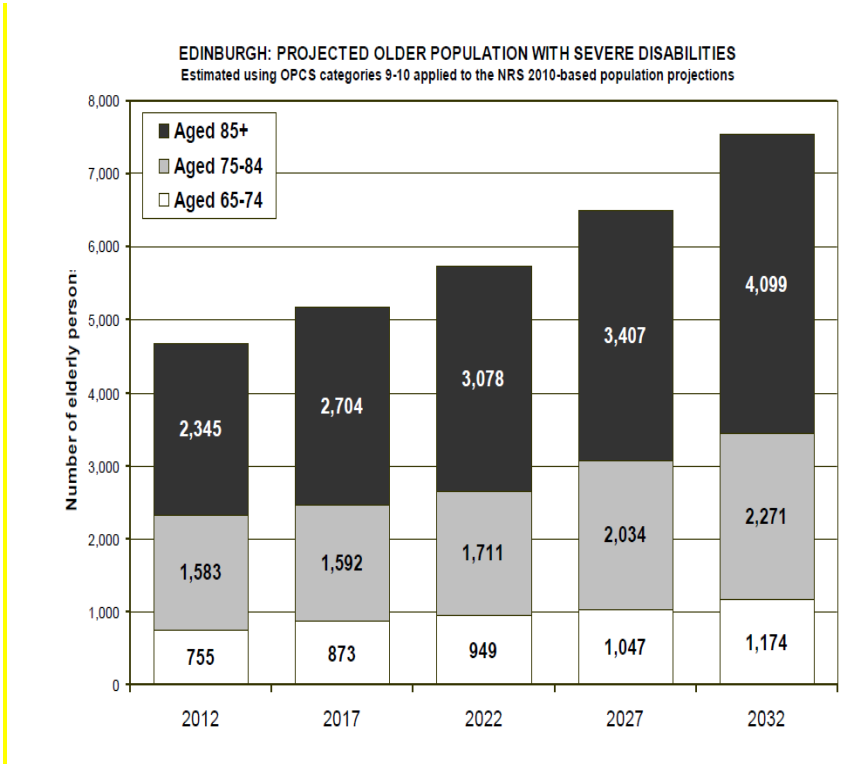
3.2 The 2012 Live Well in Later Life plan concluded that the following changes were required to meet the demands going forward**, if existing levels of service was directly matched to population growth, and no changes to the models of care were delivered**, by 2022, Edinburgh would need to provide:

- 428,000 additional hours of home care per year
- 748 additional care home beds

- 7,900 additional intermediate care hours per year
- 150 additional long stay hospital beds for older people (inpatient complex care beds).

3.3 This picture forms the key basis for change as we move forward.

3.4 Although healthy life expectancy is growing, and many advances are being made in order that older people remain healthier for longer, at home, or in a homely setting, as key assets not only in their own self management, but as providers of care and support for others, the level of older people who have severe disabilities in Edinburgh, is set to grow too between 2012 and 2032, as the chart below indicates:



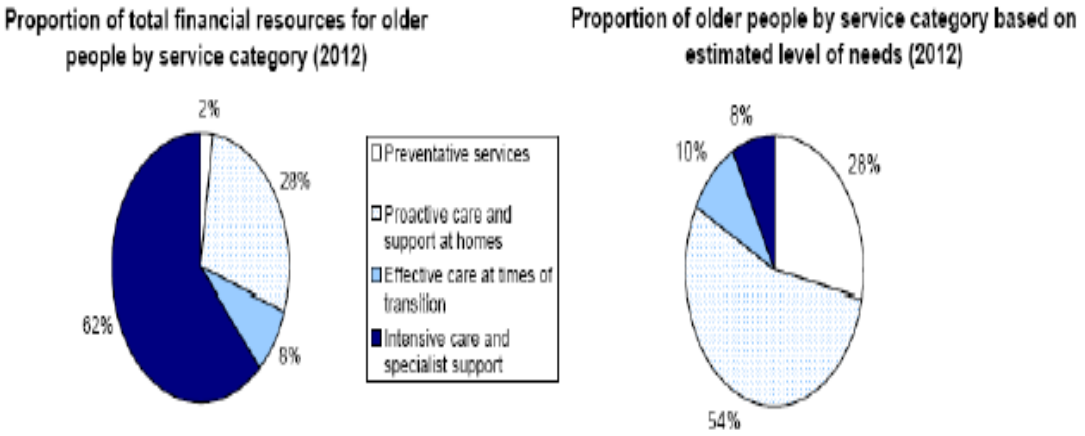
OPCS – Office of Population Censuses and Surveys - supports operational and strategic planning, resource utilisation, performance management, research and epidemiology

3.5 By 2022, it is estimated that the number of people in Edinburgh with dementia is likely to rise by 22.4% to 8,745 people and by 2032, the number could rise by 61.7% to 11,548 people. Of these, 1 in 8 (12.5%) have severe dementia; 1 in 3 (32.1%) have moderate dementia and just over half (55.4%) have mild dementia.

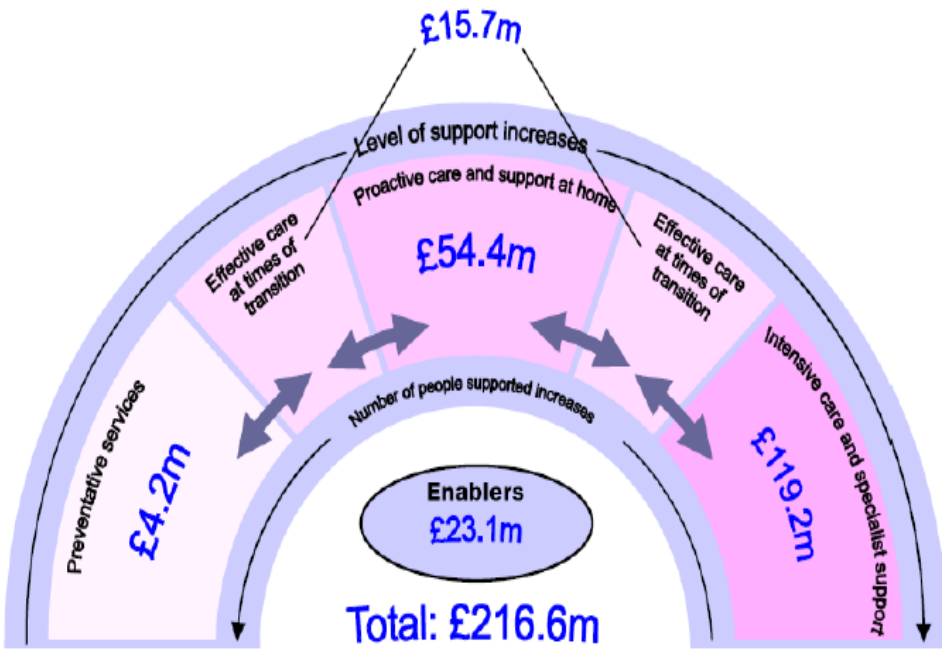
3.6 In 2012, the balance of care for older people in Edinburgh, from a health and social care perspective was considered in each category of service provision described by the Scottish Government's Reshaping care for Older People outline, and included:

Preventative Services	Proactive care and support at home	Effective care at times of transition	Intensive care and specialist support	Enablers
• lunch and day clubs • community connecting • befriending services • volunteering • community transport • support for carers • information and advice • case finding and anticipatory care planning • health promotion • housing support	•self care • care and repair • housing support • care at home • telehealthcare • community alarm telecare service • social care day services • equipment & adaptations • housing with care & support • management of long term conditions • community nursing	• re-ablement • rehabilitation • intermediate care services • residential respite care • short breaks and breaks from caring • comprehensive assessment (COMPASS) • care pathways • palliative care • medicines management • step up/ step down • post diagnostic support • day hospitals	• care homes • specialist hospital assessment • treatment & rehabilitation • NHS inpatient complex care • acute hospital care	• general practitioners (GPs) • assessment teams • training and development • research, information and evaluation • planning and commissioning • outcomes focussed assessment • integrated working • co-production • data sharing • communication & engagement

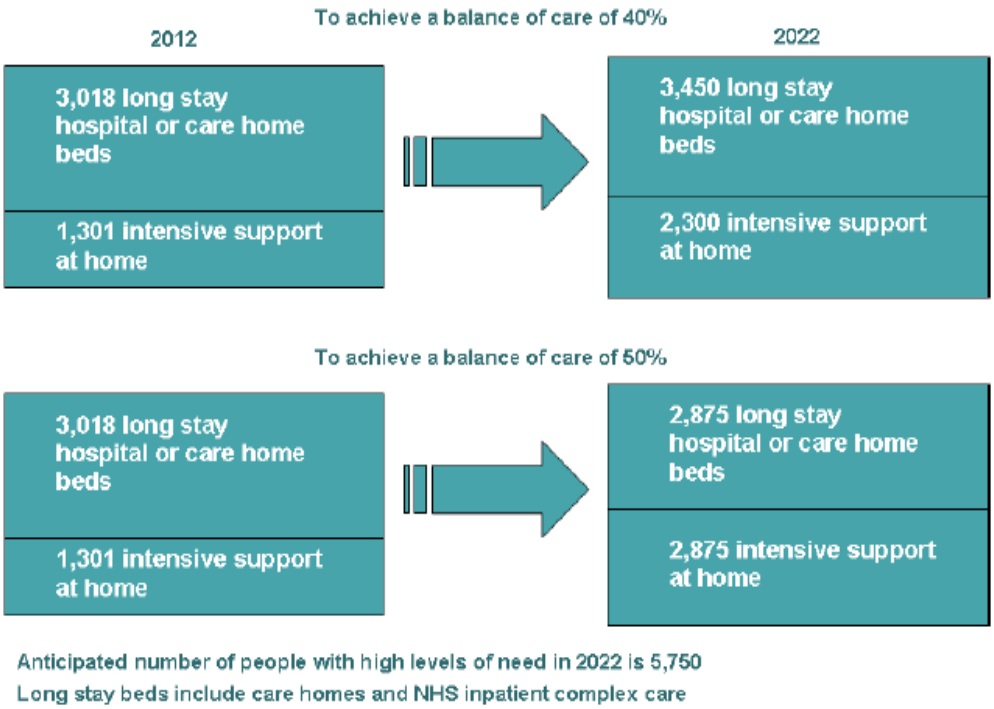
3.7 The proportion of finances against the proportion of older people using each service category is highlighted below, for 2012:



3.8 In money terms the split across the spectrum of care provision, in 2012, was as below:



3.9 In 2012, it was considered that in order to change the balance of care, for those with high level of need, that by 2022, it was anticipated that around 5,750 older people would have intensive levels of need. The diagram below shows the balance of services required to meet the 40% target or a more ambitious target of 50% of people with intensive needs being supported at home, in a care home or complex hospital environment:



3.10 All of the assumptions indicated in 2012, required to be retested, as the environment is changing constantly. For example, the health and social care partnership has set the ambition for the balance of care at 45%, and more recently, in February 2016, the future numbers of Hospital Based Clinical Complex Care (HBCCC) has been revisited, and the availability of beds depend on decisions being taken on existing NHS premises. If leases are not renewed, and no beds are re-provisioned elsewhere, the number of HBCCC beds in the system would reduce from 269 to 128 by 2018. Additionally it is recognised that in the Balfour Unit at Astley Ainslie Hospital, our accommodation is substandard and requires a longer term solution. This is discussed in more detail under another item at this Integrated Joint Board (IJB).

3.11 These circumstance allows an ideal opportunity to reconsider the model of care for older people, and how needs might be met differently going forward. At previous Executive Groups, in February 2016, it was considered that there requires to be a whole system approach to capacity and demand review of HBCCC and Care Homes, taking into consideration the impacts on wider community supports. The capacity and demand work will encompass these elements.

3.12 Through Edinburgh's *Live Well in Later Life* programme of work, some of the changes required to achieve better outcomes and a balance of care, have been tested over the last few years including:

- Care home liaison service
- Step up and step down care in a care home environment
- Behavioural support service
- Shifting day service provision to a re-ablement approach through the *Be Able Service*
- A locality approach to the care at home contracts
- Enhancing re-ablement and intermediate care
- Preventative innovations through the third sector
- Housing with support including Madelvic Square, Brandfield Street and Elizabeth Maginnis Court providing flexible alternatives to hospital or care home stays
- COMPASS, **Comp**rehensive **Ass**essment for frail older people
- Hospital at Home and Hospital to Home
- New care homes becoming operational

3.13 Over this time, many of these developments have been taken forward and become sustained in their delivery as planned, however owing to key financial

constraints, some have not developed into sustainable provision, for example, care home liaison, step up and step down services, which has led to the best pathway for people not being delivered for individuals, or for the system, and a degree of frustration for those who have been involved.

3.14 It has also become clear that a renewed focus on a whole system approach to developing capacity to meet demand is required, with partners across the Edinburgh Partnership, Acute Services, third, independent and housing all working together to consider the best pathways for older people, to meet the more recent priorities set within Edinburgh's Integration Joint Board's Strategic Plan and taking into consideration:

- the changing criteria associated with Hospital Based Complex Clinical Care
- changes associated with Care Home capacity in Edinburgh
- the development of the Locality Hub and Cluster models
- the desire to have new models of care and the right mix of services and supports
- work associated with improving whole system pathways, being led by the IJB Chair, to enhance community services and reduce those delayed in hospital
- ongoing financial pressures

4. Main report

4. <u>The Approach</u>

4.1 This whole system approach to reviewing demand and capacity is now clearly required, so that the Partnership can determine ***how will we most effectively meet Health & Social Care needs in Edinburgh, taking account of budget reductions and service demand projections?"***

4.2 The IJB has challenged itself with delivering 45% of care in a community based setting by 2020. A whole systems view of service delivery will help the IJB to understand where savings can be realised but also where investment needs to be made across the system to support this shift.

4.3 It has been agreed within the Health & Social Care Partnership, through the Transformation Programme, led by the IJB Chair, that a programme approach will be taken to determine the future capacity and demand for older people, with Project Support from Ernst and Young colleagues, who will be able to

provide skills associated with project management, analytical support and financial gap analysis.

4.4 This work will support the IJB to meet Strategic Plan priorities, drive improvements and value from the reducing funds available, and will look at;

- What level and type of care and support services will be needed to support demand?
- How we can best ensure sustainability of service?
- What is the right mix of service provision?
- How can we deliver services most cost effectively?

4.5 It is anticipated that opportunities for further integration and outcomes based commissioning, will be optimised, as will the development of the market to respond to changes in demand, with the overall aim to shift the balance of care to improve experience, and reduce unit costs wherever possible. The work will assess delivery models for health and social care services across the whole system, including;

- The front door
- Short term intervention services
- Complex care in both community and residential settings

4.6 Key questions will be asked to progress the work, to allow us to identify the baseline of the current scope of services, define the future service landscape, and ultimately develop outline business cases, including:

<u>Phase 1</u>

- What are the current cost and demand drivers across the whole system that may impact on how we deliver services?

<u>Phase 2</u>

- What are the services that we need to provide to best support the population?
- What are the current models of delivery for those services?
- What opportunities are available to develop market capacity across the whole system?

<u>Phase 3</u>

- What are the strategic delivery options and opportunities available across the 'quick win' and longer term 'sustained transformational change' spectrum?

4.7 The timeline for delivering this work will be updated now that project support has been agreed, with it being anticipated that Phases 1 and 2 will take up to

16 weeks to complete. Phase 3 timeline will be dependent upon the outcome of Phases 1 and 2, however, options for immediate consideration will be developed within three months. Longer term considerations will include the development of the market capacity, both internally and externally, to respond to a changing demand, better management of demand by prevention, early intervention and tackling inequalities.

4.8 Governance associated with this work will be through the Older People Executive Group to the Executive Transformation Group, which has recently been refocused. The Professional Advisory Group, and the Strategic Planning Group will provide an oversight for this work, as there is a direct link to five of the Strategic Plan Actions with this work, and will in the first instance receive business case propositions.

4.9 A Project Board in July 2016, will be established to oversee the progress of this work, with the Strategic Planning & Quality Manager for Older People, playing a key role in driving this forward. An operational group taking forward work streams associated with activity, finance and workforce will also be established to drive this work forward. The Professional Advisory Group will also be involved in the workforce element specifically. An outline of the key work areas is illustrated below:

	2016							**2017**		
	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Proposition of Approach to the Transformation Group										
Approval on approach by the IJB										
Establish the Project Board & Operational Group										
Phase 1 Current State										
Professional Advisory Group Engagement										
Phase 2 Future model development										
Phase 1 & 2 Report Prepared and to										

Strategic Planning Group										
Key Recommendations for Immediate business Case options										
Key recommendations for longer term business case options										

5. Key risks

5.1 Key risks for the approach are associated with;

- the project not being supported to the extent that it is required to be, to have the work done to the timescales identified
- constraints in availability of activity and financial data

5.2 It is anticipated that these risks will be mitigated by robust project leadership and management. A project risk register will be developed and reported to the Executive Transformation group by exception.

5.3 Key risks with not undertaking the capacity and demand work as set out in this paper, will result in:

- Edinburgh Health & Social Care Partnership not having the right mix of services and supports in place to meet the demand of the changing population needs for older people, which is likely to result in
- poorer outcomes for people and,
- inefficient use of resources, as well as
- an adverse impact on flow through hospitals

6. Financial implications

6.1 There are no financial implications associated with this report at this stage. Financial implications associated with the work will be built into the programme of work as highlighted above.

7. Involving people

7.1 Edinburgh Health & Social Care Partnership has engaged with, involved, and consulted with the local population, staff and other stakeholders and had in place a formal consultation process as part of developing the Strategic Plan, with the development of Locality working being a key action to deliver against the agreed priorities within the Strategic Plan.

7.2 Key stakeholders will be involved through the Older People Executive Group, the Project Board for this work, and the Transformation Executive Group.

7.3 Health and Social Care Interim Locality Managers, and professional leads will continue to engage and involve stakeholders across their localities and communities.

8. Impact on plans of other parties

8.1 The key impact of this work will be on the whole system pathway for adults, and in particular older people, which will impact partners across community social care and health care, and acute care.

8.2 It is intended that this approach will be applied to all adult client groups across Edinburgh to ensure a consistent approach is taken.

Background reading/references

Edinburgh's Joint commissioning Plan for Older People 2012 -22 – Live Well in Later Life:
http://www.edinburgh.gov.uk/transformedinburgh/downloads/file/22/live_well_in_later_life_edinburghs_joint_commissioning_plan_for_older_people_2012-2022

Report Author

Rob McCulloch-Graham

Chief Officer, Edinburgh Heath and Social Care Partnership

Contact: Katie McWilliam, Strategic Programme Manager, Strategic Planning & Older People, Edinburgh IJB.

E-mail: Katie.mcwilliam@nhslothianscot.nhs.uk | Tel: 0131 553 8382

Links to actions in the strategic plan

Action 19	New models to better meet the needs of frail elderly people at home and in care homes
Action 21	Shifting the balance of care
Action 22	Developing whole system capacity plans to provide the right mix of services
Action 43	Plans to achieve financial balance
Action 44	Decisions regarding investment and disinvestment

Links to priorities in strategic plan

Priority 2 – Prevention and Early Intervention	People will be supported through appropriate response, to remain at home or in a homely setting
Priority 3 – Person Centred Care	Care and interventions will be wrapped around the individuals, with the most appropriate response from the statutory, third or independent sectors being arranged.
Priority 4- Right	

Care, Right Time, Right Place	People will be supported at home for as long as possible, and will only remain in hospital for as long as is required, with timely discharge being arranged, with the most appropriate services and supports available across the whole system
Priority 5 – Making best use of the capacity across the system	As Priority 4, and will ensure informed consideration around using capacity and financial resources in a more cohesive way
Priority 6 – Managing our resources effectively	As priority 5

Report

Hospital Based Complex Clinical Care (HBCCC) – Balfour Pavilion, Astley Ainslie Hospital

Edinburgh Integration Joint Board

15 July 2016

1. Executive Summary

1.1 The purpose of this report is to provide Edinburgh Integration Joint Board (IJB) with information regarding the Hospital Based Complex Clinical Care (HBCCC) service and the NHS Respite Care Service which is currently based in the Balfour Pavilion, Astley Ainslie Hospital (AAH) to inform decisions about the future of the services in this location.

2. Recommendations

2. Edinburgh IJB is invited to:

2.1 Note the provision of HBCCC and NHS respite care services in Balfour Pavilion, AAH (as described in section 3) and to recommend that the in-patient services in Balfour Pavilion close by December 2016 due to concerns regarding the accommodation in relation to incomplete fire precaution compliance.

2.2 Note the potential options for the ongoing care provision for current users of the HBCCC and respite care services in Balfour Pavilion (see section 4).

2.3 Note that beds will not be closed until arrangements are in place for current users' ongoing care needs including the preservation of the respite care service.

2.4 Support the recommendation that Option 1 is partially implemented as soon as possible as an interim arrangement until the other options are explored further to determine whether they are achievable both financially and operationally.

Option 1 is: Close beds in Balfour Pavilion as they become vacant until both wards are empty.

Closing beds as they become vacant would allow one of two wards to close as soon as possible while the other options are explored.

2.5 Note that by partially implementing Option 1 (as per paragraph 2.4) there will be a reduction in the number respite care beds from 10 beds to 6 beds. The current programme of respite care can still be maintained within this bed reduction.

3. Background

HBCCC Service

3.1 The HBCCC Service is currently provided in 4 sites within the City of Edinburgh (excluding the Royal Edinburgh Hospital which is not included in this paper):

Ward(s)	Bed number	Specialty	Comment
Astley Ainslie – Balfour Pavilion			
Fraser / McCallum	40	30 HBCCC – frail elderly 10 Respite care	The service has been in this temporary accommodation since August 2015 following a flood in the Royal Victoria Hospital. At present there are 28 beds in use.
Ellen's Glen House			
Hawthorn	28 – 30	All HBCCC – frail elderly	
Thistle	30	All HBCCC – enduring mental health	
Ferryfield House			
Rowan	30	All HBCCC – frail elderly	
Willow	30	All HBCCC – dementia and associated challenging and distressed behaviour	
Findlay House			
Fillieside	30	25 HBCCC – frail elderly 5 Respite care	
Prospectbank	30	28 HBCCC - dementia and associated challenging and distressed behaviour 2 – Respite care	

3.2 Balfour Pavilion (AAH) and Findlay House offer regular, planned respite care to those whose needs are too great to be met in any other setting. Respite care is provided in care homes on an ad hoc basis.

3.3 Admissions to the HBCCC wards come from acute hospitals, the Royal Edinburgh Hospital, the 2 Edinburgh hospices, the community (rarely), and care homes (rarely).

3.4 In line with DL (2015) 11: Hospital Based Complex Clinical Care, the admission criteria state that these individuals are too clinically complex to be cared for in any other setting. They are reviewed 3 monthly to ensure this level of care is still appropriate. If they no longer require this level of care then arrangements are put in place to move them to another setting where their care needs can be met. There are no rehabilitation facilities in the HBCCC wards but physiotherapy and occupational therapy can be accessed if required.

Balfour Pavilion, Astley Ainslie Hospital

3.5 During 2014 patients were transferred from AAH (May 2014) and Corstorphine Hospital (August 2014) to the Royal Victoria Hospital (RVH). These moves took place due to concerns about the accommodation occupied by the HBCCC service in AAH and Corstorphine Hospital and the accommodation in RVH was significantly better. The Scottish Health Council was consulted during the planning for these moves and appropriate processes were put in place to support the patients, their relatives and the staff during this time.

3.6 The main reason for vacating Balfour Pavilion in 2014 was due to the accommodation and concerns with regards to compliance for fire precautions and infection control. Some infection control improvements were made in winter 2014/15 as it was anticipated that some beds may be required for additional winter capacity. Some fire precaution requirements were met prior to the service moving out in 2014. This was in relation to the fire alarm system, fire doors and compartmentation in the ward but the main outstanding issue is the lack of compartmentation in the roof space.

3.7 A strategic decision was made in early 2015 to close wards in RVH which were being used for delayed discharges (as Gylemuir was open by this time) and also to reduce the number of HBCCC beds in RVH to 44 beds. By the time these beds closed the remaining 44 beds were located in RVH wards 3 & 4 and these were the only wards which remained open in RVH by the end of July 2015.

3.8 On Sunday 23rd August 2015 a burst water main on the RVH site necessitated an emergency move of patients to Balfour Pavilion, AAH as this was the only inpatient accommodation available and which could be commissioned at short notice to accommodate the patients. At this time 40 beds became operational in Balfour Pavilion (Fraser ward – 22 beds, McCallum ward – 18 beds) as alternative arrangements could be put in place for the remaining 4 patients.

3.9 When the wards in Balfour Pavilion re-opened in August 2015 a decision was made to reduce the number of beds in each room from 6 beds to 4 beds to allow for improved infection control practices by increasing the bed space sizes for each patient.

3.10 The remaining risk associated with the deficit in the fire precaution requirements (which mainly relates to the lack of compartmentation in the roof space) was mitigated by additional staff training, updating the fire plans, and ensuring adequate staffing levels so there is enough staff to evacuate patients from the building should it be required.

3.11 In October 2015, the NHS Lothian Corporate Management Team agreed that the patients should remain in Balfour Pavilion until permanent arrangements could be put in place for their ongoing care. This would allow the RVH site to be decommissioned.

3.12 Since October 2015, the waiting list for HBCCC beds in Balfour Pavilion has essentially been closed although a few patients have been admitted on a case-by-case basis depending on individual situations and bed pressures in other parts of NHS Lothian. Patients assessed as meeting the HBCCC criteria are still admitted to the other 3 HBCCC units: Ferryfield, Findlay and Ellen's Glen. There are currently 13 patients waiting for an HBCCC bed in Edinburgh (11 in acute hospitals, 1 patient at home and 1 patient in a hospice).

Balfour Pavilion: HBCCC patients

3.13 At present there are 17 HBCCC patients in Balfour Pavilion. The current criteria for HBCCC (DL (2015)11) was applicable from 1st June 2015 but not officially applied in Lothian until January 2016 although some patients were assessed using this criteria from June 2015. Some patients have been in Balfour Pavilion since before this date and were admitted under the previous criteria either MEL (1996) 22 or CEL 6 (2008).

3.14 Patients admitted to an NHS bed under MEL (1996) 22 are not subject to a review to determine whether they still meet the criteria so it is essentially a 'bed for life'. At present there is 1 patient in Balfour Pavilion who was admitted under this criteria.

3.15 CEL 6 (2008) was implemented in NHS Lothian from 1st October 2010 and under this criteria patients are reviewed at least 6 monthly to determine whether they still meet the criteria for this type of NHS care. If they do not arrangements are made for them to move to a care setting which can meet their care needs. At present there are 12 patients in Balfour Pavilion who were admitted under this criteria.

3.16 The remaining 4 patients were admitted under DL (2015) 11 so are subject to a 3 monthly review to decide whether they still require this level of care. If they do not arrangements are made to move them to another care setting where their care needs can be met.

3.17 The current 17 HBCCC patients by year of admission:

HBCCC - year of admission	Number
2009	1
2010	1
2011	2
2012	0
2013	4
2014	3
2015	2
2016	4
Total	17

3.18 Due to the previous service relocations as outlined above a number of the current 17 HBCCC patients have had multiple moves in a relatively short space of time and this is summarised as:

Number of HBCCC patients moved from AAH to RVH in May 2014 and then to Balfour Pavilion in August 2015	3
Number of HBCCC patients moved from Corstorphine to RVH in Aug 2014 and then to Balfour Pavilion in August 2015	6
Number of patients admitted to RVH for HBCCC and moved to Balfour Pavilion in August 2015	4
Number of patients admitted directly to Balfour Pavilion for HBCCC	4
Total	17

This shows that 9 patients were moved from AAH or Corstorphine to RVH in 2014 and then had a further move in 2015 to Balfour Pavilion. 4 patients were directly admitted to RVH for HBCCC and moved to Balfour Pavilion in 2015 and the remaining 4 patients were admitted directly to Balfour Pavilion for HBCCC.

Balfour Pavilion: Delayed discharge patients

3.19 Patients who no longer meet the criteria for HBCCC (as per paragraphs 3.14 – 3.16) are recorded as delayed discharge but using code 100. This code is used when patients can undergo a change in care setting, such as patients whose care needs can be met in a non-hospital setting, but they are not classified as a delayed discharge for national monitoring purposes.

3.20 Currently there is 1 patient in Balfour Pavilion whose care needs could be met at home and is currently waiting for a package of care to be put in place.

In addition, there are 9 delayed discharges in the other frail HBCCC wards at present (Findlay House - 2, Ferryfield – 3, Ellen's Glen – 4).

Balfour Pavilion: NHS Respite service

3.21 The NHS respite service is provided for individuals whose care needs are such that they cannot be met in a care home setting. Respite care provides a break from caring for the family who are providing high levels of care to an individual at home. The patients referred to the service are assessed using the HBCCC criteria (for some this will be the previous criteria as per 3.14 – 3.16). Although the current users of the service have not been formally reviewed, it is the view of the clinical team that they would all be eligible if the new HBCCC criteria were applied.

3.22 Individual respite programmes are put in place for the service users and vary from 4 weeks at home / 2 weeks respite care to ad hoc requests for respite care. Carer stress is one factor which is taken into account when deciding on the best programme for an individual.

3.23 A number of the carers for patients who use the respite service have high levels of carer stress but are able to carry on with their caring responsibilities in the community due to the provision of regular respite care. They also report that the consistent location and staff are important issues for them as they get to know the staff and this gives them a great deal of reassurance that their relative is safe and being cared for by staff who knows them. This enables them to get a true break from caring without the added stress of wondering if their relative is being well looked after.

3.24 Emergency respite care can be provided in care homes but this is on an ad hoc basis. The current arrangements mean that respite in care homes cannot provide either planned respite care programmes for individuals or the consistent location / staff which the carers find beneficial. In addition care homes may not be able to meet the care needs of some individuals. At present there are occasions when an individual is admitted to Balfour Pavilion for respite care due to the breakdown of caring arrangements, such as the main carer being admitted to hospital, even though their care needs could be met in a care home but a care home place cannot be found.

3.25 Currently there are 28 users of the respite care service in Balfour Pavilion. 26 users of the service users are from City of Edinburgh and 2 are from East Lothian (Musselburgh).

3.26 Some users of the respite care service have been using the service for a number of years as shown in the table below:

Start year of respite care	Number
2005	1
2006	0
2007	1
2008	1
2009	4
2010	2
2011	1
2012	2
2013	4
2014	5
2015	2
2016	5
Total	28

3.27 There are currently 10 beds designated for the respite care service in Balfour Pavilion. However, a review of the respite care needs of current service users has determined that this could be reduced to 6 beds whilst still allowing for the regular and consistent provision of respite care. There may be occasions when users who need 'as required' respite care will need to have their respite care provided in the respite care beds in Findlay House but this will be managed on a case-by-case basis and will be in consultation with the user and their carers.

4. Main report

4.1 There is a workstream looking at the capacity and demand for older people in Edinburgh and this will determine the required number of beds for HBCCC, care home and respite care in the future.

Due to concerns about the accommodation in Balfour Pavilion particularly in relation to incomplete fire precaution compliance it is recommended that it should close by December 2016. If this recommendation is agreed then decisions need to be made regarding the ongoing care provision for the current service users.

The decision to close Balfour Pavilion before the capacity and demand work is complete is based on the outstanding safety issues with regard to the building, particularly in relation to the fire precaution requirements. Notwithstanding this there is a requirement for the service to move off the AAH site as it is scheduled for closure in 2020.

Options

4.2 If it is agreed that Balfour Pavilion should close the options which can be considered for the ongoing care provision for the current HBCCC and respite service users are:

Option1 - Close beds in Balfour Pavilion as they become vacant until both wards are empty.

Option 2 – Relocate HBCCC patients and the respite service to other existing HBCCC units

Option 3 – Relocate the HBCCC patients and respite service to Gylemuir House

Option 4 - Relocate the HBCCC patients and respite service to care homes either on an individual or block purchase basis

Further detail on each option is provided below.

4.2.1 *Option1 - Close beds in Balfour Pavilion as they become vacant until both wards are empty*

At present 28 beds (17 HBCCC, 10 respite care and 1 delayed discharge) are being used in Balfour Pavilion. It is likely that this number will continue to reduce in the coming months (already reduced from 40 beds in August 2015) as the current HBCCC patients die and there are no new admissions. It is also expected that the patient waiting for a package of care will be discharged home in the future when a package of care is allocated. As noted above the number of respite care beds can be reduced from 10 beds to 6 beds.

One ward in Balfour Pavilion can accommodate 22 beds so once the patient numbers have reduced to this level and the gender mix is appropriate then the service will be accommodated in one ward. Thereafter the service would remain open until a) the respite service has been reprovided and b) there are no remaining HBCCC patients although it is not possible to predict the timescale for this to happen.

If the service is reduced to one ward then adequate staffing levels would need to be maintained to ensure there are sufficient staff available to evacuate patients should this be required in the event of a fire.

The advantage of this option is that the HBCCC patients, especially those who have had multiple moves over the last couple of years, will not require a further move.

A disadvantage of this option is the unpredictability of the time required to achieve this and one ward may need to remain with few patients for a long period of time which is not the most efficient use of staff and other resources.

It is anticipated that this option could also be taken forward as an interim arrangement while the other options below are explored. This means the service will reduce to one ward (22 beds) when patient numbers and gender mix allows. These 22 beds will include 6 respite care beds to ensure the current respite care service can be provided as per paragraph 3.27.

4.2.2 *Option 2 – Relocate HBCCC patients and the respite service to other existing HBCCC units*

Following the relocation of the wards from RVH to Balfour Pavilion in August 2015 all patients and their families were given the offer of a move to another HBCCC unit. A few patients and their families accepted this offer at the time and arrangements were made to move them to another unit. It is the view of the clinical team that none of the remaining patients or their families are likely to voluntarily request a move to one of these units. However, this could be explored further as a potential option.

A disadvantage of this option is that the waiting list for HBCCC would increase as beds which become available are given priority for the Balfour Pavilion HBCCC patients which means that patients would remain in an acute hospital bed longer while awaiting an HBCCC bed. At present there are 13 patients waiting for an HBCCC bed in Edinburgh

In addition HBCCC beds would need to be allocated as respite care beds unless alternative arrangements can be made for the respite service. This would again have an adverse impact on the availability of HBCCC beds for patients waiting in acute hospitals.

It is known from the clinical team and from the previous service relocations that the patients and their families prefer moves which allow the staff who know the patients to continue to be cared for by staff who know them.

Moving frail older people is recognised to increase morbidity and mortality but this can be minimised by ensuring they continued to be cared for by staff who they recognise. This option would make this difficult to achieve as patients would be moved on an ad hoc basis as beds become available in the other units and staff may not necessarily move to the same units as the patients.

4.2.3 *Option 3 – Relocate the HBCCC patients and respite service to Gylemuir House*

The lease for Gylemuir is for an interim facility so this would mean moving patients to a facility that is not a long term solution so further moves in the future could be required. The current lease has been extended for a further 2 years until June 2018.

This option would involve either the reallocation of some of the current 60 interim care home beds in Gylemuir for HBCCC and respite use or another part of the facility would require refurbishment to make it suitable for use for these services.

At present Gylemuir is approved by the Care Inspectorate as an interim facility so discussions would be required as to whether approval would be given for providing HBCCC and respite care in the current Gylemuir accommodation or if a completely separate part of the facility would be

required. If it was the latter then there would be refurbishment costs incurred.

An advantage of this option is that patients and staff could be relocated together which would achieve the continuity of care that is appreciated by HBCCC and respite patients and their families.

A model of combined NHS and social care delivery in one facility is already in existence in East Lothian (Crookston Care Home). In this facility part of it is purely used by NHS services for Step Up / Down and Delayed Discharges and the remainder is a care home managed by East Lothian Council and registered with the Care Inspectorate.

4.2.4 *Option 4 - Relocate the HBCCC patients and respite service to care homes either on an individual or block purchase basis*

This would need to be funded by the NHS and a workforce model would be required (nursing and medical staff in particular) to make sure patients receiving HBCCC in a care home are not disadvantaged compared to patients receiving HBCCC in NHS facilities. This is the model that has been adopted by NHS Greater Glasgow and Clyde.

This option has the potential to provide a permanent solution for the HBCCC patients if medical and nursing models can be developed.

If this option was achievable as a 'block purchase' then it would have the potential advantage of all the HBCCC patients and staff being moved together which would assist with the continuity of care concern. This would not be as readily achievable if beds were purchased on an ad hoc basis.

The Care Inspectorate would need to be involved in future discussions about this as an option to ensure they are supportive of people receiving HBCCC, respite care and care home care in the same location.

4.3 Even though respite care has been included in all of the above options the provision of respite care should be included in the capacity & demand workstream which is underway. A different solution to that which is agreed for HBCCC may be appropriate.

4.4 As noted above (paragraph 4.2.1) it is likely that Option 1 can be progressed as an interim arrangement while the other options are explored further.

4.5 An options appraisal will be carried out once all the costs are available and there is agreement on which options are suitable for pursuing further.

5. Key risks

5.1 No formal risk assessment has been carried out but the following issues are currently identified:

5.1.1 The outstanding risk associated with the current accommodation in Balfour Pavilion particularly in relation to fire precautions. The mitigation for this risk is outlined in paragraph 3.10.

5.1.2 Moving frail older people is recognised to increase morbidity and mortality and this needs to be taken into consideration during the options appraisal process.

5.1.3 There is a risk of increased waiting times for people waiting in acute hospitals for a bed in an HBCCC ward while decisions are made regarding the existing patients currently in Balfour Pavilion and the outcome of the capacity and demand workstream in relation to the future HBCCC, care home and respite care capacity requirements.

6. Financial implications

6.1 The costs for each of the options have still to be calculated and this will be done as each option is explored further.

6.2 If the interim arrangement for Option 1 is implemented (i.e. to close one ward as soon as this can be achieved) there will be costs released in relation to the closure of a ward: hotel / facilities / estates costs (approx £250k for full year) and supplies costs (approx £60k for full year). However, the nursing and medical resource for this ward will be reallocated to other HBCCC wards to improve existing staff levels. It should be noted that depending on the outcome of the capacity and demand workstream the savings from hotel / facilities / estates and supplies costs may need reinvested. The budgets for the hotel / facilities / estates costs are not part of Edinburgh IJB as these are managed separately as single system arrangements in NHS Lothian.

7. Involving people

7.1 At this stage there has been no discussion with staff, the users of the service or their carers but this would be required depending on what option(s) are taken forward.

7.2 It should be noted that patients, relatives and staff are asking questions about the future of the service as they recognise that beds are currently vacant in the wards and very few new patients are being admitted.

7.3 During the planning for the service relocations in 2014 the NHS Lothian Public Involvement Manager was involved and provided helpful liaison with the Scottish Health Council. The Scottish Health Council evaluated the communication

processes with families in 2014 and they will be kept informed during this current process.

7.4 Written communications will be provided to patients, families and staff as planning progresses and meetings will be held as and when appropriate as plans progress. It is expected that the first communication will be with regards to reducing from two wards to one ward (as per Option 1) when this is taken forward.

7.5 It is important to recognise that as well as patients moving from AAH or Corstorphine in 2014 a number of staff moved with the services and of these a proportion have had a further change of ward last year due to the closure of wards in RVH and then were relocated to AAH following the flood. These changes have been managed under the NHS Lothian Organisational Change Policy and any future changes would also require to be managed under this policy.

7.6 An Integrated Impact Assessment (IIA) will be required as the short listed options are progressed. This will allow assessment of any potential impacts on service users.

8. Impact on plans of other parties

8.1 The key impact of this plan will be on the capacity and demand workstream and whether the loss of these HBCCC and respite beds is appropriate in the longer term.

Background reading/references

Edinburgh's Joint commissioning Plan for Older People 2012 -22 – Live Well in Later Life:
http://www.edinburgh.gov.uk/transformedinburgh/downloads/file/22/live_well_in_later_life_edinburghs_joint_commissioning_plan_for_older_people_2012-2022

Report author

Rob McCulloch-Graham

Chief Officer, Edinburgh Health and Social Care Partnership

Contact: Sheena Muir, Assistant General Manager

E-mail: sheena.muir@nhslothian.scot.nhs.uk | Tel: 0131 537 9203

Links to actions in the strategic plan

Action 19	New models to better meet the needs of frail elderly people at home and in care homes
Action 21	Shifting the balance of care
Action 22	Developing whole system capacity plans to provide the right mix of services
Action 43	Plans to achieve financial balance
Action 44	Decisions regarding investment and disinvestment

Links to priorities in strategic plan

Priority 1 – Tackling Inequalities	Ensuring people have equity of access to the supports they require
Priority 2 – Prevention and Early Intervention	People will be supported through appropriate response, to remain at home or in a homely setting
Priority 3 – Person Centred Care	Care and interventions will be wrapped around the individuals, with the most appropriate response from the statutory, third or independent sectors being arranged.
Priority 4- Right Care, Right Time, Right Place	People will be supported at home for as long as possible, and will only remain in hospital for as long as is required, with timely discharge being arranged, with the most appropriate services and supports available across the whole system
Priority 5 – Making best use of the capacity across the system	As Priority 4, and will ensure informed consideration around using capacity and financial resources in a more cohesive way
Priority 6 – Managing our resources effectively	As priority 5

Report

Delayed Discharge – Recent Trends
Edinburgh Integration Joint Board

15 July 2016

Executive Summary

1. This paper provides an overview of performance in managing hospital discharge, showing the total number of Edinburgh people who were delayed at each monthly census point over the past two years, alongside the target level for 2015-16. Further Scottish Government funding was linked to achieving the target of 50 by May 2016. The target of 50 includes all reasons for delay other than cases excluded because of complexity.

2. Key reasons for delay are also shown. Over the last year, people waiting for domiciliary care have accounted for at least 33% of the census total.

3. Each month NHS Boards and their local authority partners submit details of patients whose discharge has been delayed to NHS Scotland. This information is used to produce a national picture referred to as the census. There is some evidence from the census figures that performance in ensuring timely discharge has improved since the period up to February 2016. From the peak of 157 in September 2015, there has been a 46% reduction to date, to 85 in May 2016.

4. Following the flow workshop on 8 March 2016, a range of work streams to address delayed discharge are underway, targeted at key pressure points across the care system. These work streams will be overseen by the Patient Flow Programme Board.

5. At its May 2016 meeting, IJB members noted the discrepancy between counts of people delayed from different systems and processes. This will be addressed through changes to national reporting which will be introduced from July 2016 (the first national census to use the new process and guidance will be 28 July 2016) and changes to the recording systems.

Recommendations

6. That the Edinburgh IJB:

    a. Note the progress in reducing the number of people waiting to be discharged and that a comprehensive range of actions is in place to secure further improvement.

b. Note that changes to the delayed discharge recording and reporting from July 2016 will provide more complete and consistent counts of the number of people delayed.

Background

7. As noted in earlier reports to the Edinburgh IJB on delayed discharge, agreement was reached with the Scottish Government to provide £2m non-recurring, non-recoverable funding in 2015/16 towards the cost of reducing the number of people delayed in hospital. This money has been allocated in two separate tranches, and was contingent on improved performance i.e. in reducing the number of people delayed.

8. A range of work streams to address delayed discharge were initiated at a workshop session on 8 March, details of which were given in previous reports. Owners have been identified for each of the key work stream areas. Progress is being overseen by the Patient Flow Programme Board. This supplements existing work streams and management action.

9. This report provides a high level overview of the number of delayed discharges against targets, reasons for delay and trends in the number of people supported by the Edinburgh Health and Social Care Partnership to leave hospital. The majority of figures shown in this report primarily relate to the published national census figures.

10. As noted at the Edinburgh IJB meeting in May 2016, the census-based figures are different from the day to day operational information on the level of delay, sourced either through the Trak or Edison systems, both of which produce higher counts.

11. Changes to national delayed discharge reporting will take place from July 2016 and are designed to ensure that published figures are more complete and comparable across Scotland than at present. The new process will involve local ongoing validation, real-time recording and reporting and provision of data on all individuals delayed during the reporting month. The census data will be extracted from this full monthly set.

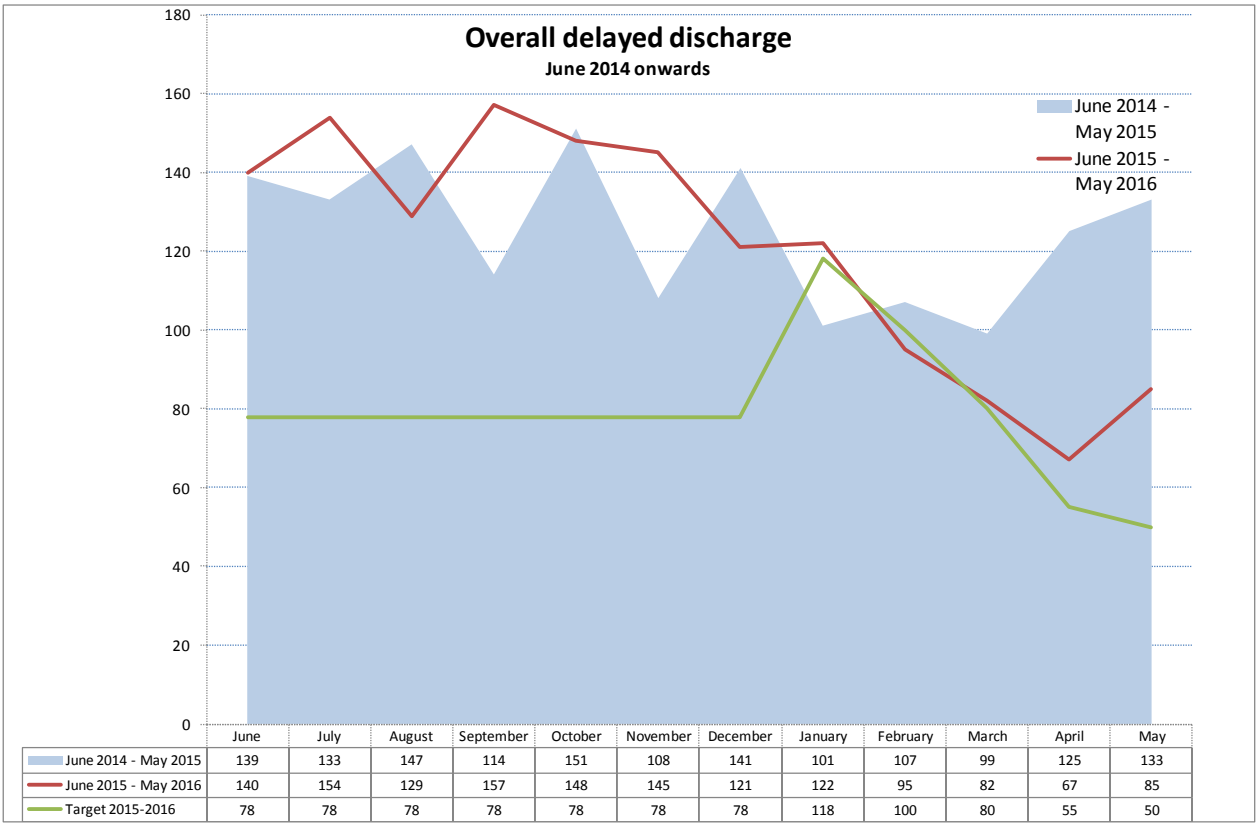
Main report

Total number of people delayed

12. The total number of Edinburgh residents who were delayed in hospital over the past two years **as at the monthly official census** is illustrated in the graph below. The shaded area shows performance for 2014-15 and the red line shows levels for the current year (2015-16). Target levels are shown by the green line.

13. The target of 50 for May 2016 was missed by 35 (85 waiting). Despite this, there has been an overall reduction of 46% from the peak of 157 in September 2015.

14. The increase in the number of people delayed related to waiting for care home placements and packages of care at home. Pressures on care home places arose from an outbreak of norovirus in Gylemuir in April 2016, resulting in a temporary cease in admission and discharge activity. The effects were apparent in both April and May, with the number of people resident for over 6 weeks doubling. This limited the availability of places for people moving on from hospital. Reasons for the increase in people waiting for domiciliary care are not as clear. It is possible that the award of the new care at home contract has had an impact on existing providers, and this is being investigated further.



	June	July	August	September	October	November	December	January	February	March	April	May
June 2014 - May 2015	139	133	147	114	151	108	141	101	107	99	125	133
June 2015 - May 2016	140	154	129	157	148	145	121	122	95	82	67	85
Target 2015-2016	78	78	78	78	78	78	78	118	100	80	55	50

Reasons for delay, 2015-16

15. The broad reasons for delay at the census points in 2015-16 are shown in the table below. The most common reason across this period has been waiting for domiciliary care, which peaked in October 2015 at 82, and was 40 in May 2016. Note that there have been no individuals recorded as being delayed for health care reasons at census points over the last year.

Table 1

2015-16	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May
Ongoing assessment	24	20	13	21	23	27	26	30	26	27	23	14
Care Home	32	39	34	41	30	36	26	26	16	14	15	26
Domiciliary Care	67	80	70	80	82	67	64	59	49	36	22	40
Legal and Financial	3	0	0	0	0	1	0	0	0	0	2	0
Other	14	15	12	15	13	14	5	7	4	5	2	5

Total	140	154	129	157	148	145	121	122	95	82	67	85
% Domiciliary Care	48%	52%	54%	51%	55%	46%	53%	48%	52%	44%	33%	47%

16. The table below highlights the number and percentage of the total delays that are attributable to acute sites.

Table 2

2015-16	June	July	August	September	October	November	December	January	February	March	April	May
Delays in acute sites	**114**	**132**	**111**	**129**	**115**	**117**	**106**	**117**	**81**	**75**	**64**	**55**
Total	**140**	**154**	**129**	**157**	**148**	**145**	**121**	**122**	**95**	**82**	**67**	**85**
% in acute	81%	86%	86%	82%	78%	81%	88%	96%	85%	91%	96%	65%

17. Table 3 includes the number of cases excluded from the census. These are people where the reason for delay is categorised by an X code. Of the X-codes, those which relate to Guardianship (e.g. 30 of the 33 in May 2016) are shown separately. A list of all codes used to categorise reasons for delay, including X codes from July 2016 is included at Appendix 2.

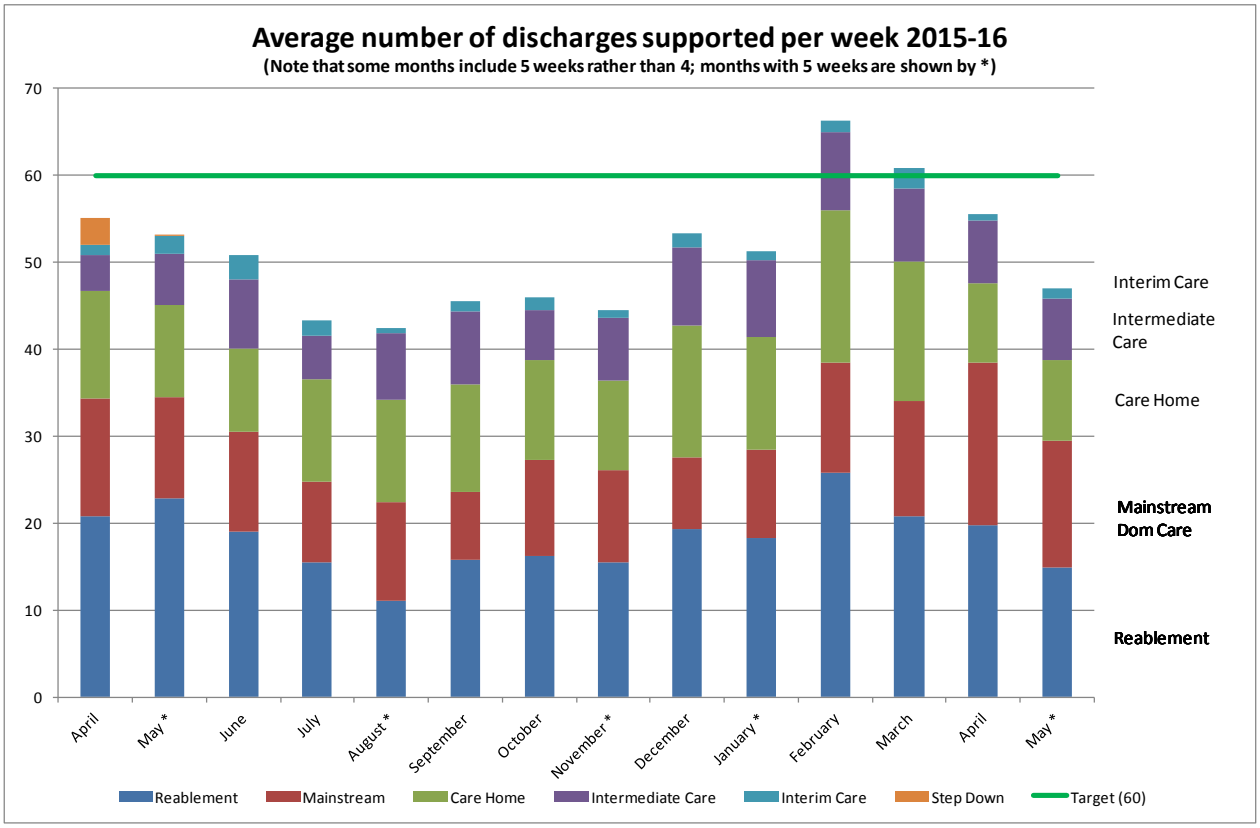
Table 3

2015-16	June	July	August	September	October	November	December	January	February	March	April	May
Total	**140**	**154**	**129**	**157**	**148**	**145**	**121**	**122**	**95**	**82**	**67**	**85**
Excluded cases	44	22	21	22	23	28	27	35	29	33	30	33
Of which, Guardianship	*21*	*21*	*19*	*18*	*19*	*23*	*24*	*23*	*21*	*28*	*25*	*30*
Grand total	**184**	**176**	**150**	**179**	**171**	**173**	**148**	**157**	**124**	**115**	**97**	**118**

People supported to leave hospital

18. The main investments which have been made using the Scottish Government funding to support a reduction in the number of people delayed in hospital relate to additional capacity for Gylemuir and deployment of clinical support workers. The target for the total number of people supported each week is 60 (see Appendix 1). This excludes packages of care which are restarted by ward staff when they leave hospital (an estimated total of 14 per week).

19. The graph below shows the average number of discharges per week supported by Health and Social Care, for each month during 2015-16. It shows a *general* overall increase between February and April 2016, but a subsequent decrease. Figures for provision also exclude the number of packages of care that are estimated to re-start each week, as described above.



Other work streams to address delayed discharge

20. The three key work streams which are underway and are being overseen by the Patient Flow Programme Board are as follows:

    a. addressing social care delays within the hospital pathway

    b. admission avoidance

    c. rehabilitation and recovery

21. In addition, the roll out of the Multi Agency Triage Teams (MATTs) is continuing, which the objectives of identifying people who can be supported to leave hospital early and to prevent hospital admission.

Key risks

22. The main risk is that the additional non-recurring Scottish Government funding has been used to underpin support services and that the reductions in delayed discharge levels will not be sustainable unless alternative approaches or funding sources are identified.

Financial implications

23. As noted above, the Scottish Government funding is temporary and is being used to underpin support services. Alternative funding sources or approaches to providing care will need to be considered.

Involving people

24. As we move towards the locality model and develop the locality hubs, there will be engagement with local communities and other partners to inform the further development of the model.

Impact on plans of other parties

25. This report outlines progress of the Edinburgh Health and Social Care Partnership in addressing the pressures within acute services as developed at an event involving key stakeholders from across the system.

Background reading/references

Memorandum of Understanding Reducing Delayed Discharges in Edinburgh

Report author

Rob McCulloch-Graham

Chief Officer, Edinburgh Health and Social Care Partnership

Contact: Eleanor Cunningham, Research and Information Manager,

E-mail: eleanor.cunningham@edinburgh.gov.uk | Tel: 0131 553 8220

Links to priorities in strategic plan

Priority 4	Providing the right care in the right place at the right time
Priority 6	Managing our resources effectively

Appendix 1

Target number of packages of support per week for people leaving hospital

Domiciliary care (excluding informal re-starts)	40
Care Homes	10
Intermediate Care and Interim Care	10
Total	**60**

Appendix 2 Delayed discharge codes (from July 2016)

Health and Social Care Reasons		
Assessment	11A	Awaiting commencement of post-hospital social care assessment (including transfer to another area team). Social care includes home care and social work OT
	11B	Awaiting completion of post-hospital social care assessment (including transfer to another area team). Social care includes home care and social work OT
Funding	23C	Non-availability of statutory funding to purchase Care Home Place
	23D	Non-availability of statutory funding to purchase any Other Care Package
Place Availability	24A	Awaiting place availability in Local Authority Residential Home
	24B	Awaiting place availability in Independent Residential Home
	24C	Awaiting place availability in Nursing Home
	24D	Awaiting place availability in Specialist Residential Facility for younger age groups (<65)
	24DX*	Awaiting place availability in Specialist Facility for high level younger age groups (<65) where the Facility is not currently available and no interim option is appropriate
	24E	Awaiting place availability in Specialist Residential Facility for older age groups (65+)
	24EX*	Awaiting place availability in Specialist Facility for high level older age groups (65+) where the Facility is not currently available and an interim option is not appropriate
	24F	Awaiting place availability in care home (EMI/Dementia bed required)
	26X*	Care Home/facility closed
	27A	Awaiting place availability in an Intermediate Care facility
	46X*	Ward closed – patient well but cannot be discharged due to closure
Care Arrangements	25A	Awaiting completion of arrangements for Care Home placement
	25D	Awaiting completion of arrangements - in order to live in their own home – awaiting social support (non-availability of services)
	25E	Awaiting completion of arrangements - in order to live in their own home – awaiting procurement/delivery of equipment/adaptations fitted
	25F	Awaiting completion of arrangements - Re-housing provision (including sheltered housing and homeless patients)
	25X	Awaiting completion of complex care arrangements - in order to live in their own home
Transport	44	Awaiting availability of transport

Patient/Carer/Family-related reasons		
Legal/Financial	51	Legal issues (including intervention by patient's lawyer) - e.g. informed consent and/or adult protection issues
	51X*	Adults with Incapacity Act
	52	Financial and personal assets problem - e.g. confirming financial assessment
Disagreements	61	Internal family dispute issues (including dispute between patient and carer)
	67	Disagreement between patient/carer/family and health and social care
Other	71	Patient exercising statutory right of choice
	71X*	Patient exercising statutory right of choice – interim placement is not possible or reasonable
	72	Patient does not qualify for care
	73	Family/relatives arranging care
	74	Other patient/carer/family-related reason
Other reasons		
Complex Needs	9	Code 9 should be used with the following secondary codes: 24DX, 24EX, 25X, 26X, 46X, 51X, 71X. All code 9 delays should have a secondary reason code.
Code 100	100	Reprovisioning/Recommissioning

Report

Hub Update

Edinburgh Integration Joint Board

15 July 2016

1. Executive Summary

1. The purpose of this report is to update the Edinburgh Integration Joint Board, (IJB), on the outline for the roll out of the localities Hub model, with a description of the key services that will be included in the Hub, as requested at the 13 May IJB.

1.1 It has come to this meeting as a current standing item.

2. Recommendations

To accept the report as assurance that the Edinburgh Health & Social Care Partnership (EHSCP), is taking a whole system approach to improve the effective use of resources to improve pathways for our adult population.

3. Background

3.1 The Scottish Government's 2020 Vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting, through:

- integrated health and social care
- a focus on prevention, anticipation and supported self-management
- where hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm
- regardless of setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions
- a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission

3.2 Moving this thinking forward within the partnership, consideration has been given to the services and functions within the locality Hub, as it develops. These current services and teams are valued contributors to improving outcomes for people and the organisation, however it has been considered by

those who deliver the services, and wider evidence that, for community services to work effectively and efficiently, the following is required:

- complexity needs to be removed that has resulted from different policy and project initiatives over the years
- a simple pattern of services should be developed, based around primary care and natural geographies and with a multidisciplinary team
- these functions need to work in new ways with specialist services – both community and hospital based, to offer people much more streamlined and less fragmented service, including less hand-offs
- new models need to include the management of the health and social care budget for the care of their population
- these more comprehensive and cohesive functions need to be capable of a very rapid response to ensure people can be maintained at home, and to work with hospitals to enable timely discharge
- access to community or nursing home beds for short stays can make an important difference

4. Main report

Hub and Cluster Model, with Triage function

4.1 Through previous IJB papers it was noted that the development of the **Locality Hub** model is underway, which is associated with the new integrated health and social care organisational and management structure proposals. The shape of the Hub is currently being developed through due engagement, governance and consultation processes across NHS Lothian and City of Edinburgh Council health and social care. This process predicates timelines for implementation, which are illustrated later in this paper.

4.2 The aim of the Hub is to improve and optimise a way of collaborative working in Edinburgh, to an assets based approach, optimising access to all the community resources from all providers, and improve integrated working across Acute, Primary care and Health & Social Care services, ensuring people are in the right place at the right time by:

- preventing avoidable admission
- increasing the number of supported discharges in each locality
- developing a co-ordinated, responsive and preventative model of care through the locality hub approach

4.3 The development of the Locality Hub will provide a strong foundation, allowing all those who provide care to become aware of their population needs across the locality. This will provide better opportunities to provide a focus on prevention, early intervention and self management, alongside ensuring people remain in, and return to their communities as quickly as possible. This is seen as a key gain of integration. Those involved in the Hub includes:

- social care workers
- nurses
- occupational therapists
- physiotherapists
- pharmacists and other allied health professions
- housing workers
- third sector
- independent providers
- doctors

4.4 With this in mind, the thinking around the Hub model is becoming clearer, with it being most effective for:

- Urgent and new referrals
- Immediate assessment
- Short term interventions up to six weeks

4.5 It is anticipated that as is the case at the moment, Social Care Direct will undertake the initial screening process, and this will be developed to become the Care Direct process, where a wider group of people can access the Hub functions:

4.6 Recent thinking has more clearly defined the *Huddle* function as a **Multi Agency Triage Team, (MATT)**, which will meet within the Hub to determine immediate responses that may be required to maintain people safely at home, or enable their discharge from hospital. Various people will be present within the MATT, including:

4.7 It is proposed that the each Locality Hub will have a number of services, both council and NHS, which are locally delivered, with all management posts integrated. The multi agency triage team arrangements will consider all **new and urgent referrals**. Close links with the wider Council Community Planning and Place Locality structures will be made, with housing, third and independent sector colleagues being integrally linked in as well.

4.8 The social care and NHS specific **Hub functions**, that will make this multiagency **urgent response** possible, will it is proposed, as part of the Organisational Change, include the re-ablement, intermediate care, care at home, hospital at and to home functions. These functions include a wide variety of professions, including:

- social care workers
- nurses
- occupational therapists
- physiotherapists
- pharmacists and other allied health professions
- housing workers
- third sector
- independent providers
- care at home
- doctors
- others as required

4.9 There will of course be elements of 'Business As Usual' for those who are known to services and supports. This **longer term care, support and maintenance**, will be provided through the **Cluster Functions**, with it being proposed, that this will include, wider community nursing, packages of care, technology solutions for care and support, third sector and wider community supports. These functions too will include a variety of professions, including:

- social care workers
- nurses
- occupational therapists
- physiotherapists
- pharmacists and other allied health professions
- housing workers
- third sector
- independent providers
- doctors
- others as required

4.10 **Wider community assets** focussing on tackling inequalities, preventative supports are also key elements to the whole system approach to maintaining independence and well being, see proposed illustration below:

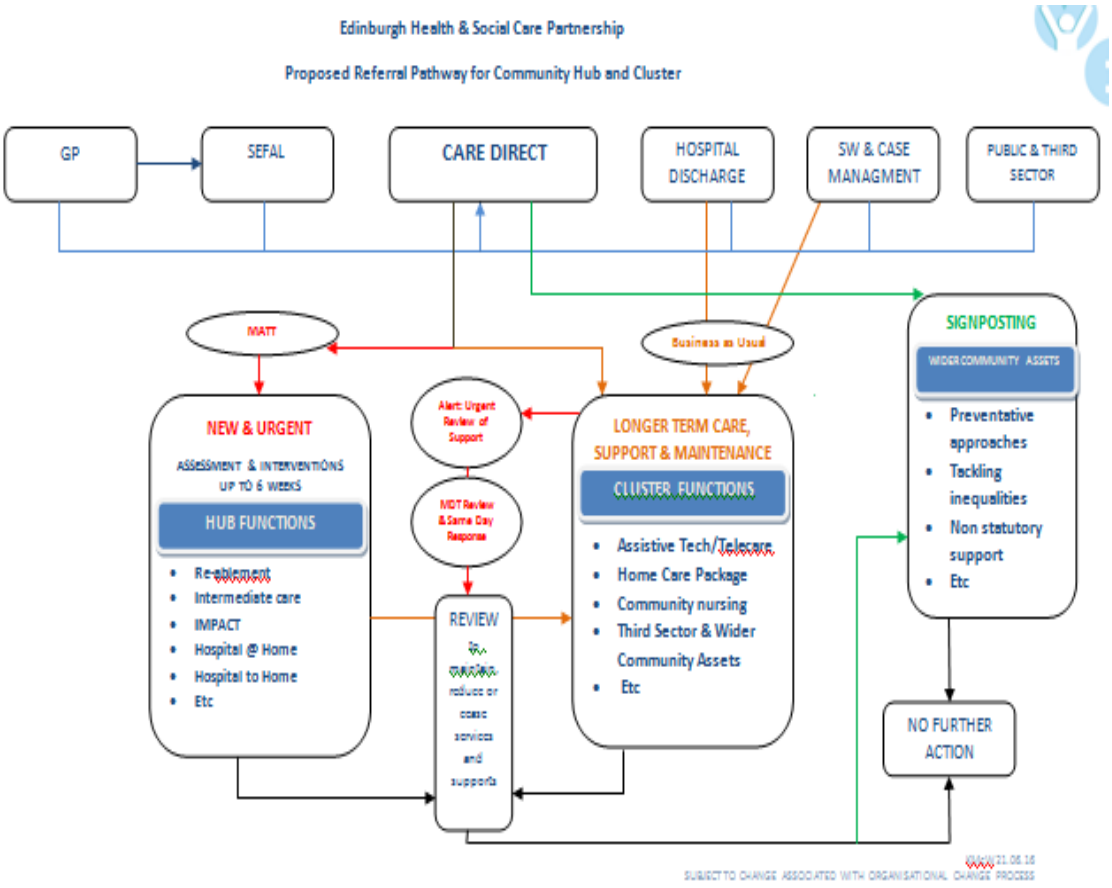


Illustration of proposed Pathway for Community Hub and Cluster Pathway
SEFAL - Safe & Effective Flow Across Lothian

4.11 Locality Mental Health and Substance Misuse services are already integrated, and include the Recovery Hubs, in which third sector partners play a significant role, and it is proposed that these continue to operate with close links to the adult Hubs described above.

4.12 Key discussions to ensure awareness and links are made are underway with colleagues across the localities, primary care, Lothian Unscheduled Care Service, third, independent and housing sectors, as well as the newly formed Safe & Effective Flow Across Lothian (SEFAL) team.

Time lines

4.13 As part of the current formal Organisation Change Process, it is anticipated that the Hub and Cluster Managers will be in post in early September 2016, they will be instrumental in taking this cohesive approach to meeting needs forward.

4.14 The proposed composition of our management arrangements in each Locality across the Hub and two Clusters, per Locality, will include a Registered Social Worker, Nurse and Allied Health Professional. These posts will operate on a matrix management model, whereby they will line manage the team for which they are directly responsible, and will also have governance responsibility for the quality of the work undertaken within their registered profession across the whole Locality.

4.15 The Key Timelines are highlighted, taking into consideration Phase 1 and Phase 2 of the Organisational Change process are illustrated below for implementation of the MATT, Hub and Cluster functions:

	2016									2017		
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Test, refine and apply Huddle/MATT Function								MATT fully implemented				
Develop Phase 1 Organisational Change Proposals												
Phase 1 Org Change Consultation												
Phase 1 Locality, Hub, Cluster & Strategic Managers Confirmed												
Formation of Locality Implementation Board												
Phase 2 Org Change Development												
Phase 2 Org Change Consultation												
Phase 2 Hub & Cluster staff recruited to												

Note the MATT, Hub and Cluster functions will be implemented throughout autumn 2016 and early Spring 2017 as staff teams are realigned to the new management positions which will be completed by the end of September 2016.

On-going Work

4.16 Phase 1 of the organisational change process will be complete by September 2016. This will allow the confirmation of the geographical locations of where the Hub function will be based for each locality.

4.17 Phase 2 requiring careful consideration, as this includes incorporating the wider implications of the Transformation agenda, with the creation of new posts to populate the Hub and Cluster models, to enable a truly integrated workforce going forward. Given the complexities of Phase 2, additional project management support has been secured to ensure this process moves as swiftly as possible. With this support, it is anticipated that all staff will be recruited no later than February 2017.

5. Key risks

5.1 Key risks to the Hub and Cluster model not being implemented are associated with the Organisational Change process. Delays may impact quality of care and experience, and performance against standards and targets for delays in discharge. In time, the performance information will clearly identify progress made across Edinburgh, however there is pressure to deliver quickly, which is not always conducive when major organisational change, with staff requiring support along the way.

5.2 If due process of engagement, involvement, consultation and communication about the wider Hub proposals are not robust, and don't include learning from experiences thus far, to inform the process going forward, there is a risk that the there may be resistance to change operationally in the long term.

5.3 It is recognised that this programme of work is significant and requires support both locally and strategically to ensure successful implementation. Locality Development Managers, the Hub and Cluster Managers and Strategic Programme Manager will be supported by the formation of the Locality Implementation Board, to ensure implementation, impact is measured, continuous quality improvement and learning occurs. As these are key actions in the Strategic Plan, this work will report to the Strategic Planning Group in the first instance, and to the IJB by exception.

6. Financial implications

6.1 The full restructure will meet savings targets across 16/17 and 17/18 of £11.2m.

7. Involving people

7.1 Edinburgh Partnership has engaged with, involved, and consulted with the local population, staff and other stakeholders and had in place a formal consultation process as part of developing the Strategic Plan, with the development of Locality working being a key action to deliver against the agreed priorities within the Strategic Plan.

7.2 Much of the current thinking about the Hub, multiagency triage function, and Cluster model is based upon the learning from those who have been testing the triage function across the localities and from the recent learning event about how to progress the model to implementation.

7.3 Health and Social Care Interim Locality Managers, and professional leads continue to engage and involve stakeholders across their localities and communities.

8. Impact on plans of other parties

8.1 The key impact of the Hub development is on the whole system pathway for adults, and in particular older people, which will impact partners across community social care and health care, housing, third and independent sectors, and acute care.

Background reading/references

Scottish Government 2020 Vision
http://www.gov.scot/Topics/Health/Policy/2020-Vision

Community services: How they can transform care, Nigel Edwards, 2014
http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/community-services-nigel-edwards-feb14.pdf

Report Author

Rob McCulloch-Graham

Chief Officer, Edinburgh Health and Social Care Partnership

Contact: Katie McWilliam, Strategic Programme Manager, Strategic Planning & Older People, Edinburgh IJB.
Katie.mcwilliam@nhslothianscot.nhs.uk | Tel: 0131 553 8382

Links to actions in strategic plan

1. Ensure local collaborative working arrangements across partners
2. Establish integrated Teams to support flexible working
3. Establishments of locality hubs
4. Establishment of clusters

20. improving the interface between primary and secondary care

23. Embedding rehabilitation, re-ablement and recovery approaches

38. Increased use of technology enabled care

Links to priorities in strategic plan

Priority 1- Tackling Inequalities	In particular being an active partner in the locality based multi-agency Hubs designed to tackle inequalities, and engaging with a wide range of community based organisations at the locality level in a preventative approach which recognises and works alongside community assets
Priority 2 – Prevention and Early Intervention	People will be supported through appropriate response, to remain at home or in a homely setting
Priority 3 – Person Centred Care	Care and interventions will be wrapped around the individuals, with the most appropriate response from the statutory, third or independent sectors being arranged.
Priority 4- Right Care, Right Time, Right Place	People will be supported at home for as long as possible, and will only remain in hospital for as long as is required, with timely discharge being arranged.

Priority 5 – Making best use of the capacity across the system	It is clear form previous recommendations associated with Living Well in Communities and delayed discharge management, that there is room for improvement to make better use of workforce, capacity and financial resources in a more cohesive way
Priority 6 – Managing our resources effectively	As priority 5

ITEM 5.7

Report

Edinburgh Integration Joint Board
Accounts 2015-16
Edinburgh Integration Joint Board
15 July 2016

Executive Summary

1. This paper presents the 2015-16 draft annual accounts for Edinburgh Integration Joint Board (IJB). They will be submitted to external audit before 30th June with final sign off by the IJB in September.

Recommendations

2. It is recommended that the board note the:

   - draft financial statements submitted; and
   - proposed timescale for completion.

Background

3. Integration Joint Boards are required to produce annual accounts for 2015-16. The draft financial statements and timescale for finalising are discussed in the main report below.

Main report

4. It is the responsibility of the Chief Financial Officer, as the appointed "proper officer", to prepare the financial statements in accordance with relevant legislation and the Code of Practice on Local Authority Accounting in the United Kingdom (the Code). This means:

   - maintaining proper accounting records
   - preparing financial statements which give a true and fair view of the state of affairs of the board as at 31 March 2016 and its expenditure and income for the year.

5. The draft financial statements for the Edinburgh Integration Joint Board for 2015-16 are attached as an appendix to this report. It should be noted that, as the IJB assumed responsibility for delegated functions from 1st April 2016 the values recorded in the financial statements for 2015-16 are minimal, consisting only of:

   - Remuneration for the Chair and Chief Officer; and
   - The audit fee.

   All other services were provided to the IJB by either CEC or NHSL for no charge.

6. Audit Scotland's Audit Services Group has been appointed as external auditors of Edinburgh Integration Joint Board. As such they will give an independent opinion on the financial statements as well as review and report on the arrangements in place to ensure the proper conduct of financial affairs and to manage performance and use of resources.

7. On conclusion of the audit the following documents will be presented by Audit Scotland:

   - **Annual Audit Report**: draws significant matters arising from the audit to the attention of those charged with governance prior to the signing of the independent auditor's report; and
   - **Independent auditors' report**: provides audit opinion on the financial statements.

8. Figure 1 below sets out the proposed timetable for the production and audit of the financial statements:

Action	Deadline
Draft accounts submitted to Audit Scotland	30th June
Draft accounts considered by Audit and Risk Committee	1st July
Draft accounts considered by IJB	15th July
Agreement of audited unsigned financial statements, and issue of Annual Audit Report	25th August
Consideration and approval of annual accounts • Audit and Risk Committee • Integration Joint Board	 2nd September 16th September
Independent Auditor's report signed	By 30th September

Figure 1: proposed timetable for production and audit of financial statements

Key risks

9. None identified.

Financial implications

10. No direct financial implications.

Involving people

11. The draft financial statements have been produced with the support and co-operation of both City of Edinburgh Council and NHS Lothian personnel.

Impact on plans of other parties

12. As above.

Background reading/references

13. None.

Report author

Rob McCulloch-Graham

Chief Officer, Health and Social Care Partnership

Moira Pringle, Interim Chief Finance Officer

E-mail: moira.pringle@nhslothian.scot.nhs.uk | Tel: 0131 469 3867

Edinburgh Integration Joint Board

Unaudited Annual Accounts 2015/16

CONTENTS PAGE

The Annual Accounts of Edinburgh Integration Joint Board for the period from 27 June 2015 to 31 March 2016, prepared pursuant to Section 105 of the Local Government (Scotland) Act 1973 and in accordance with the terms of the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2015/16 and Service Reporting Code of Practice.

Contents

MANAGEMENT COMMENTARY

Statutory Background

The Edinburgh Integration Joint Board (EIJB) was established as a body corporate by order of Scottish Ministers on 27 June 2015 under the Public Bodies (Joint Working) (Scotland) Act 2014. The EIJB is a separate and distinct legal entity from City of Edinburgh Council and NHS Lothian. The EIJB will be responsible for the planning of future direction and overseeing the integration of health and social care services for the citizens of Edinburgh through the Edinburgh Health and Social Care Partnership.

The EIJB meets on a monthly basis and is made up of ten voting members: five elected members appointed by City of Edinburgh Council; and five NHS Lothian non- executive directors appointed by NHS Lothian. Non voting members of the Board include the EIJB Chief Officer, Chief Finance Officer and service and staffing representatives are also on the Board as advisory members.

Strategic Plan

The Public Bodies (Joint Working) (Scotland) Act 2014 requires the EIJB to produce a strategic plan setting out how the health and social care services, delegated by the City of Edinburgh Council and NHS Lothian, should be delivered, in order to achieve the National Health and Wellbeing Outcomes. The plan must be approved and published by the Board before services can be delegated from 1 April 2016. The three year plan was approved by the EIJB on 11th March 2016 and covers the period 2016-19.

The EIJB will be responsible for a health and social care budget of around £575 million from April 2016, delegated from NHS Lothian and the City of Edinburgh Council. This funds community health and social care services, including GP practices and also some elements of acute hospital services.

This strategic plan sets out how services will be developed and changed over the three years from April 2016 using the resources available to meet the changing needs of the population and achieve better outcomes for people. The EIJB intends to deliver its vision for a Caring, Healthier and Safer Edinburgh through taking actions to transform how Council and NHS services and staff teams work together, with other partners, those who use services and communities. As set out in the approved strategic plan the key priorities for the EIJB are as follows:

- Tackling inequalities by working with partners to address the root causes, as well as supporting those groups whose health is at greatest risk from current levels of inequality;
- Preventing poor health and wellbeing outcomes by supporting and encouraging people and through early intervention;
- Delivering the right care in the right place at the right time for each individual;
- Practicing person centred care by placing 'good conversations' at the centre of engagement with citizens so that they are actively involved in decisions about how their health and social care needs should be addressed;
- Developing and making best use of the capacity available within the city; and

- Making the best use of shared resources (e.g. people, buildings, technology, information and procurement approaches) to deliver high quality, integrated and personalised services.

Operational Review

Services are to be delegated from the partner bodies (NHS Lothian and City of Edinburgh Council) from 1 April 2016. Therefore the operational performance relating to services that will be delegated from 1 April 2016 is set out in the respective operational performance sections of the statement of accounts for the City of Edinburgh Council and NHS Lothian.

Appendix F of the EIJB strategic plan 2016-2019 sets out the proposed indicators that will be used to measure the performance once services are delegated.

The EIJB Audit and Risk Committee and the Strategic Planning Group have been set up below the full board to support integrated policy and strategic development and to ensure EIJB business adheres to the principles of good corporate governance.

Financial Review

As services and the related resources are to be delegated to the Board on 1 April 2016, these accounts do not include any EIJB service commissioning income or expenditure. Accordingly, they reflect only the running costs of the EIJB. The financial performance relating to services that will be delegated from 1 April 2016 is set out in the respective financial performance sections of the statement of accounts for the City of Edinburgh Council and NHS Lothian.

The comprehensive income and expenditure statement for 2015/16 shows a breakeven position, as the running costs have been met by payments to the EIJB from the partner bodies. Detail of these costs and respective payments to the EIJB can be found in the comprehensive income and expenditure statement and accompanying notes (2&3). The balance sheet (page 14) is also presented and sets out the liabilities and assets of EIJB at 31 March 2016.

Going forward, once services are delegated, EIJB will receive payments from the partner bodies (City of Edinburgh Council and NHS Lothian) equivalent to the budget of the services being delegated. EIJB will use this resource to commission services from the parent bodies based on the approved strategic plan. These will be presented in the comprehensive income & expenditure statement as service commissioning income (payments in from partner bodies) and expenditure (payments from EIJB to partner bodies). NHS Lothian and City of Edinburgh Council are in receipt of the first set of directions from the EIJB for delegated services, these set out the associated resource and operational direction as per the EIJBs approved strategic plan.

STATEMENT OF RESPONSIBILTIES

STATEMENT OF RESPONSIBILITIES FOR THE STATEMENTS OF ACCOUNT

The Edinburgh Integration Joint Board is required:

- to make arrangements for the proper administration of its financial affairs and to secure that it has an officer responsible for the administration of those affairs. In this integration Joint Board, that officer is the Interim Chief Finance Officer;
- to manage its affairs to achieve best value in the use of its resources and safeguard its assets; and
- to approve the statement of accounts.

Responsibilities of the Chief Finance Officer

As Chief Finance Officer I am responsible for the preparation of the EIJB's statement of accounts which, in terms of the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom ("the Code of Practice"), is required to give a true and fair view of the financial position of the EIJB at the financial year end and its income and expenditure for the year then ended.

In preparing the financial statements I am responsible for:

- selecting suitable accounting policies and then applying them consistently;
- making judgements and estimates that are reasonable and prudent; and
- complying with the Code of Practice.

I am also required to:

- keep proper accounting records which are up to date; and
- take reasonable steps to ensure the propriety and regularity of the finances of the EIJB.

Statement of Accounts

I certify that the Statement of Accounts presents a true and fair view of the financial position of the Edinburgh Integration Joint Board as at 31 March 2016, and its income and expenditure for the period from 27 June 2015 to 31 March 2016.

Moira Pringle
Interim Chief Finance Officer
30 June 2016

REMUNERATION REPORT

Senior officers and Elected Officials.

The Chief Officer of the Edinburgh Integration Joint Board (EIJB) is a joint appointment between City of Edinburgh Council, NHS Lothian and the EIJB. The terms and conditions, including pay for the post, are those set by the City of Edinburgh Council, who employ the post holder directly and recharge the costs to EIJB and NHS Lothian.

The EIJB Interim Chief Financial Officer is appointed by the EIJB and is supplied without charge by NHS Lothian.

The voting members of the EIJB are appointed by the respective partner bodies (NHS Lothian and City of Edinburgh Council). The voting members from NHS Lothian and City of Edinburgh Council in the period June 2015 to March 2016 were;

G Walker (Chair)	NHS	R Henderson (Vice Chair)	CEC
S Allan	NHS	E Aitken	CEC
K Blair	NHS	J Griffiths	CEC
A Joyce	NHS	S Howat	CEC
R Williams	NHS	N Work	CEC

No expenses policy has yet been set by the EIJB. Councillors and NHS Non- Executive Directors are able through their parent bodies to reclaim any expenses. In the period to 31 March 2016, no expense claims were made in relation to work on the EIJB. The Chair of the EIJB was in receipt of additional remuneration in 2015/16 relating to his duties for the EIJB. This is set out in the table below. No allowances were paid to other voting members in this period. The remuneration and pension benefits received by all voting members in 2015/16 are disclosed in the remuneration reports of their respective employer.

Remuneration Paid to Senior Officers

	Period to 31/3/2016		
	Salary, fees and allowances (£)	Taxable expenses (£)	Total remuneration (£)
R McCulloch-Graham, EIJB Chief Officer (from 26/10/2015)	63,806	-	**63,806**
Full Year equivalent	*148,091*	-	*148,091*
George Walker, EIJB Chair (from 27/6/2015)	6,160	-	**6,160**
Full Year equivalent	*8,088*	-	*8,088*

Pension benefits

Pension benefits for the Chief Officer of the EIJB are provided through the Local Government Pension Scheme (LGPS). For local government employees the Local Government Pension Scheme (LGPS) became a career average pay scheme on 1 April 2015. Benefits built up to 31 March 2015 are protected and based on final salary. Accrued benefits from 1 April 2015 will be based on career average salary.

The scheme's normal retirement age is 65.

From 1 April 2009 a five tier contribution system was introduced with contributions from scheme members being based on how much pay falls into each tier. This is designed to give more equality between the cost and benefits of scheme membership

The contribution rates for 2015/16 were as follows;

Whole Time Pay rate

On earnings up to and including £20,500, 5.50%
On earnings above £20,500 and up to £25,000, 7.25%
On earnings above £25,000 and up to £34,400, 8.50%
On earnings above £34,400 and up to £45,800, 9.50%
On earnings above £45,800, 12.00%

If a person works part-time their contribution rate is worked out on the whole-time pay rate for the job, with actual contributions paid on actual pay earned.

There is no automatic entitlement to a lump sum. Members may opt to give up (commute) pension for lump sum up to the limit set by the Finance Act 2004. The accrual rate guarantees a pension based on 1/60th of final pensionable salary and years of pensionable service.

The value of the accrued benefits has been calculated on the basis of the age at which the person will first become entitled to receive a pension on retirement without reduction on account of its payment at that age; without exercising any option to commute pension entitlement into a lump sum; and without any adjustment for the effects of future inflation.

The pension figures shown relate to the benefits that the person has accrued as consequence of their total local government service, and not just their current appointment.

The pension entitlements of the Chief Officer for the period to 31 March 2016 are shown in the table below, together with the employer contribution made to the employee's pension during the year. No accrued pension benefits are included in the table below as the employee has been a member of the pension scheme for less than 2 years.

	In-Year Contribution		Accrued Pension Benefits
	For period to 31/3/16		at 31/3/16
	£		£
R McCulloch-Graham, Chief Officer	13,654	Pension	n/a
(from 26/10/2015)		Lump Sum	n/a

The Chair of the EIJB is not a member of the Local Government Pension Scheme or the NHS Pension scheme; therefore no pension benefits are disclosed.

All information in the above remuneration report is subject to the audit.

ANNUAL GOVERNANCE STATEMENT

Scope of Responsibility

The Edinburgh Integration Joint Board (EIJB) is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, safeguarding public funds and assets and making arrangements to secure best value in their use.

In discharging this responsibility, the Chief Officer has put in place arrangements for governance which includes the system of internal control. This is designed to manage risk to a reasonable level, but cannot eliminate the risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable but not absolute assurance of effectiveness.

Governance Framework

The governance framework comprises the systems and processes, and culture and values, by which the EIJB is controlled and directed and in turn directs and controls the delegated Health & Social Care Functions. It enables the EIJB to monitor the achievement of its strategic priorities and to consider whether those objectives have led to the delivery of appropriate services and value for money.

EIJB has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. As 2015/16 has been a transitional year, this statement sets out the progress to date in establishing a robust governance framework, sources of assurance that the framework is effective and identified areas that will be strengthened in the short term.

The key elements of the EIJB governance framework and the progress in establishing these are set out below:

- **Board**- From 1 April 2016 the EIJB will be responsible for delegated Health & Social Care Functions in Edinburgh. The board comprises of 10 voting members, 5 Councillors from City of Edinburgh Council and 5 non exec-directors from NHS Lothian. The board also contains non-voting members such as the Chief Officer, Chief Finance Officer, Chief Social Worker, Chief Nurse and Clinical Director and other representatives as set out in the Integration Scheme. The Board members undertook a comprehensive induction session in late summer 2015 and have been meeting every second month in private to enable development and discussion around key areas of service;
- **Strategic Plan**- The board is responsible for producing a strategic plan and in turn issuing directions to NHS Lothian and City of Edinburgh Council in respect of delegated services. The board held its first meeting on 17 July 2015, approved its first strategic plan in March 2016 and issued directions in advance of services being delegated on 1 April 2016. The published strategic plan sets out the vision and key priorities of the EIJB. The shadow Strategic Planning group (SPG) membership and role was reviewed in light of guidance and was formally established on 13 May 2016;
- **Performance**- The board is also responsible for delivering through its directions to the partner bodies. EIJB has approved proposals to integrate performance reporting from both City of Edinburgh Council

and NHS Lothian in order to ensure that it has the information it requires in order to fully inform the decisions it will have to make. It has established a Performance and Quality Sub Group, made up of EIJB members and officers to consider performance issues across delegated services. The group meetings are scheduled and agendas planned for 2016/17;

- **Meetings** - the Standing Orders adopted by the Board allow the public to have prior access to meeting agendas and reports, and to attend meetings of the Board, except in clearly defined and limited circumstances. The board also allows deputations from the public on agenda items being considered;
- **Officers**- As required by legislation the EIJB has appointed a Chief Officer and an interim Chief Finance Officer. The interim post will be finalised as the partnership structure is implemented following the consultation period;
- **Audit and Risk Management**- the EIJB has appointed a Chief Internal Auditor and has set up an Audit and Risk Committee. This committee has the remit to scrutinise the risk management arrangements of the EIJB, the risk register, the work of Internal and External Audit and the governance arrangements of the Board. An integrated risk management strategy was approved by the EIJB on the 17th July 2015. Workshops have been held with officers, members and key stakeholders to inform the EIJB risk register. The Internal Audit work plan, based on the draft risk register is being considered by the Audit & Risk Committee on 1 July 2016. A development session on risk management is scheduled for August 2016;
- **Standards**- At the meeting of 17 July 2015, the EIJB approved its first set of Standing Orders and a Code of conduct for all members of the IJB. The EIJB appointed a Standards Officer on 11 March 2016; and
- **Finance**- The board has been regularly updated by the Chief Finance Officer on the financial assurance process. Internal Auditors in both the Council and NHS Lothian have reviewed the process. EIJB financial regulations were approved by the EIJB on 11 March 2016.

Review of Effectiveness

The EIJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control. As 2015/16 has been a transitional year there has been no formal review of the effectiveness of the governance framework. This will follow once arrangements are fully in place. Going forward, the review of the effectiveness of its governance framework including the system of internal financial control will be informed by:

- the work of the Internal Auditors and the Chief Internal Auditor's Internal Audit Annual Statement on the adequacy and effectiveness of the Boards system of internal financial control;
- the Chief Officer's certificate of assurance on internal control;
- the operation and monitoring of controls by Edinburgh Health & Social Care partnership managers;
- the External Auditors in their Annual Audit Letter and other reports; and
- other inspection agencies comments and reports.

Further Development

Whilst this statement demonstrates the work to date in establishing the governance framework for EIJB, the following have been identified as areas that need to be developed in the coming months:

- Statutory regime compliance - as a devolved public body, the Board is subject to a variety of statutory regimes, such as freedom of information and data protection, and appropriate policies and procedures will require to be developed and approved to secure compliance with these;
- Education and knowledge of members - Training will continue to be provided to members and officers to support good decision-making and the future development of the Board;
- Risk Management – Following on from risk workshops and the establishment of the Audit and Risk committee, a strategy, monitoring and reporting regime for risk will be developed and will be reported to the Board and Audit and Risk Committee; and
- Performance Monitoring and Reporting – Integrated Performance and Finance Reports will be developed and brought to the Board in the coming year in order to support the decision making and planning of the Board. The statutory performance report for 2016/17 will be published in summer 2017.

Certification

It is our opinion that reasonable assurance, *subject to the matters noted above,* can be placed upon the adequacy and effectiveness of the EIJB's systems of governance

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

FOR THE YEAR ENDED 31 MARCH 2016

		2015/16		
		Gross expenditure	**Gross income**	**Net Expenditure**
	Note	£000s	£000s	£000s
Delegated Service Commissioning		0	0	0
Corporate services	2&3	97	-97	0
(Surplus)/deficit on provision of services		**97**	**-97**	**0**
Other Comprehensive (Income)/Expenditure				**0**
Net income and expenditure				**0**

BALANCE SHEET

BALANCE SHEET AS AT 31 MARCH 2016

	Note	31/03/2016
		£000s
Current assets		
Short term debtors	4	47
Current liabilities		
Short term creditors	5	-47
Net assets		**0**
Usable reserves	6	0
Total reserves		**0**

I certify that the Statement of Accounts present a true and fair view of the financial position of the Edinburgh Integration Joint Board as at 31 March 2016 and its income and expenditure for the period.

The unaudited financial statements were authorised for issue on 30 June 2016.

Moira Pringle
Interim Chief Financial Officer
30 June 2016

NOTES TO ACCOUNTS

1. ACCOUNTING POLICIES

1.1 General Principles

The Annual Accounts for the year ended 31 March 2016 have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2015/16 (the Code) and the Service Reporting Code of Practice. This is to ensure that the accounts 'present a true and fair view' of the financial position and transactions of the Edinburgh Integration Joint Board.

1.2 Accruals of Income and Expenditure

The revenue accounts have been prepared on an accruals basis in accordance with the Code of Practice

1.3 VAT Status

The Integration Joint Board is a non-taxable person and does not charge or recover VAT on its functions.

1.4 Provisions, Contingent Liabilities & Assets

Contingent assets are not recognised in the accounting statements. Where there is a probable inflow of economic benefits or service potential, this is disclosed in the notes to the financial statements.

Contingent liabilities are not recognised in the accounting statements. Where there is a possible obligation that may require a payment or transfer of economic benefit, this is disclosed in the notes to the financial statements

The value of provisions is based upon the Board's obligations arising from past events, the probability that a transfer of economic benefit will take place and a reasonable estimate of the obligation.

1.5 Employee Benefits

The Chief Officer is regarded as an employee of the EIJB although their contract of employment is with City of Edinburgh Council. The LGPS is a defined benefit statutory scheme, administered in accordance with the Local Government Pension Scheme (Scotland) Regulations 1998, as amended.

The post is funded by the EIJB however the statutory responsibility for employer pension liabilities rests with the employing partner organisation (City of Edinburgh Council).

The remuneration report presents the pension entitlement attributable to the post of the EIJB Chief Officer but that the EIJB has no formal ongoing pension liability. Edinburgh Integration Joint Board will be expected to fund employer pension contributions as they become payable during the Chief Officer's period of service. On this basis there is no pensions liability reflected on the EIJB balance sheet for the Chief Officer.

1.6 Cash & Cash Equivalents

EIJB does not hold a bank account or any cash equivalents. Payments to staff and suppliers relating to delegated services will be made through cash balances held by the partner organisations (NHS Lothian and City of Edinburgh Council). On this basis no Cash Flow statement has been prepared in this set of Annual Accounts.

1.7 Reserves

EIJB has one usable reserve, the General Fund. This fund can be used to mitigate financial consequences of risks and other events impacting on the Boards resources. Monies within this fund can be earmarked for specific purposes.

2. RELATED PARTY TRANSACTIONS

The Edinburgh Integration Joint Board was established on 27 June 2015 as a joint board between City of Edinburgh Council and NHS Lothian. In 2015/16 there were no financial transactions made relating to delegated health and social care functions as functions are not delegated by partners to the Integration Joint Board until 1 April 2016. The income received from the two parties was as follows;

	31/03/2016 £000s
NHS Lothian	-52
City of Edinburgh Council	-45
Total	**-97**

Expenditure relating to the two parties was as follows;

	31/03/2016 £000s
NHS Lothian	50
City of Edinburgh Council	42
Total	**92**

Details of creditor and debtor balances with the partner bodies are set out in the subsequent notes (4&5).

3. CORPORATE EXPENDITURE

	31/03/2016 £000s
Staff Costs	92
Admin Costs	0
Audit Fees	5
Total	**97**

EIJB were in receipt of NHS Lothian and City of Edinburgh Council support services in 2015/16. In the absence of an SLA or any reliable means of estimating the cost of this support, no charge has been made to the EIJB from the parent bodies for these services. This includes the provision of an interim Chief Finance Officer, strategic planning services, accommodation, HR and transactional services. These services were provided by both the Council and NHS Lothian. Staff costs in 2015/16 were for the EIJB Chief Officer and EIJB Chair.

4. SHORT TERM DEBTORS

	31/03/2016 £000s
Central Government Bodies	3
Other Local Authorities	44
Total	**47**

5. SHORT TERM CREDITORS

	31/03/2016 £000s
Central Government Bodies	5
Other Local Authorities	42
Total	**47**

6. MOVEMENT IN RESERVES

	31/03/2016 £000s
Usable Reserves – General Fund brought forward	**0**
Surplus/(deficit) on provision of services	0
Other comprehensive expenditure and income	0
Total comprehensive expenditure and income	**0**
Total General Fund balance carried forward	**0**

7. POST BALANCE SHEET EVENTS

No material events have occurred post the balance sheet reporting date.

8. CONTINGENT LIABILITIES & ASSETS

There are no contingent liabilities or assets to disclose.

9. INDEPENDENT AUDITOR'S REPORT

The Statement of Accounts is subject to audit in accordance with the requirements of Part VII of the Local Government (Scotland) Act 1973.

The Auditor appointed for this purpose by the Accounts Commission for Scotland is:

Audit Scotland
4th Floor
102 West Port
EDINBURGH
EH3 9DN

Report

Financial Update

Edinburgh Integration Joint Board

15 July 2016

Executive Summary

1. An updated financial settlement has been formally proposed by NHS Lothian (NHSL). This offer includes additional funding to recognise prescribing and mental health pressures and appears to represent a fair share of the available NHS resource. However, the overall NHSL plan is out of balance by £20m, the Edinburgh Integration Joint Board's (IJB) share of which is £5.8m.

2. As a result of this additional investment and the recognition of the underlying deficit, the overall IJB savings target has reduced to £22.2m. Whilst this is clearly welcome, full achievement of the savings programme remains one of the key risks facing the IJB and, as such, the executive team will ensure a focus on delivery.

3. Due diligence on the City of Edinburgh Council's (CEC) offer has highlighted a potential risk of between £0.5m and £1m. CEC have established a provision to address any in year impact and the position will be closely monitored over the coming months. This aside, the conditions attached to the social care fund remain the only material outstanding issue preventing the agreement of a settlement with CEC.

4. A high level assessment of financial performance for the first two months of the year has been undertaken. This shows an overspend against budget of £1.5m, the majority of which relates to the IJB's share of the deficit on the NHSL financial plan.

Recommendations

5. It is recommended that the board:

- Notes the updated financial settlement from NHS Lothian;
- Agrees that, given the underlying deficit, the Integration Joint Board cannot accept the offer at this point;
- Agrees that that Chair, the Chief Officer and Interim Chief Finance Officer continue to work with NHS Lothian with the aim of reaching a mutually acceptable offer;

- Notes the headline financial position to 31st May;
- Agrees to allocate £0.5m from the social care fund to offset demographic pressures in learning disability services; and
- Agrees to receive future finance reports based on the forecast year end position.

Background

6. At it's meetings on 11th March and 13th May 2016 the Integration Joint Board agreed to proceed on the basis of indicative allocations from the City of Edinburgh Council (CEC) and NHS Lothian (NHSL).

7. NHS Lothian has subsequently submitted an unbalanced financial plan to the Scottish Government and formally updated their offer to the Integration Joint Board (IJB) on the basis of this. This update reflects additional funding for prescribing and mental health for all 4 Lothian IJBs, with the result that the associated savings targets are reduced.

Main report

Sources of funding

8. Following submission of the financial plan to the Scottish Government (SG), NHS Lothian has made a formal proposal to the IJB. This offer is based on a financial plan which is out of balance by £20m with the IJB's share of this gap being £5.8m. The corollary being that NHS Lothian is not currently in a position to deliver services within the funding directed by the IJB. For this reason it is proposed that the offer is not accepted at this point but that the executive team continue to work with NHS Lothian to identify how this deficit is bridged.

9. Subsequently the Scottish Government has agreed to provide NHS Lothian with an additional £6m of recurring funding to "recognise the Board's position in relation to NRAC parity and to support delivery of the Board's financial and performance targets". The distribution of this funding has yet to be determined and the executive team will be working closely with officers from NHS Lothian to influence this. It is also worth noting that the letter recognises the integration of health and social care as "one of the most significant reforms since the establishment of the NHS".

10. No formal update is expected from CEC with the conditions associated with the social care fund remaining the one material outstanding issue.

11. Table 1 below sets out the latest funding propositions from CEC and NHSL, after adjusting for agreed releases from the social care fund.

	Base budget £k	Social care fund £k	Net position £k
City of Edinburgh Council	185,226	11,077	196,303
NHS Lothian core and hosted	297,923		297,923
Social care fund	20,180	(11,077)	9,103
Subtotal	**503,329**	**0**	**503,329**
NHS Lothian set aside	93,144		93,144
Total	**596,473**	**0**	**596,473**

Table 1: Summary IJB budget 16/17

12. This leaves a balance of £9.1m on the social care fund, £4.0m of which is being held as a provision against anticipated demographic pressures and the cost of increasing charging thresholds for non-residential care clients. It is recommended that decisions on investing the residual balance of £5.1m are considered in the context of the prevailing financial position.

Financial position to 31st May 2016

13. The approaches taken by CEC and NHSL to ongoing financial reporting are markedly different. CEC place the emphasis on monthly forecasting whilst NHSL focus on reporting the actual position each month and forecast on a quarterly basis. These differences, compounded by the format for IJB requiring a degree of manual intervention to existing systems, present a challenge to reporting financial performance on a consist basis to the IJB. Managers from the two organisations have been working closely to develop and agree a reporting strategy and this will be refined over the coming months. Consequently, a high level view of financial performance to 31st May is now available and this is summarised in table 2 below:

	Budget £k	Actual £k	Variance £k
NHS Lothian			
Core	36,393	37,008	(615)
Hosted	12,104	12,539	(435)
Set aside	16,019	16,410	(391)
Subtotal NHSL	**64,516**	**65,957**	**(1,441)**
CEC	27,643	27,743	(100)
Total	**92,159**	**93,700**	**(1,541)**

Table 2: Summary of financial performance to 31st May 2016

14. A total overspend of £1.5m is estimated against the budget for the first 2 months of the financial year, the majority of which relating to NHS services. Edinburgh IJB's share of the NHSL financial gap (after accounting for recovery actions and financial flexibility) is £5.8m. On the assumption that financial recovery actions deliver evenly across

the year, the IJB would be targeting a month 2 position of £1.0m. Obviously the actual reported position of £1.4m is in excess of this, due partly to a lack of progress in delivering recovery plans and partly to funding not yet released into budgets. The Edinburgh Health and Social Care Partnership (EHSCP) executive team will continually review services, staffing levels and ongoing areas of pressure in order to achieve financial sustainability and bridge this gap.

15. CEC services are largely in line with budget, on the assumption that £15.0m of savings are delivered in full. Work is ongoing to realign the base budget to reflect £7m of additional funding agreed through the financial planning process and built into the offer to the IJB; transfer of budgets in relation to criminal justice and support services; and a review of budget phasing. The estimated overspend of £0.1m relates to learning disability packages of care approved during 15/16. The full year cost of these packages is estimated at £0.5m and it is proposed to release funding from the social care fund to address this demography related pressure.

16. The due diligence work indicates that the baseline budget offer from CEC appears reasonable. The supporting analysis has been undertaken on a prudent basis however it is recognised that there remains a residual risk (currently assessed at £0.5m-£1m) to the baseline position. This will be monitored closely and it should be noted that CEC has established a non recurring contingency provision to mitigate this potential risk.

17. It is proposed that future financial reports will focus on the latest available forecast information whilst the monthly financial position will be reported to the EHSCP.

Savings programme

18. Inherent in the indicative funding settlements from CEC and NHSL is the assumption that IJB will have to realise savings of £28.0m in 2016/17 for the combined budget to balance. This is a significant reduction in the previously reported target of £34.3m, reflecting the additional funding allocated by NHSL for prescribing and mental health.

19. Schemes totalling £22.2m have been developed, with the residual balance of £5.8m being the IJB share of the NHSL financial plan gap. It should be noted that the major share of this deficit sits within set aside services which are directed by the IJB directs but operationally managed by NHSL. This position is summarised in table 3 below:

	Target £k	Identified schemes £k	Net position £k
NHS Lothian			
Core & hosted	(5,390)	5,004	(386)
Set aside	(6,203)	755	(5,448)
Sub total	**(11,593)**	**5,759**	**(5,834)**
CEC	**(15,018)**	**15,018**	**0**
Edinburgh Drug and Alcohol Partnership	**(1,380)**	**1,380**	**0**
Total	**(27,991)**	**22,157**	**(5,834)**

Table 3: IJB savings targets for 2016/17

20. Following discussion at the IJB meeting in May, NHSL has been asked to confirm it's position on the drug and alcohol partnership funding.

21. Whilst the IJB has responsibility for the full £22.2m, an element of which will be operationally delivered either through NHSL or one of the other Lothian partnerships. This applies where services are hosted (either by NHSL or one of the other Lothian IJBs) and for set aside services, managed on our behalf by NHS Lothian: in total this accounts for savings of £1.2m, leaving EHSCP with responsibility for delivering savings of £20.9m on behalf of all 4 IJBs.

22. To support delivery, a programme has been developed which is considered to be achievable although, at this stage, some of the underpinning business cases have still to be completed. The schemes identified are summarised in table 4 below:

	£k
CEC health and social care transformation programme	4,137
Transformation: organisational review	5,808
Contract management	1,400
Minor CEC schemes	130
Social care fund	3,543
Service reviews (sexual health, rehabilitation, continence, HBCCC)	990
Prescribing	1,898
Reduction in management costs	400
Supplementary staffing	1,000
General Medical Services running costs	250
Edinburgh Drug and Alcohol Partnership	1,380
Total identified	**20,936**
Outstanding balance	**0**

Table 4: IJB savings programme

Key risks

23. Key risks include:

- *NHSL financial plan* - as discussed above, NHSL does not currently have a balanced financial plan and the IJB is therefore not in a position to accept the proposed settlement. The executive team will continue to work closely with officers from NHSL and others to identify and implement mitigating actions;

- *Savings programme* – delivery of a £20.1m savings programme is required to achieve a breakeven position. Whilst schemes have been identified and the supporting business cases and implementation plans are being developed, there is a risk of a material in year shortfall. Opportunities for further mitigating actions will be explored through the budget monitoring process; and

- *Reliance on non recurring funding* – SG provided £2.0m of bridging funding to support the action plan to reduce delayed discharges. Whilst the funding was provided on a one off basis, it underpins recurring costs, in particular the second tranche of 30 beds at Gylemuir. Identification of a recurring source of funding will require to feature in the IJB's financial plan for 17/18 onwards.

Financial implications

24. Outlined elsewhere in this report.

Involving people

25. The successful implementation of these recommendations will require the support and co-operation of both CEC and NHSL personnel.

Impact on plans of other parties

26. As above.

Background reading/references

27. None.

Report author

Rob McCulloch-Graham

Chief Officer, Edinburgh Health and Social Care Partnership

Contact: Moira Pringle, Interim Chief Finance Officer

E-mail: moira.pringle@nhslothian.scot.nhs.uk | Tel: 0131 469 3867

Links to priorities in strategic plan

Managing our resources effectively

NHS Lothian

EDINBVRGH THE CITY OF EDINBURGH COUNCIL

Working together for a caring, healthier, safer Edinburgh

Report

GameChanger Public Social Partnership Progress Update
Edinburgh Integration Joint Board

15 July 2016

Executive Summary

1.1 The GameChanger Public Social Partnership is a unique collaborative venture which offers huge potential to all eight Strategic Partnerships in the City. There are a number of specific planned developments and opportunities which will contribute to achieving the strategic priorities of the Edinburgh Health & Social Care Partnership (EHSCP).

Recommendations

2.1 Acknowledge the key role of GameChanger Public Social Partnership in the delivery of strategic priorities.

2.2 Recognise the potential contribution of GameChanger to assist with delivering on a number of strategic objectives with a particular focus on preventative approaches and communities and individuals who experience significant health inequalities.

2.3 Support the “Healthier” workstrand which has a particular, although not exclusive, focus on Leith and the North East locality.

2.4 Support the development of flagship and road map proposals which will include the preparation of funding applications.

2.5 Note that early discussions have commenced with Heart of Midlothian Football Club in relation to mutual interests in community-based developments in health, wellbeing, fitness and social support.

Background

3.1 Public Social Partnerships (PSPs) are strategic partnering arrangements, based on a co-planning, and co delivery approach, through which the public sector can connect with people, third sector organisations (voluntary organisations, community groups, charities, social enterprises) to share responsibility for designing services focused on responding to service user needs and improving outcomes.

3.2 The Developing Markets for Third Sector Providers programme forms a key part of the Scottish Government support strategy for the Third Sector and complements other initiatives and activities including the Procurement Reform programme and the Procurement Reform Bill. The programme, offers a unique opportunity to develop and embed a number of leading market development solutions, including the Public Social Partnership (PSP) model, Community Benefit Clauses (CBC) and the use of Social Value throughout public sector commissioning and procurement in Scotland. The programme is being delivered by a third sector led consortium called Ready for Business, KPMG, Social Value Lab and MacRoberts. NHS Lothian has four strategic PSPs.

3.3 **GameChanger** is an exciting and innovative PSP led by NHS Lothian, Hibernian Football Club and the Hibernian Community Foundation. The aim is to unlock the power and passion associated with football and to make greater use of all Hibernian's physical, cultural and professional assets, to deliver a better, healthier future for the most vulnerable, disenfranchised or disadvantaged in our communities.

3.4 Shared values and priorities developed by the GameChanger Management Team has helped shape the 300 ideas generated by over 300 stakeholders into a cohesive set of "flagship" developments and "roadmap" projects which are framed within the five strategic objectives of the Scottish Government: Wealthier and Fairer; Smarter; Healthier; Safer and Stronger; and Greener.

3.5 Working groups have now been set up to take forward the developments and projects. The GameChanger management group have appointed a full-time project manager to build momentum and progress actions.

Main report

4.1 The flagship proposal within the Healthier workstream is to develop a health and social care hub within Easter Road Stadium which has the potential to deliver a range of primary care, mental health and substance misuse services delivered by statutory and 3rd sector agencies. Initial architect drawings and surveys are being undertaken. GPs and health and social care providers are engaging in preliminary discussions regarding requirements.

4.2 To test the concept of people receiving health and social care interventions within a football stadium a number of roadmap initiatives are underway. To date these have included:

4.3 **Living it Up and GameChanger**
Living it Up hosted the first of their "Are You Match Fit?" health stalls with an opportunity for fans to have their Body Mass Index (BMI) and Blood Pressure (BP) tested at the home match on 23 January 2016. Thirty six

fans signed up and the majority of those also agreed to have health checks. From this initial successful day Living it Up went to host stall at all subsequent home matches this season.

The fans really engaged with the Living it Up / Gamechanger team, they thought it was a really good idea – a lot of them were saying they hadn't had BP checked before – or couldn't recall when they last had it checked, others indicated that men's clinics would be a really good idea. The initiative was promoted in the stadium through the advertising boards, LED screens and in the match day programme. An evaluation of the initiative will be completed in early July and this will inform activities for season 2016/17.

4.4 GameChanger Health and Wellbeing Day

A day long market with local health and social care agencies, community projects, community resources was held in April 2016. This gave members of the public an opportunity to find out about all the resources that are available in the Leith and surrounding area, meet providers and staff, visit the stadium and share their ideas on how we can use the stadium as a community asset. Forty five community partners participated; with many feeding back they were not aware of each others' activities; there was an added benefit of building relationships across local providers.

4.5 GameChanger Clinics

In order to test the concept of Easter Road being used for health and social care activities two tests of concepts commenced in May 2016.

4.5.1 Physical Health Clinics for people with mental health problems

These clinics are targeted at clients of the North East Community Mental Health Team who may have significant physical health problems which can be overshadowed by their mental health condition. The take-up of these clinics Easter Road has been significantly higher than when physical health checkups have been run in the local service base. There was added value in terms of access to exercise equipment and walking activities around the actual football pitch.

4.5.2 Anxiety and Depression Groups

As part of the improving access to psychological therapies programme Easter Road is being used as a venue for running the Lothian group programme for psychological therapies. It is hoped this can be extended for further groups and individual programmes including children and young people.

4.6 Building community capacity to support people with diabetes

In 2015-16 non-recurring funding of circa £260,000 allowed the provision of a type 2 diabetes local enhanced service which supported management of type 2 diabetes in general practice. Funding was withdrawn in 2016-17, this has resulted in general practitioners now referring all those newly diagnosed with type 2 diabetes to secondary care services which is not an appropriate setting to deliver care to these individuals. In light of this position, it was agreed to consider options to deliver alternative community

models of providing diabetes care, GameChanger provides an opportunity to explore this further.

4.7 A number of diabetes initiatives will be explored and developed through GameChanger relating to:

4.7.1 Type 2 Diabetes Prevention – extension of the Living It Up - Are You Match Fit? health checks undertaken on match days targeted at individuals aged over 40 years of age and those of South Asian origin aged over 25 who are a higher risk of developing type 2 diabetes.

4.7.2 Relocate the current type 2 diabetes structured patient education delivered at Leith Community Treatment Centre to take place at the stadium's facilities which will include utilising the football pitch and gym facilities to encourage participation in exercise whilst attending the courses. Over 100 individuals from North East Edinburgh attend education courses in Leith each year, but circa 15% did not attend booked education appointments and there are also a high number of cancellations. It is anticipated through offering the stadium as a venue for education courses, this is likely to improve uptake.

4.7.3 Explore the potential to train additional peer / lay educators to support the nurse and dietician educators which would allow expansion of education capacity. There is currently a three month wait to attend education courses.

4.7.4 It is felt the long wait to attend structured education is a missed opportunity to engage with those newly diagnosed with diabetes therefore there is also the potential to explore other ways of engaging with individuals in the management of their diabetes prior to attendance at structured education.

4.7.5 Consider piloting community diabetes clinics which could be delivered at the stadium's facilities targeting populations at Brunton and Restalrig General Practices.

4.7.6 Through links with Queen Margaret University, explore the potential to develop an in-house accredited type 2 diabetes structured education programme. The diabetes MCN currently spends circa £9,000 per annum (one third of the diabetes MCN budget) for a franchise model of patient education. The development of an in-house education programme would support reinvestment of funds in alternative diabetes activities.

4.8 Supporting vulnerable young people

An ambitious programme to provide tailored support to young people who have multiple and complex needs and are considered to be vulnerable is currently being formulated with Youth Justice, Health and 3rd sector partners.

4.9 Creating a GameChanger Health and Wellbeing Village

Led by the Chief Officer, consideration of how parts of the Easter Stadium could be redesigned and configured to develop a multi-purpose centre is underway. This workstrand is exploring a number of innovative and transformative ways of working and models of how primary, secondary and tertiary health and social care service, social support and education and learning could be delivered by a range of partners within a unique environment.

Financial implications

5.1 Members of the GameChanger PSP Management Team have met with a number of major funders with a view to submitting funding applications from September onwards. The discussions planned to date have focused on all aspects of the GameChanger's ambitious programme.

5.2 It is acknowledged that any Capital Funding requirements for GameChanger developments cannot be met by Health and Social Care Partnership resource envelope.

Involving people

6.1 GameChanger to date has had wide involvement of people from the public, third, academic and private sectors. Over 100 partners (including individuals and organisations) have signed up to the Partnership.

6.2 Regular updates on progress are produced and maximum use of made of the partners' social media channels.

6.2 The GameChanger PSP was launched on 16 March 2016 at a parliamentary reception.

Impact on plans of other parties

7.1 GameChanger PSP offers unique opportunities to shape the outside environment and community assets to support health gain for patients and wider communities. It has an explicit focus on addressing inequalities and health inequalities and the potential to make a significant impact on the priorities and planned outcomes of all the Edinburgh Strategic Partnerships.

Background reading/references

http://readyforbusiness.org/programme-offering/public-social-partnerships/

GameChanger Phase One report (November,2015)

GameChanger Phase Two report (March, 2016)

gamechangerpsp.co.uk

Report author

Rob McCulloch-Graham

Chief Officer, Edinburgh Health and Social Care Partnership

Contact: Linda Irvine, Strategic Programme Manager

Email: linda.irvine@nhslothian.scot.nhs.uk | Tel: 0131 465 5567

Links to priorities in strategic plan

Tackling inequalities by working with our partners to address the root causes, as well as supporting those groups whose health is at greatest risk from, current levels of inequality: reduce, and not exacerbate, health inequality

Preventing poor health and wellbeing outcomes by supporting and encouraging people to achieve their full potential, stay resilient and take more responsibility for their own health and wellbeing; making choices that increase their chances of staying healthy for as long as possible and where they do experience ill health, promoting recovery and self-management approaches.

Practicing person centred care by placing 'good conversations' at the centre of our engagement with citizens so that they are actively involved in decisions about how their health and social care needs should be addressed.

Developing and making best use of the capacity available within the city by working collaboratively with individual citizens, including unpaid carers, communities, the statutory sector, third and independent sectors and housing organisations

Making the best use of our shared resources (e.g. people, buildings, technology, information and procurement approaches) to deliver high quality, accessible services.

Item 5.10

Report

Carers' Champion progress update
Edinburgh Integration Joint Board

15 July 2016

Executive Summary

1.1 This report is to provide an update to the Edinburgh Integration Joint Board on the progress made by the Carers' Champion, Councillor Work, over the last year. The development of a Carers' Champion was one of the 53 Capital Coalition pledges made by the Council in August 2012.

Recommendations

2.1 It is recommended that the Edinburgh Integration Joint Board:

- note the progress taken by the Carers' Champion in this role
- note the progress with the implementation of the adult carers' action plan and the young carers' action plan
- invites Councillor Norman Work to consider acting as the Carers Champion for the Integration Joint Board until 30 April 2017

Background

3.1 The City of Edinburgh Council and NHS Lothian recognise the vital role that unpaid carers contribute to their communities across Edinburgh. A range of good quality support needs to be available to carers at the right time and place. This is to ensure that the individual needs of carers are met. With the advent of self directed support, there are more opportunities to have more personalised support which empowers carers through improved choice and control.

3.2 The Census in 2011 revealed that the number of unpaid carers in Edinburgh was 37,859 which is 7.9% of the total population of Edinburgh. However, the proportion of carers who provided 20 or more hours per week of unpaid care rose from 30.6% in 2001 to 36.2% in 2011. This equates to an additional 1,826 unpaid carers in the city undertaking unpaid care for more than 20 hours per week in 2011 as compared to 2001. In addition, the proportion of carers who provide 50 or more hours

per week of unpaid care also rose slightly from 20.3% in 2001 to 21.1% in 2011. In terms of numbers, 8,004 unpaid carers provide 50 or more hours per week of unpaid care, which is 21% of all unpaid carers in Edinburgh.

3.3 As demographic and social trends in our country forecast increasingly greater future demand for caring for another person, more acknowledgment and value is placed on the growing contribution and number of unpaid carers. They provide essential quality and skilled care and should be seen as equal partners in the provision of care. Without their input, the estimated cost of replacement care in Edinburgh is valued at £771M per annum (Carers UK, 2011).

3.4 This year has seen the passing of new carers' legislation in Scotland, the Carers (Scotland) Act 2016. This will give unpaid carers, both adults and young carers more rights including a duty to be supported after assessment in line with a new local eligibility criteria. The key aspects of the new act are as follows:

- changing the definition of carer so that it encompasses a greater number of carers
- placing a duty on local authorities to prepare an adult carer support plan (ACSP) or young carer statement (YCS) for anyone they identify as a carer, or for any carer who requests one
- placing a duty on local authorities to provide support to carers that meet local eligibility criteria
- requiring local authorities and NHS boards to involve carers in carers' services
- placing a duty on local authorities to prepare a carers strategy for their area
- requiring local authorities to establish and maintain advice and information services for carers.

3.5 Currently our Edinburgh Joint Carers' Strategy (2014-2017) is in year three of implementation. The strategy was coproduced with local stakeholders from the City of Edinburgh Council, NHS Lothian, carers' organisations and carers. It outlines local priorities and outcomes for carers in Edinburgh for the three year period, 2014 to 2017.

Main report

4.1 The Carers' Champion role within the City of Edinburgh Council offers the opportunity for an elected member to act as an ambassador for adult and young carers. It also allows them to raise awareness of carers' issues and listen directly to the voices of carers across the city in their communities.

4.2 The Carers' Champion is able to be involved at both a strategic and operational level. They have contributed to the development of carers' policy in Edinburgh and have offered their leadership and guidance when required. Carers themselves have also benefited as they can have direct meetings with the Carers' Champion.

4.3 Since April 2015, the Carers' Champion has been involved in the following activities or meetings over the year that has benefited carers:

- Attended regular meetings as a member of the Edinburgh Carers Strategic Partnership and the Edinburgh Carers Network
- Involved with the review and finalised remit of the Edinburgh Carers Strategic Partnership
- Helped with securing rooms in the City Chambers for meetings of the Edinburgh Carers Network and the Edinburgh Carers Strategic Partnership
- Involved with the planning of the Council's sponsorship to host an evening reception for delegates of the International Short Breaks Conference, September 2016 in the City Chambers
- Contacted the Carers' Champion in Midlothian and plan to meet to discuss roles
- Attended the launch of 'Vintage Vibes' on 02 March 2016 at the Grassmarket Centre. This is a fresh new service tackling isolation and loneliness among the over-60's in Edinburgh, offering companionship, reliable support and the opportunity to be more socially connected
- Promoted Young Carers Awareness Day, 28 January 2016
- Abseiled down the Forth Rail Bridge on 07 June 2015 to raise funds for VOCAL
- Involved in Councillor visits to several Third Sector organisations, which provide care and support to elderly people and people with disabilities
- Acted as a referee for Edinburgh Young Carers Project in their Big Lottery application for a grant
- Promoted the Carer's Emergency Card which lets emergency services or Social Care Direct quickly identify unpaid carers and how to best respond in a crisis
- Attended the 'Caring in the City' event on 13 November 2015 in Pilrig Church and helped launch their carer support programme over the festive period
- Provided an opinion piece in the Edinburgh Evening News for Carers Rights Day, 20 November 2015. Visited carer support staff who had information stalls at Waverley Court for Carers Rights Day

- Presented a young carers award at Edinburgh Young Carers Project 21st Birthday Bash on 02 April 2016, congratulated staff and spoke to young carers and their families
- Promoted the 'Carer Positive' award with plans in progress for the City of Edinburgh Council to explore applying as a Carer Positive employer.

4.4 A photo diary illustrating the work of the Carers' Champion is attached as Appendix 1.

4.5 As a member of the Edinburgh Carers Strategic Partnership, the Carers' Champion contributes to the governance of the implementation of the local carers' strategy for Edinburgh.

4.6 Given that responsibility for services to support adult carers is delegated to the Integration Joint Board, the Board may wish to consider the appointment of its own Carers Champion. As the Carers Champion for the Council, Councillor Work, is also a member of the Board, it may be appropriate to ask him to consider acting in the same capacity for the Integration Joint Board for the remainder of the current political cycle which ends in March 2017.

Key risks

There are no direct risk, policy, compliance or governance impacts arising from this report.

Financial implications

There are no direct financial impacts from this report.

Involving people

There is no requirement for consultation and engagement arising from this report.

Impact on plans of other parties

There is no impact on plans of other parties from this report.

Background reading/references

[Edinburgh Joint Carers' Strategy and Joint Strategic Commissioning Plan for carer support: Corporate Policy and Strategy Committee: 13 May 2014]

Report author

Rob McCulloch-Graham

Chief Officer, Edinburgh Health and Social Care Partnership

Contact: Gordon Dodds, Strategic Planning and Commissioning Officer

E-mail: gordon.dodds@edinburgh.gov.uk | Tel: 0131 553 8347

Links to priorities in strategic plan

Action 13	Approach to prevention
Action 14	Support to unpaid carers
Appendices	1. Photo diary of the Carers' Champion in 2015/16

Item 5.11

Report

Health Inequalities Investment Programme

Edinburgh Integration Joint Board

15 July 2016

Executive Summary

1.1 In order to support the development and delivery of community based approaches to tackle inequalities the City of Edinburgh Council and NHS Lothian through the Edinburgh Community Health Partnership have invested in a Health Inequalities Grants Programme for a number of years. Responsibility for planning the health and social care response to tackling inequalities and the related budgets has now been delegated to the Integration Joint Board. In recognition of this change in responsibility grants under the Health inequalities Programme were awarded for 2016/17 only rather than the planned three years. The total value of this programme in the current year is £1.8million.

1.2 A number of organisations use funding received from the Health Inequalities Grants Programme to employ staff and have legal obligations in terms of giving notice to terminate employment. These organisations need a decision by December on funding for the next financial year. If grants are to be continued beyond March 2017 the process will need to commence in September 2016.

1.3 This report proposes a way forward that will inform the future strategic focus and allocation of resources to tackle inequalities, whilst providing continuity for citizens making use of the services being funded and some financial stability for existing recipients of grants.

Recommendations

2.1 The Integration Joint Board is asked to approve:

i. the awarding of Health Inequality grants for a further year until March 2018 based on the 2016/17 funding criteria with continued funding being subject to satisfactory performance of projects against agreed targets

ii. the amount available for Health Inequalities Grants in 2016/17 being reduced by 3.4% to take account of the outstanding 10% reduction applied by the Council over 3 years

iii. the process for awarding grants for 2016/17 to be a closed process involving projects already in receipt of a Health Inequality grant

2.2 The Integration Joint Board is asked to note:

i. that a further report will be presented to the Board towards the end of in the first quarter of 2017 setting out proposals for investment in tackling inequalities beyond March 2018

Background

3.1 That 'Edinburgh's citizens experience improved health and wellbeing, with reduced inequalities in health' is one of the four strategic outcomes for the Edinburgh Community Planning Partnership. Responsibility for overseeing the delivery of this outcome previously sat with the Edinburgh Community Health Partnership (CHP); following the demise of the CHP, this responsibility has transferred to the Edinburgh Health and Social Care Partnership. Responsibility for Health and Social Care grant systems has also transferred to the Health and Social Care Partnership.

3.2 The Community Planning Partnership strategic approach to tackling inequalities including health inequalities in the city has been driven through a Poverty and Inequality Partnership and a Health Inequalities Standing Group that operated under the auspices of the CHP. Work is currently underway to bring these together a single partnership operating as part of the Community Planning Partnership. The new partnership will coordinate the strategic approach to tackling inequalities and developing preventative approaches for the city across all community planning partners.

3.3 The Health Inequalities Standing Group has developed a Health Inequalities framework for the city and established and overseen the work of a number of workstreams seeking to take forward the objectives and outcomes within the framework. This group has also supported the operation of the Health Inequalities Grant Programme, evaluating applications and making recommendations for award to the Health Social Care and Housing Committee.

3.4 The Health Inequality Standing Group partners, including voluntary sector representation and the Lothian Community Health Initiatives Forum, reviewed the main health inequality objectives and priority outcomes in 2016. This review resulted in a revised funding criteria being set for the new preventive programme in 2016/17. Details of the process undertaken to review the Health Inequalities funding criteria and the rationale for changes made to the funding

criteria were reported to the Integration Joint Board in September 2015. The revised funding priorities and funding criteria for the Health Inequalities Grant Programme 2016/17 is listed in Appendix 1a and 1b for information.

3.5 The report to the Integration Joint Board in September 2015 also outlined the intention to phase in 3 year Health Inequalities grants in order to align the Council's Health Inequalities funding with funding from NHS Lothian and the Edinburgh Community Health Partnership. Such an approach was proposed to allow the Board to consider plans for future grant programmes in the light of emerging commissioning priorities. Consequently, the health inequality grant allocations in 2016/17 were limited to a one year period and will end on 31 March 2017. An agreed way forward is now required to ensure health inequality investment continues in the city.

3.6 The overall investment in the Health Inequalities Grant Programme in 2016.17 is shown below:

	£million
Health and Social Care Grants (CEC)	1.4
Community Health Partnership Grants	0.381
Total	£1.781

Altogether 30 Grants were awarded to organisations tackling Health Inequalities in the city. A full list of projects receiving awards in 2016/17 awards is set out at Appendix 2.

Main report

4.1 Commissioning for the Health Inequalities brings together a broad range of activity across different agencies and partnerships and includes joint action with other funders seeking to address health inequality. The Health Inequalities Standing Group (HISG) has taken on the lead role in making grant recommendations to committee and has routinely reviewed and updated investment priorities for Health inequalities activities within the city.

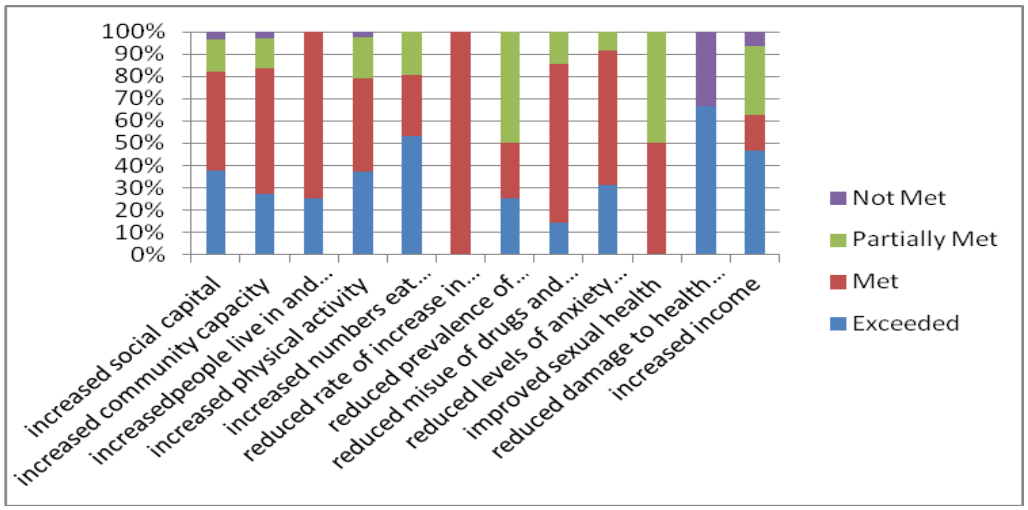
4.2 The investment in this preventive programme is relatively small in comparison to mainstream resources that can address health inequality. To increase the impact from the limited preventive programme, the Health Inequality Standing Group targeted the key health inequality outcomes which are not the remit of other partnerships or joint groups in the city.

Measures of success

4.3 Evaluation of the services funded to reduce health inequality are reported regularly. These monitor achievement of agreed targets, levels of contact with communities, funding leverage and volunteering against the priority outcomes in the Health Inequality Framework.

4.4 The annual evaluation of the Council Health Inequalities Programme for 2014-15, (the last year for which analysed data is available) demonstrates that it delivered a valuable diverse range of activities and effective prioritisation of the key outcomes within the Health Inequalities Framework. Services benefited over 30,141 people for an investment of £1.4m. The evaluation was developed for corporate reporting within the Council using a system of summarised self-reporting by providers, based on the targets in individual funding agreements. Targets are set jointly between the funder and the organisation at the beginning of the year to specify a challenging yet achievable standard.

4.5 The diagram below illustrates high level of targets met or exceeded (97%) and demonstrates excellent performance by the organisations across the programme. Where targets were not met, appropriate actions were suggested after further examination of the reasons.



4.6 A new joint evaluation system has been developed through the work of the Health Inequalities Standing Group to provide a more efficient, single reporting system for those organisations who receive joint funding. Using a systematic and uniform framework for reporting this new approach supports evidence based evaluation for health inequalities activities at a city wide level and examines both impacts as well as outputs.

4.7 Interest in the joint evaluation system has been received from across the UK, including the Joseph Rowntree Foundation, Stirling University, Glasgow University and a number of Local Authorities in England. The Health Inequalities Standing Group is in discussion with academic researchers to further explore the possibility of sharing the merits of the evaluation system to the wider research community.

4.8 The initial analysis from the year long pilot shows that the Health Inequalities Grant Programme is delivering good results and having a positive impact on the lives of service users. The results shown in Appendix 4 illustrate both the scale of activities of the entire grant programme as well as showing the impacts that have been compiled at a city wide level for the 8 projects in the pilot study.

Health Inequalities Grant Programme from 2017/18 onwards

4.9 In order to establish a new grants programme for 2017/18 a new set of funding criteria would need to be developed based on the requirements of the strategic plan 2016-19 to ensure three year investment in relevant services which progress the objectives of the strategic plan are realised. Co-production of this process would require a minimum of 6 months to successfully engage with providers and client groups. This would be completed at the earliest around December 2016. Once criteria had been agreed an application and assessment process would need to be put in place.

4.10 In order to award grants from April 2017 the application and assessment process would need to commence by September and conclude in November 2016 to allow unsuccessful applicants a 3 month redundancy notice period where disinvestment is recommended. A breakdown of the required timescale for the grant allocation process is detailed in Appendix 3. The available timescale would not allow a successful co-production process to be undertaken and an open three year application process to be completed by December 2016.

4.11 Whilst work is underway to establish the new partnership to coordinate the strategic approach to tackling inequality across community planning partners including the Integration Joint Board, the steering group has not yet been established. Localities are central to the implementation of any strategic approach to tackling health inequality and although work is underway to establish new locality structures and processes for both the Health and Social Care Partnership and the wider Community Planning Partnership these structures are not yet in place.

4.12 Clearly there is a need for further work to be undertaken to allow the Integration Joint Board to make informed decisions about investment in work to tackle inequalities in the medium to long term. This work can only be undertaken once the structures and processes currently being put in place have bedded down. The current Health Inequalities Grants Programme is operating well and delivering positive results. It is therefore recommended that Health Inequality Grants be awarded for a further year based on the current funding criteria and that the process of grant renewal for 2017/18 be a closed process with only those organisations receiving funding able to make applications. This approach would:

- continue investment in projects that are making a positive difference
- maintain the provision of valued services for the citizens who use them
- provide some financial stability for organisations that are dependent upon this funding
- allow proposals for the future approach to tackling inequalities and related investment to be developed in a realistic time frame

Key risks

5.1 There are a number of risks that could arise from any decision made by the Integration Joint Board not to continue to fund third sector organisations to tackle health inequalities from April 2017, including :

- some third sector organisations working in areas of high deprivation may become financially unsustainable. In many cases these are organisations offering services that reduce pressure on formal health and social care services
- loss of support from organisations or the programme of work which provides preventative community based services could have an effect on presentations at accident and emergency departments or GP services which are presently struggling to cope with demand
- loss of reputation with GPs and third sector organisations who are beginning to work together around social prescribing
- Health and social care staff have limited capacity and need to have somewhere to move people onto within communities who can help support their needs. Third sector organisations provide an ideal opportunity to undertake this type of work.

Financial implications

6.1 The effectiveness of the health Inequalities Grant Programme is augmented through funding leverage estimated at £4.76m, and significant social and financial value through volunteering estimated at approximately £800,000. A drop in match funding levels from the previous year gives an indication of the widespread strain placed on funding streams as cutbacks continue.

6.2 A saving of 10% was agreed on payments to third parties through the CEC's Transformation Programme over the period 2015-16 to 2017/18. This saving is based on 2014/15 baseline revenue funding and is intended to be made to overall spend on grants and community contracts by 2017/18. The Health Inequalities Grant Programme achieved 3.3% savings in 2015/16 and a further 3.3% saving in 2016/17, with the final 3.4% saving to be found in 2017/18.

Involving people

7.1 The development of the new Health Inequalities Grant Programme for 2016-17 was undertaken using a co production process, involving a series of workshops with potential providers and service users as well as the use of self completion questionnaires. The evaluation process currently being used with those organisations receiving funding from both the Council and the NHS has also been produced in partnership with the third sector.

7.2 members of the Health Inequalities Standing Group have been involved in the development of this report.

Impact on plans of other parties

8.1 The proposals in this report are of relevance to:

- The Edinburgh Community Planning Partnership's Community Plan
- The strategic plans of the City of Edinburgh Council, NHS Lothian and the three other Integration Joint Boards in Lothian to the extent that any of these organisations also fund organisations in receipt of grants under the Health Inequalities Grants Programme

Background reading/references

New Grant Programme for Prevention of Health Inequality from 2016/17, Edinburgh Integration Joint Board, 25 September 2015

Health and Inequality Grants Programme, Health Social Care and Housing Committee, 26 January 2016

Report author

Rob McCulloch-Graham

Chief Officer, Health and Social Care Partnership

Contact: Wendy Dale, Strategic Planning Manager,

E-mail: wendy.dale@edinburgh.gov.uk

Tel: 0131 553 8322

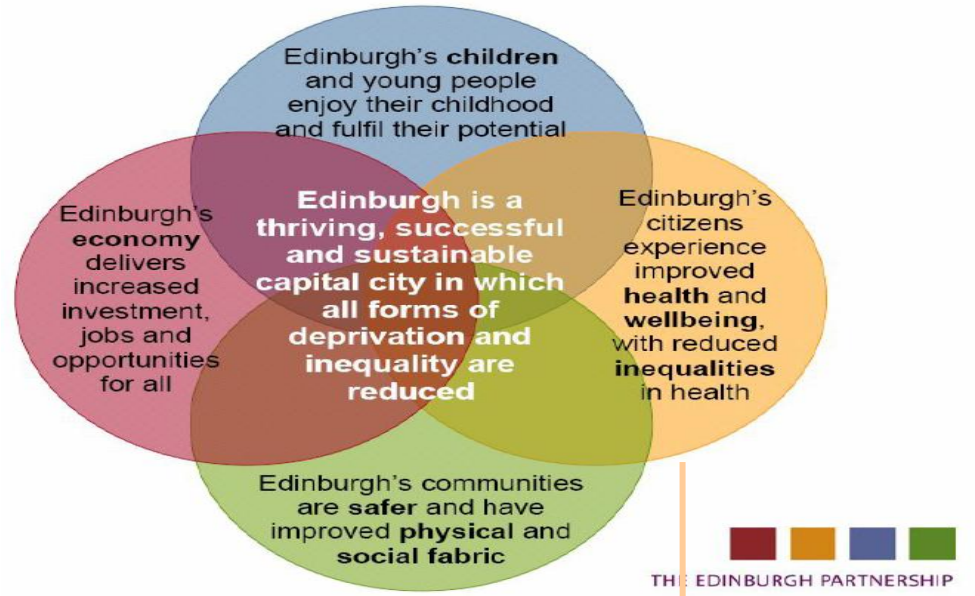
Links to priorities in the strategic plan

Tackling inequalities and preventing poor health and wellbeing outcomes are two of the six key priorities within the Integration Joint Board's Strategic Plan. The Strategic Plan also details a number of actions to tackle inequalities. Action 7 is of particular relevance in relation to the Health Inequalities Grants.

7. Work with Community Planning Partnership to tackle inequalities
During 2016/17 we will work with our community planning partners to: *a) determine the most effective way of developing and implementing a coordinated approach to tackling inequalities, including health inequalities, across the City* *b) deliver the health inequalities grants programme in line with funding decisions made by the Council and NHS Lothian* c) *asses the impact of the current grants programme on tackling inequalities in order to inform future funding arrangements*

The diagram in Appendix 5 illustrates the linkages between these priorities and the objectives and outcomes between the Health Inequality Funding Criteria and Priorities approved by the Integration Joint Board in September 2015 as the basis for grant funding in 2016/17.

APPENDIX 1a **Health Inequality Funding Criteria and Priorities 2016 -17**



Health Inequalities Framework

Edinburgh Community Health Partnership/ Health and Social Care Partnership

Objective 1
Enable people in Edinburgh to maximise their capabilities and have control over their lives

Objective 2
Create and develop healthy and sustainable places and communities

Objective 3
Strengthen the role and impact of ill-health prevention

Objective 4
Ensure a healthy standard of living for all

Objective 5
Give every child the best start in life; and enable all children and young people to maximise their capabilities and have control over their lives

Objective 6
Create fair employment and good work for all

Outcomes

(1.1) Increased social capital: reduced social isolation; increased community participation and volunteering

(1.2) Increased community capacity: communities of place and interest and cultural bridging

(1.3) Reduce the stigma surrounding poverty and health inequality and tackle discrimination

Outcomes

(2.1) More people live in healthy environments and use greenspace

Outcomes

(3.1) Increased participation in physical activity: including walking, cycling, dance, active travel, gardening

(3.2) Increased number of people eat healthily; increased number of people know how to cook healthy food and how to eat healthily on a budget

(3.3) Reduced damage to physical and mental health from misuse of alcohol and drugs

(3.4) Reduced levels of anxiety and depression

(3.5) Reduced damage to physical and mental health from all forms of abuse and violence

Outcomes

(4.1) Groups at risk of poor health outcomes have increased incomes due to improved access to income maximisation services and advice on problem debt levels

Appendix 1b: STRATEGIC OBJECTIVES AND PRIORITY OUTCOMES 2016-17

Health Inequalities can only be reduced through an integrated strategy and joint action to reduce inequality and deprivation as a whole through more equity of opportunity for people across the city.

To address and reduce health inequalities a preventive approach requires three types of action that **mitigate** or reduce the severity of the health and social consequences of social inequalities, help individuals and communities **resist** the effects of inequality on health and wellbeing and actions that **undo** the underlying structural inequalities in power and resources.

Any actions or interventions should be targeted in proportion to the level of ill health presented in a community of interest or place. HISG funding primarily focuses on preventive and mitigating actions.

Strategic Objectives	**Health Inequalities Priority Outcomes from 2016/17**
HI 1: Enable all adults to maximise their capabilities and have control over their lives	(1.1) Increased social capital: reduced social isolation; increased community participation and volunteering (PO1) (1.2) Increased community capacity: communities of place and interest and cultural bridging (PO 2) (1.3) Reduce the stigma surrounding poverty and health inequality and tackle discrimination (PO 3)
HI 2: Create and develop healthy and sustainable places and communities	(2.1) More people live in healthy environments and use greenspace (PO 4)
HI 3: Strengthen the role and impact of ill-health prevention by increasing preventative Interventions and improving take-up of treatment services	(3.1) Increased participation in physical activity: including walking, cycling, dance, active travel, gardening (PO 5) (3.2) Increased number of people eat healthily; increased number of people know how to cook healthy food and how to eat healthily on a budget (PO 6) (3.3) Reduced damage to physical and mental health from misuse of alcohol and drugs (PO 7) (3.4) Reduced levels of anxiety and depression (PO 8) (3.5) Reduced damage to physical and mental health from all forms of abuse and violence (PO 9)
HI 4: Ensure a healthy standard of living for all	(4.1) Increased income due to improved access to income maximisation services and advice on problem debt levels (PO 10)

KEY PRIORITIES from 2016/17

The Community Health Partnership has set the priority outcomes above for action to reduce health inequality in the objectives which it leads or contributes toward. From these, ten key outcomes have been chosen as priorities for direct action. These are selected to fill gaps, complement existing services or partnership initiatives, and to react to new issues.

- **Social Capital** (1.1) Including local Community Health Initiatives
- **Reducing Stigma** (1.3)
- **Healthy Environments** (2.1)
- **Physical Activity** (3.1)
- **Food and Health** (3.2)
- **Maximising Income** (4.1)

Appendix 2

Summary of project receiving funding from the Health Inequalities Programme for 2016/17 – details of the projects funded by the CHP to be added

Provider Organisation / Service Name	Service type	Service description	Grant received in 2016/17
Bingham & District 50+ Project	Older people activities	To deliver a service of educational adult learning classes, health / fitness classes/activities and social events for local people aged 50+. Employing trained tutors to teach and guide participants and structure their classes to suit a mixed ability group situation. Use community transport of to take older and disabled participants to and from their chosen class and activities. Office base is in Bingham and project uses local venues such as school, community centres and library.	£9,536
Broomhouse Strategy Group	Health Project	The aim of the B&SCHH is to reduce health inequalities and improve the health and well-being of residents of Broomhouse and Sighthill. The B&SCHH offers a drop-in service of advice and signposting from Tuesday to Friday at the Health Strategy Group in Broomhouse (mornings) and at The Broomhouse Centre (afternoons). The B&SCHH co-ordinates an advisory group for local people to address opportunities and put into action health initiatives for the area. The Hub also organises classes and activities to encourage health and well-being, healthy eating and preventive measures. The B&SCHH will set up health groups, organise open days, develop a Time Bank, provide opportunities for volunteering and mentor/supervise volunteers.	£24,735

Provider Organisation / Service Name	Service type	Service description	Grant received in 2016/17
CAE	Advice service	Deliver practical and emotional support to clients seeking advice. Refer clients appropriately for ongoing support with mental/emotional health. Refer clients appropriately for specialist debt advice. Deliver advice on income maximisation and financial capability. Deliver welfare rights advice to protect individual rights (tackling discrimination).Promote availability of advice to relevant agencies, particularly those working with minority groups, and to potential service users (reducing stigma).	£17,100
Carr Gomm	Social prescribing	Carr Gomm delivers an enhanced model of community referral (social prescribing) in Craigmillar, to improve the health, wellbeing and life chances of local people. The project takes a person-centred approach to identify issues, and offers 1-to-1 support to attend relevant services or groups, and establish appropriate new activities where gaps have been identified by local people. This funding integrates evidence-based psychological training into existing work and further develops the project's community catalyst approach. The project takes referrals from a wide range of local agencies, including Primary Care (the Craigmillar Medical Group (CMG); Niddrie Medical Practice (both Deep End practices); the Minority Ethnic Health Inclusion Service (MEHIS)), statutory services (including Housing and Social Work), Third Sector organisations and self-referrals. Support provided is diverse - attending specialist health appointments; accessing therapeutic activities such as arts or music groups; getting support to return to work or help with sorting benefits or debt issues. The project then supports participants to put together a person-centred action plan of how those changes will be made. The service is tailor-made for the individual, depending on their needs, wishes and barriers.	£29,009

Provider Organisation / Service Name	Service type	Service description	Grant received in 2016/17
CHAI	Advice service	The project provides advice and support in dealing with problem debt levels, resulting in more manageable finances and less stress for individuals. Advice, information and representation on issues affecting individual's income is also provided. Clients who are subject to adverse benefit decisions can be advised, supported and represented through the formal Appeal process Significant additional income is often gained for clients, easing financial pressures and associated stress.	£145,895
Community Ability Network (CAN)	Advice service	To facilitate and signpost individual members to improve quality of life and to empower local residents to move on from lives impaired by disability, poverty and disadvantage. Provide information, advice and guidance on opportunities for training, education, skills development and employment for people with disabilities. Provide opportunities and support for disabled people and others to adopt healthier more active lifestyles. Provide volunteering opportunities and encourage volunteering. Provide money and debt advice to disadvantaged groups. Provide employment advice and support.	£97,035

Provider Organisation / Service Name	Service type	Service description	Grant received in 2016/17
Community One Stop Shop (COSS)	Foodbank	COSS addresses Health Inequalities through the positive work of the Foodbank plus model. The Broomhouse Foodbank plus model is part of the three main services available at COSS which provide a holistic approach to clients using the foodbank including foodbank provision, Citizen's Advice Broomhouse outreach and an employability service. The client base is predominantly people in poverty and at risk of homelessness and debt. The service has a wide impact on clients and helps them through a particularly vulnerable period in their lives. This in turn helps reduce the risk of further health issues due to lack of nutrition, and improves their financial situation. The Citizens Advice worker has a client financial gain figure of over £20,000 per month. The project works with an average 130 foodbank clients per month and Citizens Advice see around 110 clients per month with a current two week waiting time. There are on average 30 employability visits per month	£6,659
Corstorphine youth and community centre	Older peoples acivities	Provide a walking group, an activity group, a gentle exercise group and a men's health group.	£7,020

Provider Organisation / Service Name	Service type	Service description	Grant received in 2016/17
Crossreach	Post natal depression	To provide a Postnatal Depression Counselling Service to parents/carers of babies who are affected by Postnatal Depression and living in Burdiehouse, Southhouse, Gracemount, Liberton, Moredun, and the Inch, where a high instance of PND has been identified. To provide Creche facilities for clients attending the PND Counselling sessions to ensure they can have time away from their baby to talk in a counselling setting. To offer support and counselling near to where people live to ensure ease of access to the support. The service will also promote additional follow on support offered by local voluntary and statutory services.	£9,513
Drylaw Neighbourhood Centre	Communitiy Activities	Drylaw Neighbourhood Centre (DNC) is a local community centre managed by local people. Provides educational, social, recreational classes & activities for all in Inverleith and surrounding area e.g. clubs for the elderly and vulnerable, adult keep fit classes, adult computer classes, healthy cooking class, community café, gardening group and junior and senior youth clubs. Hosts a breakfast club at Ferryhill Primary School and delivers Duke Edinburgh award Scheme and Youth Achievement Awards. Other partner organisations that use the centre include Stepping Stones, Community Employability, NW Carers, Edinburgh Support Services, Community Council, parent toddler groups.	£45,759

Provider Organisation / Service Name	Service type	Service description	Grant received in 2016/17
Edinburgh & Lothian Greenspace Trust	Greening for health project	ELGT improves quality of life for Edinburgh Communities by improving their local environment. Access to quality local greenspaces has a positive impact on health and wellbeing of individuals, particularly those affected by inequalities. ELGT works with CEC, communities, agencies and partners to create sustainable, well-managed and accessible greenspaces. ELGT creates and improves community gardens, parks, school grounds, woodlands and other greenspaces. Services also include community consultation and engagement, project development, fundraising and implementation of capital improvement projects. Garden site development are concentrated in areas of deprivation and with groups which experience homelessness, alcohol and drug misuse, older people and mental health issues.	£70,406
Edinburgh Community Food	Healthy Eating Project	ECF provides a range of services and activities promoting healthy eating and tackling health inequalities across the city particularly with people on low incomes, in poor communities and with marginalised communities of interest. Food and Health Development – the project delivers food and health activities including cooking courses, nutrition workshops, menu planning, eating on a budget, healthy eating and health promotion sessions. Training – as an accredited training centre for REHIS, ECF delivers certificated courses in Introduction to Food Hygiene, Elementary Food Hygiene and Elementary Food and Health as well as managing the Food and Health Training Hub. Community Food Co-ops - the project supplies and supports 8 community food co-ops including support and training for the co-op volunteers. In addition to the above, the project operates as a social enterprise running six outlets in Primary Care settings as well as deliveries to organisations and businesses across Edinburgh.	£143,837

Provider Organisation / Service Name	Service type	Service description	Grant received in 2016/17
Feniks	Community acitivities - Polish community	Feniks delivers three 'Conversation Café's' encouraging cultural bridging in Leith and bringing together people from different ethnic backgrounds for mutual support on immigration and health issues. The part time Volunteer Coordinator (two days per week) recruits, supervises and provides prevention training suitable to the needs of 10 - 15 volunteers. The volunteers deliver the conversation sessions in a welcoming, safe spaces for people to participate in activities relating to health and wellbeing depending on their needs. This project also provides 3 workshops per month for people at risk of low mood, depression or isolation and complements Feniks's 'See Me'-funded project tackling stigma and mental health within the Polish community by training Polish Community Champions.	£9,413
Fresh Start	Homeless	Fresh Start's Social and Practical Support Services deliver a range of services to people in Edinburgh who have experienced or are at risk of homelessness with support and skills to help them live independently in the community. The services are delivered by volunteers who provide help to address practical issues, teach new life skills and help people gain self-confidence, and assist Fresh Start to address social exclusion and isolation for this vulnerable client group. The services provided include Hit Squads which help vulnerable individuals to establish and maintain their tenancies (300 Households), cooking and budgeting classes (180 Clients), referrals from support agencies (500 Clients), food growing sessions (45 Clients), social circles drop ins to address social isolation (120 Clients) and the development of a volunteer network involving up to 90 Volunteers.	£37,565

Provider Organisation / Service Name	Service type	Service description	Grant received in 2016/17
Gorgie City Farm	Healthy Eating Project	Deliver 'Fork to Fork' Cookery sessions to encourage people to grow and prepare own food. Provide Volunteering opportunities for regular 'green space' physical activity for inactive people with additional needs. Provide volunteering opportunities for adults to get hands-on experience of farm animal husbandry.	£17,977
GP Welfare Rights (NHS Lothian)	Advice service	This project is based in Based in 16 GP practices, primarily in areas of deprivation in Edinburgh and provides welfare rights advice, casework and representation; debt management; representation at appeal tribunals; employability support; housing advice, casework and representation; and training/briefings for NHS staff on the welfare and financial inclusion agenda. The project aims to tackle health inequalities through the reduction of poverty and maximisation of income. Evidence demonstrates that, in relation to the Edinburgh outcomes, this service makes a direct and positive contribution towards the improvement of mental health and well-being; improvement of health and well-being of people with disabilities; and a reduction of deprivation and all forms of inequality.	£54,542
Granton Information Centre	Advice service	The project provides responses to problem levels of debt, including establishment of debt repayment programmes and court representation; responses to enquiries relating to income maximisation, income maintenance, health benefits and other issues, including casework and tribunal representation; Crisis Drop in' enquiries, including the provision of emergency food parcels where required	£138,239

Provider Organisation / Service Name	Service type	Service description	Grant received in 2016/17
Health All Round	Health Project	Health All Round (HAR) is a Community Health Project situated in the Gorgie Dalry area of Edinburgh. Using a Community Development approach HAR seeks to improve and maintain health and well-being in Gorgie Dalry and surrounding areas and to contribute to the reduction of health inequalities within the city of Edinburgh. HAR averages around 5000 visits (service episodes) per year and sees 100-150 people per week. Activities include: exercise and walking groups; gardening, cookery & healthy eating/weight management; a range of activities to improve mental wellbeing, cultural bridging and employability.	£58,142
LGBT Centre for Health and Wellbeing	Community Activies for LGBT community	The project is a Healthy Living Centre which promotes the health, wellbeing and equality of lesbian, gay, bisexual and transgender (LGBT) people. It provides a varied programme of services, most delivered from its Edinburgh base. LGBT people continue to be a very marginalised and invisible minority. Whilst there have been significant positive changes in legislation, the day-to-day lived experience of many is that stigma, discrimination and prejudice continue. Discriminatory attitudes can have a devastating effect on self esteem, often leading to poor mental and physical health and social isolation. The organisation's objectives are to provide a programme of activities which tackle the life circumstances that contribute to ill-health; reduce levels of isolation and social exclusion; strengthen the capacity of individuals to adopt and sustain healthy lifestyles and to ensure that LGBT people have equity of access to mainstream services and information which are responsive to their needs.	£43,425

Provider Organisation / Service Name	Service type	Service description	Grant received in 2016/17
Link Up	mental health	Provide a women only support group in the evening for women living with a mental health condition or illness for a minimum of 6 and a maximum of 12 registered members. Delivery of a weekly 'Saturday Coffee Morning' aimed at women living with a mental health condition or illness. No referral necessary. Creche provision provided. Each session will last for two hours. And will fill a gap in Link Up Women's Support Centre's current provision providing a more flexible service and one that can be accessed by women whose employment, childcare or caring responsibilities act as a barrier to attending during the day during the week. The 'Saturday Coffee Morning' will provide a socially connecting, safe space during weekend hours when access to other services is restricted. Each programme will have a mix of activities and workshops that cover a range of key areas. The following examples have all been taken from recent programmes within the Centre: *emotional wellbeing* – positive affirmation work, mindfulness meditation, life management skills, laughter workshop, *physical wellbeing* – food and it's relation to mood, walking activities, opportunities to try things such as 'armchair pilates', badmington and zumba as a group, *opportunities to learn new skills, try new things and build confidence* – creative writing, craft based workshops such as stained glass window work using paper and card making , knitting and crochet.	£14,814

Provider Organisation / Service Name	Service type	Service description	Grant received in 2016/17
MECOPP	BME	Individual health improvement plans for 40 – 60 beneficiaries per year. Introductory health information/awareness sessions to support behavioural and attitudinal change and reduce. Structured educational workshops to develop skills and knowledge, e.g. healthy cooking and nutrition (6 per year / 50 – 60 beneficiaries). Physical activity programme including gender specific activities (e.g. walking groups, cycling groups, yoga, tai chi, seated exercise, fishing, walking football) Minimum 6 activity groups per year. Targeted support to individuals with a long term condition, e.g. diabetes, arthritis (20 - 30 beneficiaries per year). Casework support to improve the socio-economic circumstances of beneficiaries (20 – 30 beneficiaries per year)	£22,500
Muirhouse Millennium Centre	Community Activities	The project provides training in numeracy /literacy /computing /Internet and life skills and job placements & college placements to motivate and help self development. Provides access for Community Employability/Community Renewal, Telford/Stevenson College to see clients and also make referrals. Enables children to access healthy snacks at no cost on a regular basis. Provides cooking classes for all ages producing low cost nutritional healthy meals. Provides opportunities for local residents to access various health and fitness programmes and live in a healthy environment and have access to green space and information and support for local residents from the Chest Heart & Stroke Association Scotland whom we are affiliated to. The project aims to improve mental health and well-being of older people. It offers support to single parents from the Muirhouse area through social and group work sessions and provides a safe and secure environment for counselling/mediation sessions. It also provides weight management and exercise groups.	£49,659

Provider Organisation / Service Name	Service type	Service description	Grant received in 2016/17
Pilton Community Health Project	Health Project	PCHP is a generic community health project. It provides a range of activities including support to volunteers, providing the Women Supporting Women project which delivers interventions to vulnerable women living in the North Edinburgh area experiencing ranging mental health issues and abuse related issues including individual therapeutic and group supports with a high quality crèche service to allow parents access to the services. The project offers individual and group Parenting Early Education Programme (PEEP) sessions to mothers and children to improve their attachment and strengthen the bonding. The project also provides healthy eating services which aims to overcome identified barriers to healthy eating. It delivers outreach work with food stalls and cooking demonstrations and 'taster' cooking sessions. The project follows this outreach work up with in house cooking sessions, food hygiene and food nutrition courses.	£74,741
South Edinburgh CHI (Virtual Community Flat Network)	Health Project	The South Edinburgh Virtual Community Flats Network provides a forum for local people and partner agencies to engage effectively with each other and to enhance partnership working between the local community and multi agency services. The project delivers local training sessions for partner organisations, provides health information sessions in the format of Drop-Ins via libraries and community centres and encourages increased access to NHS Inform and other appropriate health and social care resources. It works with volunteers and holds community events around health and well being themes. It supports a local Survivors group, the South Edinburgh Domestic Abuse Action group & THE Older Peoples Action Group. The project is also developing a social prescribing service with local GP practices.	£42,810

Provider Organisation / Service Name	Service type	Service description	Grant received in 2016/17
South Edinburgh Amenities Group (SEAG)	Community Transport	SEAG provides a with-driver transport service to 30 registered groups in South Edinburgh in specially adapted, mobility accessible minibuses. This allows groups of the elderly, disabled and those (of any age) living in areas of deprivation to access day centres, lunch clubs, and other social, leisure and health activities. This vital enabling service principally underpins the health inequalities work of our registered user groups in the Liberton Gilmerton and South Central Neighbourhood Partnership areas.	£74,165
The Ripple (£30,678+£5414)	Community Activities	The project aims to improve health & wellbeing for all ages in Restalrig, Lochend, Craigentinny. It runs a daily Lunch Club and weekly Social Clubs for older people; Toddler groups; Children's performing arts group; range of youth services including Drop in Youth Café; Mobile Youth Facility; Restalrig Open Spaces for targeted young people in partnership with police; Sexual Health Clinic; Detached Streetwork; Ripple Buddies (referred children linked with supported youth mentors); Listening support for adults in crisis; Gentle exercise; Creative writing; Knitting network and Walking groups; Community newspaper and Community café. We are also managing and developing Restalrig Lochend Community Hub as a vibrant community venue for health and wellbeing accommodating appropriate agencies and support services including Social group for adults with learning difficulties; Tenants' arrears advice; Employment projects; Benefits advice, Food co-op; Creche, Third Age computer classes; English language classes; Zumba Public meetings, Restalrig Festival. The project works with 80+ volunteers and numerous partnerships.	£36,092

Provider Organisation / Service Name	Service type	Service description	Grant received in 2016/17
Volunteer Centre Edinburgh	Timebank	This project supports Timebanks which is an assets-based approach in which individuals and communities share skills for reciprocal benefit. This builds social capital & strong community networks, reduces isolation & health inequalities, & improves health and wellbeing. VCE supports a timebank in North Edinburgh. The project supports 100 timebank members to use/share their skills and talents to help other timebank members through Individual "good neighbour" activities such as shopping, helping to move furniture, booking train tickets on-line, small DIY tasks; Collective activities such as community meals, reflecting the diversity of North Edinburgh, a community choir, a knitting Group which provides multicultural interaction and inter-generational learning, and the Community Chat Café which acts as a cultural bridging project where BME women are able to practice conversational English, and make local connections.	£26,899
Welcoming Association	Community activities for migrants	The Welcoming delivers to newly arrived and existing refugee and migrant participants. The project aims to reduce levels of anxiety/depression and increasing community capacity through its programme of activities including which aim to build confidence, independence, and reduce social isolation, anxiety and depression by connecting with other migrant and refugee communities for friendship, support and guidance for 100 participants per year. It provides weekly workshops on Scottish heritage, culture, social history, politics, food and music with visits to places of interest to enhance knowledge and understanding of Scotland to make it easier to form friendships with the local Scottish communities in which they reside. Opportunities to volunteer with local projects to develop understanding of local community issues, politics and services, and in turn, contribute their own knowledge, skills and experiences gained overseas. It provides opportunities for volunteers to assist the Welcoming in its collaborations	£9,590

Provider Organisation / Service Name	Service type	Service description	Grant received in 2016/17
		with local projects and organisations in tackling climate change, challenging hate-crime and sectarianism, raising cultural awareness and welcoming new migrant and refugee communities. It also aims to increase migrant's income due to improved access to income maximisation services, advice on problem debt levels and housing issues as well as increased participation in physical activity and enabling migrants to cook and eat healthily on a budget.	
Wester Hailes Health Agency (WHHA)	Health Project	The project takes on a central role in carrying out local consultation and community involvement, raising awareness of health issues and participates in the formulation of the local health plans. It provides specialised support services for people with substance misuse problems, encourages the take up of physical activity and exercise in the community and promotes improvement in dietary habits and nutrition through healthy eating and cooking classes as well as growing projects through it Edible Edinburgh project. The project also provides counselling and cognitive behavioural therapy, 1-1 solution focused support and group work for people who are suffering from mental health difficulties. It supports a time bank for local people and provides a health drop in service for BME community. It offers a range of volunteering opportunities for local people and provides support for people affected by cancer.	£57,131

Provider Organisation / Service Name	Service type	Service description	Grant received in 2016/17
WHALE	Art and health project	WHALE Arts delivers a range of creative activities to engage and inspire people who live in an area which is in the lowest 5% on the SIMD Health rank and who experience a wide range of health inequalities. The project runs regular groups and classes in Drama, Dance, Visual Arts, Textiles, Creative Gardening, Music, Book Groups, and supports people to access creative/cultural events outwith their own community. All activities are part of an integrated approach to local issues; engage and empower our community; relate to National, Edinburgh City, Local Neighbourhood and Reduce Health Inequalities.	£41,357

Appendix 3:

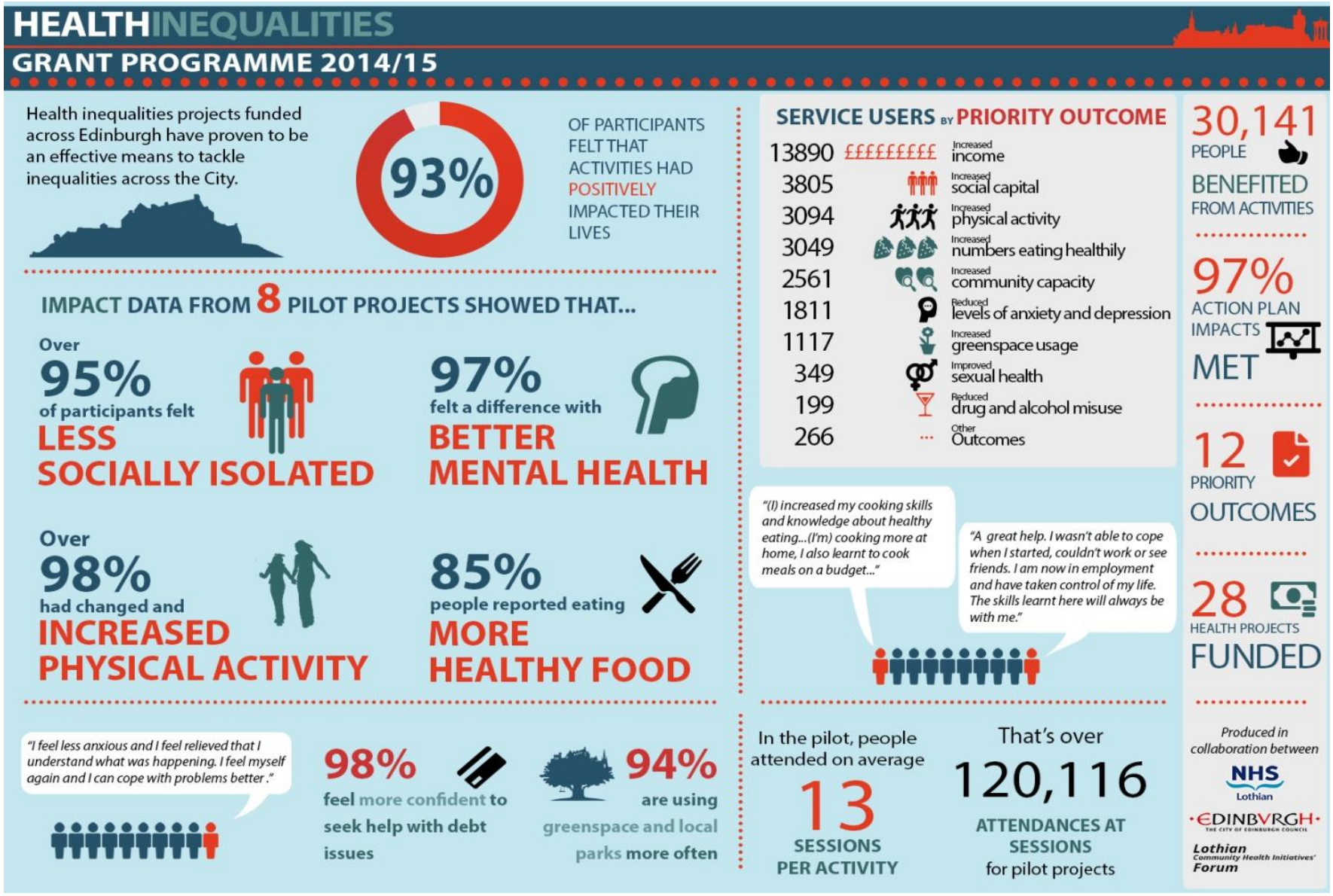
TIMETABLE for 2017/18 GRANTS PROCESS

Health Inequality Grant Programme

Month	Item	Date
August 16	Revise Health Inequality Grant Programme application form, guidance, etc Information/briefing session for Health Inequality applicants	mid August end August
Sept 16	Funding criteria and application/proposal forms available on-line Health Inequality application process open	7 Sept 9 Sept
Oct 16	Deadline for application/proposal forms to be returned IJB/partnership assessments of applications/proposals	7 Oct end Oct
Nov 16	Health Inequality Standing Group meeting/IJB Funding Panels Equality Impact Assessments to be complete where required Partnership meeting to agree recommendations Draft IJB report Disinvestments – consultation and reporting Balance grant recommendations to known budgets	Early Nov Mid Nov End Nov
Dec 16	Report for on recommendations for 17/18 grant allocation finalised	Mid Dec
Jan 17	Agenda Planning for Integration Joint Board (TBC) Integration Joint Board (Dates TBC)	Jan 2017/ Feb 2017
Feb 17	Budget setting by Council	Feb 17
Mar 17	Implement grant/contract awards from Council report through agreements or contract documents, initial payments	1 April 17

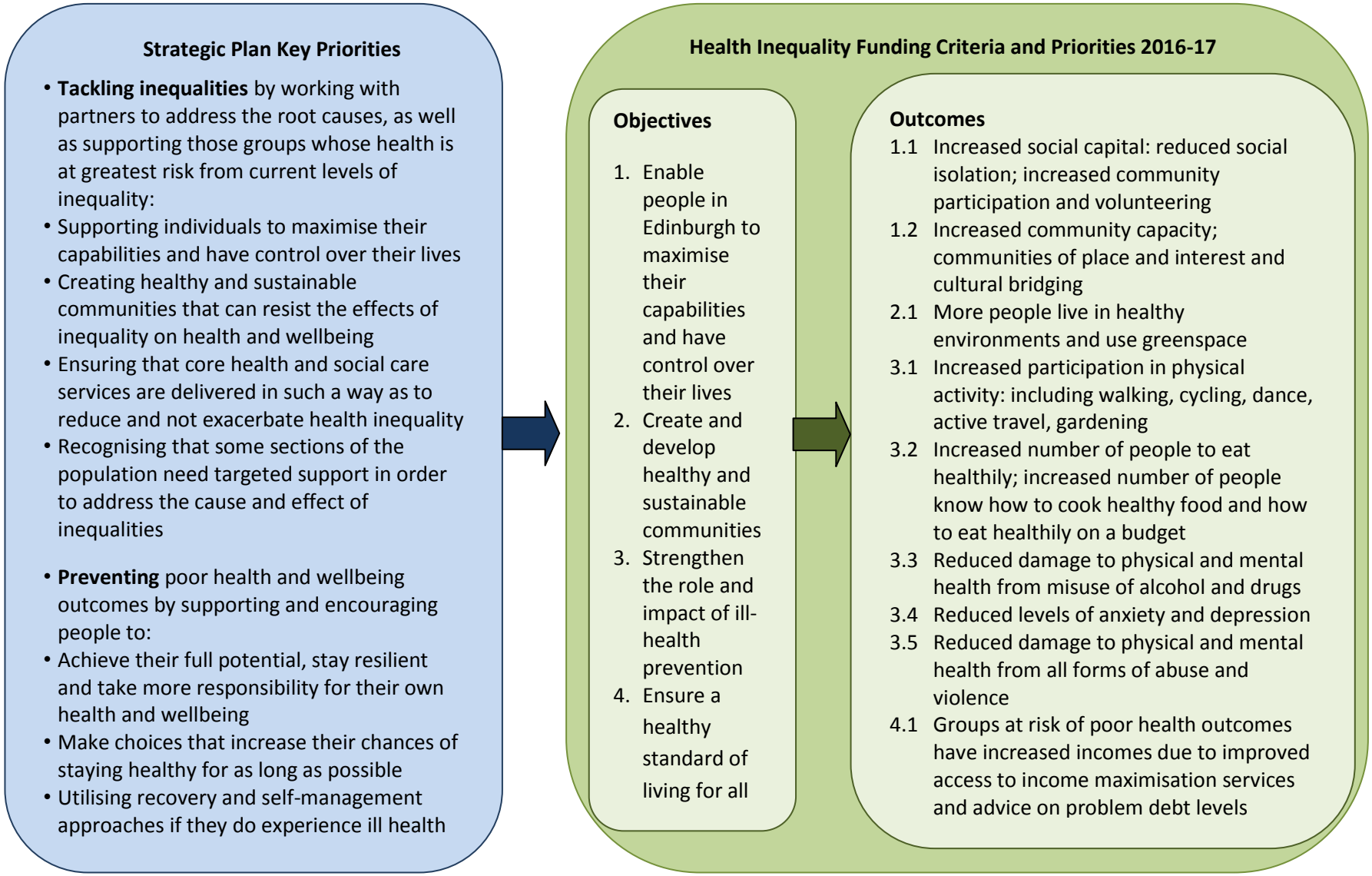
Appendix 4

Evaluation of Health Inequalities Grant Programme 2014/15



Appendix 5

Linkages between Strategic Plan Key Priorities 2016-19 and Health Inequality Funding Criteria and Priorities 2016/17



Minutes

Audit and Risk Committee

9.30 am, Friday 20 May 2016
City Chambers, Edinburgh

Present:

Angus McCann (Chair), Kay Blair and Councillor Joan Griffiths.

Officers: Magnus Aitken (Acting Chief Internal Auditor), Richard Bailes (PricewaterhouseCoopers), Gavin King (Committee Services), Daniel Melly (Audit Scotland), Ross Murray (Committee Services), Stephen O'Hagan (Audit Scotland) and Moira Pringle (Interim Chief Finance Officer).

Apologies: Councillor Aitken, Alex Joyce and Ella Simpson.

1. Minute

Decision

To approve the minute of 29 April 2016 as a correct record, subject to the removal of Alex Joyce as in attendance.

2. Work Programme

Decision

1) To note the Work Programme, Upcoming Reports and Status of Actions Update.

2) To note that the unaudited accounts item, scheduled for 1 July 2016, was not flexible.

3) To include indicative dates as part of the Status of Actions update.

(Reference – Audit and Risk Committee Work Programme – May 2016, submitted.)

3. Outstanding Actions

Decision

1) To approve the closure of action 4 (Audit Scotland Report).

2) To otherwise note the outstanding actions.

(Reference – Outstanding Actions – May 2016)

4. Edinburgh IJB – Annual Audit Plan

The Annual Audit Plan for 2015/16 prepared by Audit Scotland for the Joint Board was submitted. The following was included:

- Summary of planned audit activity.
- Responsibilities of the appointed auditor and Chief Financial Officer.
- Audit approach.
- Potential audit issues and risks.
- Fees and resources.
- Timeline of events.

Decision

1) To note the report by Audit Scotland.

2) That learning points on the initial year of the external audit process be recorded and presented to the Audit and Risk Committee.

(Reference – report by the Audit Scotland, submitted.)

5. Risk Initiative Update

An update on the risk initiative being undertaken by the IJB Senior Management Team including a heat map of identified inherent risks was submitted.

Decision

1) To present a report to the Audit and Risk Committee on how regressive risks of constituent organisations (NHS Lothian and City of Edinburgh Council) could potentially overflow into the business of the Integration Joint Board.

2) That where possible the Risk Register would be expanded to provide more underlying detail for each risk.

3) To recommend that the Risk Register become a bi-annual standing item for consideration by the Integration Joint Board.

4) That an updated Risk Register be circulated electronically to Audit and Risk Committee members in advance of further consideration at the 1 July 2016 meeting of the Committee.

5) That a Risk Management Strategy would be developed and presented to the Audit and Risk Committee once finalised.

6) That Angus McCann liaise with the Chair of the Integration Joint Board with a view to establishing a session for Board Members to develop the Risk Register.

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

6. Any Other Business

6.1 Standing Orders

It was advised that at the meeting of the Joint Board on 13 May an amendment had been made to Standing Orders so that elements, such as holding meetings in public and online publication of papers, would no longer apply to the Audit and Risk Committee.

Decision

To note the update and that Audit and Risk Committee minutes would continue to be circulated as part of the public meeting papers for the Integration Joint Board.

Minutes

Audit and Risk Committee

9.30 am, Friday 01 July 2016
City Chambers, Edinburgh

Present:

Angus McCann (Chair), Councillor Elaine Aitken, Kay Blair, Councillor Joan Griffiths, Alex Joyce and Ella Simpson.

Officers: Magnus Aitken (Chief Internal Auditor), Ross Murray (Committee Services) and Moira Pringle (Interim Chief Finance Officer).

Apologies: Daniel Melly (Audit Scotland)

1. Minute

Decision

To approve the minute of 20 May 2016 as a correct record.

2. Work Programme

Decision

1) To note the Work Programme.

2) That Annual Accounts be added to the upcoming reports for 2 September 2016.

(Reference – Audit and Risk Committee Work Programme – July 2016, submitted.)

3. Outstanding Actions

Decision

1) To approve the closure of actions 6, 7, 12 and 13.

2) That Audit and Risk Committee members liaise with contacts at KPMG and CIPFA regarding the availability of candidates with finance expertise for cooption as a Committee member.

3) That the Chair write to the Chair of the NHS Audit Committee seeking clarification with regard to the procedure for sharing of information and completed Internal Audit reports between constituent Audit, Risk and Scrutiny Committee and the level of support that the NHS Lothian Internal Audit division would make available to the Joint Board during the 2016/17 period.

4) To note that learning points on the initial year of the external audit process would be presented to the September or November 2016 meeting of the Audit and Risk Committee.

5) To note that the Risk Management Strategy would be presented to the November 2016 meeting of the Audit and Risk Committee.

6) To otherwise note the outstanding actions.

(Reference – Outstanding Actions – July 2016)

4. Accounts 2015/16

The draft Annual Accounts for the Joint Board for 2015/16 were submitted. It was advised that accounts would be submitted to the external auditors before the Joint Board for sign off in September 2016

Decision

1) To note the draft financial statements submitted.

2) To note the proposed timescale for completion.

3) To note that minor amendments would be made to the formatting and text of the document.

4) That the Chair write to Audit Scotland to query the fee incurred for the 2015/16 audit period.

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

5. Risk Initiative Update

An update on the risk initiative being undertaken by the Joint Board Senior Management Team including a heat map of identified inherent and residual risks was submitted.

Decision

1) To note the progress on the risk initiative and proposed next steps.

2) To agree that the output was considered by the Joint Board in August 2016.

3) To request the view of the Joint Board August Development Session on matters relating to environmental/strategic/political risks.

4) That the Chair speak with the Chief Officer of the Joint Board with a view to inviting him to attend Audit and Risk Committee meetings.

5) To enshrine the referral of the Joint Board Risk Register and any Joint Board audit reports to the NHS Lothian Audit Committee and/or the Council Governance, Risk and Best Value Committee as appropriate.

6) To circulate updates on the plan for the Joint Board August Development Session once this had been progressed.

(References – minute of the Integration Joint Board Audit and Risk Committee 20 May 2016 (item 5); report by the Interim Chief Finance Officer, submitted.)

6. Internal Audit Plan 2016/17

The Internal Audit Plan for the period 1 April 2016 to 31 March 2017 was submitted. The Plan was risk based and derived from the Joint Board's Risk Register and Risk Map.

Decision

1) To approve the Internal Audit Plan in principle but note the uncertainty over the level of Internal Audit resource that would be provided to the Joint Board by NHS Lothian.

2) To note that the current expected level of Internal Audit resource would not allow the Joint Board to gain any assurance over the medium risks identified in the Audit Plan and to request that officers explore the possible options for obtaining additional resource for the Joint Board.

3) To note that the audits planned would require the crossing of NHS Lothian and Council boundaries and to express support for auditors to do this.

(Reference – report by the Chief Internal Auditor, submitted.)

Minutes

Edinburgh Integration Joint Board
Professional Advisory Group

9.30 am, Tuesday 17 May 2016
Lothian Chambers, Edinburgh

Present:

Board Members: Carl Bickler (Chair), Belinda Hacking, Sharon Cameron, Cath Anderson, Linda Nicole-Smith, Eddie Balfour, Eileen Kenny

Apologies: Gordon Scott, Kirsten Hey, Wanda Fairgrieve, Wendy Dale, Nancy Henderson, Caroline Lawrie, Moyra Burns, Colin Beck, Michael Ryan, Alasdair Fitzgerald,

1. Minutes

Decision

To approve the minute of the meeting of the Edinburgh Integration Joint Board – Professional Advisory Group of 8 March 2016 as a correct record.

2. Minutes

Decision

To note the minute of the meeting of the Edinburgh Integration Joint Board – 11 March 2016.

3. Appointment of a Co- Chair of the Professional Advisory Group.

The Convener reported that Gordon Scott would soon be leaving his post and as such a vacancy had arisen as Co-Chair of the Professional Advisory Group.

Decision

To note that the Convener would seek nominations from the City of Edinburgh Council for the position of Co-Chair of the PAG.

4. Review of Edinburgh Professional Advisory Group – Edinburgh Integration Joint Board

The Professional Advisory Group was asked to note that following a process of wide consultation with key stakeholders the EIJB had recommended an enhanced role of the Professional Advisory Group and also agreed an improved and formalised relationship with the Strategic Planning Group. The Convener added that resourcing of the Professional Advisory Group was still to be agreed.

Members were anxious that the membership was reflective of the important work that the Professional Advisory Group would be undertaking.

Decision

1) To note the Review of Edinburgh Professional Advisory Group - Edinburgh Integration Joint Board.
2) To note that members would suggest revision to the membership to the Clerk.

(References – minute of the Edinburgh Integration Joint Board 15 January 2016 (item 5); report by the IJB Chief Officer, submitted.)

5. Membership of the Edinburgh Professional Advisory Group

The Professional Advisory Group was asked to comment on the circulated draft membership list of the Group.

Decision

To note that members would suggest revision to the membership to the Convener and the Clerk.

6. Communications and Engagement Strategy

A high level plan setting out principles and protocols for the Joint Board's communication and stakeholder engagement activity was considered by the Edinburgh Integration Join Board (EIJB) on 13 May 2016. The following comments were raised during discussion:

1) The circulation of material was critical and that all interested groups, stakeholder etc should receive the same material at the same time.
2) Further well planned engagement around the drive towards integration would be helpful.
3) Health and City of Edinburgh Council staff should have the same understanding and appreciation of transformation and the impact that this would have.

Decision
To note the report by report by the Chief Officer.

(References – minute of the Edinburgh Integration Joint Board 13 May 2016 (item 5); report by the IJB Chief Officer, submitted.)

7. Huddle Test of Change

Carl Bicker provided details of the approach and actions around the implementation of the Huddle model, designed to progress improvements on the whole system pathway and discharge from hospital that had been considered at the EIJB meeting on 13 May 2016.

Decision

To note the report by report by the Chief Officer.

(References – minute of the Edinburgh Integration Joint Board 13 May 2016 (item 7); report by the IJB Chief Officer, submitted.)

8. Delayed Discharge – Recent Trends

At its meeting on 13 May 2016 the EIJB considered a report that gave an overview of performance in managing hospital discharge, showing the total number of Edinburgh people who were delayed at each monthly census point over the past two years, alongside the target level for 2015-16.

Decision

1) To note the report by report by the Chief Officer, Delayed Discharge – Recent Trends.
2) To support the EIJB in the their decision to request that a future report include reference to delays attributed to:
    - Guardianship or capacity issues.
    - Acute settings.
    - X Codes.
3) To note the causes of delayed discharge are multifaceted and are not solely the result of delays in establishing appropriate care packages.

(References – minute of the Edinburgh Integration Joint Board 13 May 2016 (item 8); report by the IJB Chief Officer, submitted.)

9. Initial Set of Directions

At its meeting on 13 May 2016 the EIJB considered a report that outlined the obligation that the Public Bodies (Joint Working) (Scotland) Act places an

Integration Joint Boards to give a direction to the Council and NHS Board in respect of each function delegated to the Joint Board.

Decision

To note the report by report by the Chief Officer.

(References – minute of the Edinburgh Integration Joint Board 13 May (item 9); report by the IJB Chief Officer, submitted.)

10. Mainstreaming Equalities

At its meeting on 13 May 2016 the EIJB was asked to approve the publication of how Public Equality Duty would be mainstreamed into its day-to-day functions.

Decision

To note the report by report by the Chief Officer.

(References – minute of the Edinburgh Integration Joint Board 13 May 2016 (item 10); report by the IJB Chief Officer, submitted.)

11. Financial Plan

The EIJB on 13 May 2016 received an update on proposed investments for the Social Care Fund and details of the Joint Board's expected savings programme for 2016/17 was submitted.

Details were provided of updated indicative allocated resources from the Council and NHS Lothian; this represented a marginal (0.4% for £2.5m) increase over the levels reported to the Joint Board in March.

Decision

1) To note the report by report by the Chief Officer, Financial Plan.
2) To note that there are various NHS policies and procedures that hinder officers delivering a service that also takes into consideration current financial challenges.
3) To ask that the Interim Chief Finance Officer be invited to a future meeting of the PAG to discuss the Financial Plan

(References – minute of the Edinburgh Integration Joint Board 13 May 2016 (item 11); report by the IJB Chief Officer, submitted.)

12. Formal Establishment of the Strategic Planning Group

On 13 May 2016 the EIJB approved the establishment of a Strategic Planning Group, as required under the Public Bodies (Joint Working) (Scotland) Act 2014. The Strategic Planning Group would engage with stakeholders with

regard to the production of a strategic plan and any decisions about significant changes to services to be made without revising this.

Decision

To note the report by report by the Chief Officer

(References – minute of the Edinburgh Integration Joint Board 13 May 2016 (item 12); report by the IJB Chief Officer, submitted.)

13. Future Meetings

Decision

1) To agree that the PAG would meet 2 weeks before the EIJB.
2) To agree that the PAG would meet at alterative venues, the City Chambers and a Health Care owned property.

IJB Quality and Performance Sub Group

Meeting 1 – 21 April 2016

Key Stakeholders

Shulah Allan (Chair), Councillor Sandy Howat (Vice-Chair), Sandra Blake (Citizen Representative – Carer), Colin Briggs (Strategic Planning), Ian Brooke (EVOC), Philip Brown (Research and Information), Eleanor Cunningham (Research and Information), Wendy Dale (Strategic Planning), Christine Farquhar (Citizen Representative – Carer), Yvonne Gannon (Research and Information), James Glover (Mental Health Services), Kirsten Hey (Partnership/Union), Ian McKay (GP/Clinical Director), Michelle Miller (Chief Social Work Officer), Andy Jackson (Analytical Services), Moira Pringle (Chief Finance Officer), Rene Rigby (Private Sector), Catherine Stewart (Performance and Information) and Maria Wilson (Chief Nurse).

Facilitator: Giulia Lucchini

Apologies: Rob McCulloch-Graham (Chief Officer) and Sheena Muir (Hospital sites).

Session Aims

- Story so far
- Case study and reflections (video and activity)
- Performance and the Strategic Plan – Exploring Rubrics (group activity)
- Agree approach and next steps

Jenny's story – Reflection Activity

1. What can we learn from this that will make Integration really work?

- Communication: How to refer to Social Care Direct etc.
- What would have happened if she'd been alone
- Why so the package was so inflexible
- Fragmented
- Did she have a ward assessment?
- Too many people – no one taking charge / co-ordination
- It's about bringing people together
- We react to failure just now (package ended)
- Simplify communication routes / access routes (and don't keep changing)
- Ownership and responsibility
- A co-ordinator
- People too passive
- Awareness of everyone of everyone else's side
- 5 out of 6 of cases encounter issues like this
- Some individuals don't fit into existing neat "boxes"
- In this case, a greater exploration at the start would have helped avoid admission
- Clunky process to access care

- Jenny ended up as default care manager
- Clearly allocate responsibility and authority to manage care
- Co-ordination; what happens when there are no family to support / co-ordinate
- Communication between professionals
- 'Systems' and 'processes' are still separate
- Responsiveness – procedures where possible at home
- Are we meeting personal outcomes – POCS to be agreed / planned
- Don't make 'assumption of dependence'
- What can families provide – they can be assets

2. Write a group pledge to Jenny and explain how her contribution will help us to learn and improve

- Jenny's contribution will help us learn and improve by listening more, understand what matters to you, and ensure that you are not expected to be the person connecting the "bubble" of care.
- Listen and take wishes into account
- Recognise that systems can be barriers to flexible and response service delivery and support
- Strategic plan – joined up between hospital and communication settings
- ID a care co-coordinator (someone in the hub)
- A proper role with sufficient time to do it (not an add on)
- Remember her and her story when we plan
- Continue good care and smooth the journey
- Sort the transition – the processes
- ARU

3. What ideas do you have on how we could gather other examples / case studies / people experiences (positive and negative) and share them at future meetings

- EVOC – Adocard
- Complaints
- Good prompt for discussion
- Actual experience
- Look for examples of cases/ issues
- Selection from scenarios from:
  - *Delayed discharge*
  - *Care home services, hospital to home*
  - *Care home admission to hospital*
  - *Hospital to home*
  - *Positive and negative*
  - *Develop "perfect journey outcome"*

    - *Develop "worst outcomes"*
    - *Associate to board*
    - *IJB*
    - *KPIS*
    - *National measure chart*
- Pathway studies
- Looking at a sample of service users pathways in the system / databases. Then taking a smaller sample from this to get more qualitative personalised feedback directly from the users
- E.g. waiting times, number of times passed through teams etc

Performance and the Strategic Plan – Exploring Rubrics (group activity)

Three of the actions from the Strategic Plan were used to test out the use of rubrics in developing a performance assessment framework for the plan. Three working groups considered each in turn, and wrote on flip charts what "excellent", "good" and "poor" would look like.

The material from the flip charts is shown in the following pages.

Strategic Plan Action 1: Establish local collaborative working arrangements across partners

From April 2016 the four Health and Social Care Locality Managers will ensure that local health, social care, third, independent and housing sector providers, along with unpaid carer and service user representatives and other local organisations, are able to work effectively together by establishing collaborative working arrangements in each locality.

What does excellent look like?

- Communication and data sharing across all parties
- More emphasis on clusters
- All parties have equal opportunity to influence and recognise each other's right profile
- Honest conversations – beyond tokenism in relationships (meaningful engagement)
- Acting on conversations / tests of change
- Making sure performance monitoring is as broad as possible
- Much more emphasis on prevention
- Partner organisations know their place in the spectrum of services. No gaps or game-playing
- Great literature
- Wide range of community groups involved
- Assumption that everyone is working to support the service user
- "pull" model from community
- Confidence in the system among service users and families
- A common language
- Services are shaped by fabulous locality planning group
- Activity tackling priorities. Redesign never stops – a learning partnership

What does acceptable look like?

- Do no harm
- Increasingly able to identify the 'goal' and able to measure progress
- We know whose goal it is and have some ownership of this
- More understanding of prevention and directing resources towards this. We have convinced people and won argument
- Active engagement to seek participation in partnership
- Community group engagement valued
- Don't want to settle for acceptable – need to ensure services don't stop here.
- Productive, vibrant, representative locality planning group with everyone's roles heard
- Can see that feedback is improving from staff to service users
- Ready to tackle priorities – we know what they are
- Shorter, more efficient pathways
- Live within financial means

What does poor look like?

- Misalignment of services – gaps
- Many complaints and poor feedback
- Health, SW Working together but with nobody else
- Wasteful
- Lots of phone calls to different services by Jenny
- Costs of replication, waste of time
- Poor communication
- Measurable things will be poor
- Inappropriate info sharing
- Poor outcomes, more harm, more delays
- Resignation and acceptance – low expectations
- Measurement of wrong things – imbalances in provision
- "push" model from acute care
- Blame culture
- Constant "no money" response. No point in developing anything
- Unwillingness to look at things that are not working - keeping doing these things!
- Those who shout the loudest get the most
- We have the WRONG priorities

Strategic Plan Action 3: Establishment of locality hubs

A priority action for the Partnership is to develop hubs within each locality coordinating community resources more effectively in order to:

- maximise support for independent living
- provide a community response to urgent need and care crises

reduce the need for admission to hospital

What does excellent look like?	What does acceptable look like?	What does poor look like?
•Hospital for treatment: Home for recovery – why not home for treatment? •Right people, right time, right place = better decision (across hospitals and communities) •Everybody knows what the 'hub' does referrers (providers) users and carers •Improved outcomes: - individual, service, organisational •Able to predict and prevent and where something does go wrong we learn, absorb and grow •Effective horizon scanning •Knowing what the symptoms are that promote preventative and early into measures by measures – less days in hospital bed, less demands on point of discharge •A lead named person for each locality (girfe), coordinates, 'holds'. •Shifting resources to meet balance of care / prevent, prevent, prevent •Not being held hostage by process / procedure/ protocol •Not just referring to hub just because that's what we do •Integration with community sector	•General happiness / satisfaction of service delivery and outcomes "we're not a million miles away" •Safe Care	•Not meeting national targets – knowing why and not acting •Long delays, decisions 'bouncing around' •Lack of ownership of care management •Failure, bad press, reputational damage •Lack of understanding of hubs and huddles •Risk: professionals don't agree or can't move forward / compromise •People still operating in Silos •An over focus on 1 issue (DD) But not having a clear and sustainable impact (long term) •Repeating bad decisions / Not learning •Sending everything to the hubs

Strategic Plan Action 17: Building the wider primary care capacity

We will do this by:

a. identifying ways to maximise the contribution of community nurses who support those with healthcare needs, including frail older people living at home and in care homes, as part of developing a sustainable model of care for this group of people
b. continuing and extending medicines reviews for people taking a large number of medicines (polypharmacy) in care homes and in the community, focused on the high risk groups, linked to "*Prescription for Excellence*" funding
c. expanding the primary care pharmacy workforce, salaried and sessional, to work alongside and support GP practices
d. testing and rolling out models of "teach and treat" polypharmacy clinics to assist patients to better manage their own medicines
e. increasing opportunities for social prescribing for anxiety and depression, for example, as an alternative to prescription medication
f. considering better ways to inform the public of how to access directly health services which do not require a GP referral

What does excellent look like?	What does acceptable look like?	What does poor look like?
•Seeing the right person at the right time (continuity) •Staff having appropriate skill set being used (effective triage) •Single record shared by all •Staff are happy, content and interested in the work they do •People taking responsibilities for themselves •Staff have a clear understanding for all supports available in community and how to access them •Well informed public •Satisfied public (empowered) •Trusted brand •Community based hubs where access to all professionals and wider community assets •Better co-ordination between hospital prescribing and community prescribing •More social prescribing rather than drugs •Healthy population •Range of social prescribing/ therapies available – and people can access it with support if none •Positive impact on persons outcomes •Public are happy to see the right professional •Culture shift in expectations in public, professionals and the government	•Being within drugs budget •Right info to people and professionals about options for where to get support.	•A long wait to see the wrong person or too many people •No continuity of person GP/Nurse •Patient having to chase up •Several records / systems •Lack of GPs, pharmacists, nurses – lack of redesign to do things differently •High sickness absence •High turnover •People go to their hp as the first point of contact (rather than via GP) •Public/patients not happy / impressed /empowered / involved •Hospital admission related to drug interaction (polypharmacy) •Overspend on prescription •More of the same – inappropriate referrals to all community team •No links with wider community assets •GPs / doing tasks that don't need a gp •Professional working to bottom of skill set

Note of Meeting
Performance and Quality Sub-Group
24 May 2016
Waverley Court, East Market Street, Edinburgh
1:00 pm

Present:

Key Stakeholders

Councillor Sandy Howat (Vice-Chair), Colin Briggs (Strategic Planning), Ian Brooke (EVOC), Eleanor Cunningham (Performance and Information), Wendy Dale (Strategic Planning), Christine Farquhar (Citizen Representative – Carer), James Glover (Mental Health Services), Michelle Miller (Chief Social Work Officer), Moira Pringle (Chief Finance Officer), Rene Rigby (Private Sector), Catherine Stewart (Performance and Information) Jennifer Boyd (Local Intelligence Support Team), Catriona Young (Local Intelligence Support Team), Yvonne Gannon (Performance and Information), Jon Ferrer (Quality Assurance), Philip Brown (Performance and Information), Giulia Lucchini (Workforce Planning and Development) Sarah Bryson (Health and Social Strategy), Mike Evans (on behalf of Rob McCulloch-Graham), David White (Interim Locality Manager, SW)

Apologies: Shulah Allan (Chair), Rob McCulloch-Graham (Chief Officer) and Sheena Muir (Hospital sites), Katie McWilliam (Strategic Planning), Kirsten Hey (Partnership/Union), Ian McKay (GP/Clinical Director), Maria Wilson (Chief Nurse), Sandra Blake (Citizen Representative – Carer).

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner / Responsibility	For information
1	Welcome	No changes.		

2.1	Declarations of Interest	None.		
3.1	Minute of 21 April 2016	To approve the minute of 21 April 2016 as a correct record.	**Laura Millar**	
3.2	Matters Arising	None.		
4.1	Objectives	The following aims of the session were presented: 1) Rubrics Update 2) Rubrics Activity/Discussion/Next Steps 3) 23 National Indicators – Edinburgh's baseline position 4) Case Studies in the future		
4.2	Rubrics Update	The sub-group were presented with the "Story so far" and discussed the results of the survey monkey completed by members on the development of the rubrics method to evaluate actions. There was debate on the suitability of rubrics for appraisal and how many actions the group should aim to assess. **Decision** 1) To progress the 3 actions that were selected through a dot-voting exercise and elect 3 further actions to take forward via rubrics. 2) To request that officers assess the remaining actions with a view to grouping these together where	**Eleanor**	

		appropriate. 3) To request that officers initially assess if rubrics would be the most appropriate evaluation method for these remaining actions and report back to the sub-group for agreement	**Cunningham** **Eleanor Cunningham**	
4.3	Rubrics Activity/Discussion/ Next Steps	The sub-group cast their votes for the following 3 actions for evaluation via the Rubrics method: 1) Action 7 – Working with Community Planning Partnership to tackle inequalities 2) Action 16 – Supporting practices to work differently (GP) 3) Action 24 – Embedding rehabilitation, reablement and recovery approaches. There were concerns over the actions that were not chosen for evaluation. **Decision** 1) To note that all actions were interlinked therefore any progress or evidence collected could be transferable. 2) To note the intention to prioritise actions for assessment with the Rubrics method was just a prioritisation of the evaluation of the work undertaken and not of the actual action. 3) To note that officers would identify lead for each action and make a start where appropriate.	**Eleanor Cunningham**	

4.4	23 National Indicators – Edinburgh's Baseline Position	Jennifer Boyd delivered the presentation on the data collated and analysed by the Local Intelligence and Support Team to assist with the evaluation of services and provision of evidence for change. This was specifically in relation to the 23 National Indicators set by the Scottish Government to measure the success of outcomes aimed at improving health. Information was considered on the baseline data for Edinburgh where performance for the 23 indicators was plotted against a peer group of other Scottish Local Authorities and the Scotland average. The Local Intelligence and Support Team can isolate the data to be as specific as required i.e. - area, age range, illness etc. The following case studies were presented alongside their links to/actions from the strategic plan and a breakdown of data by locality: • Premature mortality rate (under 75 years) per 100,000 • Falls rate per 1000 aged over 65 years. • Readmissions to hospital within 28 days discharge, rate per 100,000 • Percentage of carers who feel supported to continue in their caring role • Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated		

	Workshop	Sub-group members were split into three groups and asked to answer the following 3 questions for three actions from the Strategic Plan: 1) Are you surprised by these figures? 2) Does the strategic plan address this issue 3) Do you need any other data to support this indicator? The answers discussed by the groups are detailed on the following page.		
4.6	Our Approach and Next Steps	The sub-group examined the draft letter to Jenny and discussed the possibility of obtaining more direct user feedback. **Decision** 1) To investigate more direct user feedback using a random sample of both compliments and complaints. 2) To begin the next meeting with the agreement of process and next steps for evaluation of actions. 3) To note that the next meeting of the Performance and Quality Sub-Group would take place on 24 June 2016. 4) To circulate the presentation to the sub-group along with contact information for Jennifer Boyd at the Local Intelligence and Support Team	**Eleanor Cunningham/ Giulia Lucchini** **Laura Millar**	

Workshop Results

Premature mortality rate (under 75 years) per 100,000	
Are you surprised by these figures?	• No, Edinburgh has high employment rates and therefore longer life expectancy • Differential between areas surprising.
Does the strategic plan address this issue	• Should also identify where the difference were to allow a targeted approach to solving this. • Difficult to shift focus to preventative measures rather than reactive in the current financial climate.
Do you need any other data to support this indicator?	• Useful to spilt by smaller areas (below locality level) • More data required to provide evidence to inform decisions • Causality • An economic analysis to show where to target money – intelligent spends. • How to incorporate intelligent analysis so can put into action.

Falls rate per 1000 aged over 65 years.	
Are you surprised by these figures?	• Not surprised. • Variation small given the low numbers involved. • Variation takes into account factors such some areas having pre-existing fall prevention/reablement schemes. • The expected variation due to the age profiles of each locality was reduced by the indicators focus on over-65s only. • The wealth of each locality appears to be more of a factor.
Does the strategic plan address this issue	• Very limited reference to falls: simply states that falls prevention is a strategic priority. • Some broader actions e.g. IT, accessible housing etc will impact on falls prevention.
Do you need any other data to support this indicator?	• A wide range of data collected on falls – in general, very data-rich, particularly in health settings. • Could obtain more developed data collection in social care, 3rd sector and community settings.

Percentage of carers who feel supported to continue in their caring role	
Are you surprised by these figures?	• No, one person thought the percentage would be lower. • Difficult to judge as the data is from 2013/14 • Could expect some patterns following the number of interventions that have taken place between 2013/14 and now, e.g. carers supported hospital discharge service, voluntary support, carer support payment, carer emergency card (may have a positive influence in results), Self Directed Support (one person thought this might have a negative effect).
Does the strategic plan address this issue	• Yes at a higher level. • There was discussion around our need for more data. This indicator contributes to performance measurement, however, it is not enough on its own. • A lot of development work was required with the implementation of the carers act in April 2017. • Doesn't address concerns over "hospital at home" • Action 14 may require re-examining to acknowledge the Carers Act 2017 • There was understanding of the underlying issues - shortfall of funding for 750 hours per week.
Do you need any other data to support this indicator?	• The group answered this in regards to what other data was required to measure performance against the strategic plan rather than what extra level of detail would help from this specific national indicator. • What is the exact number of carers surveyed? Is this percentage based on a low number?

	• It would be useful to have better data on numbers of unpaid carers in Edinburgh by locality. Already understand that the census undercounts carers. The Scottish Health Survey is more accurate with higher numbers, however, due to this being a sample, cannot access the numbers by localities due to small numbers. Edinburgh's own service data was not enough to identify the scale of the issue. • More recent data on this indicator would indicate if interventions/policies may have had an influence. • Use of voluntary organisation data or census data • What are the sample characteristics? Does this include young carers, etc?

Report

Performance and Quality Subgroup
Edinburgh Integration Joint Board

15 July 2016

Progress update

1. This brief paper provides an update on the work of the Integration Joint Board's Performance and Quality Subgroup.

2. Since the last update on 13 May, the Performance and Quality Subgroup has had two further meetings: 24 May and 24 June. The key items considered at these meetings are summarised below.

Developing the performance framework for the strategic plan: testing the rubrics approach

3. A rubric sets out clear criteria and standards for assessing different levels of performance (e.g. excellent, acceptable, poor).

4. Five sets of strategic planning actions are being used to test the rubrics approach. Senior managers have been nominated as leads for each of the five. They will lead the work to carry out an assessment of progress and delivery and present their findings to the Performance and Quality Subgroup scheduled as shown below.

Strategic Plan Actions	Lead	IJB P&Q Meeting
Building the wider community care capacity AND supporting GP practices to work differently (actions 16 and 17)	Maria Wilson, Ian McKay, David White	August 2016
Establishment of locality hubs (3)	Nikki Conway	September 2016
Supporting people with long term conditions (29-32)	Angela Lindsay	October 2016
Working with Community Planning Partnership tackle inequalities (7)	Wendy Dale	November 2016
Establish local collaborative working arrangements across partners (1)	Marna Green	January 2017

5. It is important to remember that the group is testing out ways of making performance and quality management more effective, having agreed that we want to bring about improvement and change through considering and challenging a range of evidence, not just scorecards.

23 National performance indicators – Edinburgh's baseline position

6. Colleagues from ISD's Local Intelligence Support Team presented their analysis of the baseline position for the 23 national health and wellbeing indicators, as well as examples of performance on selected indicators at locality level. A further update will be provided by them in July 2016, as updated data from the national Health and Care Experience Survey, the source of ten of these indicators, has now been published.

Case studies

7. The group agreed at the outset that it would focus on outcomes for people. We intend to support this by using case studies to focus attention on what matters to people. Case studies will be identified and used as part of the rubrics approach to assessing progress.

Quality assurance and governance

8. The considered what quality means to them and how it can best be assessed. The proposed clinical and care governance structure for the Edinburgh Health and Social Care Partnership was presented.

Role and remit of the group and development needs

9. The group undertook an assessment of its work so far against the group's remit as a way of determining gaps and how these might best be addressed.

Shulah Allan
Chair of the IJB Performance and Quality Subgroup
27 June 2016