Notice of Meeting and Agenda

Edinburgh Integration Joint Board

9.30 am Friday 20 January 2017

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

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

1. Welcome and Apologies

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

2. Declaration of Interests

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

3. Deputations

3.1. None.

4. Minutes and Updates

4.1. Previous Minutes – 18 November 2016 (circulated) - submitted for approval as a correct record.

4.2. Sub-Group Updates

4.2.1 Audit and Risk Committee

(a) Note of Meeting of 11 November 2016 (circulated)

4.2.2 Professional Advisory Group

(a) Note of Meeting of 1 November 2016 (circulated)

4.2.3 Performance and Quality Sub Group

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

4.2.4 Strategic Planning Group

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

(b) Note of meeting of 25 November 2016 (circulated)

5. Reports

5.1. Rolling Actions Log – January (circulated)

5.2. Standing Orders – Annual Review – report by the IJB Chief Officer (circulated)

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

5.4. Financial Planning Update – report by the IJB Chief Officer (&ă&˘ |æ^å)

5.5. Financial Position to November 2016 – report by the IJB Chief Officer (&ă&˘ |æ^å)

5.6. Workforce Update: District Nursing – report by the IJB Chief Officer (circulated)

5.7. Joint Inspection of Older Peoples Services – report by the IJB Chief Officer (circulated)

5.8. Mental Health and Wellbeing in Edinburgh – report by the IJB Chief Officer (circulated)

5.9. Joint Board Membership – Appointment – report by the IJB Chief Officer (circulated)

6. Urgent Business

Board Members

Voting

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

Non-Voting

Carl Bickler, Colin Beck, Sandra Blake, Andrew Coull, Wanda Fairgrieve, Christine Farquhar, Kirsten Hey, Beverley Marshall, Angus McCann, Maria McILgorm, Ian McKay, Ella Simpson, Rob McCulloch-Graham, Michelle Miller and Moira Pringle.

Item 4.1 Minutes

Edinburgh Integration Joint Board

9.30 am, Friday 18 November 2016
Waverley Gate, Edinburgh

Present:

Board Members: George Walker (Chair), Shulah Allen, Councillor Elaine Aitken, Colin Beck, Carl Bickler, Sandra Blake, Wanda Fairgrieve, Christine Farquhar, Councillor Joan Griffiths, Councillor Ricky Henderson, Councillor Sandy Howat, Kirsten Hey, Angus McCann, Rob McCulloch-Graham, Ian McKay, Michelle Miller, Moira Pringle, Ella Simpson, Richard Williams, Maria Wilson and Councillor Norman Work.

Officers: Nikki Conway, Wendy Dale, Gavin King, Tim Montgomery, Allan McCartney, Katie McWilliam, Ross Murray.

In attendance: Stephen Rankin (Care Inspectorate).

Apologies: Alex Joyce and Andrew Coull.

1. Kay Blair

It was advised that Kay Blair had submitted her resignation from the Joint Board and this would take immediate effect.

Decision

1) To note that Kay Blair had resigned from the Joint Board with immediate effect.

2) That the Chair write to Kay Blair to express thanks for her contribution towards the work of the Joint Board.

2. Minutes

Decision

To approve the minute of the Edinburgh Integration Joint Board of 16 September 2016 as a correct record.

3. Sub-Group Minutes

Decision

1) To note the immediate concern of the Audit and Risk Committee Chair regarding audit capacity and that a proposal on resource be presented to the next meeting of the Joint Board.

2) To note that Kay Blair would require to be replaced as a member of the Audit and Risk Committee.

3) To note the minute of meeting of the Performance and Quality Sub Group of 23 September 2016.

4) To note the minute of meeting of the Strategic Planning Group of 30 September 2016.

4. Rolling Actions Log

The Rolling Actions Log for 18 November 2016 was presented.

Decision

1) To approve the closure of actions 1, 8, 9 and 13.1.

2) To note that action 3 (Acute/GP visits) was still outstanding and to request that this be progressed.

3) To otherwise note the outstanding actions.

(Reference – Rolling Actions Log – 18 November 2016, submitted.)

5. Winter Plan 2016-17 and proposal for future use of Liberton Hospital

Joint plans for ensuring sufficient capacity over winter 2016-17 and contingency in the event of severe weather were outlined.

An update was provided on plans and proposals for the future use of Gylemuir Interim Care Facility and Liberton Hospital.

Decision

1) To note progress with winter planning.

2) To agree the proposal to utilise Liberton Hospital for those awaiting packages of care, in the interim, whilst the plans to enhance community care were implemented.

3) To request that an analysis of the impact of the interim measures be presented to a future meeting of the Joint Board.

4) To request that any required directions and related financial information be presented to the next meeting of the Joint Board.

(References – minute of the Integration Joint Board 20 November 2015 (item 5) report by the IJB Chief Officer, submitted.)

6. Whole System Delays – Recent Trends

An overview was provided 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.

It was advised that work was underway to develop a whole-system overview on a phased basis to assist with identifying the causes of delayed discharge. A target to reduce the number of individuals awaiting discharge to 50 by the April 2017 census was stated.

Decision

1) To note that whilst the change in reporting methodology for delayed discharge had resulted in higher numbers, there had been a significant increase in delayed discharge since June 2016 to the October 2016 figure of 201.

2) To note that a comprehensive range of actions was in place to secure a reduction in the number of people delayed. This included the new Care at Home contract, which aimed to improve recruitment and retention of the home care workforce by offering a rate of pay that was competitive with alternative industries such as retail, customer services and the private care market.

3) To note that given the complexity of the issue, a self assessment of the current approach in Edinburgh to tackling delays in transfer of care had 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".

4) That a future Joint Board Development Session on admission avoidance be scheduled.

(References – minute of the Integration Joint Board 16 September 2016 (item 8); report by the IJB Chief Officer, submitted.)

7. Financial Position to September 2016

The forecast year end position for the Joint Board and an overview of the financial position for the six months to September 2016 was detailed. This showed a six-month overspend at £3.9m, equivalent to a year-end overspend of £10.1m.

The forecast of a breakeven position was reliant on reaching an agreed position with NHS Lothian.

Decision

1) To note the financial position at the end of September 2016 – a cumulative overspend of £3.9m.

2) To note the forecast of a breakeven position was reliant on reaching an agreed position with NHS Lothian.

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

Declaration of Interests

Christine Farquhar declared a non-financial interest in the foregoing item as a director of a service provider and guardian of a recipient of a direct payment.

8. Financial Planning Update

The final budget offer for 2016/17 from the City of Edinburgh Council and an update on the financial planning process for 2017/18 was provided.

Decision

1) To accept the delegated budget for 2016/17 proposed by City of Edinburgh Council subject to the conditions in paragraph 11 of the report by the Chief Officer.

2) To note that a proposal would be presented to NHS Lothian Board on the distribution of additional non-recurring resources, following which an updated offer was expected.

3) To agree interim arrangements for financial planning arrangements for 2017/18 as a step towards a process led by the Joint Board.

4) To note the potential financial implications of the strategic plan, including the risks inherent in current funding assumptions.

5) To agree the principle of carry forward of Social Care Fund monies to support investment in 2017/18.

6) To approve, pending agreed business cases, the indicative allocation of the social care fund presented in table 4 of the report by the Chief Officer.

7) That future financial planning arrangements for 2017/18 address the identified funding gap regarding prescribing.

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

9. District Nursing – Verbal Update

Maria Wilson provided a verbal update on the work of District Nurses in the Lothian area. It was advised that additional succession planning measures had been implemented to help deal with an ageing workforce. This included establishing additional trainee posts, a training course at Queen Margaret University and a short life working group to explore potential solutions.

Decision

1) To note the verbal update.

2) That a summary be circulated to members of the IJB.

3) To note the intention to report in detail to the next meeting of the Joint Board.

10. Deputations

The Joint Board had previous agreed at its meeting on 20 November 2015 to pilot deputations at the Joint Board and its committees for 12 months. A review of the pilot period and a proposal that the current approach was maintained and incorporated into the IJB Standing Orders as part of the next annual review in January 2017 was submitted.

Decision

1) To agree to maintain the current procedures for deputations to the Joint Board until it was incorporated as part of the next annual review of Standing Orders in January 2017.

2) That information on deputations that had failed to meet the criteria be provided to board members.

3) To explore how effective community engagement could be built into the processes of the Joint Board.

(References – minute of the Integration Joint Board 20 November 2015 (item 8); report by the IJB Chief Officer, submitted.)

11. Capacity and Demand – Care Homes

An update on the work being taken forward for care home capacity, as requested at the Joint Board Development Session on 19 August 2016, was provided.

Decision

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

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

12. Royal Edinburgh Hospital Phase 1 - Managing Delayed Discharges and Community Infrastructure

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

2) To note and support the work of the Royal Edinburgh Hospital Phase 1 Delivery Group chaired by Alex McMahon, Nurse Director and Executive Lead for REAS as detailed in Appendix 1 of the Chief Officer's report.

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.

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

5) To receive a further update at the Joint Board meeting in January 2017. This should include the most up-to-date RAG status of the Phase One implementation plan (as presented at appendix 1 in the Chief Officer's report).

(References – minute of the Integration Joint Board 16 September 2016 (item 9); report by the IJB Chief Officer, submitted.)

13. Performance and Quality Sub-Group

An overview of the activity of the Performance and Quality Sub-Group and the main topics for forthcoming meetings was detailed.

Decision

1) To note the progress being made by the Performance and Quality Sub-Group.

2) To consider the final draft of the annual performance report at a Joint Board Development Session prior to being presented for approval at a formal meeting.

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

Item 4.2.1 (a)

Minutes

Audit and Risk Committee

9.30 am, Friday 11 November 2016
City Chambers, Edinburgh

Present:

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

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

Apologies: Kay Blair, Ella Simpson and Rob McCulloch Graham.

1. Minute

Decision

To approve the minute of 2 September 2016 as a correct record.

2. Outstanding Actions

Decision

1) To note the outstanding actions.

2) To circulate a job description for an additional committee member with financial expertise by email.

3) That the draft Risk Management Strategy be circulated to Committee members by the end of December 2016.

4) To confirm timelines for the Risk Register refresh once agreed with Richard Bailes and PricewaterhouseCoopers.

(Reference – Outstanding Actions – November 2016)

3. Work Programme

Decision

1) To note the Work Programme and upcoming reports.

2) To note that due to timescale issues the Audit Plan presented in March 2017 may no be finalised until after the meeting of the Committee.

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

4. Internal Audit Update – November 2016

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

Decision

1) To note the progress of the Joint Board Internal Audit activity in the last quarter and the areas of higher priority findings in the reviews brought to the attention of the Committee.

2) That the Chair of the Audit and Risk Committee write to the Chief Officer of the Joint Board to highlight concerns with regard to insufficient available internal audit resource.

3) Magnus Aitken to liaise with the NHS Lothian Chief Internal Auditor to progress the adoption of a more formal referral approach similar to that adopted by City of Edinburgh Council.

4) That future Internal Audit updates include details on overdue actions from Council and NHS Lothian audits.

5) Magnus Aitken and Moira Pringle to provide an interim update in advance of the next meeting of the Committee on outstanding and developing matters.

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

5. Kay Blair

It was noted that Kay Blair's resignation from the Joint Board would be submitted to its next meeting on 18 November 2016. In effect this would also mean resignation from the Audit and Risk Committee.

The Audit and Risk Committee formally thanked Kay Blair for all her support and work and wished her the best for the future.

Item 4.2.2 (a) Minutes

Edinburgh Integration Joint Board Professional Advisory Group

9.30am Tuesday 1 November 2016

Mandela Room, City Chambers, Edinburgh

Present:

Board Members

Carl Bickler (Chair), Eddie Balfour, Colin Beck, Sheena Borthwick, Alasdair Fitzgerald, Belinda Hacking, Julie Gallagher, Kirsten Hey, Alison Meiklejohn, Michael Ryan and Garry Todd.

Apologies

Kathryn Anderson, Aileen Boags, Dr Sharon Cameron, Aileen Kenny, Caroline Lawrie, Stephen McBurney, John McKnight and Tim Montgomery.

1. Membership

Decision

To note that Julie Gallagher and Aileen Boags had joined the Professional Advisory Group.

2. Note of the meeting of the Edinburgh Integration Joint Board Professional Advisory Group meeting of 30 August 2016 and Matters Arising

Decision

1) To approve the minute of the meeting of the Edinburgh Integration Joint Board Professional Advisory Group of 30 August 2016 as a correct record.

2) To note that a member from the Professional Advisory Group was still required to be appointed to the membership of the Quality and Performance Group.

3) To invite Catherine Stewart to the next meeting of the Professional Advisory Group to give a presentation and update about the work of the Quality and Performance Group.

4) To circulate the paper detailing the roles and remits of all the EIJB Sub-Groups to members of the Professional Advisory Group for information.

3. Note of the meeting of the Edinburgh Integration Joint Board of 19 August 2016 and Matters Arising

Decision

1) To note the minute of the meeting of the Edinburgh Integration Joint Board of 19 August 2016.

2) To circulate the presentation referred to at item 4 of the minute to members of the Professional Advisory Group for information.

4. Note of the meeting of the Edinburgh Integration Joint Board of 16 September 2016 and Matters Arising

Decision

- To note the minute of the meeting of the Edinburgh Integration Joint Board of 16 September 2016.
- To note the concerns of the Professional Advisory Group that social care fund monies were to be used to offset potentially unachieved savings and the potential impact on the unallocated monies.
- To recognise, with the range of professionals represented on the Professional Advisory Group, the opportunity to consider and develop proposals to tackle admission prevention.
- To circulate the workplan for the admission prevention workstream to the Professional Advisory Group and to add as a standing item on future meeting agendas.
- To consider mental health of older people in parallel with admission prevention and to ask for a presentation on this issue for a future meeting.

5. Rolling Actions Log

The Rolling Actions Log for September 2016 was submitted.

Decision

1) To close Action 2 – Mental Health Services – Royal Edinburgh Re-provision.

2) To otherwise note the outstanding actions.

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

6. 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 had been provided to the EIJB meeting on 16 September on the actions being taken to ensure that on opening in January 2017, Phase 1 of the Royal Edinburgh Hospital (REH) re-provision would be able to manage

admissions and discharges in equilibrium with the reduced bed capacity and for this to be sustained.

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.

The Group discussed re-investing provision in a new 15-bed Council developed service for older people opening in Royston which would be available to Royal Edinburgh patients. It was anticipated that staff for the new unit would carry out some of their induction in the Royal Edinburgh with a view to transferring in February/March 2017.

It was recognised that practical support in addition to clinical supprt would be required with behaviour support for those managing distress and challenging behaviour. There needed to be better understanding of trauma and a more holistic understanding of individuals' needs. The rapid response team needed to be complementary to the behaviour support service.

Decision

1) To note the summary of actions agreed by the Edinburgh Integration Joint Board on 16 September 2016.

2) To note the actions being taken by the Edinburgh Health and Social Care Partnership and REAS partners to achieve sustainable pathways of care for adults and older people with mental health problems.

3) To note that funding had still to be identified and agreed by the Edinburgh Integration Joint Board.

4) To invite Chris Halliwell to the next meeting of the Professional Advisory Group.

5) To submit the "Wayfinder Grid" to a future meeting of the Professional Advisory Group to inform discussion around deinstitutionalising mental health and older people's services.

(References – Edinburgh Integration Joint Board 16 September 2016 (item 9); report by the Director of Operations, Royal Edinburgh and Associated Services, submitted)

7. Re-Provision of the Royal Edinburgh Hospital

A presentation on the re-provision of the Royal Edinburgh Hospital had been delivered to a recent meeting of the Strategic Planning Group. The presentation outlined the risks and challenges associated with the delivery of services when the new hospital opened in 2017.

Decision

To note the update.

8. Edinburgh Health and Social Care Strategic Plan – Action Plan

The Edinburgh Integration Joint Board had considered 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.

The EIJB had agreed to receive twice yearly reports from the SPG on the delivery of the Strategic Plan Action Plan. This would include tracking of ongoing and proposed major programmes/business cases and would ensure that the EIJB maintained oversight and governance of the Plan.

(References – Edinburgh Integration Joint Board 16 September 2016 (item 10); report by the EIJB Chief Officer, submitted)

9. Astley Ainslie Hospital – Transition Unit

Alasdair Fitzgerald advised that proposals were being considered to locate a purpose built transition unit within Astley Ainslie Hospital to provide support for patients prior to discharge back into their own homes. It was hoped that this would contribute to addressing the issue of delayed discharges.

Views were sought from the Professional Advisory Group on the proposed model.

Decision

1) To note the significant need for purpose designed supported housing.

2) To welcome and support the principle of the proposed model and to express a preference that the facility should be provided within the grounds of Astley Ainslie Hospital as opposed to the main hospital building.

10. Structure of the Edinburgh Integration Joint Board and the Implications for the Professional Advisory Group

The Edinburgh Integration Joint Board had now appointed locality managers within the new community planning structure.

Decision

To note that each locality would be invited to be represented at future meetings of the Professional Advisory Group.

11. Feedback from the Edinburgh Integration Joint Board Development Session on Mental Health – 14 October 2016

An update was given on the EIJB development session which had been held on 14 October 2016 on the case for change for re-designing mental health and substance misuse services.

There was a recognition that vulnerable people were not being looked after as well as they should be and that more effective strategies should be put in place to better serve people with mental health issues

The session had been challenging and a good discussion had taken place particularly around the impact of long waiting times on people's psychological wellbeing.

Decision

To note the update.

12. Evaluation of an Integrated Service Model for COPD for Edinburgh – April 2013 to September 2015

The integrated service model for COPD had been developed to improve the quality of care for patients with COPD and how they were managed in Edinburgh through service development and increasing community resources. The project was funded by Invest to Save at a cost of £153,000.

The project had been evaluated after ten months of implementation and the key findings against each objective were submitted.

The overall conclusion was that the project required ongoing resource and support from primary care, secondary care and management to allow the model to continue to operate successfully. In addition, future developments should focus on:

- Developing pathways that did not reach their expected potential eg. Scottish Ambulance Service (SAS) and Lothian Unscheduled Care Service (LUCS)
- Developing telehealth initiatives such as SAS video-streaming innovations
- Extending the use of technology in multi-disciplinary team meetings
- Increasing the use of key information summaries

Decision

1) To note that the multi-disciplinary team was at the core of the integrated service.

2) To indicate the Group's support for the model going forward.

3) To note that funding was still to be confirmed to continue the service beyond April 2017.

4) To refer the Group's recommendations and the report to the EIJB Strategic Planning Group for consideration.

(Reference – report, submitted)

13. Integrated Care Fund 2016/17 – Six Month Report

The six month update on the 2016/17 Integrated Care Fund was submitted.

Decision

To note the update.

(Reference – six month monitoring report, submitted)

14. Your Services are Changing – Play Your Part

The Council were inviting all citizens to give their views and ideas on how services could be delivered that continued to meet the needs of the community while maintaining the quality of services. The consultation deadline was 21 November 2016.

Decision

To note the position.

(Reference – e-flyer, submitted)

15. Any Other Business – Edinburgh Partnership Alcohol Strategy

The Edinburgh Partnership had set out its intention to develop a high level strategy to address alcohol related harm in the city. The strategy would focus on culture change, responding to the links with violence, children's well-being, poor health and inequalities as well as the overprovision of licensed premises.

The Partnership would be discussing the challenges and priorities for the strategy at its next meeting on 8 December 2016. To inform this discussion, views were sought on the Council's proposed priorities by 9 November 2016.

Decision

1) To circulate the discussion document to members of the Professional Advisory Group – views would be collated by Colin Beck for submission to the Edinburgh Partnership.

2) To circulate the Edinburgh Partnership structure to the Professional Advisory Group for information.

(Reference – discussion paper, submitted)

16. Date of Next Meeting

Decision

To note that the Clerk would liaise with the Chair regarding the date of the next meeting.

Item 4.2.3 (a)

Note of Meeting
Performance and Quality Sub-Group
23 November 2016
Waverley Court, Edinburgh
1:00 pm

Present:

Key Stakeholders

Shulah Allan (Chair), Councillor Sandy Howat (Vice Chair), Lesley Blackmore (Strategic Planning), Sandra Blake (Citizen Member – Carer), Philip Brown (Strategy and Insight), Ian Brooke (EVOC), Sarah Bryson (Strategic Planning), Eleanor Cunningham (Strategy and Insight), Wendy Dale (Strategic Planning), Jen Evans (Quality Assurance), Christine Farquhar (Citizen Member – Carer), Jon Ferrer (Quality Assurance), Dermot Gorman (NHS Lothian), Christina Hinds (EVOC), Mike Houghton-Evans (Consultant), Suzanne Lowden (Strategic Planning), Katie McWilliam (Strategic Planning), Sheena Muir (Hospital Sites), Moira Pringle (Chief Finance Officer), Rene Rigby (Scottish Care), Liz Simpson (Strategic Planning), Catherine Stewart (Strategy and Insight), David White (Strategic Planning and Quality Manager – Primary Care).

Apologies:

Carl Bickler(GP/PAC), , Yvonne Gannon (Strategy and Insight), Kirsten Hey (Partnership/Union), Rob McCulloch-Graham (Chief Officer), Ian McKay (GP/Clinical Director), Michelle Miller (Chief Social Work Officer), Maria Wilson (Chief Nurse)

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 26 October 2016	1) To approve the minute of 26 October 2016 as a correct record. 2) To circulate the report on the progress of the Performance and Quality Sub-Group that was considered at the Edinburgh Integration Joint Board to members.	**Laura Millar**	
3.2	Outstanding Actions	To note the Outstanding Actions.	**Laura Millar**	
3.3	Work Programme	1) To note the Work Programme. 2) To request officers draft a work-plan for 2017. 3) To request a first year update on strategic planning.	**Laura Millar/ Eleanor Cunningham**	
3.4	Matters Arising	None.	**Laura Millar**	
3.5	Update on the Inspection of Older Peoples Services in Edinburgh	Work on the report for the Inspection of Older Peoples Services in Edinburgh was underway and expected to be ready early February 2017. **Decision** To note the update.	**Jon Ferrer**	
4.1	Rubrics – Establishing Locality Hubs	Katie McWilliam - Strategic Planning and Quality Manager and Catherine Stewart - Senior Business Analyst, provided the presentation on the rubrics approach in relation to the	**Eleanor Cunningham** **Katie**	

		implementation of Locality Hubs. The following main points were raised: Action 3 within the strategic plan to coordinate community resources to support independent living, allow a community response to care needs, reduce hospital admissions and support discharges was discussed. The excellent, acceptable and poor outcomes were detailed with lessons learned from the current design, the future vision and the necessary transition to get there. The coordinated community care was tested with the "Mrs Scott" scenario, developed through the house of care model with the aim of maintaining quality of life within the patient's specific capabilities. Multi-agency triage teams examined live cases and tested various scenarios to share knowledge, coordinate services and examine what worked well. Steps to identify where we are going were discussed i.e. identifying common themes, removing complexity. As services become more comprehensive, improvements would be clearer. Agreed metrics were identified to measure performance with case studies and continuous learning. Members of discussed what was required to provide a picture of progress and how to take action on qualitative data collected from citizens and the third sector as well as	**McWilliam** **Catherine Stewart**	

		experts. **Decision** 1) To adopt the Rubrics approach for establishing locality hubs. 2) To circulate to members: • Today's presentation • The 90 day report • The framework for quantitive measures 3) To include learning opportunities for staff within the work programme.		
4.2	Health Needs of Ethnic Minority Groups	Dermot Gorman - NHS Lothian, Suzanne Lowden - Health and Social Care and Christina Hinds – EVOC, provided the presentation on the challenges in health care for ethnic minorities. The ethnic diversity of Edinburgh was detailed with the specific issues related to health and the provision of appropriate care i.e. language, risk of disease, cultural norms, expectations etc. Barriers experienced by migrants both when seeking support and with the support provided were discussed with suggestions of how these could be reduced. Voluntary groups supported by the EIJB to provide a cultural bridge and promote importance of ethnic minority needs were detailed.	**Eleanor Cunningham** **Dermot Gorman** **Suzanne Lowden** **Christina Hinds**	

		Decision 1) To note the health needs of ethnic minority groups. 2) To note that EVOC officers alongside the Council were examining further engagement with ethnic minority groups, a further report would come to the group in February 2017. 3) To note the final report including recommendations for action would be considered by the Strategic Planning Group.		
4.3	Co-production of a new Joint Evaluation approach for Health Inequalities in Edinburgh.	Lesley Blackmore, Liz Simpson, Suzanne Lowden and Sarah Bryson – all Strategic Planning, delivered the presentation on the joint evaluation approach for health inequalities in Edinburgh. The aim of the new approach was to collate and demonstrate the impact made by partner services in receipt of health inequalities funding across the city. A sub-group was convened to develop the new evaluation system in line with priority outcomes. This was piloted in 2014/15; the results showed the impact of services on users was largely positive. The data collected demonstrated the effective partnership working and strengthened the case for continual investment to reduce inequalities. The group considered the ongoing process which would	**Eleanor Cunningham**	

		continue to be evaluated and developed to ensure the most effective use funding to reduce inequalities. **Decision** To note the new joint evaluation approach for health inequalities in Edinburgh.		
	Date of next meeting	21 December 2016. C47/48, Waverley Court	**Laura Millar**	

Item 4.2.4 (a)

Minutes

Edinburgh Integration Joint Board
Strategic Planning Group

10.00am, Friday 28 October 2016
City Chambers, High Street, Edinburgh

Present:

Members: Councillor Ricky Henderson (Convener), Colin Beck, Lesley Blackmore, Sandra Blake, Eleanor Cunningham, Wendy Dale, Dermot Gorman, Christine Farquhar, Belinda Hacking, Fanchea Kelly, Michele Mulvaney, Moira Pringle, Rene Rigby, Ella Simpson

Apologies: Colin Briggs, Angus McCann, Peter McCormick, Rob McCulloch-Graham, Michelle Miller and George Walker.

In Attendance: Moira Pringle.

1. Minute

Decision

To approve the minute of the Edinburgh Integrated Joint Board (EIJB) Strategic Planning Group of 30 September 2016 as a correct record.

2. IJB Capacity and demand

The report considered at the IJB Board meeting on 15 July 2016 on the work underway to determine the future capacity and demand for services from older people was circulated for information.

Decision

To note the report

(References – Minute of EIJB 15.07.16 (item 2); report by the Chief Officer, Edinburgh Health and Social Care Partnership, submitted)

3. IJB Joint Inspection Older People

The report considered at the IJB Board meeting on 16 September 2016 on the forthcoming Joint Inspection on Services for Older People by the Care Inspectorate and Healthcare Improvement Scotland was circulated for information.

Decision

To note the report

(References – Minute of EIJB 16.09.16 (item 11); report by the Chief Officer, Edinburgh Health and Social Care Partnership, submitted)

4. Edinburgh Health and Social Care Strategic Plan 2016–19 – Summary version

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

Decision

1) To note that no comments had been submitted from Group members on the summary version of the Strategic Plan 2016-2019.

2) To note that the final summary version of the Strategic Plan, will be made available on the Transform Edinburgh website.

(References – Minute of Strategic Planning Group 30.09.16 (item 3); summary report and Strategic Plan 2016-2019, submitted)

5. Mental Health and Substance Misuse Delivery Plan

Colin Beck gave a presentation to the Group on the scope of the Mental Health and Substance Misuse Delivery Plan.

The presentation covered the following ongoing matters:

a. Reprovisioning of Royal Edinburgh Hospital (Phase 1)
b. Development of community based wellbeing services
c. Waiting times for psychological therapies
d. Dependencies with other areas of focus
e. ICT and Workforce planning and development
f. Risk management
g. The work of the Strategic Plan Delivery Group Mental Health and Substance Misuse
h. Financial implications
i. Shifting the balance from hospital to community based services

Decision

1) To note the presentation.

2) To note that a strategy was required for disseminating information across the EIJB Sub Groups dealing with similar themes.

3) To agree it would be helpful for this Group to receive a presentation on the role of Link Workers in this programme

4) To agree that a training programme for mental health practitioners across the partnership was required to support the delivery plan

5) To note that further information was required on access and availability to assessment arrangements across all care sectors (i.e. independent sector).

6. Edinburgh Health and Social Care Partnership planning and governance framework

Wendy Dale provided the Group with an overview of the Edinburgh Health and Social Care Partnership planning and governance framework.

Decision

1. To note that a Housing, Health and Social care Sub Group was to be set up and that the report on Integrated Health, Housing, Care and Support Services to be considered by the Health, Social Care and Housing Committee in November be submitted to the next meeting of the Group.

2. To request that a copy of the document being prepared on the governance and planning framework be presented to a future meeting of the Group

7. JSNA Stakeholders Group – Update

Eleanor Cunningham advised that the JSNA Stakeholders group was set up to support the further development of needs assessment in Edinburgh by providing information on emerging needs, or needs which were not evident in published data.

The group had now met twice and had identified a wide range of areas of emerging need, or where work was required to define, better understand or address need. The group had also made suggestions about a number of areas where current practice or operations may benefit from review.

The JSNA Development Group, which is taking forward the analytical work, was seeking advice from the Strategic Planning Group on how these topics should be addressed and prioritised within the framework of the Strategic Plan.

Decision

1. To note the role of the JSNA Stakeholders Group and the themes identified by its members for further analysis or consideration.

2. That the priority areas identified by the Group be included in the action plan together with the appropriate development Group, and this to be reported to the next meeting

8. Strategic Planning Group work plan update

The work programme for the Group was submitted.

Decision

To note the work plan

9. Older People's Joint Inspection

Wendy Dale advised that the inspectorate had requested to attend and observe the Groups meeting on 25 November 2016.

Decision

1) To note that the inspectorate would be attending the Groups meeting on 25 November 2016

2) That the following items be included on the agenda for the meeting

   (i) The Hospitals Plan

   (ii) Engagement and Transformation Plan

   (iii) Update on Liberton Hospital

3) To ask the inspectorate if they would wish any items on the agenda

Item 4.2.4 (b)

Minutes

Edinburgh Integration Joint Board
Strategic Planning Group

10.00 am, Friday 25 November 2016
City Chambers, High Street, Edinburgh

Present:

Members: Councillor Ricky Henderson (Convener), Colin Beck, Colin Briggs, Lesley Blackmore, Sandra Blake, Wendy Dale, Dermot Gorman, Christine Farquhar, Fanchea Kelly, Angus McCann, Peter McCormick, Rob McCulloch-Graham, Michele Mulvaney, Lynne Newlands (substituting for Ella Simpson), Moira Pringle, Rene Rigby and George Walker,

Apologies: Eleanor Cunningham, Belinda Hacking, Michelle Miller and Ella Simpson.

In Attendance: Moira Pringle, Ian Brooke (EVOC), Katie McWilliam, Steven Rankin and Jane Lang (Care Inspectorate)

1. Minute

Decision

To approve the minute of the Edinburgh Integrated Joint Board (EIJB) Strategic Planning Group of 28 October 2016 as a correct record.

2. Integrated Housing, Health, Care and Support Services

The report considered at the Health, Social Care and Housing Committee on 15 November 2016 outlining governance arrangements designed to ensure the best and most efficient use of Council, NHS and housing association assets and investment to services in the community was circulated for information.

Decision

To note the report

(References – Minute of Health, Social care and Housing Committee on 15 November 2016 (item 10); report by the Executive Director of Place, submitted)

3. Older People capacity and demand business case update

The report considered at the IJB Board meeting on 18 November 2016 on the Older People capacity and demand business case was circulated

Katie McWilliam highlighted the main issues raised in report and provided an update of the discussion at the IJB.

Decision

To note the report

(References – Minute of EIJB 18 November 2016; report by the Chief Officer, Edinburgh Health and Social Care Partnership, submitted)

4. Update on Liberton Hospital

Katie McWilliam advised that the IJB, on 18 November 2016, was requested to agree a proposal for a business case to be developed for the use of up to 78 beds at Liberton on an interim basis, with the intention that there will be an ongoing plan for Liberton's closure.

It was apparent however, that with a temporary drop in capacity due to the change in the Edinburgh Care at Home contract, and the inevitable pressures over the winter period from November to March; there was 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.

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.

The proposal for continuing to use Liberton Hospital for Edinburgh residents 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.

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

Once the transfer of the ORS 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 would close as planned which would allow the site to be redeveloped.

Decision

To note the report.

(References – Minute of EIJB 18 November 2016; report by the Strategic Programme Manager, Strategic Planning & Older People, Edinburgh Integration Joint Board, submitted)

5. Governance Arrangements

Moira Pringle gave a presentation to the Group on a five stage process as part of the governance arrangements for the IJB.

Overall there was support for the rigor that the five stage process provides and in particular for the initial focus on the problem that needs to be solved rather than the solution

During discussion the following points were raised

1. The method of consultation with external bodies was unclear
2. There were no working examples of the process
3. A map needed to be produced showing the various projects that are currently in progress and which of the five stages they are at
4. More information was required on NHS and CEC systems becoming a single model

Decision

1) To note the presentation.

2) Further information to be provided on the system having regard to the points that were raised.

6. Royal Edinburgh Hospital

Colin Beck gave a presentation to the Group on the Royal Edinburgh Hospital phase 1 business case The presentation covered:

The Strategic Case

The Economic Case

Financial Case

Procurement

Management Case

Decision

To agree to hold a special meeting of the Group on 10 January 2017 to consider further options for the business case, including detailed costings.

7. Strategic Planning Group work plan update

The work programme for the Group was submitted.

Decision

1. To note the work plan

2. It was agreed that the following items be placed on the agenda for the 27th January meeting

Governance strategy update

Hospitals Plan

Updating the Strategic Plan

Disabilities delivery plan

9. Older People's Joint Inspection

Officers from the Care inspectorate had attended the meeting of the group to observe proceedings.

There was a short discussion with the inspectorate on the group's progress

Decision

To thank the inspectorate for attending.

Item 5.1 – Rolling Actions Log – January 2017

January 2017

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
1	**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	Report to be presented to the IJB in March 2017
2	**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	1) A senior manager from the Executive Team and a member of the Communications Team are in attendance at each visit to ensure that any actions / comments raised during visits are captured. A review of the IJB visits will form part of the content of the

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
						Development Session on 17 February 2017. 2) Arrangements are being finalised to agree a schedule of visits to General Practice to take place during 2017.
3	**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	Ongoing
4	**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	**Recommended for closure** Included in the Forward Plan for inclusion on agenda for Board meeting on 24 March 2017.
5	**Financial Update**	15-07-16	1) To agree that the Chair, the Chief Officer and Interim Chief Finance Officer continue to work with NHS Lothian with the aim of reaching a mutually acceptable offer. 2) To agree to receive future finance reports based on the forecast year end position.	Chief Officer	Not specified	**Recommended for closure** Urgent discussions are ongoing with NHS Lothian and progress reported to the IJB at each meeting through the Financial Update report

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
6	**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	**Recommended for closure:-**both SFRS and housing providers have been involved in recent development sessions, and ongoing dialogue.
7	**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.	A review of the IJB development sessions and visits will form part of the content of the Development Session on 17 February 2017 following which a programme will be produced for 2017/18.
8	**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	**Recommended for closure:** Draft financial plan was presented to IJB on 18-11-2016. Business case tracker is under development and an update will be provided in March 2017.
9	**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	**Recommended for closure**

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
10	**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	**Recommended for closure –** reported to Joint Board on 18-11-16 2) On agenda for meeting 20/01/2017
11	**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.	Chief Officer		**Recommended for closure** Included in Forward Plan for inclusion on future agendas.
12	**Sub-Group Updates – Audit and Risk Committee**	18-11-16	To note the immediate concern of the Audit and Risk Committee Chair regarding audit capacity and that a proposal on resource be presented to the next meeting of the Joint Board.	Chief Officer	January 2017	Ongoing
13	**Winter Plan 2016-17 and proposal for future use of Liberton Hospital**	18-11-16	To request that any required directions and related financial information be presented to the next meeting of the Joint Board.	Chief Officer	January 2017	Financial information is being prepared. A review of directions is being undertaken and will be presented to the IJB in March 2017.
14	**Whole System Delays – Recent Trends**	18-11-16	That a future Joint Board Development Session on admission avoidance be scheduled.		Not specified	**Recommended for closure** Admission Avoidance has

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
						been added to the Forward Plan.
15	**Deputations**	18-11-16	That information on deputations that had failed to meet the criteria be provided to board members	Committee Services	December 2016	**Recommended for closure** – Information circulated electronically by Clerk
16	**Progress…follo wing opening of phase 1 of Royal Edinburgh Hospital …**	18-11-16	To receive a further update in January 2017, including the most up to date RAG status of the phase one implementation plan (as presented at appendix 1 in the Chief Officer's report)	Chief Officer	January 2017	**Recommended for closure:** Report on agenda
17	**Performance and Quality Sub-Group**	18-11-16	To consider the final draft of the annual performance report at an IJB Development Session prior to being presented for approval at a formal meeting.	Chief Officer	Not specified	A plan and timetable is being prepared for the production of the Annual Performance Plan including presentation to the IJB.

Item 5.2

Report

Standing Orders – Annual Review

Edinburgh Integration Joint Board

20 January 2017

Executive Summary

1. The current version of the Integration Joint Board's (IJB) Standing Orders was approved in July 2015, with further amendments approved by the Joint Board to reflect Scottish Ministers' guidance in January 2016 and May 2016.

2. This report, in line with what is considered good governance practice, establishes an annual review of Standing Orders.

3. This report requests approval for the amended governance documentation to ensure that substitutes on the Integration Joint Board are aware of their duties with regard to the Code of Conduct and to incorporate the pre-existing deputations process into standing orders.

Recommendations

4. To repeal the existing Standing Orders of the Integration Joint Board and approve in its place appendix 1, such repeal and approval to take effect from 21 January 2017.

5. To note that the next annual review of Standing Orders will be presented to the IJB in January 2018.

Background

6. Standing Orders are required by the Integration Joint Board under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (No 285) ("the Order").

7. Existing Standing Orders were jointly produced between NHS Lothian and the City of Edinburgh Council with consultation taking place with the other Lothian Councils. Further amendments have been made to reflect Scottish Ministers' guidance.

Main report

8. The Standing Orders encourage transparent and accountable decision making with sufficient provisions in place to ensure the smooth running of the EIJB, including

arrangements for such matters as the chairing of the meetings, the notice for the meetings and how voting will be carried out.

9. Two amendments are recommended to the Standing Orders. These are reflected below:

Deputations

10. The Integration Joint Board originally agreed to a 12 month pilot period for deputations in November 2015. The Integration Joint Board agreed in November 2016 to maintain the interim deputations process until it could be incorporated into standing orders as part of the annual review in January 2017.

11. The deputations process is included at section 8 in the revised Standing Orders (appendix 1).

Substitutes to the EIJB

12. It has been identified that substitute members are not currently required to comply with the IJB's Code of Conduct when attending a meeting on behalf of an existing voting or non-voting member. Substitute members are not categorised as members of the IJB, and thus the Code of Conduct under the Ethical Standards in Public Life (Scotland) Act 2000 does not apply to them.

13. The Scottish Government has since advised that there are no immediate plans to legislate for a change in the status of substitutes and have recommended that standing orders could be used to formalise this position. To address this issue an amendment has been made to the IJB's Standing Orders requiring substitutes to read and comply with the code.

14. The amendments recommended in appendix 1 at 14.1 provide a level of assurance by altering the Standing Orders to require substitutes to be aware of the IJB's Code of Conduct and comply with its requirements and the duties placed on members.

Urgent Decisions

15. The Integration Joint Board currently holds no provision for a decision to be taken outside a Board meeting or the Audit and Risk Committee taking decisions within its remit. There are though occasions where it may be necessary for a decision to be taken urgently which can not wait for a meeting. As a result it is proposed to add a paragraph into Standing Orders that will allow the Chief Officer, in consultation with the Chair and Vice-Chair, to take decisions that were urgent and could not wait until the next meeting. To ensure appropriate oversight of this power, the Standing Order does require the Chief Officer to also report to the next meeting informing the Integration Joint Board or its committees of the action taken. It is not expected that this Standing Order will be required to be used regularly.

Timeline

16. The changes to the Standing Orders are to take effect from 21 January 2017.

Key risks

17. 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. Failure to maintain a deputation's process runs the risk of the perception that the Joint Board's decision making process is not inclusive or transparent.

18. There is a risk that failure to make clear duties under the Ethical Standards in Public Life (Scotland) Act 2000 will lead to substitute members of the Joint Board being unclear of their obligations to disclose any conflicts of interest they may have in respect of a particular decision before voting. Perception that members are not acting in a clear and transparent manner could lead to reputational damage for the IJB.

Financial implications

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

Involving people

20. Deputations are an important element in engaging with the public and encouraging participation in a transparent decision making public body. They provide an avenue for organisations and groups which wish to influence the Integration Joint Board and provide greater involvement in its decision making process.

Impact on plans of other parties

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

Background reading/references

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

Report author

Rob McCulloch-Graham

Chief Officer

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STANDING ORDERS FOR THE PROCEEDINGS AND BUSINESS OF THE INTEGRATION JOINT BOARD

1 General

1.1 These Standing Orders regulate the conduct and proceedings of the Edinburgh Integration Joint Board and its committees and sub-committees. The Integration Joint Board is the governing body for what is commonly referred to as the Health & Social Care Partnership. These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (No 285) ("the Order"). The Integration Joint Board approved these Standing Orders on 20 January 2017 to take effect from 21 January 2017.

Membership of the Integration Joint Board

1.2 The Integration Joint Board shall have two categories of members:

(i) Voting Members; and
(ii) Non-Voting Members

1.3 The City of Edinburgh Council and Lothian NHS Board have elected to nominate 5 members each to the Integration Joint Board, who shall be the voting members.

1.4 The Order prescribes a list of non-voting members who are to be included in the membership, and these members shall be appointed as described by the Order. The Integration Joint Board may appoint additional non-voting members as it sees fit.

1.5 The City of Edinburgh Council and the Lothian NHS Board shall also attend to any issues relating to the resignation, removal and disqualification of members in line with the Order. If and when a voting member ceases to be a councillor or a member of the NHS Board for any reason, either on a permanent or temporary basis, then that individual ceases to be a member of the Integration Joint Board.

1.6 If a voting member is unable to attend a meeting of the Integration Joint Board, the relevant constituent authority is to use its best endeavours to arrange for a suitably experienced substitute , who is either a councillor, or as the case may be, a member of the health board. The substitute voting member may vote on decisions put to that meeting, but may not preside over the meeting. If a non-voting member is unable to attend a meeting of the Integration Joint Board, that member may arrange for a suitably experienced substitute to attend the meeting.

2 Varying, Revoking or Suspending Standing Orders

2.1 Any statutory provision, regulation or direction by Scottish Ministers shall have precedence if they are in conflict with these Standing Orders.

2.2 Any one or more of these Standing Orders may be varied, suspended or revoked at a meeting of the Integration Joint Board following a motion moved and seconded and with the consent of the majority of voting members present and voting, provided the notice for the meeting at which the proposal is to be considered clearly indicates that there is a proposal to amend the standing orders, and the proposal itself does not result in the Integration Joint Board not complying with any statutory provision or regulation.

3 Chair

3.1 The Chair of the Integration Joint Board will be appointed in line with the terms agreed within the Integration Scheme and the Order. The Chair will preside at every meeting of the Integration Joint Board that he or she attends.

3.2 If both the Chair and Vice Chair are absent, the voting members present at the meeting shall choose a voting Integration Joint Board member to preside.

4 Vice-Chair

4.1 The Vice-Chair of the Integration Joint Board will be appointed in line with the terms agreed within the Integration Scheme and the Order.

4.2 In the absence of the Chair the Vice-Chair shall preside at the meeting of the Integration Joint Board.

5 Calling and Notice of Integration Joint Board Meetings

5.1 The first meeting of an Integration Joint Board is to be convened at a time and place determined by the Chair.

5.2 The Chair may call a meeting of the Integration Joint Board at any time. The Integration Joint Board shall meet at least 4 times in the year and will annually approve a forward schedule of meeting dates.

5.3 A request for an Integration Joint Board meeting to be called may be made in the form of a requisition specifying the business to be transacted, and signed by at least two thirds of the number of voting members, and presented to the chair. If the Chair refuses to call a meeting, or does not do so within 7 days of receiving the requisition, the members who signed the requisition may call a meeting. They must also sign the notice calling the meeting. However no business shall be transacted at the meeting other than that specified in the requisition.

5.4 Before each meeting of the Integration Joint Board, a notice of the meeting (in the form of an agenda), specifying the date, time, place and business to be transacted and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be delivered electronically to every member (e.g. sent by email) or sent by post to the members' usual place of residence so as to be available to them at least five clear days before the meeting. The notice shall be distributed along with any papers for the meeting that are available at that point.

5.5 With regard to calculating clear days for the purpose of notice:

Delivery of the Notice	Days excluded from the calculation of clear days: ✓ The day the notice is sent ✓ The day of the meeting ✓ Weekends ✓ Public holidays Example: If a meeting is to be held on a Tuesday, the notice must be sent on the preceding Monday. The clear days will be Tuesday, Wednesday, Thursday, Friday, and Monday. If the notice is sent by post it must be sent out a day earlier.

5.6 Lack of service of the notice on any member shall not affect the validity of a meeting.

5.7 Integration Joint Board meetings shall be held in public. The Clerk shall place a public notice of the time and place of the meeting at the designated office of the Integration Joint Board at least five clear days before the meeting is held.

5.8 While the meeting is in public the Integration Joint Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.

5.9 The Integration Joint Board may pass a resolution to meet in private in order to consider certain items of business, and may decide to do so for the following reasons:

5.9.1 The Integration Joint Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.

5.9.2 The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process

or contract negotiation.

5.9.3 The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the Data Protection Principles.

5.9.4 The business necessarily involves reference to exempt information, as determined by Schedule 7A of the Local Government (Scotland) Act 1973.

5.9.5 The Integration Joint Board is otherwise legally obliged to respect the confidentiality of the information being discussed.

5.10 The minutes of the meeting will reflect the reason(s) why the Integration Joint Board resolved to meet in private.

5.11 A member may be regarded as being present at a meeting of the Integration Joint Board if he or she is able to participate from a remote location by a video link or other communication link. A member participating in a meeting in this way will be counted for the purposes of deciding if a quorum is present.

6 Quorum

6.1 No business shall be transacted at a meeting of the Integration Joint Board unless there are present at least one half of the voting members of the Integration Joint Board.

6.2 If a quorum is not present, the meeting will stand adjourned to such date and time as may be fixed by the Chair.

7 Authority of the Chair at meetings of the IJB and its Committees

7.1 The duty of the person presiding is to ensure that the Standing Orders or the Committee's terms of reference are observed, to preserve order, to ensure fairness between members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.

7.2 Any member who disregards the authority of the Chair, obstructs the meeting, or conducts himself/herself offensively shall be suspended for the remainder of the meeting, if a motion (which shall be determined without discussion) for his/her suspension is carried. Any person so suspended shall leave the meeting immediately and shall not return without the consent of the meeting.

7.3 The Chair has the right to adjourn a meeting in the event of disorderly conduct or other misbehaviour at the meeting.

7.4 No business shall be transacted at any meeting of the Integration Joint Board other than that specified in the notice of the meeting except on grounds of urgency. Any request for the consideration of an additional item of business must be made to the Chair at the start of the meeting and the majority of voting members present must agree to the item being included on the agenda.

8 Deputations

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

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

8.3 The Chair has the discretion to waive the requirements in paragraphs 8.1 and 8.2 if they feel it is appropriate.

8.4 Deputations must relate to an agenda item being considered at that meeting.

8.5 The Integration Joint 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.

8.6 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.

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

9 Adjournment

9.1 If it is necessary or expedient to do so for any reason, a meeting may be adjourned to another day, time and place. A meeting of the Integration Joint Board, or of a committee of the Integration Joint Board, may be adjourned by a motion, which shall be moved and seconded and be put to the meeting without discussion. If such a motion is carried, the meeting shall be adjourned to such day, time and place as may be specified in the motion.

10 Voting and Debate

10.1 The Board may reach consensus on an item of business without taking a formal vote and the formal voting process outlined in paragraphs 10.2-10.10 would not need to be used.

10.2 Where a vote is taken, every question at a meeting shall be determined by a majority of votes of the members present and voting on the question. A vote may be taken by members by a show of hands, or by ballot, or any other method determined by the Chair. In the case of an equality of votes, the person presiding at the meeting does not have a second or casting vote.

10.3 Any voting member may move a motion or an amendment to a motion and it is expected that members will notify the Chair in advance of the meeting. The Chair may require the motion to be in writing and that the mover states the terms of the motion. Every motion or amendment is required to be moved and seconded.

10.4 Any voting member may second the motion and may reserve his/her speech for a later period of the debate.

10.5 Once a motion has been seconded it shall not be withdrawn or amended without the leave of the Integration Joint Board.

10.6 Where a vote is being taken, except for the mover of the original motion, no other speaker may speak more than once in the same discussion.

10.7 After debate, the mover of any original motion shall have the right to reply. In replying he/she shall not introduce any new matter, but shall confine himself/herself strictly to answering previous observations and, immediately after his/her reply, the question shall be put by the Chair without further debate.

10.8 A motion to adjourn any debate on any question or for the closure of a debate shall be moved and seconded and put to the meeting without discussion. Unless otherwise specified in the motion, an adjournment of any debate shall be to the next meeting.

10.9 Where there has been an equality of votes, the Chair of the Integration Joint Board on reflection of the discussion, will bring consideration of the matter to a close for that meeting, and give direction to the Chief Officer on how the matter should be taken forward. The Chief Officer will then be obliged to review the matter, with the aim of addressing any concerns, and developing a proposal which the integration joint board can reach a decision upon in line with Standing Order 10.

10.10 Where the matter remains unresolved, and the Chair concludes that the equality of votes is effectively a representation of a dispute between the two constituent parties, then the dispute resolution process which is set out in the integration scheme shall take effect. If the unresolved equality of votes is not a

representation of a dispute between the two constituent parties, then the Chair and the Chief Officer must work together to arrive at an acceptable position for the integration joint board.

11 Changing a Decision

11.1 A decision of the Integration Joint Board can not be changed by the Integration Joint Board within six months unless notice has been given in the notice of meeting and:

11.1.1 The Chair rules there has been a material change of circumstance: or

11.1.2 The Integration Joint Board agrees the decision was based on incorrect or incomplete information.

12 Minutes

12.1 The names of members present at a meeting of the Integration Joint Board, or of a committee of the Integration Joint Board, shall be recorded. The names of any officers in attendance shall also be recorded.

12.2 The Clerk (or his/her authorised nominee) shall prepare the minutes of meetings of the Integration Joint Board and its committees. The Integration Joint Board or the committee shall receive and review its minutes for agreement at its following meeting.

13 Matters Reserved for the Integration Joint Board

Standing Orders

13.1 The Integration Joint Board shall approve its Standing Orders.

Committees

13.2 The Integration Joint Board shall approve the establishment of, and terms of reference of all of its committees.

13.3 The Integration Joint Board shall appoint all committee members, as well as the chair of any committees.

Values

13.4 The Integration Joint Board shall approve organisational values, should it elect to formally define these.

Strategic Planning

13.5 The Integration Joint Board shall establish a Strategic Planning Group (Section 32 of Public Bodies (Joint Working) Scotland Act 2014), and appoint its membership (except for the members nominated by each constituent party).

13.6 The Integration Joint Board shall approve its Strategic Plan (Section 33) and any other strategies that it may need to develop for all the functions which have been delegated to it. The Integration Joint Board will also review the effectiveness of its Strategic Plan (Section 37).

13.7 The Integration Joint Board shall review and approve its contribution to the Community Planning Partnership for the local authority area. The Integration Joint Board shall also appoint its representative(s) at Community Planning Partnership meetings.

Risk Management

13.8 The Integration Joint Board shall approve its Risk Management Policy.

13.9 The Integration Joint Board shall define its risk appetite and associated risk tolerance levels.

Health & Safety

13.10 In the event that the Integration Joint Board employs five or more people, it shall approve its Health & Safety Policy.

Finance

13.11 The Integration Joint Board shall approve its annual financial statement (Section 39).

13.12 The Integration Joint Board shall approve Standing Financial Instructions and a Scheme of Delegation.

13.13 The Integration Joint Board shall approve its annual accounts.

13.14 The Integration Joint Board shall approve the total payments to the constituent bodies on an annual basis, to implement its agreed Strategic Plan.

Performance Management

13.15 The Integration Joint Board shall approve the content, format, and frequency of performance reporting.

13.16 The Integration Joint Board shall approve its performance report (Section 43) for the reporting year.

14 Integration Joint Board Members – Ethical Conduct

14.1 Voting and non-voting members of the Integration Joint Board are required to subscribe to and comply with the Code of Conduct which is made under the Ethical Standards in Public Life etc (Scotland) Act 2000. The Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct. The Clerk shall maintain the Integration Joint Board's Register of Interests. When a member needs to update or amend his or her entry in the Register, he or she must notify the Clerk of the need to change the entry within one month after the date the matter required to be registered.

14.2 Substitutes, of both voting and non-voting members, should be aware of the Integration Joint Board's Code of Conduct and should ensure that they comply with its requirements and the duties it places on members.

14.3 The Clerk shall ensure the Register is available for public inspection at the principal offices of the Integration Joint Board at all reasonable times.

14.4 Members and substitutes must always consider the relevance of any interests they may have to any business presented to the Integration Joint Board or one of its committees and disclose any direct or indirect pecuniary and non-pecuniary interests in relation to such business, before determining whether to take part in any discussion or decision on the matter.

14.5 Members shall make a declaration of any gifts or hospitality received in their capacity as an Integration Joint Board member. Such declarations shall be made to the Clerk who shall make them available for public inspection at all reasonable times at the principal offices of the Integration Joint Board.

15 Committees and Working Groups

15.1 The Integration Joint Board shall appoint such committees, and working groups as it thinks fit. The Integration Joint Board shall appoint the chairs of these committees. The Board shall approve the terms of reference and membership of the committees and shall review these as and when required.

15.2 The committee must include voting members, and must include an equal number of voting members appointed by the Health Board and local authority.

15.3 The Integration Joint Board shall appoint committee members to fill any vacancy in the membership as and when required.

15.4 Any Integration Joint Board member may substitute for a committee member who is also an Integration Joint Board member.

15.5 The Integration Joint Board shall approve a calendar of meeting dates for its committees. The committee chair may call a meeting any time, and shall call a meeting when requested to do so by the Integration Joint Board.

15.6 The Integration Joint Board may authorise committees to co-opt members for a period up to one year. A committee may decide this is necessary to enhance the knowledge, skills and experience within its membership to address a particular element of the committee's business. A co-opted member is one who is not a member of the Integration Joint Board, cannot vote and is not to be counted when determining the committee's quorum.

15.7 A member may be regarded as being present at a meeting of a committee if he or she is able to participate from a remote location by a video link or other communication link. A member participating in a meeting in this way will be counted for the purposes of deciding if a quorum is present.

16 Urgent Decisions

16.1 If a decision which would normally be made by the Integration Joint Board or one of its committees, requires to be made urgently between meetings of the Integration Joint Board or committee, the Chief Officer, in consultation with the Chair and Vice-Chair, may take action, subject to the matter being reported to the next meeting of the Integration Joint Board or committee.

Item 5.3

Report

Whole System Delays – Recent Trends

Edinburgh Integration Joint Board

20 January 2017

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. The total now includes people who were discharged within 3 days of the census (formerly excluded from the total). Totals since July 2016 are therefore not directly comparable with earlier figures.

2 The number of people who were ready for discharge from hospital at the November 2016 census was 181. As per national guidance, this total excludes people with complex reasons for delay.

3 The main reasons for delay are shown. Over the last year, people waiting for domiciliary care have accounted for at least 33% of the total, and the proportion in November was 38%. The number of people waiting for a care home place was comparatively high at 64, although lower than the 72 at the October census.

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

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

6 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 to enable a greater understanding of pressures and changes within the system, enabling actions to be appropriately targeted. Phase 1 is underway and will provide 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

7 That the Edinburgh IJB note:

- That there has been a significant increase in delayed discharge since June this year with the increase only partly explained by the changes in reporting which were introduced across Scotland in July.

- That given the complexity of this issue, a self assessment of the current approach in Edinburgh to tackling delays in transfer of care was 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".

- That a comprehensive range of actions is in place to secure a reduction in the number of people delayed. These focus on: admission avoidance, rehabilitation and recovery and supporting discharge.

Background

8 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".

9 Taking a whole system approach a range of 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:
- Admission avoidance
- Rehabilitation and recovery
- Supporting discharge

10 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.

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

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 and have been rephased since the October report.

Table 1. Delayed discharge targets: December 2016 to April 2017

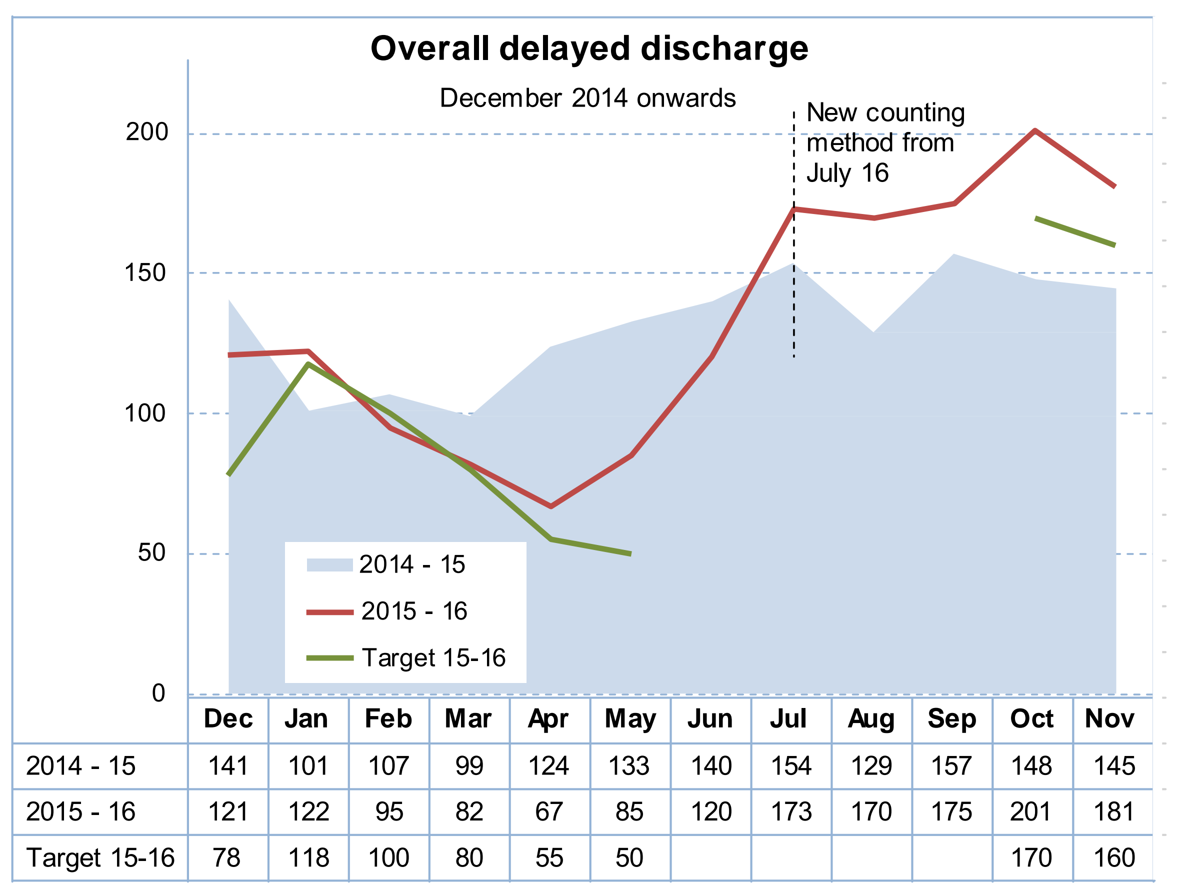
December 2016	158
January 2017	132
February 2017	110
March 2017	74
April 2017	50

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 December 2014 – November 2015 and the red line shows levels for the current year. Target levels are shown by the green line.

16 The total number of people delayed at the November census was 181. 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



	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
2014 - 15	141	101	107	99	124	133	140	154	129	157	148	145
2015 - 16	121	122	95	82	67	85	120	173	170	175	201	181
Target 15-16	78	118	100	80	55	50					170	160

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 October 2016 at 86 and then reduced to 69 in November.

Table 2

	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16
Assessment	26	30	26	27	23	14	20	34	24	43	42	47
Care Home	26	26	16	14	15	26	35	58	59	50	72	64
Domiciliary Care	64	59	49	36	22	40	59	78	76	81	86	69
Legal and Financial	0	0	0	0	2	0	0	0	0	0	0	0
Other	5	7	4	5	5	5	6	3	11	1	1	1
Total	121	122	95	82	67	85	120	173	170	175	201	181
% Domiciliary Care	53%	48%	52%	44%	33%	47%	49%	45%	45%	46%	43%	38%

18 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 remains comparatively high at 64. Difficulties within the care homes continued to have a bearing into the early part of this month. However successful recruitment has now allowed 8 vacancies in our own homes to be matched to people waiting. Additionally, we have seen an increase in the number of people matched to vacancies be declined on assessment by the care home due to complexity of need. Norovirus has also had an impact on the flow of placements through Gylemuir House which lasted for 10 days. Despite these factors the number of people delayed while waiting for a care home place has reduced on last month's figure of 72.

19 It remains of concern that there are a substantial number of people waiting to move from hospital to a care home place (35% 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.

20 The increase in people waiting for domiciliary care since April will have been caused by a range of pressures in Care at Home. The new Care at Home contracts aim to address these issues. A workshop to identify and address challenges experienced in implementing the contract has been held (7 December 2016) and a range of actions agreed relating to processes (e.g. matching packages), data quality, recruitment and unmet need. Full details of the actions will be provided in a report to the January Flow Board.

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

Table 3

	Dec 15	**Jan 16**	**Feb 16**	**Mar 16**	**Apr 16**	**May 16**	**Jun 16**	**Jul 16**	**Aug 16**	**Sep 16**	**Oct 16**	**Nov 16**
Delays in acute sites	106	117	80	74	64	82	112	148	146	143	173	145
Total	121	122	95	82	67	85	120	173	170	175	201	181
% in acute	88%	96%	84%	90%	96%	96%	93%	86%	86%	82%	86%	80%

22 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. 16 of the 23 in November 2016) are shown separately.

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

Table 4

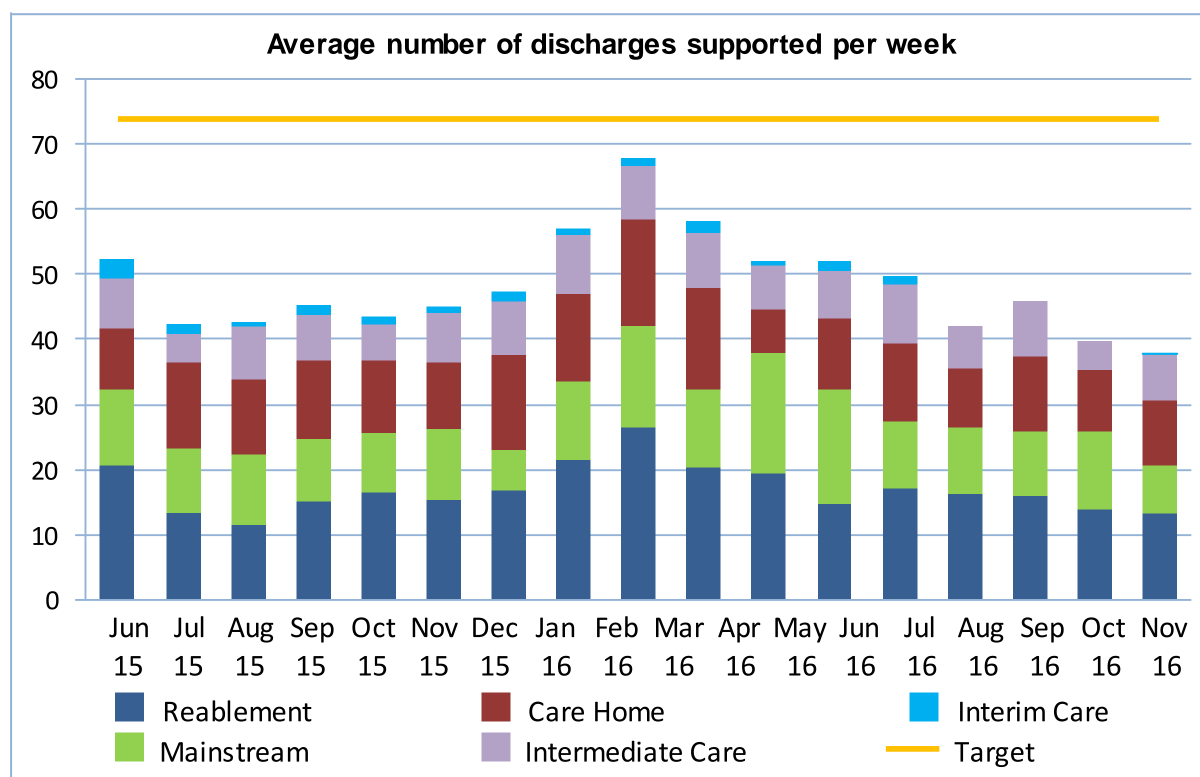
	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16
Total	121	122	95	82	67	85	120	173	170	175	201	181
Excluded cases	27	35	29	33	30	33	27	25	23	24	27	23
Of which, Guardianship	24	23	21	28	25	30	24	23	20	20	22	16
Grand Total	148	157	124	115	97	118	147	198	193	199	228	204

People supported to leave hospital

24 Targets for the total number of people supported each week have been revised with the objective of achieving the target of 50 people delayed by April 2017. This is detailed in Appendix 1.

25 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 exclude the number of packages of care that are estimated to re-start each week.

Chart 2



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

Other work streams to address delayed discharge

27 Current activity in the three key work streams which are underway and are being overseen by the Patient Flow Programme Board is summarised below.

28 Admission avoidance: work is progressing in the falls pathway with a stakeholder event having taken place on 21st November. The outputs form this are being used to inform a local improvement project charter. Work is also progressing to provide GPs with support and guidance in relation to anticipatory care planning, as well as specific work to develop a structured approach to improving anticipatory care planning with 3 care homes within North Edinburgh.

29 Rehabilitation and recovery: work is proceeding on phase 2: work is underway to analyse the data to explore the volumes and causes of reablement clients who are not eligible based on the existing criteria. Arrangements continue to develop the bridging service through a staff training programme.

30 Supporting discharge: the current focus is on increasing capacity and flow with Elderly Care Assessment Teams now working within all specialties including surgery and orthopaedics, as well as frailty teams in place within the Emergency Department which include Assistant Nurse Practitioners and which has increased the date of direct discharge home. The Rapid Improvement Team, which was put in place on 1 November 2016, continues to have an impact. Its focus has been on working with localities and partner providers to support partnership working, streamline referral processes, introduce joint workforce planning to build city-wide capacity, and improve communications and data quality. The team works with the Service Matching Unit (SMU) to eliminate the backlog of referrals and streamline referral processes. This work has already resulted in an in-principle agreement to reduce referral response from 7 days to 48 hours for Locality Partners, a reduction of 47% in the backlog of SMU referrals and a reduction in the waiting list for packages of care of over 100 people (17%).

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

Whole system flow

32 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.

33 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.

34 Two operational managers (one Locality Manager and one hospital based manager) have been nominated to become part of the project team. They will identify the performance information they need to enable them to identify and address issues and these will be built into the suite of measures.

35 In the short term, the current weekly operational report, which has been provided to senior managers over the last two years or so, is being reformatted to show the data in the SPC format. A summary sheet will be developed to draw attention to areas trends in performance or activity differ from expected patterns.

36 Progress with this work stream is being overseen by the Flow Board.

Key risks

37 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.

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

Financial implications

39 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

40 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

41 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

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Links to priorities in the 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

	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 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	328	328
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	74	74

Table 6. Provision of packages of care by type

	Care at Home			Care Homes			Intermediate Care			Reablement			Mainstream			Total (1)			Est	Total (2)		
Week Ending	Traj.	Actual	Diff.	Traj.	Actual	Diff.	Traj.	Actual	Diff.	Traj.	Actual	Diff.	Traj.	Actual	Diff.	Traj.	Actual	Diff.	Restart	Traj.	Actual	Diff.
09/10/2016	10	11	1	10	14	4	6	10	4	13	16	3	2	1	-1	41	52	11	14	55	66	11
16/10/2016	11	11	0	10	15	5	7	7	0	14	10	-4	2	0	-2	44	43	-1	14	58	57	-1
23/10/2016	12	5	-7	10	6	-4	8	8	0	15	15	0	2	0	-2	47	34	-13	14	61	48	-13
30/10/2016	14	4	-10	10	9	-1	8	10	2	16	20	4	2	1	-1	50	44	-6	14	64	58	-6
06/11/2016	16	7	-9	10	10	0	9	9	0	18	28	10	3	2	-1	56	56	0	14	70	70	0
13/11/2016	18	4	-14	10	8	-2	10	10	0	18	24	6	3	0	-3	59	46	-13	14	73	60	-13
20/11/2016	18	12	-6	10	13	3	10	6	-4	18	21	3	4	5	1	60	57	-3	14	74	71	-3
27/11/2016	18	5	-13	10	15	5	10	5	-5	18	23	5	4	3	-1	60	51	-9	14	74	65	-9
04/12/2016	18	5	-13	10	9	-1	10	5	-5	18	21	3	4	6	2	60	46	-14	14	74	60	-14
11/12/2016	18	6	-12	10	6	-4	10	11	1	18	23	5	4	4	0	60	50	-10	14	74	64	-10
18/12/2016	18	2	-16	10	4	-6	10	11	1	18	21	3	4	3	-1	60	41	-19	14	74	55	-19
25/12/2016	18	4	-14	10	13	3	10	12	2	18	24	6	4	3	-1	60	56	-4	14	74	70	-4
01/01/2017	18	0	-18	10	12	2	10	5	-5	18	9	-9	4	0	-4	60	26	-34	14	74	40	-34
08/01/2017	18			10			10			18			4			60			14	74		
15/01/2017	18			10			10			18			4			60			14	74		
22/01/2017	18			10			10			18			4			60			14	74		
29/01/2017	18			10			10			18			4			60			14	74		
05/02/2017	18			10			10			18			4			60			14	74		
12/02/2017	18			10			10			18			4			60			14	74		
19/02/2017	18			10			10			18			4			60			14	74		
26/02/2017	18			10			10			18			4			60			14	74		
05/03/2017	18			10			10			18			4			60			14	74		
12/03/2017	18			10			10			18			4			60			14	74		
19/03/2017	18			10			10			18			4			60			14	74		
26/03/2017	18			10			10			18			4			60			14	74		
02/04/2017	18			10			10			18			4			60			14	74		

Week Ending	Care at Home	Reablement	Mainstream	Intermediate	Care homes	Restarts (est)	Total
04/12/2016	18	18	4	10	10	14	74
11/12/2016	18	18	4	10	10	14	74
18/12/2016	18	18	4	10	10	14	74
25/12/2016	18	18	4	10	10	14	74
01/01/2017	18	18	4	10	10	14	74
08/01/2017	18	18	4	10	10	14	74
15/01/2017	18	18	4	10	10	14	74
22/01/2017	18	18	4	10	10	14	74
29/01/2017	18	18	4	10	10	14	74
05/02/2017	18	18	4	10	10	14	74
12/02/2017	18	18	4	10	10	14	74
19/02/2017	18	18	4	10	10	14	74
26/02/2017	18	18	4	10	10	14	74
05/03/2017	18	18	4	10	10	14	74
12/03/2017	18	18	4	10	10	14	74
19/03/2017	18	18	4	10	10	14	74
26/03/2017	18	18	4	10	10	14	74
02/04/2017	18	18	4	10	10	14	74
09/04/2017	18	18	4	10	10	14	74
16/04/2017	18	18	4	10	10	14	74

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 5.4

Report

Financial Planning Update

Edinburgh Integration Joint Board

20th January 2017

Executive Summary

1. This paper updates the Integration Joint Board on the financial planning process for 2017/18.

Recommendations

2. It is recommended that the board:

   a) note the impact of the 2017/18 draft Scottish Budget on the financial plans for the City of Edinburgh Council, NHS Lothian and the Integration Joint Board;

   b) note the current status of the financial plans for the City of Edinburgh Council and NHS Lothian and the impact on delegated budgets for the Integration Joint Board;

   c) agree to receive a financial plan for the Integration Joint Board for 2017/18 in March 2017; and

   d) refer the proposed social care fund investments to the Strategic Planning Group for prioritisation.

Background

3. A financial plan overview was presented to the board in November 2016. Being in advance of the publication of the Scottish Government draft budget in December 2016 the paper contained a number of high level planning assumptions which were subject to change.

4. Subsequently, the one year draft budget for 2017/18 was announced by the Cabinet Secretary for Finance and the Constitution on 15th December 2016. This confirmed the provisional financial settlements for the City of Edinburgh Council (CEC) and NHS Lothian (NHSL), allowing them to progress their respective financial plans.

5. The CEC budget will be presented to the full Council for approval on 9th February 2017. Development of the NHSL financial plan is ongoing with an initial draft shared with the Finance and Resources

Committee on 18th January 2017. A number of actions have been agreed before the next version of the plan is presented to the committee in March, including communication with Integration Joint Boards, providing them with an estimate of the level of financial challenge based on the draft plan.

6. In parallel, the IJB has been developing its financial plan, based on an assumed level of contribution from CEC and NHSL and an assessment of the financial implications of the strategic plan and other pressures likely to crystallise in 17/18.

Main report

Scottish Budget

7. The draft Scottish budget was published on 15th December 2016, setting out spending plans for 17/18. Analysis of the Cabinet Secretary's statement and the accompanying detail is ongoing by officers of CEC, NHSL and the IJB, informed by on-going receipt of additional supporting detail from the Scottish Government.

8. Key relevant highlights of this one year settlement are:

- An average net reduction in resources for **Local Authorities** of 2.8%;
- An increase in the annual level of Scotland-wide funding made available through the **social care fund** from £250m to £357m. This increase of £107m provides additional support to: meet the full year costs of the living wage across the care sector; address pressures related to changes in legislation in respect of sleepover costs; disregard the value of war pensions from financial assessments for social care; and pre implementation of the Carers' Act. Specifically, a sum of £80m has been identified within the overall £107m increase to address the full year cost of living wage implementation and a number of other pressures affecting the care sector. The funding will be transferred directly from the NHS to integration authorities and the IJB's allocation has now been confirmed at £8.7m. Discussions are ongoing with SG to ensure any conditions associated with this funding are clearly understood;
- A baseline uplift of 1.5% for territorial **Health Boards**, which is a reduction from the planning estimate of 1.7%. It should be noted that £100m of the £107m increase in the social care fund is included in the overall 1.5% uplift;
- Additional funding of £50m across Scotland to continue the move towards **NRAC** parity;

- **Transformational funds** of £127m, in the main for primary care and mental health services. At this stage the SG has not confirmed how this money should be deployed, although some of this resource will not be new investment;

- NHS **contributions to integration authorities** to be maintained at least at 16/17 cash levels. In simple terms, this means that budgets for allocation from NHS Boards to integration authorities for 17/18 must be at least equal to the recurrent budgeted allocations in 16/17;

- **Local Authorities** can adjust their **allocation to integration authorities** by up to their share of £80m (included in the £107m increase in the social care fund) below the level of the recurring budget agreed for 16/17; and

- Health Boards have been challenged to deliver a **5% savings target** and drive efficiencies underpinning the principles of value and sustainability (minimise waste, reduce variation, and standardise).

9. The current position with the financial plans from CEC and NHSL are outlined in paragraph 10 to 18 below:

City of Edinburgh Council

10. The CEC revenue budget framework for 17/18 is being presented to the Council's Finance and Resources Committee on 19th January 2017. Following this it will be referred to the Council on 9th February 2017 as part of the budget setting process, following which a formal offer of a delegated budget for the IJB is expected. The potential impacts on the IJB are outlined in paragraphs 12 to 14 below.

11. At 2.9% the reduction in the CEC settlement was slightly above the national average, requiring a further £2.4m of savings when compared to planning assumptions.

12. As noted above, the Cabinet Secretary's announcement confirmed that total support provided through the social care fund across Scotland in 2017/18 will increase to £357m. Local authorities will be permitted to reduce their own allocations to IJBs by up to their proportionate share of the £80m (referred to in paragraph 8) below the level of recurring budget agreed for 2016/17. For CEC this equates to a permitted reduction of £6.52m based on a share equivalent to that in 2016/17.

13. The Council's planning assumption, which forms the basis of the provisional offer to the EIJB for 2017/18, is that the delegated budget is unchanged in cash terms from 16/17. In practical terms this means that the offer includes provision for pay awards, apprenticeship levy and demography offset by previously approved savings.

14. CEC would therefore not be exercising their right to reduce the budget delegated to the IJB and would maintain the existing level of funding. This would be supplemented by the IJB's share of the additional £107m included within the social care fund, now confirmed at £8.7m.

NHS Lothian

15. An update of the financial plan will be presented to the Finance and Resources Committee on 18th January 2017. This paper acknowledges that, based on information currently available, NHS Lothian is not able to provide any assurance on its ability to deliver a balanced financial plan in 2017/18 at this time. Paragraphs 16 to 18 below set out the highlights from an IJB perspective.

16. At 1.5%, the total base uplift for NHSL amounts to £19.6m. Of this £14.2m (being the Lothian share of the increase in the social care fund) will be passed directly to the 4 Lothian IJBs (£8.7m for Edinburgh) leaving NHSL with a balance of £5.4m. This will be supplemented by any additional NRAC funding and, at present the board is assuming that it will receive £19m. This has not yet been confirmed and is subject to COSLA agreement of the Scottish budget. Further work is to be undertaken to agree the distribution of £5.4m base uplift and £19m NRAC.

17. The current draft of the financial plan includes proposed investment in primary care services of £5m across Lothian over 3 years (£2m in year 17/18).

18. NHSL continues to refine their financial plan and has assessed that the in year shortfall is in the range of £17.7m to £71.5m, with the most likely position being a deficit of £51.5m in 17/18. Detailed discussions are scheduled to take place with all 4 IJB in late February and, at this stage, it is estimated that the IJB's share of the £51.5m would be £10.4m.

IJB financial planning

19. Given the prevailing uncertainly, particularly in relation to the financial position of NHSL, the IJB is not yet in a position to present a financial plan for approval. However officers of the 3 organisations continue to work closely to ensure planning assumptions are aligned and financial plans are developed in parallel.

20. At its meeting in November the IJB received an initial indication of the costs of implementing the strategic plan. It was noted that the IJB's ability to support these investments would be contingent on: the crystallisation of financial planning assumptions; settlements from CEC and NHSL; and full delivery of savings. It also noted that investing social care funding (SCF) to support delivery of the strategic plan was a key part of the 17/18 financial planning process and agreed to

progress the allocation of the balance of the SCF (including the agreed carry forward) through the Strategic Planning Group.

21. Available funding totals £11.6m, of which £3.4m represents the estimated non recurring carry forward from 16/17. The cost of the updated proposals is slightly more at £11.9m but is should be noted that the numbers are high level estimates and therefore subject to change. Additionally, the recurring position is out of balance by £2.7m as summarised in table 1 below.

	Rec £k	Non rec £k
ARBD	385	
Community NHS complex care	400	
Community placements - MH rehabilitation	1,190	
Diabetes LES	171	
District nursing review	250	200
EBSS & care home liaison	385	
Front door assessment service	314	
Gylemuir (non recurring funding)	1,327	
Hospital at home (hub workers)	1,000	
Liberton (increase in bed numbers)	1,500	
Multi-morbidities and prevention	317	
Overnight homecare service	150	
Reduction in drug & alcohol funding	750	
Supporting hospital discharge	385	
Telecare		760
Trial night response service	121	
Unmet demand	2,246	
Total	**10,892**	**960**
Funding available	**8,186**	**3,427**
Difference	**2,706**	**(2,467)**
Total difference	**239**	

Table 1: summary proposed social care fund funding and investments

22. It is suggested that these proposed investments are considered in more detail and prioritised through the strategic planning group.

23. An initial assessment of the second tranche of the SCF (the £107m) indicates that it will be fully utilised through a combination of implementing the living wage and other conditions associated with the funding of and providing for demographic growth.

24. In the light of the “flat cash” offer this would mean that any pay and other inflationary increases would have to be funded by cost releases elsewhere in the system (ie by generating savings).

Key risks

25. The key risk is to the delivery of the IJB's strategic plan in the current financial environment, particularly the NHSL position. Development and delivery of a programme of recurring savings together with active management of a range of risks and pressures remains critical.

Financial implications

26. Outlined elsewhere in this report.

Involving people

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

Impact on plans of other parties

28. As above.

Background reading/references

29. None.

Report author

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Links to priorities in strategic plan

Managing our resources effectively	

Item 5.4

Report

Financial Planning Update

Edinburgh Integration Joint Board

20th January 2017

Executive Summary

1. This paper updates the Integration Joint Board on the financial planning process for 2017/18.

Recommendations

2. It is recommended that the board:

   a) note the impact of the 2017/18 draft Scottish Budget on the financial plans for the City of Edinburgh Council, NHS Lothian and the Integration Joint Board;

   b) note the current status of the financial plans for the City of Edinburgh Council and NHS Lothian and the impact on delegated budgets for the Integration Joint Board;

   c) agree to receive a financial plan for the Integration Joint Board for 2017/18 in March 2017; and

   d) refer the proposed social care fund investments to the Strategic Planning Group for prioritisation.

Background

3. A financial plan overview was presented to the board in November 2016. Being in advance of the publication of the Scottish Government draft budget in December 2016 the paper contained a number of high level planning assumptions which were subject to change.

4. Subsequently, the one year draft budget for 2017/18 was announced by the Cabinet Secretary for Finance and the Constitution on 15th December 2016. This confirmed the provisional financial settlements for the City of Edinburgh Council (CEC) and NHS Lothian (NHSL), allowing them to progress their respective financial plans.

5. The CEC budget will be presented to the full Council for approval on 9th February 2017. Development of the NHSL financial plan is ongoing with an initial draft shared with the Finance and Resources

Committee on 18th January 2017. A number of actions have been agreed before the next version of the plan is presented to the committee in March, including communication with Integration Joint Boards, providing them with an estimate of the level of financial challenge based on the draft plan.

6. In parallel, the IJB has been developing its financial plan, based on an assumed level of contribution from CEC and NHSL and an assessment of the financial implications of the strategic plan and other pressures likely to crystallise in 17/18.

Main report

Scottish Budget

7. The draft Scottish budget was published on 15th December 2016, setting out spending plans for 17/18. Analysis of the Cabinet Secretary's statement and the accompanying detail is ongoing by officers of CEC, NHSL and the IJB, informed by on-going receipt of additional supporting detail from the Scottish Government.

8. Key relevant highlights of this one year settlement are:

- An average net reduction in resources for **Local Authorities** of 2.8%;

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Financial implications

26. Outlined elsewhere in this report.

Involving people

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

Impact on plans of other parties

28. As above.

Background reading/references

29. None.

Report author

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Links to priorities in strategic plan

Managing our resources effectively	

Item 5.5

Report

Financial Position to November 2016

Edinburgh Integration Joint Board

20th January 2017

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 November 2017 and the forecast year end position.

Recommendations

2. It is recommended that the board:

- Notes the financial position at the end of November 2016 - a cumulative overspend of £5.4m;
- Notes that a combination of social care fund monies identified by the IJB and provisions made by the City of Edinburgh Council reduces the forecast overspend in the council element of the IJB's budget to £0.9m;
- Notes that NHS Lothian will underwrite the projected overspend in the health element of the IJB's budgets on the basis that NHS Lothian can break-even in 16/17; and
- Agrees to request that NHS Lothian undertake a detailed review of prescribing in Edinburgh.

Background

3. Budget monitoring of IJB delegated functions is undertaken by finance teams within the City of Edinburgh Council (CEC) and NHS Lothian (NHSL) who have responsibility for working with budget holders to prepare information on financial performance. This is in line with the approved integration scheme which notes that when resources have been delegated via directions by the IJB, NHSL and CEC apply their established systems of financial governance to the delegated functions and resources. This reflects the IJB's role as a strategic planning body which does not directly deliver services, employ staff or hold cash resources.

4. Both NHSL and CEC then provide the required information on operational budget performance from their respective financial systems, under the co-ordination of the IJB Interim Chief Finance officer, to provide budget reports to the Board on delegated health and social care functions.

5. In terms of in year operational budget performance, the Council and NHSL are primarily responsible for managing within budget resources available as set out in the Directions issued to both bodies. However, it is important that the IJB has oversight of the in year budget position as this influences the strategic planning role of the Board and highlights any issues that need to be taken account of in planning the future delivery of health and social care services within available resources.

6. At the November meeting the Board agreed to formally accept the delegated budget offer from CEC but the position with NHSL remained outstanding. The IJB asked the Chief Officer and Interim Chief Finance Officer to continue to progress this with NHSL and the outcome of these discussions is covered in paragraphs 12 and 13 below.

Main report

Overview

7. For the first 8 months of the financial year the IJB overspent by £5.4m 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 £12.3m. This is a deterioration of £2.2m on the November projection which reflects a reassessment of the CEC savings programme. The numbers are summarised in table 1 with further detail included in appendices 1 (NHSL) and 2 (CEC).

	Position to end November 2016			Year end forecast variance
	Budget £k	Actual £k	Variance £k	£k
NHS services				
Core services	155,549	157,377	(1,828)	(2,430)
Hosted services	50,271	49,722	549	(1,167)
Set aside services	65,263	65,811	(548)	(3,353)
Sub total NHS services	**271,083**	**272,910**	**(1,827)**	**(6,949)**
CEC services	**125,286**	**128,886**	**(3,600)**	**(5,400)**
Gross position	**396,369**	**401,796**	**(5,427)**	**(12,349)**

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

NHS services

8. Services delivered by the NHS account for £1.8m of the year to date overspend and £6.9m of the year end forecast. Further detail is given in appendix 1. The key drivers of this position continue to be pressure on prescribing and nursing budgets in community hospitals.

9. The prescribing position, although reporting a £0.5m improvement in month, continues to forecast an overspend position. NHSL Finance and Resources Committee received a report detailing an update on GP prescribing expenditure across Lothian, the implications for planning into 17/18 and the actions being proposed to control expenditure. This comprehensive paper highlighted ongoing increases in both volume and price in excess of predicted levels. This combination of factors is driving the forecast year end overspend of £1.7m (£0.9m was the original forecast overspend within the 16/17 financial plan). The paper set out the position across Lothian and It is suggested that the IJB ask NHSL to provide a similar analysis of the Edinburgh position in order to inform our approach to managing prescribing budgets.

10. 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; sickness; and the use of bank nurses to achieve safe minimum staffing level. The Chief Nurse has developed an action plan to address these issues and a workforce review paper will go through the governance lines and be presented to the IJB in March 2017. Implementation of this action plan has seen a reduction in bank usage across all services with the exception of the brain injury unit which is subject to a separate review.

11. Hosted and set aside services combined are in balance to November but this position is forecast to deteriorate by the year end. NHSL are undertaking further work to determine the drivers.

12. As reported in previous months, NHSL is forecasting an overall breakeven position for 16/17. The corollary being that the same IJB pressures relating to NHS functions, are currently forecast to be met by NHS Lothian through a combination of recurrent reserves and other one off sources including the sale of properties and balance sheet provisions. Taking account of this, the overspend on IJB functions delivered by NHSL will be managed and a breakeven position will effectively be achieved for 16/17.

13. This position has now been agreed with the NHSL Chief Executive and Director of Finance. As NHSL will be using non recurring monies to bridge the overall gap they have proposed the underwriting of the existing level of overspend as outlined in paragraph 12 above as opposed to formally increasing the offer to the IJB. On this basis it is recommended that the IJB now accept this position.

Council services

14. At November the outturn forecast for Council services shows a projected overspend of £5.4m. Of this, £3.4m relates to purchasing budgets and is primarily attributable to delays in the implementation of transformation linked savings proposals. A further £2m (relating to the phasing of the implementation of the new structure and increasing agency costs) was identified following a review by Council officers.

15. As a result, CEC services make up £3.6m of the year to date and £5.4m of predicted full year overspend. Details are included in appendix 2.

16. Work is ongoing to review the budget position and consider further opportunities to reduce the level of overspend. Provisional non-recurring funding contributions of £4.5m have been identified at this stage to offset the projected overspend with £3.4m earmarked by the IJB through the social care fund and £1.1m by the Council through the overall revenue budget monitoring position. These 2 measures would bring the projection down to a net £0.9m overspend. Discussions on ongoing with CEC to identify how this gap will be bridged.

17. A sustainable means of realising the approved level of savings in the medium term is required and a review of planned savings for 2017/18 will be undertaken.

Key risks

18. Key risks include: further deterioration in the financial position, either in terms of baseline spending or delivery of savings; and a failure to reach agreement with CEC around the outstanding £0.9m residual gap.

Financial implications

19. Outlined elsewhere in this report.

Involving people

20. 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

21. As above.

Background reading/references

22. None.

Report author

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Links to priorities in strategic plan

Managing our resources effectively	

APPENDIX 1

NHS LOTHIAN ELEMENT OF IJB FINANCIAL POSITION 2016/17

	Position to end November 2016			Year end forecast variance
	Budget	Actual	Variance	
	£k	£k	£k	£k
Core services				
Community AHPs	3,958	3,905	53	135
Community Hospitals	6,715	7,385	(669)	(1,273)
District Nursing	7,048	6,774	274	633
GMS	46,814	46,839	(25)	51
Mental Health	6,320	6,205	115	44
Prescribing	51,455	52,539	(1,084)	(1,713)
Resource Transfer	25,059	25,058	1	0
Other	8,180	8,672	(492)	(307)
Sub total core	**155,549**	**157,377**	**(1,828)**	**(2,430)**
Hosted services				
AHPs	4,444	4,212	233	406
Complex care	1,232	1,505	(272)	(181)
Learning disabilities	5,972	5,761	211	357
Lothian unscheduled care service	3,770	3,866	(96)	(674)
Mental health	18,281	17,600	681	(1,349)
Oral health services	6,165	6,000	165	146
Rehabilitation medicine	2,603	2,478	125	201
Sexual health	2,010	1,950	59	43
Substance misuse	2,970	3,415	(445)	(466)
Out of area placements	2,514	2,447	67	0
Other	311	490	(179)	351
Sub total hosted	**50,271**	**49,722**	**549**	**(1,167)**
Set aside services				
A & E (outpatients)	4,328	4,278	50	80
Cardiology	10,896	10,783	113	183
Gastroenterology	3,788	3,640	149	96
General Medicine	20,622	21,179	(557)	(3,028)
Geriatric Medicine	12,540	12,499	41	(248)
Infectious Disease	5,432	5,386	46	23
Rehabilitation Medicine	1,340	1,453	(113)	0
Therapies	3,945	4,059	(115)	(402)
Other	2,371	2,534	(163)	(57)
Sub total set aside	**65,263**	**65,811**	**(548)**	**(3,353)**
Grand total	**271,083**	**272,910**	**(1,827)**	**(6,949)**
Underwritten by NHSL				**6,949**
Net position				**0**

APPENDIX 2

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

	Position to end November 2016			Year end forecast variance
	Budget	Actual	Variance	
	£k	£k	£k	£k
Employee costs				
Council Paid Employees	51,647	51,380	267	400
Agency Staff	3,333	4,933	(1,600)	(2,400)
Redundancy costs	2,333	2,333	0	0
Sub total	**57,313**	**58,647**	**(1,333)**	**(2,000)**
Non pay costs				
Care at Home	34,535	35,909	(1,374)	(2,061)
Residential & Nursing	30,367	30,367	0	0
Free Personal & Nursing Care	8,853	8,853	0	0
Day Care	4,061	4,135	(75)	(112)
Direct Payments/Ind Service Fund	11,073	11,891	(818)	(1,227)
Block Contracts	12,427	12,427	0	0
Grants	2,468	2,468	0	0
Other	10,297	10,297	0	0
Sub total	**114,081**	**116,348**	**(2,267)**	**(3,400)**
Gross expenditure	**171,395**	**174,995**	**(3,600)**	**(5,400)**
Income				
Clients	(13,740)	(13,740)	0	0
External funding	(32,049)	(32,049)	0	0
CEC	(320)	(320)	0	0
Total Income	**(46,109)**	**(46,109)**	**0**	**0**
Net expenditure	**125,286**	**128,886**	**(3,600)**	**(5,400)**
Provisional offsets:				
Social care fund				3,400
City of Edinburgh Council				1,100
Net expenditure	**125,286**	**128,886**	**(3,600)**	**(900)**

ITEM 5.6

Report

Workforce Update: District Nursing

Edinburgh Integration Joint Board

20 January 2017

Executive Summary

1. The purpose of this report is to update the Edinburgh Integration Joint Board (EIJB) on the pressures and the current and future challenges facing District Nursing across the Edinburgh Health and Social Care Partnership, and the three Lothian Integrated Joint Boards.

2. The highest proportion of vacancy is currently within the Edinburgh District Nursing Band 6 Caseload Holder level. There are currently 219 Whole Time Equivalent (WTE) nurses within community district nursing services in Edinburgh. Of these, there are 70 WTE Band 6 Caseload Holders and there are currently 14 vacancies amongst this group, this being a vacancy rate of 20%. This is creating a significant pressure within the service and this trend is predicted to continue.

3. In addition to the above 57% of the current Band 6 and Band 7 District Nurses and Senior Community Staff Nurses are aged 50 or over. The majority of this group of nurses have protected pension status and can retire with a full pension at the age of 55.

4. It is difficult to recruit trained and experienced District Nurses who can manage a caseload and there is a UK wide shortage of such staff.

5. During this year, 11 trainee District Nurses have been funded and recruited to undertake Masters Degrees at Queen Margaret University, Edinburgh. Six of these trainees have been funded via recurring funding. The other five were funded with non-recurring funding from NHS Lothian Corporate Nursing as a measure to address those pressures. However, this number is inadequate to fill the current and pending gap across Lothian. There is an urgent need to recruit and train additional District Nurses and the Executive Nurse Director and IJB Chief Nurse are working to progress this.

Recommendations

6. To accept the report as assurance that the Edinburgh Health & Social Care Partnership (EHSCP) is taking a whole system approach to ensure the pressures within district nursing in Edinburgh are being addressed, and that a Lothian-wide approach is being taken to deal with current and future service needs. This is being overseen by the Executive Nurse Director and the NHS Lothian Board.

7. To acknowledge current and future District Nurse supply and demand issues and the need to urgently train additional District Nurses as well as attempt to recruit nationally to vacant posts.

8. In conjunction with the three Lothian IJBs, to support the recommendations from the Lothian Review of District Nursing 2016 and support a collective Lothian-wide approach to taking forward the recommendations and key priorities within this report (Appendix 1).

9. To support the current actions being taken to address the pressures within the District Nursing service in Edinburgh and across all four IJBs, and receive regular updates from the Partnership in relation to progress against the actions.

Background

10. District Nursing is a life line for many patients providing vital care in their own homes, residential care homes and GP surgeries (Kings Fund 2016).

11. The issues regarding primary care are related to the following key areas:

    - A general population growth with a significant shift in the overall demographic profile which has increased demand for the following services: multi-morbidity care; those for the frail and elderly; and palliative and end of life care.
    - A reduced primary care capacity due to the number of staff (District Nurses, General Practice Nurses and GPs) who could potentially retire in the next five years.
    - A historical (un-resourced) shift in the balance of care from hospital to community settings.
    - The Scottish Government 20:20 Vision for Health and Social Care emphasises the need to shift more care to community settings and away from acute services.

12. Historically, district nursing teams have had a significant staff nurse skill mix in order to respond to service development issues, financial drivers and service redesign, to

ensure the needs of patients and their families are being met. The current teams are made up of a Team Leader (Band 7), District Nurses (Band 6 caseload holders with a speciality community qualification/registration), Community Nurses (Band 5) and Clinical Support Workers (Band 3).

13. At 1 April 2016, there were nine vacancies at Band 6 District Nurse level in Edinburgh. This figure had risen to 14 by November 2016. The number of vacancies has been increased by experienced Band 5 staff leaving district nursing teams for promoted posts within other services where a post-registration qualification is not required for instance in general practice, acute services, or hospital at home and out of hours services. In addition, the age profile of existing Band 6 and 7 District Nurses suggests that approximately 47% of this staff group across Lothian could retire by 2021. Most District Nurses have NHS 'special pension status' and therefore can potentially retire at the age of 55.

14. District Nurses play a key role in caring for patients in their homes with long term conditions, those with complex health needs, and in relation to palliative and end of life care at home and in care home settings. They also play an important role in preventing hospital admissions and supporting discharge from hospital. The role of the District Nurse is critical to primary care sustainability and it is absolutely essential that this current vacancy challenge is addressed urgently and in a robust way to ensure a sustainable community nursing service for the future which can support current and future population demographic needs.

Main report

15. It is very difficult to recruit trained experienced District Nurses at Band 6 caseload holder level. Despite a recently placed national advert, the uptake against Band 6 vacancies has been very low. In addition, a higher proportion of recent recruits to community staff nurse posts are newly qualified staff with limited nursing experience and who require higher levels of direct and indirect supervision for longer periods as they develop their skills and competencies to work independently in a community setting. The shortage of Band 6 District Nurses means that current Band 6 Caseload Holders are managing significantly larger and more complex caseloads as well as supporting less experienced nurses within the community setting.

16. In order to become a Registered District Nurse (Caseload Holder) with the Nursing and Midwifery Council (NMC) it is necessary to complete a recognised District Nursing Education Programme. Currently within the UK, in order to be a Band 6 District Nurse caseload holder, a nurse must have the District Nursing Specialist Community Qualification and be registered with the NMC. Currently within the Lothian area, this Education Programme is provided by Queen Margaret University.

The course is nine months full time and following a recent curriculum review, is now at Masters Level. Previously this was offered at Postgraduate and Masters levels. The trainees need to be released from their role and backfilled, which creates an additional pressure within the service. There is a reported reluctance to study the District Nursing Programme at Masters Level.

17. There is currently no modular education and career framework for District Nursing in Lothian which would enable community staff nurses to complete an education programme in a more incremental way. A modular programme would avoid staff having to be released for a full 9 month period whilst they complete their District Nurse education programme. Any new programme would need to be NMC accredited to enable the nursing staff to obtain a specialist community qualification that is registered with the NMC. Work is progressing to review the number of Band 5 community nursing staff who would be interested in undertaking the Clinical Decision Making module and agree what other modules should be included in the programme.

18. NHS Lothian is one of the few Boards that has consistently provided recurring funding for six District Nurse trainees each year across Lothian. This is however insufficient to meet current and future demands. In May 2016, only four trainee District Nurses qualified, leaving a shortfall of seven candidates to fill the vacancy gap across Lothian.

19. Following an external advert in July 2016 for the District Nurse education programme at Queen Margaret University, eleven internal candidates were successfully appointed. They are due to complete their training in April 2017. Non-recurring funding was identified to increase the trainee cohort from six to twelve places. There is no recurrent funding for the additional trainees and if external trained District Nurses cannot be recruited, this will be a significant risk to the safe and sustained service provision. To bridge this gap by internal succession planning, a minimum of 15 students would need to be trained per year for the next three years. This is based on the current and predicted vacancy factor within the services, which have been derived from the past 12 months' data. It is essential therefore that the current District Nursing programme can be double-run with the new modular programme to achieve this number and sustain this for the future against normal attrition levels.

20. All district nursing students require supervision from a Band 7 Community Practice Teacher (CPT). There are currently seven CPTs across Lothian. As part of the succession planning exercise, four additional CPTs are now being supported to undertake the part time course over the next two years. On qualifying, it is proposed that the four Band 6 District Nursing posts are upgraded to Band 7 to enable them to carry out the duties of a CPT and support the ongoing training and supervision of new District Nurses.

21. In addition to District Nurses, to ensure more complex care can be provided in the community, the service also needs to increase the number of Advanced Nurse Practitioners (ANPs) within the community setting to work alongside District Nursing teams. In Edinburgh HSCP there are currently four ANPs who work within the IMPACT team. This team currently sits separately to the District Nurse teams. However, there are opportunities with the development of the hubs and clusters to review how this team can become more integrated with District Nursing. There are also ANPs who work with the Hospital at Home team for the South East Edinburgh (Acute Managed Service) and consideration also needs to be given to how this team can become further integrated with the community teams, to ensure the partnership can meet the Scottish Government 20:20 Vision for Health and Social Care.

22. Within the community setting there are additional Band 6 and Band 7 posts being developed, that are aligned in particular to the out of hours GP Service, and various posts in the acute setting that are likely to attract community staff nurses and district nurses, as they are not required to undertake masters level education programmes to progress in their careers, and as discussed previously this is not the case in District Nursing.

23. Currently the Evening and Night (E&N) district nurse services within Edinburgh work separately to the day time service. To maximise workforce potential and reduce the impact of vacancies on the E&N service, Edinburgh is progressing the integration of the district nurse day and evening services and this change process will commence in January / February 2017. Changing population demographics, the recommendations from the 2020 vision for Health & Social Care and changes to the new GP contract (2017) will together place greater demands on District and Community Nursing services in general. Nurses in the community will be required to have a higher level of skill and competency to undertake more advanced clinical decision making within the community setting. The current model of care and skill mix will need to be reviewed to enable services like District Nursing to respond to this changing demand. This work is being taken forward by the Chief Nurses and Education Leads in conjunction with Queen Margaret University.

24. In recognition of the changing demands on district nursing and practice nursing, the Chief Nursing Officer for Scotland commissioned a review of Community Nursing for Health Visiting, District Nursing and Practice Nursing in 2016. The final recommendations from this review are still awaited. On 23 May 2016, the Executive Nurse Director for NHS Lothian chaired a District Nurse Review Event for Lothian which had representation from all primary care stakeholders.

25. The key recommendations from this NHS Lothian review were as follows:

- The need to review the current education programme for district nursing and develop a more modular education programme and career framework for district nursing to improve succession planning for the future.
- The need to identify the current skills and competencies within the teams by undertaking a training needs analysis to identify current and future clinical skills and competencies required for district nursing. This information will be used to inform future workforce requirements and any business cases developed to support this.
- The Lothian Review, ISD National Data Sets and more recently the Kings Fund review of District Nursing has highlighted the need to ensure that more robust information is held with regards to district nursing activity to enable shifts in activity and complexity to be more easily identified. Despite holding electronic community records since 2009 in Lothian this information is not well captured or reported locally or nationally. The national data sets need to be updated to reflect and enable better national bench marking and monitoring. Good information on activity and complexity is essential to help inform current and future workforce requirements and service models. The national District Nursing Review has also identified a need for more robust workforce data for district nursing to help inform numbers required and caseload size. A local group working with the Scottish Government and the ISD has been set up to take this work forward.
- There is a need to introduce better mobile technology for district nursing to ensure that District Nurses can update their records and activities in real time. Recent national ISD data showed that data held in relation to district nursing was poorly recorded and captured.

26. The Kings Fund report (2016) has identified nine qualities of good district nursing care, which were based on feedback from service users and District Nurses. The partnerships need to measure their own performance against these quality indicators to ensure the needs of their populations are being met.

Key risks

27. The following risks have been identified and added to the corporate risk register:
    - The inability to train additional Band 6 District Nurses to the match attrition levels.
    - The inability to recruit registered Band 6 District Nurses to vacancies.
    - The lack of funding to support additional training.
    - The lack of funding to progress the national advertising campaign.
    - High levels of stress and burnout amongst this staff group due to an increase in workload pressures and the additional accountability and responsibility associated with the supervision of less experienced nursing staff.
    - Increasing levels of sickness absence.

- The impact that high vacancy levels and inexperienced staff could have on the quality of patient care.
- That locality working arrangements may work against the need to manage the risks as a whole across Edinburgh and Lothian.

28. The following actions have been identified as mitigations against those risks:
    - Increased and over-recruitment to Band 5 community staff nurses to reduce the impact of the time between vacancy and appointment.
    - Funded additional training of practice teachers for District Nurse students.
    - Non recurring funding for an additional six District Nurse trainees for 2016-17, and agreement on the number of trainee places for 2017-18.
    - The funding of one WTE Band 7 Education Lead to work with NHS Lothian and Queen Margaret University to develop and deliver modules in Clinical Decision Making and Prescribing which will form the basis of a modular course going forward.
    - The Partnership will be asked to explore a Section U application for those undertaking District Nursing training.
    - Weekly telephone huddles with the Executive Nurse Director of NHS Lothian, the IJB Chief Nurse and Clinical Nurse Managers have been set up to monitor progress against specific actions. Summaries of the huddles are shared with the Health and Social Care Chief Officers.
    - A change management paper for the district nursing evening service has been approved by the NHS Lothian Workforce Organisational Committee in December 2016.
    - A national advert in the community nursing journals for qualified District Nurses has been funded and will be advertised in January 2017. An NHS Lothian recruitment micro site for District Nursing posts has now been set up. The number of hits to the micro site will be recorded and this intelligence will be used to target key areas in the UK.
    - The manpower for additional Band 7 posts for community clusters in Edinburgh has been approved.
    - The Executive Nurse Director and Chief Nurses are working closely with partnership representatives to progress financial remuneration for Senior Community Nurses to support Band 6 caseload holders and are contacting staff who potentially can retire to discuss with them the potential to return to the service through the bank or on a part time basis after retirement.

29. An action plan to address the issues and pressures within the service will be reviewed at the Community Workforce meeting in February 2017.

30. The Executive Nurse Director and IJB Chief Nurses will explore what NHS Lanarkshire is doing to address the same issues and learn from any actions they have taken to mitigate risks.

Financial implications

31. The indicative financial implications associated with mitigating this risk for Edinburgh Health and Social Care Partnership are detailed below. This includes:

- To provide additional trainee District Nursing places to fill current and predicted gaps.
- To implement mobile working and maximise working capacity.

Year 1 2017	**Year 2 2018**	**Year 3 2019**	**Totals**
Costs to train additional District Nurses			
£250,000	£250,000	£250,000	£750,000
Costs to implement mobile technology			
£155,000	£29,000	£29,000	£213,000

32. Non recurring funding has been already identified from Corporate Nursing, NHS Lothian to fund an additional six District Nurse trainees in 2016. Recurring funding is currently only for six District Nurse trainees per year for Lothian. This will need to be reviewed and funded to ensure there is an adequate number of trainees to fill the increasing vacancy gap.

Involving people

33. District nursing staff have been kept informed of the actions being taken to mitigate risk. The Executive Nurse Director and Chief Nurse have visited district nursing teams across Lothian.

34. The Community Workforce Group is working closely with partnership representatives.

35. The outputs from the weekly huddle are shared with the Chief Officers across all four partnerships.

36. All steps have been taken to minimise risk to patient care and is monitored through the weekly huddle and by the Clinical Nurse Managers on a daily basis.

8. Impact on plans of other parties

37. Developments within district nursing need to be part of the wider plan for primary care sustainability.

Background reading/references/Appendices

Appendix 1 – NHS Lothian District Nursing Review

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

Report Author

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Links to priorities in strategic plan

Priorities	
	Details: Links to the 6 priorities of the strategic plan.

Summary District Nursing Review Workshop

23rd May 2016 - Hibernian Stadium Conference Centre, Leith

Summary and Output:

Background:

In review of the current and pending challenges within District Nursing within Lothian it was agreed with the IJB Chief Nurses and the Executive Nurse Director to have a one day stake holder event to explore the issues current and future. The aim of the day was to understand the changing landscape and consider the implications of this for nursing in the community, models of adult care, enabling technology and an education framework to support this. There was 95 attendees from across many stakeholders including, District nursing, Locality and IJB Management, Nursing Leadership, Social Work, Social Care, Education, ISD, Information Technology, 3rd and Independent Sectors and Scottish Government. The event was chaired by Professor Alex McMahon, Executive Nurse Director NHS Lothian.

The key topics discussed as set out in the programme attached included:

An update and potential implications of the new GP contract; Update and overview of the National Review of District Nursing; An overview of the current District Nursing and Community Nursing workforce profile and challenges; Current and future models of care for community nursing; the value of District Nursing in a changing landscape; Specialist Practitioner qualifications and future education/career framework for District/Community Nursing; Community Nursing Stories from Practitioners; Technology – Challenges and opportunities to support Community Practice; National District Nurse Information statistics (ISD). The presentations can be made available by contacting Lorraine.Aitken@nhslothian.scot.nhs.uk

Following the presentation 10 multiagency groups were asked to discuss the key issues and priorities to address future service needs and demands under the following headings:

- Models of Care
- Workforce
- Education and Career Framework for Community Nursing
- Technology and information

Key issues raised by the groups are outlined below:

Models of care:

- Needs to reflect urban and rural context
- Needs to meet the changing demands on service and increasing complexity
- Teams have ownership at team level – Buurtzorg model/house of care models
- Better co-location of teams around GP practices
- Need to improve communication between teams

- Need to be more integrated models of care with District Nursing, GP's, AHP's, Social Work, intermediate care, support worker roles, community Pharmacy and their sector
- More streamlining of teams across community nursing – reduce names and focus on skills and competencies within teams to provide a full range of services from basic to advance practice.
- Outcome focused models of care – better focus on self management
- Wider team involvement in ACP and end of life discussions and ensure adequate education and training support for this
- Models of care need to significantly shift from current models
- Harness the cluster model – involving integrated teams being clear re: roles and functions right person, right place and right skills and competencies
- Need to look at other models of care in other countries, eg. Netherlands, Finland, Sweden and Alaska
- Bring District Nursing and Practice Nursing together –
- Expand examples of good practice e.g Choice's, Model NHS and CEC working together around end of life care
- Focus on models of care that will attract and motivate staff
- Models which promote facilitated and self support, person centred care improving choice continuity and control.
- Models which increase nursing autonomy
- Increase expert generalist nurse with access to speciality nursing and advance practice. More flexible District Nursing service 24/7

Workforce:

- Need improved information around activity, complexity and demand across the whole primary care team to inform future workforce requirements (numbers and skills and competency0
- Need to review caseload numbers and complexity for District Nurses
- Attract more nurses to district nursing service
- Increase numbers of staff at practitioner level and review current skill mix
- Consider more interchangeable roles and rotations between services
- What makes District Nursing attractive or unattractive? Needs further evaluation
- Need to repeat workforce tools and ensure they are reliable
- Need for more flexible working – DN's moving to more attractive positions in acute or other community specialities where the DN qualification at Masters is not required to achieve Band 6 and 7 grades this needs further consideration.
- Need to increase Band 7 ANP's and Band 6 nurses with clinical decision making and independent prescribing
- Creative packages to increase retention
- Develop resilience framework for workforce
- Need more factual information re: all workforce requirements including information about GP activity etc. Need to look at workforce capacity in the round - Needs to be considered on a Lothian perspective

- Improve referral process to DN's
- Better management of nursing staff across 24hr period /map to patient care requirements (skills and competencies for nursing teams to provide more care in community setting)
- Make the posts more higher decision making level and more lower decision making level – practitioner assistant and competent generalists
- Increase admin support
- Opportunities for retired experience DN's to have part-time contracts

Education:

- Need to review current DN course to ensure that it meets future service needs
- Consider modular approach - ? to include wider community teams
- Band 6 DN's need to do clinical decision making module and prescribing 300
- Consider more community student placements
- Choices at Postgraduate and masters level
- Need to consider training needs of Band 5 nurses in community and experience levels to work independently
- Look at ANP and HCA training based on service requirements and models of care
- Develop a career framework from Band 2 – 8 for nurses who work in community
- Introduction to District Nursing Module
- Need to review and develop a comprehensive Band 5 training programme
- Education programmes need to consider succession planning
- Embed clinical supervision and reflection
- Consider role and function for Band 4 practitioner assistant role in community
- Revisit community preparation for working in the community at undergraduate level
- Consider opportunities for supervision/competency sign off with G's and others to increase number of staff with clinical decision-making and prescribing
- Have a clear career pathway for community nurses and make the role more attractive

Information and technology enabled care:

- Need for improved information about activity, capacity and demand current information available not describing full care episodes
- Ability to access GP systems
- Need for mobile technology to reduce time spent returning to base to update electronic records
- Need for better information sharing across professionals and agencies
- Multi-systems inhibiting effective and safe communication
- Paper lite systems
- Need to prioritise community TRAK developments this has not been given the same level of priority and this is essential
- Students need access to 'Community' TRAK
- Staff need access to all TRAK modules to ensure effective communication
- Need to improve Portal information exchange
- Patients need access to their own electronic records

- Systems need to link better together
- Need for a single shared assessment and a single electronic system for H&SC
- Need to improve connectivity in particular East Lothian
- Urgent need to resource mobile technology
- Ability to diary triage workload and caseload management
- Employ dedicated support to help upgrade community TRAK
- Develop business case for mobile technology for the whole of Lothian to avoid IJB lottery
- Ensure all staff can use the IT systems currently available.

At the event it was agreed that the recommendations and feedback would be taken forward as part of the community workforce planning group chaired by the Executive Nurse Director.

The top key issues were:

- Need to review the current models of care – focus on skilled generalist with easy access to specialist services when required
- Need to explore the development of a more modular education and career framework
- Need for better information about DN activity to enable better planning around workforce capacity and demand
- Need for better information on activity for whole of primary care team
- Need for mobile technology and a greater priority for changes to community TRAK
- Single shared assessment
- Develop cluster models within communities

Prepared by:

Maria Wilson, Chief Nurse, Edinburgh IJB.

ITEM 5.7

Report

Joint Inspection – Older People

Edinburgh Integration Joint Board

20 January 2017

1. Executive Summary

1. The purpose of this report is to update the Edinburgh Integration Joint Board (IJB) on the joint inspection of services for older people by the Care Inspectorate and Healthcare Improvement Scotland, which occurred between August and December 2016.

2. Recommendations

2. It is recommended that the IJB:
   - Notes the key areas associated with early consideration for improvement from the professional discussion with Inspectors, the staff survey and file reading processes.
   - Accepts the report as assurance that the Edinburgh Health & Social Care partnership (EHSCP) is taking a whole system approach to improve on the significant elements identified throughout the year, and during the inspection itself.
   - Supports the EHSCP outline Action Plan, which has provided a strong foundation for improvement moving forward.

3. Background

3. The Public Bodies (Joint Working) (Scotland) Act 2014, gave the Care Inspectorate and Health Care Improvement Scotland the duty to undertake joint inspections, with specific requirement for:
   - reviewing and evaluating the extent to which the independent health and care service is complying with the integration delivery principles and contributing to achieving the national health and wellbeing outcomes
   - reviewing and evaluating the extent to which the planning, organisation or co-ordination of services provided by an independent health care service and social services is complying with the integration delivery principles and contributing to achieving the national health and wellbeing outcomes
   - reviewing and evaluating the effectiveness of a strategic plan prepared under section 23 of the 2014 Act in complying with the integration delivery principles and contributing to achieving the national health and wellbeing outcomes,
   - encouraging improvement in the extent to which implementation of a strategic plan prepared under section 23 of the 2014 Act complies with the integration

delivery principles and contributes to achieving the national health and wellbeing outcomes, and
- enabling consideration as to the need for any recommendations to be prepared as to any such improvement to be included in the report

4. Below is the outline of the Draft Quality Indicators against which our services for older people were inspected:

DRAFT - Quality Indicators

What key outcomes have we achieved?	How well do we jointly meet the needs of our stakeholders through person centred approaches?	How good is our joint delivery of services?	How good is our organisational management in partnership?	How good is our leadership?
1. Key performance outcomes	2. Getting help at the right time	5. Delivery of key processes	6. Policy development and plans to support improvement in service	9. Leadership and direction that promotes partnership
1.1 Improvements in partnership performance in both healthcare and social care 1.2 Improvements in the health and well-being and outcomes for people, carers and families	2.1 Experience of individuals and carers of improved health, wellbeing, care and support 2.2 Prevention, early identification and intervention at the right time 2.3 Access to information about support options including self directed support	5.1 Access to support 5.2 Assessing need, planning for individuals and delivering care and support 5.3 Shared approach to protecting individuals who are at risk of harm, assessing risk and managing and mitigating risks 5.4 Involvement of individuals and carers in directing their own support	6.1 Operational and strategic planning arrangements 6.2 Partnership development of a range of early intervention and support services 6.3 Quality assurance, self evaluation and improvement 6.4 Involving individuals who use services, carers and other stakeholders 6.5 Commissioning arrangements	9.1 Vision ,values and culture across the partnership 9.2 Leadership of strategy and direction 9.3 Leadership of people across the partnership 9.4 Leadership of change and improvement
	3. Impact on staff		7. Management and support of staff	10. Capacity for improvement
	3.1 Staff motivation and support		7.1 Recruitment and retention 7.2 Deployment, joint working and team work 7.3 Training, development and support	10.1 Judgement based on an evaluation of performance against the quality indicators
	4. Impact on the community		8. Partnership working	
	4.1 Public confidence in community services and community engagement		8.1 Management of resources 8.2 Information systems 8.3 Partnership arrangements	
What is our capacity for improvement?				

5. An outline report was presented to the IJB in September 2016, outlining in detail the approach to the joint inspection, the ten domains being inspected along with the time line and process of the inspection. Key elements of the inspection have included:
   - Collating and sending to the Inspection Team, over 600 pieces of evidence against the position statements submitted in advance
   - Case file reading for 100 people receiving/have received both health and social care interventions
   - Follow up of a proportion of case files, with interviews of people receiving services, cares, staff and managers providing services and supports
   - A staff survey, which staff had the opportunity to complete electronically or in hard copy version
   - Scrutiny week, which has included around 80 interactions across the partnership, of either observation of a group, a specific focus group, or individual interviews, with a wide variety of staff, managers, key leaders,

members of the IJB and key third and independent partners being involved, to the effect of around 350 people attending the 80 sessions arranged
- A series of four professional discussions with the Inspectors, throughout the process, providing feedback on the staff survey, file reading and early considerations for key areas for improvement

6. Our position statements against the ten Draft Indicators were developed with partners, and circulated to the IJB in September 2016. Based on this assessment key areas for development and improvement were highlighted, along with actions underway to address these areas. The Inspection grades and the partnership assessment of our position against the indicators is highlighted below, and it will be this system that is used to report back on each of the indicators by the Inspection Team:

- Grade 6 – Excellent
- Grade 5 – Very good
- Grade 4 – Good
- Grade 3 – Adequate
- Grade 2 – Weak
- Grade 1 – Unsatisfactory

	Indicator	EHSCP Self Assessment Grade
1.	Key performance outcomes	3
2	Getting Help at the right time	3
3	Impact on staff	3
4	Impact on Community	3
5	Delivery of Key Processes	3
6	Policy Development and plans to support improvement in service	3
7	Management and support of staff	3
8	Partnership working	4
9	Leadership and direction that promotes partnership	4
10	Capacity for improvement	4

7. An outline of the early considerations for improvement from the December 7th professional discussion with Inspectors, was discussed briefly at the December 16th IJB Development session, with this full report following.

4. Main report

Early Consideration on Areas for Improvements

8. Feedback from the Inspectors, based on the professional discussion of 7th December 2016 for Indicators 1 - 8, are significant and consistent with the areas for improvement that the partnership identified in the development of the position statements. It was clear during the development of the position statements and the identification of improvement action underway, there were a number of legacy issues to resolve, including:
    - access to assessment in the community
    - tackling delays from hospital
    - implementation of the Locality Hub and Cluster model to address needs in a different, more local way, with a changing, reduced resource

9. During the inspection process, it became clear that as well as access to support highlighted above, other key areas for improvement included:
    - the quality of assessment, care management and record keeping
    - application of risk assessment and planning

10. A formal Improvement Plan is in the process of being developed to reflect the ongoing actions that were already underway and the immediate feedback from the professional discussions, the Staff Survey and file reading exercise, and are summarised below. The full Improvement Plan will be presented to the IJB in March 2017, following receipt of the Draft Report in February 2017, to reflect the most up to date position, showing clear owners and timelines for improvement, along with a risk register.

11. There has been no feedback as yet on Indicators nine and ten; *Leadership that Promotes Partnership* and *Capacity for Improvement* respectively. However, it was recognised by Inspectors where the partnership was regarding the scale of change associated with Phase 2 of the Transformation Process, and the subsequent shift to Locality based operating units through the Hubs and Clusters.

Professional Discussions – Areas for Improvement

12. The table below highlights a summary of those key areas for improvement highlighted at the professional discussion in December, and the key whole system actions that are already underway, which aim to assure the IJB of a whole system approach to improvement against the Indicators:

Indicator	Area for Improvement	Action Underway
1 & 2	Delayed discharge/emergency admissions	Flow Board Work streams: •Discharge- Therapy; Social Care; Guardianship; Criteria Led Discharge • Admission Avoidance – Falls, Anticipatory Care plans, Key Information summaries •Capacity building with additional hours through the new care at home contract and spot purchasing to boost availability during the transition
	Intermediate Care in residential and hospital settings	•Interim use of Liberton: Business case being developed – future community investment •Gylemuir: quality improvement plan in place •Clarity around regulation of potential mixed function facilities for the future •Capacity and demand work will provide review of service delivery model •Rehabilitation work stream in pipeline for Flow Board
	Anticipatory care planning	Flow Board work stream

Indicator	Area for Improvement	Action Underway
1 & 2	Further implementation of SDS for older people	•Introduce updated Edinburgh SDS guidance, in line with national guidance and financial scheme of delegation consistently •Actions from Internal audit underway •Flow Board work stream: Support Planning & Brokerage •New Care at Home contracts have requirement to apply SDS approach
	Palliative care	•As hosts for the specialist hospice services, Edinburgh has reenergised a focussed approach •Edinburgh will have a key role in the Palliative Care and End of Life MCN development of the Lothian Framework •Edinburgh multiagency palliative Care Implementation Group will be convened Feb 2017 •Edinburgh in house care provision being released to support End of Life Choices work stream, with community Nurses working with Home Care to enhance End of Life Care

Indicator	Area for Improvement	Action Underway
3 & 4	'Transformation' and Localities	• Alignment of the partnership Transformation with the Council will occur through the Locality Hub and Cluster model, which will allow redesign to occur, and strengthening partnership with citizens, and wider community planning partners •The restructuring has been mindful to ensure assessment and care provision is met across health and social care •Localities are the key development to ensure population needs are met, providing better population intelligence and links with wider locality planning partners, as well as links with strategic plans •We will maintain interactive JSNA process, on a locality basis, informing our Market Shaping Strategy
	Relationship with other stakeholders(e.g. Housing, third and independent sectors)/ Locality commissioning	•All stakeholders linked in to the emerging locality infrastructure, as well as at strategic planning level • New care at home contract encouraging innovation and facilitating a reablement approach for providers •Links with housing strengthening and key with Technology Enabled Care role (e.g. Balckwood Housing test of Change and 'Lively' kit being used to assess need at home) •The partnership are supporting the key role and contribution of housing through strategic planning partnership memberships, and the establishment of a Housing, Health & Social Care Planning Partnership

Indicator	Area for Improvement	Action Underway
5 & 6	Overall access to support Quality of assessment and care management including risk assessment and planning	• Multi agencey Team dealing with backlog of community assessments, - complete end March 2017. Then as Test of change undertake reviews •Data clean up underway •Case recording and application of risk assessment to determine updated guidance. (e.g. use of chronologies) •Induction workshops to ensure consistent application of guidance and good practice •Development of single assessment •Optimise current IT capability to enhance case recording •Streamlining decision making processes to empower front line staff through devolved budgets •Clear performance targets and accountability framework •Business, quality and performance, transformation and project management supports allocated for localities • Professional systems now in place that regularly monitor quality of case recording to allow managers to target improvements

Indicator	Area for Improvement	Action Underway
7 & 8	Joint Budgeting (inc. Capital) Financial Risks	• For partnership capital asset requirements, priorities are being addressed through the joint asset management group between the NHS and Council, to influence Capital Strategies • The Financial Plan is clear, with financial risk reported and managed through current governance processes •Finance Board being established, with clear Terms of Reference
	Joint IT strategy	• The ICT Steering Group identify key priorities through a single work programme and will establish task and finish groups to ensure connectivity is improved, current IT systems are optimised, and documents improved

Feedback on Staff Survey & Areas for Improvement

13. As part of the Inspection, a Staff Survey was conducted. A total of 3,301 staff members across health and social care were asked to complete the survey, with the option to complete electronically or on paper, with our staff inputting the data. A total of 933 staff completed the survey (28%). This is considered to be within the normal range of a survey return. The survey was based upon the ten Indicators being inspected. ***The full Staff Survey Report can be requested in advance of the meeting by IJB members.***

14. The methodology associated with the Staff Survey included staff being asked to agree or disagree with a number of statements about their work in their service. Topics were aligned with the Indicators and included:

    - Key performance outcomes;
    - Impact on older People and carers;
    - Impact and management of staff;
    - Community wellbeing;
    - Delivery of key processes;
    - Policy development and partnership working; and
    - Leadership and direction.

15. The majority of questions in the survey asked for a response to statements on the following agree/disagree scale, however it should be noted that on one version of the survey, rather than ‘don’t know’, the availability of a ‘not applicable’ response could be applied:

- Strongly agree
- Agree
- Disagree
- Strongly Disagree
- Don't know

16. It should also be noted that in the draft analysis, the 'don't know' and 'not applicable' responses have been counted together and included alongside the negative component with the 'disagree' and 'strongly disagree' component. It has been suggested to the Inspectors that statistically this is likely to skew the overall negative response.

17. A wide range of staff completed the survey. Included within the 'other' category were a variety from, allied health professions, porters, business support, psychologists to medical staff across hospital and community settings, and some of our third and independent partners. The highest numbers of respondents were from the following groups:
    - Social Care Worker/Social Care Assistant:19%
    - Other: 10%
    - Occupational Therapist: 8%
    - Social Worker: 8%
    - Physiotherapist: 6%
    - Manager/Senior Manager/Care Manager/Case Manager - Area Team: 4%

18. As well as responses against the key questions, there is a breakdown available in the analysis between Local Authority, NHS and 'Other' Staff groups.

19. Some of the **less positive responses**, and areas for improvement were received in the following indicator areas:
    - Quality of service has improved over the last year
    - Sufficient capacity in the service to undertake preventative work
    - Joint eligibility criteria for services which are consistently applied (it should be noted that eh only area where NHS criteria exist is for Hospital Based Clinical Complex Care)
    - Joint teams respond within agreed organisational timescales
    - Effective systems for allocation and management across the partners/teams
    - Views of service users/carers and staff are taken into account when planning services
    - Service consults with diverse local communities
    - Senior managers communicate well with front line staff
    - Changes which affect staff are managed well

20. Some of the **more positive responses** were seen in the following indicator areas, with some responses being reported as rating higher than the national average:

- Communication with service users
- Working well together to support people's capacity for self care/,management
- Staff enjoy their work
- Staff feel valued by other practitioners and partners
- Access to effective line management (regular profession/clinical supervision)
- Working relationships with other professionals
- Joint working is supported and encouraged by managers
- Range of risk assessment tools for use
- Service regularly evaluates its work and takes appropriate action for improvement

Immediate and Ongoing Actions for Improvement include:

- The implementation of the Locality Hub and Cluster model and structures to ensure most effective quality, timely response for people, from the collective resource, ensuring best use of available resources, and more effective communication with front line staff about changes that affect them
- The implementation of Locality Planning processes, to ensure local communities, service users and carers are more effectively involved and engaged in service improvements and changes
- The Capacity and Demand work being undertaken for older people, to determine the new shape of provision across the partnership, and the implementation of the associated Strategic Plan actions relating to models of care being reviewed
- The establishment of the Professional Practice Forum approach for each of the professions, and across the professions, to ensure a cohesive and consistent approach to quality and workforce matters
- The establishment of the partnership Workforce and Development Steering Group, to develop the Workforce Strategy, that will include workforce planning

Feedback on File Reading & Areas for Improvement

21. The file reading process entailed around 1,000 service users of both health and social care services being randomly selected by the partnership, with the Inspection Team then selecting 100 cases to read during file reading week. The profile of cases included:
    - 48% with a physical disability, or were physically frail
    - 31% had dementia or cognitive impairment
    - 4% had alcohol or substance misuse problems
    - 8% had a learning disability
    - 2% had a mental health problem

22. The work involved in getting the records in one place, from various sources; Social Work, Hospital, GP, Care Home, and community health, was significant, as was the requirement to accommodate a large team of Inspectors and internal file readers in library conditions, with access simultaneously to both SWIFT and

TRAK systems. ***The full File Reading Report can be requested in advance of the meeting by IJB members.***

23. Key areas being looked at during file reading included:
    - Case type recording, including use of chronologies
    - Person centred care – needs assessment and support offered
    - Risk – protection and non protection risk
    - Care planning
    - Delivery of care and support
    - Service user involvement
    - Ceres needs
    - Personal outcomes

24. Areas that were found to be **less positive** included:
    - Lack of chronologies
    - Level of appropriate recording
    - Supervision discussions recorded
    - Assessments on file
    - Consent to share information/sharing information
    - Not always offering independent support or advocacy where appropriate
    - Not always offering SDS options
    - Risk assessment and management plans not always on file/concerns not always dealt with adequately – there were 4 potential adult support and protection cases brought to the attention of managers, that were successfully concluded, during the file reading process
    - Lack of comprehensive care and support plans linked to desired outcomes
    - Services not meeting needs of individuals, with lack of access on many occasions
    - Lack of regular reviews
    - Taking account on individual's views in care planning
    - Carers not always offered a carers' assessment / training to continue to support them caring
    - For one in three individuals there was evidence of poor personal outcomes

25. Some of the key elements found to be **positive** included:
    - The quality of needs assessment on file and range of professionals contributing
    - Early intervention and/or preventative options considered
    - Support to self manage conditions/care discussed with individual
    - Support care planning
    - Where applicable, services have worked together to provide care at times of crisis
    - Positive personal outcomes were achieved for most individuals

Immediate and Ongoing Actions for Improvement for Files Include:

- The original records in the File Reading Exercise are being reviewed. This is being co-ordinated through the Chief Social Work Officer to support Social Work Leads in the Localities to improve these
- A more robust application of the agreed quality assurance standards through the common practice of supervision across Social Work
- A cohesive and consistent multi professional approach across the Social Work, Nursing, Allied Health Professional and Medical professions, in order that people understand their roles and responsibilities for files, through a Professional Practice Forum approach
- Undertaking a gap analysis of training and awareness requirements for record keeping across the professions, with targeted provision for improvement
- A cohesive and consistent approach to the review of the use of chronologies, being led by the Chief Social Work Officer
- A multiagency approach to develop a single and proportionate assessment

Next Steps

26. Below are the key steps going forward:
    - The Draft Report for the Inspection Team, with recommendations, will be available to the partnership no later than the third week of February 2017
    - The partnership have two weeks to review the Report for accuracy, and to determine whether some of the evidence already submitted may mitigate areas identified for improvement. The partnership Improvement Plan will be updated at this point to reflect the content of the Draft Report
    - The formal Report will be finalised by the Inspectors and published mid March 2017
    - The partnership will receive a pre publication version for preparation of publicity and briefing key members of the IJB
    - The published Report will come forward, with the full Improvement Plan to the Integrated Joint Board, the Housing, Health & Social Care Committee and Clinical & Care Governance Committee

27. It has been raised with the Inspectors that the focus on feedback within the professional discussions seems to be on social care services, with a view that the report itself will provide more comment on the NHS elements.

28. Meantime, as mentioned above, the key actions for improvement already underway will continue to be driven forward by the Chief Officer, the Executive Team, Chief Social Work Officer and Senior Managers and Practitioners. The Improvement Plan will come forward to the IJB in March 2017.

29. Additionally, members of groups who have participated in the inspection, and the small team who have taken a lead role in organising the staff survey, file reading, follow up sessions and scrutiny week, are being asked their thoughts on both our partnership internal processes, given this is our first joint inspection in adult

services, and the experience of the external inspection process. This feedback will formulate the partnership response that the Inspection Team will request form us in the new year about the process.

5. Key risks

30. Our key risks and mitigating action will be identified as part of the formal Improvement Plan, and are an integral part of the Flow Board work streams, and the other key work streams identified, and include:
    - Access to assessment and the implications of support required to improve outcomes, for those both in the community and hospital settings, placing a financial risk on the partnership to meet this unmet need, and failure to meet agreed targets
    - Reputational risk associated with the areas for improvement that may have an adverse impact for service users, and the potential work force
    - Workforce not feeling supported and infirmed enough to support the changes underway
    - A delay in implementing the Hub and Cluster model as part of Phase 2 Transformational change

6. Financial implications

31. There are implications arising from the improvement plan actions that have cost implications, and these are being taken to the City of Edinburgh Council's Corporate Leadership Team for immediate attention.

32. Additional cost implications will be worked up as part of the Improvement Plan.

7. Involving people

33. There will continue to be involvement of as many health and social care staff, third sector, housing and independent partners as possible, as well as engagement with carers and service users as part of the overall process of improvement, through locality and strategic planning processes agreed by the Strategic Planning Group.

34. Communications with elected members, non executive members, IJB members, wider staff and stakeholder groups, as well as the public will be required to be managed in order that a balanced view is provided about the areas of good practice and improvement.

8. Impact on plans of other parties

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

Background reading/references

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

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Links to actions in the strategic plan

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

Links to priorities in strategic plan

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

ITEM 5.8

Report

Mental Health and Wellbeing in Edinburgh
Edinburgh Integration Joint Board

20 January 2017

Executive Summary

1. The Edinburgh Mental Health and Wellbeing Partnership (EMHWP) is a group of service users, carers, service providers and professional representatives dedicated to transforming Edinburgh's mental health care system. Through co-production, asset based approaches, locality based working and the opening of a new hospital EMHWP will work to improve outcomes for people with mental health problems. EMHWP reports to the Strategic Planning Group of Edinburgh Integration Joint Board (EIJB) to implement the objectives in the Strategic Plan.

2. The opening of the new Royal Edinburgh Building (REB) is the first phase of the reprovisioning of the Royal Edinburgh Hospital (REH). The new wards for adults aged over 65 and under 65 will open in March 2017 resulting in a reduction of ten beds for adults over 65 and seven beds for adults under 65. REB will provide improved services for people in the future.

3. This report will outline the plans to support the move to the new hospital through provision of supports that prevent admission, reduce length of stay and facilitate discharge. Thus lodging REB as part of a whole system approach to promote recovery. The main focus of this report is on the reduction of 17 beds. Following the acceptance of this report the Strategic Planning Group will receive a series of Business Cases proposing future development of community based care for adults under 65.

4. At the meeting of NHS Lothian's Strategic Planning Committee on 8 December 2016, assurance was sought that the actions noted in this report will deliver within the required timescale. At that time the assessment of NHS Lothian (NHSL) was that the adult mental health (under 65) strand currently has a risk rating of Red.

5. An earlier version of this report was considered by the Strategic Planning Group on 10 January 2017.

Recommendations

6. That the Integration Joint Board:

    - notes the decisions made by the Strategic Planning Group on 10 January 2017 as set out in section 24 of this report;

    - delegates authority to the Chief Officer and Chief Finance Officer to progress a one year agreement with the Cyrenians based on an indicative cost of £140k to provide four grade 4 places utilising funding from the Social Care Fund and

    - notes the intention to issue a Public Information Notice to develop interest and shape the market for a longer term plan to provide accommodation and support.

Background

7. NHSL took the keys for phase 1 of the new Royal Edinburgh Building (REB) on 5 December 2016. The Robert Ferguson Unit will open on the 30 January 2017, and the current intention is that mental health facilities for adults over and under 65 will open during March and April. The Intensive Psychiatric Care Unit (IPCU) will open in late April.

8. The REB will have 17 fewer beds than those currently available at Royal Edinburgh Hospital (REH) and this paper is focused on the urgent actions that now need to be taken by the Edinburgh Health and Social Care Partnership to support an effective transition to the new facility.

9. Development of the community infrastructure to facilitate the reprovisioning of REH is overseen by the REH Phase 1 Overview Group, which has representation from Royal Edinburgh and Associated Services and the EHSCP. The necessary bed reduction requires an increase in the number of people supported at home. A whole system approach will address the need for early intervention and prevention, crisis management, care and treatment, aftercare and recovery. Community supports include: a place to live; support with daily living; and meaningful activity and inclusion.

10. Edinburgh IJB (EIJB) has issued directions which underline the expectation of EIJB that services delivered by NHSL and not covered by specific directions should be delivered to a high quality within current budgets, compliant to national and local targets and to meet the strategic aims laid out in the EIJB Strategic Plan.

11. Phase 1 of the REH reprovisioning replaces acute inpatient facilities, the IPCU and the Robert Ferguson Unit for adults with acquired brain injury. The impact of the bed reductions is considered in the context of the over and under 65 age groups separately.

Adults over 65

12. Table 1 outlines the baseline bed numbers, the current occupancy and the future beds numbers for adults over 65. The hospital based complex continuing care beds will remain in place, pending the outcome of the overall review of capacity. This shows a reduction of 10 beds over the baseline level although only a reduction of two on the current occupancy.

Table 1: REH and REB bed configuration

	Base	Current occupancy	Future
Mental health	70	62	60
HBCCC	25	25	25
Total	95	87	85

13. In addition to the bed reductions, the service needs to deal with ongoing delays, as detailed in Table 2.

Table 2: current delays in hospital for adults over 65

Waiting on a specialist care home	12
Guardianship	4
Awaiting outcome of assessment	6
Referred from HBCCC	5
Total	27

14. A range of actions are in place and being closely monitored on an ongoing basis. These include:

- **Royston Care Home** - as noted above, those waiting for a specialist care home constitute the largest number of delays. The new Royston Care Home will open in January 2017, with plans to transfer people from REH from March 2017. The unit will have 60 beds, and 15 of these beds will be reserved for people from the Royal Edinburgh Hospital who experience high levels of stress or distress. People who will move into the Royston beds are being identified, and this is reviewed on a weekly basis.

- **Rapid Response Team** - the aim of the Rapid Response Team (RRT) is to deliver rapid mental health assessment and treatment for older people. RRT will provide clinical services at the time when it is most needed with the aim of supporting people at home and reducing hospital admissions. The team began operating on 4 December. Initial interventions are proving very effective in promoting an immediate joined up crisis response for people at home and in a care home. Prevention of admission, use of

respite care and support for carers are key interventions. There is a proposal to add a social worker post to the staff mix in this team. The impact of the work of RRT will be closely monitored by the Phase 1 Overview Group and reviewed if necessary.

15. Actions required are summarised below with a RAG assessment of risk status:

Action	Progress	Lead	Timescales	Status
Royston Care Home				
All staff have received training from the Behavioural Support Service to manage care in the context of stress and distress;	Programme delivered and BSS will provide ongoing support through individual case management	Belinda Hacking	Initial training completed	
Embed a recovery model to move people on to a less intense model of care elsewhere in the care home;	Model incorporated in day to day practice	Aileen Kenny	Completed	
Clear criteria for admission to Royston and similar specialist units in care homes;	In place	Marion Randall	Completed	
Enhanced staffing model for Royston, specifically a nurse practitioner to support the existing social care workers. This additional resource will cost £60k and funding has been identified from within existing resources. In the longer term a wider deployment may be considered for this role.	Recruitment process underway	Maria McIlgorm	February 2017	
Rapid Response Service				
Monitor impact on delays.	Monthly reports will be available from January for review by the REH Phase 1 Overview Group to address impact, gaps and contingency.	Chris Halliwell	Reporting from 4 December	
Develop closer links with social care and the third sector to deliver home support.	Final configuration of RRT agreed by end December to ensure the inclusion of social care and third sector.	Chris Halliwell		

16. As can be seen in Table 1, the new facility has two less beds than current provision. The combined impact of the measures outlined above (i.e. the opening of Royston and the implementation of the RRT service) will create additional capacity in the system. Reassurance can be taken from the combined impact of the relatively small bed reduction and the arrangements in place. The overall assessment is therefore green.

Adults under 65

17. There are currently 140 acute and rehabilitation beds in the REH. Whilst REB will have 20 fewer acute beds, 15 new intensive rehabilitation beds will be established. Therefore, along with a reduction of two IPCU beds, this gives a net reduction of seven beds, as shown in Table 3 below. The introduction of dedicated beds for intensive rehabilitation is a response to the number of people waiting in acute beds for this service. The current 48 rehabilitation beds will remain in REH until alternative community provision is in place, reflecting the assumptions in the REH reprovisioning Phase 1 business case.

18. As well as this reduction of seven beds it should be noted that current occupancy levels regularly exceed 100%, per table 3 below.

Table 3: Current and future beds numbers for adults under 65

	Base	Current occupancy	Future	Change in bed numbers
Acute	80	88	60	(20)
Intensive rehabilitation	0	0	15	15
Intensive Psychiatric Care Unit	12	12	10	(2)
Total	92	100	85	(7)
Rehabilitation	48	48	48	0
Grand total	140	148	133	(7)

19. As of January 2017, of the 140 people occupying beds, 21 were delayed in hospital. As can be seen from table 4 below, 12 of these people are waiting for accommodation with support.

Table 4: acute bed delays for adults under 65

Reason for delay	Number delayed
Awaiting assessment	3
Awaiting Grade 4	5
Awaiting Housing	3
Awaiting house adaption	1
Total	12

20. People who tend to be delayed in hospital are those awaiting allocation of a tenancy, accommodation with support or allocation of a hospital rehabilitation bed. The Wayfinder model offers a graded specification that matches the needs of the individual with the appropriate level of support.

21. To address the combined impact of delays and bed reductions, a new model of care including early intervention, home support, crisis management, admission prevention and the provision of accommodation with support in the community needs to be delivered. Specific actions include:

- **Capacity** – a procurement process has been agreed to progress an offer of grade 4 accommodation received from the Edinburgh Cyrenians. Estimated costs for the refurbishment are £50k and the Cyrenians have agreed to apply for funding from an independent trust fund. The cost of service provision is in the region of £140k per annum. Given the urgency, the Integration Joint Board is asked to delegate authority to the Chief Officer and Chief Finance Officer to approve a one year agreement with the Cyrenians, pending the wider review of service provision. Funding would be provided from the Social Care Fund.

- Edinburgh Health and Social Care Partnership is working with the government sponsored **Good Lives Group**. The aim of this work is to assist 800 people currently living in hospitals across Scotland to move to a community setting. They have chosen Edinburgh as one of the test sites and an application has been made to the Scottish Government to fund a project manager. The Good Lives Group is also committed to identifying the reasons that contribute to long term admissions and to address the cause of admission in the first instance.

- **Strategy** - for a planned and phased development of a range of accommodation with support for adults under 65. To address this, it is recommended that a Public Information Notice (PIN), giving potential providers notice of upcoming procurement and inviting notes of interest, is issued. The aim of this notice is to establish what interest exists in the market and help inform a market shaping strategy. This will be valuable information to support the future procurement of these services and does not make any commitment at this stage.

- **Tenancies** – since November 2016 people in REH with “gold award” housing status have been identified and allocated key workers who will provide supported discharge. Six people in acute wards were awarded Gold Status, meaning they are prioritised for re-housing in a mainstream tenancy and will be provided with all necessary support to maintain the tenancy. Of these six, three have now been re-housed.

- **Flow** – a target has been set for a minimum of one person per month to leave hospital to move into supported accommodation in Grade 4 provision. This equates to 4 acute beds vacated by March 2017. EIJB currently funds 211 supported placements for people at Grade 3 and 4. Social care providers and care managers have attended recent meetings to agree the need to move residents on to more independent living, thus creating flow in the system.

- The Strategic Planning Group have emphasised the urgent need to close hospital beds as people are discharged from hospital. Acute beds will remain vacant until the level of capacity in the REB is reached.

- **PSP** - Mental Health and Wellbeing Public Social Partnership (PSP) - £2.1m will be reinvested in locally based services, which will prevent admission to hospital and reduce the length of admission. Using an asset based approach, services will focus on building capacity, diverting people from primary care and preventing the move to secondary care.

- **Crisis response** - connected crisis management will address the impact of the Intensive Home Treatment Team (IHTT), the Mental Health Assessment Service (MHAS), the Street Triage Service and the Edinburgh Crisis Centre. These teams will work with locality teams to deliver a joined up/next day/out of hours response.

- **Locality mental health and substance misuse teams** will continue to deliver high quality services that are available when they are needed, providing an integrated response for people at home.

22. Each of these actions are summarised below along with a RAG indication of risk status:

Action	Progress	Lead	Timescales	Status
Accommodation with support				
Establish four additional places (Cyrenians)	Procurement process agreed, negotiations underway with potential provider	Colin Beck	Target operational date of June 2017	
Continue to identify additional opportunities	A number of options are being explored in advance of the PIN (see below)	Colin Beck	Ongoing	
Develop initial assessment for wider strategy, outlining capacity requirements	Capacity requirements and potential responses have been explored through the Wayfinder project	Colin Beck	To be presented to the SPG Feb 2017	
Issue of a Public Information Notice	Linked to initial assessment above and will be worked up in parallel	Colin Beck	Procurement portal opened by February 2017	
Engagement with Good Lives Group to prevent long term hospital stays and address the need for admission	Funding application submitted to Healthcare Improvement Scotland for project manager	Colin Beck	Input will be incorporated in SPG paper referenced above	
Other hospital based responses				
15 people moving to the new intensive rehabilitation unit	Selection underway	Tim Montgomery		
Individuals with gold	Workers identified and	Debbie	6 Gold Award	

Action	Progress	Lead	Timescales	Status
status supported on a weekly to make housing bids	processes in place. Weekly monitoring through delayed discharge meeting	Herbertson	tenants discharged from hospital by March 2017 (of this total 3 have already been rehoused)	
Number of current/pending vacancies to be collated alongside new referrals from wards	Vacancies identified, matches made and moves arranged.	Colin Beck	4 places created by April 2017 through flow in current provision	
Bed management arrangements to ensure vacated beds are not reallocated	Policy to be formally agreed with REAS management team	Colin Beck	Arrangement formally agreed in January for immediate action	
Community based response				
Mental Health and Wellbeing PSP delivering new models of care and support	Detailed timetable agreed and monitored by PSP core group on ongoing basis.	Linda Irvine	New pilot services in place by Oct 2017	
Integrated response for out of hours services to be developed which links to locality working arrangements	Locality teams in process of being established will begin discussions with crisis management services in January	Colin Beck	New arrangement to be in place by March 2017	
Integrated locality teams in place, preventing admission and reducing delays	Structure now agreed and appointments made with recruitment underway to vacant posts.	Colin Beck	Team will be in place by March 2017.	

23. These plans will deliver a combination of additional capacity and facilitated discharge, freeing up to 14 acute and rehabilitation beds. Thus it is possible to give a degree of assurance that robust plans are in place to deal with the reduction of seven beds to allow the move to REB. It is recognised however that this will not fully address the current level of over-occupancy in the short term. This will be managed through the continuing use of existing community support services to facilitate discharge, the procurement of the Cyrenians resource and the exploration of additional supported accommodation through the PIN. For these reasons the management team are recommending the Integration Joint Board accept an overall amber status.

24. As noted in section 4 of this report, the NHS Lothian at its meeting of 8 December, expressed concern that they needed assurance that the actions noted in this report were being taken forward quickly. Consequently, the assessment of NHSL at that point with regards to the adult over 65 work

stream was to give this a risk rating of Red. NHSL had expressed concerns that these risks would place them in a position where they would be unable to deliver the EIJB direction:

…services delivered by NHSL and not covered by specific directions should be delivered by NHSL and not covered by specific directions should be delivered to a high quality within current budgets, compliant to national and local targets and to meet the strategic aims laid out in the EIJB strategic plan.

The above actions were discussed at the recent Strategic Planning Group of the EIJB (10 January 2017). As a result, a shared view of the risk was that it should be amended to Amber.

Contingency

25. It is fully recognised that the actions outlined above will require concerted management effort to meet the challenging timescales. Reflecting this, it will be prudent to consider contingency arrangements. NHS Lothian has advised that the most likely form that this would take is the provision of additional inpatient capacity at REH. The pressures on REH over the last 12 months, as a result of increased demand and levels of delay, have meant that ward areas have been accommodating more patients than they ideally would do. In practical terms, this means that wards adapted to accommodate, for example, 24 patients, can have 26 or 27 occupants. This will not be possible in the new REB which provides only single room accommodation.

26. The initial indications from NHSL are that, although it is recognised as suboptimal, the contingency arrangements would be to open one additional ward in REH at a cost of c£1.2m to the EIJB. The Integration Joint Board is asked to accept the recommendation that alternative contingency arrangements are explored with NHSL.

Consideration by the Strategic Planning Group

27. The Strategic Planning Group considered an earlier version of this report on 10 January 2017 and agreed to:

- note the “green” assessment of the plans in place to address the reduction in beds for people aged over 65;
- note the current “amber” assessment of the plans in place to address the reduction in beds for people aged under 65;
- note that the Strategic Planning Committee of NHS Lothian had assessed the plans for people under 65 as “red”. However, following discussion at the meeting there was a joint agreed assessment of “amber”;
- recommend to the EIJB that they delegate authority to the Chief Officer and Chief Finance Officer to progress a one year agreement with the Cyrenians to provide four Grade 4 places at an estimated cost of £140k, pending the wider review of service provision;

- accept a strategic assessment in respect of the medium term (5 years) requirements to support the reprovisioning of the REH at the Strategic Planning Group meeting on 10 February 2017 and receive further business cases and updates as services develop and
- note the intention to issue a Public Information Notice to develop interest and shape the market for a longer term plan to provide accommodation and support

Key risks

28. The bed reductions, impact of delays and timescales for creation of community capacity mean that this programme faces significant levels of risk. The main issues can be summarised as:
    - that the opening of the new Royston Care Home is further delayed. Issues with gas supply, IT infrastructure and fire safety have already delayed the opening and an action plan to deliver by 16 January is in place and monitored regularly;
    - RRT is not sufficiently successful in avoiding admission and enabling prompt discharge. Arrangements will be kept under constant review and adjustments made to the model as required;
    - that discussions with the Edinburgh Cyrenians are not successful in securing an additional 4 places in the required timescales;
    - sufficient housing provision is not available for those with gold awards;
    - arrangements that are in place to improve flow in current provision of 211 community places prove inadequate;
    - failure to retain vacated beds as vacant, or reduce over occupancy and
    - directions issued by the Edinburgh IJB may not be delivered.

Financial implications

29. 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. The new arrangements assume the same level of staffing for fewer beds and this will require to be revisited in the context of any contingency arrangements.

30. The cost of four Grade 4 places is estimated at £140k per annum. This will be further scrutinised as discussions progress with the Edinburgh Cyrenians and it is recommended that this is an appropriate charge against the Social Care Fund.

31. 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.

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

Involving people

33. The Edinburgh Older People's Redesign Executive and the Older Peoples Mental Health 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

34. 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 care pathways.

Background reading/references

N/A

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Links to actions in the strategic plan

The recommendations in this report support the delivery of the following actions within the Strategic Plan:

- Action 33 Improving access to services
- Action 35 Delivery of personalised services to support recovery

Links to priorities in the strategic plan

The recommendations in this report will contribute to meeting the following priorities:

- Person centred care
- Right care, right place, right time
- Making best use of capacity across the system
- Managing our resources effectively

Report

Joint Board Membership - Appointment
Edinburgh Integration Joint Board

20 January 2017

Executive Summary

1. This report notifies the Joint Board that NHS Lothian has identified replacement voting members to fill vacancies following the resignation of Kay Blair and George Walker. It further seeks appointment to the vacancy on the Audit and Risk Committee. The appointment of George Walker as a non-voting additional member is also proposed.

Recommendations

2. To note that NHS Lothian had agreed to appoint Michael Ash to the Edinburgh Integration Joint Board as a voting member in place of Kay Blair.

3. To note that NHS Lothian had agreed to appoint Carolyn Hirst to the Edinburgh Integration Joint Board as a voting member in place of George Walker from 1 February 2017.

4. To agree that George Walker be appointed Edinburgh Integration Joint Board as a non-voting additional member from 1 February 2017.

5. To agree that Michael Ash be appointed to the membership of the Audit and Risk Committee.

Background

6. Following the resignation of Kay Blair from the Edinburgh Integration Joint Board (EIJB) and the Audit and Risk Committee on 18 November 2016 there has been a vacancy on both bodies.

7. An additional vacancy will be created on the EIJB when George Walker's term as non-executive director on the NHS Lothian comes to an end on 31 January 2017.

8. As both Kay Blair and George Walker were appointed as voting members by NHS Lothian it falls to them to nominate appropriate replacements.

9. The EIJB is responsible under section 14 of its Standing Orders for appointing committees and is therefore responsible for appointing to the vacancy on the Audit and Risk Committee.

EIJB Voting Member Vacancies

10. The vacancies on the EIJB created by the resignation of Kay Blair and George Walker's term as a non-executive director coming to an end on 31 January 2017 are for a voting member. Responsibility falls to NHS Lothian to appoint to these positions.

11. These appointments ensure the required balance of voting members between NHS Lothian and the City of Edinburgh Council.

George Walker – Non-voting member

12. The Order allows for the Joint Board to appoint additional non-voting members as it sees fit, providing this person is not a councillor or a non-executive director of the Health Board.

13. The Flow Programme Board was established in May 2016 as a means of providing scrutiny, direction and oversight to the work taking place to address delays across the health and social care system that prevent citizens receiving the right care, in the right place at the right time which has been and continues to be a major challenge in Edinburgh. The Board meets monthly to review the position on flow and oversee the work of key workstreams which have been established to focus on improving flow at different points of the pathway. The Board is chaired by George Walker and membership includes senior managers from the Edinburgh Health and Social Care Services and Acute Services in NHS Lothian and the Scottish Government's lead on delayed discharge.

14. The role of the Chair has been pivotal in the effective operation of the Flow Programme Board which is embedding a whole systems approach to improving flow that is jointly owned by senior managers across both community and acute services; and is beginning to deliver positive results. There is a significant risk that a change in the chair of the Board at this stage would lead to a loss of momentum in this vital area of work.

15. Given the importance that the Integration Joint Board has placed on tackling delays in the health and social care system as quickly and effectively as possible it is therefore recommended that George Walker continues in the role of Chair of the Flow Programme Board and should be appointed a non-voting member of the Integration Joint Board.

Audit and Risk Committee - Vacancy

16. The resignation of Kay Blair from the EIJB also created a vacancy for a voting member on the Audit and Risk Committee. Responsibility falls to the EIJB to appoint to this position under standing order 14.3.

17. Under the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 and Standing Order 14.2 the Committee must include an equal number of voting members appointed by NHS Lothian and the Council. The EIJB is therefore required to appoint an individual from its NHS Lothian voting membership.

Key risks

18. Failure to appoint replacement voting members to the Joint Board within the period of six months would come under scrutiny by Scottish Ministers who would require to be notified in writing as to reasons why this had not occurred.

19. Failure to appoint an individual to the Audit and Risk Committee would result in the Joint Board falling to meet the requirements of the Public Bodies (Joint Working)(Integration Joint Boards)(Scotland) Order 2014 and therefore decisions being liable to challenge.

Financial implications

20. There are no financial implications connected with this report.

Involving people

21. N/A

Impact on plans of other parties

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

Background reading/references

Minute of the Integration Joint Board – 18 November 2016
The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014

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Links to priorities in strategic plan