Notice of Meeting and Agenda

Edinburgh Integration Joint Board

9.30 am Friday 16 September 2016

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

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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 and Updates

4.1. Previous Minutes – 15-07-16 (circulated) and 19-08-16 (circulated) – both submitted for approval as a correct record.

4.2. Sub-Group Updates

4.2.1 Audit and Risk Committee

(a) Note of meeting of 2 September 2016 (circulated)

4.2.2 Professional Advisory Group

(a) Note of meeting of 30 August 2016 (circulated)

4.2.3 Performance and Quality Sub Group

4.2.4 Strategic Planning Group

(a) Note of meeting of 28 July 2016 (circulated)

5. Reports

5.1. Rolling Actions Log – September (circulated)

5.2. Calendar of Meetings – report by the IJB Chief Officer (circulated)

5.3. Hub Update – report by the IJB Chief Officer (circulated)

5.4. Financial Update – report by the IJB Chief Officer (circulated)

5.5. Accounts 15/16 – report by the IJB Chief Officer (circulated)

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

5.7. Progress Report on Managing Delayed Discharges and Community Infrastructure to support and sustain bed reductions following the opening of Phase 1 of the Royal Edinburgh Hospital in 2017– report by IJB Chief Officer (circulated)

5.8. Action Plan for Strategic Plan – report by IJB Chief Officer (circulated)

5.9. Joint Inspection – Older People – report by the IJB Chief Officer (circulated)

5.10. Hospital Based Clinical Complex Care – Improvement Plan Update – report by the IJB Chief Officer (circulated)

6. Any Other Business

Board Members

Voting
George Walker (Chair), Shulah Allen, Kay Blair, Alex Joyce, Richard Williams, Councillor Ricky Henderson, Councillor Elaine Aitken, Councillor Joan Griffiths, Councillor Sandy Howat and Councillor Norman Work.

Non-Voting

Carl Bickler, Sandra Blake, Andrew Coull, Wanda Fairgrieve, Christine Farquhar, Kirsten Hey, Beverley Marshall, Angus McCann, Gordon Scott, Ella Simpson, Rob McCulloch-Graham, Michelle Miller, Moira Pringle and Maria Wilson.

Item 4.1 Minutes

Edinburgh Integration Joint Board

9.30 am, Friday 15 July 2016
Waverley Gate, Edinburgh

Present:

Board Members: George Walker (Chair), Councillor Elaine Aitken, Shulah Allan, Carl Bickler, Sandra Blake, Wanda Fairgrieve, Christine Farquhar, Councillor Nick Gardner (substituting), Councillor Sandy Howat, Kirsten Hey, Angus McCann, Rob McCulloch-Graham, Michelle Miller, Moira Pringle, Ella Simpson, Richard Williams, and Maria Wilson.

Officers: Lynne Barclay, Philip Brown, Wendy Dale, Ann Duff, Marna Green, Linda Irvine, Katie McWilliam, Sheena Muir and Julie Tickle.

Also Present: Carolyn Hirst, NHS Lothian.

Apologies: Kay Blair, Andrew Coull; Councillor Griffiths; Ian McKay and Councillor Work.

1. Minute's Silence

The Joint Board observed a minute's silence for those affected by the terrorist attack in Nice, France, the previous evening.

2. Minutes

Decision

To approve the minute of the meeting of the Edinburgh Integration Joint Board of 15 May 2016.

3. Rolling Actions Log

The Rolling Actions Log for 15 July 2016 was presented.

Decision

1) To approve the closure of actions 2, 4, 5; 6, 7(1), (3) & (4); 10 and 11.
2) To note that a programme for GP visits (action 9) would be circulated.
3) To note that feedback from visits was being collated, and would be presented to a future development session.

4) To invite the ICT Steering Group to consider and recommend business-critical ICT issues where the Joint Board might require to issue directions.
5) To otherwise note the outstanding actions.

(Reference – Rolling Actions Log – 15 July 2016, submitted.)

4. Non-Voting Membership

Applications for membership of the Joint Board continued to be received on an ad hoc basis, most recently from Unite. The decision whether to appoint additional non-voting members rested with the Joint Board. To rationalise this process, and allow the Joint Board an overview of any significant membership gaps, it was proposed that all outstanding requests be considered together annually.

Decision

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

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

5. Capacity and Demand

Work was underway to determine the future capacity and demand for services from older people. With project support from EY, a Project Board would review the level and type of care and support services needed; how best to ensure service sustainability; the right mix of services, and cost effectiveness. Delivery models across the whole system would be assessed, including the front door; short term intervention and complex care.

Decision

1) To accept the report as assurance that the Edinburgh Health and Social Care Partnership was taking a whole system approach to improving the effective use of resources to improve pathways for people.
2) To accept that the Phase 3 business case proposals for change would go to the Strategic Planning Group and/or the Professional Advisory Group in the first instance, and to the Joint Board by exception.
3) To request regular progress updates.

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

6. Hospital Based Complex Clinical Care

Ahead of completion of the capacity and demand review (item 5 above), a decision was required about the accommodation at the Balfour Pavilion, Astley Ainslie Hospital, where there were outstanding building safety concerns, particularly regarding fire precaution.

The report proposed closure of Balfour Pavilion, and gave a range of alternative options for the HBCCC and respite services currently provided there.

Decision

1) To note the provision of HBCCC and NHS respite care services in Balfour Pavilion, AAH (as described in section 3 of the report) and agree 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) To note the potential options for the ongoing care provision for current users of the HBCCC and respite care services in Balfour Pavilion (section 4).

3) To note that beds would not be closed until arrangements were in place for current users' ongoing care needs including the preservation of the respite care service.

4) To agree that Option 1 - to close beds in Balfour Pavilion as they became vacant until both wards were empty - was partially implemented as soon as possible as an interim arrangement until the other options were explored further to determine whether they were achievable both financially and operationally.

5) To note that closing beds as they became vacant would allow one of two wards to close as soon as possible while the other options were explored.

6) To note that by partially implementing Option 1 (as per paragraph 2.4 of the report) there would be a reduction in the number respite care beds from 10 beds to 6 beds, and that the current programme of respite care could still be maintained within this bed reduction.

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

7. Delayed Discharge – Recent Trends

An overview was given of performance in managing hospital discharge against Scottish Government targets. Key reasons for delay were explained, and a number of work streams aimed at reducing delays were outlined. The report also noted that changes to the national reporting and recording systems would be introduced from July 2016.

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

3) To request an update at the August development session.

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

8. Hub Update

An update was given on the roll out of the localities Hub model, including a description of the key services to be included in the Hub. The Hub model was most effective for urgent and new referrals; immediate assessment and short term interventions. Multi Agency Triage Teams (MATT) would work within the Hubs to determine immediate responses to maintain people safely at home, or enable hospital discharge. The first Hub and Cluster Managers would be in post in early September, with all staff likely to be recruited by February 2017.

Decision

To accept the report as assurance that the Edinburgh Health & Social Care Partnership was taking a whole system approach to improve the effective use of resources to improve pathways for the city's adult population.

(References – minute of the Edinburgh Integration Joint Board 13 May 2016 (item 6); report by the IJB Chief Officer, submitted.)

9. Accounts 2015/16

The Joint Board's draft annual accounts for 2015/16 were presented. If agreed, they would now be submitted to external auditors, before returning to the Joint Board in September for sign-off.

Decision

1) To note the draft financial statements submitted.

2) To note the proposed timescale for completion.

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

10. Financial Update

An updated financial settlement had been formally proposed by NHS Lothian. While the offer included additional funding for prescribing and mental health pressures, there remained a funding gap of £5.8m for IJB services. An additional £6m Scottish Government funding had subsequently become available to NHS Lothian, and discussions were ongoing regarding the Joint Board's share, and the overall funding deficit.

Decision

1) To note the updated financial settlement from NHS Lothian.

2) To agree that, given the underlying deficit, the Integration Joint Board could not accept the offer at this point.

3) To agree 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.

4) To note the headline financial position to 31st May 2016.

5) To agree to allocate £0.5m from the social care fund to offset demographic pressures in learning disability services.

6) To agree to receive future finance reports based on the forecast year end position.

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

11. GameChanger - Progress

GameChanger was an innovative Public Social Partnership involving NHS Lothian, Hibernian Football Club and the Hibernian Community Foundation. It aimed to use Hibernian's physical, cultural and professional assets to deliver a better, healthier, future for vulnerable, disenfranchised or disadvantaged people. The flagship proposal sought to develop a health and social club within Easter Road Stadium, delivering a range of primary care, mental health and substance misuse services, delivered by statutory and 3rd sector agencies.

Decision

1) To acknowledge the key role of GameChanger Public Social Partnership in the delivery of strategic priorities.

2) To 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 experienced significant health inequalities.

3) To support the "Healthier" workstrand which had a particular, although not exclusive, focus on Leith and the North East locality.

4) To support the development of flagship and road map proposals which would include the preparation of funding applications.

5) To note that early discussions had commenced with Heart of Midlothian Football Club in relation to mutual interests in community-based developments in health, wellbeing, fitness and social support.

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

12. Carers' Champion - Progress

An update on the progress made by the Carers' Champion, Councillor Norman Work, was submitted. This outlined the strategic and operational activities undertaken by Councillor Work over the last twelve months.

Decision

1) To note the progress made by the Carers' Champion in this role.

2) To note the progress with the implementation of the adult carers' action plan and the young carers' action plan.

3) To invite Councillor Norman Work to consider acting as the Carers Champion for the Integration Joint Board until 30 April 2017.

(Reference – report by the IJB Chief Officer.)

13. Health Inequalities Grant Investment Programme

Responsibility for planning the health and social care response to tackling inequalities and the related budgets had been delegated to the Joint Board. In recognition of this transfer Health Inequality Grants had been awarded only for 2016/17, rather than the planned three years. Some of the funded organisations employed staff, and an early decision was needed on 2017/18 allocations, in view of employment obligations. Subject to conditions, it was now proposed to award grants for a further year.

Decision

1) To agree to award 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.

2) To agree that the amount available for Health Inequalities Grants in 2016/17 should be reduced by 3.4% to take account of the outstanding 10% reduction applied by the Council over 3 years.

3) To agree the process for awarding grants for 2017/18 to be a closed process involving projects already in receipt of a Health Inequality Grant.

4) To note that a further report would be presented to the Joint Board towards the end of the first quarter of 2017 setting out proposals for investment in tackling inequalities beyond March 2018.

5) To note the intention to report to a future meeting on the remit, membership etc of the inequality steering group.

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

14. Sub-Group Updates

The Joint Board noted minutes and updates from its various Sub-Groups.

(References – Sub-Group minutes and Updates, submitted)

15. NHS Lothian Annual Review

It was noted that NHS Lothian's Annual Review would take place on 31 August 2016. Details of the programme would be provided to members.

16. Agenda Planning

Angus McCann suggested that further discussion would be needed at Joint Board meetings on its developing relationships with external organisations, including the Scottish Fire and Rescue Service, Housing providers etc.

Decision

1) To ask the Chair/Vice-Chair and Lead Officer to review how this could best be introduced at Joint Board meetings, as part of their regular agenda planning discussions.

2) To invite all members to consider any other issues they would wish added to a future Joint Board agenda.

17. Lynne Barclay

The Chair noted this would be Lynne Barclay's last meeting before leaving the Council. He paid tribute to her contribution to the work of the Joint Board, and in particular her support to him as the incoming Chair. On behalf of the Joint Board, he wished her all the very best for the future.

Item 4.1 Minutes

Edinburgh Integration Joint Board (Special Meeting)

9.30 am, Friday 19 August 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 Sandy Howat, Kirsten Hey, Alex Joyce, Angus McCann, Rob McCulloch-Graham, Moira Pringle and Ella Simpson.

Officers: Magnus Aitken, Sarah Bryson, Wendy Dale, Murdo Maclean, Alex McMahon and Katie McWilliam.

Apologies: Councillor Henderson, Richard Williams and Maria Wilson

1. A Sense of Belonging – Edinburgh Wellbeing Services

The Joint Board was invited to support the development of a Public Social Partnership approach to enhance collaboration between mental health and wellbeing services, in a way that would improve outcomes for the lives and experiences of people, families and their communities.

Decision

1) To note the report.

2) To acknowledge the involvement and engagement work to date.

3) To agree to implement a Public Social Partnership for Wellbeing Services which would build on good practice and establish relationships and develop and test innovative approaches to redesign services, improve collaboration across statutory and third sector and maximise resources and assets.

4) To agree in principle to an extension to the current Mental Health service contracts to a value of £908,848 until 31 October 2017 to allow for the service redesign and co-production to take place, subject to ratification by the Council's Finance and Resources Committee. NHS Lothian Service Level Agreements with a number of current providers would be extended to 31 October 2017.

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

2. Report on Independent Advocacy Procurement

An update was provided on the procurement for independent advocacy services and the requirement to revise the existing timetable to extend the incumbent provider's contracts for this work to 30 June 2017.

Decision

To approve the submission of a report to the Council's Finance and Resources Committee requesting the extension of the existing contracts for Independent Advocacy Services from 1 December 2016 to 30 June 2017; in order to allow more time for the completion of the procurement process and in particular consultation and engagement with service users and providers.

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

3. Delayed Discharge – Recent Trends

An overview was given of performance in managing hospital discharge against Scottish Government targets. Key reasons for delay were explained, and a number of work streams aimed at reducing delays were outlined.

Whilst there had been significant improvement in performance over the period October 2015 to April 2016, the paper reported a decline in performance from May to July 2016. Work was underway to reverse the downward trajectory. This included outcomes from the flow workshop on 8 March 2016 which was overseen by the Patient Flow Programme Board.

Decision

1) To note that a new Care at Home contract was now in place. Its aim was to improve recruitment and retention of the home care workforce by offering a rate of pay that was comparable with alternative employers, e.g. retail, customer services and the private care market. The transition to these new contracts had until very recently resulted in a reduction in Care at Home capacity.

2) To note that following the improvement in reducing delayed discharge between October 2015 and April 2016, there has been a subsequent increase in the number of delayed discharges from hospital to both Care at Home Packages and Care Homes.

3) To note that the changes at national level to delayed discharge recording and reporting from July 2016 had slightly accentuated the increase in the total number of people delayed in July by 13 to 173, (160 being the figure if the previous methodology was used.).

4) To note that a review was underway to detail the reasons as to why the previous positive trajectory had reversed, and to ensure that the comprehensive range of actions that were already in place, would secure a return to the reducing trajectory for the number of people delayed in hospital.

5) That the Delayed Discharge update provided to the next meeting of the Integration Joint Board include details on:

5.1) Admissions and vacancies at Gylemuir House.

5.2) Monitoring of data on changing trends.

6) To bring a report on Care Home Capacity to a future meeting of the Joint Board.

7) To request that a draft of the Winter Plan was presented to the Joint Board once available.

(References – minute of the Edinburgh Integration Joint Board, 15 July 2016 (item 7); report by the IJB Chief Officer, submitted.)

4. Joint Board's Progress Overview - Presentation

The Chief Officer provided a presentation outlining progress of the Joint Board in the nine months since his appointment in post. This included details on the following:

- Key achievements;
- Main challenges and risks; and
- Next steps for the next four months.

Decision

To note the presentation by the Chief Officer.

Item 4.2.1 (a)

Minutes

Audit and Risk Committee

9.30 am, Friday 2 September 2016
City Chambers, Edinburgh

Present:

Angus McCann (Chair), Councillor Elaine Aitken, Councillor Joan Griffiths and Alex Joyce.

Officers: Magnus Aitken (Chief Internal Auditor), Carol Foster (Audit Scotland), Stephen O'Hagan (Audit Scotland), Rob McCulloch Graham (Chief Officer – IJB), Ross Murray (Committee Services) and Moira Pringle (Interim Chief Finance Officer).

Apologies: Kay Blair, Sarah Bryson and Ella Simpson.

1. Minute

Decision

To approve the minute of 1 July 2016 as a correct record.

2. Outstanding Actions

Decision

1) To approve the closure of actions 5, 6, 7, 9, 10 and 11.

2) That a recruitment campaign be undertaken to find a suitable candidate with financial expertise for co-option to the Committee.

3) To otherwise note the outstanding actions.

(Reference – Outstanding Actions – September 2016)

3. Work Programme

Decision

To note the Work Programme and upcoming reports.

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

4. Internal Audit Update – September 2016

The Internal Audit activity on behalf of the Joint Board since the approval of the Internal Audit Plan and relevant activity by the Internal Audit functions of the Joint Board's constituent organisations (City of Edinburgh Council and NHS Lothian) was detailed.

Decision

To note the progress of the Joint Board Internal Audit activity to date and the areas of higher priority findings in the summary of Internal Audit reports brought to the attention of the Committee.

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

5. 2015/16 Annual Audit Report

The draft annual report on the 2015/16 audit, which identified any significant findings from the financial statements audit, was submitted by Audit Scotland.

Decision

To note the report by Audit Scotland.

(Reference –report by Audit Scotland, submitted.)

6. Accounts 2015-16

The 2015-16 annual accounts for the Joint Board were presented in advance of submission to the Joint Board on 16 September 2016 for approval.

Decision

To note the annual accounts for 2015-16 and to recommend that these were approved by the Integration Joint Board.

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

7. Risk Initiative Update

An update on the Joint Board's risk initiative, following the full board development session on the risk register on 19 August 2016, was submitted.

Decision

1) To note the updated Risk Register.

2) To approve the arrangement for maintaining the Risk Register.

3) That the Chair write to NHS and CEC leads regarding identifying capacity to assist with the appointment of a Chief Risk Officer.

4) That the Risk Register be presented to the Audit and Risk Committee on a quarterly basis from March 2017 onwards.

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

8. Lothian Audit Committee Chairs and Chief Internal Auditors Meeting – 8 August 2016

The Chair provided a verbal update on the outcomes from the Lothian Audit Committee Chairs and Chief Internal Auditors Meeting. It had been agreed that a regular Chief Internal Auditors meeting was established and that a further meeting of the Chairs would take place. Topics of discussion had included establishing a key set of shared principles, the procedure sharing of relevant NHS audit reports and the need to avoid duplication were possible.

Decision

1) To note the verbal update by the Chair.

2) That the Chief Officer would explore options to increase capacity for audit of Joint Board Risks.

(Reference – minute of the Lothian Audit Committee Chairs and Chief Internal Auditors meeting – 8 August 2016)

Minutes

Edinburgh Integration Joint Board
Professional Advisory Group

9.30 am, Tuesday 30 August 2016
Mandela Room, City Chambers, Edinburgh

Present:

Board Members: Carl Bickler (Chair), Eddie Balfour, Colin Beck, Alasdair Fitzgerald, Belinda Hacking, Andy Jeffries, Stephen McBurney, Alison Meiklejohn and Michael Ryan.

Apologies:

Moyra Burns, Sharon Cameron, Sharon Lawrie and Linda Nicol Smith.

1. Membership

Decision

To note that Dr Andy Flapan and Professor Johnny McKnight had joined the membership of the Professional Advisory Group.

2. Note of the meeting of the Edinburgh Integration Joint Board Professional Advisory Group meeting of 28 June 2016

Decision

To approve the minute of the meeting of the Edinburgh Integration Joint Board – Professional Advisory Group of 28 June 2016 as a correct record.

3. Note of the meeting of the Edinburgh Integration Joint Board of 15 July 2016

Decision

To note the minute of the meeting of the Edinburgh Integration Joint Board – 15 July 2016.

4. Note of the meeting of the Strategic Planning Group of 29 July 2016 and Matters Arising

Decision

1) To note the minute of the meeting of the Strategic Planning Group of 29 July 2016.

2) To liaise with Shulah Allan regarding the nomination of a Professional Advisory Group representative to the Quality and Performance Group.

3) To ensure that once key performance measurement outputs had been identified by the Quality and Performance Group this would be fed into relevant discussions of the Professional Advisory Group.

4) To discuss Professional Advisory Group oversight of reporting and relevant processes required to make this operation at the next meeting of Integration Joint Board sub-group Chairs.

5. Management Structure – Response to Proposed Management Structures submitted on behalf of the Professional Advisory Group.

It was advised that the management structure had been presented to the IJB Chief Officer and amendments had been made. Interviews were ongoing for the posts of Locality Manager and Strategic and Quality Manager for each locality.

There would be a manager in each locality whose remit would include mental health, alcohol and drug misuse. This individual would report directly to the Locality Manager.

Decision

To note the update.

6. The Role and Contribution of Psychology within Integration Joint Boards Across Lothian.

The role and contribution of psychology with Integration Joint Boards across Lothian, including points for consideration and next steps, was outlined.

Decision

To note the report.

(Reference – report by the Head of Psychology Services for Health, Older Adults, Neuropsychology, Forensic and Learning Disability Services, submitted.)

7. Guardianship/Capacity Issues

A summary of issues surrounding guardianship and capacity in hospitals was outlined. It was advised that this was impacting upon patient flow and proposed changes, including the engagement of third sector legal bodies, were being considered.

Decision

1) To note the update.

2) To liaise with Katie McWilliam regarding a potential campaign in Edinburgh on capacity power of attorney.

8. Mental Health Services and Royal Edinburgh – Re-provision

It was noted that a progress report would be submitted to the next Integration Joint Board on managing delayed discharges and enhancing community infrastructure to support and sustain bed reductions following the opening of Phase 1 of the Royal Edinburgh Hospital in 2017. The report would outline risks and challenges to ensuring the effective functioning of the new hospital when it opened in 2017.

Decision

1) To note the update.

2) To include information on the outcome of the report to the Joint Board as part of the agenda for the next Professional Advisory Group meeting on 1 November 2016.

9. Older Peoples Services Inspection

An update was provided on the ongoing Older Peoples Services Inspection. A significant level of resource had been involved in facilitating the inspection. A report would be provided following the inspection that would include recommendations as to how joint working could be improved.

Decision

1) To note the update.

2) That Eddie Balfour forward materials on the Joint Inspection to the Clerk for circulation to Professional Advisory Group members.

10. Future Meetings

Decision

To note the Professional Advisory Group would next meet on the 1 November 2016.

Item 4.2.4 (a)

Minutes

Edinburgh Integration Joint Board
Strategic Planning Group

10.00 am, Friday 29 July 2016
City Chambers, Edinburgh

Present:

Members: Ricky Henderson (Chair), Colin Briggs, Wendy Dale, Christine Farquar, Michelle Miller, Angus McCann, Lesley Blackmore, Michelle Mulvaney, Rob McCulloch-Graham, Eleanor Cunningham.

Apologies: George Walker, Fanchea Kelly, Sandra Blake and Ella Simpson.

In Attendance: Martin Hurst

1. Strategic Plan and Appendices

The report on the Final draft of the Strategic Plan for Health and Social Care which had been considered by the Integrated Joint Board on 11 March 2016 was circulated for information.

Decision

To note the report

2. Establishment of the Strategic Planning Group

The report on the Formal establishment of the Strategic Planning Group which had been considered by the Integrated Joint Board on 13 may 2016 was circulated for information.

Decision

To note the report

3. Mainstreaming Equalities

The report on mainstreaming equalities which had been considered by the Integrated Joint Board on 13 may 2016 was circulated for information.

Decision

To note the report

4. Strategic Planning Group – Work Plan

Wendy Dale advised that the Shadow Strategic Planning Group had met twelve times between March 2015 and February 2016 to collaborate on the production of the strategic plan. A summary version of the plan would be available soon.

During that time the Shadow Group had, developed key priorities, produced the draft strategic plan, supported public consultation, overseen the production of the final plan and produced recommendations about role remit for the Group going forward.

The role of the Group moving forward was to;

- Ensure robustness of detailed business cases and change plans to deliver the strategic plan
- Provide assurance on appropriateness of:
  - consultation and engagement
  - planning structures
- Forum for discussion on emerging themes and issues
- Oversee delivery of the strategic plan and collaborate on future iterations
- Assurance re Equality Duty

The role of the members was:

- Ensure views of stakeholders are taken into account
- Engage with wider constituency
- Commit to working in a collaborative way
- Actively facilitate and participate in public consultation

Discussion at the Group considered the following issues

- Links with the IJB and its Sub Groups (Details of the IJB Sub-Groups were provided and are attached as an appendix to this minute)
- Links with localities
- Progress on the Strategic Plan
- Development of Delivery Plans
- Other work steams coming forward
- Where the Strategic Plan fitted in with the Edinburgh partnerships work.

It was agreed that a sub group would be established to develop an engagement strategy. Membership of the sub-group to include Christine Farquhar, Colin Beck, Ella Simpson, Fanchea Kelly

It was agreed that clarification was required on when the IJB would issue a direction in regard to a particular work stream, and on what would be the reporting mechanism that would be followed.

It was considered the most likely option would be the IJB would remit matters to officers who would liaise with the sub groups and a report would then be submitted back to the IJB.

To progress the work on the Strategic Plan which will need to be reviewed and updated by this group in January, it was considered that the most feasible way forward was for the Group to receive presentations at meetings on work that was ongoing from the approved plan and any proposals coming forward.

The following work plan was agreed for future meetings of the Group.

August 2016	Published versions of the strategic plan
	Overview of the Health and Social Care Transformation Programme
	Mental Health and Substance Misuse Deliver Programme
September 2016	Older People's Delivery Plan
	Older People's Joint Inspection self-assessment
	Transformation Programme Capacity and Demand workstream
October 2016	Disabilities delivery plan
November 2016	Hospitals plan
January 2017	Updated Strategic Plan for 2017/18

Decision

- To note the proposed focus of future meetings
- To note that lead officers for the presentations would be identified
- To note that Christine Farquar, Michelle Mulvaney and Eleanor Cunningham would form the sub Group developing the engagement strategy and that Ella Simpson and Fanchea Kelly will also be invited to join this sub group
- To request that the IJB development session in February 2017 be used discussion of the updated Strategic Plan

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

5. Future Meetings

Decision

To note that the Strategic Planning Group would meet on:
26 August 2016, 10am – 12 noon – European Room, City Chambers, Edinburgh
30 September 2016, 10am – 12 noon – Dean of Guild Room and Business Centre, City Chambers, Edinburgh
28 October 2016, 10am – 12 noon – European Room, City Chambers, Edinburgh
25 November 2016, 10am – 12 noon – European Room, City Chambers, Edinburgh
27 January 2017, 10am – 12 noon – European Room, City Chambers, Edinburgh
24 February 2017, 10am – 12 noon – European Room, City Chambers, Edinburgh
31 March 2017, 10am – 12 noon – European Room, City Chambers, Edinburgh

Edinburgh Integration Joint Board Sub-groups

	Audit and Risk Committee (ARC)	Performance and Quality Group (PQG)	Professional Advisory Group (PAG)	Strategic Planning Group (SPG)
Basis for establishment	Established by decision of the Edinburgh Integration Joint Board on 20/11/2015 to ensure appropriate consideration of governance, risk and assurance matters in line with good practice governance standards in the public sector.	Established by decision of the Edinburgh Integration Joint Board on 20/11/2015 to provide assurance that the performance and quality of delegated functions are being effectively assessed and managed.	Established by decision of the Edinburgh Integration Joint Board to provide an integrated professional grouping through which health and social care professionals can influence the planning and delivery of delegated services and provide advice to the IJB.	Statutory requirement under the Public Bodies (Joint Working) (Scotland) Act 2015 as a means of enabling stakeholders to influence the planning and delivery of delegated services. Established on a shadow basis in February 2015.
Remit	*Approved by IJB on 20/11/2015* To: • monitor and scrutinise the effectiveness of audit and inspection, risk management, governance arrangements and the financial and internal control environment regarding the Integration Functions • agree the Internal Audit	*Draft pending IJB approval* To: • provide assurance to the IJB that the whole system is operating effectively to deliver the strategic plan • assess the impact and effectiveness of the strategic plan • assess performance and quality from a strategic perspective	Approved by IJB on 15/1/2016 To: • provide professional advice and opinion to the IJB – the Chair and Co chair of the PAG will be non-voting members of the IJB • be consulted upon any significant service redesign at key stages from planning through to implementation and review	***Legislative requirement:*** *To be consulted:* • *at key stages in the production of the strategic plan* • *on any significant decision to be taken about the delivery of delegated functions without revising the strategic plan* *Draft pending IJB approval* To: • review detailed business cases and

	Audit and Risk Committee (ARC)	Performance and Quality Group (PQG)	Professional Advisory Group (PAG)	Strategic Planning Group (SPG)
	Charter • approve the annual internal audit plan and review all audit work against this plan • scrutinise and consider the annual internal and external audit plans and reports • scrutinise and review the risk management strategy and risk register • scrutinise the annual accounts • review the IJB's arrangements to prevent bribery and corruption within its activities • advise the IJB on any matter contained in the committee's remit	• ensure that directions are being delivered • support innovation and improvement by using evidence of performance and quality to learn and embed what works • ensure that the perspectives of all stakeholders are considered (including citizens, third and independent sector providers, people who use services and their carers) • provide a forum for discussion and debate in relation to emerging themes and national or local initiatives which emerge • receive updates on the ongoing development JSNA and use these to influence further analysis	• provide the Health Care Professional and Social Care Professional representation on the Strategic Planning Group (SPG) by nominating two members of the PAG to sit on the SPG • act as a conduit between the IJB and SPG and the various professional representative Groups in Edinburgh • maintain strong links with frontline professionals to enable them to influence future service planning and delivery	change plans on behalf of the Integration Joint Board to ensure they are robust and meet the aims of the strategic plan • provide assurance to the Integration Joint Board that there has been appropriate consultation and engagement in line with the statutory responsibilities of the IJB for any service changes • review the planning structures in place and provide assurance to the Integration Joint Board that appropriate planning mechanisms exist within the partnership, and between the partnership and key stakeholders • provide a forum for discussion and debate in relation to emerging

	Audit and Risk Committee (ARC)	Performance and Quality Group (PQG)	Professional Advisory Group (PAG)	Strategic Planning Group (SPG)
		• oversee the production of the annual performance report		themes and national or local initiatives which emerge following the finalisation of the 2016-2019 strategic plan • receive updated JSNA and performance information as this emerges, to inform the annual review of the Strategic Plan • collaborate on the production of future iterations of the strategic plan
Chair	Nominated by the IJB: *currently Angus McCann, Citizen member of the IJB*	Nominated by the IJB: *Currently Shulah Allan NHSL Board Member of IJB*	Nominated by the PAG *Currently Carl Bickler GP Clinical Lead*	Vice chair of the IJB
Vice chair	Nominated by the IJB:	Nominated by the IJB: *Currently Sandy Howat CEC member of IJB*	Nominated by the PAG *Co Chair: TBA*	Chair of the IJB
Membership	*Approved by IJB on 20/11/2015* • Two members of the IJB appointed by NHS	• IJB Chief Officer • Clinical Director • Chief Social Work Officer • Chief Nurse	*Approved by IJB on 15/1/2016* Representatives of: • Nursing staff	**Members mandated by legislation are shown in italics** • *NHSL rep (Colin Briggs)*

	Audit and Risk Committee (ARC)	Performance and Quality Group (PQG)	Professional Advisory Group (PAG)	Strategic Planning Group (SPG)
	Lothian • Two members of the IJB appointed by the City of Edinburgh Council • Two non-voting members of the IJB **6 members in total**	• Chief Finance Officer • Locality Manager x1 • Strategic Planning Manager x2 • Strategic Planning Acute Hospitals x1 *Colin Briggs* • Hosted services x1 *Sheena Muir* • Mental health services x1 *James Glover* • Quality x2 *Jon Ferrer and Jen Evans* • GP rep x1 • Voluntary Sector rep x1 • Independent sector rep x 1 • Service user rep x1 • Carer rep x1 • PAC rep x1 • NHSL Partnership rep x1 • CEC union rep x1 **24 members in total**	• Clinical Nurse Managers • Allied Health Professional members • Physiotherapy • Occupational Therapy • Speech and Language Therapy • Podiatry • Art Therapy • Medical Staff • Optometry • Community Pharmacy • Dentistry • Clinical Psychology • Older people social work management • Disabilities social work management • Mental Health social work management • Substance Misuse social work management • Assessment and Care Management • Local Authority Occupational Therapist	• *CEC rep (Chief Social Work Officer)* • *Users of NHS services (IJB citizen member)* • *Users of social care services (IJB citizen member)* • *Carers of users of NHS services (IJB citizen member)* • *Carers of users of social care services (IJB citizen member)* • *Health care professionals (PAC to nominate)* • *Social care professionals (PAC to nominate)* • *Commercial providers of health care (to be decided)* • *Commercial providers of social care (Scottish Care to nominate)* • *Non commercial providers of health care (EVOC /CCPS to nominate)*

	Audit and Risk Committee (ARC)	Performance and Quality Group (PQG)	Professional Advisory Group (PAG)	Strategic Planning Group (SPG)
			• Local Authority Dietician • Housing support and homeless service • Children's social work/care • Primary Care Pharmacy Co-ordinator • Consultant in Public health Medicine (or deputy) • Clinical Leads from all GP and 'hosted service' areas. • GP Sub Committee Member	• *No commercial providers of social care (EVOC /CCPS to nominate)* • *Non commercial providers of social housing (Edinburgh Affordable Housing Partnership to nominate)* • *Third sector organisations (Chief Exec of EVOC)* • *Localities (to be decided)* • IJB Chief Officer • Chief Finance Officer • Strategic Planning Manager • IJB Performance Lead • Public Health consultant **24 members in total**
Lead Officer on behalf of IJB Exec Team	Chief Finance Officer	IJB Performance Lead Strategic Planning, Design and Innovation Manager	*To be agreed - suggest Chief Nurse, Clinical Director or Locality Manager*	Strategic Planning, Design and Innovation Manager

	Audit and Risk Committee (ARC)	Performance and Quality Group (PQG)	Professional Advisory Group (PAG)	Strategic Planning Group (SPG)
IJB support officer	*TBA on 26/5/16*	Sarah Bryson (Strategic Planning and Commissioning Officer)	*TBA on 26/5/16*	*TBA on 26/5/16*
Committee Services support	Ross Murray	Laura Millar	Stuart McLean	Stephen Broughton

Item 5.1 – Rolling Actions Log

September 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	**Gamechanger – Public Social Partnership** **Development Sessions 2016/17**	25/09/15 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	Not specified 12 February 2016	**Recommended for closure** - Gamechanger now included in the Strategic Plan and the Joint Board received a report in July Rob has presented on the structure at a Development session

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
3	**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 **Recommend for Closure.** Dedicated communications team now in place to support the EIJB.
4	**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	To be confirmed
5	**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. 2) To note that General Practice visits had been scheduled and would be circulated to the Joint Board.	Chief Officer	Not specified	One of the Executive Team should attend each Board visit and be responsible for scribing the visit and reporting back to IJB. Awaiting confirmation of GP visits schedule.

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
6	**Rolling Actions Log (ICT Steering Group)**	15-07-16	To invite the ICT Steering Group to consider and recommend business-critical ICT issues where the Joint Board might require to issue directions.	ICT Steering Group	Not specified	**Recommended for closure** - The ICT Steering Group meets on 16/9/16 and this will be added to the remit. The Board are welcome to oversight of minutes if they wish.
7	**Non-Voting Membership**	15-07-16	To agree to consider all requests for non-voting membership of the Joint Board annually at the final meeting in each financial year.	Chief Officer	March 2017	
8	**Delayed Discharge – recent trends**	15-07-16	To request an update at the August development session.	Chief Officer	August 2016	**Recommended for closure** -update was provided
9	**Financial Update**	15-07-16	1) To agree that the Chair, the Chief Officer and Interim Chief Finance Officer continue to work with NHS Lothian with the aim of reaching a mutually acceptable offer. 2) To agree to receive future finance reports based on the forecast year end position.	Chief Officer	Not specified	**Recommended for Closure** – On going discussions and due diligence taking place with NHSL / CEC to agree a position on budget transfer. To be provided once budgets settlement agreed.
10	**Agenda Planning**	15-07-16	To ask the Chair/Vice-Chair and Lead Officer to review how [development of relationships with external organisations, including the Scottish Fire and Rescue Service, Housing providers etc] could best be introduced at Joint Board meetings, as part of their regular agenda planning discussions.	Chief Officer/Chair/Vice-Chair	Not specified	To be confirmed

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
11	**Delayed Discharge – Recent Trends**	19-08-16	That the Delayed Discharge update provided to the next meeting of the Integration Joint Board include details on: • Admissions and vacancies at Gylemuir House • Monitoring of data on changing trends	Chief Officer	September 2016	**Recommended for closure** – included in report.
12	**Delayed Discharge – Recent Trends**	19-08-16	To bring a report on Care Home Capacity to a future meeting of the Joint Board.	Chief Officer	Not specified	Awaiting confirmation
13	**Delayed Discharge – Recent Trends**	19-08-16	To request that a draft of the Winter Plan was presented to the Joint Board once available.	Chief Officer	Not specified	Awaiting confirmation

Item 5.2

Report

Calendar of Meetings

Edinburgh Integration Joint Board

16 September 2016

Executive Summary

1. Standing Orders require the Joint Board to agree its calendar of meetings. The current schedule runs until the end of 2016. This report proposes dates for meetings until August 2017, after which the diary process will sit alongside the Council diary arrangements.

Recommendations

2. To agree the proposed schedule of meetings until August 2017.

3. To note that consultation will be undertaken on the draft calendar of meetings for 2017/18. The Joint Board will be asked to approve the draft schedule, and diary invites will be issued alongside the Council diary arrangements.

Background

4. A draft list of Joint Board meetings and development sessions was circulated for comment with the July Joint Board meeting papers. No adverse comments have been received on the proposals.

5. These now require to be approved by the Joint Board.

Main report

6. The recommended schedule (all starting at 9.30am) is as follows:-

   - 20 January 2017
   - 17 February 2017 – *Development Session*
   - 24 March 2017
   - 14 April 2017 – *Development Session* (Option to hold an additional business meeting prior to start of Development session)

- 16 June 2017
- 14 July 2017 – *Development Session*
- 11 August 2017

7. This takes account of the May 2017 local government elections, allowing time for Council appointments to be confirmed.
8. There is also scope to call Special Meetings where business requires.
9. Dates from August 2017 will be integrated with the Council diary planning process. Consultation will take place on the draft schedule, and formal approval sought from the Joint Board in early 2017.

Key risks

10. Forward planning of Joint Board business is undermined because of the absence of a forward calendar.

Financial implications

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

Involving people

12. All members of the Joint Board, and key officers, were consulted on the draft schedule of meetings.

Background reading/references

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

Report author

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Chief Officer

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Links to priorities in strategic plan	

ITEM 5.3

Report

Hub Update

IJB Board Meeting

16th September 2016

1. Executive Summary

1.1 The purpose of this report is to update the Edinburgh Integration Joint Board, (EIJB), on progress within the Hub model, in particular the matter around Information and Communications Technology, (ICT), infrastructure and opportunities for further integration of some of the functions across Edinburgh.

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

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 ensure effective and more integrated approach to improve pathways for our adult population.

3. Background

3.1 At the Integrated Joint Board Meeting in July 2016, it was noted that there were some ICT issues that were preventing the locality Multi Agency Triage Teams, (MATTs), Hubs and Clusters from being as effective as they could be in the application of their work.

3.2 Another element that has become apparent over the last few months is that there are opportunities for further integration across Edinburgh, particularly out of hours, which would demonstrate a more cohesive approach and effective use of resources, to ensure a timely and appropriate response to needs.

3.3 The Executive Team had already recognised this as a weakness and had started preliminary work to determine how these matters could be resolved. This is culminating in a multi agency workshop being held on the 1st September 2016, to provide a focussed approach to resolving the ICT issues, and considering where the overarching opportunities may be for further integration across Edinburgh.

4. Main report

4 ICT Infrastructure

4.1 As highlighted above, it is becoming apparent that there requires to be a concerted effort made to resolve some of the key IT matters that are currently preventing the locality hub staff from being as effective as they could be. This includes;

- Reliability of systems
- Different systems across health and social care that are currently incompatible

4.2 There has been some preliminary work undertaken by ICT colleagues, to capture in detail all current and potential ICT requirements for the Edinburgh Health & Social Care Partnership (EHSCP), four locality hubs. Included in this will be distinct ICT Requirements to help facilitate Multi-Agency Triage Teams (MATTs) currently being established within each hub :

- West Pilton Gardens (North West)
- Bonnington Centre (North East)
- Captain's Road (South East, to be confirmed) and
- Wester Hailes Healthy Living Centre (WHHLC) (South West).

4.3 Requirements are broken down into three distinct groups:

- Business Requirements: what must be delivered or accomplished to provide value.
- Functional Requirements: specifying what the solution should be functionally capable of. These elements describe the functions that the system is to execute; for example, formatting some text or creating a report. These are often referred to as capabilities.
- Non-Functional Requirements: for example; Compliance, Standards, Security, Financial, Capacity, Life-cycle, Usability, Maintenance etc.

4.4 The approach that will be applied will be that the Requirements will be categorised, as follows, in terms of their "MuSCoW" priority to the service area. These classifications can, if necessary, be used to distinguish between, high priority, immediate "Phase 1" developments and potential later phases, where both funding is available and strategic imperative exists. The "MusCoW" classification is described below:

Classification Type	Description
Mu = Must Have	Requirements labelled as MUST have to be included in the current delivery time frame in order for it to be a success. If even one MUST requirement is not included, the project delivery should be considered a failure (Note: Requirements can be downgraded from MUST, by agreement with all relevant stakeholders; for example, when new requirements are deemed more important). MUST can also be considered an acronym for the Minimum Usable Subset.
S = Should Have	SHOULD requirements are also critical to the success of the project, but are not necessary for delivery in the current delivery time frame. SHOULD requirements are as important as MUST, although SHOULD requirements are often not as time-critical or have workarounds, allowing another way of satisfying the requirement, so can be held back until a future delivery time frame.
Co = Could Have	Describes a requirement which is considered desirable but not necessary. This will be included if time and resources permit. Requirements labelled as COULD are less critical and often seen as nice to have. A few easily satisfied COULD requirements in a delivery can increase customer satisfaction for little development cost.
W = Won't Have	WON'T requirements are either the least-critical, lowest-payback items, or not appropriate at that time. As a result, WON'T requirements are not planned into the schedule for the delivery time frame. WON'T requirements are either dropped or reconsidered for inclusion in later time frames. This, however, doesn't make them any less important.

4.5 The specification that will be developed using this approach will be applied against the aims of the MATTs, Hubs and Clusters, with the specific ICT aim of eventually getting to the point where there is one ICT model across the four localities:

- Prevent avoidable hospital admissions
- Increase the number of supported discharges to each locality
- Develop a coordinated, responsive model of care.

4.6 ICT colleagues across the health and social care systems have engaged with those working within and across the MATTs, Hubs and Clusters, to gain insight into the Business, Functional and Non functional Requirements indicated above. This information will be used as a foundation, to work from, on the morning of the 1st September, to deliver the more immediate aims of that session:

- To clearly identify, and resolve current issues associated with IT Infrastructure, to ensure appropriate systems/kit are operational and in place to enable people to be as productive as possible.

- To identify the shared information requirements, and that the Hubs will require to access, (TRAK; hospital and community, SWIFT, VISION, portal, e-mis, etc), and to make these available and readily accessible.

Integration Opportunities

4.7 Another element across Edinburgh that has become apparent is that there are new opportunities, with integration, to become even more joined up in the way services are provided. In this instance there have been preliminary discussions about the value for some of the City wide and out of hours functions to be considered in a more integrated way. These include:

- Social Care Direct
- Lothian Unscheduled Care Service
- Safe & Effective Flow Across Lothian - SEFAL (combined Bed Bureau and Transport Hub functions)
- Out of Hours Community Nurse Service
- Community Alarm and Technology Service (CATS)
- Connections to NHS 24, and streamlining appropriate response

4.8 As part of this discussion, and previously highlighted at the IJB , there is the opportunity to have a 'Care Direct' approach that sees a streamlined referral pathway to the MATTs, Hubs and Clusters. A workshop on the 'Care Direct' element took place on the 4th August 2016, in preparation for the wider discussion on the 1st September, with the key considerations being:

- Key points from Marna's workshop on 04.08.16
- Key points from Marna's workshop on 04.08.16
- Key points from Marna's workshop on 04.08.16

4.9 This will feed well into the afternoon of the September 1st workshop, which has specific aims:

- To explore the requirements for the single point of contact for Care Direct, including what needs to be in place, from call handler expertise, phone technology etc.
- To determine the current and future opportunities with the Care Direct single point of contact, LUCS, (Out of Hours GP), NHS24, SEFAL (Safe Effective Flow Across Lothian – which includes Bed Bureau and Transport Hub).
- Develop the key elements of the Operating Procedures, both in hours and out of hours, to ensure effective navigation of the system, to support people in the most appropriate environment.
- To ensure clarity on the flow of referral and expected activity through the single Point of Contact, and develop outline Standard Operating Procedure and Communication Plan for referrers

Timelines

4.10 From the workshop on 1st September, ICT colleagues will work with the locality, strategic and professional managers to develop a timeline and outline business case for the Business, Functional and Non Functional Requirements agreed against the "MuSCoW" criteria above, and this will be brought forward to the IJB Executive Group in the first instance for consideration.

4.11 Similarly an action plan form the integration opportunities session in the afternoon, will be developed and brought forward to the IJB Executive Group for initial consideration.

5. Key risks

5.1 Key risks of not applying a methodical approach to the ICT requirements of the MATTs, Hubs and Clusters will result in inefficient systems and ineffective working, with needs potentially note being met in a timely manner, and the localities not being able to meet the aims of the locality model:

- Prevent avoidable hospital admissions
- Increase the number of supported discharges to each locality
- Develop a coordinated, responsive model of care.

5.2 Key risks of not moving forward with opportunities for integration with Care Direct, LUCs, SEFAL and improving the response for NHS 24, are similar to those above.

6. Financial implications

6.1 There are no financial implications associated with this report at this stage. There will be implications associated with both the ICT and integration opportunities, and these will be worked up and presented at a future date.

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 Moving forward with these work streams includes partners from across the whole system, and in particular drawing on the expertise of people working in the localities and across Edinburgh wide services.

8. Impact on plans of other parties

8.1 The key impact of these MATT, Hub and Cluster developments 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.

8.2 There will be an impact on both eh NHS and Council ICT plans overall, and this will be considered within the future action planning stages

Background reading/references

Report Author

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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

Links to priorities in strategic plan

Priority 2 – Prevention and Early Intervention	Staff will have the most up to date information through improved ICT, to be able to assess and respond to people's needs on a preventative, responsive and person centred way, providing the right care at the right time in the right place. Capacity will be used to best effect with integration opportunities Effective use of resources will be applied by having effective access to reliable ICT and implementing further integration opportunities
Priority 3 – Person Centred Care	
Priority 4- Right Care, Right Time, Right Place	
Priority 5 – Making best use of the capacity across the system	
Priority 6 – Managing our resources effectively	

Item 5.4

Report

Financial Update

Edinburgh Integration Joint Board

16th September 2016

Executive Summary

1. Agreement remains outstanding on financial settlements from NHS Lothian (NHSL) and City of Edinburgh Council (CEC).

2. The forecast year end position for the Integration Joint Board (IJB) shows an overspend of £9.4m. The 2 key drivers being: the share of the NHSL financial plan gap (£5.8m) and projected slippage in delivery of CEC savings (£3.5m).

3. Two key measures will support delivery of a balanced IJB financial position in year: the impact of the NHS Lothian forecast break even position; and non recurring provision is from the social care fund (SCF) to offset potential slippage in savings delivery.

4. The process of financial planning for 2017/18 has commenced with an initial view of potential pressures facing the IJB.

Recommendations

5. It is recommended that the board:

- Agrees that that the Chief Officer and Interim Chief Finance Officer in consultation with the Chair continue to work with the City of Edinburgh Council and NHS Lothian with the aim of reaching a mutually acceptable offer;
- Notes the forecast year end position and the actions being taken to mitigate;
- Agrees to provisionally allocate £4.3m from the social care fund (SCF) to offset potentially unachieved savings; and
- Notes the start of financial planning for 2017/18 onwards and the potential impact on the unallocated social care fund monies.

Background

6. The Integration Joint Board has agreed to proceed on the basis of indicative allocations from CEC and NHSL.

7. At it's meeting in July 2016, the IJB agreed to receive financial reports based on the forecast year end position.

Main report

Update on base budgets

8. Following additional funding of £6m being allocated by the Scottish Government to "recognise the Board's position in relation to NRAC parity and to support delivery of the Board's financial and performance targets", the NHSL financial plan is out of balance by £14m. The IJB's share of the original £20m gap is £5.8m, albeit discussions on the allocation of the £6m have not concluded.

9. NHSL has now undertaken a quarter 1 review of the financial position which shows a projected balanced position at an organisation wide level. This position is based on a number of key assumptions and the NHSL Finance and Resources Committee has been given a "moderate level of assurance that a breakeven position will be achieved. A further review of the assurance level will be given as part of the mid year review". Discussions on the impact on the IJB are at an early stage.

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

Year end forecast

11. As previously discussed, the approaches taken by CEC and NHSL to ongoing financial reporting are markedly different and present a challenge to reporting financial performance on a consist basis to the IJB. It has been agreed to focus on reporting projected year end performance, recognising that the forecasts are based on different points in time: CEC figures on the year end forecast position at month 5 and the NHSL numbers on the quarter 1 review.

12. These latest available numbers show a consolidated overspend for the IJB of £9.4m as summarised in table 1 below, with further analysis included in appendices 1 (CEC) and 2 (NHSL):

	Variance £k
NHS Lothian	
Core	(2,112)
Hosted	(339)
Set aside	(3,464)
Sub total NHSL	**(5,915)**
CEC	(3,500)
Total	**(9,415)**

Table 1: Forecast financial performance to 31st March 2017

13. Of the total overspend, £5.9m relates to NHS services and the net position is consistent with the IJB's share of the NHSL financial gap of £5.8m. However, within this, increasing evidence of pressure on prescribing budgets is offset by improvements in set aside services. For prescribing, both volume and unit cost are currently running above estimated levels whilst further work is required to understand the drivers behind the improvement in set aside.

14. As discussed above, NHSL have given qualified assurance that they can deliver financial balance overall, although the impact on the IJB is not clear at this point.

15. CEC services are showing a projected overspend of £3.5m which is entirely due to savings plans which have been assessed as "red". This is covered in more detail in paragraphs 17, 18 and 19 below.

Savings programme

16. The indicative funding settlements from CEC and NHSL assume that the IJB realises savings of £28.2m in 2016/17 for the combined budget to balance. Schemes totalling £22.0m have been developed, giving a residual balance of £6.2m, £5.8m of which is the IJB share of the NHSL financial plan gap. The balance being the shortfall in the savings required from the Edinburgh Drug and Alcohol Partnership following a reduction in funding of 23%. The overall position is summarised in table 2 below:

	Target	Identified schemes	Net position
	£k	£k	£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	**(1,550)**	**1,213**	**(337)**
Total	**(28,161)**	**21,990**	**(6,171)**

Table 2: IJB savings targets for 2016/17

17. Whilst the IJB has responsibility for the full £22.0m, an element will be 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 net savings of £1.2m, leaving Edinburgh Health and Social Care Partnership (EHSCP) with responsibility for delivering savings of £21.1m on behalf of all 4 IJBs.

18. Full delivery of the combined savings programme remains a major financial risk for the IJB. Consequently, as part of the CEC and NHSL year end forecasting processes, progress against identified schemes was assessed by the respective finance teams. Individual schemes have been reviewed and categorised as either red, amber or green, depending on the status and robustness of plans in place for delivery. This is summarised in table 3 below with further detail in Appendix 3:

	Total £k	Red £k	Amber £k	Green £k
NHSL	4,538	546	0	3,992
CEC	15,018	3,376	3,274	8,368
Edinburgh Drug and Alcohol Partnership	1,550	337	0	1,213
Total	**21,106**	**4,259**	**3,274**	**13,573**

Table 3: assessment of EHSCP savings programme

19. The majority of the savings assessed as red and amber relate to the CEC transformation programme. This consists of a number of work streams focussed on managing demand and assumes savings of £9.0m over 2 years, with £4.1m to be delivered in 2016/17. Achievement has been assessed as high risk, with £0.8m of savings currently classed as amber and £3.3m as red. Work is progressing on detailed business cases and implementation plans for proposals focused on asset based assessment, support planning, brokerage and financial controls around the financial allocation system. To offset potential slippage, work has been commissioned to identify further opportunities, and schemes being investigated include: telecare/health; targeted review to reduce cost of care packages; business process redesign – financial process and 'flow' across the end-to-end systems from first point of contact to service delivery; tackling delays across the system; and increasing uptake of self directed support and individual service funds.

20. The balance of the amber savings largely relates to the ongoing organisational review. The new structure will be delivered in 2 phases, the first of which (the senior management) will be in place by the end of September. Work continues to agree and finalise plans for the second phase, including the drafting of job descriptions, development of a communications plan and agreement of a detailed timetable for implementation. Full implementation of the structure will achieve savings of £11.2m in the full year, with £5.8m of the target associated with 2016/17. Although £1.8m of this year's target is currently assessed as amber, full implemented of phase 2 by 31 December 2016 should see the full delivery of the in year target.

Achieving financial balance

21. As described in paragraph 12 above, the unadjusted forecast year end overspend for the IJB is £9.4m, clearly a position of some concern.

Proposed mitigating actions are aligned with the 2 main drivers of this position, i.e. the share of the NHSL financial plan gap and a shortfall in delivery of CEC savings.

22. NHSL's quarter 1 review identified how the organisation could deliver in year financial balance. Initial indications are that NHSL recognises and acknowledges that certain IJB pressures are manageable within the overall resource envelope. Whilst welcome, this will clearly require further detailed discussion before reassurance can be given that the IJB is comfortable with any proposals.

23. Previous reports have recommended no further commitments be made against the unallocated social care fund monies until the financial position is clearer. In the light of the forecast information now available it would be prudent to set aside £4.3m non recurringly to offset any potential slippage on the delivery of savings. However this does not remover the need for concerted management action to driver delivery. It should also be recognised that this will increase the burden of savings in 2016/17.

Financial planning for 2017/18

24. Work has started on the financial plans for CEC and NHSL and the IJB will wish to be in a position to influence these emerging plans. This means having a clear understanding of the financial challenges we face and the financial implications of the priorities in the strategic plan. An initial assessment includes:

- Services currently funded on a non recurring basis, for example Gylemuir, Milestone House and some primary care initiatives;
- Increase (from 1st April 2017) in current living wage of £8.25/hour, due to be announced in the autumn;
- Care centres for people with challenging behaviour;
- Reducing delay in community social care assessments;
- Implementing recommendations from the work on capacity planning including redesign to support flow and reduce delays;
- The contractual increase in the care at home contract rate from £16 to £16.50;
- A significant (albeit yet to be quantified) savings target to be delivered, including recognition of the IJB's share of the NHS Lothian recurring deficit, estimated at £60m;
- Continued volume and price increases driving prescribing costs; and

- Potential investment in community provision to support the bed reductions resulting from phase 1 of the Royal Edinburgh Hospital reprovision.

Key risks

25. Key risks include:

- *NHSL financial plan* - as discussed above, although NHSL is forecasting a break even position for the year, the impact on the IJB is emerging. The executive team will continue to work closely with officers from NHSL and others;

- *Savings programme* – allowing substitution from the SCF to offset any in year slippage, full year delivery of this year's savings programme is required to safeguard investment in priority areas; and

- *Financial planning for 2017/18* – whilst an element of the social care fund has been retained to support investment in strategic priorities, there is a risk that emerging pressures and slippage in savings programmes are the first call on this resource.

Financial implications

26. Outlined elsewhere in this report.

Involving people

27. 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

28. As above.

Background reading/references

29. None.

Report author

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Links to priorities in strategic plan

Managing our resources effectively

Appendix 1 - CEC element of IJB year end forecast 2016/17
Appendix 2 - NHS element of IJB year end forecast 2016/17
Appendix 3 - Edinburgh Health and Social Care Partnership Savings Programme 2016/17

CEC element of IJB year end forecast 2016/17

	Budget £k	Forecast £k	Forecast variance £k
Employee costs	82,181	82,181	0
Spot purchasing	133,975	137,475	3,500
Block Contracts and Grants	22,259	22,259	0
Other	14,729	14,729	0
Gross expenditure	253,144	256,644	3,500
Income	(65,376)	(65,376)	(0)
Net expenditure	**187,767**	**191,268**	**3,500**

	Budget £k	Forecast £k	Forecast variance £k
Employees	82,799	82,799	0
Agency staff	5,200	5,200	0
Unallocated staff savings	(5,818)	(5,818)	0
Employee costs	82,181	82,181	0
Care at home	51,802	53,877	2,075
Residential & nursing	46,205	46,205	(0)
Free personal & nursing care	13,280	13,280	0
Day Care	6,091	6,615	525
Direct payments/ ind service fund	16,597	17,498	900
Block contracts	18,544	18,544	0
Grants	3,715	3,715	0
Other	14,729	14,729	0
Gross expenditure	253,144	256,644	3,500
Income - clients	(20,661)	(20,661)	(0)
Income - External Funding	(44,235)	(44,235)	(0)
Income - CEC	(480)	(480)	0
Total Income	(65,376)	(65,376)	(0)
Net expenditure	**187,767**	**191,268**	**3,500**

Appendix 2

NHS element of IJB year end forecast 2016/17

	Variance £k
Core	
Community AHPs	135
Community hospitals	(1,273)
District nursing	633
GMS	22
Health visiting	0
Mental health	44
Other	(348)
Prescribing	(1,366)
Resource transfer	0
Substance misuse	42
Sub total core	**(2,112)**
Sub total hosted	**(339)**
Sub total set aside	**(3,464)**
Grand total	**(5,915)**

Edinburgh Health and Social Care Partnership Savings Programme 2016/17

	Total £k	Red £k	Amber £k	Green £k
Organisational review	5,808	0	1,800	4,008
Transformation programme	4,137	3,376	761	0
Contract management	1,400	0	713	687
Minor CEC schemes	130	0	0	130
Social care fund	3,543	0	0	3,543
Service reviews (sexual health, rehabiliation, continence)	930	470	0	460
Prescribing	1,898	0	0	1,898
Reduction in management costs	400	0	0	400
AHPs	550	76	0	474
Locality based services	490	0	0	490
General Medical Services running costs	250	0	0	250
Minor NHS schemes	20	0	0	20
Edinburgh Drug and Alcohol Partnership	1,550	337	0	1,213
Total	**21,106**	**4,259**	**3,274**	**13,573**

Item 5.5

Report

Edinburgh Integration Joint Board Accounts 2015-16

16 September 2016

Executive Summary

1. This paper presents the 2015-16 annual accounts for Edinburgh Integration Joint Board (EIJB). These are being presented to the IJB for approval following scrutiny by the Audit and Risk Committee on 2nd September 2016.

Recommendations

2. The committee is asked to:

- approve and adopt the annual accounts for 2015-16;
- approve that the Interim Chief Finance Officer resolve and amend any minor textual issues in the annual report up to the date of sign off with Audit Scotland.
- authorise the designated signatories (Chair, Chief Officer and Interim Chief Finance Officer) to sign the Annual Report & Accounts on behalf of the Board, where indicated in the document.
- authorise the Interim Chief Finance Officer's signature of the representation letter to the auditors, on behalf of the Board.

Background

3. Integration Joint Boards are required to produce annual accounts for 2015-16. Draft financial statements were presented to the July meetings of the Audit and Risk Committee and EIJB and have been subject to audit scrutiny over the summer months. This process has now concluded and the final accounts are being presented for approval.

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). In accordance with this guidance, draft financial statements were produced and presented to the Audit and Risk Committee on

2nd July and to EIJB on 15th July 2016. Over the summer months these were considered by Audit Scotland, the appointed external auditors. This work has concluded and they are now in a position to give a proposed independent opinion on the financial statements and report on the arrangements in place to ensure the proper conduct of financial affairs and to manage performance and use of resources.

5. The accounts and associated annual audit report were scrutinised by the Audit and Risk Committee on 2nd September and no material issues were raised.

Audit and completion

6. The financial statements for the EIJB for 2015-16 are attached as appendix 1 to this report. They reflect that Audit Scotland intend to issue an unqualified opinion on the accounts.

7. The proposed Annual Audit Report from Audit Scotland (ISA 260) is attached at appendix 2. It should be noted that, following review by the Audit and Risk Committee and EIJB, there may be minor changes to the textual content from that of the circulated version. It is proposed that any such minor amendments be negotiated and agreed by the Interim Chief Finance Officer up to the date the accounts are signed by the auditors.

Representation letter

8. International Standard on Auditing (ISA 580) requires external auditors to obtain written confirmation of representations received from management on matters material to the financial statements when other sufficient audit evidence cannot reasonably be expected to exist, before their audit report on the Annual Report & Accounts is issued. A draft letter of representation is included at appendix 3.

Lessons learned

9. As the IJB only assumed responsibility for delegated functions from 1st April 2016, the values recorded in the financial statements for 2015-16 are minimal. Consequently no material problems were encountered in either the production of the accounts or the subsequent audit. That said, pulling together the supporting narrative, took longer than originally anticipated. It is recognised that production and finalisation of the 2016-17 accounts will generate an increase in both the volume and complexity. This in turn will require a greater emphasis on early engagement, planning and communication, both internally and with Scott-Moncrieff (our new external auditors). It is therefore proposed that a detailed plan is presented to the committee at it's meeting in March 2017.

Key risks

10. None identified.

Financial implications

11. The financial results deal principally with the financial governance on operational management of existing resources and no resource implications arise specifically from this report.

Involving people

12. 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

13. As above.

Background reading/references

14. None.

Report author

Moira Pringle, Interim Chief Finance Officer

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Appendix 1

Edinburgh Integration Joint Board

Audited 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 £579 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.

The indicative integrated budget for the 2016/17 financial year is £483 million. EIJB will also have strategic influence over a further £93 million in the budget set aside for large hospital services. Further to this additional funding of £250 million was allocated nationally by the Scottish Government Health and Social Care Directorate for 2016/17 to improve social care outcomes. EIJB's share of this funding is £20 million. These sums assume delivery of a £22 million savings programme.

EIJB has a significant financial challenge ahead to deliver better outcomes for its service users in a climate of increasing demographic pressures and limited resources. The effect of the UK government's aim to reduce overall public sector spending continues to have a significant impact on the funding of local authorities and the NHS. It is clear that both NHS Lothian and City of Edinburgh Council face funding pressures in 2016/17 which will impact their ability to resource the functions delegated to the IJB. The national financial outlook for 2017/18, and beyond, will, in financial terms, present an even greater challenge.

Robert McCulloch-Graham	**George Walker**	**Moira Pringle**
Chief Officer	**Chair**	**Chief Finance Officer**
16 September 2016	**16 September 2016**	**16 September 2016**

STATEMENT OF RESPONSIBILTIES

STATEMENT OF RESPONSIBILITIES FOR THE STATEMENTS OF ACCOUNT

Responsibilities of the Edinburgh integration Joint Board

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 Chief Finance Officer;
- to manage its affairs to achieve best value in the use of its resources and safeguard its assets;
- ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003); and
- to approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature by the Edinburgh Integration Joint Board on 16 September 2016.

George Walker
Chair of the Edinburgh Integration Joint Board
16 September 2016

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 and legislation

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
Chief Finance Officer
16 September 2016

REMUNERATION REPORT

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 (£6,160 in 2015/16, full year equivalent of £8,088). 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	*148,901*	-	*148,901*

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 disclosed in the tables in this remuneration report will be audited by Audit Scotland. The other sections of the report will be reviewed by Audit Scotland to ensure that they are consistent with the financial statements.

Robert McCulloch-Graham
Chief Officer
16 September 2016

George Walker
Chair
16 September 2016

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.

As Integration Joint Boards have been set up under Local Government legislation, the EIJB has adopted governance arrangements consistent where appropriate with the six principles of CIPFA and the Society of Local Authority Chief Executives (SOLACE) framework "Delivering Good Governance in Local Government". This statement explains how the EIJB has complied with these principles and also meets the Code of Practice on Local Authority Accounting in the UK, which details the requirement for an Annual Governance Statement.

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. The EIJB complies with the CIPFA Statement on "The Role of the Chief Financial Officer in Local Government 2010". The EIJB Chief Finance Officer has overall responsibility for the Partnership's financial arrangements, is professionally qualified and suitably experienced to lead and direct finance staff;
- **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 EIJB Chief Finance Officer- on behalf of the EIJB- has undertaken a detailed financial assurance process for 2016/17. The EIJB Chief Finance Officer has received offers from both NHS Lothian and City of Edinburgh Council setting out the expected level of resource available to the EIJB in 2016/17. These offers have been subject to due diligence by the Chief Finance Officer in conjunction with officers of NHS Lothian and City of Edinburgh Council. This has involved a review of historical spend, identifying and understanding key risk areas and identification of non-recurring or previously committed elements of these budgets. Consideration has also been made to the reasonableness of the future financial planning assumptions that have informed the offers to the EIJB. Whilst acknowledging the financial pressure both NHS Lothian and City of Edinburgh Council are facing, the offers have also been reviewed in terms of fairness compared to allocation to other Integration Joint Boards and to other departments of the two bodies. Throughout the process the EIJB have been updated by the Chief Finance Officer about progress and whether any issues are arising. The Internal Audit teams of both City of Edinburgh Council and NHS Lothian have reviewed this

process and have reported their findings to the relevant committees. 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.

Robert McCulloch-Graham
Chief Officer
16 September 2016

George Walker
Chair
16 September 2016

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

This statement shows the accounting cost in the year of providing services in accordance with generally accepted accounting practices

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

FOR THE YEAR ENDED 31 MARCH 2016

		2015/16		
	Note	Gross expenditure	Gross income	Net Expenditure
		£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

The Balance Sheet shows the value as of the assets and liabilities recognised by the board. The net assets of the Board are matched by the reserves held by the Board.

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 issued on 30 June 2016. The audited financial statements were authorised for issue on 16 September 2016.

Moira Pringle
Chief Finance Officer
16 September 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 Corresponding Amounts

The Edinburgh Integration Joint Board was established on 27 June 2015 and hence the period to 31 March 2016 is its first period of operation. Consequently there are no corresponding amounts for previous years to be shown.

1.3 Accruals of Income and Expenditure

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

1.4 VAT Status

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

1.5 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.

1.6 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.

1.7 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.

1.8 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

Independent auditor's report to the members of Edinburgh Integration Joint Board and the Accounts Commission for Scotland

I certify that I have audited the financial statements of Edinburgh Integration Joint Board for the year ended 31 March 2016 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Balance Sheet and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2015/16 (the 2015/16 Code).

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 125 of the Code of Audit Practice approved by the Accounts Commission for Scotland, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Respective responsibilities of the Chief Finance Officer and auditor

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. My responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland) as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. Those standards require me to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the circumstances of the Edinburgh Integration Joint Board and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Chief Finance Officer; and the overall presentation of the financial statements. In addition, I read all the financial and non-financial information in the annual accounts to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

Opinion on financial statements

In my opinion the financial statements:

- give a true and fair view in accordance with applicable law and the 2015/16 Code of the state of the affairs of the Edinburgh Integration Joint Board as at 31 March 2016 and of the income and expenditure of the Edinburgh Integration Joint Board for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2015/16 Code; and

- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Opinion on other prescribed matters

In my opinion:

- the part of the Remuneration Report to be audited has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014; and
- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which I am required to report by exception

I am required to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the part of the Remuneration Report to be audited are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit; or
- the Annual Governance Statement has not been prepared in accordance with Delivering Good Governance in Local Government; or
- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.

David McConnell
Audit Scotland
4th Floor
8 Nelson Mandela Place
Glasgow
G2 1BT

Date:

Appendix 2

AUDIT SCOTLAND

Edinburgh Integration Joint Board

2015/16 Annual Audit Report for members of Edinburgh Integration Joint Board and the Controller of Audit

September 2016

Key contacts

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David McConnell, Assistant Director, Audit Scotland is the engagement lead of Edinburgh Integration Joint Board for the 2015/16 year.

Contents

Key messages

Audit of financial statements	• We have completed our audit of the IJB and issued an unqualified independent auditor's report on the 2015/16 financial statements. • Working papers were provided according to the agreed timetable.
Financial management & sustainability	• Overall, the IJB has satisfactory financial management arrangements in place and the financial position is sustainable. • The proposed budget for 2016/17 assumes £22.2 million of efficiency savings in 2016/17, with discussions ongoing with NHS Lothian around bridging the remaining £5.8 million funding gap. Although the majority of these savings have been identified, there is a risk that these planned efficiencies are not delivered, or that additional savings or income streams cannot be identified to bridge the funding gap.
Governance & transparency	• We obtained audit assurance over the accuracy and completeness of financial transactions processed by the partner bodies. • Internal audit services provided to the IJB comply with Public Internal Audit Standards.
Best Value	• The IJB is fully committed to the integration agenda and has made good progress to date. • The strategic plan outlines the partnership's aims, visions and priorities for the next three years. This is reviewed annually. • Key outcomes for the IJB have been agreed. • The IJB is continuing to develop performance management arrangements to ensure effective reporting of outcomes.
Outlook	• The integration joint board will continue to operate in a period of austerity with reduced funding in real terms, increasing cost pressures and a growing demand for services. All integration authorities need to continue to shift resources, including the workforce, towards a more preventative and community based approach. • It is important that the IJB can demonstrate that these changes, which may take several years to fully evolve, is making a positive impact on service users and improving outcomes.

Introduction

1. In October 2015 the Accounts Commission approved the appointment of Audit Scotland's Audit Services Group as external auditors of Edinburgh Integration Joint Board (the "IJB"). Our audit appointment is for one year, covering the 2015/16 financial year, the first accounting period for which the IJB is required to prepare financial statements.

2. This report is a summary of our findings arising from the 2015/16 audit of Edinburgh Integration Joint Board. The report is divided into sections which reflect our public sector audit model.

3. The management of the IJB is responsible for:
   - preparing financial statements which give a true and fair view
   - implementing appropriate internal control systems
   - putting in place proper arrangements for the conduct of its affairs
   - ensuring that the financial position is soundly based.

4. Our responsibility, as the external auditor of Edinburgh Integration Joint Board, is to undertake our audit in accordance with International Standards on Auditing, the principles contained in the Code of Audit Practice issued by Audit Scotland in May 2011 and the ethical standards issued by the Auditing Practices Board.

5. An audit of financial statements is not designed to identify all matters that may be relevant to those charged with governance. It is the auditor's responsibility to form and express an opinion on the financial statements; this does not relieve management of their responsibility to prepare financial statements which give a true and fair view.

6. Appendix I lists the audit risks that we identified in the annual audit plan we issued in May 2016. It also summarises the assurances provided by management to demonstrate that risks are being addressed and the conclusions of our audit work Appendix II lists the reports we issued to the IJB during the year. A number of national reports have been issued by Audit Scotland during the course of the year. These reports, summarised at Appendix III, include recommendations for improvements.

7. Appendix IV is an action plan setting out our recommendation to address the high level risk we have identified during the course of the audit. Officers considered the issues and agreed to take steps to address them. The IJB should ensure it has a mechanism in place to assess progress and monitor outcomes.

8. We have included in this report only those matters that have come to our attention as a result of our normal audit procedures; consequently, our comments should not be regarded as a comprehensive record of all deficiencies that may exist or improvements that could be made.

9. The cooperation and assistance afforded to the audit team during the course of the audit is gratefully acknowledged.

Audit of the 2015/16 financial statements

Audit opinion	• We have completed our audit and issued an unqualified independent auditor's report.
Going concern	• The financial statements were prepared on the going concern basis. • The IJB had not agreed its 2016/17 budget at the start of the financial year. However we do not feel this or any other events or conditions cast significant doubt on the IJB's ability to continue as a going concern.
Other information	• We review and report on other information published with the financial statements, including the management commentary, annual governance statement and the remuneration report. We consider whether these reports have been properly prepared, comply with extant guidance and are consistent with the financial statements. • We report any material errors or omissions, any material inconsistencies with the financial statements or any otherwise misleading content. We have nothing to report in respect of the other information published as part of the annual report and accounts.

Submission of financial statements for audit

10. The Public Bodies (Joint Working) (Scotland) Act 2014 specifies that Integration Joint Boards (IJBs) should be treated as if they were bodies falling within section 106 of the Local Government (Scotland) Act 1973. The financial statements of the IJB are prepared in accordance with the 1973 Act and the 2015/16 Code of Practice on Local Authority Accounting in the United Kingdom (the Code).

11. NHS Lothian is required to submit audited accounts by 30 June each year. The IJB had satisfactory arrangements in place to ensure that information required by its stakeholder bodies was received by specified dates to enable incorporation into the group accounts of the stakeholder bodies. This included details of balances held at the year-end, the transactions in the year and other information including assurances needed for the governance statement.

12. We received the unaudited financial statements of the IJB in accordance with the agreed timetable. The working papers were of a good standard and finance staff provided good support to the audit team which assisted the delivery of the audit by the deadline.

Overview of the scope of the audit of the financial statements

13. Information on the integrity and objectivity of the appointed auditor and audit staff, and the nature and scope of the audit, were outlined in our Annual Audit Plan presented to the Audit and Risk Committee on 20 May 2016.

14. As part of the requirement to provide full and fair disclosure of matters relating to our independence, we can confirm that we have not undertaken non-audit related services. The 2015/16 agreed fee for the audit was set out in the Annual Audit Plan and as we did not carry out any work additional to our planned audit activity, the fee remains unchanged.

15. The concept of audit risk is central to our audit approach. We focus on those areas that are most at risk of causing material misstatement in the financial statements. In addition, we consider what risks are present in respect of our wider responsibility, as public sector auditors, under Audit Scotland's Code of Audit Practice.

16. During the planning phase of our audit we identified a number of risks and reported these to you in our Annual Audit Plan along with the work we proposed doing in order to obtain appropriate levels of assurance. Appendix I sets out the significant audit risks identified and how we addressed each risk.

17. Our audit involved obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error.

Materiality

18. Materiality can be defined as the maximum amount by which auditors believe the financial statements could be misstated and still not be expected to affect the decisions of users of financial

statements. A misstatement or omission, which would not normally be regarded as material by amount, may be important for other reasons (for example, an item contrary to law).

19. We consider materiality and its relationship with audit risk when planning the nature, timing and extent of our audit and conducting our audit programme. Specifically with regard to the financial statements, we assess the materiality of uncorrected misstatements, both individually and collectively.

20. We summarised our approach to materiality in our Annual Audit Plan. As Edinburgh IJB did not become fully operational until 1 April 2016, the decision on the appropriate level of materiality was deferred until the receipt of the unaudited accounts. Based on our knowledge and understanding of Edinburgh IJB, materiality has been set at £1,000 (or 1% of gross expenditure).

Evaluation of misstatements

21. The audit identified some presentational adjustments which were discussed and agreed with management. There were no monetary adjustments required as a consequence of our audit work.

Significant findings from the audit

22. International Standard on Auditing 260 requires us to communicate to you significant findings from the audit, including:

- The auditor's views about significant qualitative aspects of the entity's accounting practices, including accounting policies, accounting estimates and financial statement disclosures
- Significant difficulties encountered during the audit
- Significant matters arising from the audit that were discussed, or subject to correspondence with management
- Written representations requested by the auditor
- Other matters which in the auditor's professional judgment are significant to the oversight of the financial reporting process.

23. There are no findings from our financial statements audit that we consider need brought to your attention.

Future accounting and auditing developments

Audit appointment from 2016/17

24. The Accounts Commission is responsible for the appointment of external auditors to integration joint boards. Paragraph 1 of this report refers to Audit Scotland's one year appointment as the auditor of Edinburgh Integration Joint Board in 2015/16. This was restricted to one year to reflect the final year of our five year appointment as auditors of NHS Lothian and City of Edinburgh Council. External auditors are appointed for a five year term either from Audit Scotland's Audit Services Group or private firms of accountants.

25. The procurement process for the new round of audit appointments was completed in March 2016. Your new appointed auditor will be Scott-Moncrieff.

Code of Audit Practice

26. A new Code of Audit Practice applies to public sector audits for financial years starting on or after 1 April 2016. It replaces the Code issued in May 2011. It outlines the objectives and principles to be followed by auditors.

27. The new Code increases the transparency of our work by making more audit outputs available on Audit Scotland's website. In addition to publishing all Annual Audit Reports, Annual Audit Plans and other significant audit outputs will be put on the website for all audited bodies. This is irrespective of whether the body meets in public or makes documents available to the public through its own website.

Financial management and sustainability

Budget

NHS Lothian
£52,000

City of Edinburgh Council
£45,000

Total
£97,000

Outturn

NHS Lothian
£52,000

City of Edinburgh Council
£45,000

Total
£97,000

Usable Reserves

There were no reserves at the end of the financial year.

Financial management

28. In this section we comment on the Edinburgh Integration Joint Board financial performance and assess the IJB's financial management arrangements.

29. The IJB does not have any assets, nor does it directly incur expenditure or employ staff, other than the Chief Officer. All funding and expenditure relating to services managed by the IJB are incurred by the stakeholder parties and processed in their accounting records. Satisfactory arrangements are in place to identify this income and expenditure and report this financial information to the IJB.

30. The integration scheme between NHS Lothian and City of Edinburgh Council sets out the financial arrangements around payments by the parties to Edinburgh Integration Joint IJB in respect of all of the functions delegated by them to the IJB.

31. Legislation empowers the IJB to hold reserves. The integration scheme and the reserves strategy set out the arrangements between the partners for addressing and financing any overspends or underspends. It highlights that underspends in an element of the operational budget arising from specific management action may be retained by the IJB to either fund additional in year capacity, or be carried forward to fund capacity in future years of the Strategic Plan. Alternatively, these can be returned to the partner bodies.

32. Where there is a forecast overspend the partner bodies must agree a recovery plan to balance the budget.

Financial performance 2015/16

33. The IJB set a breakeven budget for 2015/16. This was based on administrative expenditure of £97,000 with £52,000 contributed by NHS Lothian and £45,000 City of Edinburgh Council. The IJB recorded a breakeven position at the end of March 2016.

Financial management arrangements

34. As auditors, we need to consider whether audited bodies have established adequate financial management arrangements. We do this by considering a number of factors, including whether:

- the Chief Financial Officer has sufficient status to be able to deliver good financial management
- standing financial instructions and standing orders are comprehensive, current and promoted within the IJB
- reports monitoring performance against budgets are accurate and provided regularly to budget holders
- monitoring reports do not just contain financial data but are linked to information about performance
- IJB members provide a good level of challenge and question budget holders on significant variances.

35. The Chief Finance Officer was appointed on an interim basis in July 2015, pending the appointment of a Chief Officer for the IJB and the introduction of a reporting structure to the Chief Officer. The IJB intend to make a permanent Chief Finance Officer appointment by the end of 2016.

36. We reviewed the standing orders, which were created on the formation of the IJB. These were approved by the IJB and we consider these to be adequate.

37. Financial due diligence was undertaken by officers during 2015/16 on the proposed 2016/17 resource allocations from City of Edinburgh Council and NHS Lothian. These process included reviews of the historical spend of both organisations, identification of non-recurring or previously committed budget elements, and assessment of key risk areas around the deliverability of services. Regular updates on the due diligence process were made to the IJB during 2015/16.

38. The IJB is currently developing a financial reporting strategy for 2016/17 that builds on existing reporting arrangements in the partner bodies. Both City of Edinburgh Council and NHS Lothian currently monitor expenditure on a monthly basis, however NHS Lothian use quarterly budget forecasts whilst the Council work use monthly forecasts. The high level financial position for EIJB as at 31 May 2016 was reported to the IJB in July 2016. Going forward, quarterly financial reporting to the IJB will be aligned to the most current forecast information available.

39. As auditors we attend a number of Board meetings and Audit and Risk Committee meetings. IJB members provide a good level of challenge and question budget holders on significant variances and service performance issues.

Conclusion on financial management

40. We have concluded that the IJB has satisfactory financial management arrangements. These support the review and scrutiny of financial performance, the achievement of financial targets, and awareness of any potential overspends.

Financial sustainability

41. Financial sustainability means that the IJB has the capacity to meet its current and future plans. In assessing financial sustainability we are concerned with whether:

- spending is being balanced with income in the short term
- long-term financial pressures are understood and planned for.

Financial planning

42. A budget of £596 million has been proposed for 2016/17, as set out in table 1.

43. In addition to the direct allocations from City of Edinburgh Council and NHS Lothian, the proposed budget includes additional funding allocated nationally by the Scottish Government Health and Social Care Directorate. EIJB's share of this £250 million national allocation is £20 million. Within the overall budget of £596 million, the IJB will have strategic influence over £93 million of the large hospital services budget during 2016/17, to improve social care outcomes.

Table 1: EIJB Indicative budget 2016/17

	Base budget (£million)
City of Edinburgh Council	185.226
NHS Lothian core and hosted	297.923
Social care fund	20.180
Sub-total	**503.329**
NHS Lothian set aside	93.144
Total	**596.473**

Source: IJB Board papers July 2016

44. Delays to the agreement of the Scottish Government's financial plans, and the subsequent delay in agreeing NHS Lothian's financial plan meant that the IJB budget for 2016/17 was not formally set at the beginning of the financial year. The council budget was set on 21 January 2016. This provided confirmation of the council element of the partnership funding, although discussions continue around conditions attached to elements of the social care fund previously delivered through the council.

45. The NHS Lothian element of partnership funding for 2016/17 is based on a financial plan submitted to the Scottish Government which was out of balance by £20 million, with the IJB's share of this gap being £5.8 million. Subsequently, £6 million of recurring funding has been allocated to NHS Lothian, and they are currently investigating a number of other areas to deliver a balanced budget. The distribution of this recurring funding and allocation of additional efficiency savings to the IJB has still to be determined.

46. The absence of an agreed budget at the start of the 2016/17 financial year meant there was some uncertainty during this period regarding the extent to which the IJB could develop and implement its strategic plan objectives. However the IJB has continued to develop and implement these objectives on the basis of indicative funding levels, with limited movement from these original assumptions.

47. The proposed funding settlements for 2016/17 assume realisation of efficiency savings of £22.2 million across the partner bodies, with savings plans developed to deliver these. As noted in previous paragraphs, a funding gap of £5.8 million exists in relation to NHS Lothian's settlement, and the IJB is continuing discussions with NHS Lothian about bridging this gap.

48. Although historically both partner bodies have delivered within budget, in recent years they have faced significant challenges in achieving this position. NHS Lothian continues to face significant pressures on its budget, particularly around delayed discharges and prescribing, including the increasing costs of acute drugs, all of which impact on services within the IJB remit. The council is going through a significant transformation programme, which aims to radically restructure how its services are delivered. A number of the planned efficiency savings are predicated on successful delivery of this programme. There remains a risk that the planned efficiencies

are not delivered or that additional savings or income streams cannot be identified to bridge the current funding gap.

Action point 1

Conclusion on financial sustainability

49. Overall we conclude that the IJB's financial position is sustainable currently and in the foreseeable future. However this is contingent on partner bodies' continuing their track record of delivering efficiency savings over the coming years, which will require close financial monitoring and early intervention where necessary.

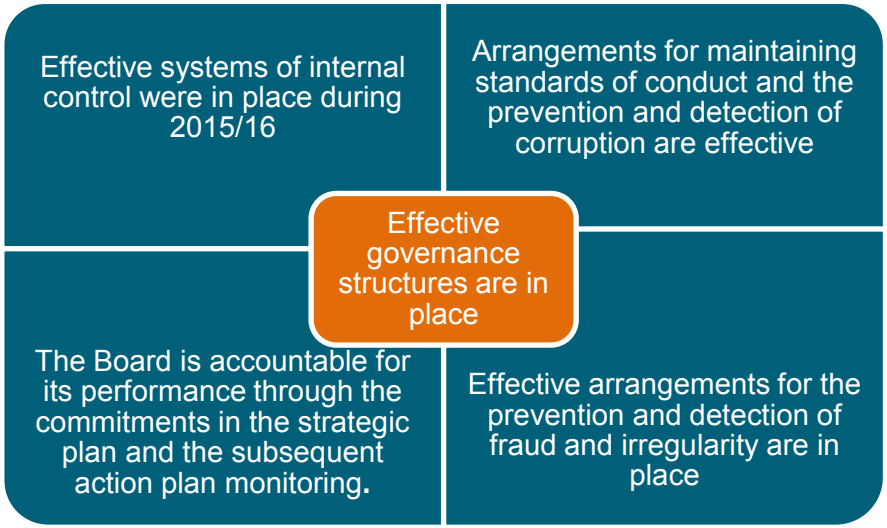
Outlook

50. NHS boards and councils have faced several years of financial constraints and this is expected to continue in the coming years. The ageing population and increasing numbers of people with long term conditions and complex needs have already placed significant pressure on health and social care budgets. This puts further pressure on finances.

51. Strategic plans, while setting out the broad direction, will need to be clear regarding the IJB's priorities and the financing and staff that will be available over the longer term to match these priorities. It is important that they provide detail on the level of resources required in each key area and how they will shift resources towards preventative and community based care.

52. In response to these challenges a transformation programme is being put in place across the Partnership in order to set out and deliver a future operating model for Health & Social Care delivery. The progress of this programme will be reported regularly to the EIJB and the audit and risk committee. The IJB will need to show how it is responding to any challenges that arise from this programme.

Governance and transparency



53. Good governance is vital to ensure that public bodies perform effectively. This can be a particular challenge in partnerships, with board members drawn from a wide range of backgrounds.

54. The integration scheme between City of Edinburgh Council and NHS Lothian sets out the key governance arrangements. It also sets out the requirement to identify and collate a core set of indicators and measures which relate to integrated functions to enable the reporting of performance targets and improvement measures.

55. The IJB is responsible for establishing arrangements for ensuring the proper conduct of the affairs of Edinburgh Integration Joint Board and for monitoring the adequacy of these arrangements.

56. The IJB comprises a wide range of service users and partners including five councillors nominated by City of Edinburgh Council and five non-executive directors nominated by NHS Lothian.

57. The IJB is supported by a Chief Officer who provides overall strategic and operational advice to the Integration Joint Board, and is directly accountable to the IJB for all of its responsibilities. The Chief Officer is also accountable to both the Chief Executive of City of Edinburgh Council and the Chief Executive of NHS Lothian. The Chief Officer also provides regular reports to both the Council and the NHS Board.

58. The IJB is responsible for the strategic planning of health and social care services in Edinburgh, and is supported by the Audit and Risk Committee.

59. The services are delivered through the Edinburgh Health and Social Care Partnertnship. The operational structure of the Partnership focuses on the delivery of most services on a locality basis across 4 geographic boundaries, which take account of existing neighbourhood partnerships within the local authority area.

60. The IJB met on a regular basis throughout the year, and the Audit and Risk Committee has established a quarterly cycle of meetings since its inception in April 2016. We review Board minutes and Audit and Risk Committee minutes to ensure they are fulfilling their

responsibilities. We also periodically attend meetings of the Audit and Risk Committee. Additionally, we attend selected Board meetings to observe how it operates. We concluded that the IJB has appropriate governance arrangements in place and they provide a framework for effective organisational decision making.

Internal control

61. While auditors concentrate on significant systems and key controls in support of the opinion on the financial statements, their wider responsibilities require them to consider the financial systems and controls of audited bodies as a whole. However, the extent of this work should also be informed by their assessment of risk and the activities of internal audit.

62. City of Edinburgh Council and NHS Lothian are the partner bodies. All financial transactions of the IJB are processed through the financial systems of the partner bodies and are subject to the same controls and scrutiny of the council and health board, including the work performed by internal audit.

63. We sought and obtained assurances from the external auditor of the council and health board regarding the systems of internal control used to produce the transactions and balances recorded in the IJB's annual accounts.

64. We also reviewed the IJB's budget setting and financial monitoring arrangements. Overall, we consider the systems of internal control to be effective.

Internal audit

65. Internal audit provides the IJB and Chief Officer with independent assurance on the IJB's overall risk management, internal control and corporate governance processes. The Chief Auditor of City of Edinburgh Council has been appointed as Chief Internal Auditor for the IJB. An internal audit plan for 2016/17 has been developed and scrutinised by the Audit and Risk Committee.

66. We carried out a review of the adequacy of the internal audit functions at each of the partner bodies. We concluded that internal audit at each partner body operates in accordance with the Public Sector Internal Audit Standards (PSIAS) and has sound documentation standards and reporting procedures in place.

67. As services become more integrated, transactions relating to the IJB will be more fluid between the parties. This provides a challenge to auditors since the annual audit plans of each partner are based on carrying out audit work which may be based on the accounting systems and governance arrangements that relate only to the partner that the auditor is appointed to.

Arrangements for the prevention and detection of fraud and other irregularities

68. Arrangements are in place to ensure that suspected or alleged frauds or irregularities are investigated by one of the partner bodies internal audit sections. Since the IJB does not directly employ staff, it has been agreed that investigations will be carried out by the internal audit service of the partner body where the fraud or

irregularity originated. If this relates to NHS Lothian, there are arrangements in place to use the Counter Fraud Services. The IJB recognises that, as partnership services become more integrated, the investigations will need to take up a more joined up approach.

69. We concluded that the IJB had effective arrangements in place for fraud detection and prevention during 2015/16.

Arrangements for maintaining standards of conduct and the prevention and detection of corruption

70. The Integration Joint Board requires that all members must comply with the Standards in Public Life - Code of Conduct for Members of Devolved Public Bodies. A register of members' interests is in place for IJB Members and senior officers.

71. Based on our review of the evidence we concluded that the IJB has effective arrangements in place for the prevention and detection of corruption and we are not aware of any specific issues that we need to record in this report.

Transparency

72. Local residents should be able to hold the IJB to account for the services it provides. Transparency means that residents have access to understandable, relevant and timely information about how the IJB is taking decisions and how it is using its resources.

73. The Integration Joint Board's purpose and vision are outlined in its Strategic Plan 2016-19, which was approved on 11 March 2016. This shows what success would look like and sets out the IJB's priorities for the next three years. In doing so, it takes account of the priorities outlined in the 2020 Vision for Health and Social Care and the strategic priorities of the Edinburgh Community Planning Partnership.

74. The Strategic Plan for 2016/2019 sets out a range of actions the partnership will take and provides a basis for measuring how well they are doing and whether they are achieving the IJB's priorities and the national outcomes. The action plan is set for a three year period and is reviewed annually.

75. In addition to City of Edinburgh Council and NHS Lothian representation, the IJB includes a number of representatives from health and social care professionals, including GPs, employees, unpaid carers, service users, and the third sector.

76. Members of the public can attend meetings of the IJB. A significant amount of the IJB's business is transacted through the Audit and Risk Committee, the Strategic Planning Group, and the quality and performance sub-group. Minutes and related papers for the IJB are available on the council website. The other committee/group papers are not publicly available, although minutes of their meetings are available within Board papers, and some reports have been presented to the Board for information. As the role and operation of the standing committees and groups develop, the IJB should consider expanding the number of reports routinely available

through the council website. Where papers include confidential information these can be withheld or redacted as appropriate.

77. Overall we concluded that the IJB is open and transparent although we believe there is an opportunity to enhance existing arrangements as the Partnership develops.

Outlook

78. Edinburgh Integration Joint Board faces continuing challenges on a number of fronts including mounting financial challenges, meeting exacting performance targets, and delivering the Scottish Government's aim of having people living longer and healthier lives at home or a homely setting (i.e. the 2020 Vision).

79. The design of IJBs brings the potential for real or perceived conflicts of interest for board members and senior managers. Partners need to be clear regarding how governance arrangements will work in practice, particularly when disagreements arise. This is because there are potentially confusing lines of accountability, which could hamper the IJB's ability to make decisions about the changes involved in redesigning services. People may also be unclear who is ultimately responsible for the quality of care.

80. Embedding robust governance arrangements will be an essential element in meeting these challenges and maintaining accountability. All stakeholders including patients, clinicians, carers, the public, staff, partner bodies and the Scottish Government, benefit from the assurance and confidence a good governance regime brings.

Best Value

81. The Public Bodies (Joint Working) (Scotland) Act 2014 set out a broad framework for creating integration authorities and gave councils and NHS boards a great deal of flexibility to enable them to develop integrated services that are best suited to local circumstances.

82. Integration authorities are required to contribute towards nine national health and wellbeing outcomes. These high level outcomes seek to measure the quality of health and social care services and their impact on, for example, allowing people to live independently and in good health, and reducing health inequalities. This signals an important shift from measuring internal processes to assessing the impact on people using health and social care services.

83. The integration scheme specifies the wide range of functions delegated by the council and NHS Lothian to the IJB. These include all services previously carried out by the council's social services department plus a wide range of service previously carried out by the health board including accident and emergency, all community hospitals, all mental health inpatients services, and primary care.

84. Accountable officers have a specific responsibility to ensure that arrangements have been made to secure Best Value. IJBs need to establish effective arrangements for scrutinising performance, monitoring progress towards their strategic objectives, and holding partners to account. There is also a need for regular reporting to partner organisations. This is particularly important as most members of City of Edinburgh Council and NHS Lothian are not directly involved in the IJB's work.

Arrangements for securing Best Value

85. The integration scheme committed the IJB to delivering the national outcomes for Health & Wellbeing. Partners identified a core set of indicators and targets and then agreed a framework for reporting progress against these. Locality planning arrangements are also in place which are multi disciplinary and multi sectoral and allow for different local needs to be taken into account in strategic planning.

86. The IJB is also committed to a number of high profile deliverables, including savings plans relating to both City of Edinburgh Council

and NHS Lothian, tackling inequalities and poor health outcomes through targeted service delivery on a locality basis, and shifting the balance of care for frail older people to support independent living.

87. The IJB are members of the Lothian Integration Dataset group, which has been working to identify a range of measures of interest to the four integration boards within the NHS Lothian boundary. The aim of the group is to provide a dataset for shared use by the four partnerships, which can be augmented by local measures.

88. The four Edinburgh and Lothian IJBs have identified services that each of the partnerships will lead. For example, Edinburgh Health and Social Care Partnership leads the delivery of rehabilitation and sexual health services. A key objective in respect of the allocation of lead roles across the partnerships was to fairly and effectively monitor, manage and share risks and resources.

89. A key aspect in achieving the vision and priorities set out in the IJB's strategic plan is the effective integration of workforce development across the partnerships to make best use of capacity. This is made more challenging by workforce restructuring ongoing as part of the council's transformation programme. This restructuring is necessary to delivery the financial savings required within the 2016/17 budget. Close management of the programme will be necessary to minimise the risks and impact on workforce development and the IJB's planned service delivery through the transition period.

90. Overall, we concluded that the IJB has arrangements for securing BV and continuous improvement.

Performance management

91. The Strategic Plan identifies six strategic priorities that are linked to the Scottish Government's nine health and wellbeing indicators. These are:

- Tackling inequalities
- Prevention and early intervention
- Person centred care
- Right care, right place, right time
- Making best use of capacity across the system
- Managing our resources effectively.

92. In April 2016 the IJB established a quality and performance sub group whose remit includes the development of a performance framework for the strategic plan. The group are developing and testing rubrics to provide clear criteria and standards against which the 44 actions in the strategic plan can be measured. In addition, 23 core indicators, linked to the key priorities and actions, have been developed from national sources so that the measurement approach for the agreed integration health and wellbeing outcomes is consistent across all areas.

93. The group reports regularly to the Board on progress in developing this framework. The performance management framework will continue to evolve as improved targets or data sources become available through, for example, the change programme.

94. As part of the IJB's due diligence process, the budget proposal offers for 2016/17 from both NHS Lothian and City of Edinburgh Council, setting out the expected level of resource available to the EIJB, and identifying potential risks and pressures. Throughout the process the EIJB have been updated by the Chief Finance Officer about progress and whether any issues are arising. The Internal Audit teams of both City of Edinburgh Council and NHS Lothian have reviewed this process and have reported their findings to the relevant committees.

95. Managers from both City of Edinburgh Council and NHS Lothian have been working together to develop a budgetary reporting strategy although this has been challenging due to the different methods of reporting in the organisations.

96. We concluded that the IJB has established a satisfactory performance management framework. This is based on the developing arrangements and existing performance frameworks at both City of Edinburgh Council and NHS Lothian.

Outlook

97. Pressures on health and social care services are likely to continue to increase for the foreseeable future. These increasing pressures have significant implications on the cost of providing health and social care services and challenges in ensuring that people receive the right care, at the right time, and in the right setting.

98. The IJB is responsible for co-ordinating health and social care services and commissioning NHS Lothian and City of Edinburgh Council to deliver services in line with the strategic plan. Over time, the intention is that this will lead to a change in how services are provided, with a greater emphasis on preventative services and allowing people to receive care and support in their home or local community.

99. The IJB will need to continue to demonstrate and report whether this is making a positive impact on service users and improving outcomes. To help achieve this it is important that the IJB has strategies covering the workforce, risk management, engagement with service users, and data sharing arrangements which help to enable delivery of the IJB's strategic priorities.

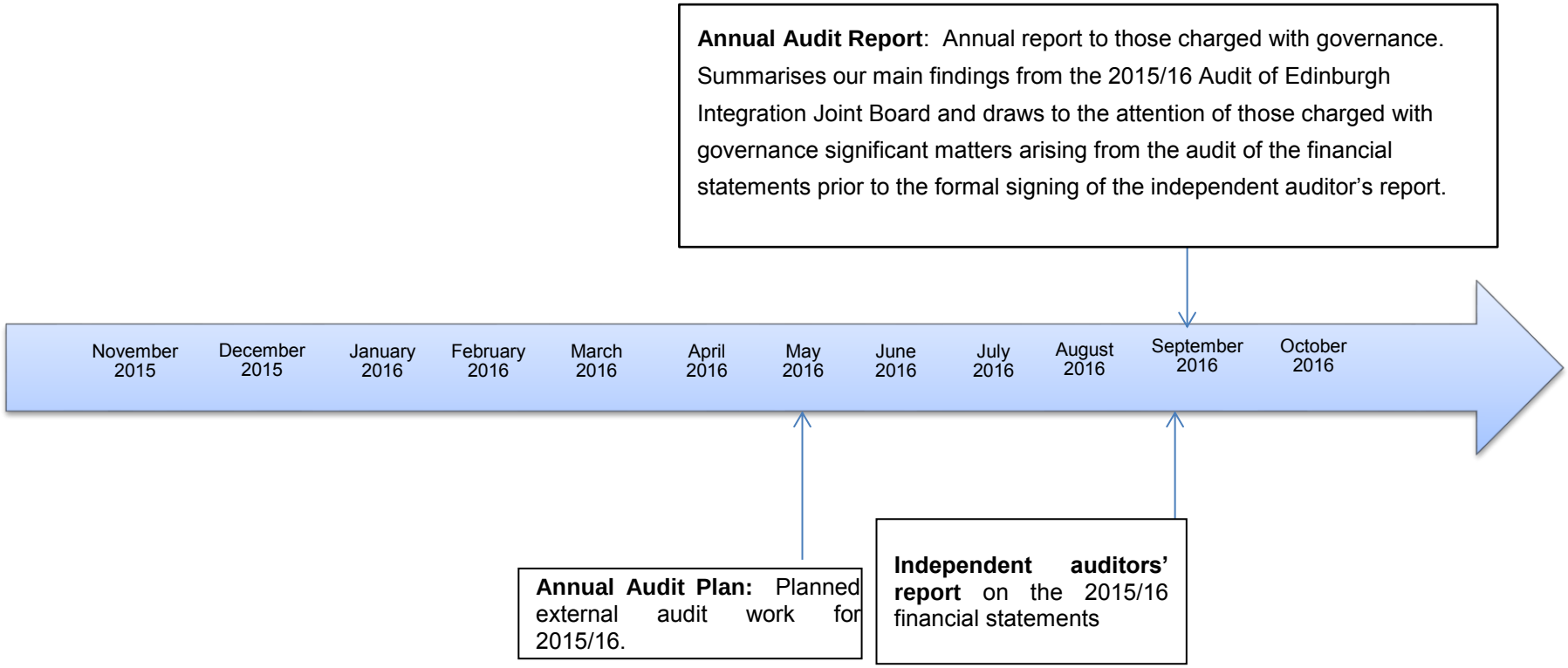
Appendix I: Significant audit risks

The table below sets out the audit risks we identified during the course of the audit and how we addressed each risk in arriving at our opinion on the financial statements.

Audit Risk	Assurance procedure	Results and conclusions
Risk of material misstatement in the financial statements		
Financial statements The financial statements for the IJB have to be prepared for the first time in 2015/16 for the period from July 2015. The financial statements are required to be prepared in accordance with relevant legislation and the Code of Practice on Local Authority Accounting in the United Kingdom. The IJB is a new body and may not yet have the processes and procedures in place to provide the required financial information. **Risk:** There is a risk that financial statements disclosures and supporting working papers will not be prepared to the required quality and by agreed timescales.	• Review of the IJB's arrangements to ensure the proper conduct of its financial affairs. • Continued engagement with officers prior to the accounts being prepared to ensure relevant information is disclosed and the timetable met. • Review of accounts for compliance technical guidance from LASAAC and IRAG. • Review of accounting policies to ensure they are appropriate and complete.	• The financial statements were presented for audit in accordance with the agreed timetable. • No areas of concern highlighted by our audit testing.

Audit Risk	Assurance procedure	Results and conclusions
Governance statement and management assurances Preparation of the IJB financial statements will rely on the provision of financial and non financial information from the systems of the partner bodies. **Risk:** There is a risk that the Chief Officer does not have adequate assurance that information received from each partner is accurate and complete.	• Carry out audit testing to confirm the accuracy and correct allocation of IJB transactions. • Seek relevant audit assurances from the health board auditors.	• Assurances obtained from City of Edinburgh Council and NHS Lothian • No areas of concern noted through audit testing
Risks identified from the auditor's wider responsibility under the Code of Audit Practice		
Financial planning and sustainability The IJB is operating in an environment with a number of challenges and risks to future finances. These include increases in demand, demographic changes, welfare reform and potential changes in central funding. The IJB will need strong financial management and budgetary control to address these challenges.	Ensured that ongoing budget monitoring accurately reflects the position of the IJB.	• No further areas of concern highlighted by our audit work.

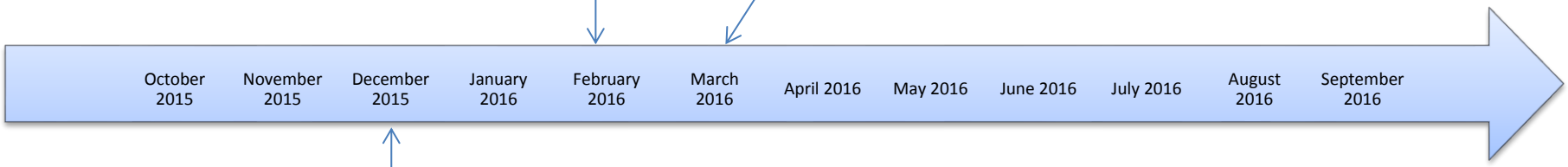
Appendix II: Summary of Edinburgh IJB local audit reports 2015/16



Appendix III: Summary of Audit Scotland national reports 2015/16

Reshaping care for older people – impact report (February 2016). This report looked at the extent to which care for older people has shifted towards communities and away from hospitals and care homes. The report considered whether the Change Fund was helping to improve care for older people in ways that can be sustained. It also examined the challenges facing organisations that deliver services for older people and how well they are meeting them.

Changing models of health and social care report (March 2016): This report says that transformational change is required to meet the Scottish Government's vision to shift the balance of care to more homely and community-based settings. NHS boards and councils need to significantly change the way they provide services and how they work with the voluntary and private sectors.



Health and Social Care Integration (December 2015): This report reviewed the progress made to establish new integration authorities, which will be responsible for planning joint health and social care services and managing budget totalling over £8 billion by 1 April 2016. The report highlights that significant risks must be addressed if a major reform of health and social care is to fundamentally change how services are delivered and improve outcomes for the people who use them.

Appendix IV: Action plan

No.	Para ref.	Issue/risk/Recommendation	Management action/response	Responsible officer / Target date
1.	48	**Issue** The indicative budget for the IJB in 2016/17 assumes that the IJB will achieve efficiency savings in the financial year of £22.2 million. In addition, discussions are ongoing with NHS Lothian around how the current funding gap of £5.8 million will be bridged. There remains a risk that planned efficiencies are not delivered, or additional savings or income streams cannot be identified, leaving the IJB with a deficit for the financial year. **Recommendation** The IJB should monitor progress towards realising identified savings on a monthly basis, and develop contingency plans to address projected funding gaps.	The financial position is considered on a regular basis at a number of forums. As the Partnership develops, a number of the pre existing arrangements for financial scrutiny remain in place, including: • quarterly financial performance meetings for the health services in the partnership • scrutiny as part of overall NHS Lothian financial position through regular reports to the NHS Lothian Corporate Management Team, Finance and Resources Committee and NHS Lothian Board • regular reporting of financial performance for CEC delivered services to the council's Health and Social Care Committee • ongoing review of corporate performance by the council's Corporate Management Team and the Finance and Resources Committee. Finance is an agenda item at each Partnership Executive Team meeting and the Chief Officer and Chief Finance Office have scheduled regular star chamber sessions with senior budget holders. These will focus on delivery of base budgets and savings programmes, and aim to identify any slippage and mitigating actions at an early stage. We also have the support of EY who are providing project management support to the overall savings programme. This is supplemented by finance updates to each of the IJB meetings.	Chief Finance Officer Ongoing

Appendix 3

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AUDIT SCOTLAND

Edinburgh Integration Joint Board
Audit and Risk Committee

16 September 2016

Edinburgh Integration Joint Board
2015/16 Annual Audit Report

1. International Standard on Auditing (UK and Ireland) 260 (ISA 260) requires auditors to report specific matters arising from the audit of the financial statements to those charged with governance of a body in sufficient time to enable appropriate action. We also present for your consideration our draft annual report on the 2015/16 audit which identifies significant findings from the financial statements audit. The section headed "Significant findings from the audit in accordance with ISA260" in the attached annual audit report sets out the issues identified. This report will be issued in final form after the financial statements have been certified.

2. Our work on the financial statements is now substantially complete. Subject to the satisfactory conclusion of any outstanding matters and receipt of a revised set of financial statements for final review, we anticipate being able to issue an unqualified auditor's report on 16 September 2016, following approval of the accounts by the Board (the proposed report is attached at Appendix A). There are no anticipated modifications to the audit report.

3. In presenting this report to the Audit and Risk Committee and Board we seek confirmation from those charged with governance of any instances of any actual, suspected or alleged fraud; any subsequent events that have occurred since the date of the financial statements; or material non-compliance with laws and regulations affecting the entity that should be brought to our attention.

4. We are required to report to those charged with governance all unadjusted misstatements which we have identified during the course of our audit, other than those of a trivial nature and request that these misstatements be corrected. We have no unadjusted misstatements to bring to your attention.

5. As part of the completion of our audit we seek written assurances from the Chief Finance Officer on aspects of the financial statements and judgements and estimates made. A draft letter of representation under ISA580 is attached at Appendix B. This should be signed and returned by the Chief Finance Officer with the signed financial statements prior to the independent auditor's opinion being certified.

APPENDIX A: Proposed Independent Auditor's Report

Independent auditor's report to the members of Edinburgh Integration Joint Board and the Accounts Commission for Scotland

I certify that I have audited the financial statements of Edinburgh Integration joint Board for the year ended 31 March 2016 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Balance Sheet and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2015/16 (the 2015/16 Code).

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 125 of the Code of Audit Practice approved by the Accounts Commission for Scotland, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Respective responsibilities of the Chief Finance Officer and auditor

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. My responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland) as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. Those standards require me to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the circumstances of the Edinburgh Integration Joint Board and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Chief Finance Officer; and the overall presentation of the financial statements. In addition, I read all the financial and non-financial information in the annual accounts to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

Opinion on financial statements

In my opinion the financial statements:

- give a true and fair view in accordance with applicable law and the 2015/16 Code of the state of the affairs of the Edinburgh Integration Joint Board as at 31 March 2016 and of the income and expenditure of the Edinburgh Integration Joint Board for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2015/16 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Opinion on other prescribed matters

In my opinion:

- the part of the Remuneration Report to be audited has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014; and

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which I am required to report by exception

I am required to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the part of the Remuneration Report to be audited are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit; or
- the Annual Governance Statement has not been prepared in accordance with Delivering Good Governance in Local Government; or
- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.

David McConnell
Audit Scotland
4th Floor
8 Nelson Mandela Place
Glasgow
G2 1BT

Date:
September 2016

APPENDIX B: Letter of Representation (ISA 580)

David McConnell
Assistant Director
Audit Scotland
4th Floor
8 Nelson Mandela Place
Glasgow
G2 1BT

Dear David

Edinburgh Integration Joint Board
Annual Accounts 2015/16

1. This representation letter is provided in connection with your audit of the financial statements of Edinburgh Integration Joint Board for the year ended 31 March 2016 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view of the financial position of Edinburgh Integration Joint Board, as at 31 March 2016 and its comprehensive net expenditure for the year then ended.

2. I confirm to the best of my knowledge and belief, and having made appropriate enquiries of the Audit and Risk Committee, the following representations given to you in connection with your audit of Edinburgh Integration Joint Board for the year ended 31 March 2016.

General

3. I acknowledge my responsibility and that of Edinburgh Integration Joint Board for the financial statements. All the accounting records requested have been made available to you for the purposes of your audit. All material agreements and transactions undertaken by Edinburgh Integration Joint Board have been properly reflected in the financial statements. All other records and information have been made available to you, including minutes of all management and other meetings.

4. The information given in the Management Commentary and Remuneration Report presents a balanced picture of Edinburgh Integration Joint Board and is consistent with the financial statements.

5. I am not aware of any uncorrected misstatements.

Regularity of Financial Transactions

6. The financial transactions of Edinburgh Integration Joint Board are in accordance with the relevant legislation and regulations governing its activities and expenditure and income were incurred or applied in accordance with applicable enactments and guidance issued by the Scottish Ministers.

Financial Reporting Framework

7. The financial statements have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2015/16, and in accordance with the requirements of the Local Government (Scotland) Act 1973, the Local Government in Scotland Act 2003 and the Local Authority Accounts (Scotland) Regulations 2014 including all relevant presentation and disclosure requirements.

8. Disclosure has been made in the financial statements of all matters necessary for them to show a true and fair view of the transactions and state of affairs of Edinburgh Integration Joint Board for the year ended 31 March 2016.

Accounting Policies & Estimates

9. All material accounting policies adopted are as shown in the Statement of Accounting Policies included in the financial statements, and takes account of the requirements set out in the Code of Practice on Local Authority Accounting in the United Kingdom 2015/16.

10. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements.

Going Concern

11. The Board has assessed Edinburgh Integration Joint Board's ability to carry on as a going concern, and has not identified any material uncertainties in this assessment.

Related Party Transactions

12. All transactions with related parties have been disclosed in the financial statements. I have made available to you all the relevant information concerning such transactions, and I am not aware of any other matters that require disclosure in order to comply with the requirements of IAS24, as interpreted by the Code of Practice on Local Authority Accounting in the United Kingdom 2015/16.

Events Subsequent to the Balance Sheet Date

13. There have been no material events since the Balance Sheet which necessitate revision of the figures in the financial statements or notes thereto including contingent assets and liabilities.

14. Since the Balance Sheet date no events or transactions have occurred which, though properly excluded from the financial statements, are of such importance that they should be brought to your notice.

Corporate Governance

15. I acknowledge as Chief Finance Officer my responsibility for the corporate governance arrangements. I confirm that I have disclosed to the auditor all deficiencies in internal control of which I am aware.

16. The corporate governance arrangements have been reviewed and the disclosures I have made are in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2015/16. There have been no changes in the corporate governance arrangements or issues identified, since 31 March 2016, which require disclosure.

Fraud

17. I have considered the risk that the financial statements may be materially misstated as a result of fraud. I have disclosed to the auditor any allegations of fraud or suspected fraud affecting the financial statements. There have been no irregularities involving management or employees who have a significant role in internal control or that could have a material effect on the financial statements.

Assets

18. The assets shown in the Balance Sheet at 31 March 2016 were owned by Edinburgh Integration Joint Board, other than assets which have been purchased under operating leases. Assets are free from any lien, encumbrance or charge except as disclosed in the financial statements.

Liabilities

19. All liabilities have been provided for in the books of account at 31 March 2016.

Carrying Value of Assets and Liabilities

20. The assets and liabilities have been recognised, measured, presented and disclosed in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2015/16. There are no plans or intentions that are likely to affect the carrying value or classification of the assets and liabilities within the financial statements.

Yours sincerely

Moira Pringle
Chief Finance Officer

APPENDIX 3

Draft letter of representation

David McConnell
Assistant Director
Audit Scotland
4th Floor
8 Nelson Mandela Place
Glasgow
G2 1BT

Dear David

Edinburgh Integration Joint Board
Annual Accounts 2015/16

1. This representation letter is provided in connection with your audit of the financial statements of Edinburgh Integration Joint Board for the year ended 31 March 2016 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view of the financial position of Edinburgh Integration Joint Board, as at 31 March 2016 and its comprehensive net expenditure for the year then ended.

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4. The information given in the Management Commentary and Remuneration Report presents a balanced picture of Edinburgh Integration Joint Board and is consistent with the financial statements.

5. I am not aware of any uncorrected misstatements.

Draft letter of representation

Regularity of Financial Transactions

6. The financial transactions of Edinburgh Integration Joint Board are in accordance with the relevant legislation and regulations governing its activities and expenditure and income were incurred or applied in accordance with applicable enactments and guidance issued by the Scottish Ministers.

Financial Reporting Framework

7. The financial statements have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2015/16, and in accordance with the requirements of the Local Government (Scotland) Act 1973, the Local Government in Scotland Act 2003 and the Local Authority Accounts (Scotland) Regulations 2014 including all relevant presentation and disclosure requirements.

8. Disclosure has been made in the financial statements of all matters necessary for them to show a true and fair view of the transactions and state of affairs of Edinburgh Integration Joint Board for the year ended 31 March 2016.

Accounting Policies & Estimates

9. All material accounting policies adopted are as shown in the Statement of Accounting Policies included in the financial statements, and takes account of the requirements set out in the Code of Practice on Local Authority Accounting in the United Kingdom 2015/16.

10. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements.

Going Concern

11. The Board has assessed Edinburgh Integration Joint Board's ability to carry on as a going concern, and has not identified any material uncertainties in this assessment.

Draft letter of representation

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Fraud

17. I have considered the risk that the financial statements may be materially misstated as a result of fraud. I have disclosed to the auditor any allegations of fraud or suspected fraud affecting the financial statements. There have been no irregularities involving management or employees who have a significant role in internal control or that could have a material effect on the financial statements.

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Draft letter of representation

Liabilities

19. All liabilities have been provided for in the books of account at 31 March 2016.

Carrying Value of Assets and Liabilities

20. The assets and liabilities have been recognised, measured, presented and disclosed in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2015/16. There are no plans or intentions that are likely to affect the carrying value or classification of the assets and liabilities within the financial statements.

Yours sincerely

Moira Pringle
Chief Finance Officer

Item 5.6

Report

Delayed Discharge – Recent Trends
Edinburgh Integration Joint Board

16 September 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.

2. Changes to national reporting of delayed discharge, outlined in the May 2016 report to the IJB, were introduced for the July 2016 census, and the total of 173 delays for July was the first produced using the revised method. The key change to reporting is that people discharged in the three days following the census date are now included in the total. Using the previous methodology the July figure would have been 160, an increase of 40 from June figures. The August figure was 170.

3. Whilst there was a significant improvement in performance over the period October 2015 to April 2016, there has been a decline in performance from May 2016 to August 2016. This paper explores some of the reasons behind this change.

4. The paper also details work underway to reverse this downward trajectory and the way in which the partnership seeks to maintain the improvement. This includes the work initiated at the flow workshop on 8th March 2016, which is overseen by the Patient Flow Programme Board.

Recommendations

5. That the Edinburgh IJB note that:

- A new Care at Home contract is now in place. Its aim is to improve recruitment and retention of the home care workforce by offering a rate of pay that is comparable with alternative employers, e.g. retail, customer services and the private care market. The transition to these new contracts has until very recently resulted in a reduction in Care at Home capacity.

- Following the improvement in reducing delayed discharge between October 2015 and April 2016, there has been a subsequent increase in the number of delayed discharges from hospital to both Care at Home Packages and Care Homes.

- The changes at national level to delayed discharge reporting with effect from July 2016, slightly accentuated the increase in the total number of people delayed in July by 13 to 173, (160 being the figure using the previous methodology). Note that figures using the former method are not being routinely provided by analysts in NHS Lothian. The July 2016 gives an indication of the level of change brought about by the new method.

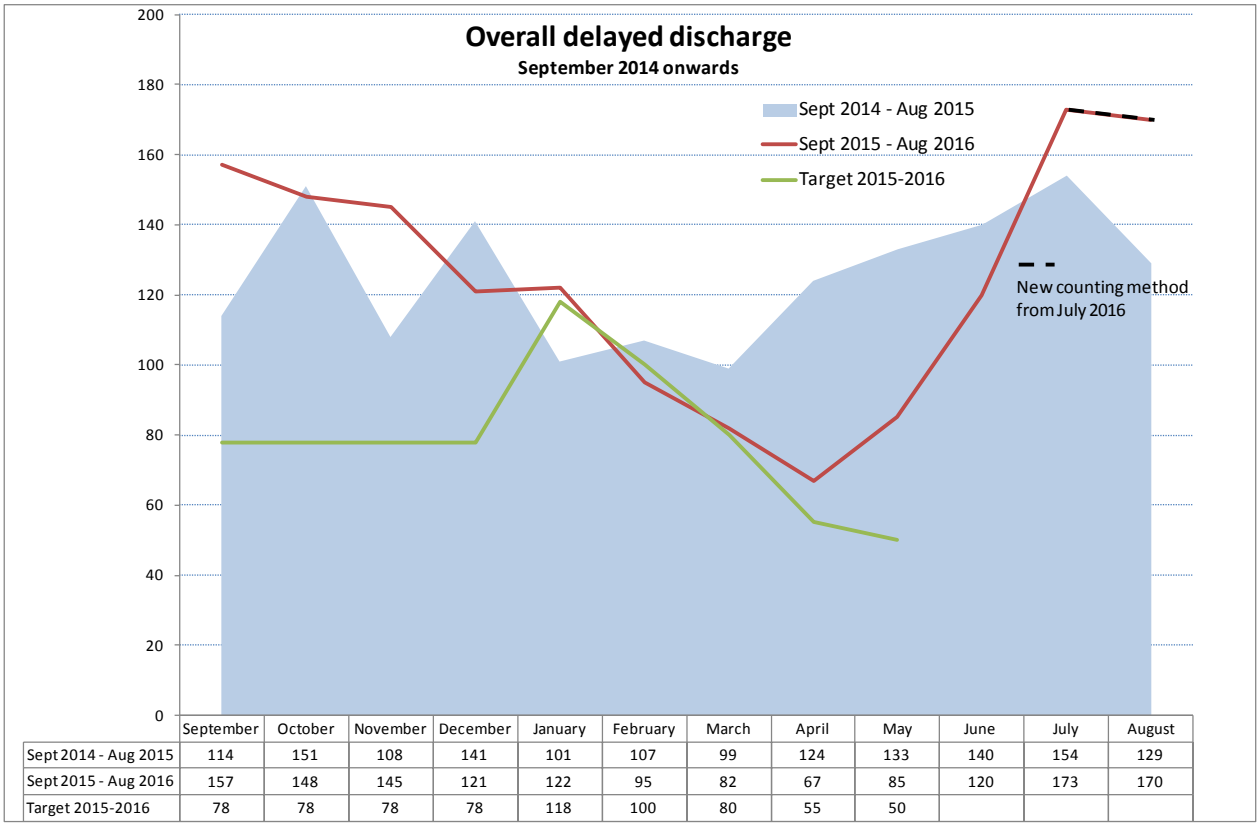
- A review is underway to detail the reasons as to why the previous positive trajectory has reversed, and to ensure that the comprehensive range of actions that are already in place, will secure a return to the reducing trajectory for the number of people delayed in hospital.

Main report

Total number of people delayed

6. 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 1. The shaded area shows performance for September 2014 - August 15 and the red line shows levels for the current year. Target levels are shown by the green line. Targets for the period following May 2016 will be determined as part of the work underway to assess capacity, demand and pressures across the whole system.

7. The total number of people delayed at the August 2016 census was 170, fairly similar to the 173 for July.



	September	October	November	December	January	February	March	April	May	June	July	August
Sept 2014 - Aug 2015	114	151	108	141	101	107	99	124	133	140	154	129
Sept 2015 - Aug 2016	157	148	145	121	122	95	82	67	85	120	173	170
Target 2015-2016	78	78	78	78	118	100	80	55	50			

Graph 1

Reasons for delay, 2015-16

8. The broad reasons for delay at the census points over the last 12 months are shown in the table 1. The most common reason across this period has been waiting for domiciliary care, which peaked in October 2015 at 82, and reached similar levels in July and August 2016.

2015-16	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	*July*	*Aug*
Ongoing assessment	21	23	27	26	30	26	27	23	14	20	*34*	*24*
Care Home	41	30	36	26	26	16	14	15	26	35	*58*	*59*
Domiciliary Care	80	82	67	64	59	49	36	22	40	59	*78*	*76*
Legal and Financial	0	0	1	0	0	0	0	2	0	0	*0*	*0*
Other	15	13	14	5	7	4	5	5	5	6	*3*	*11*
Total	157	148	145	121	122	95	82	67	85	120	*173*	*170*
% Domiciliary Care	51%	55%	46%	52%	48%	51%	43%	32%	47%	49%	*45%*	*45%*

Table 1 *July and August figures are shown in italics as these were derived using the new reporting and counting method*

9. It is of concern that the provisional number of patients reported as waiting for care home placements is increasing and accounts for over a third of all delays in August. Guidance on best practice suggests that only in the most exceptional circumstances should a patient move to a care home directly from hospital. Reasons for this are being investigated. Further work and attention is being given to the recommendations made for discharge across all hospitals.

10. A separate issue is that vacancies levels at Gylemuir have been relatively high recently: the average between April and mid July this year was 4 but since than has been 12 since then (see Appendix 2). The increase in vacancy levels has coincided with an increase in the number of delayed in hospital while waiting for a care home.

11. The increase in people waiting for domiciliary care may have been caused by a range of pressures, including the reluctance of agencies to take on service users; lack of capacity (largely due to issues with recruitment and retention of staff); difficulties in securing services for complex packages of care; increased demand for services and increased frailty of service users. The new Care at Home contracts aim to address these issues. However, it is possible that the transition from the existing to new contracts has had an impact on existing providers, and this is being investigated further. In addition, there are two providers under the new contract who are still establishing themselves. They have until October to do so. It is anticipated, therefore, that we will see a significant increase in capacity by winter 2016.

12. The number of contact hours within the new contracts has been increased from 25,000 to 30,000 hours of care per week. The new contracts have been awarded to eight providers of care at home services. These new contracts contain penalty clauses to ensure that the providers commence a package of care within one week of being requested to do so. The new contracts are locality based to support closer working relationships between services, local discharge teams and a renewed service matching unit as part of the new Multi Agency Triage Teams which will include the hospital discharge teams.

13. Although 6 of the 8 contracts have been awarded to existing providers, their current coverage only reaches 47% of what is required. They need to grow their business to meet demand. Contracts remain in place with other existing providers for those packages of care they are currently delivering until such time individual cases are reviewed. There has however been a drop in overall capacity which it is reasonable to presume has impacted negatively on the number of delays. Capacity has now returned to 25,000 hours and it is anticipated that this will have a positive effect on the number of delays. This will be further improved as capacity grows to the full contract of 30,000 hours.

14. One delay can be attributed to a setting in the system, which defaults people with no code to the category ‘waiting allocation for a social worker’. In previous months this group of people would have been treated as people for whom no notification has been made to social care and thus would have been removed entirely.

15. The number and proportion of delays in acute sites is shown in table 2:

2015-16	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	*July*	*Aug*
Delays in acute sites	127	115	115	106	117	80	74	64	82	112	*143*	*146*
Total	157	148	145	121	122	95	82	67	85	120	*173*	*170*
% in acute	81%	78%	79%	88%	96%	84%	90%	96%	96%	93%	*83%*	*83%*

Table 2

16. The numbers of people excluded from the census reporting (X codes and people who are unwell) are given in table 3. Of the X-codes, those which relate to Guardianship (e.g. 20 of the 23 reported in August 2016) are shown separately. The *grand total* row in table 3 shows the number of people delayed, including those who are excluded from the national count.

2015-16	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	*July*	*Aug*
Total	157	148	145	121	122	95	82	67	85	120	*173*	*170*
Excluded cases	20	23	27	27	35	29	33	30	33	27	*25*	*23*
Of which, Guardianship	18	19	23	24	23	21	28	25	30	24	*23*	*20*
Grand total	177	171	172	148	157	124	115	97	118	147	*198*	*193*

Table 3

People supported to leave hospital

17. 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 patients leave hospital (an estimated total of 14 per week). The lease for Gylemuir has been agreed for a further 24 months.

18. Graph 2 shows the average number of discharges per week supported by Health and Social Care, for each month during 2015-16. Figures for provision also exclude the number of packages of care that are estimated to re-start each week, as described above.

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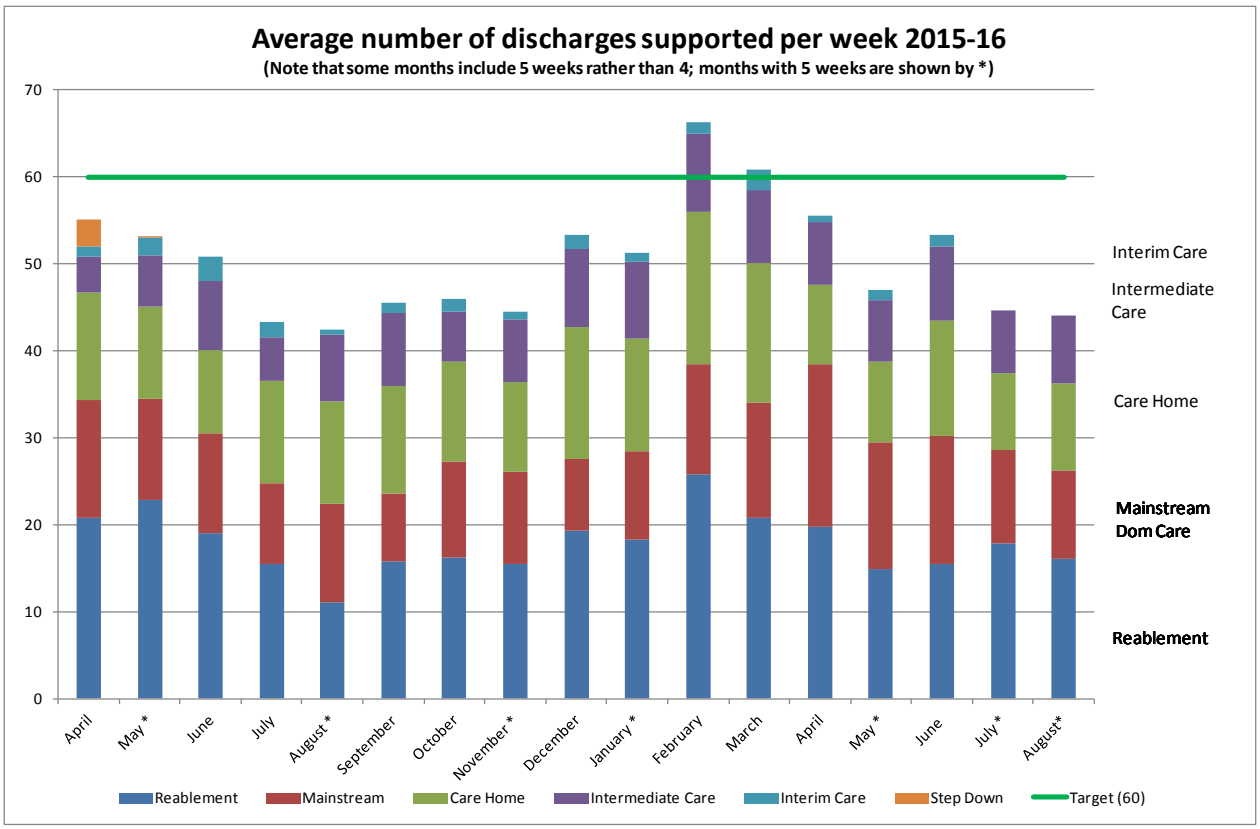

Graph 2

19. Table 4 looks at the specific and different needs of those awaiting transfer of care demonstrates the variety of responses required to meet assessed need. It is noted that around 20% of those awaiting discharge are aged under 65.

		Waiting for:	Age group	28-Jul-16	25-Aug-16 (Provisional)
Assessment	11A	Start	Under 65	1	1
			65+	11	3
		Completion	Under 65	19	2
			65+	3	18
Assessment total				**34**	**24**
Care home	24A	LA care home	Under 65	0	0
			65+	11	11
	24B	Independent residential	Under 65	0	0
			65+	1	2
	24C	Independent nursing	Under 65	0	0
			65+	19	10
	24D	Specialist residential place for younger adults	Under 65	13	16
			65+	2	2
	24E	Specialist residential place for older people	Under 65	0	0
			65+	2	3
	24F	Dementia bed required	Under 65	0	0
			65+	10	15
Care home total				**58**	**59**
Care arrangements	25D	Social care support at home	Under 65	8	4
			65+	70	76
	25E	Equipment/adaptations	Under 65	0	2
			65+	0	1
	25F	Rehousing	Under 65	0	2
			65+	3	1
	27A	Intermediate Care facility	Under 65	0	0
			65+	0	1
Care arrangements total				**81**	**87**
Patient/Carer/Family	51	Legal	Under 65	0	0
			65+	0	0
Patient/Carer/Family total				**0**	**0**
Complex			*Under 65*	*3*	*4*
			65+	*22*	*19*
Complex total (not included in the published totals)				***25***	***23***
			Under 65	41	27
			65+	132	143
Total (excluding complex)			**Total**	**173**	**170**

Table 4

Note: 11A total includes 5 cases where reason was missing in July and 1 in August

Other work streams to address delayed discharge

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

- Delays within the hospital pathway – the objective is to improve the flow of people through the hospital system through the implementation of effective,

person centred, timely and well coordinated approaches which support a shift the balance of care from institutional to community based support; this work is progressing actions to identify people in the discharge pathway at an earlier point including the application of improved multiagency working with a greater focus on expediting action required to support discharge, as well as clearer lines of accountability across the multidisciplinary team.

- Admission avoidance – this work is seeking to maximise the benefits associated with the effective use of Anticipatory Care Planning, to improve the use of the Key Information Summary, to support continuity and effective communication, and to promote more effective use of the 'Falls pathway'.

- Rehabilitation and recovery – this work has focussed on targeting Reablement services to those who can achieve most benefit from goal setting and reabling approaches. This differs from the previous approach where the policy had been for all discharges from hospital to go through reablement.

- In addition, the roll out of the Locality Hubs and Multi Agency Triage Teams (MATTs) is continuing, with the objectives of identifying people who can be supported to leave hospital early and preventing hospital admissions. It is intended that the MATTs will perform a 24/7 model, supporting weekend hospital discharge, effectively increasing capacity by 29%.

Key risks

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

22. Phase 2 of the Health and Social Care restructure may see a reduction in the level of staffing resource. The full implications of this phase of the restructure are currently being quantified and will be reported to the Board in due

Financial implications

23. As noted above, the Scottish Government funding is temporary and is being used to underpin care and 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 and has been developed with input from partners.

Background reading/references

Memorandum of Understanding Reducing Delayed Discharges in Edinburgh

Report author

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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

Appendix 2 – Gylemuir vacancies

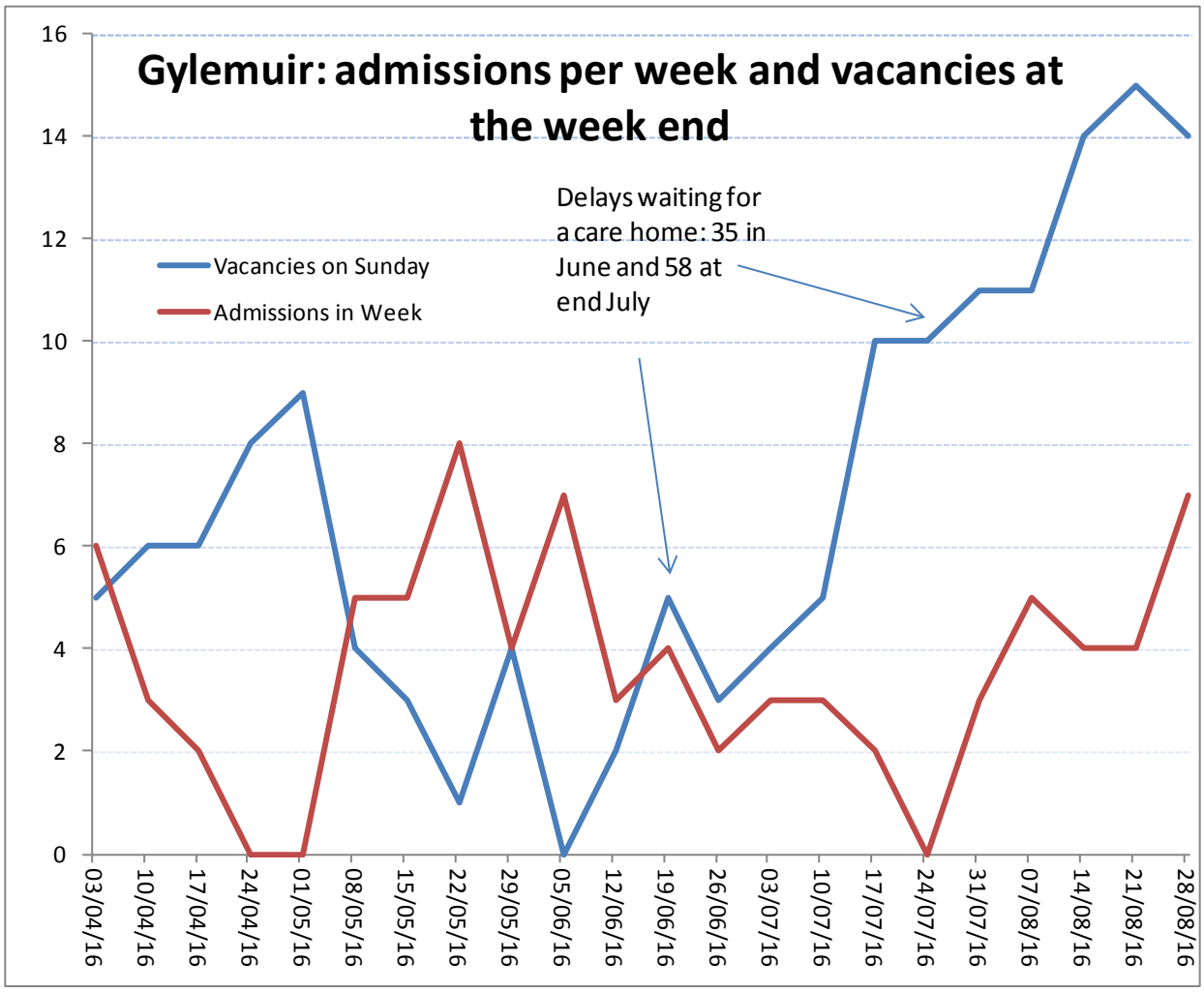
Appendix 3 – Delayed discharge codes (from July 2016)

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: Gylemuir activity – admission and vacancies



Appendix 3 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

Item 5.7

Report

Progress Report on Managing Delayed Discharges and Community Infrastructure to Support and Sustain Bed Reductions following the Opening of Phase 1 of the Royal Edinburgh Hospital in January 2017

Edinburgh Integration Joint Board

September 2016

Executive Summary

1.1 The purpose of this report is to update the Edinburgh Integration Joint Board (IJB) on the actions being taken to ensure that on opening in January 2017, Phase 1 of the Royal Edinburgh Hospital (REH) reprovision is able to manage admissions and discharges in equilibrium with the reduced bed capacity and for this to be sustained.

1.2 Without delays to discharge, the planned capacity of the REH will be in line with the accepted business case for Phase 1 which sees a reduction of 10 older people's mental health beds and 7 adult mental health beds.

Recommendations

2.1 The Edinburgh Health and Social Care Partnership (EHSCP) and Royal Edinburgh and Associated Services (REAS) will ensure priority is given to enhance the required community infrastructure that is required to support preventing people from being admitted to hospital and to prevent any delays.

2.2 To note the actions being taken by the EHSCP and REAS partners to achieve sustainable pathways of care for adults and older people with mental health problems; and to make any additional recommendations for action following discussion.

2.3 To note and support the work of the REH Phase 1 Delivery Group chaired by Alex McMahon, Nurse Director and Executive Lead for REAS.

2.4 To make use of the IJB mental health development session in October to further explore the key priorities and to receive an update at November 2016 and January 2017 IJB meetings on progress towards Phase 1 opening.

Background

3.1 The Edinburgh IJB has the delegated responsibility for mental health and substance misuse services and for older people's mental health services. EHSCP is at the point of taking operational management responsibility for the NHS community mental health and substance misuse services from REAS with the inpatient and some specialist services remaining operationally with REAS for the time being.

3.2 As part of the delivery plan for redesigning mental health and substance misuse services (Appendix 1) key actions are required to ensure that the reprovision of the REH is sustainable. Phase 1 of the reprovision is to be completed in December 2016 and the first patients transfer to the new purpose built unit with single en suite bedrooms, accessible courtyards and therapy space in ground floor accommodation on 31 January 2017. Each ward has 15 - 16 bedrooms with current staffing levels being retained to ensure safe, therapeutic care and treatment.

3.3 The business case for Phase 1, comparing bed modelling across the UK, was agreed based on 10 fewer older people's mental health admission beds (from 70 to 60) and 7 fewer adult acute mental health beds (from 112 to 105). The reductions in adult acute beds follow more significant reductions in 2008 when they reduced from 125 to 100 including a further 20 beds being incorporated for East and Midlothian patients providing a net reduction of 33% of beds. This reduction immediately followed the introduction of 24 hour intensive home treatment teams and a newly formulated mental health assessment service which have provided safe, alternative to admission, managed admissions and supported discharges. The reductions are shown in table 1:

Table 1: Reduction in bed numbers pre and post Phase 1

Bed type	Present	Post Phase 1
Adult Mental Health*	112	105
Older People's Mental Health	70	60
Total	182	165

*The adult mental health beds are also accessible for patients from East Lothian and Midlothian

3.4 For adult mental health services this reduction in hospital beds in Edinburgh has largely been accommodated but occupancy is very high between 105% and 95% with occasional out of area admissions. Occupancy of over 100% is made possible by admitting patients to beds that have been used for an overnight pass which may be part of a patient's recovery care plan; through

the opening of additional beds in dormitory bedrooms or by admitting patients to other mental health hospitals outwith Edinburgh or Lothian.

3.5 Delays in the adult acute admission service are generally associated with waits for social work assessment, access to appropriate community support including accommodation and in awaiting access to an inpatient rehabilitation service or a low secure service which is presently provided by the private sector outwith Lothian and sometimes outwith Scotland.

3.6 For older people's mental health services delays are largely associated with lack of access to a care home bed that can support behaviour that challenges as a result of dementia, access to hospital based complex clinical care (HBCCC) beds, awaiting social work assessment or awaiting guardianship outcomes. Occupancy is at 100% and has resulted in patient risks being managed at home, in care homes or in acute hospitals.

3.7 At the end of July 2016 there were 45 patients within the Royal Edinburgh Hospital whose discharge was delayed (excluding the Learning Disability inpatient service and CAMHS), equivalent to approximately 13% of available beds.

3.8 Occupied bed days for these 45 patients equated to 2,771 days with an average length of stay of 62 days. The nature of delays for these patients is shown below in table 2:

Table 2: Causes of delay for patients at the Royal Edinburgh Hospital at end July 2016

Bed type	Reason for Delay	No. of Patients
Adult Mental Health	Complex	3
	Care Home	1
	Social work Allocation/Assessment	3
	Package of Care	3
	Specialist facility for under 65's	8
	TOTAL ADULT BEDS:	**18**
Older People's Mental Health	Complex	4
	Care Home	9
	Social work Allocation/Assessment	11

	Package of Care	2
	Very Sheltered Housing	1
	TOTAL OLDER PEOPLE'S BEDS:	**27**

3.9 Without discharges being delayed, the admission bed complements would be appropriate as per the accepted business case.

Main report

4.1 This report provides detail on the necessary actions to help achieve a successful move to Phase 1. The implementation and development of locality working for older people's, adult mental health and substance misuse services by the EHSCP are key to sustaining patient pathways and ensuring hospital admissions are purposeful, successful and minimised.

Adult Mental Health (AMH) Services

4.2 Within the 100 acute admission beds for Edinburgh, the discharge of patients is often delayed due to waiting for access to a psychiatric rehabilitation bed (12 -15 on average) or access to some form of support in the community (grade 5 – 6). As part of the overall Wayfinder public social partnership (PSP) programme, it has been agreed that 15 adult acute beds will become a ward for intensive rehabilitation, recognising the needs of patients currently in the intensive psychiatric care unit (IPCU) and forensic services, acute admission beds, and those whose recovery is limited by the current rehabilitation ward environments and are presently supported in private facilities outwith Lothian.

4.3 This development should not be seen simply as moving delayed patients from acute to rehabilitation. It should be seen as part of the Wayfinder programme of graded support.

4.4 A further milestone action at this time is to provide a further 10 community places to support hospital discharge in December 2016 and this is being actively pursued.

4.5 The IJB development session in October 2016 and the update report to the November 2016 IJB meeting will go into more detail of the Wayfinder programme and the impact of locality management arrangements in sustaining actions to support people in the community. This will include a financial model demonstrating how inpatient service funding might be released to fund community infrastructure.

Older People's Mental Health (OPMH) Services

4.6 Within the current 70 admission beds for older people's mental health it is not unusual for 25 – 30 patients to have their discharge delayed. These are largely associated with lack of access to a care home bed that can support behaviour that challenges as a result of dementia, access to hospital based complex clinical care (HBCCC) beds, awaiting social work assessment or awaiting guardianship outcomes.

4.7 The provision of 15 beds for older people with behaviours that challenge in the new CEC Royston care home which opens in November 2016 is a key opportunity for REH patients to access suitable care home places. This action in itself will provide a significant boost to discharges that will enable bed reductions to begin in time for the opening of Phase 1.

4.8 Another important action for OPMH services is the introduction of what is presently termed a Rapid Response Service (RRS) which is currently being recruited to. The RRS primarily aims to reduce the number of admissions to REH OPMH admission beds in Edinburgh, reduce length of stay by facilitating early discharge, and to manage and reduce risk for patients who need admission, but for whom there is no current bed.

4.9 The RRS is being initially funded via the Primary Care Mental Health Funding and REAS redesign. The longer term financial modelling should see the release of resources from Jordan ward at REH if the OPMH model of care with care home places, HBCCC, RRS etc. is successful. This will be described at the November 2016 IJB meeting.

4.10 Other actions to contribute to sustainability include a review of funding from the closure of an HBCCC ward at REH, which was provided to support 10 patients in EHSCP HBCCC beds at Findlay House and Ferryfield and 6 places for people with complex needs at the St Raphael's private care home which made available several beds in 2015 for patients with complex needs in a newly refurbished unit.

4.11 The beds in the HBCCC units are no longer available due to staffing problems and the St Raphael's beds have not allowed for subsequent discharges. It is proposed that this resource is reviewed by the Edinburgh Older People Redesign Executive/OPMH Pathway Group to ensure more effective use of these 16 funded places that are unavailable for REH inpatient discharges.

4.12 A recent review of the admission criteria to Gylemuir House has enabled available capacity to support discharges from REH which is welcome.

Summary of Actions

4.13 10 community places established under the Wayfinder programme by end of December 2016.

Action: Linda Irvine and Graeme Mollon

4.14 15 care home places for older people with complex needs at Royston care home provided in November 2016.

Action: Katie McWilliam

4.15 Implementation of the OPMH Rapid Response Service in December 2016.

Action: Maria Wilson, Donna McLean and Dr Chris Hallewell

4.16 Review of REH funding for places at EHSCP HBCCC and St Raphael's units by end of December 2016.

Action: Katie McWilliam

4.17 Financial Modelling of AMH and OPMH resources including future use of REH beds presented to November 2016 meeting of IJB.

Action: Moira Pringle

4.18 Prepare and lead the IJB development session in October 2016 and subsequently provide update reports to IJB in November 2016 and January 2017.

Action: Tim Montgomery and Colin Beck

4.19 To oversee the actions required, a delivery group chaired by Alex McMahon the NHS Lothian Nurse Director and Executive Lead for REAS has been established to deliver the following:

- a robust implementation plan showing actions to deliver zero delays;
- a robust financial plan to support delivery;
- a communication plan to support delivery.

Action: Alex McMahon

Key risks

5.1 The above actions are proposed to ensure that a significant reduction in the number of patients delayed in hospital when Phase 1 opens in late January 2017 and those patients do not have to be transferred or discharged in an unplanned manner.

5.2 The actions are intended to establish a basis for sustainability and equilibrium in the pathways of care. Not reducing the number of people delayed and not having the appropriate primary and community infrastructure in place for January 2017 may impact on the ability to open Phase 1 safely as the immediate risk is an ability or lack of it to accommodate patients safely in an appropriate environment.

Financial implications

6.1 Elements of the proposed service changes (for example the move from the existing 182 to 165 beds in phase 1) have been costed to ensure affordability. In parallel to this an overall financial framework for mental health services is being developed which will demonstrate how resources will shift as more community based services replace hospital based care. This exercise will also identify any double running costs as community services are established.

6.2 The output of this work will be reported to the IJB at regular intervals.

Involving people

7.1 The Edinburgh Older People's Redesign Executive and the OPMH Pathway sub group together with the Edinburgh Mental Health and Wellbeing Partnership for adults are inclusive governance groups, which undertake engagement and communication of all aspects of the older people's and mental health and substance misuse pathways and services.

Impact on plans of other parties

8.1 There are no expected adverse impacts on the plans for partners. The intended impact is to support the flow of people through services and the development of integrated working across the OPMH and AMH pathways.

Report author

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Links to priorities in the strategic plan

Making the best use of our shared resources (e.g. people, buildings, technology, information and procurement approaches) to deliver high quality, integrated and personalised services, that improve the health and wellbeing of citizens whilst managing the financial challenge.

Delivering the **right care in the right place at the right time** for each individual, so that people:

- are assessed, treated and supported at home and within the community wherever possible and are admitted to hospital only when clinically necessary.

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.

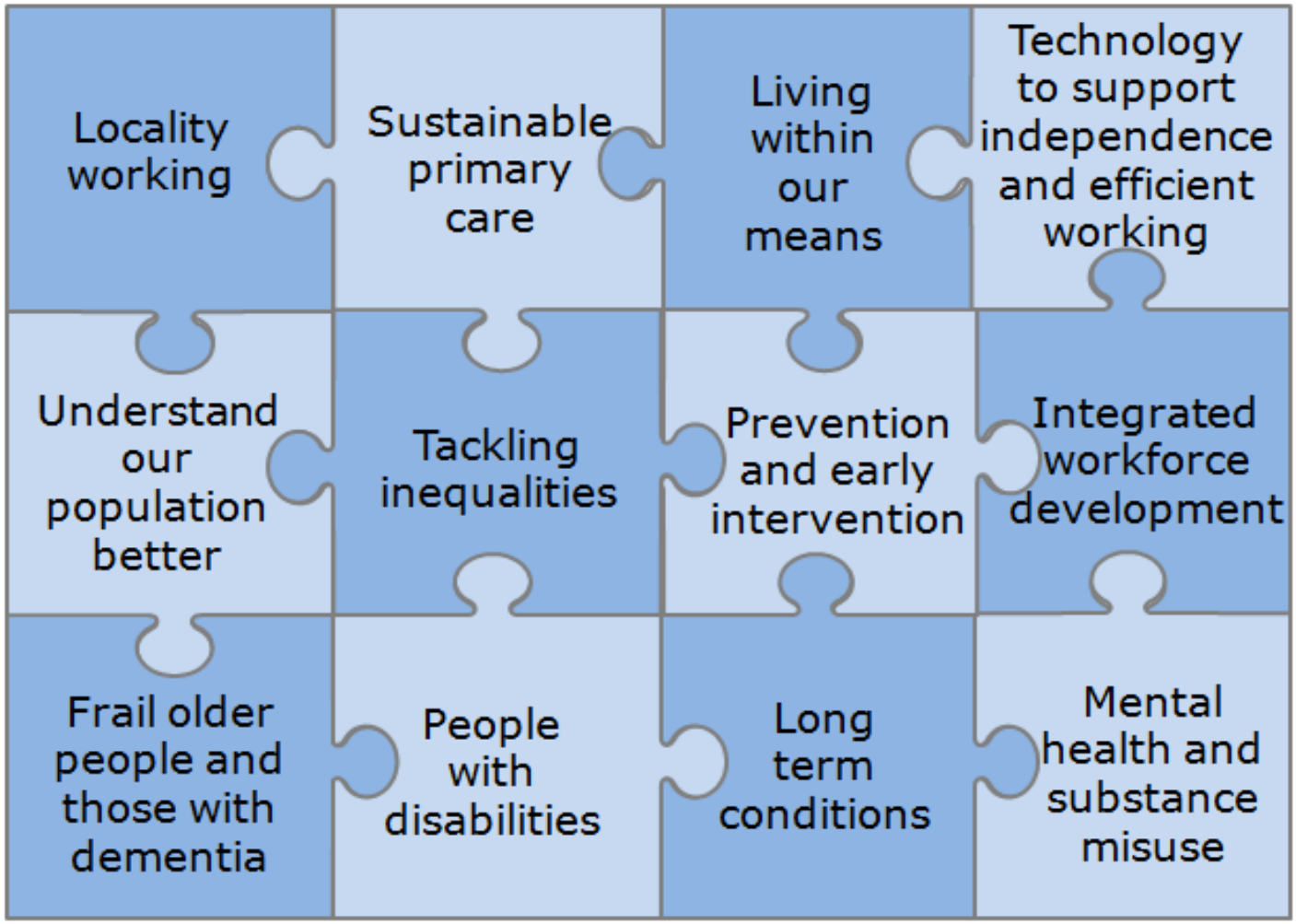
Item 5.8

Delivery of the Edinburgh Health and Social Care Strategic Plan action plan

Edinburgh Integration Joint Board

Friday 16 September 2016

Areas of focus in the plan

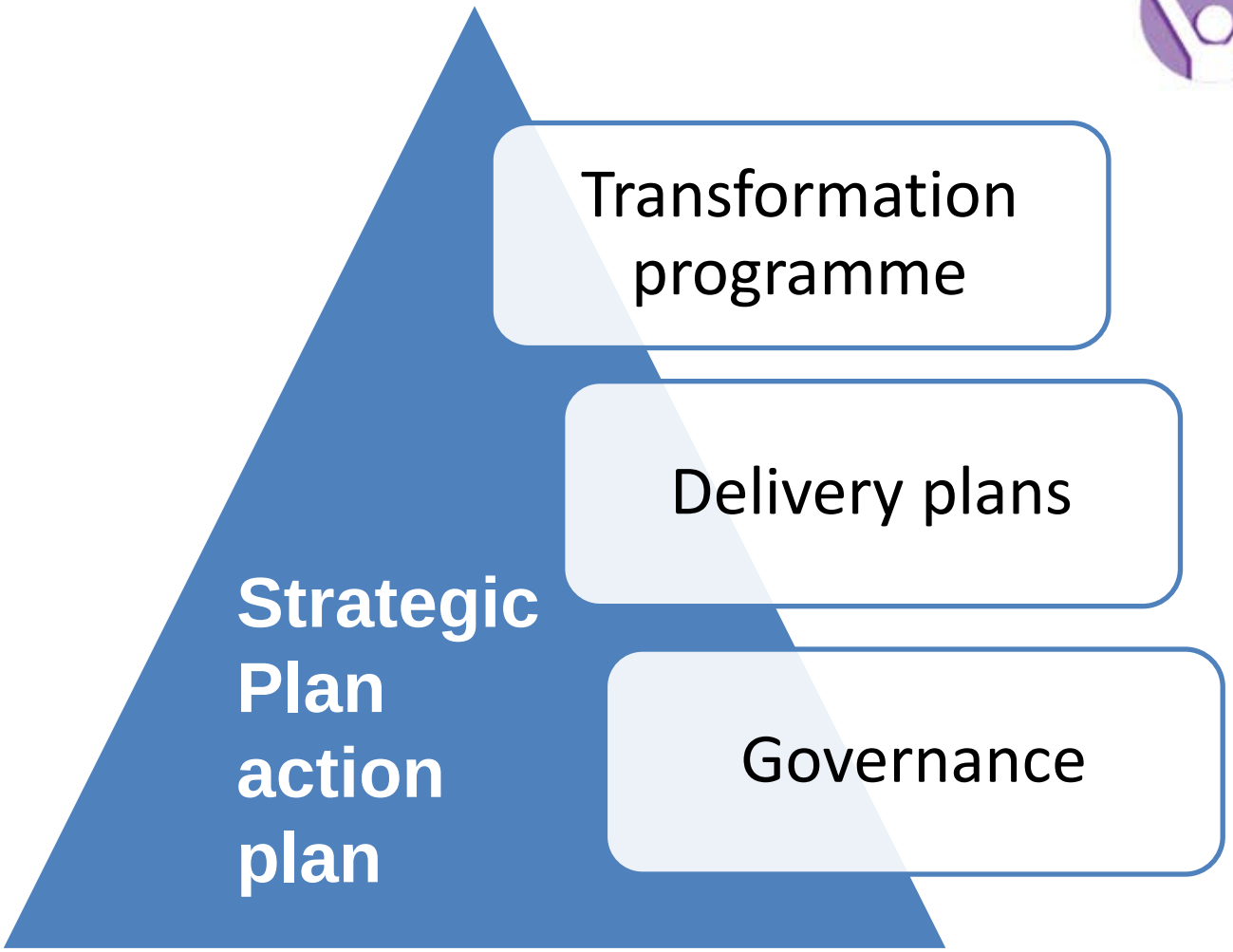


44 high level actions

Progress reports to the IJB

- Locality hubs – March ,May 2 and Sept 2016
- Hospitals plan – March 2016
- Capacity planning for older people – July 2016
- Hospital Based Clinical Complex Care – July and September 2016
- Primary Care – Development session June 2016
- Royal Edinburgh Hospital Phase 1 – Sept 2016
- Delayed discharge – March, May, July, and Sept 2016

Approach to ensuring delivery



Transformation programme

1. Health and wellbeing services	2. Access and assessment	3. Short Term support	4. Longer term – Community based	5. Complex – Accommodation based

Mrs. Scott

Health and wellbeing services

Community Supports

CARE DIRECT

MATT

NEW & URGENT

ASSESSMENT & INTERVENTIONS UP TO 6 WEEKS

LONGER TERM CARE, SUPPORT, MAINTENANCE & ONGOING CARE MANAGEMENT

Acute care (bed based)

Accommodation based services

SIGNPOSTING

Ongoing Reablement and Non Statutory Community Interventions

Prevention and Early Intervention

Co- ordinated community and multi agency approach to improved health and wellbeing and support, earlier intervention and greater diagnostic support for GPs to reduce referrals and avoid admissions. Invest in community assets to decrease reliance on formal services

Access and Assessment

Referral into a single point of contact , **Care Direct** and Triage. Assessment process, through the **MATT** with links to the integrated locality teams to provide further assessment and support planning

Integrated Locality Hubs

The locality teams are multi disciplinary and provide generic LTC management and anticipatory care planning, Reablement provides intense support to those experiencing a crisis, to manage exacerbations, prevent acute admissions, and provide step down care such as Intermediate care

Short Term – enables speedy provision of short term care such as Reablement, rehab and recovery services

Long Term – enables delivery of longer term support in the community through provision of Care at Home, Community nursing and other community services

Accommodation based and Acute Services

The reduction in demand through improved interventions in community and admission management will result in a reduction in demand for Residential and Acute Beds. Discharge processes can be aligned to the MATT to complete the pathway.

In Pipeline | Live projects

Transformation Programme Projects ** One project but with scope across multiple parts of the H&SC system*

Demand Management* (Asset Management)	Demand Management* (Assessment)	Demand Management* (Brokerage)		Delays
Admission Avoidance* (Prevention & Early Intervention)	Demand Management* (Support Planning)	Recovery & Rehab* (Reablement)	Demand Management* (Direct Payments)	Recovery & Rehab* (Accommodation Based and Acute Services)
	Demand Management* (FAS Review / budget control)	Demand Management* (Telecare/ Telehealth)	Demand Management (Individual Service Funds)	Temporary Accommodation
				Care Homes

Third Sector Capacity Building

Process Efficiency/ Flow

Capacity Planning and Service Models

Delivery plans

Workshop held to

- Identify:
  - priorities for 2016/17
  - milestones, timescales, responsibility
  - linkages
  - requirements
  - risk and mitigation
- Clarify governance

Delivery plan and Gantt chart produced

Monitoring and escalation

Delivery plans – current status

Delivery plans completed for:

- Mental health and substance misuse
- Frail older people and those with dementia
- *People living with disabilities – in progress*

Delivery plans still to be completed for:

- Long term conditions
- Primary care
- Locality working
- Tackling inequalities

Prevention to form part of all plans

Edinburgh Strategic Plan for Health and Social Care

Delivery plan for Redesigning mental health and substance misuse services

Strategic Plan Actions

23. Improving support for people with dementia

33. Improving access to services

34. Prevention and early intervention

35. Personalised services to support recovery

36. Support to keep people safe and well

37. Substance misuse services

Priorities

2016/17

2017/18

2018/19

23 individual high level actions

Priorities 2016/17

Re-provisioning of the Royal Edinburgh Hospital Phase 1 (REH)

Substance Misuse
- Residential (SMR)
- Community (SMC)

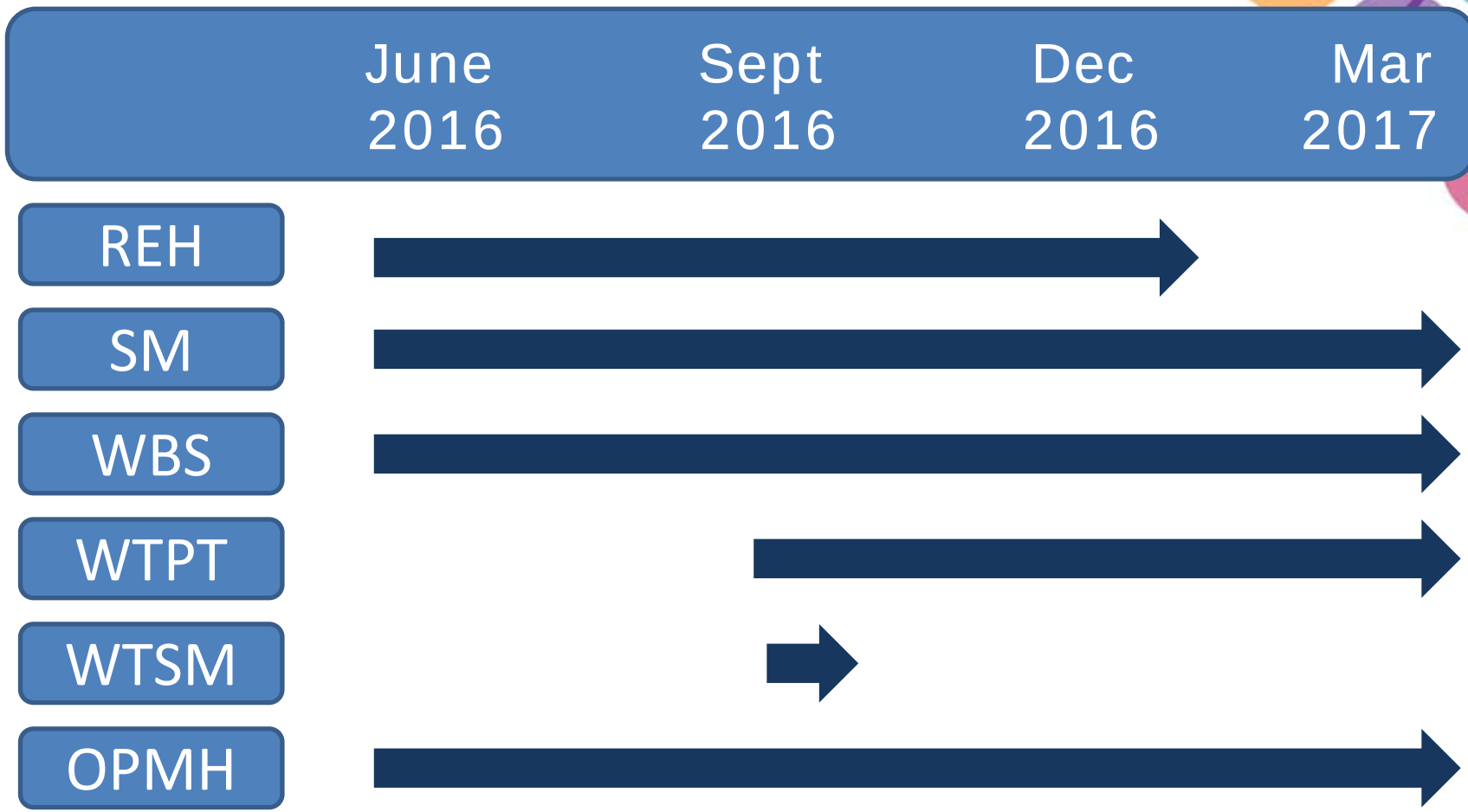
Development of community based wellbeing services (WBS)

Improving access to service s by reducing waiting times for:
- Psychological therapies (WTPT)
- Substance misuse services (WTSMS)

Older Peoples Mental Health (OPMH)
Overlap with Delivery plan for improving care and support for frail older people and those with dementia

48 milestones

Programme Milestones

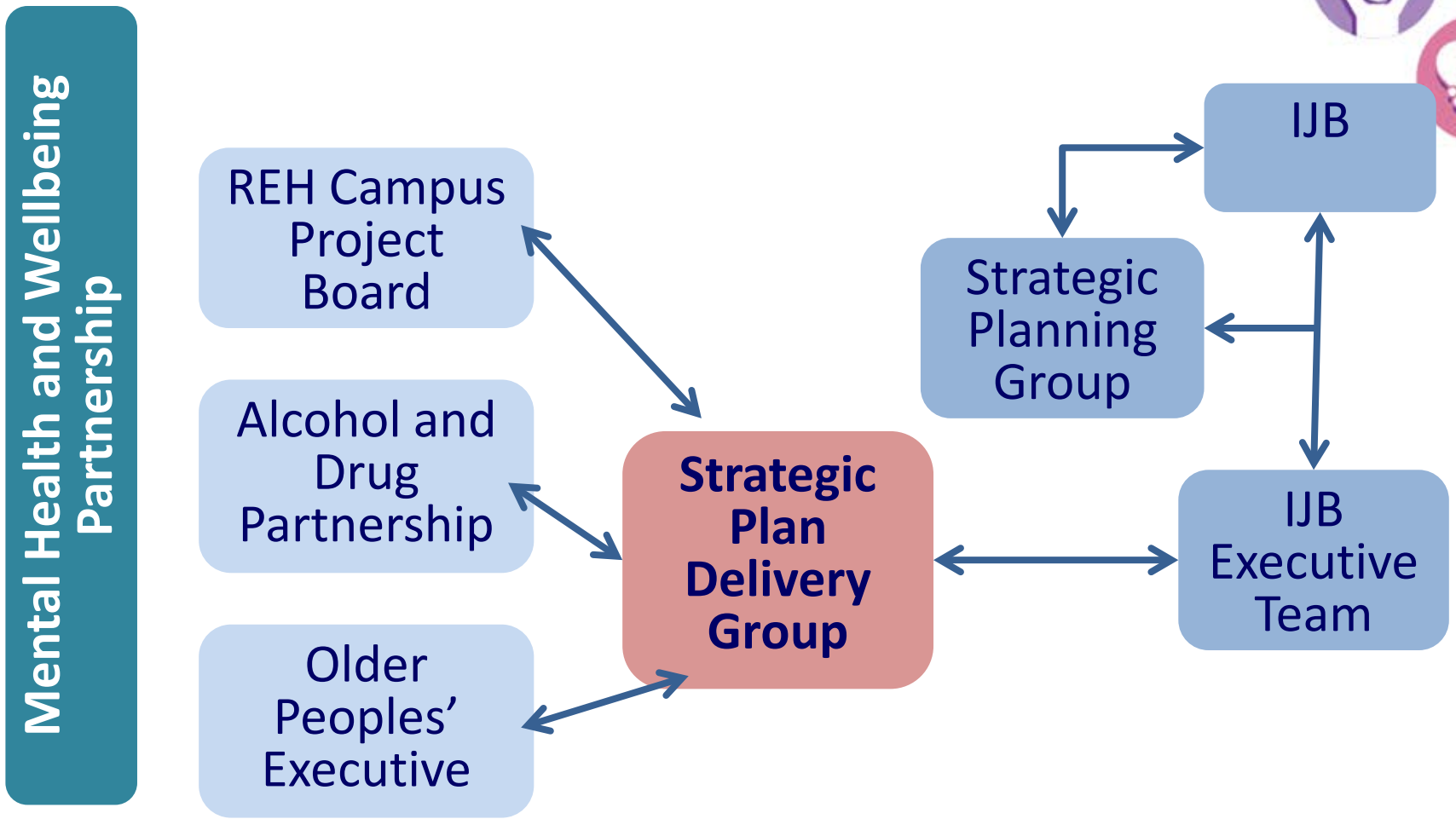


See separate Gantt chart for details

Programme management

- Dependencies
- Requirements
  - ICT
  - Workforce planning and development
  - Performance and quality management
- Risk and mitigation

Governance

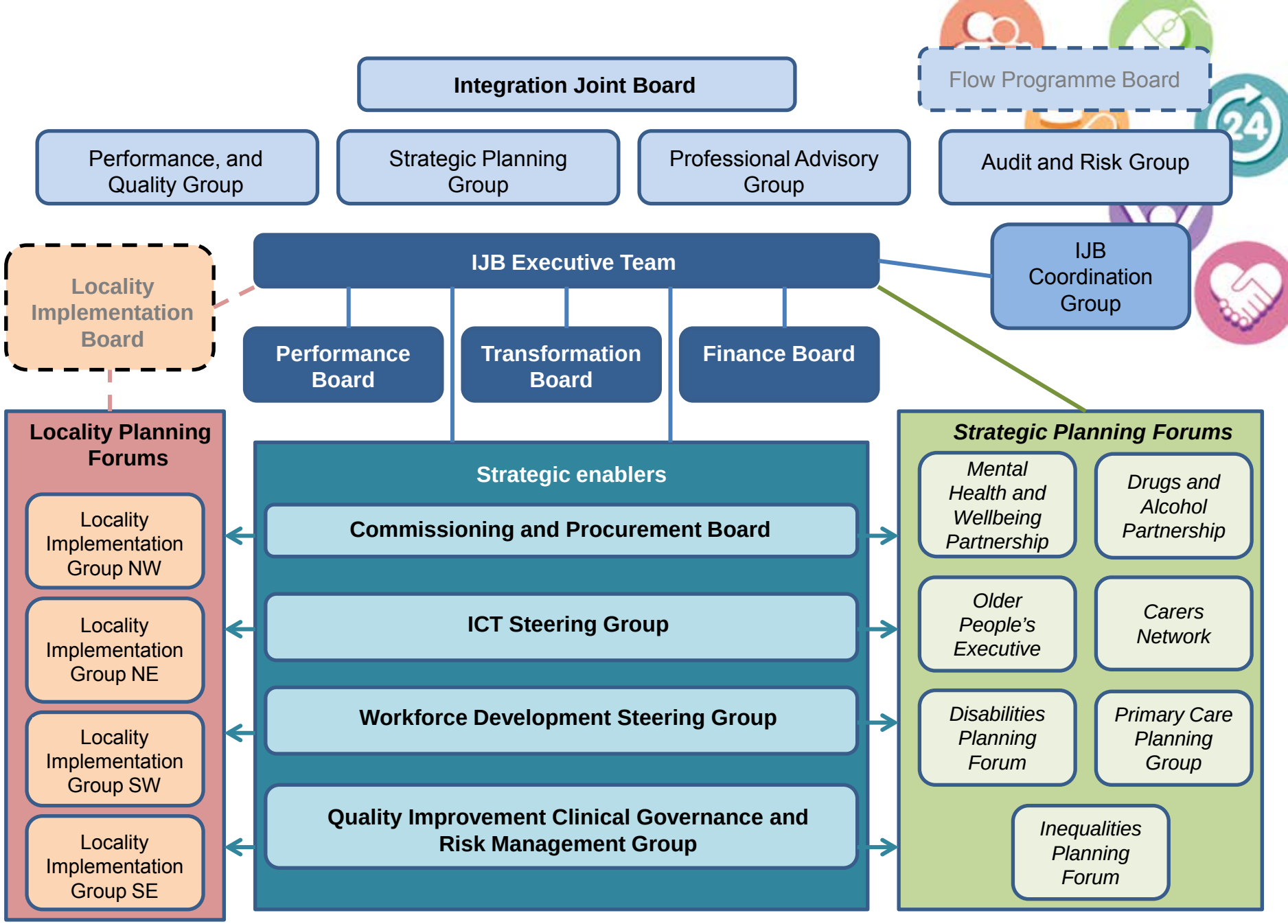

Mental Health and Wellbeing Partnership
REH Campus Project Board
Alcohol and Drug Partnership
Older Peoples' Executive
Strategic Plan Delivery Group
IJB
Strategic Planning Group
IJB Executive Team

Gantt chart

Delivery plan for redesigning mental health and substance misuse services

Key:
REH – Reprovisioning of Royal Edinburgh Hospital (Phase 1); SM – Substance Misuse; WBSS – Development of community based wellbeing services; WTPT – waiting times for psychological therapies; WTSM – waiting times for substance misuse services; OPMH – improving mental health services for older people

Work stream	Ref	Action Ref from strat plan	Milestone	IJB Exec Team Lead for Strategic Plan Action	Mental Health and Substance Misuse Programme	Links and dependencies	Timescale 2016/17												
							Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct -16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17
REH	REH7	33b, 23b	Progress report to IJB on Royal Edinburgh Hospital	Colin Beck (33b) Katie McWilliam (23b)	Tim Montgomery							Done							
REH	REH8	33b, 23b	Progress report to IJB on Royal Edinburgh Hospital	Colin Beck (33b) Katie McWilliam (23b)	Tim Montgomery									Nov-16					
REH	REH9	35a, 35b	10 x Grade 4/5 placements available	Colin Beck	Graeme Mollon										Dec-16				
REH	REH10	33b, 23b	Contingency plan for REH phase 1 in place	Colin Beck (33b) Katie McWilliam (23b)	Tim Montgomery										Dec-16				
REH	REH11	33b, 23b	REH Phase 1 opens with reduction in beds of 10 for older people and 17 for adults	Colin Beck (33b) Katie McWilliam (23b)	Tim Montgomery	REH1,4,5,6,9,10,11 WBS3										Jan-17			
SM	SM1	37a, 37b	Extend contract for Milestone House	Colin Beck	Moira Pringle				Done										


Integration Joint Board
Flow Programme Board
Performance, and Quality Group
Strategic Planning Group
Professional Advisory Group
Audit and Risk Group
IJB Executive Team
IJB Coordination Group
Locality Implementation Board
Performance Board
Transformation Board
Finance Board
Locality Planning Forums
Locality Implementation Group NW
Locality Implementation Group NE
Locality Implementation Group SW
Locality Implementation Group SE
Strategic enablers
Commissioning and Procurement Board
ICT Steering Group
Workforce Development Steering Group
Quality Improvement Clinical Governance and Risk Management Group
Strategic Planning Forums
Mental Health and Wellbeing Partnership
Drugs and Alcohol Partnership
Older People's Executive
Carers Network
Disabilities Planning Forum
Primary Care Planning Group
Inequalities Planning Forum

Role of the Strategic Planning Group

- Consider delivery plans and monitor progress
- Report to IJB by exception
- Overview of the Transformation Programme
- Consider business cases (outline and final) and recommend for approval to IJB

SPG draft work plan

Sept 2016	• Transformation Programme overview • Trans formation Programme - Capacity and Demand workstream • Older people delivery plan
Oct 2016	• Mental Health and Substance Misuse delivery plan • Disabilities delivery plan • Transformation Programme – Demand Management overview

Recommendations

It is recommended that the Integration Joint Board

- note the arrangements in place for overseeing and progressing the strategic plan action plan
- agree that detailed consideration and scrutiny of delivery plans and business cases should be undertaken by the Strategic Planning Group
- agree to receive twice yearly reports from the Strategic Planning Group on the delivery of the Strategic Plan Action Plan

ITEM 5.9

Report

Joint Inspection – Older People

IJB Board Meeting

16 September 2016

1. Executive Summary

1.1 The purpose of this report is to update the Edinburgh Integration Joint Board, on the forthcoming joint inspection on services for older people by the Care Inspectorate and Healthcare Improvement Scotland.

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 prepare for the inspection.

2.2 Support the EHSCP welcome of the inspection, which will provide a foundation for improvement moving forward.

3. Background

3.1 The Public Bodies (Joint Working) (Scotland) Act 2014, (the Act), gave the Care Inspectorate and Health Care Improvement Scotland the duty to undertake joint inspections, with the specific requirement for:

3.1.1. reviewing and evaluating the extent to which the independent health care service is complying with the integration delivery principles and contributing to achieving the national health and wellbeing outcomes;

3.1.2. reviewing and evaluating the extent to which the planning, organisation or co-ordination of services provided by an independent health care service and social services is complying with the integration delivery principles and contributing to achieving the national health and wellbeing outcomes;

3.1.3. reviewing and evaluating the effectiveness of a strategic plan prepared under section 23 of the 2014 Act in complying with the integration delivery principles and contributing to achieving the national health and wellbeing outcomes;

3.1.4. encouraging improvement in the extent to which implementation of a strategic plan prepared under section 23 of the 2014 Act complies with the integration

delivery principles and contributes to achieving the national health and wellbeing outcomes; and

3.1.5. enabling consideration as to the need for any recommendations to be prepared as to any such improvement to be included in the report .

3.2 The integration delivery principles of the Act are:

3.2.1 that the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service-users,
3.2.2 that, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible—
3.2.3 is integrated from the point of view of service-users,
3.2.4 takes account of the particular needs of different service-users,
3.2.5 takes account of the particular needs of service-users in different parts of the area in which the service is being provided,
3.2.6 takes account of the particular characteristics and circumstances of different service-users,
3.2.7 respects the rights of service-users,
3.2.8 takes account of the dignity of service-users,
3.2.9 takes account of the participation by service-users in the community in which service-users live,
3.2.10 protects and improves the safety of service-users,
3.2.11 improves the quality of the service,
3.2.12 is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care),
3.2.13 best anticipates needs and prevents them arising, and
3.2.14 makes the best use of the available facilities, people and other resources.

3.3 The National Health and Wellbeing Outcomes are high-level statements of what health and social care partners are aiming to achieve through integration and ultimately through the pursuit of quality improvement across health and social care. By working with individuals and local communities, the Act expects that Integration Authorities (IJBs), will support people to achieve the following outcomes:

No.	National Health and Wellbeing Outcome
1	People are able to look after and improve their own health and wellbeing and live in good health for longer
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

3	People who use health and social care services have positive experiences of those services, and have their dignity respected
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
5	Health and social care services contribute to reducing health inequalities
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being
7	People using health and social care services are safe from harm
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
9	Resources are used effectively and efficiently in the provision of health and social care services

4. Main report

The Approach

4.1 The approach for the Joint Inspection for Older People Services in Edinburgh has been clearly set out in recent correspondence, and includes:

4.1.1 Partnership Position Statements to be completed
4.1.2 Submission of an Evidence Log associated with the Position Statements
4.1.3 A Staff Survey to be undertaken
4.1.4 Submission of the Top 10 Commissioned Services
4.1.5 Case file reading by the Inspectors
4.1.6 Following up on particular points and cases
4.1.7 A Scrutiny Week
4.1.8 Professional Discussions

Partnership Position Statements

4.2 The Position Statements are based upon key elements that allow the Inspectors to determine our performance against the delivery principles and national health and wellbeing outcomes. The outline of the ten sections for position statements is indicated below, with the full document that includes examples of very good and weak illustrations, which is available on request.

Section 1 - Key Performance Outcomes	**Key Features** Evidence about the real difference and benefits that healthcare and social work services have made to the lives of individual families and communities
Indicator	**Main Areas**
1.1 Improvements in partnership performance in both healthcare and social care	Improvements in performance in health and social work services
1.2 Improvements in the health and wellbeing and outcomes for people, carers and families	Improvements in outcomes for individuals and carers in health, wellbeing and quality of life
Section 2 - Getting help at the right time	**Key Features** This area is about the experience and feelings of individuals, how they understand and appreciate the services provided to them. Individual's perceptions may differ from how the partnership evaluates itself
Indicator	**Main Areas**
2.1 Experience of individuals and carers of improved health, wellbeing, care and support	• Partner agencies have an integrated approach at the most appropriate time to promote and maintain individuals' health, safety, independence and wellbeing. • There is joint action to support individuals capacity for self-care and self-management • There is joint action to support managing long term conditions

	• Systems are in place to obtain feedback about individuals' experiences of using health and social work services. • Individuals receiving support are enabled and supported to make decisions throughout their care experience. • Individuals who are subject to the partnership's adult protection procedures, are safer as a result.
2.2 Improvements in the health and wellbeing and outcomes for people, carers and families	• The partnership has a clear strategy and services in place to support prevention and early and timely intervention. • Individuals are able to timeously access a range of preventative, rehabilitative and enabling services, which are suitable for their needs.
2.3 Access to information about support options including self-directed support	• Partners ensure that readily accessible information is available about supports and services, including self-directed support • Individuals are provided with full information about their needs/condition and any care or treatment they require and their right to Consent. At the point of diagnosis of a long term condition, partners provide early information on appropriate supports and services to individuals and their carers
Section 3 - Impact on staff	**Key Features** This area is about what employees think and feel about working in the partnership. This is about the staff view point rather than the initiatives or measures that managers have put in place.
Indicator	**Main Areas**
3.1 Staff motivation and support Main areas	Staff are motivated and committed to providing high quality support and services. Staff feel well supported and managed, and their workload is managed to enable them to deliver positive outcomes for individuals and their carers. Staff feel that teamwork is effective, including within joint teams.

	Staff understand and are supportive of organisational priorities. They have good opportunities for professional development and to contribute to change planning and change management.
Section 4 - Impact on the community	**Key Features** This area is about the activities used to promote positive community capacity and engagement. This will look at evidence that the characteristics of local communities are understood and there is evidence of community participation.
Indicator	**Main Areas**
4.1 Public confidence in community services and community engagement	The partnership is committed to engaging with and involving local communities in meeting the health and social care needs of the adult population. There are joint strategies to promote and develop community involvement and community capacity. The community is involved in a wide range of identification, early intervention, and support activities such as volunteering, befriending, independent advocacy and time banking. Individuals and community groups value the supports and services provided by the partnership and believe they are effective. Individuals and community groups are positive about how the partnership engages with the public.
Section 5 - Delivery of key processes	**Key Features** This indicator focuses on the extent to which all staff recognise that an individual is in need of care and support. It considers how well information is shared between partners and is used to make decisions. It looks at the timeliness and effectiveness of the help and support provided in preventing difficulties arising or increasing. This will include anticipatory care planning, re-enablement, rehabilitation and self-management
Indicator	**Main Areas**
5.1 Access to support	The partnership has clear procedures and pathways about how supports and services can be accessed that support achievable outcomes. This includes clearly articulated

	arrangements for referrals between partners. These procedures and pathways take account of the need for prevention, early identification and intervention at the right time. The partnership has criteria for accessing services in place, which are consistently and equitably applied. Charging policies are clear The partnership informs individuals and carers who do not meet its criteria for accessing services of possible alternative sources for advice and support and of what to do if their circumstances change
5.2 Assessing need, planning for individuals and delivering care and support	Effective systems are in place for the assessment of individuals' needs. These systems work effectively on a single and multiagency basis. Effective information sharing between partners underpins an approach to assessment, care planning and service delivery which is person centred and focused on individual outcomes. Individuals and carers are fully involved in their assessments and in planning and participate in the co-production of the supports and services they receive. The care and support which individuals and carers receive meets the desired outcomes and assessed needs. Partners jointly review the care and support which individuals and carers receive to ensure that this is achieving the desired outcomes.
5.3 Shared approach to protecting individuals who are at risk of harm, assessing risk and managing and mitigating risks	Clear guidance processes and tools support all staff in assessing and managing risk. Competent risk assessments and associated risk management plans are prepared for all individuals subject to risks, and individuals who are subject to significant non-protection type risks that health and social work services have a responsibility to manage. Systems are in place to assess risk to individuals who are receiving self-directed support (direct payment recipients and personal budget holders).

	Adult protection partners effectively work together to robustly investigate adult protection concerns, and subsequently take action to keep individuals who are at risk of harm safe. Joined-up approach to managing risk, which includes systems to evaluate and learn from practice, even when things have gone wrong.
5.4 Involvement of individuals and carers in directing their own support	Listening to individuals and working with them to create personalised approaches to meet their needs. Evaluating individuals' experiences of services and adjusting services responses in the light of these. Support individuals using services to make decisions which allow them to co-produce their supports.
Section 6 - Policy development and plans to support improvement in services	**Key Features** This area is about organisational and strategic management across the partnership and evidence gathered will show the extent that strategies and plans reflect properly the vision of the service. This will show how purposefully you involve individuals and carers in service development. It also covers quality of services and how quality management drives improvement.
Indicator	**Main Areas**
6.1 Operational and strategic planning arrangements	There is a shared vision for services, which is informed by a whole-systems approach and is set out in comprehensive, joint strategic plans for services. These contain strategic objectives, measurable targets and timescales. There are processes and guidance to implement the joint vision, strategies and policies. There is a systematic approach between health and social work managers, which evidences effective management of services and resources across the whole system of care. Priorities set at partnership, team and unit levels reflect jointly agreed plans and priorities.
6.2 Partnership development of a range of early intervention and support services	All partners collaborate to promote and maintain individuals' health and independence. There is a range of integrated interventions and policies that can evidence the integrated approach to support individuals' capacity for self-care and self-

	management including mitigation of risk and the support for long-term conditions. Partners can evidence the effectiveness of their support for individuals to remain within their own communities
6.3 Quality assurance, self-evaluation and improvement	There are joint performance management and quality assurance systems in place. There are clear reporting arrangements for performance information. Joint information systems, which are effective in supporting service development. Key strategic partners involve voluntary and private sector partners, carers and users groups in monitoring the quality of services. Joint performance management and quality assurance drive continuous improvement systems and there are clear plans, which prioritise and implement improvements agreed by partners
6.4 Involving individuals who use services, carers and other stakeholders	There is systematic and comprehensive engagement with individuals who use services, carers, providers and other relevant stakeholders. Planning processes (operational and strategic) incorporate the views of individuals, carers, providers and other relevant stakeholders. Processes are in place to ensure the views of those who are considered hard to reach are gathered and reviewed Individuals who use services and carers are included in planning services, and consulted about changes in policies. Providers and other relevant stakeholders are involved in planning services.
6.5 Commissioning arrangements	Joint strategic commissioning strategies are in place, that identify partnership priorities and resource contribution. Commissioning by partners is able to deliver increasingly personalised services. The views and preferences of individuals and carers inform commissioning. Best value and best outcomes for individuals

	determines the balance between direct provision and purchased services. There are sound monitoring and review systems, including effective collaboration with regulators and scrutiny bodies.
Section 7 - Management and support of staff	Key Features This area is about how staff are supported and managed within the workforce. It also looks at how staff are supported to learn and develop in their roles and in a changing culture how the partnership approaches joint workforce planning and deployment.
Indicator	**Main Areas**
7.1 Recruitment and retention	A joint workforce strategy sets out priorities, identifies possible staffing shortfalls and outlines measure to address shortfalls. Partners evaluate measures to address areas of particular staff shortages and pressures. This is done on a single agency basis and a multi-agency basis. Partners apply safer recruitment practises in order to protect service users. Partners have clear and agreed objectives for shared posts and jointly monitor the posts to ensure that their objectives are fulfilled. Partners are aware of the need for succession planning and are jointly aware of its implications for partnership working. Partners have a culture of valuing, supporting and retaining staff and take appropriate opportunities to harmonise human resource arrangements.
7.2 Deployment, joint working and teamwork	Staff are deployed effectively within and across services to achieve priorities and objectives set out in strategic plans. There is an appropriate employee mix in teams within and across services with an appropriate breadth of skill and experience within and across services. Supervision and employee development systems link individual performance to service objectives.

	Clear systems for line management and access to professional support. There are clear job descriptions.
7.3 Training, development and support	Employees across services receive appropriate management and professional training and development. Joint training is strategically developed and implemented and is open to all partners. There are effective employee development and supervision systems in place. Staff are involved in the strategic planning of training and development.
Section 8 - Partnership working	Key Features This area is about how finances and resources are managed across the partnership and whether there is a whole systems approach where areas such as business support and ICT support the delivery of the right outcomes for individuals and for the respective members of the partnership.
Indicator	**Main Areas**
8.1 Management of resources	There is an increasingly integrated approach between health and social work services which results in effective management and future planning of the range of services and resources across the whole system of health and care. Health and social work services work closely and effectively with other key partners to ensure the best use of the range of existing resources and to plan future resource use in line with agreed shared strategic priorities. Priorities set at partnership, team and unit levels reflect jointly agreed plans and priorities. There is joint financial reporting of all services by key strategic partners
8.2 Information systems	There is a joint ICT strategy with effective information sharing and shared assessment protocols. This includes a coherent strategy to gather and use data to improve outcomes.

	Health and social work services staff have arrangements and share appropriately, information on individuals who use services that is held on the health ICT system and the social work services ICT system. Practitioners and managers use information systems to record performance against a range of key outcomes. IT systems communicate with each other and share information at both an individual and strategic level. Information systems have permissions and security to protect sensitive data. Information systems provide accurate profiles of need and the range of care, treatment and support options.
8.3 Partnership arrangements	Partnerships are strategic and focus on delivering key strategies, plans, and initiatives including self-directed support and early and intervention. Partners regularly evaluate partnership working – and measure partnership benefits in outcomes attained for individuals. There is extensive, effective and well-supported involvement of individuals who use services and carers. There are joint systems for reporting on outcomes.
Section 9 - Leadership and direction that promotes partnership	**Key Features** This area is about the quality of leadership and the contribution of corporate leadership to drive the vision, culture and communicate this with the workforce and the wider population. Effective leadership of strategic and cultural change and improvement that is driven by effective practice and better outcomes for individuals
Indicator	**Main Areas**
9.1 Vision, values and culture across the partnership	There is a clear vision for adult and older people's services with a shared understanding of the priorities. The vision is reflective of national priorities and translates into locally determined outcomes. All are able to articulate local priorities, inclusive of Board & Elected members. There is a supportive and respectful culture with

	explicit shared values which all staff and managers are engaged. High standards of professionalism are promoted and supported by all professional leaders elected members and Board members. Partners can evidence clear links between the vision and the strategic plans.
9.2 Leadership of strategy and direction	Senior managers promote collaboration between social work services and health teams and external partners. There are good examples of partnership working, roles and responsibilities are clear and understood. Elected members and Board members promote partnership working. Leaders of health and social work services have a high level awareness of future trends and joint strategic commissioning. Social work services and health services are aligned with community planning priorities. There is effective clinical & professional leadership for the development and delivery of integrated services and improving outcomes for individuals. Preparedness for health and social care integration.
9.3 Leadership of people across the partnership	Senior managers and other leaders model and promote a positive and respectful engagement with the public and staff. Leadership which promotes high professional standards. Leadership which promotes the development and empowerment of staff at all levels. Other key agencies within the partnership or working on behalf of the partnership are supported in developing strong leadership.
9.4 Leadership of change and improvement	All partners secure improvement in services through rigorous self-evaluation and self-assessment that evidences improved outcomes for individuals Leading continuous improvement through effective change management

	Working with all partners and stakeholders e.g. individuals who user services, carers, voluntary and private sector to achieve effectiveness for the delivery of present and future services
Section - 10. Capacity for improvement	Judgement based on an evaluation of performance against the quality indicators
Judgement about the capacity for improvement hinges on the confidence in important levers for improvement. It is based firmly on the extent to which partners can reliably evidence the following: improvements to outcomes and the positive impact services have on the lives of individuals and carers; effective leadership and management; effective approaches to quality improvement and a track record of delivering improvement; preparedness for health and social care integration. This high-level question requires partners to come to a global judgement and overall statement about the capacity for continued improvement, which is based on evidence and evaluations across the quality indicators.	

4.3 As part of the ongoing improvement approach, the EHSCP has had a group looking at the approach to establish our position against each of the indicators, with the view that we would involve a wide range of stakeholders to develop the position statements and have an early view on our areas of strength and improvement.

4.4 The ratified Position Statements for EHSCP, will be available for circulation at the IJB Board Meeting

4.5 This approach has been overtaken by the notice that we are to be inspected, and the group are now bringing forward the development of the position statements with a workshop on the 15 August being held to ensure people can contribute to, and own the submitted statements. At this event, we will establish what people consider are our areas of strength, where the key evidence to support this is, and where the areas for improvement may be, against the sections above.

Timeline

4.6 There is a clear timetable of deadlines for submission of key documents and for elements to take place, which are highlighted below:

Element	Key Deadline	Full Process for Inspection
Staff Survey Sample - Job Titles of Senior Teams	19.08.16	Survey issued 29.08.16 Confirmed number of people survey sent to 02.09.16 Survey closes 23.09.16
Submission of Advanced Information Associated with the Position Statements	26.08.16	
Case File Sample	26.08.16	Health Record Tool Template 23.09.16
Partnership Position Statements	26.08.16	
H&SCP Organisational Chart	26.08.16	
Top 10 Commissioned Services	26.08.16	
File Reading Week	17. 10.16	Confirm Local File Readers x2 SW/X2 NHS 26.08.16 Database Training 14.10.16
Follow Up Week	07.11.16	Cases to be identified by 31.10.16
Scrutiny Week	21.11.16	Core Sessions and Daily Timetable to be complete by 14.11.16
Professional discussions	Ongoing	
Report Back	TBC	For discussion at initial meeting with Inspectors 12.08.16

4.7 There is an initial meeting with the Inspectors on the 12th August 2016, where there will be the opportunity to discuss the elements above in more detail.

5. Key risks

5.1 There is a sense of urgency associated with the preparatory work now, and there is a risk that if this is not sufficiently supported, key areas of good practise, evidence and identification of areas for improvement will be missed. This is being mitigated by the EHSCP Joint Inspection Group ensuring that there is appropriate support to arrange sessions in a timely manner.

5.2 There is a risk that staff don't feel informed or supported throughout the process. This is being mitigated by the inclusion in the workshop on the 15 August, and ongoing involvement sessions going forward, with the EHSCP Executive Group taking a responsibility to inform and support people at every opportunity. This will also allow the EHSCP to develop a continuous improvement programme moving forward, based on the initial position statements.

6. Financial implications

6.1 There is likely to be a requirement to enhance the administrative support for the next five months to ensure that the operational organisation of the process is well coordinated and cohesive. This is yet to be quantified.

6.2 There may be implications arising from the recommendations that have cost implications, and these will be worked up once the recommendations are made.

7. Involving people

7.1 As indicated above, there will be involvement of as many health and social care staff, third and independent partners, as possible, as well as engagement with carers and service users as part of the overall process, in preparation for the inspection, and as part of the ongoing continuous quality improvement process.

8. Impact on plans of other parties

8.1 Key learning will be applied to all care groups in the EHSCP going forward.

Background reading/references

Public Bodies(Joint working) (Scotland) Act 2014:
http://www.parliament.scot/S4_Bills/Public%20Bodies%20(Joint%20Working)%20(Scotland)%20Bill/b32bs4-aspassed.pdf

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

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Links to actions in the strategic plan

All actions in the strategic plan will be affected by recommendations from the inspection about how we can further improve our approach to meeting the strategic actions for older people, and more integrated working.

Links to priorities in strategic plan

All priorities in the strategic plan will be affected by recommendations from the inspection about how we can further improve our approach to meeting the strategic actions for older people

Edinburgh Health and Social Care Partnership

Joint Inspection for Older Peoples Services

August 2016

NHS Lothian

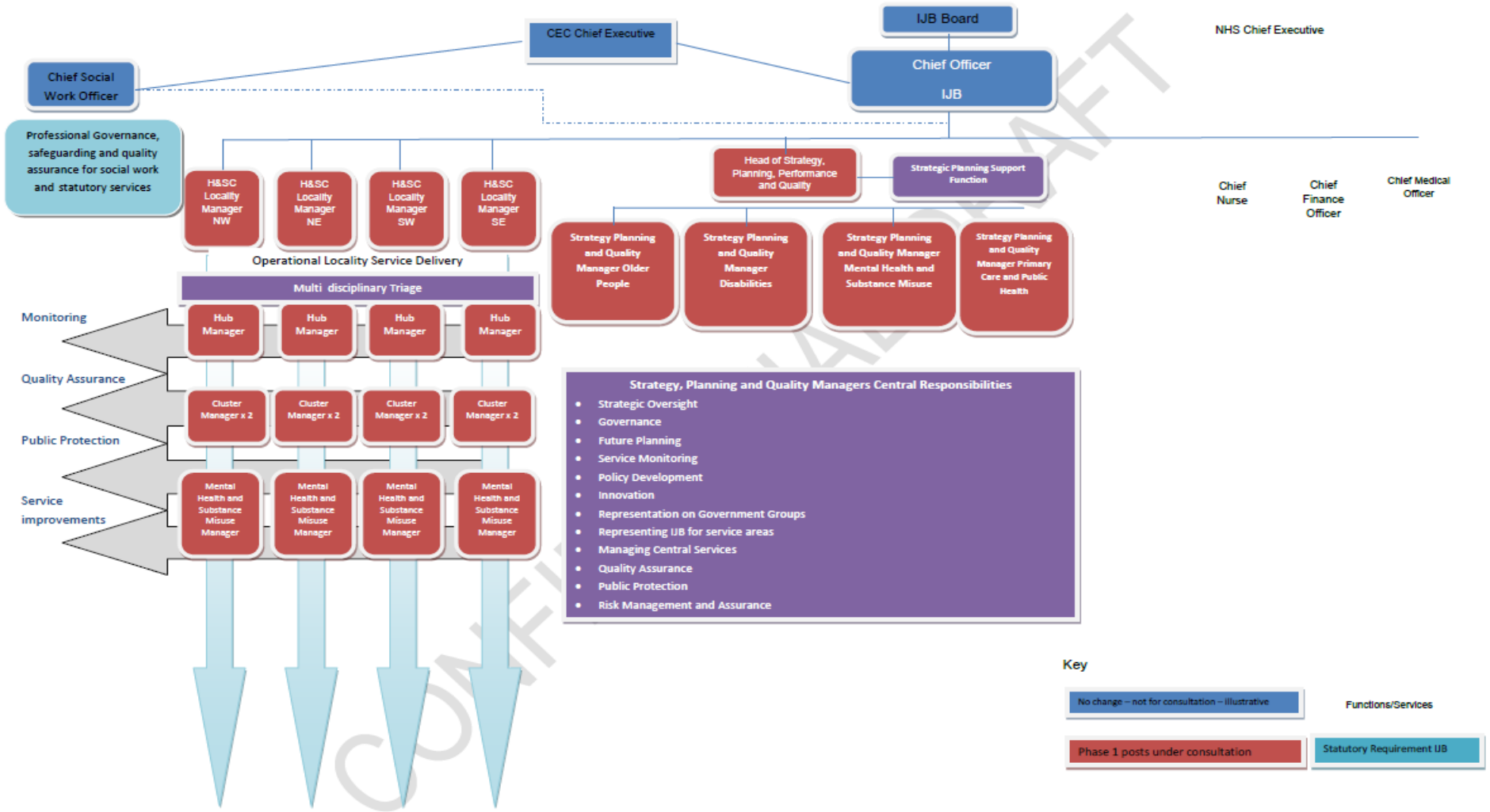
EDINBVRGH THE CITY OF EDINBURGH COUNCIL

Working together for a caring, healthier, safer Edinburgh

Edinburgh is a diverse city with many different communities of both geography and interest that have varying levels and types of needs in terms of health, social care and wellbeing. Although the population of each of our four localities is similar in size, there are big differences in life expectancy, life chances and health and wellbeing both between and within localities. The total population of Edinburgh is estimated to be 487,500, and is predicted to grow by 11% between 2012 and 2022, faster than any other area of the country. Those aged 65 or over make up 15% of the population and the number of people aged 85 is projected more than double by 2037 rising from 10,100 to 21,300 (an increase of 110%). Whilst it is a cause for celebration that people are living longer, it presents challenges to Health and Social Care for the delivery of services for older people.

Edinburgh Health and Social Care Partnership
Integrated Inspection for Older People

NEW INTEGRATED ORGANISATIONAL STRUCTURE



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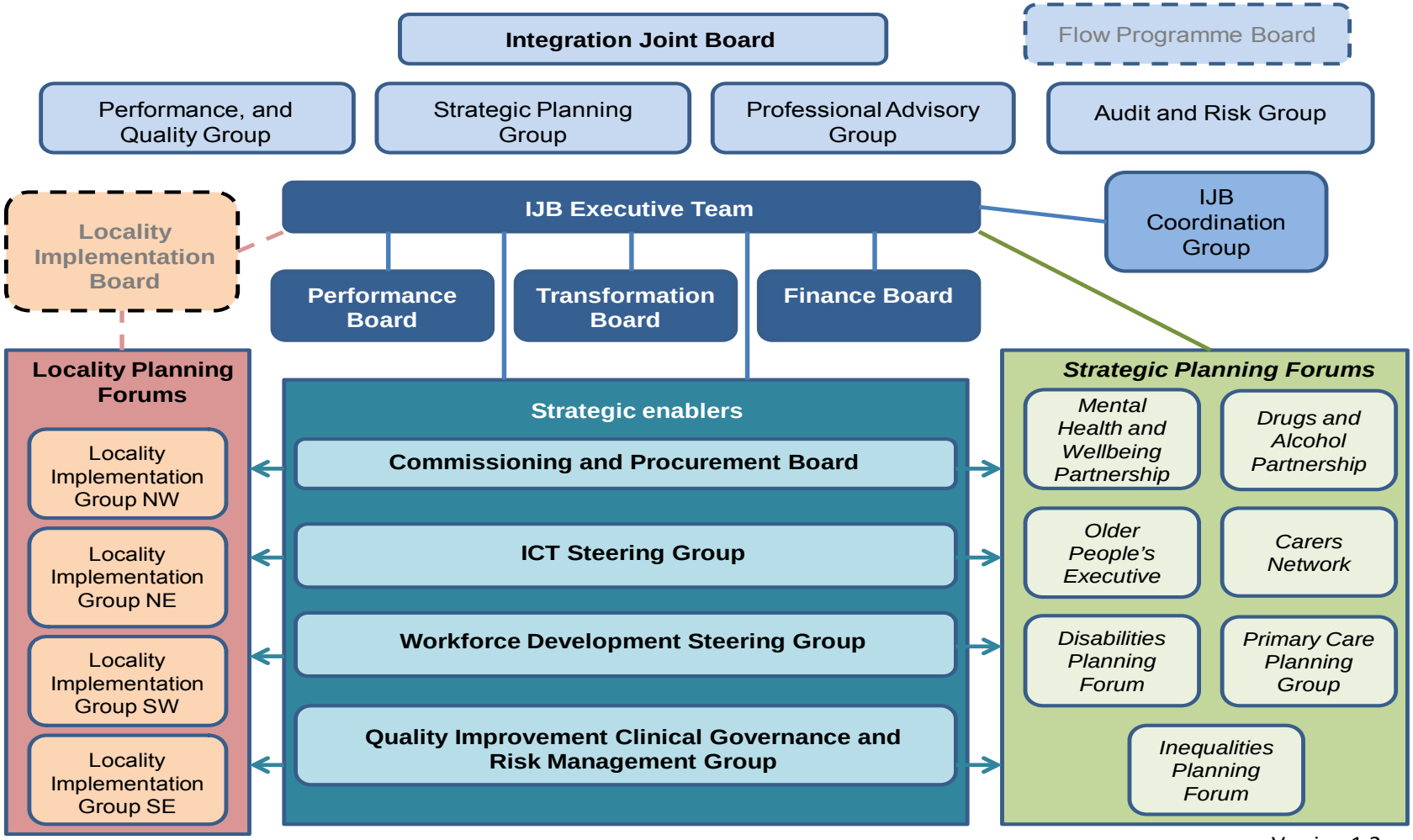
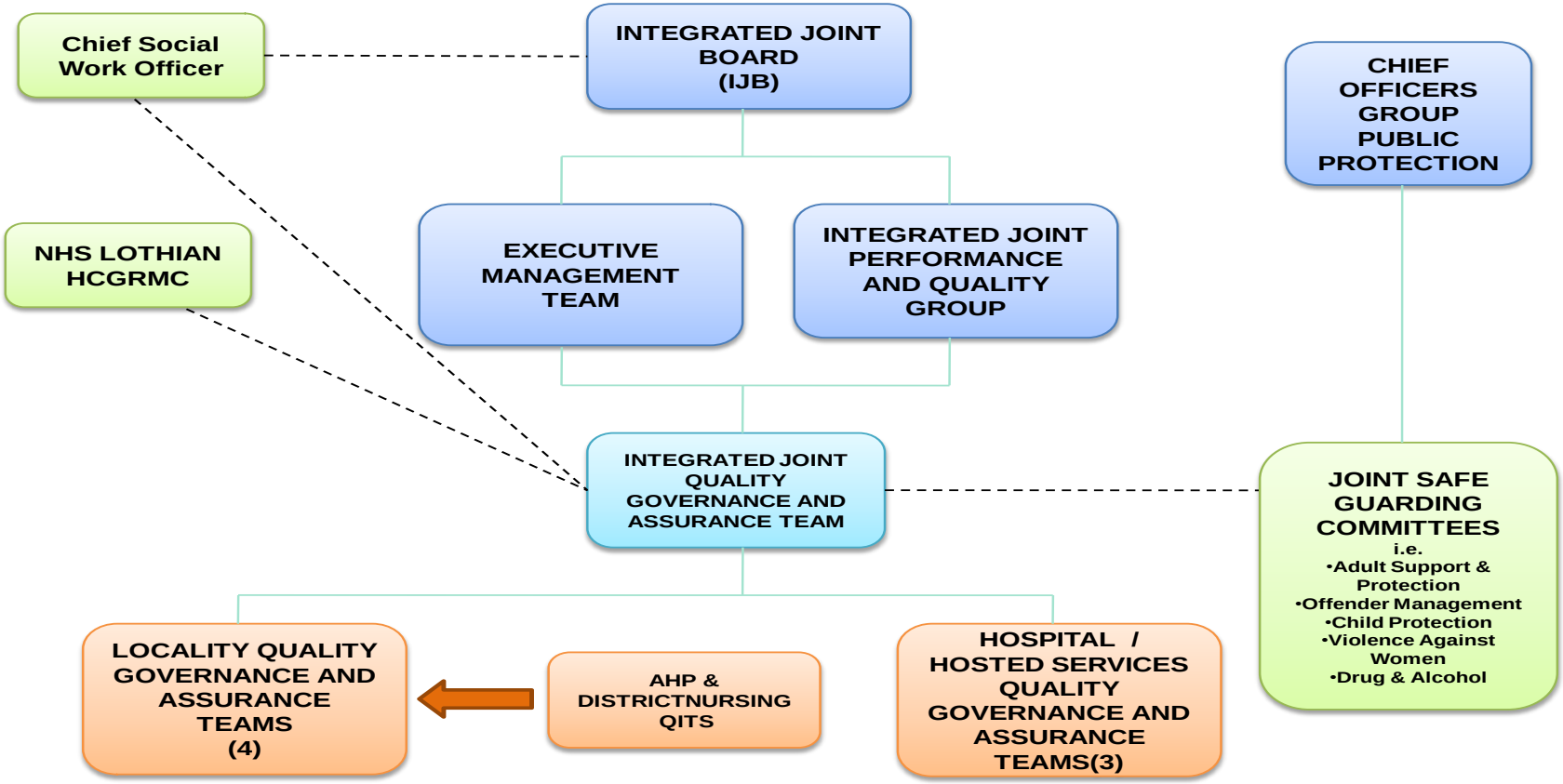
GOVERNANCE AND PLANNING STRUCTURE



Version 1.2

CLINICAL, CARE AND RISK MANAGEMENT GOVERNANCE STRUCTURE



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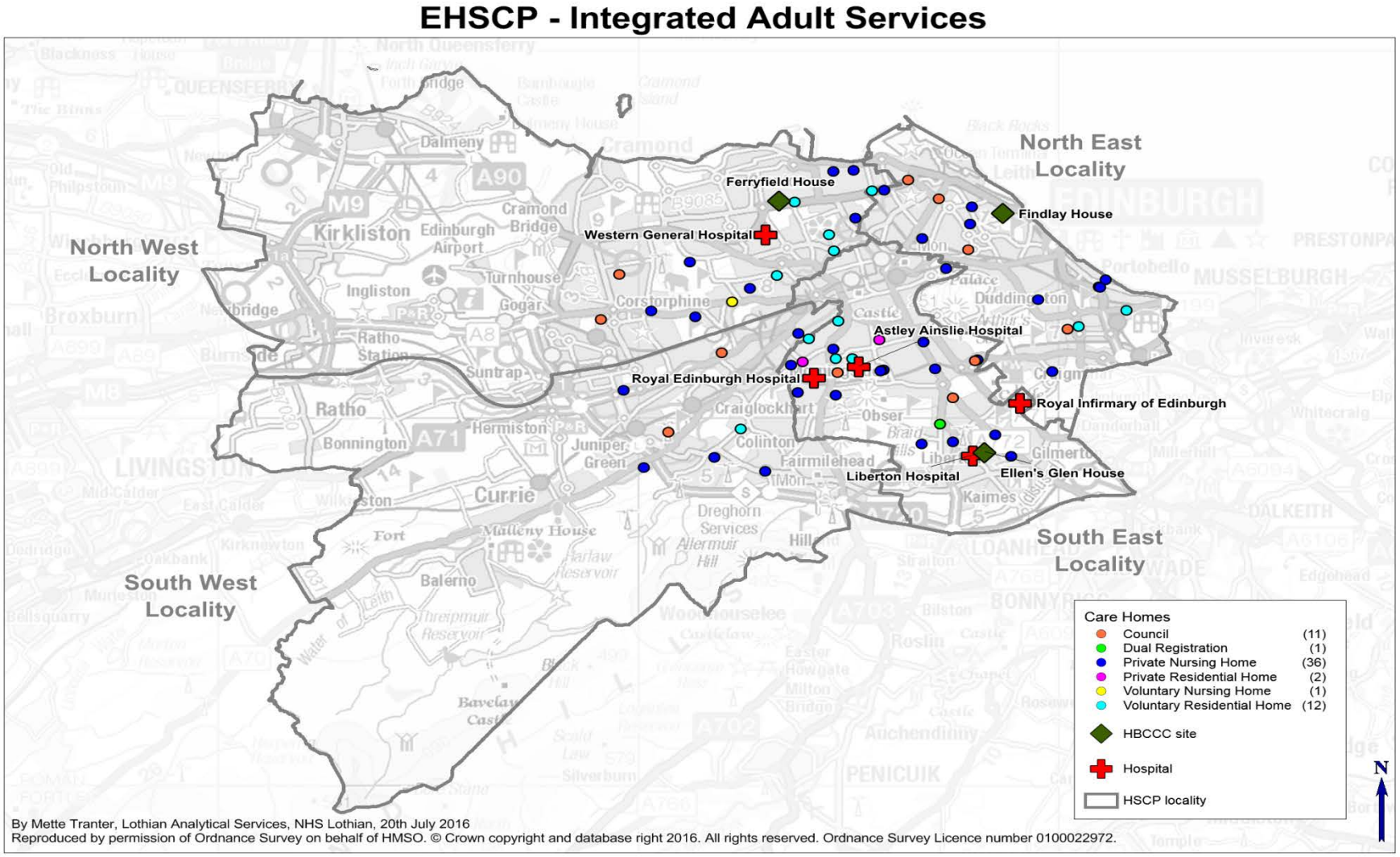
OLDER PEOPLE SERVICES IN EHSCP



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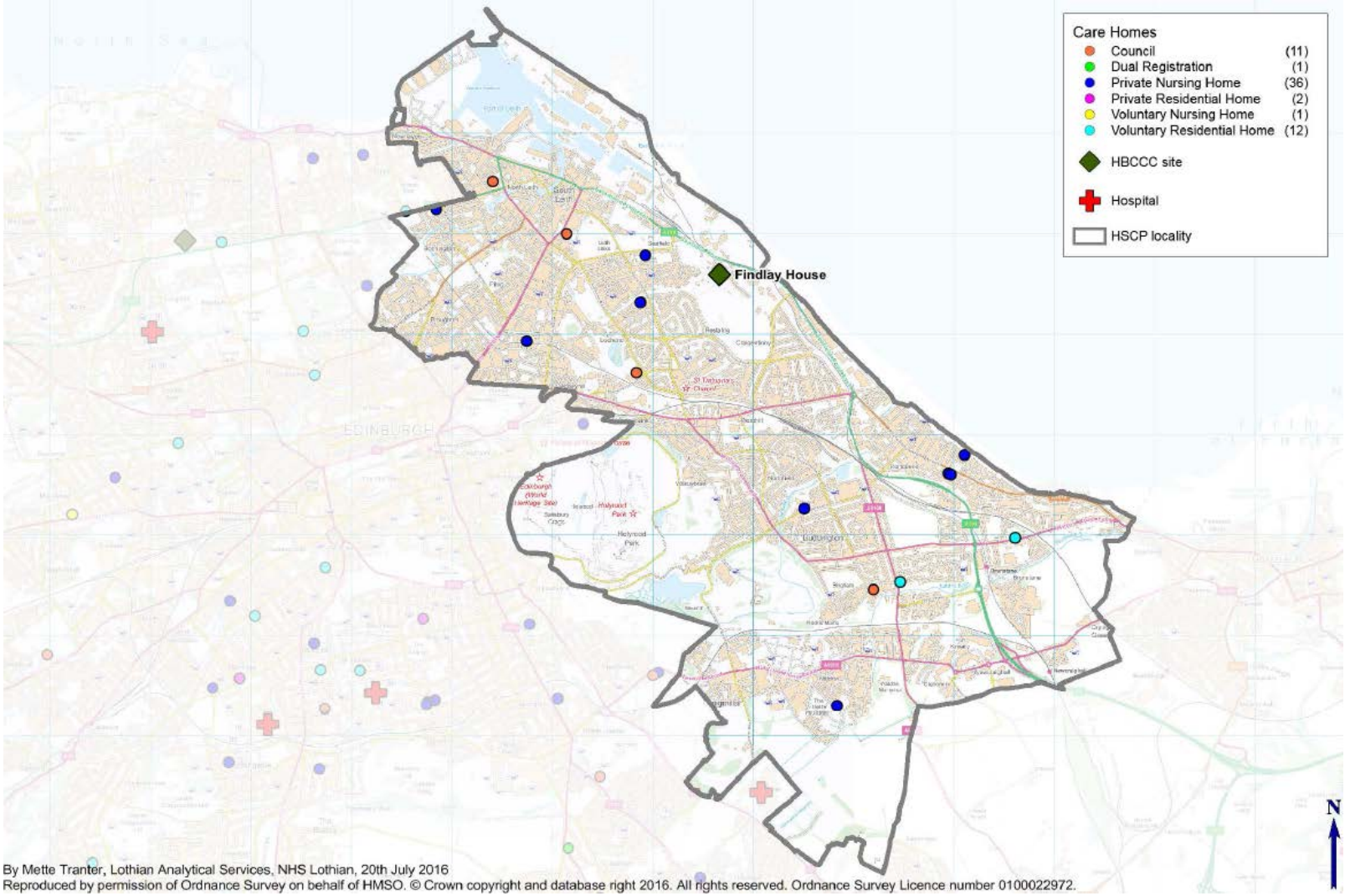
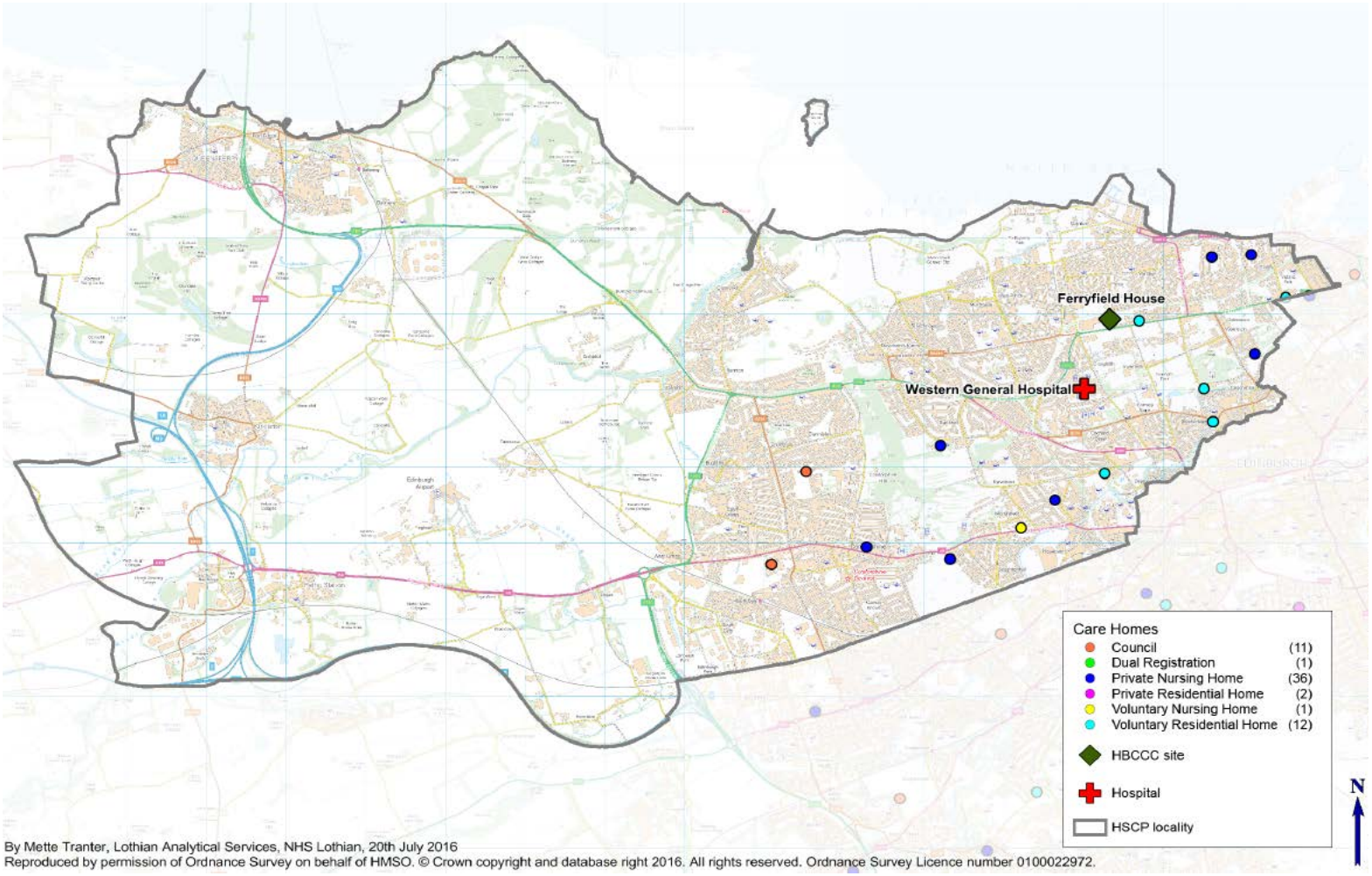
OLDER PEOPLE SERVICES IN NORTH EAST



By Mette Tranter, Lothian Analytical Services, NHS Lothian, 20th July 2016

Edinburgh Health and Social Care Partnership
Integrated Inspection for Older People

OLDER PEOPLES SERVICES IN NORTH WEST



By Mette Tranter, Lothian Analytical Services, NHS Lothian, 20th July 2016

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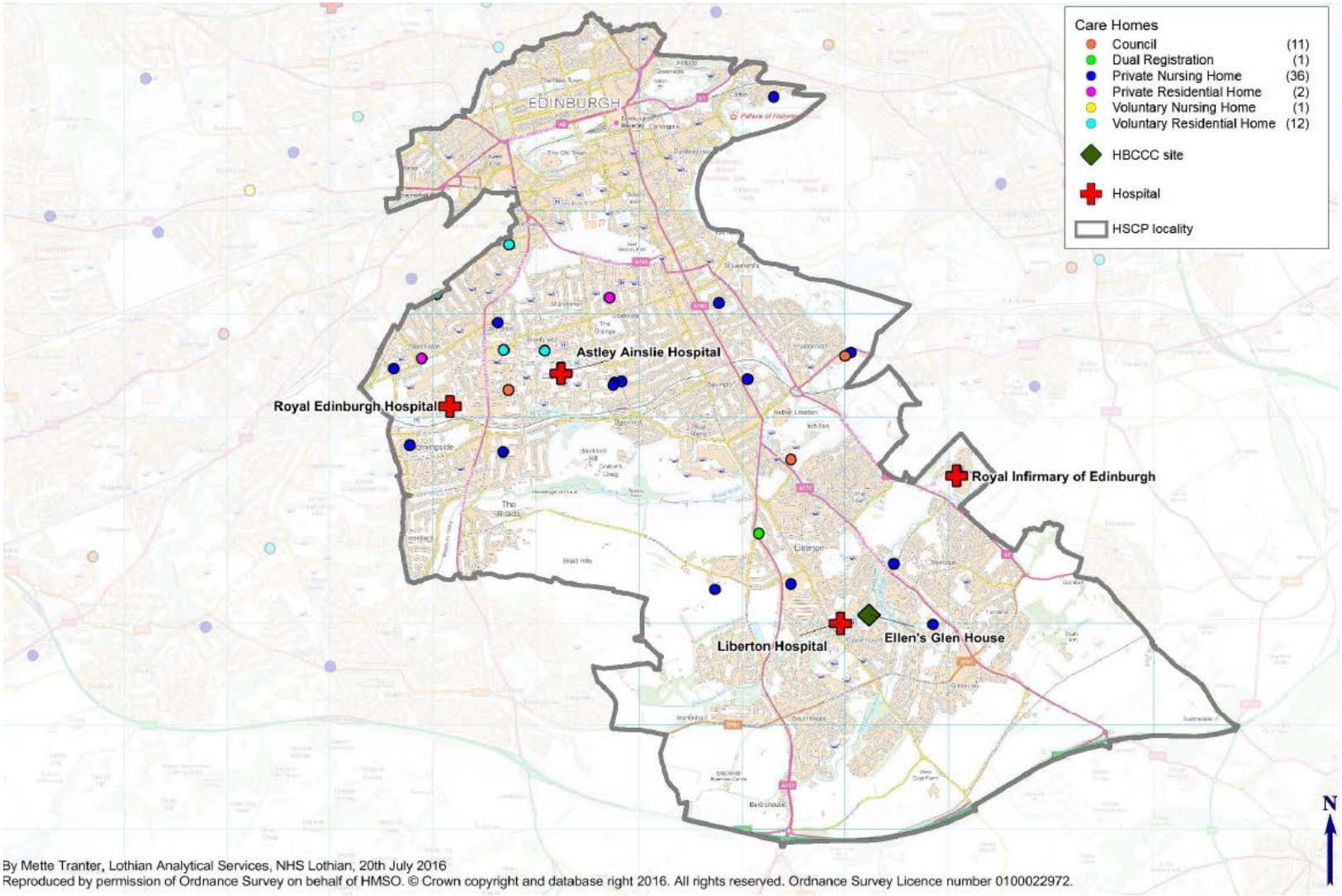
OLDER PEOPLES SERVICES IN SOUTH EAST



By Mette Tranter, Lothian Analytical Services, NHS Lothian, 20th July 2016

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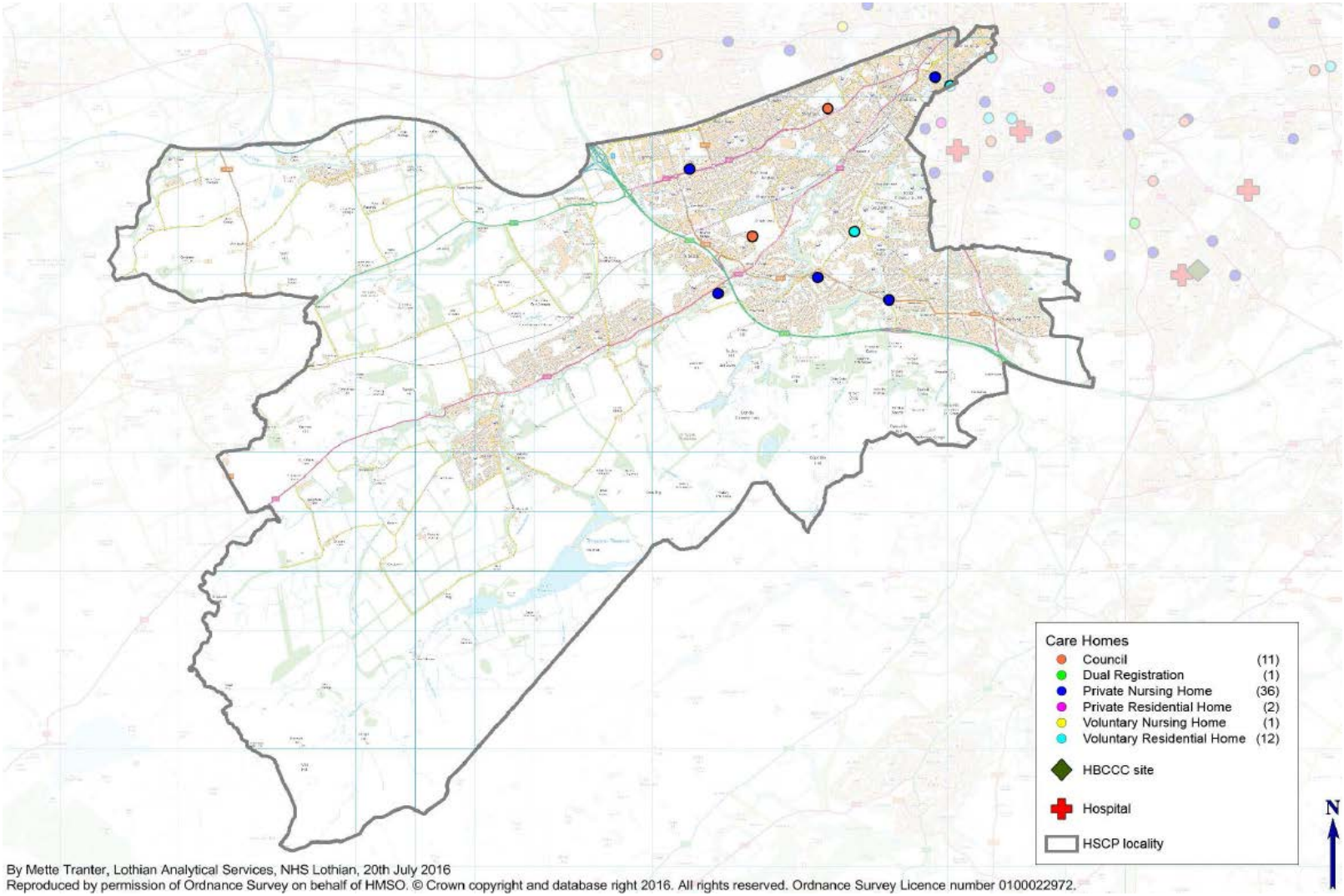
OLDER PEOPLES SERVICES IN SOUTH WEST



By Mette Tranter, Lothian Analytical Services, NHS Lothian, 20th July 2016

Edinburgh Health and Social Care Partnership
Integrated Inspection for Older People

MANAGEMENT TEAM

NAME	TITLE / POSITION / POST
Rob McCulloch – Graham	Chief Officer EHSCP
Michelle Miller	Chief Social Work Officer
Maria Wilson	Chief Nurse
Ian McKay	Clinical Director
Moira Pringle	Chief Finance Officer
Mike Houghton-Evans	Health and Social Care Consultant
Angela Lindsay	Locality Manager – North East
Marna Green	Locality Manager – North West
Nikki Conway	Locality Manager – South East
TBC	Locality Manager – South West
Katie McWilliam	Strategic Planning and Quality Lead – Older People
Colin Beck	Strategic Planning and Quality Lead – Mental Health / Substance Misuse
Wendy Dale	Strategic Planning, Service Re-Design and Innovation Manager
David White	Strategic Planning and Quality Lead – Primary Care
TBC	Strategic Planning and Quality Lead – Learning Disabilities
Sheena Muir	Hospital and Hosted Services Manager
Wanda Fairgrieve	Partnership (NHS)
Kirsten Hay	Partnership (CEC)
Jon Ferrer	Quality Assurance Team Lead (CEC)
Jennifer Evans	Quality Assurance Lead (NHS)

Outcome 1: Key performance outcomes

What do we do well?

We routinely benchmark our performance over a range of indicators against other partnerships in Scotland. We perform well in respect of emergency admission rates, associated bed days and unscheduled care costs, all of which are ahead of the Scottish average and improving.[1.1]

To better understand the underlying causes for delays within the whole system, the Flow Board, chaired by the IJB Chair, has hosted two successful workshops bringing together partners from community and acute services. Following these, a number of key work streams have been established and a self assessment against the NICE best practice guidance has been commissioned.[1.2]

Despite being the top rated partnership for falls management in Scotland, our falls rate remains relatively high. To address this we have: a multi agency pathway for falls and bone health; falls risk assessments within clinical areas; and we employ a falls coordinator.[1.3]

The recent Health Improvement Scotland review of Hospital Based Complex Clinical Care service (2015) in Edinburgh commended the Partnerships capacity for self evaluation and reported evidence of good practice in relation to patient centred care. There were six recommendations for service improvement which were incorporated into the existing service improvement plan. Implementation of the recommendations and improvement plan is being monitored through our quality structure.[1.3a]

We have over 45,000 key information summaries (KIS) for people with complex health and social care needs. A Lothian Anticipatory Care Planning (ACP) forum has been established alongside an interface group, which shares research and best practice. Care homes are piloting the use of a structured ACP questionnaire for residents. This has led to positive outcomes on unscheduled care contacts and patient/carer experience. A multi agency training programme helps staff to engage in person centred conversations with people who have deteriorating health needs to ascertain what matters most to them and their family in order to support informed care choices.[1.4]

There are several services across the partnership for reablement, rehabilitation, prevention, admission avoidance and management of Long Term Conditions. Following evaluation, we have refocused our reablement services to target those people who are likely to benefit most. There are early signs that this recent change is leading to improved outcomes and performance. In addition we operate a jointly funded and managed integrated intermediate care service accessed via a single point of contact offering urgent community based assessment 7 days per week. This service helps avoid hospital admission; supports early discharge; and provides evidence based functional rehabilitation. Other actions that we are taking to avoid hospital admissions are detailed in Outcome 2.[1.5]

The majority of GP practices participated in the Quality Outcome Framework and had a high point's attainment. The Partnership is working with practices in preparation for the quality arrangements that will be embedded in the new GMS contract, which is due in 2017.[1.6]

We have a joint carers' strategy, coproduced with unpaid carers and carers' organisations. The related action plan seeks to address a number of priority areas including identifying unpaid carers, the provision of information and advice, improving carer health and wellbeing; personalised support including respite care. We have well established contracts in place for independent advocacy services for carers.[1.7]

The results from a series of surveys of people receiving support and their carers showed that at least 85% of carers felt that the service helps them maintain their own health and wellbeing to some extent; and over 90% of people receiving a service felt that it helped them maintain their own health and wellbeing.[1.8]

In our Strategic Plan (Appendix E) we set out the range of local and national policies and strategies that we are seeking to deliver for example; prevention, self-directed support, long term conditions strategy, quality strategy. Our approach to the implementation of these is addressed through-out our submission.[1.9]

Where do we need to improve?

- Ensure that delays across the system are reduced and people receive the right care, in the right place at the right time.
- Ensure proactive and consistent application of self directed support
- Compliance with the falls frailty pathway.
- Increase the number, quality and access to Anticipatory Care Plans.
- Improve pathways for older people and reduce unnecessary transitions in care.

What action are we taking?

- In order to reduce delays across the whole system we are monitoring the impact of the workstreams set up by the Flow Board and adapting our approach to recognise those actions which are delivering the most improved outcomes. We will also identify actions from the self assessment against the NICE best practice guidance.
- Embedding the multi-agency falls pathway for falls and bone health.
- Rolling out ACP training to the wider primary care team and monitor compliance with quality and access.
- We are identifying GP quality leads within each locality Cluster and will engage further with GPs around the proposed new integrated Clinical Governance and Risk Management structures.[1.10]
- We have implemented a performance board that is reviewing the performance measures and targets within each of the parent bodies and are working to develop an integrated performance framework.
- Exploring the opportunities for integrating our complaints, incident reporting, health and safety, business continuity and litigation processes within the partnership. [1.11]
- An integrated project board has been established to take forward implementation of the requirements of the carers act.
- Edinburgh Partnership has recently been given the responsibility for hosting Palliative Care Services across Lothian working closely with the Edinburgh hospices. There is a well established Lothian Palliative Care Clinical network.[1.7(a)] We are currently setting up a pan Lothian steering group.
- We are using individual stories and feedback to inform the IJB and care teams about the impact disjointed pathways have on the experiences of citizens, their carers and families.

The Partnership have assessed performance against this indicator 1 as overall Grade 3

However specifically to delayed discharge and access targets we recognise that we have significant weakness, and consequently this is the main focus of our improvement activity

Evidence to include:

Evidence Ref No;

1.1 Performance Measures
1.2 Flow Board
1.3 Falls
1.3a HBCCC HIS Inspection Report
1.4 Anticipatory Care Plans and Key Information Summaries
1.5 Services for Re ablement, Intermediate Care, Rehabilitation, Prevention, Admission Avoidance and Management of Long Term Conditions
1.6 Quality Outcomes Framework
1.7 Carers Information
1.7a Lothian Palliative Care Clinical Network
1.8 Citizens Feedback
1.9 Strategic Plan
1.10 Clinical Governance and Risk Management Structures
1.11 Integration of Quality Assurance

Outcome 2: Getting help at the right time

What do we do well?

Robust and established adult protection procedures are in place to safeguard and protect the safety of our citizens. Tools to assist practitioners and managers when undertaking adult protection enquiries have been developed to support and assist decision making and the management and identification of risk factors. Current methods include performance reporting, data quality analysis, case file audits, reflective practice evaluations and compliance against agreed multi-agency protocol, policy and procedure. Further work is required to ensure we promote and raise awareness of performance targets and developments in practice, generated from the learning and recommendations of recent Significant Case Reviews and Large Scale Enquiries. (cross reference Indicator 5)

Providing the right care in the right place at the right time for each individual is a key priority for the partnership. Our aim is to assess, treat and support people at home and in the community wherever possible; so that they are only admitted to hospital when clinically necessary and are discharged timeously with support to recover and regain their independence at home.[2.1] The early implementer Multi Agency Triage Teams (MATTs), have been designed to deliver on this ambition and maximise the use of community assets.[2.2]

We recognise the importance of supporting individuals to exercise greater choice and control through the use of self directed support and the self management of long term conditions. The number of older people choosing to use direct payments is slowly increasing and we are encouraging the use of Individual Service Funds through Option 2.[2.3] Supporting people to self manage long term conditions is a key part of the work we are doing with statutory and third sector partners to implement the Scottish Government's Many Conditions, One Life Action Plan.[2.4]

The Partnership has a focus on prevention, co-production and community capacity building are clearly articulated in Edinburgh's Joint Commissioning plan for Older People 2012-2022[2.5]. We fund a number of third sector organisations to deliver low level preventative services for older people, ranging from lunch clubs to Community Connecting. The effectiveness of these services is regularly evaluated[2.6]. The Partnership also invests in services such as reablement, intermediate care, COMPASS, IMPACT Team, domiciliary physiotherapy and the Community Alarm and Telecare Service that support people with more intensive needs to regain their independence and prevent further deterioration.[2.7]

Early diagnosis of dementia by Old Age Psychiatry varies across the city. Post diagnostic support is provided by the Memory Clinic or the Post Diagnostic Support Link Workers using the Alzheimer's Scotland five and eight pillar models of dementia support. More recently the Partnership has identified funding for the development of Older Peoples Mental Health Rapid Response Team.[2.8]

The Local Opportunities for Older People Networks (LOOPs) in each locality, funded by the Partnership and coordinated by the third sector, provide information for older people about activities and services available locally.[2.10] There are a number of online directories[2.11] that provide information about services available within the city. We also publish a range of leaflets about care and support services for older people and how to access them.

Social Care Direct (SCD) provides a single point of contact for people seeking advice and support in relation to health and social care services and is the starting point for social care referrals.[2.12] We commission a direct payments support service from a third sector agency[2.13] providing advice on using direct payments, assistance with the recruitment of Personal Assistants and a payroll service. We also have contracts in place for the provision of independent advocacy services.[2.14]

Staff are required to undertake training, be familiar with legislation in relation to adults with incapacity and carry out documented assessments.[2.15] (referenced in Outcome 7) Proxies are involved in decision making and we are working to ensure that Anticipatory Care Plans are in place for all those who require them.[2.16]

Where do we need to improve?

- Access to timely diagnosis of dementia.
- Develop a single shared outcome focused assessment tool and reduce waiting times for assessments, which are a major barrier to people accessing support at the right time supported by a single assessment process.
- Our implementation of Self Directed Support is not consistent. We need to build on best practice examples, expand our use of technology enabled care and support people to live more independently and reduce pressures on other services.
- Review all existing information for citizens and staff to reflect the new integrated organisational arrangements.
- We do not currently have a single shared assessment for older people. Each professional group involved in delivering care undertake their own assessment and where appropriate, seek contributions from the wider team. The assessment used within social care has been developed to encourage a conversational and outcome focused approach.[2.9]

What action are we taking?

- Improvements for dementia are being taken forward through the recently established mental health group, which is a sub group of the Older People Executive Group.
- We are in the process of implementing Multi-Agency Triage Teams (MATTs) across the city with a focus on early intervention, earlier hospital discharge and prevention of admission of older adults.
- Reviewing our current arrangements for assessment, support planning, brokerage and resource allocation to ensure compliance with the principles of self-directed support, as part of the Demand Management workstream within our Transformation Programme.[2.17]
- Working in partnership with a social housing provider to pilot the use of technology as an alternative to onsite staff providing night time support.[2.18]
- New care at home contracts supported by a realigned in-house home care service will increase capacity, responsiveness and flexibility within our domiciliary care offer.
- As part of establishing the locality arrangements we will review the communication strategy for staff and the information directories for citizens.

The Partnership has assessed performance against this indicator as Grade 3

Evidence

Evidence Ref No;

2.1 Prevention of Admission/LTCs - Cross Reference to Indicator 1 - Reference Documents: 1.1, 1.2,1.4 and 1.5
2.2 Locality MATTS - Cross Reference to Indicator 1
Reference Document: 1.5
2.3 Self Directed Support – Cross Reference to Indicator 1 – Document Reference 1.1
2.4 Work with Voluntary Sectors
2.5 Living Well in Later Life Strategic Commissioning Plan for Older People
2.6 Community Connecting with 3rd Sector Low Level Preventative Services
2.7 Community Services - Cross Reference to Indicator 1 –
Reference Documents: 1.3, 1.4 and 1.5
2.8 Dementia
2.9 Care Assessment Documentation
2.10 LOOPs Information – Cross Reference to Indicator 2 – Document Reference 2.4
2.11 Online Directories
2.12 Social Care Direct
2.13 Commissioned Third Sector Direct Payments Support Services and Payroll
2.14 Adults with Incapacity Assessment Information
2.16 Anticipatory Care Planning - Cross Reference to Indicator 1 –
Reference Document 1.4
2.17 Demand Management and Transformation Programme Information
2.18 Social Housing Pilot – Use of Technology

Outcome 3: Impact on staff

What do we do well?

Our NHS staff survey and Council pulse trackers tell us that staff are committed to providing high quality, safe, effective person centred care for older people and support to their carers.[3.1] These surveys also demonstrate that the vast majority of staff understand their role and the need for change and are prepared to go the extra mile.

There are good interdisciplinary relationships across the partnership and staff are committed to continually evaluating the quality of care and services provided. Examples of innovative practice and positive service user feedback demonstrate we put the needs of older people and carers first.[3.2]

The evaluation of some of our patient pathways and stories for older people demonstrates that professional groups and agencies work well to promote the best care for older people. However, we need to improve integrated working between teams to reduce unnecessary transitions.

Many teams and services are co-located within localities and we are actively looking for opportunities to develop this model. The newly formed hub and cluster structures have been set up with the intention of promoting better integrated working amongst teams caring for older people and are aligned to GP practice clusters and other locality services. We have received feedback that the early test of change around the introduction of locality based Multi Agency Triage Teams (MATTs)[3.3] support staff to gain a better understanding of each other's roles and contributions.

We have consulted staff on the development of the full range of strategic plans, the joint strategic needs assessment and we have involved staff in events on service change[3.4]. There are excellent opportunities across the partnership for staff development and established single agency processes for staff appraisal and personal development, as set out in Outcome 7.

There is a well established partnership arrangement with staff trade unions within the NHS which has now been fully adopted with council service and this has facilitated the development of the new staffing structure.

Where do we need to improve?

- More effective communication with all staff working within the partnership as well the third and independent sectors to gain commitment to embrace the changes required to fully integrate services and maintain staff morale.
- Continue to build on the test of change in relation to the establishment of the locality MATTs to embed a culture of integrated working throughout the Partnership. [3.5]
- Exploit the opportunities offered by integration to develop workforce Partnership policies and procedures.
- We need to recognise staff morale is low during these times of change.

What action are we taking?

- Providing clear communication through visible leadership at a time of change and uncertainty.
- Implementing the new structure[3.6].

- Developing new roles and ways of working to support improved outcomes for older people.
- Implementing the use of shared workforce and caseload management tools across the partnership.
- Continue to involve staff in service redesign and planning.[3.7]
- Capacity planning on both a locality and city wide basis.

The Partnership has assessed performance against this indicator as Grade 3

Evidence

Evidence Ref No;

3.1 Staff Surveys
3.2 Examples of Service Innovation and Service User Feedback – Cross Reference to Indicator 1 – Document Reference 1.7
3.3 Locality MATTS – Cross Reference to Indicator 1 – Document Reference 1.5
3.4 Strategic Plan Consultation Feedback
3.5 Locality MATTS – Cross Reference to Indicator 1 – Document Reference 1.5
3.6 Organisational Structure
3.7 Staff Involvement in Service Redesign and Planning

Outcome 4: Impact on the Community

What do we do well?

The strategic plan has secured support across the full partnership and community of service users. It is explicit in its determination that by 2020 "people and communities work with local organisations to determine priorities and plan, design, deliver and evaluate services" this is explicit in our Strategic Plan.[4.1] Citizens, communities and other partners have been actively engaged in the checkpoint group, established to oversee consultation on the current commissioning strategy for older people[4.2] and in the Strategic Planning Group[4.3] that produced our Strategic Plan.

The Joint Strategic Needs Assessment (JSNA) which underpins the Strategic Plan was produced directly with the engagement of key stakeholders including patients and service users and contains profiles of our four localities and specific groups within the community. Priorities within the local community plans produced by the 12 Neighbourhood Partnerships have informed both the JSNA and the Strategic Plan itself. The final version of the plan was influenced by feedback from public consultation.[4.4]

We have worked in partnership with the third sector to establish Local Opportunities for Older People (LOOPs) Networks[4.5] in each locality. The Networks aim to increase the capacity within communities to support vulnerable older people, increase the take up of local community services by older people and strengthen the voice of local older people so they are able to influence services available locally. We also support local community organisations to provide preventative services for older people through our mainstream grant programme[4.6] and a 'Third Sector Preventative Fund' using the Integrated Care Fund[4.7].

We regularly carry out surveys to obtain feedback from citizens about their experience of using services. We have service user membership in some strategic groups and have a number of forums for service users, their carers and family members in relation to specific services such as home care.[4.8]

Establishing strong links with communities is one of the strengths of the locality model that we are implementing. Our aim is to build on assets within local communities providing opportunities for older people to offer and access support. We have introduced models of social prescribing as an alternative to traditional intervention and as a means of relieving pressure on GP practices.[4.9]

The partnership across CEC and NHS has secured the inclusion of health within the local development plan ensuring that health infrastructure is considered within future developments.[4.10]

Where do we need to improve?

- Embed a systematic approach to engaging citizens and communities in a collaborative way at both a strategic and operational level across all service areas.
- Improve the way in which we use the feedback we routinely receive from citizens through surveys and complaints as a tool for service improvement and planning.
- Develop a sustainable model of funding for LOOPs and other community based preventative approaches.
- Expand the locality based social prescribing model, building on the experience of others.

What action are we taking?

- Developing a new planning framework that will involve citizens and communities in planning services for both localities and communities of interest.
- Developing an over arching engagement strategy through a sub group of the Strategic Planning Group based around the principle of increased collaboration and building upon the experience of the Personalisation Core Group and SDS Evaluation Group[4.11].
- Continuing to develop the JSNA with a wider group of stakeholders to ensure it is both comprehensive and of use to the whole community.

The Partnership has assessed performance against this indicator as Grade 3

Evidence

Evidence Ref No;

4.1. Strategic Plan – Cross Reference to Indicator 1 - Document Reference 1.9
4.2. Live Well in Later Life – Edinburgh's Joint Commissioning Plan for Older People 2012-22 – Cross Reference to Indicator 2 – Document Reference 2.5
4.3. Terms of Reference and Membership of Strategic Planning Group
4.4 Edinburgh's Joint Strategic Needs Assessment 2015
4.5 LOOPs - Cross Reference to Indicator 2 – Document Reference 2.10
4.6 Mainstream Grants Programme
4.7 Integrated Care Fund
4.8 Citizen Feedback – Cross Reference to Indicator 1 – Document Reference 1.8
4.9 Social Prescribing
4.10 HSC Infrastructure Developments
4.11 Engagement Strategy

Outcome 5: Delivery of key processes

What do we do well?

An interagency information exchange portal has been developed as a means of sharing information between professional groups.[5.1] Each partner agency has well established referral and access procedures and processes[5.2]. Social Care Direct (SCD) operates a triage function for social care and intermediate care referrals, where appropriate individuals will be referred to the relevant service for assessment, otherwise advice is offered about alternative sources of support for those not requiring council services.[5.3]

Within the Partnership all social care and health professional groupings currently have their own assessment and care planning tools.[5.4] Those that are IT based are shared through the IIE portal.

There are clear eligibility criteria in place for social care. Those assessed as having critical or substantial needs are eligible for support. People assessed as having moderate or low level needs are being signposted towards preventative services within the community. There are also eligibility criteria in place for Hospital Based Continuing Complex Care and our interim care facility. Individual services have their own access criteria.[5.5]

The Partnership promotes collaboration and choice by involving service users and carers, in planning and directing their own support. Those eligible for social care support are offered the four options of self directed support. Uptake of each option is monitored through our performance framework.[5.6] Our clinical strategy[5.7] encourages clinicians to discuss care choices with individuals and supports them to make informed choices around treatment, which is recorded in Anticipatory Care Plans including Do Not Attempt Resuscitation (DNAR).[5.8]

Reviews provide an opportunity to jointly evaluate with the service user whether current interventions are delivering the anticipated outcomes and, if necessary, make changes to care and support plans.

Edinburgh has a multi agency Adult Support and Protection Committee.[5.9] The Partnership has a comprehensive multi-agency professional training strategy[5.10] to provide office holders and employees with up-to-date and evidence-informed knowledge and skills to fulfil their duties to support and protect adults. A proactive approach is taken to responding to poor standards of care and adult protection concerns within the care sector.[5.11] We also have a range of processes which support the early identification of risk.[5.12] Our Speak up Speak out protection communication strategy[5.13] aims to encourage more people to engage with adult services around adult protection.

Operational and strategic oversight is the responsibility of the multi agency Adult Protection Committee, with additional scrutiny and support being provided by relevant sub groups focussed around Publicity (Public Protection Publicity Campaign), multi-agency training, professional development, quality assurance and self evaluation.

Where do we need to improve?

- Streamline and rationalise existing access and referral procedures across the Partnership, including the establishment of a single point of contact, improved interagency referrals and the development of a single shared assessment.
- Reduce waiting times for assessment, access to services and review.

- Strengthen the relationships between the developing integrated Multi Agency Triage Teams (MATTs) and the acute hospital discharge hubs.
- Ensure that all staff are familiar with eligibility and access criteria for all services and the principles of self-directed support.
- Improve adherence to procedures and processes in response to practice evidence and performance information.
- Strive to improve consistency of screening and practice in relation to thresholds that trigger inquiry and intervention in relation to adult support and protection duty to inquire which varies across the Partnership.

What action are we taking?

- Our aim is that all referrals between services are undertaken through the Interagency Information Exchange portal (IIE) which is governed by appropriate information sharing protocols and permissions. Where services are co located referrals are undertaken through direct contact.
- Development of integrated policies, procedures and pathways wherever possible. Once these are in place compliance will be monitored through line management, supervision and performance frameworks.
- Using a whole system approach to analyse delays and identify key priorities to be addressed in order to improve performance.
- Taking forward work to develop single shared assessments and support plans based on assets and outcomes through the Demand Management workstream of our Transformation Programme.
- Undertaking a programme of quality improvement actions from self evaluation activity which seeks to ensure that adult protection investigations adhere to agreed protocol.
- Developing joint practice guidance for adult protection care service investigations.

The Partnership have assessed performance against this indicator as Grade 3

Evidence
Evidence Ref No;

5.1 Interagency Exchange Information
5.2 Service Referral and Access Processes and Procedures
5.3 Social Care Direct – Cross Reference to Indicator 2 – Document Reference 2.12
5.4 Assessment and Care Planning Tools – Cross Reference to Indicator 2 – Document Reference 2.9
5.5 Service Eligibility Criteria
5.6 Self Directed Support – Cross Reference to Indicator 2 – Document Reference 2.3
5.7 Clinical Strategy
5.8 DNAR Documentation – Cross Reference to Indicator 1 – Document Reference 1.4
5.9 Adult Support and Protection Committee
5.10 Adult Protection Training Strategy
5.11 Quality Assurance – Cross Reference to Indicator 1 – Document Reference 1.11
5.12 Adult Protection Risk Assessment Tools
5.13 Speak up Speak out protection communication strategy

Outcome 6: Policy development and plans to support improvement in service
What do we do well?

Our Strategic Plan[6.1] sets out the priorities for older people and builds on Edinburgh's Joint Commissioning Plan for Older People 2012-22 (LWILL).[6.2] The associated delivery plan[6.3] overseen by the Older People Executive Group (OPEG)[6.4] sets out key milestones and timelines. The post of Strategy and Quality Manager for Older People will take forward the implementation of these plans, including the development of processes and guidance, supported by OPEG.

The Capacity and Demand work stream[6.5] provides the opportunity to benchmark our current position against the priorities set out in LWIL and determine future requirements and delivery models to meet increasing demand within limited resources.

The Edinburgh Community Planning Partnership Prevention Strategic Plan 2015-18[6.6], clearly demonstrates strategic collaboration and vision to support citizens with their health, wellbeing and independence. This is echoed within our strategic plan which emphasises the need for assessment, treatment and support to take place as close to home as possible e.g. COMPASS[6.7]. Other examples include falls prevention, promoting healthy life styles, self management of long term conditions, technology enabled care, support for unpaid carers and the promotion of dementia friendly communities. The Partnership has invested in a range of prevention and early intervention initiatives delivered by the third sector and coordinated and evaluated by Edinburgh Voluntary Organisations Council (EVOC), using the Reshaping Care for Older People Fund/Integrated Care Fund.[6.8]

Policies, procedures and guidance compliant with statutory principles, clinical governance, regulations, guidance and codes of professional practice are available on the intranets of both parent bodies.[6.9] Staff are expected to be familiar and comply with organisations processes, polices and procedures.

The Partnership has developed integrated performance management[6.10] and clinical and care governance arrangements to monitor performance, quality assure services and drive service improvement. The quality improvement/assurance teams within the parent agencies undertake assessments against the Older People's Acute care in Hospital (OPAH) and Care Inspectorate standards. Findings and recommendations are fed back to managers and teams to action. The Performance and Quality Sub Group[6.11] of the IJB, provides assurance to the Board that the whole system is operating effectively to deliver the strategic plan.

Several service inspections have been carried out by the Care Inspectorate, Health Improvement Scotland and the Mental Health Commission. Implementation of the resultant actions and recommendations are overseen by senior management and quality improvement/assurance teams. The inspection of Hospital Based Complex Clinical Care highlighted the capacity of the Partnership for recognising gaps, and continuous quality improvement.[6.12]

Edinburgh's Market Shaping Strategy 2015-18[6.13] jointly developed by Edinburgh Council and NHS Lothian, reflects the principles of personalisation, integration, and best value set out in LWILL and our Strategic Plan. The Strategy and Quality Manager for Older People will lead our approach to commissioning in collaboration with partners, supported by our Contracts Team. Robust monitoring systems are in place, including effective collaboration with regulators and scrutiny bodies. The new Care at Home Contract[6.14] is outcomes focused with providers being held to account for failure to deliver.

Where do we need to improve?

- Develop a better understanding of current and future capacity and demand for services for older people and identify new delivery models.
- Developing integrated (rather than single agency) policies and procedures is a high priority.
- Review the current position for the provision of palliative and end of life care against the new Scottish Government commitments 2015.
- Develop Locality Plans setting out how we will deliver services at a local level.

What action are we taking?

- The Capacity and Demand work for older people will provide detailed financial and workforce resource information, and will inform the development of new models of service delivery.
- Reviewing our approach to the implementation of SDS and personalisation through the Demand Management workstream of the Transformation Programme, to ensure that it reflects the principles and strategic intentions set out in the legislation and, local and national strategies.
- Producing an engagement strategy for the Partnership through a sub group of the Strategic Planning Group. Locality Implementation Groups will provide the basis for better engagement with citizens and communities in each locality.
- Implementing an integrated clinical governance and risk management structure[6.19] for the Partnership. We are also looking to have a single recording system within the Partnership for complaints, incidents, health and safety, risk registers and litigation.
- Implementing a strategic planning framework that is more aligned with both the Locality and Strategic infrastructures.

The Partnership has assessed performance against this indicator as Grade 3

Evidence

Evidence Ref No;

6.1 Strategic Plan – Cross Reference to Indicator 1 – Document Reference 1.9
6.2 Live Well in Later Life – Cross Reference to Indicator 2 – Document Reference 2.5
6.3 Older People's Delivery Plan – Cross Reference to Indicator 2 – Document Reference 2.5
6.4 OPEG Terms of Reference and Minutes
6.5 Capacity and Demand Workstreams – Cross Reference to Indicator 2 - Document Reference 2.17
6.6 The Edinburgh Community Planning Partnership Prevention Strategic Plan 2015-18
6.7 COMPASS Information – Cross Reference to Indicator 1 – Document Reference 1.5
6.8 Integrated Care Fund
6.9 Links to Policies, Procedures and Guidance on Intranets
6.10 Performance Management Framework / Clinical Governance Structure – Cross Reference to Indicator 1 – Document References 1.1 and 1.10

6.11 Quality Assurance – Cross Reference to Indicator 1 – Document Reference 1.11
6.12 External Service Reviews and Inspections
6.13 Edinburgh's Market Shaping Strategy 2015-18
6.14 Care at Home Contract
6.15 Strategic Planning Framework

Outcome 7: Management and support of staff

What do we do well?

The Partnership has completed phase 1 of our single integrated structure[7.1] designed to achieve our objectives and priorities as set out in the strategic plan. Phase 2 will be completed in December 2016. It ensures integration is embedded at all levels in the organisation whilst maintaining an appropriate mix of skills and experience. Generic job descriptions set out both operational and professional responsibilities[7.2] and appointees have the option to work under the terms and conditions of either parent body. The structure clearly articulates line management and professional supervision arrangements across the Partnership and in localities. Whilst the Council and NHS Lothian have their own recruitment policies a joint appointment policy has been developed to meet the needs of the Partnership.[7.3]

We have a Workforce and Organisational Development strategy group to support the development of the Partnership and the implementation of new integrated structures. Outputs from this group include: the "Playing to your strengths" leadership programme, coproduction of an integrated team development toolkit and; the mapping of existing joint learning and development opportunities for further integration.[7.4]

In response to ongoing recruitment challenges, the joint Workforce Strategy Group for Older People's Services[7.5] has implemented a range of measures to address staff shortages. Monitoring of staffing levels and workload pressures is currently undertaken through professional and operational reporting lines, primarily on a single agency basis. The performance measures in place include sickness absence and vacancy levels and use of agency staffing. Various workforce tools are used across the Partnership to inform safe staffing levels. As both parent bodies use different HR management systems opportunities to harmonise in this area are limited.[7.6]

The appraisal and personal development planning processes for staff are linked to organisational and personal development objectives. Compliance with appraisal processes is monitored across the Partnership. There are established supervision standards and processes across social care and clinical supervision and revalidation within health[7.7].

Staff have access to a range of learning and development opportunities across the partner bodies and other sectors. As part of the development of the Partnership the HR/OD Development group has facilitated integrated leadership and development workshops for management staff working across the Partnership as well as third sector colleagues. Staff in the Independent sector are able to access NHS training opportunities. Going forward we will build on examples of good practice and seek opportunities to integrate joint training further.[7.8]

Senior managers from the Partnership are active participants in the Council wider leadership development cohort.[7.9]

Both parent bodies within the Partnership have clear organisational values which are reflected in the IJB values and encompassed in the strategic plan.[7.10]

Where do we need to improve?

- Develop a comprehensive joint workforce strategy for the Partnership, building on the existing single agency strategies[7.11] harmonising policies and procedures wherever possible.

- Develop a succession plan for service sustainability following implementation of the new structure.
- Continue to reduce reliance in bank and agency and improve recruitment to older people's service.
- Continue to progress recommendations and inputs from District Nurse review.
- Continue to take forward workforce recommendations for HBCCC.
- Continue to seek opportunities for joint learning to reduce duplication.

What actions are we taking?

- Implementing the new integrated structure, including finalising job descriptions for all posts.
- Developing a comprehensive workforce strategy for the Partnership.
- Creating an overarching engagement strategy with staff based on the experience of the collaborative enquiry group for self directed support.
- Investigating opportunities for joint training and development with all partners.

The Partnership have assessed performance against this indicator as Grade 3

Evidence

Evidence Ref No;

7.1 New Structure Chart – Cross Reference to Indicator 3 – Document Reference 3.6
7.2 Sample Generic Job Description
7.3 Recruitment Policies – Single Agency and Joint Policies
7.4 Workforce Organisational Development Strategy Group and Outputs
7.5 Workforce Strategy Group for Older People Services
7.6 Staffing Levels and Workforce Planning
7.7 Appraisal, Personal Development Plans and Clinical Supervision
7.8 Training Opportunities and Compliance Reports
7.9 Leadership Development
7.10 Organisational Values
7.11 Single Agency Workforce Strategies

Outcome 8: Partnership working

What we do well?

Partnership governance is robust and has been in place for over a year. The IJB has full access to committee support, sub groups are fully active on audit and risk, quality and performance planning and we have full representation across all professions within the professional advisory committee.[8.1]

An interim integrated senior management team[8.2] has been in place since November 2015. Phase 1 of the restructure and the appointment to management and strategic posts is now complete. The full permanent management team will be complete by the end of September 2016 and the full restructure across 5000 staff complete by December 2016. The senior management team has been working together to operationalise key priorities set out in the strategic plan including: locality working; progressing the new structure; and managing budget pressures.

We recognise the difficult financial positions of both the Council and NHS Lothian and are working in partnership with them to finalise a financial settlement.[8.3] Indicative budgets reflect the priorities set out within our strategic plan[8.4] and we are in the process of aligning these budgets to the new integrated structure. In parallel, we will develop a financial framework for services for older people. This will identify the baseline position and demonstrate how resources move as the balance of care shifts. A delivery plan[8.5] with clear milestones, timescales and responsibilities has been produced in respect of improving care and support for frail older people and those with dementia.

We work closely with a range of partner agencies to make best use of capacity and resources across the whole system. This encompasses statutory, third and independent sectors including social housing providers, who have committed to a significant investment in accessible and affordable homes for those with disabilities and complex needs (including older people).[8.6] We are well aware of the potential for actions taken to relieve budget pressures to destabilise the third and independent sectors and are working closely with them to ensure we are all in a position to deliver sustainable services.

We have a number of premises from which we deliver collocated health, social care, third sector and other services and are conscious of the need to develop an asset management strategy which informs those of the parent bodies. Construction is underway on two partnership centre's which will provide further opportunities for collocation.[8.7]

The strategic plan sets out our ambitions for fully integrated ICT systems that allow staff to share information appropriately across agencies. This builds on existing portal arrangements that allow a subset of case record data to be shared. We have established an ICT steering group[8.8] to lead the development of a joint ICT strategy to support integrated working, including the implementation of specific transformation projects such as locality hubs.[8.9] Despite the current challenges of working with different systems, staff have sought practical solutions which have allowed the establishment of daily huddles to take place in each locality.

There are strong partnership arrangements in place within and between the Council, NHS Lothian, the IJB and the senior management team of the Partnership. The Flow Board[8.10] provides one example of robust inter agency working. We are very committed to working with other partners, building on existing positive relationships to improve outcomes for citizens and communities.

Where do we need to improve?

- The integrated financial management information currently available is limited and a priority for improvement.
- Stronger links between the strategic plan priorities and objectives and those in service and team plans and objectives for individual members of staff.
- Align our asset management ambitions with the plans of the Council, NHS Lothian and other partners.
- Urgently improve the extent to which ICT systems support integrated working.

What action are we taking?

- Establishing a permanent senior management team which recognises and builds on the strength of the interim arrangements.
- Developing a financial framework to support the delivery plan for older people.
- Devolving the management of budgets closer to the frontline to support the new integrated management structure underpinned by integrated financial reporting.
- Implementing a strategic planning framework and governance structure which sets out relationships between localities and areas of strategic focus.
- Ensuring there is a golden thread linking the priorities within the strategic plan through to individual and team objectives.
- Actively exploring further opportunities for bringing services together in shared premises e.g. Gamechanger, Tramway and integrated care facilities on the Royal Victoria and Royal Edinburgh Hospital sites.
- Developing an asset management strategy with the support of the Council and NHS Lothian.
- The ICT Steering Group will oversee the development of an ICT strategy to support integrated working.

The Partnership has assessed performance against this indicator as Grade 4

Evidence

Evidence Ref No;

8.1 IJB and Partnership Governance Framework
8.2 Organisational Chart – Cross Reference to Indicator 3 – Document Reference 3.6
8.3 Financial Settlement
8.4 Strategic Plan – Cross Reference to Indicator 1 – Document Reference 1.9
8.5 Dementia Delivery Plan – Cross Reference to Indicator 2 – Document Reference 2.8
8.6 Accessible Housing Investment Information
8.7 HSC Infrastructure Developments – Cross Reference to Indicator 4 – Document Reference 4.10
8.9 ICT Information – Cross Ref:
8.10 Flow Board – Cross Reference to Indicator 1 – Document Reference 1.2

Outcome 9: Leadership and direction that promotes partnership

What do we do well?

The Partnership vision and values for adult and older people's services were developed in collaboration with the Strategic Planning Group. These are clearly articulated within the Strategic Plan[9.1] as are the links to the strategic priorities of the Council, NHS Lothian and the Community Planning Partnership. The strategic plan has been subject to an equalities impact assessment and the IJB has published an equalities mainstreaming report[9.2].

Our approach to the development of the strategic plan included a 3 month period of public consultation using a number of accessible formats[9.3] to maximise engagement.

A leadership group with senior representatives from the Council, NHS Lothian and the IJB was established to oversee the implementation of integration. At the suggestion of the IJB chair this has been subsequently replaced by the informal Interface Group[9.4], the purpose of which is to ensure ongoing dialogue and act as a forum to broker challenging decisions informally. To cement partnership working the 3 parties have formally signed up to a tripartite agreement[9.5] which governs how they will work together.

Our new Partnership structure[9.6] has been designed to integrate management and embed integrated working at all levels of the Partnership in order to deliver a more seamless service for citizens. Great care has been taken to ensure both clinical and professional governance of professions is actively evident and exercised within the new structure; this has been agreed by all professional groups.

The new structure also incorporates a quality triangulation to both monitor and promote good practice. This is evidenced through the relationships with locality managers, strategic leads and professional leaders.

Professional and clinical leadership is provided by the Chief Nurse, Clinical Director and Chief Social Work Officer all of whom sit on the IJB. Other roles in the new structure (for example the Hub and Cluster Managers) have explicit professional and operational responsibilities. The IJB also has a professional advisory group.[9.7]

As members of the IJB, elected members of the Council and NHS Board members actively promote partnership working through leading specific pieces of work related to performance and transformation of services.[9.8] We also have representation from clinical leads in both primary care and acute services.[9.9]

Through our partnership with Ernst & Young we have developed a 5 stage approach[9.10] to service change which incorporates the production of business cases and associated benefit realisation.

Our senior management team, led by the Chief Officer, embodies our commitment to effective collaborative working as a means of improving outcomes for individual citizens and communities. This provides a sound basis from which to develop an organisational culture for the Partnership that promotes integrated working and builds on shared values thereby creating a seamless service for older people with fewer transitions. Our new integrated clinical and care governance and risk management processes have been designed to ensure we learn from best practice and will oversee the implementation of recommendations from incident investigations and scrutiny reports as discussed in Outcome 1.

We have a variety of means to engage with staff including: regular team meetings; Chief Officer road shows and newsletters[9.12]; consultation meetings on the strategic plan[9.13]; and multi disciplinary workshops[9.14] to address service change and improvement.

Where do we need to improve?

- Establish strong governance arrangements for planned service changes.
- Recognise progress to date, continue to endorse partnership working, systems leadership and integrate services.

What action are we taking?

- Implementing the new structure, promoting integrated working as the norm and establishing a partnership culture.
- Embedding the 5 stage approach in decision making.
- Improve systematic engagement.

The Partnership has assessed performance against this indicator as Grade 4

Evidence

Evidence Ref No;

9.1 Strategic Plan – Cross Reference to Indicator 1 – Document Reference 1.9
9.2 Strategic Plan Equalities Impact Assessment
9.3 Strategic Plan Consultation - Cross Reference to Indicator 3 – Document Reference 3.4
9.4 Informal Interface Group
9.5 Tripartite Agreement
9.6 New Structures – Cross Reference to Indicator 3 – Document Reference 3.4
9.7 Professional Advisory Group
9.8 IJB Quality Performance Group Membership
9.9 Clinical Leads Primary Care and Older Peoples Acute Medicine
9.10 Ernst & Young Transformation Programme of Works
9.11 Integrate Clinical Governance and Risk Management Structure – Cross Reference to Indicator 1 – Document Reference 1.10

Outcome 10: Capacity for Improvement

The capacity for improvement is reliant on the strength of the partnership. Our partnership draws its strength from moral commitment, transparency of operation, clear risk management with an appetite for change, all of which manifests within the governance arrangements for the partnership, the development and implementation of the strategic plan and now the real willingness for collaboration across previously divided factions who are now building strong partnership relationships to ensure effective leadership of integration at senior management level.

Based on a detailed understanding of our service and strengths and gaps and on our shared commitment to address these we assess our capacity for improvement to be strong. The IJB provides effective collaborative leadership. We therefore have clear partnership vision and ambition as we take the process of delivering the locality model to its next stage. Permanent appointments have now been made to key senior strategic and operational posts.

The operating model is being developed to support locality delivery of service with a streamlined process through the MATTs, Hubs and clusters. The principle being to provide a responsive service within clear timescales and with the minimum of hand-offs. Assessment processes will be proportionate, with a focus on improving outcomes for older people through maximising community assets, technology enabled care and flexible home support.

A key part of delivering these changes will be devolved and integrated budgets for support planning facilitated by a single assessment process. We recognise the importance of taking a structured approach to this development and the IT Steering Group will play a critical part in ensuring that 'business process redesign' sits alongside the design and development of IT solutions to support single assessment, integration and mobile working.

As well as ensuring an appropriate management structure with managers who operate as effective system leaders, we recognise the need for ongoing investment in the wider workforce. Integration will provide opportunities for revaluating the required skill mix and team make up as we support greater numbers of people at home and outside of the more traditional hospital and care home settings.

We know there are some significant challenges in meeting current demand and there are delays in assessment and providing support, in particular this is due to the historical levels of capacity in Home Care. New care-at-home contracts are being introduced over the second half of this year and these contracts have been specifically designed to increase both capacity and innovation into these services. These providers will accommodate and facilitate the use of direct payments and Individual Service Funds.

Partnership working is growing in strength and is helped where we have been able to achieve co-location of the workforce and this includes co-location with GP practices and some key voluntary sector services. We recognise the challenges around demand and capacity for GP practices and the need to look at new models of care involving the wider primary care team.

We recognise that we need to ensure the market is fit for purpose as models of support change and the emphasis on achieving outcomes for people becomes core to our way of working. To this end we are taking a market shaping approach as evidenced in our work on capacity planning. Our approach to performance management through the IJB Performance

Board will enable the evidence to be derived to support our spending in the market and a rebalancing of budgets for core services through the application of informed investment and disinvestment decisions.

The partnership have progressed the following elements, providing a strong leadership foundation:

- Clear governance in place.
- Budget control, and controls on agency spend, with delegated resource allocation, so those who spend are accountable for that spend.
- Staff development.
- Communication strategy.
- Training programmes.
- New structure focused on localities and quality triangulation.
- Improved rostering leading to reduced absence and better attendance.

The Partnership has assessed performance against this indicator as Grade 4

Item 5.10

Report

Hospital Based Clinical Complex Care Improvement Plan Update

Integrated Joint Board

16th September 2016

Executive Summary

1. The purpose of this report is to update the Edinburgh Integration Joint Board on the actions being undertaken since October 2015 within our Hospital Based Complex Clinical Care (HBCCC) facilities, and the impact on the actions associated with the recent Healthcare Improvement Scotland Inspection Report recommendations at the end of May 2016.

Recommendations

2. To accept the report as assurance that the Edinburgh Health & Social Care Partnership (EHSCP), is taking action to continuously improve the Hospital Based Complex clinical Care experience for patients, staff and families.

3. To accept assurance the Partnership are implementing the recommendations from the Health Improvement Scotland report on the review of HBCCC services and are continually monitoring the action plan through the Health and Social Care Quality Assurance and Risk Management Group (QARMG).

Background

3.1 Following a significant and public complaint about one of the HBCCC units in 2013, the Executive Nurse Director and Medical Director, NHS Lothian Board commissioned a full service review which commenced in Feb 2015. An independent external lead was appointed to lead the review. The review the following aspects of service delivery:

- Workforce review (medical and nursing)
- Safety, Quality of care, documentation and medicines management
- Morbidity and Mortality

3.2 The key findings from this review were:

- There was a recognised shift in the complexity and frailty of patients within the units with an increasing number of patients requiring palliative and end of life care.
- The skill mix within the units was the lowest in NHS Lothian. The overall workforce numbers were insufficient to deal with the changing complexity and despite the workforce challenges being raised through several papers by the previous chief nurse this had not been addressed by the then Senior Management Team.
- Although there was evidence of good practice, there was poor compliance with good standards of documentation which needed improvement.
- Medicines management was to an appropriate standard
- There were good working relationships between nursing and medical staff.
  The findings of the review were shared with the family and reported to NHS Lothian Health Care Governance Committee.

3.3 As a result of this review NHS Lothian Board invested additional funding to increase the nursing skill mix to 50% Registered to Unregistered Nurses and to increase leadership within the wards by implementing a deputy charge nurse, (Band 6) in each ward. There was an initial investment of £182k in February 2015 to increase Band 5 to Band 6 posts and a further investment of £1m in June (2015) . This comprised of £500k to improve staffing skill mix levels within the frail older peoples wards and £500 to support the closure of Pentlands hospital and the transfer of patients to Prospect Bank Ward, Findlay House.

3.4 In September 2015 the Chief Nurse was asked by the Executive Nurse Director to implement the recommendations from the review and to review the reasons for the significant nursing overspend associated with a high use of bank and agency staff within the service. This was undertaken between Oct and Dec 2015. The key issues identified were:

- A shift change in complexity across the service and the need to ensure staffing levels reflected this change both in terms of numbers and training/competencies required to provide safe care. A high proportion of patients because of needs and falls risks required one to one care.

- In 2015 the Scottish Government implemented new criteria for HBCCC and increased the review from 6 mts to every 3 mts. In the units however there are patients who have been admitted under different admission criteria, MEL (1998) – criteria was a home for life, the CEL (2008) – 6 monthly review. The review highlighted that there was subjectivity on how the criteria had been applied previously and compliance with regular reviews. The result of which meant that there were significant differences in the requirements of patients within the units with a proportion fitting care home criteria and others requiring

more complex care. This had implications for workforce planning/design, training needs and an ability to identify accurately future capacity needs. A workforce review identified significantly high sickness levels varying from 8 – 23% across wards across the service.

- There was a high turnover of staff newly qualified staff applied for posts but left when alternative posts came up within other services
- Difficulties recruiting staff in particular experienced staff to the speciality
- A high number of staff nearing or at retirement age.
- Poor compliance with good standards for rota management
- High use of bank and agency staff to cover shortfalls
- All of which were further contributing to the workforce pressures within the service, the ability to provide high standards of patient care and overall staff morale and the ability to provide a safe sustainable service.

3.5 In Jan 2012 H&SCP had a workshop with key stakeholders from Health and the City of Edinburgh Council to discuss the current challenges in service provision and agree key priorities to take forward for 2016. This includes the need to develop a revised capacity and demand plan for HBCCC and care home requirements within Edinburgh and this work in currently been progressed as part of the Older Peoples Strategic Plan.

3.6 Actions taken following the review are reflected in action point (1) Appendix (1) attached. There have been sustained improvements as a result of the actions taken in particular in the use of Band and agency staffing but also in ensuring better rota compliance and a reduction in the overall sickness absence levels which is now 8% across the whole service.

3.7 Healthcare Improvement Scotland (HIS) has published a report at the end of May 2016, looking at how well hospital-based complex clinical care (HBCCC) is currently being delivered in the Edinburgh area. The report follows a review of HBCCC conducted by HIS between November 2015 and May 2016, carried out by a multi-disciplinary team of individuals working across health and social care in Scotland and supported by staff in HIS. The facilities that were inspected included the three permanent units, Ellen's Glen House, Ferryfield House and Findlay House, and the temporary unit at the Balfour Pavilion, in the Astley Ainslie Hospital (following a flood at the Royal Victoria Hospital in August 2015)

3.8 The HIS team provide an overview on three particular areas:

- Governance, Leadership & Workforce
- Safe, Person Centred and Effective Care
- Sustainability and Capacity to Improve

3.9 The Full Report, Methodology and Terms of Reference can be accessed in the Further Reading Section of this report.

3.10 The Edinburgh Health & Social Care Partnership, along with colleagues from NHS Lothian presented to the multidisciplinary HIS team, at the start of their visit, the key challenges that we were facing, and our actions to address these. The HIS Report reflects back all of these areas for action initially identified by our teams.

3.11 The Edinburgh Health and Social Care Partnership and NHS Lothian colleagues have worked together to update an operational improvement plan, being further informed by the HIS report.

Main report

4.1 The Chief Nurse and her team, in October 2015, developed an improvement action plan to address the immediate impact of the workforce pressures identified above, and can be seen in more detail in section 1 of the HBCCC Improvement Plan in Appendix 1, including:

- Undertaking a medical and nursing workforce review
- Undertaking a staff survey to understand how people felt about working in this area and to identify any ideas they had for improvements
- Implementation of e-rostering to improve consistent cover for the wards
- The setting up of a task force to oversee staffing attendance issues at senior level and monitor improvements.
- Recruitment to posts with additional funding for staffing and agreement to over-recruit to the turnover level to reduce reliance on bank and agency staffing between notification of, and appointment to vacancies. Implementing a daily safety huddle in order to improve communications, respond to need and develop a more flexible workforce, and escalate concerns for appropriate action and support
- Support for senior nurse staff to participate in leadership and development sessions to build their confidence, capability and capacity

4.2 In May 2016, the published HIS report, from their inspection visits from November 2015 – May 2016, recognised that the NHS across Scotland is facing a number of challenges due to an ageing population, and particularly in areas providing care to patients with complex care needs. It highlighted several areas of strength across our HBCCC facilities, including the:

- Good relationships between staff and patients
- Good care being visibly delivered

- Homely environment
- Positive culture of openness and willingness to learn

4.3 The report also referenced NHS Lothian investment in nursing staffing over the past year, however, said the use of temporary staff, levels of sickness absence and difficulties in recruiting continued to show pressures on the system. The report acknowledges that a number of initiatives were recently introduced to help address these pressures.

4.4 The report highlighted a need for us to improve our record keeping, particularly for assessment and care planning. As the HIS report states: "good record keeping is an important aspect of providing high quality care".

4.5 Patients and families provided positive feedback, however identified some areas for improvement. Many of their comments reflect the challenges due to staffing pressures noted in October 2015.

4.6 The six key recommendations for action under the three particular areas investigated are:

	Governance, Leadership & Workforce	**Report Reference**
1	We must carry out further ongoing risk assessments, taking account of the findings in this report, to ensure the levels and skill mix of staff across hospital based complex clinical care facilities meet the needs of its patients	Page 19
	Safe, Person Centred and Effective Care	
2	We must standardise its approach to all care plans, assessments and reassessments ensuring that the appropriate documentation is fully and accurately completed	Page 34
3	We must ensure there is a consistent application of current clinical management standards and guidance for hospital-based complex clinical care patients	Page 34
4	We must ensure that the ward and hospital environments across hospital-based complex clinical care facilities are appropriate to the needs of the patients, particularly for people with dementia and cognitive impairment	Page 34
5	Where appropriate, we must ensure continuing positive engagement with patients, including appropriate cognitive stimulation and activities for patients	Page 34
	Sustainability and Capacity to Improve	
6	We must ensure the ongoing and future development of the hospital-based complex clinical care service takes full account of the financial and workforce implications	Page 43

4.7 Key actions that have been taken to address the HIS recommendations consolidate the original HBCCC improvement plan indicated above. These can be seen in full, in section 2 of Appendix 1, and include:

- Continuing with the workforce establishment, recruitment, leadership, training and development actions
- Establishing a documentation group to Improve standardisation in approach, and:
  - improve assessment of care, to ensure this includes all the recommended clinical management standards such as falls, nutrition, cognitive impairment, pressure area assessment etc
  - improve care planning and documentation compliance
  - be aware of differences in electronic and paper systems, and mitigate associate risks on transfer of care
  - develop a business case to increase access to computer terminals
- Undertaking audits of our facilities, using the Older People in Acute Hospital standards, to ensure ward and hospital environments across hospital-based complex clinical care facilities are appropriate to the needs of the patients, particularly for people with dementia and cognitive impairment
- Supporting more staff to take up training for dementia and those with cognitive impairment. Activity coordinators are now in post to improve stimulation and positive engagement
- Successful application by Prospectbank ward in Findlay House, to be recently selected as one of four national demonstrator sites in Scotland, to receive support from Healthcare Improvement Scotland, to work with the ward team, patients and carers, to create the conditions for continuous quality improvement
- Continue to support the designated specialist palliative care nurse to provide a teaching programme for staff, including advance care planning, palliative and end-of-life care, as well as visits to the units to talk to patients and relatives and reviews medication. Continue to support the rotation to hospices for staff.
- The establishment of a Health and Social Care Partnership strategic Capacity and Demand work stream to review the current and future requirement of the HBCCC function in the wider context of care home and wider community supports. This includes a an operational sub group of the steering group who are looking at the re-provision of HBCCC currently provided at Astley Ainslie , which was only ever a temporary solution following flood at RVH last year. Workforce and financial implications will be integral to all this work.

4.8 Consolidating the Improvement Plan with the recommendations for the HIS Report, allows a robust foundation for the Health & Social Care Partnership to be assured of continuous improvement for the experience for patients, staff and families, in our the Hospital Based Complex Clinical Care facilities.

4.9 It has been unfortunate, that as part of the press coverage, the key points for improvement only were highlighted, and in particular when the HIS team felt they needed to intervene to attract staff attention for two patients. It was recognised in the report that this was as a direct impact of the workforce pressures identified in October 2015, and it was acknowledged in the report the level of improvement work that had taken place between October 2015 and May 2016. A key lesson for the Health and Social Care Partnership is to pre-empt this in the future, and be more proactive in conveying a balanced overview of the challenges, learning, improvements and opportunities that these reports allow, in particular in order to maintain confidence for staff, patients and families.

4.10 It is worth noting that the level of complaints, concerns, enquiries and compliments formally recorded, for the period 2012 -15, for the three permanent units:

Complaints	10
Concerns	12
Enquiries	6
Compliments	119

Key risks

5.1 Key risks to the Improvement Plan for HBCCC relate to the workforce actions, and the potential for recruitment and retention not to be as successful as planned.

Financial implications

6.1 There are no financial implications associated with this report at this stage.

Involving people

7.1 Staff, patients and relatives are actively involved in ongoing discussions about how improvements can be supported Edinburgh Partnership. Each facility has ongoing staff, family and patient meetings to further enhance communication and the ability to take improvements forward.

Impact on plans of other parties

8.1 The key impact of the HBCCC Improvements will be incorporated as part of the wider capacity and demand work stream as identified above.

Background reading/references

9.1 Appendix1. HBCCC HIS Improvement Plan v2.0 - 260816

9.2 Healthcare Improvement Scotland Full Inspection Report and Terms of Reference:

http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/programme_resources/nhs_lothian_review.aspx

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Links to priorities in strategic plan

Priority 1- Tackling Inequalities **Priority 2 – Prevention and Early Intervention**
Priority 3 – Person Centred Care **Priority 4- Right Care, Right Time, Right Place** **Priority 5 – Making best use of the capacity across the system** **Priority 6 – Managing our resources effectively**

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Edinburgh Health & Social Care Partnership

2016 - HBCCC improvement plan with Recommendations from Health Improvement Scotland Review Included

HEALTH IMPROVEMENT SCOTLAND – REVIEW OF HOSPITAL BASED COMPLEX CLINICAL CARE EDINBURGH HEALTH AND SOCIAL CARE PARTNERHSIP (2016)

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Version Control

Document Owner: Maria Wilson, Chief Nurse, Edinburgh Integrated Joint board

Version Control: Jennifer Evans, Development Manager, Edinburgh Health & Social Care Partnership

Version	Date	Description /Changes	Author	Ratified By
1.0	July 2015	Workforce Improvements through Recruitment Campaign	M Wilson	M Wilson
1.1	Sept 2015	Task Group Set up to manage Attendance Undertake Workforce review	M Wilson	M Wilson
1.2	Oct 2015	Secured agreement form NHS Lothian Nurse Director to 'over recruit' to enhance staffing levels	M Wilson	M Wilson
1.3	Dec 2015	Twice daily safety huddles implements across sites to improve communications	M Wilson	M Wilson
1.4	Feb 2016	Implement e-rostering across sites	M Wilson	M Wilson
1.5	March 2016	Undertake Staff Survey to further improve service	M Wilson	M Wilson
1.6	June 2016	Ensure all Band 6 & 7 staff undertake leadership training	M Wilson	M Wilson

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1.7	**June 2016**	**Key Actions from the six recommendations Healthcare Improvement Scotland Inspection Report** **Update on actions for Version 1.6**	**J Evans**	**M Wilson**
1.8	**August 2016**	**Update on actions**	**J Evans**	**M Wilson**

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IMPROVEMENT PLAN ACTIONS & UPDATES

Version 2.0 August 2016

1	HBCCC improvement plan	Action and progress	Lead	Start	Completed	Evidence
	Workforce:					
1.a	Significant workforce pressures within HBCCC	Funding for additional posts agreed Feb 2015 includes additional Band 6 leadership roles – posts recruited to over July – Sept 2015. Update: 2/6/16 posts within frail elderly wards have been recruited to. There have been some difficulties recruiting registered mental health nurses within the Dementia wards however this is being actively pursued. Update: 23/8/16 Workforce Review has been commissioned	CN/CSDM	July 2015	ongoing	Manpower data base
1.b	High sickness absence rates	Task group set up to manage attendance levels , action plan agreed and monthly meetings with HR and partnership representative Update: 2/6/16 notable improvement in attendance levels Update:23/8/16 Absence figures updated and filed as evidence.	CN/CSDM	Sept 2015	ongoing	Attendance reports Tableau
1.c	High turnover rate and difficulty recruiting within HBCCC services	Financial agreement to over recruit to turnover level above vacancy level to reduce the risk of gaps between vacancy and time filled. This resulted in 11 additional posts being recruited across service. Update: 2/6/16 Generic recruitment now recruiting	CN/CSDM	Oct 2015	ongoing	Vacancy to recruitment data

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		specifically to speciality, this has significantly improved recruitment to this speciality area Update: 23/8/16 -Explore possible joint recruitment and rotation with REAS. --Educational audit to be carried out with a view to reinstating student placements. - Consider using NES Electronic feedback tool could be piloted in HBCCC.				
1.d	Improve communication across hospital wards within community	The twice daily huddles have been implemented across HBCCC and Rehab wards. The daily huddle allows staff in remote units to ring into to a central point daily where they report staffing levels and any patient safety issues. They then receive support from the managers for the issues raised. The daily huddle reports are shared with clinical managers, the chief nurse and medical staff for information re: staffing and any safety issues. Staff are mobilised to areas when required. Update: 2/6/16 the daily huddle reports are showing significant improvements across HBCCC and Rehab wards re: improving staffing levels Update: 23/8/16 Continue to monitor accuracy of information being shared. Arrange training around the use of TRAK floor plans.	CM/CSDM's	Dec 2015	Feb 2016 – fully implemented	Daily huddle sheets
1.e	Staff Survey	Undertake staff survey to understand how staff feel about working within HBCCC Update: 2/6/16 CSDM and team leaders have now all undergone iMatter training and staff and mangers will be issued with survey July 2016. Preparatory work complete Update: 23/8/16 iMatter report pending.	CN/CSDM/K Mc	Mar 2016	ongoing	Survey report
1.f	Improve rota compliance across services including HBCCC	E-rostering implemented across all community services. Update: 2/6/2016 e-rostering has been fully implemented within HBCCC. There has been a significant reduction in agency usage associated with this. Staff also now using safe	CNM/CSDM/ CN	Feb 2016	complete	E-rostering reports Bank / Agency Report

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		care audits to help inform safe staffing levels Update: 23/8/16 There continues to be marked reduction in bank usage.				
1.g	Repeat Nursing and Medical workforce review on an annual basis	Review workforce requirements using adult nursing workforce tool, professional judgement tool and safe care audit on an annual basis: Update 2/6/2016: Paper being prepared for IJB for July 2016 outlining workforce requirements within HBCCC. Needs to form part of the HBCCC/Care home review Medical workforce review completed. Needs to interface with proposed changes to the model of care provided. (see 2.a)	CN/CD	Sept 15	ongoing	Finding reports Papers for Ex. Management team and IJB
1.h	Leadership and Development	**Ensure all new Band 6/7 staff complete mandatory leadership training and delivering better care.** Update 02/06/16 Band 7 Workshops / Master classes with Chief Nurse have been set up for all Band 7's and clinical managers across the HSCP including HBCCC. Feedback from iMatter will include leadership and a development plan if required will be implemented. Successful application by Prospectbank ward in Findlay House, to be recently selected as one of four national demonstrator sites in Scotland, to receive support from Healthcare Improvement Scotland, to work with the ward team, patients and carers, to create the conditions for continuous quality improvement Update: 23/8/16 Training needs analysis is included as part of competency for Clinical Skills Passport. A record of training is recorded for each staff member.	CSDM / CN/ KMc	June 16	Ongoing	Workforce paper Training Needs Analysis Clinical Skills Passport

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HIS	HIS Recommendation 1:	NHS Lothian must carry out further ongoing risk assessments, taking account of the findings in this report to ensure the levels of skill mix of staff across hospital based complex clinical care facilities meets the needs of its patients. Update: 2/6/2016 This recommendation will be incorporated into the HBCCC service review steering group.	See 1.a,b,c,d,e,f,g above	CN/KMC		
2	**Safe Effective Patient Centred Care**					
2.a	Care Planning and Documentation non compliance	Documentation group set up to improve care planning and documentation compliance within service: (Jun 2015) Update: 2/6/2016 A full review of all documentation has been undertaken with staff to help make it easier for staff to complete. Additional training sessions with staff re assessment and care planning has been progressed and compliance audits with direct feedback to staff have been implemented in each ward. Update: 23/8/16 Explore using a different methodology for care planning case note reviews that are more explicitly linked to quality improvement models and locally owned 'point of care' data to support the commitment to improvement. Care Rounding pilot has been completed. Outcomes pending. Care Planning Meetings to be implemented. Risk: acute services moving to an electronic record, risk assessment and care planning. This has implications for transfer of patients to HBCCC who still use a paper copy and have poor access to TRAK. HBCCC not on initial roll out plan. This needs considered in line with findings in report to expedite this for HBCCC. Risk Mitigation: paper copy still in	CSDM CN / Team Leaders	Jan 2016 June 2016 March 2016	Ongoing ongoing	Record audits Paper for Executive Team TRAK board minutes Progress against care planning and documentation improvement plan

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		use. **<u>ACTION:</u> Business case being prepared to raise need to increase IT access within HBCCC and expedite roll out of electronic record within this service as a TRAK works priority.** Progress meetings have been set up with Chief Nurse every 3 months. This will include assurances around person centred care planning and assurance measures based on HIS recommendation 2 – a – f (appendix 1 pg 43 – 44)				
HIS	**HIS Recommendation 2:**	**NHS Lothian must standardise its approach to all care plans, assessments and reassessments ensuring that the appropriate documentation is fully and accurately completed**	See actions above			Documentation audit, min's and action plan from documentation meetings
a.	Assessments for cognitive impairment, nutritional screening and assessment, oral assessments, falls management and pressure ulcer care. Height and weight measurements.	Documents to include recommendations and assurances that they meet recommended standards. Update: 2/6/16 included in documentation work stream 2.a above	CN/ CSDM / Clinical Leads / Team Leaders	Jan 2016	ongoing	Documentation audits
b.	All nursing and medical documentation legible, dated , times and signed.	Ensure documentation compliant with NMC and RCP standards of documentation: Update: 2/6/16 as per 2.a above	CN/ CSDM / Clinical Leads / Team Leaders	Jan 2016	ongoing	Documentation audits
c.	Ensure regularly updated personalised care plans which include patient and carer	Ensure each patient has a 'What matters to me' form completed and that this is regularly updated with the patient and carer Update: 2/6/16 as per 2.a above	CN/ CSDM / Clinical Leads / Team Leaders	Jan 16	ongoing	Documentation audits

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	involvement.					
d.	Care must be implemented according to patients care plans	Update: 2/6/16 as per 2.a above	CN/ CSDM / Clinical Leads / Team Leaders	Jan 16	Ongoing	Documentation audits
e.	Accurate completion of patient care rounding	Update: 2/6/16 as per 2.a above	CN/ CSDM / Clinical Leads / Team Leaders	Jan 16	Ongoing	Documentation audits
f.	Information gathered should inform individual patient care	Update: 2/6/16 as per 2.a above	CN/ CSDM / Clinical Leads / Team Leaders	Jan 16	ongoing	Documentation audits
HIS	**HIS Recommendation 3:**	**NHS Lothian must ensure there is a consistent application of current clinical management standards and guidance for hospital-based complex clinical care**	CN/QIT			TRAK audit
a.	NHSL must ensure guidelines on the management of delirium are available to staff	NHS Lothian must ensure that the ward and hospital environments across the hospital based complex clinical care sites are appropriate to the needs of patients, particularly for people with dementia and cognitive impairment **ACTION: Review uptake of training and ensure availability of guidelines** **Update:2/6/16** Guidelines are available via the NHS Lothian intranet for staff to access and posters are displayed in some wards. Workshops are being delivered across all areas. 38 staff in total has attended the workshops which have been favourably received. Formal feedback will be available once all sessions are complete Update: 23/8/16 Plans to move paper 3 monthly	CN/QIT Quality Leads CSDM	Jun 16		Guidelines / Access Link

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		assessments/reviews to electronic versions on Trak. Compliance to be monitored and measured and evidenced as improvement.				
b.	NHSL must ensure that current legislation which protects the rights of patients who lack capacity is fully and appropriately implemented.	When the legislation is used this must be fully documented in the patients health record, including any discussions with the patient or family and must comply with the Adults with incapacity Act (2000) Part 5 – Medical Treatment and Research. Update: 2/6/16 **ACTION: Recommendation will be taken forward as part of the QIT work and will be included as part of 2.a above** Update: 23/8/16 OPAH audits to include questions around capacity. Medical checklists being used across HBCCC wards. ACTION: Check to see if medical checklists are being used in Mental Health Wards.	CN QIT CSDM Clinical Lead Quality Leads	Jun 16		
c.	MUST assessments clearly identify the need for referrals to a dietician	The process should include ensuring referrals are followed up and that patients have a dietetic review. Update: 2/6/16 has been incorporated into 2.a above Update: 23/8/16 MUST assessments are included in OPAH Audits. Vale of Leven Documentation audit tool to be implemented.	CN QIT CSDM Quality Leads	Ref 2a above		Documentation audits
d.	Patients receive appropriate mealtime preparation and adequate support and encouragement is supported to all patients as required.	Ensure consistency in compliance with Standards for Food, Fluid and Nutrition Care (2014), Criteria 4.8, 4.1(e) and 4.11 Update: 2/6/16 This will be progressed as part of the service QIT priorities for 2016 Additional training for staff re. preparation for mealtime Update: 23/8/16 As above.	QIT CSDM Quality Leads	June 2016	Ongoing	Include in mock OPAH audits

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e.	Patients receiving artificial nutrition have this fully and accurately completed in line with local policy	Ensure documentary evidence of nutritional care provided in compliance with Standards for Food, Fluid and Nutrition Care (2014) Criterion 4.1 (g) and the NHS Boards Local policy: Update: 2/6/16 **ACTION: Implement work shop for staff to ensure compliance with local policy and national standards. Review of policy** Update: 23/8/16 To be included in essential training.	CN/CSDM Quality Leads	Ref to 2a above	Ongoing	Documentation audits
f.	Accurate completion of Food record charts	When Food record charts are commenced for patients who require them, they should be fully and accurately completed and appropriate action taken in relation to intake or output as required in compliance with Standards for Food, Fluid and Nutritional Care (2014) criterion 4.1(g) Update: 2/6/2016 – will be included in documentation work stream 2.a above	CN/CSDM Quality Leads	June 2016 Ref to 2a above	Work ongoing	Documentation audits
g.	Wound Assessment Charts and any related documentation are in place for those patients with a known pressure ulcer or break in skin integrity.	This must include recording the grade of any pressure ulcers and a clear plan of management. This must be appropriately and consistently completed and be easily accessible and compliant with Best Practice Statement for the Prevention and Management of Pressure Ulcers and NMC standards Update 2/6/2016 – ongoing work as part of the documentation work stream and Patient Safety assurance programme 2.a above Update: 23/8/16 Wound assessment to be included in essential training. Best practice statement sent to all Band 7 nurses.	CN/CSDM Quality Leads	June 2016 Ref to 2a above		Documentation audits
h	The elements of the skin SSKIN bundle within the care rounding record are consistently and	This is to ensure that the frequency of repositioning is prescribed and that the result of skin inspection and any changes made to repositioning regime are documented. The information gained from each elements of the bundle should be used to inform other assessments to ensure	CN/CSDM Quality Leads	June 2016 Ref to 2a above		SPSP/OIDS and documentation audits

	accurately completed	appropriate care planning and delivery. Update: 2/6/2016 Pressure Ulcers Grade 4 and above are reported on datix and are subject to an Adverse event Investigation. Will be taken forward as part of 2(a) above and Scottish Patient Safety Programme. Update: 23/8/16 All Pressure Ulcers are reported on Datix.				
i	Patients at risk of pressure ulcer development have timely access to pressure relieving equipment and are suitably positioned to minimise pressure, friction and shear and the potential for further tissue damage.	Ensure compliance with Best Practice Statement for Prevention and Management of Pressure Ulcers Section 5 and 6. Update: 2/6/2016 **ACTION:** **Review compliance of completion of moving and handling for all staff working in HBCCC** **Undertake audit of pressure relieving equipment available and accessibility** **Repeat audit of seating chairs previously undertaken in August 2015 to assure NHSL that chairs used are appropriate to patient need.**	CN/CSDM Quality Leads	June 2016 Ref to 2a above		Seating Audit report Equipment access audit report Review of Datix reports re: lack of access to equipment
j	Patients who Fall	Patients who fall whilst in hospital receive 'essential care after an inpatient fall' or local equivalent and this is documented appropriately. This is to comply with the National Patient Safety Advice Rapid Response Report (January 2011); Update: 2/6/2016: All falls are reported through Datix and this is monitored through the Patient safety programme and QIT. All falls where there is harm are subject to a serious adverse event review. **ACTION: Multidisciplinary falls review team to be set up within HBCCC to monitor compliance in line with**	CN/Clinical Lead CSDM Quality leads	June 2016 Ref to 2a above		Datix reports Falls review team feedback reports QIDS reports (monthly)

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		recommendations. Update: 23/8/16 Review of all falls reporting being progressed. Top to toe training to be used to measure compliance. New Falls SAE template to be implemented across HBCCC.				
HIS	**HIS Recommendation: 4:**	**NHS Lothian must ensure that the ward and hospital environments across hospital-based complex clinical care facilities are appropriate to the needs of the patients, particularly for people with dementia and cognitive impairment** Update: 2/6/2016: OPAH mock audits and action plans	CN CSDM	June 2016		
a	Ward environment must comply with Standards of Care for Dementia in Scotland pg 26	Update: 2/6/2016: Mock OPAH (implemented 2014)reviews undertaken on a regular basis and actions from these are taken forward by the team. The over view of actions will now also be overseen centrally through the Health and Social Care Partnership Quality Improvement team as well as the local QIT. **ACTION: Repeat audit of all facilities against standard. (July 2016)** Update: 23/8/16 Dementia Standards to be reviewed.	CN/CSDM Clinical Lead Quality Leads	June 2016	ongoing	Report and action plan from audit
b	Support and supervision for patients who cannot independently seek assistance	Where patients cannot independently seek assistance, for example, by using as buzzer there is a process in place to anticipate patients needs and proactive person centred care is provided Update: 2/6/2016 **ACTION: To be considered as part of the nursing workforce review 1. g above** **Benchmark with other areas how this may be done differently to ensure patients receive the highest level of care and prompt responses to their needs**	CN/CSDM	June 2016	Ongoing	TBC

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c	Ensure there is an understanding of the skills and training needed in relation to palliative care	Update 02/06/2016 A designated specialist palliative care nurse provides a teaching programme for staff, including advance care planning, palliative and end-of-life care and visits the unit to talk to patients and relatives and reviews medication. Rotation to hospices for staff. Education will continue.	CSDM / CN	Jan 2014	Ongoing	
HIS	**HIS Recommendation 5:**	Where appropriate NHS Lothian must ensure continuing positive engagement with patients including appropriate cognitive stimulation and activities for patients. Update: 2/6/2016. Additional activity co-ordinator has now been appointed. **ACTION: Review provision of current services within HBCCC, CSDM and quality leads to take forward and report back to Health and Social Care Partnership Executive team** Update: 23/8/16 S Set up an Activity Co-ordinators forum to share ideas for learning. Training to given to ward staff around the role of the Activity Co-ordinator. Establish links with the 3rd Sector to explore options for additional intervention re cognitive stimulation and activities for patients. Explore the possibility of endowment funding to fund additional activities / supplies.	CSDM Quality leads	June 2016	Ongoing	Report for Executive H&SCP leadership team
HIS	**HIS Recommendation 6:**	**NHS Lothian Must ensure the ongoing and future development of HBCCC services takes full account of the financial and workforce implications.** Update: 2/6/2016 A steering group has been set up April 2016 following workshop on the 12/1/2016 by the Edinburgh Health and Social Partnership to review current and future provision of HBCCC within Edinburgh. This	KMC strategic planning CN Ref to 1 above	April 2016	Ongoing	

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		review includes the review of current care home capacity and future requirements as well as new models of delivery of complex care. A sub group of the steering group is looking at the re-provision of HBCCC currently provided at Astley Ainslie , which was only ever a temporary solution following flood at RVH last year. The workforce plan will align to this work re. future provision and sustainability.				