Notice of Meeting and Agenda

Edinburgh Integration Joint Board

9.30 am Friday 18 November 2016

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

Contacts:

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

Tel: 0131 529 4246 / 0131 469 3870

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

1. Welcome and Apologies

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

2. Declaration of Interests

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

3. Deputations

3.1. None.

4. Minutes and Updates

4.1. Previous Minutes – 16 September 2016 (circulated) - submitted for approval as a correct record.

4.2. Sub-Group Updates

4.2.1 Audit and Risk Committee

4.2.2 Professional Advisory Group

4.2.3 Performance and Quality Sub Group

(a) Note of Meeting of 23 September 2016 (circulated)

4.2.4 Strategic Planning Group

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

5. Reports

5.1. Rolling Actions Log – November (circulated)

5.2. Winter Plan and Whole System Delays

5.2.1. Winter Plan 2016-17 and proposal for future use of Liberton Hospital – report by the IJB Chief Officer (to follow)

5.2.2. Whole System Delays – Recent Trends – report by the IJB Chief Officer (circulated)

5.3. Financial Position to September 2016 – report by the IJB Chief Officer (circulated)

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

5.5. District Nursing – Verbal Update by the Chief Nurse

5.6. Deputations – report by the IJB Chief Officer (circulated)

5.7. Capacity and Demand – Care Homes – report by the IJB Chief Officer (circulated)

5.8. 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 – report by the IJB Chief Officer (circulated)

5.9. Performance and Quality sub-group – report by the IJB Chief Officer (circulated)

6. Urgent 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 16 September 2016
Waverley Gate, Edinburgh

Present:

Board Members: George Walker (Chair), Councillor Elaine Aitken, Carl Bickler, Andrew Coull, Wanda Fairgrieve, Christine Farquhar, Councillor Joan Griffiths, Councillor Ricky Henderson, Councillor Sandy Howat, Kirsten Hey, Alex Joyce, Angus McCann, Rob McCulloch-Graham, Moira Pringle, Ella Simpson, Richard Williams, Maria Wilson and Councillor Norman Work.

Officers: Lesley Birrell, Colin Briggs, Eleanor Cunningham, Wendy Dale, Gohar Khan, David McConnell (Audit Scotland), Graeme Mollon, Tim Montgomery, Ross Murray, Julie Tickle.

Apologies: Shulah Allan, Kay Blair, Ian Mackay and Alex McMahon.

1. Minutes

Decision

1) To approve the minute of the Edinburgh Integration Joint Board of 15 July 2016 as a correct record.
2) To approve the minute of the Edinburgh Integration Joint Board of 19 August 2016 as a correct record.

2. Sub-Group Minutes

Decision

1) To note the minute of meeting of the Audit and Risk Committee of 2 September 2016.
2) To note the minute of meeting of the Professional Advisory Group of 30 August 2016.
3) To note the minute of meeting of the Strategic Planning Group of 29 July 2016.

3. Rolling Actions Log

The Rolling Actions Log for 16 September 2016 was presented.

Decision

1) To approve the closure of actions 2, 3, 8, 9 and 11.

2) To request that dates for GP visits (action 5) be scheduled as soon as possible and Joint Board members be advised accordingly.

3) To request a report to a future meeting of the Joint Board highlighting the key issues for ICT provision including recommendations on a proposed way forward (action 6).

4) To otherwise note the outstanding actions.

(Reference – Rolling Actions Log – 16 September 2016, submitted.)

4. Calendar of Meetings

Standing Orders required the Joint Board to agree its calendar of meetings. The current schedule ran until the end of 2016. Dates were proposed for meetings until August 2017, after which the diary process would sit alongside the Council diary arrangements.

Decision

1) To agree the proposed schedule of meetings until August 2017.

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

3) To agree to plan and programme development sessions around the agreed scheduled Joint Board meeting dates.

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

5. Hub Update

Progress with the hub model, in particular matters surrounding information and communications technology, infrastructure and opportunities for further integration of some of the functions across Edinburgh, was detailed.

Decision

To accept the report as assurance that the Edinburgh Health and Social Care Partnership was taking a whole system approach to ensure an effective and more integrated approach to improve pathways for the city's adult population.

(References – minute of the Integration Joint Board 15 July 2016 (item 8); report by the IJB Chief Officer, circulated)

6. Financial Update

The forecast year end position for the Joint Board was detailed. This showed a projected overspend of £9.4m. Key drivers for the overspend included the Joint Board's share of the NHS Lothian financial plan gap and projected slippage in the delivery of City of Edinburgh Council (CEC) savings.

Agreement remained outstanding on financial settlements from NHS Lothian and CEC.

Decision

1) To agree 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.

2) To note the forecast year end position and the actions being taken to mitigate the overspend.

3) To agree to provisionally allocate £4.3m from the Social Care Fund (SCF) to offset potentially unachieved savings.

4) To note the start of financial planning for 2017/18 onwards and the potential impact on the unallocated Social Care Fund monies.

5) That a draft financial plan for the next financial year and beyond be submitted to the Joint Board meeting in November 2016.

6) That the City of Edinburgh Council financial reporting mechanism be clarified for inclusion in the above report.

7) That an appendix detailing progress with ongoing business cases be added to future financial reports to the Joint Board.

(References – minute of the Integration Joint Board 15 July 2016 (item 10); report by the IJB Chief Officer, circulated)

7. Accounts 2015-16

The 2015-16 Annual Accounts for the Joint Board were submitted. These were being presented to the Joint Board for approval following scrutiny by the Audit and Risk Committee on 2 September 2016.

David McConnell, Senior Auditor, Audit Scotland confirmed it was the intention to issue an unqualified opinion on the accounts. He further advised that the method by which Audit Scotland currently scrutinised best value would be changing from the financial year 2016/17 where a more integrated approach would be taken to monitoring best value going forward.

Decision

1) To approve and adopt the annual accounts for 2015-16.

2) To 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.

3) To authorise the designated signatories (Chair, Chief Officer and Interim Chief Finance Officer) to sign the Annual Report and Accounts on behalf of the Joint Board, where indicated in the document.

4) To authorise the Interim Chief Finance Officer to sign the representation letter to the auditors on behalf of the Joint Board.

(References – minute of the IJB Audit and Risk Committee 2 September 2016 (item 6); report by the IJB Chief Officer, circulated)

8. 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 August 2016. Work was underway to reverse the downward trend. 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 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 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.) and to note that figures using the former method were not being routinely provided by analysts in NHS Lothian. The July 2016 figures gave an indication of the level of change brought about by the new method.

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) To agree to make contact with Lothian Joint Board Chairs and Chief Officers with a view to presenting a joint case of emerging issues to the Care Inspectorate.

6) That future reports to the Joint Board on delayed discharge be presented in a flow programme format.

(References – minute of the Edinburgh Integration Joint Board, 19 August 2016 (item 3); report by the IJB Chief Officer, submitted.)

9. 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

An update was provided on the actions being taken to ensure that on opening in January 2017, Phase 1 of the Royal Edinburgh Hospital (REH) re-provision was able to manage admissions and discharges in equilibrium with the reduced bed capacity and for this to be sustained.

It was advised that without delays to discharge, the planned capacity of the REH would be in line with the accepted business case for Phase 1 which saw a reduction of 10 older people's mental health beds and 7 adult mental health beds.

Decision

1) That the Edinburgh Health and Social Care Partnership (EHSCP), with the Royal Edinburgh and Associated Services (REAS) would ensure priority was given to enhance the required community infrastructure that was required to support preventing people from being admitted to hospital and to prevent any delays.

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.

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.

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

5) To note that Wendy Dale would liaise with Carl Bickler, Andrew Coull, Richard Williams and Maria Wilson regarding preparation and focus of the agenda for the Joint Board development session on mental health.

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

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

Wendy Dale provided an overview of priorities and progress to date and steps being undertaken to deliver the Edinburgh Health and Social Care Strategic Plan. This included programme milestones, project management details, governance structures and the role of the Strategic Planning Group.

Decision

1) To note the arrangements in place for overseeing and progressing the Strategic Plan Action Plan.

2) To agree that detailed consideration and scrutiny of delivery plans and business cases should be undertaken by the Strategic Planning Group

3) To agree to receive twice yearly reports from the Strategic Planning Group on the delivery of the Strategic Plan Action Plan. This would include tracking of ongoing and proposed major programmes/business cases in order to provide the Joint Board with strategic oversight and governance.

4) To note that work was ongoing to produce a scheme of delegation for the Joint Board.

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

11. Joint Inspection – Older People

An update was provided on the forthcoming Joint Inspection on Services for Older People by the Care Inspectorate and Healthcare Improvement Scotland.

Decision

1) To accept the report by the Chief Officer as assurance that the Edinburgh Health and Social Care Partnership (EHSCP) was taking a whole system approach to prepare for the inspection.

2) To support the EHSCP welcome of the inspection which would provide a foundation for improvement moving forward.

3) To record the Board's thanks to the Strategic Planning and Older People team for their work in preparing for the inspection within such a challenging timescale.

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

12. Hospital Based Clinical Complex Care – Improvement Plan Update

An update was provided on the actions undertaken since October 2015 within Hospital Based Complex Clinical Care (HBCCC) facilities, and the impact of the actions associated with the recent Healthcare Improvement Scotland Inspection report recommendations received at the end of May 2016.

Decision

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

2) To accept assurance that the EHSCP were implementing the recommendations from the Health Improvement Scotland report on the review of Hospital Based Complex Clinical Care services and were continually monitoring the action plan the Health and Social Care Quality Assurance and Risk Management Group.

(References – minute of the Integration Joint Board 16 July 2016 (item 6); report by the IJB Chief Officer, submitted.)

13. Any Other Business

13.1 Anticipatory Care Plans

Councillor Elaine Aitken enquired as to the nature of an ongoing questionnaire on anticipatory care plans and palliative care that had been launched in the Lothian area and asked if details could be circulated to Joint Board members.

Decision

To note that Carl Bickler would explore the issue and update Joint Board members.

Item 4.2.3 (a)

Note of Meeting
Performance and Quality Sub-Group
23 September 2016
Waverley Court, Edinburgh
10:00 am

Present:

Key Stakeholders

Shulah Allan (Chair), Rob McCulloch-Graham (Chief Officer), Eleanor Cunningham (Strategy and Insight), Christine Farquhar (Citizen Member – Carer), Moira Pringle (Chief Finance Officer), Sandra Blake (Citizen Member – Carer), Yvonne Gannon (Strategy and Insight), Wendy Dale (Strategic Planning), Mike Houghton-Evans (Consultant), and Sarah Bryson (Strategic Planning Team).

Apologies: Ian McKay (GP/Clinical Director), Michelle Miller (Chief Social Work Officer), Maria Wilson (Chief Nurse), Katie McWilliam (Strategic Planning), Sheena Muir (Hospital Sites), Jon Ferrer (Quality Assurance), Jen Evans (Quality Assurance), Ian Brooke (EVOC), Carl Bickler(GP/PAC), Rene Rigby (Scottish Care), Kirsten Hey (Partnership/Union), Philip Brown (Strategy and Insight)

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner / Responsibility	For information
1	Welcome	No changes.		
2.1	Declarations of Interest	None.		

3.1	Minute of 21 July 2016	To approve the minute of 21 July 2016 as a correct record.	**Laura Millar**	
3.2	Minute of 24 June 2016	To approve the amended minute of 24 June 2016 as a correct record.	**Laura Millar**	
3.3	Outstanding Actions	To note the Outstanding Actions.	**Laura Millar**	
3.4	Work Programme	To note the Work Programme.	**Laura Millar**	
3.5	Matters Arising	None.	**Laura Millar**	
4.1	Update on Care Inspection	Details were provided on the actions underway in response to notification of the inspection of Older People's Services in Edinburgh. As one of the first inspections conducted on an IJB, and one of the first to be undertaken jointly by the Care Inspectorate and Healthcare Improvement Scotland, the inspection methodology continues to be under development with a focus on the new model implemented rather than historical problems. **Decision** 1) To circulate the self assessment against the ten outcomes carried out in response to the inspection along with guidance and links to Rubrics.	**Wendy Dale**	

		2) To note the intention to arrange focus groups and conduct a staff survey to feed into the self-assessment. 3) To note the report on the Inspection would be published in February 2017. 4) To agree that the Inspection of Older People's Services in Edinburgh would be included as a major agenda item in future meetings of the sub-group.		
4.2	Rubrics – Working with Community Planning partnerships to tackle Inequalities	The role of the sub-group within the IJB was discussed as well as the application of the Rubrics approach in relation to tackling inequalities, identification of key priorities and guidance on effective use. **Decision** 1) To note officers were working alongside Community Planning and the Health Inequalities Steering Group to avoid duplication of effort. 2) To review the rubrics to reflect the inequalities priority rather than achievement of specific actions contained within the Strategic Plan 3) To note the need for clarity on what services should be provided where i.e. – many visits to GPs were from those seeking advice on social issues, link workers could be placed in surgeries to allow more joined up services. 4) To note an action plan checklist was under development to give a view on both performance indicators and delivery of outcomes.	**Wendy Dale** **Eleanor Cunningham**	

		5) To note the intention to include valuable projects in the core budget, this would also allow grant funding to be directed toward investment in innovation to improve services. 6) To note that rubrics are being developed for Primary Care and Long Term Conditions and to invite officers involved in inequality in these areas to the October meeting of the sub-group where work on the long term conditions rubrics will be presented.		
4.3	23 National Indicators – Updated Results for the Care and Experience Survey indicators	An update was provided on 9 indicators which are obtained from the bi-annual Health and Care Experience Survey **Decision** 1) To note the officers were working together examine both Health and Social Care data and ensure cohesive results. 2) To note data could now be filtered down to individual GP Surgeries 3) To note a large-scale survey of those registered at GP Surgeries has allowed profiling by age, disability etc.	**Eleanor Cunningham**	
4.4	SOURCE – Integrated Data on Health and Social Care in Edinburgh	A demonstration of SOURCE and how this could potentially be used by Local Authorities was provided. **Decision** 1) To request officers investigate a single agreement with all local authorities across Scotland to share data.	**Eleanor Cunningham**	

		2) To request officers organise a half-day training session for the IJB Executive on SOURCE, its capabilities and areas to examine.		
	Date of next meeting	26 October 2016. Midlothian Suite, Midlothian Chambers.	**Laura Millar**	

Minutes

Edinburgh Integration Joint Board
Strategic Planning Group

10.00am, Friday 30 September 2016
City Chambers, High Street, Edinburgh

Present:

Members: Ella Simpson (in the Chair), Colin Beck, Sandra Blake, Colin Briggs, Eleanor Cunningham, Wendy Dale, Belinda Hacking, Fanchea Kelly, Angus McCann, Peter McCormick, Michele Mulvaney, Moira Pringle, Rene Rigby

Apologies: Councillor Ricky Henderson, Lesley Blackmore, Christine Farquhar, Rob McCulloch-Graham and George Walker.

In Attendance: Edith Wellwood (Ernst & Young), Katie McWilliam and Tina Sutherland.

1. Minute

Decision

To add Colin Beck to the list of those present and otherwise approve the minute of the Edinburgh Integrated Joint Board (EIJB) Strategic Planning Group of 29 July 2016 as a correct record.

2. Work Programme

A proposed work programme for the Group was submitted.

Decision

1) To add Equalities to the work programme as a standing item.

2) To add strategic planning and governance framework to the work plan.

3) To update the work programme and circulate to the Group for consideration at the next meeting.

(Reference – work programme, submitted)

3. Edinburgh Health and Social Care Partnership – Strategic Plan 2016-2019

The version of the full Strategic Plan 2016-2019 with appendices to be published was submitted and will be made available on the Transform Edinburgh website.

The draft summary version of the Strategic Plan 2016-2019 was submitted for comments.

Decision

1) To note the summary report and Strategic Plan 2016-2019.

2) To agree that the final summary version of the Strategic Plan, incorporating any further comments from Group members, would be submitted to the next meeting.

(References – summary report and Strategic Plan 2016-2019, submitted)

4. Overview of the Health and Social Care Transformation Programme

Edith Wellwood gave a presentation to the Group on the scope of the Health and Social Care Transformation Programme. The programme structure comprised the following 5 workstreams:

- Demand management – support planning, extending the reach of Telecare
- Reablement and recovery services
- Capacity planning – phase 1 outline business case
- Admission avoidance – falls pathways, anticipatory care plan
- Discharges – therapy, social care, guardianship, criteria led discharge

Decision

1) To note the update.

2) That indicative delivery timescales be applied to each work stream and reported to the next meeting.

3) To agree it would be helpful for this Group to be sighted on the approach being taken towards service re-design and re-assured on the synergies and co-dependencies, effectiveness and outcomes within the different workstreams.

4) To note that the links between the work of this Group and the other EIJB Sub-Groups required to be discussed and clarified.

5. Transformation Programme Capacity and Demand Workstream

Katie McWilliam provided the Group with an overview on the capacity and demand workstream.

A five stage process had been developed outlining the proposed scope, timelines and anticipated benefits. This would be delivered across the following phases:

- Outline business case
- Design future state
- Implementation
- Operate and measure

Operational and Technical Groups were in place to take forward delivery of the outline business case. It was anticipated that this work would be completed by the end of November at which point the next phase of work would be scoped and planned.

Decision

1) That an update on progress with the outline business case be brought back to the next meeting of this Group.

2) To note the intention to report updates on the Live Well in Later Life Strategy to the EIJB in early January 2017.

3) That the key milestones from the capacity and demand report submitted to the last meeting of the EIJB be circulated to this Group for information.

4) That the planning and governance framework be reported to the next meeting of this Group.

6. Older People's Delivery Plan

Katie McWilliam gave a presentation on the role and remit of the Older People's Executive Group.

The Group were responsible for:

- Leading the strategic plan actions and progressing integrated older people's services in Edinburgh
- Overseeing the review of the whole systems capacity and demand plan for older people's services
- Developing, reviewing and overseeing the programme for older people's redesign projects, to include shifting the balance of care through the capacity and demand work stream
- Overseeing the development of transparent information including finance, workforce, activity and quality

- Working with the emerging locality structures to progress plans for integrated locality working, including developing responses for surge activity

The Group were provided with copies of the role, remit and membership outline of the Older People Executive Group and the Gantt Chart.

Key priorities for 2016/17 and programme milestones were highlighted together with the dependencies with other areas of the Strategic Plan.

Decision

1) To note the update.

2) That an update on the position regarding Liberton Hospital be reported to the next meeting of the Group.

3) That governance arrangements for the Older People's Executive Group be discussed at the next meeting of this Group.

7. Older People's Joint Inspection Self-Assessment

Katie McWilliam updated the Group on the recent self-assessment carried out in respect of the joint inspection of older people's services and the timeline towards publication of the final report in February 2017.

Reporting had been carried out on the following areas:

- early intervention and preventative support
- quicker assessments when needs are identified
- more effective setting up of care packages to support people at home
- promoting self-care
- reducing delays in discharge from hospital and discharge planning
- the range and effectiveness of intermediate care services which prevent hospital admission
- Adult Support and Protection

Supporting documentation detailed agreed position statements against the areas for scrutiny was submitted to Group members. A more detailed report on the joint inspection had been submitted to the last meeting of the EIJB.

Decision

1) To note the update.

2) That the report submitted to the EIJB be circulated to members of this Group for information.

8. Future Meeting Dates

Decision

28 October 2016 - 10am to 12noon – European Room, City Chambers, Edinburgh

25 November 2016 - 10am to 12noon – European Room, City Chambers, Edinburgh

27 January 2017 - 10am to 12noon – European Room, City Chambers, Edinburgh

24 February 2017 - 10am to 12noon – European Room, City Chambers, Edinburgh

31 March 2017 - 10am to 12 noon – European Room, City Chambers, Edinburgh

Item 5.1 – Rolling Actions Log – November 2016

November 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	**Recommended for closure** – Report on agenda
2	**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	**Update***:* Still awaiting allocation of resources to enable implementation plan to be presented.
3	**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	On 16-09-16 it was requested that details of GP visits were circulated to Joint Board members as soon as possible.

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
4	**Rolling Actions Log (ICT Steering Group)**	15-07-16 And 16-09-16	To invite the ICT Steering Group to consider and recommend business-critical ICT issues where the Joint Board might require to issue directions. To ask the ICT Steering Group to report back to the Joint Board on a recommended way forward.	ICT Steering Group	Not specified	
5	**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	Included in the Forward Plan for inclusion on agenda for Board meeting on 24 March 2017.
6	**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	See Financial Planning report included on agenda
7	**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	
8	**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	**Recommended for closure –** report on agenda
9	**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	**Recommended for closure –** report on agenda
10	**Calendar of Meetings**	16-09-16	To agree to plan and programme development session (2017) around the scheduled Joint Board meeting dates.	Chief Officer	Not specified.	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
11	**Financial Update**	16-09-16	That a draft financial plan for the next financial year and beyond (including clarification re the CEC financial report mechanism) be submitted to the Joint Board meeting in November 2016. This would include an appendix detailing progress with ongoing business cases.	Chief Officer	November 16	Draft financial plan included on agenda for 18/11. Business case tracker is under development and an update will be provided in January 2017.
12	**Delayed Discharge – recent trends**	16-09-16	That future reports to the Board on delayed discharge be presented in a flow programme format	Chief Officer	November 16	
13	**Progress Report on Managing DD and Community Infrastructure to support and sustain bed reductions following the opening of phase 1 of the REH in Jan 17**	16-09-16	1) To receive an update at November 16 Joint Board 2) To receive an update at January 17 Joint Board	Chief Officer	November 16/ January 17	**13.1 Recommended for closure –** report on agenda
14	**Delivery of the EH&SC Strategic Plan – action plan**	16-09-16	To receive twice yearly reports from the SPG on the delivery of the strategic plan. This would include: • Tracking of ongoing and proposed major programmes/business cases.			Included in Forward Plan for inclusion on future agendas.

Item 5.2.1

Report

Winter Plan 2016-17 and proposal for future use of Liberton Hospital Edinburgh Integration Joint Board

18 November 2016

Executive Summary

1. The report outlines joint plans for ensuring sufficient capacity over winter 2016-17 and contingency plans in the event of severe weather.

2. It provides an update on plans and proposals for the future of use Gylemuir Interim Care Facility and Liberton Hospital.

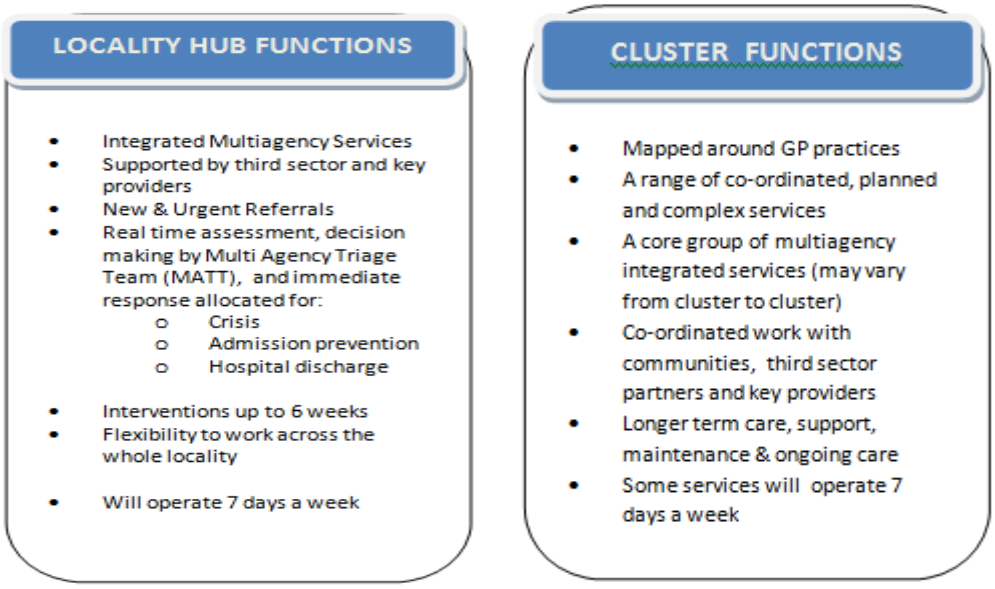
Recommendations

3. That the Edinburgh IJB notes progress with winter planning.

4. That the IJB accepts the proposal to utilise Liberton Hospital for those awaiting packages of care, in the interim, whilst the plans to enhance community capacity are implemented.

Background

5. Edinburgh has seen a fluctuating, and well reported, picture associated with those whose discharge is delayed in hospital. It is Edinburgh's intention to transform community supports through the establishment of Hubs and Clusters, providing more comprehensive and integrated services and supports, which has been reported to the IJB in the past. As well as supporting people to leave hospital, it is as important to support those to remain at home, and prevent crisis, and subsequent hospital admission. The most up to date thinking about the Hub and Cluster functions that are now being implemented are set out below:



6. This is line with our Strategic Plan aim of having as many services as supports provided on a locality basis as possible. In addition our Strategic Plan identifies a commitment to evaluate the need for the development of integrated care facilities, to meet our capacity requirements for the care and support for older people as part of the capacity and demand review. Early indications are that, like Glasgow and other areas across Scotland and the UK, Edinburgh residents would benefit from such integrated facilities.

7. The ultimate vision for Edinburgh would be to develop a mixed integrated facility in each locality to allow people to receive reablement support and maximise their function prior to being discharged to home or a care home setting. The 'Step Down' concept is well understood and tested in Edinburgh, however, as previously reported as part of the Capacity and Demand work, financial constraints have not allowed this model to become embedded. The potential to provide Hospital Based Complex Clinical Care and Care Home functions within an integrated facility should also be considered moving forward.

Main report

Severe Weather Contingency Planning

8. A Severe Weather Contingency Plan has been produced for Health and Social Care. Key points include:

   - Care homes for older people have been assigned as priority locations for road clearance and gritting – in-house and contracted.

   - Health and Social Care services will share information from departmental, Council and NHS systems to help identify vulnerable people living in the community in order to protect their vital interests during instances of severe weather where there are concerns for their safety.

- Emergency supplies will be provided to those assessed as requiring them. Social Care Direct will make the assessment.

- Personal Protective Equipment will be provided to workers exposed to severe winter weather when their work location is primarily outside (subject to further review and decision).

- The resourcing and coordination of 4-wheel drive vehicles and the equipment for other vehicles (e.g. winter weather snow tyres) will be undertaken by Fleet Services, based on an assessment of the needs of all departments. Health and Social Care will lease additional 4x4s for the winter period.

- Home care and Intermediate Care services may be able to draw on staffing resources from day care / disability services if they are not operating in a period of severe weather.

- Care homes have an arrangement in place to have back-up generators installed within 4-6 hours in the event of a power failure to prevent the need for closure of beds.

- Staff could be relocated based on priorities during severe weather.

Additional capacity

9. Funding has been approved for the Edinburgh IJB to assist with capacity and demand over winter, for a period of three months.

10. This funding will enable the creation of additional assessment capacity for the festive period (including weekends) across both the Royal Infirmary and the Western General hospitals. This will include 1 Senior Social Worker, 2 Social Workers and 2 CCAs.

11. A review of the Service Matching Unit (SMU) may enable an SMU presence in each discharge hub.

12. There is funding to increase GP capacity by 20 salaried GP sessions per week (2 FTE).

13. Skill mix will be enhanced to support people with mental health problems by aligning Community Practice Nurses to GP practices (4 FTE) to support people to remain in the community.

14. Existing Interim Care and Hospital to Home will be rolled out citywide to reduce emergency admissions and support discharges (16 FTE community support workers).

15. The Community Respiratory Service is to be enhanced – a member of the site-based Respiratory Team, potentially based in respiratory medicine, will provide the consultancy model as required. This will provide capacity to manage the predicted increase in respiratory activity, providing a seven day service, and will improve patient flow. This capacity would also allow for the Community Respiratory Team to be involved in potential set up of Rapid Access Respiratory Clinics in Acute settings.

16. Gylemuir House operates as an interim care facility to improve flow from acute settings. It will remain open throughout the winter, in order to cope with winter pressures and continue to reduce the number of delayed discharges. The facility is currently operating for 60 beds and is currently not carrying any vacancies.

17. The new Royston Care Home will provide 60 beds for older people and is due to open soon, replacing Porthaven and Parkview care homes. It will provide 15 additional challenging behaviour beds.

18. Two new Care at Home agencies will be fully operational by winter 2016/17 and will be aligned to the new Care at Home contract. This is expected to increase the number of hours provided per week from 25,000 to 30,000.

19. Enhanced third sector support from LOOPS is available in hospital discharge hubs to assist with practical tasks to facilitate discharge.

20. Telecare is a growing alternative to in-house visits. Telecare solutions are now offered early in the assessment process. Telecare can be significant in preventing hospital admissions, thus reducing winter bed pressure. In 2015, the Community Alarm and Telecare Service undertook 1025 response visits, following an activation of an alarm or Telecare equipment. Only 206 (2%) of these required a hospital admission.

21. The Carer Support Hospital Discharge service is now in operation, with two workers, one based at RIE and one at WGH. The Edinburgh Carer Support Team is in place to support carers in the community. The service promotes flu jabs for carers. An Assistant Carer Support Worker provides assistance in GP practices to identify and support carers through the winter months.

22. Flu vaccination clinics will be run for eligible staff across various sites.

Gylemuir House

23. To assist with flow from the acute setting, and taking into account the number of people waiting predominantly for care home places, Gylemuir House has been commissioned by the Health & Social Care Partnership, as an interim care facility, and been in operation since 2015. This will be of particular value over the winter months to ensure people are in the most appropriate environment.

24. There have been a number of developments associated with the staffing mix to deal with a higher throughput of people, to meet the demand from acute hospitals, and to ensure a reablement model is supported. A recent improvement plan has been developed following Inspection visits, with good progress being made. In particular:

    - The depute post will in future be provided by a Council employee, rather than NHS Lothian, in order to provide a better understanding of care home systems and National Care Standards.

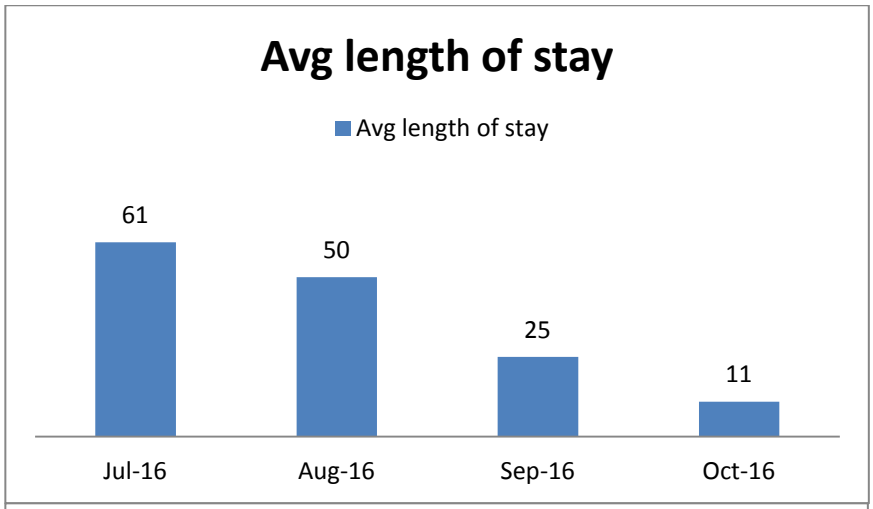
    - A single procedure for managing complaints and reporting is being established using the Datex system.

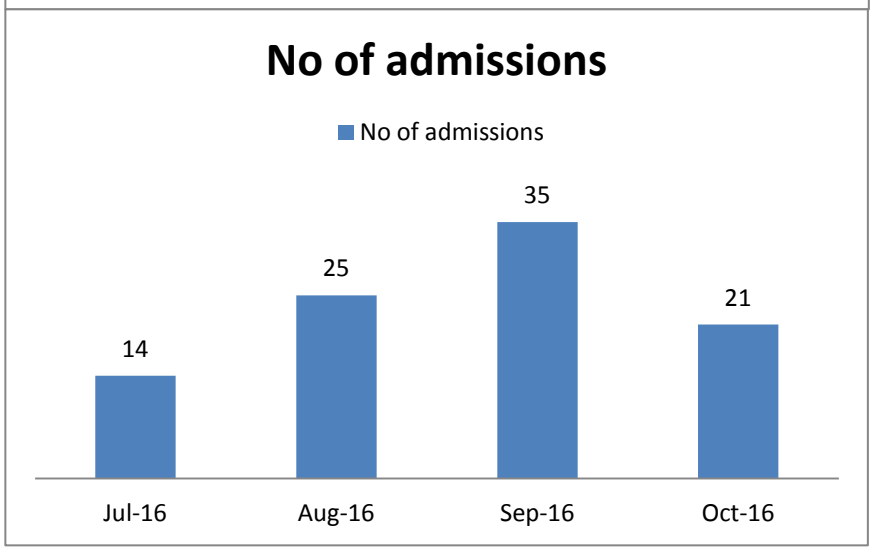
- CGI, the Council's new ICT Provider, has submitted a proposal to upgrade the IT system by installing a new WAN circuit (10MB Fibre Connection), and router in the main building, with connections to the Corporate and Public network. This will support communication, record keeping and effective care planning, and will also provide access to Swift, the Council's client database system, and TRAK, the NHS patient system.

- A proposed new "nurse call" system, based on six new 15' Touchsafe Pro touchscreen display panels located around the home.

25. Activity at Gylemuir House has fluctuated depending on staff and ability to move people on to their care home, however it is noted that without this facility, people would have had to remain in a hospital environment till discharge. Providing a more homely, re-abling environment is considered a much more conducive environment for assessment to be complete for this life changing decision for our frailest citizens.

26. Gylemuir House has supported 386 residents since opening (5 January 2015 – 26 October 2016). The following tables show the number of admissions and average lengths of stay (no of days) per month since July 2016:





Liberton Hospital

27. NHS Lothian Board, as part of their acute hospital plans, made a decision that through enhanced community services, reduced delays in discharge, they would be able to accommodate all the acute and hospital based rehabilitation in the main hospitals for Edinburgh resident; the Western General, including Royal Victoria Hospital Building, and the Royal Infirmary of Edinburgh.

28. The Lothian Chief Officer Interface Group commissioned a Working Group to oversee the plans to close Liberton Hospital to acute activity, and Edinburgh has a connected working group to determine the interim model going forward, led by the Strategic Planning & Quality Manager for Older people.

29. In recent months, and in response to NHS Lothian's plans to close Liberton Hospital, the Edinburgh Health and Social Care Partnership has been driving forward the Hub and Cluster Locality model as highlighted above.

30. It is apparent however that with this transition to Liberton Hospital closure, the coinciding transitions of the change in the Edinburgh Care at Home contract, and the transfer of activity from Liberton back to the Royal Infirmary in particular, as well as the inevitable pressures over the winter period from November to March, there is a sense that continuing to utilise Liberton Hospital facility, to ensure people do not remain in acute hospital unnecessarily, would allow a far better experience for people, whilst ensuring flow through the system, to accommodate scheduled and unscheduled care.

31. As well as this, East Lothian Health and Social Care Partnership plans to use Liberton Hospital, up to December 2017, as an enabler to allow them to maintain their overall bed numbers, whilst Roodlands Hospital reduces in size for the building work to commence on the new East Lothian Community Hospital. East Lothian patients alone at Liberton Hospital would not be a viable, sustainable option.

32. A proposal for continuing to use Liberton Hospital for Edinburgh residents has been has been developed, in particular for those awaiting packages of care, supported by a reablement model, to optimise people's functional levels as they return home.

33. The proposal for Liberton Hospital becoming established as an interim care facility over 2016-17 will allow Edinburgh to:

    - Introduce the concept of an Interim Care Facility in accommodating a range of patients delayed more than 72 hour in an acute setting. These will be patients predominantly awaiting package of care, whilst those going to Gylemuir House will be predominantly awaiting care home placement

    - Support acute services to meet the 4 hour standard, reduce cancellation of elective and urgent surgery and reduce delayed discharges on these sites. It will also offer winter surge capacity in 2016-17

    - Develop a more community based and reabling model of care for this group, allowing outcomes to improve by leaving the acute setting at the most appropriate time, through the implementation of the Hub and Cluster model

34. It is proposed that the Acute Division of NHS Lothian, Liberton Management Team, and Edinburgh H&SCP will manage the site as an interim care setting, until all of acute services have been reprovided including Orthopaedic Rehabilitation, and there is a robust plan for the Integrated Older Peoples Service and Hospital at Home service.

35. Once the transfer of the function to the RIE has been completed, and there is clear community capacity to accommodate those at home, in care homes and an outline plan for integrated care facilities is developed, then Liberton will ultimately close, as planned.

36. The Acute Division has already helpfully begun to test the model to determine whether it would be viable or not in Liberton's environment, and this seems to be going well. It is proposed that other wards will be considered as further learning evolves from the model, to a maximum of 78 beds, which are currently staffed, to change function over the next few months.

37. The established working groups to see Liberton Hospital to closure are continuing to work at a local level, and on a pan-Lothian basis to develop appropriate models to ensure safe and effective care can be delivered both during, and after the key transition stages noted above. The Liberton Hospital Re provision Group, which has membership from Edinburgh, East Lothian, Midlothian and Acute Services Division has oversight of these changes.

Key risks

38. Key risks over winter include:

- The impact of disruptive severe weather
- The impact of norovirus and influenza
- That we are not able to recruit the required additional staff
- Festive/post-festive surge
- Two four-day festive breaks for GPs may cause difficulties in the days between Christmas and New Year and early January

39. Failure to provide interim care facilities at Gylemuir House and Liberton Hospital will:

- Have a detrimental impact on outcomes for older people, with them not being able to leave acute hospital care at the optimum time in their journey
- Result in the Edinburgh Health & Social Care Partnership not meeting standards associated with delays in discharge

40. This in turn will:

- Have a subsequent adverse impact for acute hospital ability to meet unscheduled and scheduled care standards, with a detrimental experience for service users

- Destabilise the overall capacity and flow for Edinburgh residents during the winter months in particular

- Jeopardise East Lothian Health and Social Care Partnership plans to use Liberton Hospital, up to December 2017, as an enabler to allow them to maintain their bed numbers, whilst Roodlands Hospital reduces in size for the building work to commence on the new East Lothian Community Hospital. East Lothian patients alone at Liberton Hospital would not be a viable, sustainable option.

41. It is anticipated that these risks will be mitigated by provision of the interim care facilities at Gylemuir and Liberton in the short term, with the longer term capacity plan identifying the options for delivery of integrated facilities within each locality going forward. These proposals will be presented to the Strategic Planning Group in early 2017.

Financial implications

42. The approved funding bids for additional capacity (as outlined in Sections 5-12) will allow the following:

- Additional assessment capacity for the festive period in Royal Infirmary and Western General – 1 Senior Social Worker, 2 Social Workers and 2 CCAs = £29,025

- SMU presence in each discharge hub = £11,615

- Additional GP capacity – 20 salaried GP sessions per week, (2 FTE) = £56,750

- Aligning Community Practice Nurses to GP practices (4 FTE) = £40,000

- Rehabilitation support – roll out of Interim Care and Hospital to Home services (16 FTE community support workers) = £104,100

- **Total** = £241,490

43. The enhancement of the Community Respiratory Service by one Band 6 for 4 months = £13,668

44. Edinburgh already has a plan in place to continue funding Gylemuir House meantime.

45. Edinburgh has already secured resources associated with changes prior to April 2016, including the reduction in bed numbers at Liberton Hospital, and a change in focus of the Day Hospital to the value of £718k. This is currently supporting the Integrated Older People and Hospital at Home Services.

46. In terms of the financial framework for the re-provision of the remaining 110 beds at Liberton Hospital, the Chief Finance Officers for East Lothian, Midlothian, and Edinburgh IJBs, along with the Finance Business Partner from Acute Services in NHS Lothian, and senior managers, considered options for the division of funding.

47. The recommendation to the Chief Officer Interface Group was that the updated Midnight Occupied Bed Days Count (3 year average to April 2016), be used, as this model presented a more accurate picture of activity within Liberton Hospital, and reflected more recent developments, providing greater confidence in activity.

48. The impact of using this formula would result in Edinburgh being allocated £4.917m.

49. It is proposed that in Edinburgh's share of the releases from Liberton, will be used in the first instance to deliver the interim care at Liberton in the short term, with the resources being considered for the longer term plans to provide the mix of interim functions and wider community capacity and demand supports in each locality going forward.

50. It was noted at the Lothian Chief Officer Interface Group recently that further work will be required on what else may be releasable in relation to Facilities and Estates costs when the site is closed, and this will be undertaken as part of the ongoing work by the Edinburgh and pan partnership groups.

Involving people

51. Winter plans have been designed in close consultation with other parties in the partnership.

52. The 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 it being identified that we would work with the Acute Division to close Liberton Hospital, whilst developing Locality working, this alongside exploring how we would provide Integrated care facilities is featured as being a key action to deliver against the agreed priorities within the Strategic Plan.

53. Key stakeholders will continue to be involved through the Strategic Planning Group, Older People Executive Group, as well as the Edinburgh, and Pan Lothian Working groups for this work.

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

Impact on plans of other parties

55. Winter plans have been designed in close consultation with other parties in the partnership.

56. The key impact of the Gylemuir and Liberton work will be on the whole system pathway for older people, which will impact on Acute Division, East Lothian Health & Social Care Partnership, as well as Edinburgh's partners across community social care and health care, as described above.

57. The recommendations in this paper supports the following Strategic Plan Actions:

- 22a) consider the longer term requirements for interim care beds
- 22d) evaluate the need for development of integrated care facility model to meet capacity requirements
- 22e) work with neighbouring Integrated Joint Boards and the Acute Division of NHS Lothian to allow the closure of Liberton Hospital and release resources for reinvestment in community based services

Background reading/references

Edinburgh Health and Social Care Partnership – Winter Resilience Plan 2016-17

Rob McCulloch-Graham
Chief Officer, Edinburgh Health and Social Care Partnership

Report author

Contact: Marna Green, Locality Manager, EHSCP

E-mail: Marna.Green@edinburgh.gov.uk Tel: 0131 553 8318

Contact: Katie McWilliam, Strategic Programme Manager, Strategic Planning & Older People, Edinburgh Integration Joint Board

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

Links to priorities in strategic plan

Priority 4	**Providing the right care in the right place at the right time**
Priority 5	**Making best use of the capacity available within**

	the city
Priority 6	**Making the best use of our shared resources**

Item 5.2.2

Report

Whole System Delays – Recent Trends
Edinburgh Integration Joint Board

18 November 2016

Executive Summary

1. 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 for July is the first produced using the revised method. The total now includes people who were discharged within 3 days of the census, which were formerly excluded from the total. Totals since July 2016 are therefore not directly comparable with earlier figures.

2. Key reasons for delay are shown. Over the last year, people waiting for domiciliary care have accounted for at least 32% of the census total, and the proportion in October was 43%. The number of people waiting for a care home place has increased over the last month, and was 72 at the October census, compared with 50 in September.

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

4. Targets have been set for the total number of people waiting for discharge, with the objective of achieving 50 by the April 2017 census.

5. In recognition that delayed discharge is symptomatic of pressures and activity in the wider system, work is underway on a phased basis to develop a whole-system overview. Phase 1 provides a city-wide overview across all hospital sites and the scope is A&E through hospital admission, referral for support for discharge and finally, discharge.

Recommendations

6. That the Edinburgh IJB note:

   - Whilst the change in reporting methodology for delayed discharge has resulted in higher numbers, there has been a significant increase in delayed discharge since June this year to the October figure of 201.

- That a comprehensive range of actions is in place to secure a reduction in the number of people delayed. This includes the new Care at Home contract, which aims to improve recruitment and retention of the home care workforce by offering a rate of pay that is competitive with alternative industries such as retail, customer services and the private care market.

- That given the complexity of this issue, a self assessment of the current approach in Edinburgh to tackling delays in transfer of care has been carried out utilising the best practice guidance contained within the Joint Improvement Team "Self Assessment Tool for Partnerships" (updated 2015) and The National Institute for Health and Care Excellence guidelines (Dec 2015) for "Transition between inpatient hospital settings and community or care home settings for adults with social care needs".

Background

7. Recent guidance emphasises the whole system redesign required to ensure smooth transition of care from hospital. In particular this report has referred to Joint Improvement Team "Self Assessment Tool for Partnerships" (updated 2015) and The National Institute for Health and Care Excellence guidelines (Dec 2015) for "Transition between inpatient hospital settings and community or care home settings for adults with social care needs".

8. Taking a whole system approach, a range of relevant work streams to address delayed discharge in Edinburgh were initiated at a workshop session on 8 March 2016, details of which were given in previous reports. The work streams are:

    - Reablement, recovery and rehabilitation
    - Capacity planning
    - Admission avoidance
    - Support planning and brokerage

9. Each work stream is being led jointly by a senior officer from both the Health and Social Care Partnership and the acute hospital sites to ensure senior buy-in and support for the changes required. The Patient Flow Programme Board is overseeing progress.

10. This report presents the target level of delayed discharges which have been set for the monthly censuses between now and April 2017, which has a target of 50.

11. The report provides a high level overview of the number of delayed discharges against targets, reasons for delay and trends in the number of people supported by the Edinburgh Health and Social Care Partnership to leave hospital.

12. It also provides an update on work to develop an overview of activity and pressures across the hospital system, which will be reported to the Patient Flow Programme Board, pending work to develop reporting on whole system flow.

13. As noted in previous reports, changes to national delayed discharge reporting took place for the July 2016 census and are designed to ensure that published figures are more complete and comparable across Scotland than at present. These changes have led to an increase in the reporting of the number of people delayed.

Main report

Targets

14. As noted above, targets have been set for each monthly census between October 2016 and April 2017, with the aim of reducing to 50 by the end of this period. These targets are recognised as being challenging.

Table 1 - Delayed discharge targets: October 2016 to April 2017

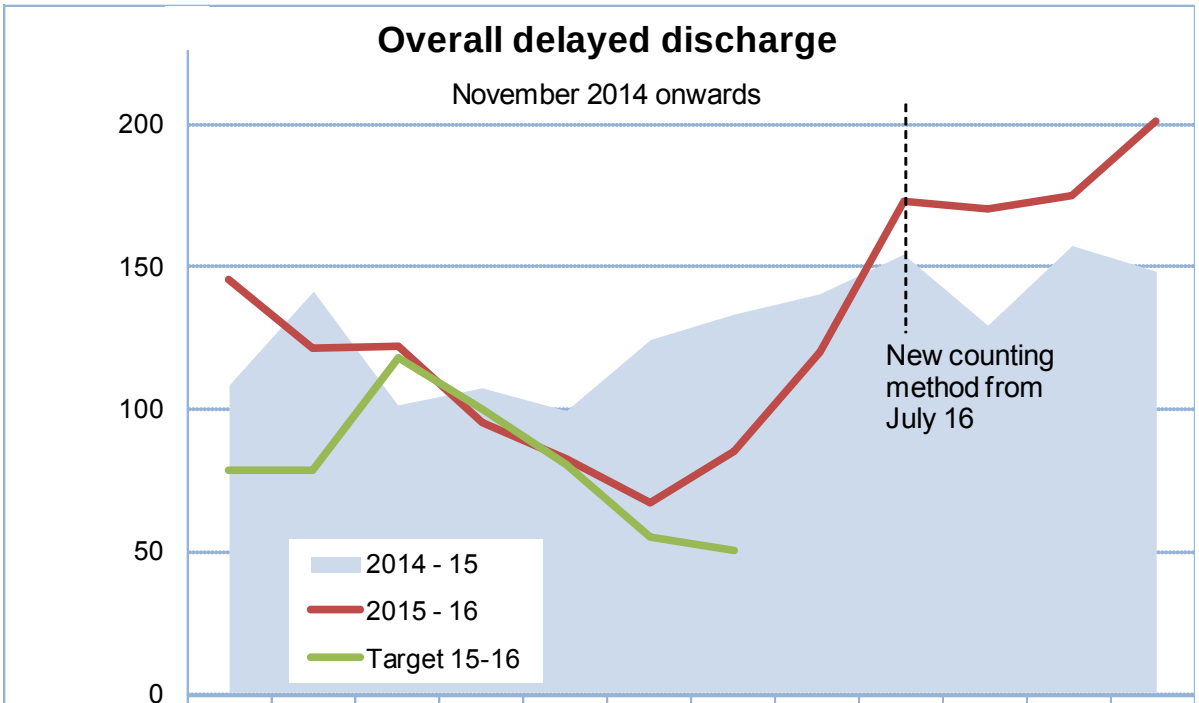
October 2016	170
November 2016	160
December 2016	140
January 2017	100
February 2017	75
March 2017	60
April 2017	50

Total number of people delayed

15. The total number of Edinburgh residents who were delayed in hospital over the past two years **as at the monthly official census** is illustrated in the graph below. The shaded area shows performance for October 2014 to September 2015 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.

16. The total number of people delayed at the September census was 175. This cannot be directly compared with earlier figures, as noted above. Whilst there is an impact of the reporting on the figures there is a significant increase in numbers from June which is not attributable to the change in methodology.

Chart 1 - Overall delayed discharge



	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
2014 - 15	108	141	101	107	99	124	133	140	154	129	157	148
2015 - 16	145	121	122	95	82	67	85	120	173	170	175	201
Target 15-16	78	78	118	100	80	55	50					170

Reasons for delay 2015-16

17. The main reasons for delay at the census points over the last 12 months are shown in the table below. The most common reason across this period has been waiting for domiciliary care, which peaked in August 2016 at 87, and was 81 in September 2016.

Table 2

2015 - 16	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Assessment	27	26	30	26	27	23	14	20	34	24	43	42
Care Home	36	26	26	16	14	15	26	35	58	59	50	72
Domiciliary Care	67	64	59	49	36	22	40	59	78	76	81	86
Legal and Financial	1	0	0	0	0	2	0	0	0	0	0	0
Other	14	5	7	4	5	5	5	6	3	11	1	1
Total	145	121	122	95	82	67	85	120	173	170	175	201
% Domiciliary Care	46%	53%	48%	52%	44%	33%	47%	49%	45%	45%	46%	43%

18. Note that the figures from July 2016 onwards are not directly comparable with the earlier figures (as discussed above).

19. Increases in the number of people delayed over the year were apparent across most reasons for delay - i.e. ongoing assessment, waiting for care home placements and for packages of care at home. The number of people waiting for a care home place has increased markedly over the month from 50 to 72. Difficulties in recruiting staff within care homes has a bearing - within the Council's own care homes, there are currently five vacant places which cannot be filled because of the lack of staff.

20. It remains of concern that there are a substantial number of people waiting to move from hospital to a care home place (36% of current delays) which means that individuals are being expected to decide on moving to permanent care home places whilst in an acute hospital setting. Capacity is being developed on an interim basis in a non-acute setting at Liberton for those unable to return home. A reablement approach will be taken in this new facility to maximise residents' level of independence.

21. The increase in people waiting for domiciliary care since April will have been caused by a range of pressures in Care at Home, including the fact that agencies have been reluctant to take on service users; lack of capacity (largely due to issues with recruitment and retention), 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. The implementation of the new contracts is expected to bring a reduction in delays during autumn 2016.

22. The number and proportion of delays in acute sites is shown below:

Table 3 – Delays in acute sites

2015 - 16	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Delays in acute sites	115	106	117	80	74	64	82	112	148	146	143	173
Total	145	121	122	95	82	67	85	120	173	170	175	201
% in acute	79%	88%	96%	84%	90%	96%	96%	93%	86%	86%	82%	86%

23. The numbers of people excluded from the total (X codes and people who are unwell) are given below. Of the X-codes, those which relate to Guardianship (e.g. 22 of the 27in October 2016) are shown separately.

24. The *grand total* row shows the number of people delayed, including those who are excluded from the national count.

Table 4 – Number of people excluded from total

2015 - 16	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Total	145	121	122	95	82	67	85	120	173	170	175	201
Excluded cases	27	27	35	29	33	30	33	27	25	23	24	27
Of which, Guardianship	23	24	23	21	28	25	30	24	23	20	20	22
Grand Total	172	148	157	124	115	97	118	147	198	193	199	228

People supported to leave hospital

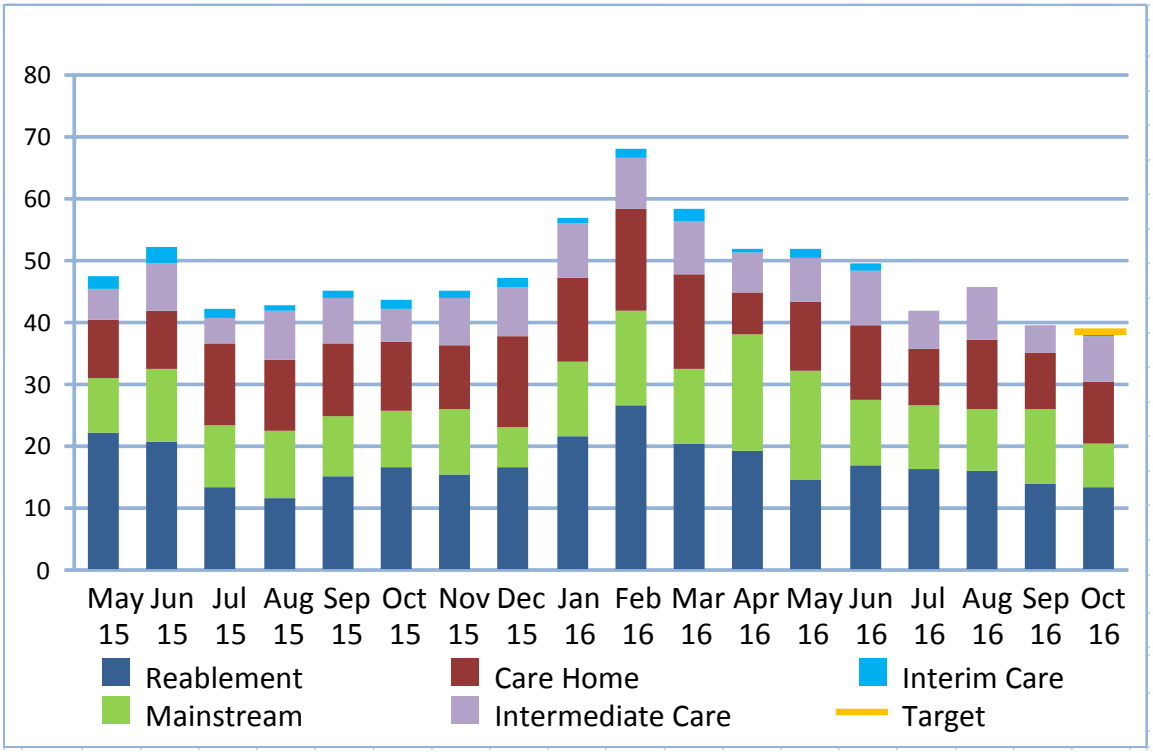
25. Targets for the total number of people supported each week have been revised with the objective of achieving the same volume as in April 2016. These are detailed in Appendix 1.

26. The graph below shows the average number of discharges per week supported by Health and Social Care for each month during 2015-16. It shows an increased number during February and March 2016. Figures for provision also exclude the number of packages of care that are estimated to re-start each week, as described above.

27. Targets for the number of people supported were reset in October 2016, taking into account anticipated growth in capacity, primarily through the new care at home contract. In setting targets, account has been taken of changes in care home provision through the closure of Porthaven and Parkview, and the opening of Royston, scheduled for January 2017. This will bring a net reduction of 28 places. Royston has 15 places to support people with challenging behaviour.

28. Tables 5 and 6 in Appendix 1 show targets and performance against these for the number of people supported each week to leave hospital.

Chart 2 - Average number of discharges supported per week



Other work streams to address delayed discharge

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

- Addressing delays within the hospital pathway – this work is progressing actions to bring forward the point at which people are identified in the discharge pathway and by 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 use of the Key Information Summary to support continuity and effective communication, and to promote greater effectiveness and use of the Falls pathway.

- Rehabilitation and recovery – a more focussed approach to the use of Reablement services to ensure maximum benefit is afforded to the individuals who can achieve most benefit from targeted goal setting and reabling approaches. This differs from the previous approach which was targeted at all discharges from hospital.

30. 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 to prevent hospital admission.

Whole system flow

31. As noted above, work is underway to develop a whole system overview, to enable a better understanding of activity and pressures within the system and to provide a way of identifying areas within the system which are of concern.

32. The approach being developed jointly by colleagues from the Council's Strategy and Insight Service, NHS Lothian's Analytical Services Division and ISD's LIST team is to apply statistical process control (SPC) principles to weekly data. The technique allows an assessment to be made on whether an area of performance is delivering predictably and if that is so, the extent to which performance is satisfactory. It can also help identify where to look in situations where trends are unpredictable.

33. As a test of proof of concept, the technique was used to take a city-wide overview from A&E through hospital admission, referral for support for discharge and finally, discharge. It suggested that:

    - Most of the patterns that were being observed were predictable (e.g., packages of care provision);
    - Others appeared to have undergone a change (e.g., referrals to hospital social work); and
    - Some were unstable (e.g., numbers waiting for care homes).

34. The questions one would ask in each of these instances differ, respectively these would be:
    - Whether the predictable performance on, for example, care provision is satisfactory. If not, how could this process **as a whole** be improved;
    - Whether something happened around the time that point the change has been identified. What data or intelligence is needed which could help understand this movement; and
    - What has caused this process to become unstable **at this point** in time.

35. It will be recommended at the Patient Flow Programme Board on 11 November that this work is developed further with one of the locality managers, leading to the introduction of the statistical process control in the operational report and potentially with performance headlines set in a more accessible format. A possible format for this is shown below:

Key risks

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

37. That vacancies in the care workforce cannot be filled, limiting available capacity.

Financial implications

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

Involving people

39. 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

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

Background reading/references

Memorandum of Understanding Reducing Delayed Discharges in Edinburgh

Rob McCulloch-Graham
Chief Officer, Edinburgh Health and Social Care Partnership

Report author

Contact: Nikki Conway

E-mail: nikki.conway@edinburgh.gov.uk | Tel: 0131 553 8364

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

People supported to be discharged from hospital: actual against target

Table 5 - Discharges per week and month

	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
Discharges in calendar month	193	209	236	272	258	223	230	213	186	203	170	168
Monthly Target	317	328	328	307	328	317	328	317	328	328	171	208
Average discharges per week	45	47.2	57	68	58.3	52	51.9	49.7	42	45.8	39.7	37.9
Av Weekly Target	74	74	74	74	74	74	74	74	74	74	40	47

Table 6 - Targets for the number of people supported to leave hospital per week by type of support

	Care at home	Reablement	Mainstream	Intermediate Care	Care homes	Total
02/10/2016	9	12	2	5	10	38
09/10/2016	10	13	2	6	10	41
16/10/2016	11	14	2	7	10	44
23/10/2016	12	15	2	8	10	47
30/10/2016	14	16	2	8	10	50
06/11/2016	16	18	3	9	10	56
13/11/2016	18	20	3	10	10	61
20/11/2016	19	22	4	11	10	66
27/11/2016	20	25	4	12	10	71

Appendix 2

Delayed discharge codes (from July 2016)

Health and Social Care Reasons		
Assessment	11A	Awaiting commencement of post-hospital HSC assessment (including transfer to another area team). HSC includes home care and social work OT
	11B	Awaiting completion of post-hospital HSC 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 in Specialist Residential Facility for younger age groups (<65)
	24DX*	Awaiting place in Specialist Facility for high level younger age groups (<65) which is not currently available and no interim option is appropriate
	24E	Awaiting place in Specialist Residential Facility for older age groups (65+)
	24EX*	Awaiting place in Specialist Facility for high level older age groups (65+) which 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 to live in their own home
Parent / 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 5.3

Report

Financial Position to September 2016

Edinburgh Integration Joint Board

18th November 2016

Executive Summary

1. The purpose of this report is to provide the Integration Joint Board with an overview of the financial position for the 6 months to September 2016 and the forecast year end position.

Recommendations

2. It is recommended that the board notes:

   - the financial position at the end of September 2016 - a cumulative overspend of £3.9m; and
   - the forecast of a breakeven position is reliant on reaching an agreed position with NHS Lothian.

Background

3. The Integration Joint Board (IJB) has agreed to proceed on the basis of indicative allocations from City of Edinburgh Council (CEC) and NHS Lothian (NHSL). A position has now been reached with CEC which is presented to the IJB separately for approval. Although positive discussions have taken place, agreement with NHSL remains outstanding.

Main report

Overview

4. For the 6 months of the financial year the IJB overspent by £3.9m, against the budgets delegated by the City of Edinburgh Council (CEC) and NHS Lothian (NHSL). The equivalent year end forecast position is an overspend of £10.1m. This is summarised in table 1 with further detail included in appendices 1 (NHSL) and 2 (CEC).

	Position to end Sept			Year end forecast
	Budget £k	Actual £k	Variance £k	£k
NHS services				
Core services	117,883	120,097	(2,214)	(2,685)
Hosted services	37,302	36,979	323	(597)
Set aside services	48,546	48,989	(443)	(3,442)
Sub total NHS	**203,730**	**206,065**	**(2,335)**	**(6,724)**
CEC services	90,753	92,345	(1,592)	(3,376)
Gross position	**294,483**	**298,409**	**(3,927)**	**(10,099)**

Table 1: summary IJB financial position to September and year end forecast

NHS services

5. Services delivered by the NHS account for £2.3m of the year to date overspend and £6.7m of the year end forecast. Further detail is given in Appendix 1 and key drivers of this position include:

- Continuing pressure on **nursing budgets** in community hospitals. Although still below the last year's level, use of supplementary staffing remains high. Factors impacting this include high levels of: vacancies; patient acuity requiring 1:1 close observations; and sickness. The Chief Nurse has developed an action plan to address these issues.

- The **prescribing** position continues to deteriorate, reflecting growth in volumes beyond predicted and budgeted levels. Price per item is broadly in line with plan however, August chemist declared volumes were significantly up against plan, resulting in a further deterioration in the position. As a result the year to date position has increased to £1.6m, and the forecast outturn to £1.9m. Work continues with GP colleagues to understand the complex factors driving this and the Strategy Planning and Quality Manager for Primary Care is reviewing the results of a recent "deep dive" exercise carried out in East Lothian.

- Within **hosted services**, the most significant adverse year end variances are forecast for complex care, the Lothian Unscheduled Care Service (LUCS), mental health and substance misuse services. Demographic changes are causing pressure on **complex care** services as increased numbers of clients are being cared for in community settings. **LUCS** faces a combination of issues including: medical long term sickness being covered by sessional GPs; nurses in training having to be supervised until fully qualified and a medical management structure where not all posts are fully funded. The Chief Officer is liaising with his counterpart in East Lothian (where this service is hosted). Substance misuse services face reduced funding resulting in an in year pressure where services have not had the ability to reduce costs in line with the reduction.

- Although only £0.4m overspent to September, the financial position for **set aside services** is projected to deteriorate to £3.4m. The major factor is an issue with junior medical staffing which is affecting all acute services. A short life working group has been established to analyse and manage this issue but the main cause appears to be a significant increase in fill rates for trainees. This is compounded by ongoing nursing pressures on medical wards across all the sites.

6. Members will recall that the IJB's share of the overall NHSL £20m financial plan gap is £5.8m. Clearly the current year end forecast exceeds this (by £0.9m) so the overall financial position has deteriorated. As discussed above, there are a variety of factors impacting this but the key changes from the financial plan position are: increasing pressure on prescribing budgets; use of supplementary nurse staffing beyond planned levels; offset by improvements in set aside services. Further work is required to understand the drivers behind the improvement in set aside.

Council services

7. Council services make up £1.6m of the year to date and £3.4m of predicted full year overspend. Details are included in Appendix 2.

8. Key points to highlight include:

- **Staffing costs** are £0.5m overspent for the first 6 months of the year. This is forecast to move to a break even position by the end of the year as the structure is fully implemented and vacancies filled, consequently reducing the use of agency staff.

- Potential slippage in delivery of approved savings under the Health and Social Care Transformation Programme is leading to pressure on **purchasing budgets** (care at home, direct payments and individual services funds). Work, supported by Ernst & Young, is progressing on detailed business cases and associated implementation plans. Given the level of redesign required to deliver these savings it is prudent to recognise a significant risk that the assumed phasing of savings in 16/17 will not be achieved. Consequently at its September meeting the IJB agreed to provisionally allocate up to £3.4m of non-recurring funding from the Social Care Fund (SCF) to mitigate this. Members are reminded that, in addition to any savings carried forward from this financial year, a further £4.9m requires to be delivered in 17/18. This re-emphasises the need for robust savings plans to be developed to deliver services on a sustainable basis.

- As part of the exercise to allocate budgets on a locality basis, a review will be undertaken to align activity and performance information with costs. This will be a key plank of managing and understanding demands on services.

Achieving financial balance

9. As well as ongoing financial performance, two additional factors will impact the IJB's ability to deliver a break even position:

- The final settlement agreed from health. NHSL have given their board qualified assurance that they can deliver financial balance overall. Agreement has not as yet been reached on how this will impact the 16/17 budget delegated to the IJB.

- In line with the agreement made at the September meeting, a provision of up to £4.3m to non recurringly offset in year slippage on the savings programme.

10. As summarised in table 2 below, applying the agreed mitigation from the SCF would reduce the year end forecast to £5.8m which is in line with the IJB's share of the NHSL financial plan gap. Delivery of a break even position is therefore dependant on a successful conclusion to the negotiation with NHSL.

	£k
Gross position	(10,099)
Less agreed mitigation from SCF	4,259
Net position	**(5,840)**

Table 2: IJB year end forecast

Key risks

11. Key risks remain as previously advised:

- *NHSL financial plan* - as discussed above, although NHSL is forecasting a break even position for the year, the impact on the IJB has not yet been agreed. 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

12. Outlined elsewhere in this report.

Involving people

13. 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

14. As above.

Background reading/references

15. None.

Rob McCulloch-Graham
Chief Officer, Edinburgh Health and Social Care Partnership

Report author

Moira Pringle, Interim Chief Finance Officer

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

Links to priorities in strategic plan

Managing our resources effectively

NHS LOTHIAN ELEMENT OF IJB FINANCIAL POSITION 2016/17

	Position to end Sept			Year end forecast variance
	Budget	Actual	Variance	
	£k	£k	£k	£k
Core services				
Community AHPs	2,825	2,791	34	135
Community Hospitals	5,023	5,633	(610)	(1,273)
District Nursing	5,252	5,062	190	633
GMS	35,684	35,635	49	51
Mental Health	4,726	4,676	50	44
Prescribing	38,543	40,122	(1,579)	(1,968)
Resource Transfer	19,674	19,673	1	0
Other	6,155	6,505	(349)	(307)
Sub total core	**117,883**	**120,097**	**(2,214)**	**(2,685)**
Hosted services				
AHPs	3,307	3,149	158	499
Complex care	914	1,103	(188)	(181)
Learning disabilities	4,460	4,272	188	471
Lothian unscheduled care service (LUCS)	2,829	2,911	(82)	(572)
Mental health	13,501	13,076	425	(874)
Oral health services	4,633	4,521	112	125
Rehabilitation medicine	1,973	1,846	128	201
Sexual health	1,460	1,444	16	43
Substance misuse	2,130	2,445	(315)	(659)
Out of area placements	1,885	1,891	(6)	0
Other	210	321	(112)	351
Sub total hosted	**37,302**	**36,979**	**323**	**(597)**
Set aside services				
A & E (outpatients)	3,237	3,213	24	230
Cardiology	7,977	7,873	105	187
Gastroenterology	2,860	2,813	47	96
General Medicine	15,262	15,723	(461)	(3,188)
Geriatric Medicine	9,414	9,408	6	(248)
Infectious Disease	4,076	3,989	87	(29)
Rehabilitation Medicine	1,005	1,106	(101)	0
Therapies	2,948	3,066	(118)	(402)
Other	1,766	1,798	(32)	(88)
Sub total set aside	**48,546**	**48,989**	**(443)**	**(3,442)**
Grand total	**203,730**	**206,065**	**(2,335)**	**(6,724)**

CITY OF EDINBURGH COUNCIL ELEMENT OF IJB
FINANCIAL POSITION 2016/17

	Position to end Sept			Year end forecast variance
	Budget	Actual	Variance	
	£k	£k	£k	£k
Employee costs				
Council Paid Employees	39,805	39,167	638	1,645
Agency Staff	2,600	3,578	(978)	(1,645)
Redundancy costs	1,750	1,952	(202)	0
Sub total	**44,155**	**44,697**	**(542)**	**(0)**
Non pay costs				
Care at Home	21,584	23,011	(1,427)	(2,141)
Residential & Nursing	21,037	20,577	460	114
Free Personal & Nursing Care	6,115	5,761	354	0
Day Care	2,280	2,295	(15)	(180)
Direct Payments/ Ind Service Fund	10,618	11,040	(422)	(1,169)
Block Contracts	18,034	18,034	0	0
Grants	2,700	2,700	0	0
Other	4,897	4,897	0	0
Sub total	**87,265**	**88,315**	**(1,050)**	**(3,375)**
Gross expenditure	**131,420**	**133,012**	**(1,592)**	**(3,376)**
Income				
Clients	(12,823)	(12,823)	0	0
External funding	(27,845)	(27,845)	0	0
CEC	0	0	0	0
Total Income	**(40,668)**	**(40,668)**	**0**	**0**
Net expenditure	**90,753**	**92,345**	**(1,592)**	**(3,376)**

Item 5.4

Report

Financial Planning Update

Edinburgh Integration Joint Board

18th November 2016

Executive Summary

1. This paper presents the final budget offers for 2016/17 from the City of Edinburgh Council and updates the Integration Joint Board on the financial planning process for 2017/18.

Recommendations

2. It is recommended that the board:

- Accepts the delegated budget for 2016/17 proposed by City of Edinburgh Council subject to the conditions in paragraph 11 of this report;
- Notes that a proposal will be presented to NHS Lothian Board on the distribution of additional non recurring resources, following which an updated offer is expected;
- Agrees interim arrangements for financial planning arrangements for 2017/18 as a step towards a process led by the IJB;
- Notes the potential financial implications of the strategic plan, including the risks inherent in current funding assumptions;
- Approves the principle of carry forward of Social Care Fund monies to support investment in 2017/18; and
- Approves, pending agreed business cases, the indicative allocation of the social care fund presented in table 4.

Background

3. The Integration Joint Board (IJB) agreed to proceed on the basis of indicative allocations from the City of Edinburgh Council (CEC) and NHS Lothian (NHSL). A position has been agreed with CEC which is now presented to the IJB for consideration. An agreed position has not yet been reached with NHSL. This is discussed in more detail in paragraphs 5 to 15.

4. Financial planning 2016/17 was led by the parent organisations. For 2017/18 the IJB would want to see a more collaborative approach, in line with Scottish Government guidelines. The 2017/18 process is now underway based on a number of planning assumptions. Formal confirmation of the settlements for CEC and NHSL will be made following the Scottish Budget announcement in mid December; however it is already clear that the financial landscape for the IJB will present significant challenges. Progress with the financial plan for 2017/18 is outlined in paragraphs 19 to 33.

Main report

Update on base budgets

5. The formal process of financial assurance (also referred to as 'due diligence') undertaken by the Interim Chief Finance Officer on the resources which are proposed to be allocated by CEC has now concluded. This process has identified that, although challenging, the proposed delegated budget is fair. This assessment has to be seen in the context of the overall resources available to CEC and the consequent challenging financial climate.

6. On this basis the IJB is recommended to accept the CEC offer of £187,928k which discussed in more detail in sections 7 to 11.

City of Edinburgh Council

7. As has been previously reported, the one material outstanding issue with the CEC offer was a condition associated with the Social Care Fund (SCF). Often referred to as the "Swinney test" this can be summarised as:

> The opening budget should be no less than:
>
> 2015/16 outturn - ½ share of the £250m + 6 months of living wage

8. Originally the offer from CEC failed this test and, over the last 6 months, discussions have been ongoing with Scottish Government and CEC officials. As a result CEC have increased their proposal to the IJB to include

   "a provisional estimate of £3.5m of non recurring funding in respect of voluntary severance costs arising from the ongoing organisational review within health and social care."

9. It should be noted that whilst the offer has increased by £3.5m, the costs charged to the IJB will increase by an equal amount, and there will be no net gain for either party. Nevertheless this revised offer now

meets the criteria set out in the test and the IJB is recommended to accept on this basis.

10. The full offer letter is attached as appendix 1 to this report and the test is set out in table 1 below:

	£k
2015/16 outturn	194,181
Share of first half of SCF	(10,090)
6 months living wage	3,831
Minimum settlement required	**187,922**
Actual offer	**187,928**
Difference	**6**

Table 1: Social care fund test

11. Monitoring of the financial position for the first 6 months of the year indicates that, with the exception of delivery of savings, actual costs are in line with this offer. It is therefore recommended that IJB accept the proposal subject to:

(a) CEC agreeing to meet any voluntary severance costs in excess of £3.5m provision; and

(b) Final agreement of transfers of criminal justice and support services budgets.

NHS Lothian

12. Following a quarter 1 review of the financial position, the Director of Finance gave NHSL Board a "moderate level of assurance that a breakeven position will be achieved." This would be achieved through the use of additional non recurring resources.

13. As reported to the IJB in September, initial indications were that NHSL recognised and acknowledged that certain IJB pressures are manageable within the overall resource envelope.

14. A proposal will now be presented to the NHSL Board on the distribution of non recurring resources to IJBs to facilitate delivery of a balanced outturn at IJB level. Before finalising this proposition, NHSL have asked the 4 IJBs for details on their year end position, specifically whether they have any plans to hold reserves at the year end.

15. Paragraph 25 of this report proposes the carry forward of an element of the social care fund (SCF) into next financial year to support delivery of the strategic plan. Whilst acknowledging that IJBs have the ability to build reserves, NHSL has raised concerns that this does not recognise the inherent pressures in the system, including the costs of delays. They have now formally requested information on the extent to which the SCF has delivered additional capacity.

Approach to financial planning

16. Financial planning for 2016/17 was led by CEC and NHSL with the IJB reviewing budget proposals as part of its financial assurance. From 17/18 onwards the clear expectation of the Scottish Government is that primary responsibility for financial planning for delegated functions will sit with IJBs. This is reflected in statutory guidance which stipulates that budget setting for year 2 onwards should be a process based on negotiation about the level of funding, performance and associated risks, rather than a roll forward of individual service budgets used for the initial allocations.

17. Whilst this remains our aspiration, recognising that this is a material change in approach, it is recommended that interim arrangements are agreed for 2017/18. This could take the form of a tri-partite arrangement with leadership of the financial planning shared by the IJB, CEC and NHSL. Officers have started exploratory discussions and an IJB financial plan is being developed to support this approach.

18. In 2018/19 the process would move to being IJB-led.

Financial outlook

19. Financial settlements from CEC and NHSL should reflect the costs of implementing the strategic plan. However the challenge of delivering this in the current financial climate should not be underestimated. This is reinforced by the findings of two recently published reports: the Fraser of Allander Institute report on the Scottish Budget and the annual Audit Scotland report on the NHS in Scotland.

20. The former indicated that the Scottish budget could be cut by between 3% and 4% in real terms by 2020/21 and up to 6% – around £1.6 billion – under a worst case scenario. Specifically, under the scenario presented within the report, overall external council funding (excluding Council Tax) is forecast to reduce by an average of 2.5% per year in real terms over the period to 2020/21.

21. One of the key messages from the Audit Scotland report was that "NHS funding is not keeping pace with increasing demand and the needs of an ageing population. NHS boards are facing an extremely challenging financial position and many had to use short-term measures to break even. NHS boards will need to make unprecedented levels of savings in 2016/17 and there is a risk that some will not be able to achieve financial balance."

22. Until the Scottish Government budget is announced on 15th December neither CEC nor NHSL will have clarity on the level of resource available to them in 2017/18. This clearly impacts on their ability to agree a financial settlement with IJBs.

23. Nevertheless both bodies are continuing to progress financial plans, based on a number of assumptions, including:

City of Edinburgh Council

- A 2.5% reduction in Scottish Government grant funding in 2017/18 with a further 1% reduction in 2018/19. This is consistent with the real-terms changes referred to in paragraph 20 above, although members should be aware that there remains the potential for the actual level of grant reduction to be more severe;

- Incremental demographic funding for health and social care of £5.9m/£6.0m/£6.1m over the period from 2017/18 to 2019/20. This assumption will be reviewed in light of Scottish Government announcements on the Social Care Fund.

- An annual efficiency requirement across health and social care services of 3% from 2018/19 onwards; and

NHS Lothian

- A £60m recurring deficit brought forward from 2016/17;

- Uplift on the base allocation of 1.7%;

- Proposed investment in primary care services of £5m across Lothian over 3 years (£2m in year 1);

- Additional demographic funding of £18m in 2017/18 (referred to as "NRAC"); and

- The Finance Director of NHS has advised that savings in the region of 7% will be required to support a break even position. At c£28m for the IJB this will clearly present a significant challenge.

24. Given this level of uncertainty, close working between the Chief Officer and Interim Chief Finance Officer of the IJB and representatives from CEC and NHSL will be crucial in ensuring planning assumptions are aligned.

IJB financial planning assumptions

25. In addition to the funding delegated from CEC and NHSL, the IJB retains some social care fund (SCF) monies which have been held in reserve pending the agreement of business cases. Of the original £20.1m, £12.0m has been invested on a recurring basis, leaving a balance of £8.2m. This would be supplemented on a one off basis by any funds which remained unspent in 2016/17 and carried forward into next financial year, currently estimated at £3.4m.

26. Considering how the SCF monies are invested to support delivery of the strategic plan will be a key part of the 2017/18 financial planning process. Other sources of incremental funding reflected in current CEC and NHSL planning assumptions are the £5.9m provision for demography and the £2m available across Lothian for primary care. It should be noted that these assumptions will not be confirmed until the publication of Scottish budget in December at the earliest. At this point any uplift to the SCF will also be announced.

27. Despite this level of uncertainty it is recognised that the IJB needs to progress the allocation of the balance of the SCF in a way which achieves the "additionality" objective set by the Scottish Government. Proposals are included in table 3 below.

Costs of implementing the strategic plan

28. An initial assessment of the financial implications of delivering the actions within the strategic plan has been undertaken. At this point these costs (where they are available) are indicative, and further work is required to finalise the associated business cases. Projects for which indicative costs are not yet available have been included for completeness although it should be noted that not all will have cost implications. Any business cases requiring additional investment will be scrutinised initially by the Strategic Planning Group and referred to the full IJB for final approval.

29. A summary of likely cost implications is included in table 3 below, along with an indication of potential funding sources. This assessment does not include standard inflationary increases in costs (for example pay awards).

30. It is clear from the quantum of cost in table 3 and limited funding available that the full level of investment will not be affordable without cost release from elsewhere in the system. The mechanisms and options for funding must be identified as part of the business case process. Even with these arrangements in place it is highly likely that a degree of prioritisation or phasing of implementation will be required.

	£k	Potential funding source
Disabilities		
FYE of 2016/17 investment	618	demography
Transition	2,000	demography
Murray Park reprovision	TBC	cost neutral
Complex care facility	779	demography
Mental health		
Community placements	1,190	SCF
Rapid response function	700	SCF
Reduction in drug and alcohol funding	1,500	under review
Alcohol related brain damage unit	385	cost neutral
Contracting		
20p increase in living wage	1,633	SCF 2
Increase in care at home rate	688	demography
Care at home waiting list	4,992	SCF
Older people		
Review of Liberton operating model	1,500	SCF
Gylemuir (currently funded non recurringly)	1,327	SCF
Front door assessment service	314	SCF
Primary care		
Prescribing	3,800	NHSL uplift
Community NHS complex care	400	SCF
Diabetes LES	171	SCF
Other		
Apprenticeship levy	TBC	CEC uplift
Carers legislation	TBC	TBC
Share of NHSL deficit	TBC	TBC
Hospital at home (hub workers)	1,000	SCF
Telecare	760	SCF
Grand total	**23,756**	

Table 3: Initial assessment of potential financial impact of strategic plan

32. Based on this, it is proposed that the SCF would be invested per table 4 below:

	Recurring £k	Non recurring £k
Total funding	20,180	
2016/17 recurring commitments	(11,994)	
Carry forward from 2016/17		3,427
Recurring balance	**8,186**	**3,427**
Less: proposed 2017/18 investments		
Community placements	(1,190)	
Rapid response function	(700)	
Care at home waiting list	(4,992)	
Review of Liberton operating model	(1,500)	
Gylemuir (currently funded non recurringly)	(1,327)	
Front door assessment service	(314)	
Community NHS complex care	(400)	
Diabetes LES	(171)	
Hospital at home (hub workers)	(1,000)	
Telecare		(760)
Remaining balance	**(3,408)**	**2,667**
Over commitment to be managed		**(741)**

Table 4: Potential investments from the Social Care Fund

33. It should be noted that the IJB's ultimate ability to support these investments will be contingent on: the crystallisation of financial planning assumptions; settlements from CEC and NHSL; and full delivery of savings.

Key risks

34. The key risk is to the delivery of the IJB's strategic plan in the current financial environment. Until the Scottish Government's budget is announced in December, neither CEC nor NHSL can finalise their financial planning and the impact on the IJB will remain unclear. However the prevailing financial climate would indicate that funding will extremely limited. Development and delivery of a programme of recurring savings together with active management of a range of risks and pressures will be critical.

Financial implications

35. Outlined elsewhere in this report.

Involving people

36. 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

37. As above.

Background reading/references

38. None.

Rob McCulloch-Graham
Chief Officer, Edinburgh Health and Social Care Partnership

Report author

Moira Pringle, Interim Chief Finance Officer

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

Links to priorities in strategic plan

Managing our resources effectively

Appendix 1

Mr Rob McCulloch-Graham
Chief Officer Edinburgh Health & Social Care Partnership
City of Edinburgh Council
Waverley Court, 4 East Market Street
Edinburgh, EH8 8BG

Date 10 October 2016

Your Ref

Our Ref

Dear Rob,

2016/17 IJB Allocation

Further to my letter of 31st March 2016, please note that the Council's approved allocation to the EIJB has been revised to take account of the following:

- The Council's previous offer reflected a provisional estimate of budget transfers in respect of Criminal Justice and support services. Budget transfers have been finalised as support service organisational reviews have been completed and the offer to the EIJB has been updated to reflect actual budget transfers. Some further transfers in respect of non-staffing budgets remain to be finalised and a further update of the offer to the EIJB will be provided in due course.

- The offer now includes a provisional estimate of £3.5m of non-recurring funding in respect of voluntary severance costs arising from the ongoing organisational review within Health and Social Care. Expenditure incurred to date in 2016/17 is £2.0m and the provisional estimate of £3.5m will be monitored and updated as the organisational review is implemented and severance costs are confirmed.

- The offer has been updated to reflect final resource allocations for the costs of pay awards and loss of the National Insurance rebate.

The adjusted allocation is appended to this letter.

Hugh Dunn, Acting Executive Director of Resources
Waverley Court, 4 East Market Street, Edinburgh EH8 8BG Tel 0131 469 3150

If you require any further information, please let me know.

Yours sincerely

Hugh Dunn
Acting Executive Director of Resources

IJB - Financial Allocation from City of Edinburgh Council 2016/17 (10 Oct 2016)		
	Delegated to IJB £000	**Notes**
Approved Budget 2015/16	200,096	
Assumed budget transfers	-13,595	Updated following transfers for Council transformation
In-Year Budget Adjustments	1,126	Allocation of confirmed uplifts for pay awards, pensions, etc.
Additional Funding Contribution to address 15/16 Budget Pressures	7,000	
Revised Budget 2015/16	**194,627**	
Pay Award	798	1% assumed
Purchasing Inflation	853	Provision for uplift to reflect National Living Wage in Night Time Support "Sleepover"
Living Wage - CEC Employees	141	Provision for uplift of CEC staff to Living Wage
Provision - impact of funded posts within savings targets	225	Provision to offset impact of funded posts within savings targets
Care Home Fees Inflation	1,355	Provision for uplift to reflect NLW in line with national contracts negotiated through COSLA
Legislative Change - Loss of Existing National Insurance Rebate	1,457	Provision for loss of National Insurance rebate
Provision for Additional Costs of Health and Social Care in 2016/17	**4,829**	
Approved Savings	-15,028	
Voluntary Severance	**3,500**	**Provisional "non-recurring" contribution to costs arising from organisational review**
Offer to IJB 2016/17	**187,928**	

Item 5.6

Report

Deputations

Edinburgh Integration Joint Board

18 November 2016

Executive Summary

1. The Edinburgh Integration Joint Board (IJB) at its meeting on 20 November 2015 agreed to pilot deputations at the IJB and its committees for 12 months using the procedure outlined in appendix one. This report reviews the pilot period and proposes that the current approach is maintained and incorporated into the IJB Standing Orders in its annual review in January 2017.

Recommendations

2. To agree to maintain the current procedure for deputations to the IJB until it is incorporated as part of the next annual review of Standing Orders in January 2017.

Background

3. The Edinburgh Integration Joint Board (IJB) at its meeting on 20 November 2015 agreed to pilot deputations at the IJB and its committees for 12 months using the procedure outlined in appendix one.

4. The IJB noted a report would be submitted following the pilot period to review the procedure.

5. Deputations aim to encourage greater public participation in the democratic process. They allow groups and organisations to put their point of view directly to decision makers and influence the issues that matter to them.

Main report

Review of pilot period

6. The Joint Board has received one deputation in the 12 month period since agreeing to pilot deputations at Board and Committee meetings. There have been no requests to make deputations to the Committees of the IJB.

7. A number of deputation requests have been received but did not meet the requirements to be considered by the IJB as there was not a relevant agenda item being considered at the meeting. Feedback from those individuals was that this

element of the rules surrounding deputations should be altered. It is not recommended that this rule is removed. This rule ensures that deputations are on a relevant subject, within the Joint Board's remit and is accompanied by professional advice which allows the IJB to make an informed decision.

Standing Orders

8. It is proposed that the deputations procedure outlined in Appendix 1 is incorporated into the Standing Orders for the proceedings and business of the IJB. The Standing Orders are due for annual re-evaluation by the Joint Board in January 2016 and any amendments would be made at this point. It is proposed that the current deputations procedure is maintained in the interim.

9. The procedures are designed to make the deputation process as easy as possible for those making a request but also mitigate any disruption to the smooth running of the IJB. The IJB retains the authority to review the procedure and Standing Orders at any point in the future and as such the option to modify arrangements remains.

Key risks

10. There is a risk that a significant number of deputation requests will be submitted which could detrimentally impact on the decision making of the IJB. The IJB retains the authority to modify arrangements at any point in the future.

Financial implications

11. There are no financial implications connected with this report. Deputations can be maintained at no cost.

Involving people

12. Deputations are an essential element in engaging with the public and encouraging participation in a transparent decision making public body. It provides an avenue for organisations and groups which wish to influence the IJB and provide greater involvement in the IJB's decision making process.

Impact on plans of other parties

13. There is no known impact on the plans of other parties.

Background reading/references

Minute of the Integration Joint Board – 20 November 2015
Edinburgh Integration Joint Board's Standing Orders

Report author

Rob McCulloch-Graham

Chief Officer

Edinburgh Health & Social Care Partnership

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

Links to priorities in strategic plan

Appendix 1

Deputation Process

1.1. Deputation requests must be submitted to the clerk by 5pm two days before the meeting takes place;

1.2. Deputations should only be accepted from an office bearer or spokesperson of an organisation or group;

1.3. The Chair has the discretion to waive the requirements in the above paragraphs if they feel it is appropriate;

1.4. Deputations can only be on an agenda item being considered at that meeting;

1.5. The Board or committee will be asked whether they wish to hear the deputation but must not discuss the merits of the case itself. If necessary a vote will be taken without discussion on whether to hear the deputation or not;

1.6. Deputations should be allowed 10 minutes to present their case, although this can be reduced by the chair, if there is more than one deputation on the same subject. Following their deputation, questions are permitted from members;

1.7. Following questions the deputation is asked to retire to the public seating area to watch the debate and decision on the matter. The deputation does not take any part in the debate or the discussion of the relevant item.

ITEM 5.7

Report

Capacity & Demand
Care Homes
Edinburgh Integration Joint Board

18 November 2016

1. Executive Summary

The purpose of this report is to update the Edinburgh Integration Joint Board on the work being taken forward for care home capacity, as requested at the IJB Development session on 19th August 2016.

2. Recommendations

2.1 To accept the report as assurance that the Edinburgh Health & Social Care Partnership (EHSCP) is taking a whole system approach to improve the effective use of resources to improve pathways for people, and understands the care home landscape, with processes in place to determine the future capacity and demand requirements.

3. Background

3.1 At the July 2016 Integrated Joint Board, a comprehensive paper was discussed regarding Edinburgh's Joint Commissioning Plan for Older People 2012-22, *Live Well in Later Life*, that clearly highlights the case for change in the range of functions that require to be developed going forward, to respond to the changing needs, and growth of the population.

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

- 428,000 additional hours of home care per year
- 748 additional care home beds
- 7,900 additional intermediate care hours per year
- 150 additional long stay hospital beds for older people (inpatient complex care beds).

3.3 In August, at the IJB development session, an update was sought about the progress regarding the care home changes within the LWILL plan, and this is provided below. This highlights good progress being made to change the shape of provision from old to new stock held by the Council, and to see the

market share change to work towards the target of 15% share for the Council by 2018.

3.4 It is now widely accepted that there requires to be a variety of services and supports to allow people to remain at home, or in a homely setting for as long as possible, and that people are supported to move from acute hospital settings when their acute episode of care is complete.

3.5 The Capacity and Demand work underway is considering the current environment of activity and resources against the future capacity and demand requirements across the spectrum of the pathway of care as previously indicated for *Mrs Scott*:

- Health and wellbeing/preventative/anticipatory care services
- Access, assessment, & immediate response requirements
- Short term community based care and support
- Longer term community based care and support
- Complex – accommodation based support in care homes and hospital based complex care

3.6 The process being undertaken will:

- identify progress against the original proposed achievements
- restate the baseline position of the 2012 LWILL profile, including outcomes, performance and financial resources
- determine whether the original projected levels of care and support across the spectrum of care is sufficient going forward against current and future demand
- consider the question about whether the market share for care homes previously agreed, needs to be adjusted going forward
- make recommendations associated with opportunities for integration, given that Edinburgh is now an Integration Authority

4. Main report

4.1 Within the 2012 Live Well in Later Life Strategy, (LWILL), it was highlighted that the accommodation strategy for Edinburgh, is an integral part of achieving the aims in LWILL, and this was agreed by the Health, Social Care and Housing Committee in December 2008.

4.2 The accommodation strategy provided analysis which concluded that by 2018, the aim should be to develop a service mix as follows: 40% of older people with high level needs being cared for at home, and the City of Edinburgh Council owning a market share of 15%

4.3 In addition, the key objectives of the accommodation strategy were to:

- Shift the balance of care towards more older people living in their own homes
- Develop more accessible housing with care
- Address fitness of purpose of care homes owned by the City of Edinburgh Council
- Address demographic growth
- Invest in different models of care in the community, including residential respite care
- Make links where appropriate in the longer term with NHS long stay facilities, (now Hospital Based Complex Clinical Care)

Care Home Provision

4.4 The accommodation strategy provided the following proposed care home mix for 2018. Progress to 2016 has been added to the table. Even with the block contract of 120 places at Castlegreen and North Merchiston, good progress is being made to achieve the projected places and market share:

Older People 65+ with high level needs service composition					
	2008 (Actual)	**2012 March (Actual)**	**2016 October (Actual)**	**2016 October (with Block Contract)**	**2018 Projections**
All Care Home Places in Edinburgh	2,943	2,894	2,801	2,801	**2,785**
CEC Care Home Places	652	625	436	(436 + 120) = 556	**418**
Independent & Third Sector Places	2,291	2,269	2,365	(2,365 – 120) = 2,245	**2,367**
CEC Care Home Market Share	22%	21.6%	15.6%	556/2,801 = (19.8%)	**15%**
Hospital Based Clinical Complex Care	Ferryfield (60) Findlay(60) Ellen's Glen(60)		180 (+17AAH)		
			2,981 (2,998 inc AAH)		

Source: Live Well in Later Life 2012 & Research & Information Dept. CEC

4.4 The planned change within the accommodation strategy was to reduce the overall number of care home places in Edinburgh and reduce the Council's market share to 15%. This was to be achieved through:
- replacing 14 of the Council's older care homes with 6 new homes
- increasing the number of Independent sector care home places

4.5 The accommodation strategy concluded that the Council care homes for older people (14 Council owned and 3 leased), needed to be replaced over time, with many no longer fit for purpose, with fewer larger care homes as part of the Joint Capacity Plan for Older People (Live Well in Later Life) 2012-22. Four of the Council's care homes were over 30 years old; the remainder had

an average age of 20 years, and did not meet current standards for accessibility, sustainability or fire safety legislation.

4.6 Below is the schedule of those older homes which have already been closed, with the new ones coming on line (Marionville, Castlegreen, North Merchiston, Inch View and Drumbrae). The sixth new care home at Royston is due to open early 2017, and will replace another two older care homes:

	CEC Care Home Replaced	Status	Places	Comments
1	Chalmers	Closed 2007	35	leased
2	Greenfield	Closed 2007	26	leased
3	Kirkland	Closed 2007	26	leased
4	Sighthill	Closed 2009	36	
5	Liberton	Closed 2009	45	
6	Balmwell	Closed 2011	45	
7	Craigour	Closed 2011	44	
8	Clermiston	Closed 2013	42	
9	The Tower	Closed 2013	40	
10	Silverlea	Closed 2015	33	
		Total	**372**	

4.7 Royston Care Home, due to be fully operational early 2017, will replace Porthaven and Parkview Care Homes, and will provide a 15 bed facility for those with behaviours that challenge, who are currently awaiting care home placement in the Royal Edinburgh Hospital. The timescale for the replacement of the remaining older care homes is being reviewed, to take into account the availability of capital and the timing of capital receipts. Recommendations on whether to refurbish or replace the remaining older care homes, whilst ensuring that that the Council continues to retain a market share of 15% will then be made.

4.8 The table below highlights the current breakdown of Council Care Home places in Edinburgh, against the total number of care home places:

At October 2016 – Edinburgh Long Term Care Home Places		**Places** (Market Share)	
Total Number of Care Home Places in Edinburgh		**2,801**	**(100%)**
Total Private and Third Sector Care Home places, includes:		**2,365**	**(84.4%)**
Current CEC Care Homes		**436**	**(15.6%)**

At October 2016 - Current Breakdown of CEC Long Term Care Home Places		
Oaklands	Long term plans; discussion ongoing	42
Ferrylee		27 (+15 Respite)
Jewel House		32
Clovenstone		35
Ford's Road		36
Porthaven	Replaced as part of Royston 2017	44
Parkview		40
Marionville	Opened 2007 (1)	60
Inchview	Opened 2010 (2)	60
Drumbrae	Opened 2013 (3)	60
Total CEC care home places		**436 (15.6%)**
CEC Block Contract Places		
Castelgreen	*Opened 2007 (4)*	*60 (block contract)*
North Merchiston	*Opened 2009 (5)*	*60 (block contract)*
		556 (19.8%)
To come on line 2017		
Royston *To replace Porthaven and Parkview*	*Planned for early 2017 (6)*	*60* *New CEC total =408 (14.5%)*
Inc CEC Block Contract		*528 (18.8%)*

Source: Research & Information Department, CEC

4.9 The level of activity from April 2015 to March 2016 in care homes for Edinburgh residents, ranged from 78,615 to 81,891 bed nights per month. For the same period, the range of new placements ranges between 56 and 86 a month. Of those placements, between 50% and 85% were placed in care homes directly from hospital settings. (Source Research & Information Report).

Housing & Housing with Care

4.10 Another element of the accommodation strategy in 2008 included Edinburgh needing new homes over the next 10 years if all housing need and demand is to be met within Edinburgh. The majority of people want to remain in their own homes and much of the focus of the City Housing Strategy is on enabling people to live as independently as possible in an appropriate home. Some flexible housing has been developed in recent years, which helps meet the objectives of shifting the balance of care and creating independence and choice.

4.11 Some of the key housing with care developments over the last few years include Elizabeth Maginnis Court, which is a partnership between the City of Edinburgh Council and Dunedin Canmore Housing Association. These

facilities were originally designed to replace sheltered housing that was no longer fit for purpose in the same area. The flats are provided with care and support for residents, and a focus on wider community integrated accommodation which increases the independent accommodation for frail or elderly people in the city. Thirty four of the 68 flats in the complex are for people who would otherwise need to be accommodated in hospital or a care home. Going forward opportunities for sheltered/housing with care require to be optimised.

Hospital Complex Clinical Care

4.12 The Hospital Long Stay provision, now referred to as Hospital Based Complex Clinical Care to reflect the change in national criteria, is also included in the process for determining future capacity and demand. This capacity alongside care home and interim care functions (reported in the Winter paper at this IJB), will be considered as a key opportunity for development of integrated care facilities moving forward.

4.13 Other elements that will be considered within the capacity and demand process noted above in paragraph 3.6, include the implications of:

- the new definitions set by government of intensive packages of care
- the updated incidence rates associated with dementia, expected by the end of November 2016
- the prevalence rates associated with the four disability domains based on our current and future population:
  - Activity Limiting Long Term Illness – the overall rate of disability for all levels of severity
  - Moderate plus regular care needs – for the number of older people
  - Personal care disability – for older people requiring formal or informal help with personal care at home
  - Continuous care needs – for the non – home based older population in care homes and long stay hospital care

5. Key risks

Key risks are associated with;

5.1 The remaining older care homes not being improved/reprovided over time, to provide care in fit for purpose facilities. This will require to be balanced with any new private or third sector care homes that may be planned, to ensure the market share balance is maintained.

5.2 Missing opportunities to optimise:

- integrated functions within each of the localities, to improve experience, journey and whole systems effectiveness and efficiency

- housing and housing with care capacity and role in the market
- the supporting enablers to change functions changing shape, such as integrated working through the implementation of Hubs and Clusters, , continuous quality improvement approaches, data sharing and locality planning

5.3 Failure to restate the initial assumptions from the 2008 accommodation strategy, and the 2012 LWILL Strategy, to determine the capacity and demand position going forward, has the potential for our whole system to become destabilised, which will result in a poor experience for our older population, and lead to inefficiencies in service delivery across the whole system.

5.4 It is intended that by undertaking the thorough capacity and demand work, these risks will be mitigated.

6. Financial implications

6.1 In 2012, the LWILL Plan indicated that there was a total resource for services and supports for older people, including the enablers at that time, to the value of £216.6m.

6.2 As highlighted above in paragraph 3.6, this too needs to be reset given the current financial picture affected by the Council Transformation agenda as well as the financial settlements for the Integration Authority from both the Council and NHS Lothian Board.

6.3 As with the 2012 LWILL, the Capacity and Demand conclusions will have more detailed financial information.

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 shifting the balance of care, locality working, and integrated facilities being key actions to deliver against the agreed priorities within the Strategic Plan.

7.2 Key stakeholders will continue to be involved through the Strategic Planning Group, and the Strategic Planning Partnership for Older People, with close links with wider providers and stakeholders.

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

8. Impact on plans of other parties

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

Background reading/references

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

Rob McCulloch-Graham
Chief Officer, Edinburgh Health and Social Care Partnership

Report Author

Contact: Katie McWilliam, Strategic Programme Manager, Strategic Planning & Older People, Edinburgh Integration Joint Board

E-mail: katie.mcwilliam@nhslothianscot.nhs.uk

Tel: 0131 553 8382

Links to actions in the strategic plan

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

Action 44

Links to priorities in strategic plan

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

ITEM 5.8

Report

Progress Report on managing delayed discharges and community infrastructure to support and sustain bed reductions following the Opening of the Royal Edinburgh Building (Phase 1) in January 2017
Edinburgh Integration Joint Board

18 November 2016

Executive Summary

1.1 The purpose of this report is to update the Edinburgh Integration Joint Board (IJB) on the actions to ensure that, on opening in early 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 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.

1.3 This report provides an update to the report to the September 2016 IJB and the IJB development session on mental health services in October 2016.

Recommendations

2.1 That priority be given by Edinburgh Health and Social Care Partnership (EHSCP) and Royal Edinburgh and Associated Services (REAS) to ensure the required enhance community infrastructure to prevent people from being admitted to hospital, reducing the length of admission and avoiding delays at the point of discharge from hospital.

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

2.3 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 additional recommendations for action following discussion.

2.4 To support the Strategy, Planning and Quality Manager for Mental Health and Substance Misuse to urgently develop a Business Case which outlines the proposed developments, the timeline and the costs. This case will be submitted to the IJB Strategic Planning Group for scrutiny prior to submission to the IJB for approval.

2.5 To receive a further update at the IJB meeting in January 2017.

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. Future change in management arrangements would be agreed through due governance.

3.2 As part of the delivery plan for redesigning mental health and substance misuse services 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 Royal Edinburgh Building during March and April 2017. Each unit within the new Royal Edinburgh Building will have single en suite bedrooms, accessible courtyards and therapy space. Each unit in the building will have 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 planned bed reductions are:

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*

3.4 This reduction in hospital beds in Edinburgh has largely been accommodated with the exception of seasonal peaks in the winter and summer but since September 2016 occupancy has remained very high between 105% and 115% with additional beds being opened in dormitory rooms and out of area admissions. This increase in demand has been seen across many parts of Scotland including Glasgow, Fife, Lothian and Tayside with patients being accommodated across the estate and REH also accommodating patients from elsewhere at times.

3.5 Delays in the adult acute admission service are associated largely with the lack of supported accommodation and people awaiting access to an inpatient rehabilitation service. A smaller number of people are awaiting a low secure service which is presently provided by the private sector outwith Lothian and sometimes outwith Scotland.

3.6 A Business Case is being completed to identify appropriate community placements, the timeline for availability of this accommodation and the associated costs. Work has been ongoing throughout 2016 to engage local care and housing providers. The IJB has actively engaged with the Good Lives Consortium who wish to contribute towards offering community based solutions for people who have been in hospital for a long time. The IJB may need to consider the need for a Direction regarding contingencies to accommodate patients who may remain at the REH following the opening of Phase 1. Section 4 identifies the actions required to achieve the reduction in beds and the contingencies being drawn up should that not occur.

3.7 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 completion of social work assessment or awaiting guardianship outcomes. 15 beds in the new Royston Care Home have designated for people who experience stress and distress and will be suitable for transfer of people from older peoples mental health beds. In addition a new Rapid Response Service which will work to prevent admissions and facilitate earlier discharge is being developed.

Main report

4.1 The necessary actions to achieve a successful move to Phase 1 are outlined below. Alongside this, 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. Fifteen 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. Some of these people are presently supported in private facilities out with Lothian.

4.3 A further 10 community places are required to support hospital discharge in December 2016. This requires urgent provision of a Business Case which outlines the resource available and the costs involved for approval by the IJB Strategic Planning Group prior to approval by the IJB. The slight delay to the opening of the Phase 1 building provides opportunity for options to be pursued. Additional community capacity will be required to maintain flow through the hospital pathway. As a result of increased provision for those who require a period of inpatient rehabilitation who will require accommodation with support at Grade 5 and 4 when they leave hospital. Plans to introduce grade 6 inpatient and grade 5 community provision as part of the implementation of the matched care model for women with multiple and complex needs are also being progressed.

Older People's Mental Health (OPMH) Services

4.4 The provision of 15 beds for older people with behaviours that cause stress and distress 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 people whose discharges are delayed and will enable bed reductions to begin in time for the opening of Phase 1. The opening of the 15 beds for this purpose is delayed due to recruitment issues and a review of staffing levels and skill mix.

4.5 Another important action for OPMH services is the introduction of the 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.

4.6 Non recurring funding has been identified to support the RRS. 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 remains on course for starting in December

2016. This service will be fully integrated with locality teams and work in conjunction with third sector provision.

4.7 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.

4.8 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. The use of resource is being reviewed and the needs of those whose placements are presently funded at St Raphael's taken into account.

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 March/April 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 of the pathways of care. Not reducing the number of people delayed and not having the appropriate primary and community infrastructure in place for March/April 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.

5.3 In response, actions applied are listed in Appendix 1 and summarised below.

- Review of St Raphael placements
- Identification of 15 patients to move to Royston care home
- Confirm staffing arrangements for Royston
- Commencement of the Rapid Response service
- Business case for accommodation with support - Grade 4/5

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 initial financial framework for mental health services has been 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.

Rob McCulloch-Graham
Chief Officer, Edinburgh Health and Social Care Partnership

Report authors

Colin Beck,

Strategy, Planning and Quality Manager - Mental Health & Substance Misuse

E-mail: colin.beck@edinburgh.gov.uk

Tel: 0131 553 8200

Tim Montgomery

Services Director, Royal Edinburgh and Associated Services

E-mail: tim.montgomery@nhslothian.scot.nhs.uk

Tel: 0131 537 6402

Links to priorities in strategic plan

Priority 3 - Person centred care	Practising **person centred care** by placing 'good conversation' 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.

Priority 4 - Providing the right care in the right place at the right time	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 only admitted to hospital when clinically necessary
Priority 6 - Managing our Resources effectively	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.

Appendix 1

Royal Edinburgh Hospital Phase 1 Implementation Plan

Plan owner	Alex McMahon	Monitored weekly regarding progress. Next group meeting planned for 01/12/16
Date	8th November	
Version	1	
Prepared for meeting on	10th November	

Action	Owner 1	Owner 2	Current RAG Status	Notes
St Raphaels				
Clinical review of needs of six current patients. If social work reassessment required refer to Colin Beck.	Jane McLellan & Donna McLean	Tim Montgomery		To be reviewed 11/11/16
Review and sharing of current contract with St Raphaels	Graeme Mollon	Colin Beck		To be reviewed 11/11/16
Transfer £293k for patients from NHSL to CEC	Bob Martin	Moira Pringle		To be reviewed 11/11/16
Decision re continued use of facility	Colin Beck	Alex McMahon		To be reviewed 11/11/16
Royston Care Home				
Review of admission criteria	McLellan & Donna McLean	Colin Beck		To be reviewed 11/11/16
Review of staffing model	Jane McLellan & Donna McLean	Colin Beck		To be reviewed 11/11/16
GP cover	Marna Green	Rob McCulloch-Graham		To be reviewed 11/11/16
Rapid Response Team				
Arrangements for consultant input to be confirmed	Chris Hallewell	Tim Montgomery		To be reviewed 11/11/16
Share criteria for RRT "admission"	Chris Hallewell & Colin Beck	Tim Montgomery		To be reviewed 11/11/16
Funding for OT input	Moira Pringle	Rob McCulloch-Graham		To be reviewed 11/11/16
Behaviour Support Service				
Funding for continuation of service	Belinda Hacking	Moira Pringle		To be reviewed 11/11/16
Link between RRT and BSS	Jane McLellan & Donna McLean	Belinda Hacking		To be reviewed 11/11/16
Adult and rehabilitation				
Prepare business case	Colin Beck	Moira Pringle		To be reviewed 11/11/16
Contingency as services will not be in place for phase 1	Tim Montgomery	Alex McMahon		To be reviewed 11/11/16
Review of current staffing level assumptions	Elizabeth Gallagher	Tim Montgomery		To be reviewed 11/11/16

Item 5.9

Report

Performance and Quality Subgroup
Edinburgh Integration Joint Board

18 November 2016

Executive Summary

This paper provides an overview of the activity of the Performance and Quality Sub group and the main topics for forthcoming meetings.

Recommendations

1. It is recommended that the Integration Joint Board:

- Notes the progress being made by the Performance and Quality Sub group
- Considers the final draft of the annual performance report at an IJB Development Session prior to being presented for approval at a formal meeting.

Background

2. As described in earlier papers to the Edinburgh Integration Joint Board, the performance framework for integration is designed to address the limitations of earlier approaches to performance, which lacked effectiveness and impact, relying heavily on scorecards with little perceived relevance to current pressures and priorities and failing to generate effective action.

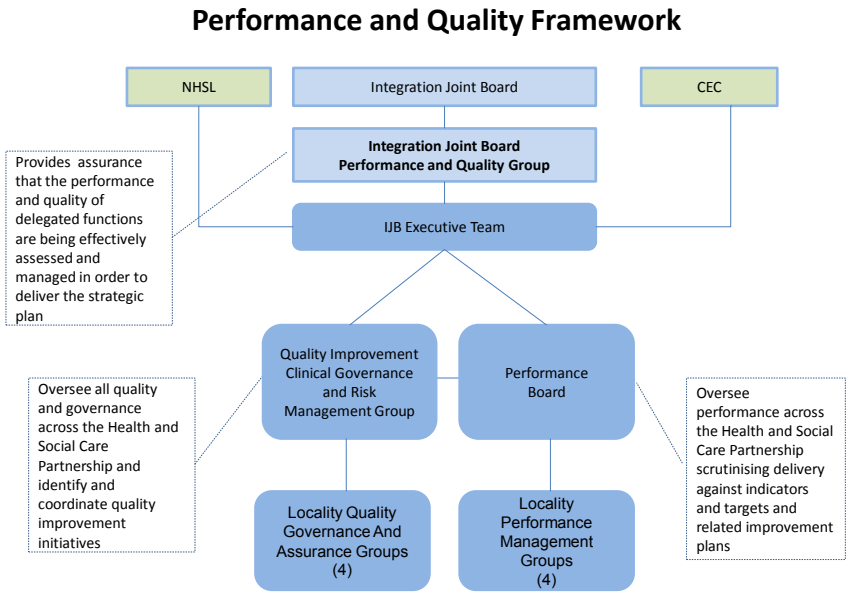
3. The Performance and Quality Subgroup has a key role in the integrated performance framework. It provides assurance that the performance and quality of delegated functions are being effectively assessed and managed in order to deliver the strategic plan. Its remit includes using evidence on performance and quality in delivery of the strategic plan to support learning and improvement and focusing on outcomes for people.

4. The subgroup forms part of the wider governance of performance and quality for the Edinburgh Health and Social Care Partnership as illustrated below. Two other key groups are:

- The Quality Improvement Clinical Governance and Risk Management Group with the remit of overseeing all quality and governance across the Health and Social Care Partnership and identify and coordinate quality improvement initiatives

- The Performance Board which oversees performance across the Health and Social Care Partnership scrutinising delivery against indicators and targets and related improvement plans

5. The structure of the performance and quality framework is illustrated below.



6. This paper describes the activity of the group and gives a description of the requirements of the annual performance report, a requirement of the Public Bodies (Joint Working) (Scotland) Act, 2014.

Overview of activity

7. The main activities carried out since the last update report in July 2016 have been continued development and testing of the rubrics approach and consideration of Edinburgh's performance on the core suite of integration indicators. These are described in detail below.

8. In addition, a number of presentations have been made to the group on key topics and resources. These include an overview of quality assurance and governance arrangements and a demonstration of the SOURCE dashboard. The latter provides an overview of patterns of spend and activity for health and social care, which will be used to update resource-use patterns for the next Joint Strategic Needs Assessment.

Rubrics

9. The Performance and Quality Sub group are testing the use of rubrics as a way of evaluating the implementation and impact of the strategic plan.

10. A rubric sets out clear criteria and standards for assessing performance. For example, in relation to the use of a personal outcomes approach in working with individuals, the rubric would set out what “excellent”, “acceptable” and “poor” would look like:

Excellent	Acceptable	Poor
Personal outcomes are identified by the individual and recorded by all relevant professionals	Personal outcomes are identified and recorded only by some key professionals	The use of personal outcomes is infrequent; recording is not done or is poor

11. This approach is most effective when the criteria and standards are developed in collaboration with stakeholders, and when a wide range of evidence is used to support assessments of progress.

12. The Performance and Quality Subgroup is testing the approach on five areas of the strategic plan between September and January 2017. Leads have been identified for each of the five areas and they will present their assessment to the subgroup (the schedule is given in section 37).

13. The role of the subgroup will be to respond to these presentations with constructive challenge of the assessment, the evidence used and proposed actions, and to consider the suitability of the approach for future use.

14. To date, the subgroup has considered the application of rubrics to the inequalities-related actions in the strategic plan. The identification of the categories, standards and criteria (i.e. the rubrics) was done by staff from Health and Social Care, EVOC and the NHS, and considered by the Health Inequalities Standing Group.

15. Key points from the presentation and the subsequent discussion:

- The rubrics approach was agreed to be useful but the focus on the specific actions was of limited value. It was agreed that the rubrics would be recast to be outcomes rather than process focused i.e. progress/outcomes of actions to address inequalities over the medium term

- There is a need for clarity and consolidation of services to address inequalities, including the potential for link workers to be located in GP surgeries to provide ready access to advice.

16. A presentation on the method for evaluating the impact of health inequalities grants will be given at the November meeting of the group.

17. Long term conditions is the next strategic plan topic for which rubrics is being developed. The development work has been undertaken by a working group including a range of staff from the Council, the third sector and the NHS

(including a public health consultant, GP, IMPACT Team nurse manager and community pharmacy representation and the long term conditions programme manger). A presentation was made at the Thistle Foundation to broaden engagement, including people with lived experience of long term conditions.

18. In recognition that the key aspects of the support for people with long term conditions identified by the working group are closely aligned to those of the House of Care model being developed within Lothian, the approaches have been aligned. Among the components is a focus on personal outcomes and working in partnership with the person.

19. Progress on testing the use of rubrics on the long term conditions priority will be presented to the Performance and Quality Subgroup on 26 October.

20. In summary, the work on rubrics so far has encompassed stakeholder engagement and personal outcomes, through the long term conditions work, in line with the remit of the Performance and Quality Subgroup.

Core suite of integration indicators

21. The group has also considered the most recent results of the national health and wellbeing indicators, comparing Edinburgh's performance with that of urban peer authorities[1] and the whole of Scotland. The analysis was provided by LIST colleagues (the Local Intelligence Support Team from ISD). A summary of key findings is given below.

22. Edinburgh compared favourably with other areas of Scotland for:

- Premature mortality rate – which is decreasing overtime
- Rate of emergency admissions for people aged 65+ - which has been relatively stable over time
- Rate of emergency bed days for adults – which has been consistently lower over several years
- Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency - Edinburgh's comparative position has remained consistent over the period 2010-11 to 2013-14, the latest available data

23. In contrast, Edinburgh's performance was comparatively poor for the following indicators:

- Days lost to delayed discharge – a consistent pattern over several years
- Readmissions to hospital within 28 days of discharge

[1] The peer group (as defined by Audit Scotland, is: Edinburgh. Aberdeen, Dundee, East Dunbartonshire, East Renfrewshire, Glasgow, Inverclyde, North Lanarkshire, Renfrewshire and West Dunbartonshire

- Falls rate per 1,000 population in over 65s – Edinburgh's relatively high level of falls has been consistent over several years

24. Finally, Edinburgh was close to the national average for:

- Percentage of adults with intensive needs receiving care at home – although until recently, Edinburgh was below the peer group average

25. The health and care experience survey for 2015-16 (which provides the data for national health and wellbeing indicators 1-9) showed that for most of these indicators, Edinburgh was below the peer and Scottish averages. For two of the indicators, the difference between Edinburgh and Scotland was statistically significant:

- *I was aware of the help, care and support options available to me*

- *My health and care services seemed to be well co-ordinated.*

26. (2013-14 and 2015-16), satisfaction levels had reduced and for the following indicators, the difference was statistically significant:

- *I had a say in how my help, care or support was provided*

- *Percentage of adults receiving any care or support who rate it as excellent or good*

- *Local services are well coordinated for the person(s) I look after*

- *I feel supported to continue caring.*

27. Further analysis at locality level showed significantly lower levels of agreement with the statement "I feel supported to continue caring" in South East Edinburgh.

28. The group was informed that the Performance Improvement Meeting has commissioned work to identify reasons for these low levels of satisfaction.

29. Members of the group were informed of the work which is underway to address performance concerns raised above. These are being overseen by the Performance Improvement Meeting and the Flow Programme Board. Members will be provided with updates on progress at the December meeting.

30. An overview of results is shown in appendix 1.

Annual performance report

31. A requirement of the Joint Working Act (section 42) is that Health and Social Care Partnerships must produce an annual performance report. The first report will cover the period April 2016 to March 2017 and must be published by the end of July 2017.

32. Scottish Government Guidance states that reports are to be produced for the benefit of Partnerships and their communities.

33. Minimum content is specified, as follows:

- Assessing performance in relation to the national health and wellbeing outcomes – this will include reporting on performance against the national indicators
- Service planning
- Financial planning and performance
- Best value in planning and carrying out integration functions
- Performance re localities
- Inspection of services
- Review of the strategic plan
- Integration joint monitoring committee recommendations

34. A meeting of key senior mangers is scheduled for early November to develop a work plan for production of this first report. This will be taken to the Performance and Quality Subgroup for agreement.

35. It is recommended that the final draft of the annual performance report will be considered at an IJB Development Session prior to being presented for approval at a formal meeting.

Forthcoming agenda items

36. An overview of future agenda items for the group is given below:

	Strategic Plan Priority (rubrics approach):	Topic 2	Topic 3
October 2016	Supporting people with long term conditions (Lead: Angela Lindsay)	Overview of how performance is being monitored and managed	Overview of annual performance report requirements
November 2016	Establishing locality hubs (Lead: Nikki Conway)	Method for evaluating the impact of health inequalities grants	JSNA update – health needs among ethnic groups
December 2016	Establishing local collaborative working arrangements (Lead: Marna Green)	Development of stakeholder engagement	Overview of the commissioning and contracting process
January 2017	Primary Care (Leads: David White, Maria Wilson		

Key risks

37. The main risk to the implementation of the performance framework for integration is that senior managers and analytical staff will not have sufficient time available to implement the approach as envisaged, given other demands.

Financial implications

38. There are no direct financial implications.

Involving people

39. As noted above, the engagement of a wide range of stakeholders is a core principle of the group and ways of broadening engagement are being considered.

40. As reported to the IJB in May 2016, the sub group had considered a case study, “Jenny’s story” at its April 2016 meeting. This was intended to provide an opportunity for learning and improvement. Group discussions were held to:

41. Consider what can we learn from this that will make integration really work

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

43. Generate ideas on how we could gather other examples / case studies / people experiences (positive and negative) and share them at future meetings.

44. Ways to enhance the links between the other IJB subgroups are being considered to ensure, for example, that through the Professional Advisory Group, the views and contributions of key professionals can be used effectively in the work of the performance and quality subgroup

Impact on plans of other parties

45. The work of this subgroup is intended to support the work of the Strategic Planning Group, by playing a key role in assessing progress and impact of the implementation of the plan.

Shulah Allan
Chair of the IJB Performance and Quality Subgroup
21 October 2016

The scatter plots to the right of the table illustrate where Edinburgh City (the blue dot) lies in relation to both the Peer Group (red cross) average and the Scotland (purple triangle) values.

INDICATOR & Year of data shown	Edinburgh City	Peer Group Average	Scotland
1. Percentage of adults able to look after their health very well or quite well - 2015/16	96.0%	93.0%	94.0%
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible - 2015/16	82.0%	85.0%	84.0%
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided - 2015/16	76.0%	81.0%	79.0%
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated - 2015/16	71.0%	75.0%	75.0%
5. Percentage of adults receiving any care or support who rate it as excellent or good - 2015/16	77.0%	82.0%	81.0%
6. Percentage of people with positive experience of care at their GP practice - 2015/16	87.0%	88.0%	87.0%
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life - 2015/16	82.0%	84.0%	84.0%
8. Percentage of carers who feel supported to continue in their caring role - 2015/16	37.0%	42.0%	41.0%
9. Percentage of adults supported at home who agree they felt safe - 2015/16	82.0%	85.0%	84.0%
*10. Percentage of staff who say they would recommend their workplace as a good place to work.**	*Not yet available.*		
11. Premature mortality rate (per 100,000 population) - 2014	376.50	463.88	423.20
12. Rate of emergency admissions for adults - data shown for all ages per 100,000 total population - 2014/15	7,897	10,994	10,436
13. Rate of emergency bed days for adults - data shown for all ages per 100,000 total population - 2014/15	65,349	76,201	73,597
14. Readmissions to hospital within 28 days of discharge - 2014/15	9.0	8.5	8.5
15. Proportion of last 6 months of life spent at home or in community setting - 2014/15	90.5	89.9	90.8
16. Falls rate per 1,000 population in over 65s - 2013/14	24.0	21.7	20.1
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.	Not yet available.		
18. Percentage of adults with intensive needs receiving care at home - 2015	61.9%	60.9%	61.1%
19. Number of days people spend in hospital when they are ready to be discharged. (per 1,000 pop) - 2014/15	191.1	99.6	116.6
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency - 2013/14	20.6%	21.5%	21.9%
*21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home.**	*Not yet available.*		
*22. Percentage of people who are discharged from hospital within 72 hours of being ready.**	*Not yet available.*		
*23. Expenditure on end of life care.**	*Not yet available.*